Chapter 33
Ethics

Topics Covered Within This Chapter

Topics
Choice-Making and Decision-Making
Promoting Self-Advocacy
Compassionate Service Delivery

This chapter will specifically cover the core principle of *treating others with compassion, dignity, and respect* as opposed to the entire code. Supervisees will receive 45 hours of instruction dedicated to the Ethics Code for Behavior Analysts; thus, we did not believe a review of the code would be the best use of this chapter. Ethics should be woven into all of your supervision meetings, especially section "4.0." as you should be providing supervision according to the guidelines provided in this section. Therefore, we devote this chapter to promoting self-determination for clients and acknowledging personal choice within service delivery. We will specifically cover three topics including presenting opportunities for choice-/decision-making, promoting self-advocacy, and compassionate service delivery.

Choice-Making and Decision-Making

Clinicians should prioritize client preference during all aspects of intervention. This includes incorporating preferred items and activities into teaching trials, providing options between tasks (e.g., coloring or cutting), options between task materials

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(e.g., color pencils or markers), and assessing for preference between interventions and prompting procedures. Overall, behavior analysts tend to include frequent assessment of preference (see Chap. 8) of items/edibles/activities into their instruction. It is less common to include an evaluation of client preference for different interventions. Providing choice opportunities to clients for different interventions is one way to include the client as a valued member of the intervention team. One important caveat to bring to the attention of your supervisees is that preference for interventions should only be assessed for effective interventions. The way in which preference is evaluated will differ based on the verbal skills of the individuals with whom your supervisees work. One way to assess for intervention preference is using a concurrent chains arrangement (Hanley et al., 2005). This arrangement is particularly useful for individuals with limited verbal repertoires.

For example, Briggs et al. (2018) used a concurrent chains arrangement to assess for preference between a multiple schedule and chain schedule at different response requirements. They found that the participant selected the chain schedule at lower response requirements to maximize reinforcement (i.e., access to tangible items); however, as the response requirement increased, she shifted her selection to the multiple schedules. This was an interesting finding as the participant engaged in escape-maintained challenging behavior, yet she freely selected the chain schedule which included work tasks when the response requirement was low.

A concurrent chains arrangement includes the presentation of at least two options using distinct stimuli such as colored switches (Hanley et al., 2005), therapists in colored t-shirts (Briggs et al., 2018), or laminated symbols (Hanratty & Hanley, 2021). The learner must be exposed to the contingencies associated with each of the initial links (e.g., colored switches) using guided-choice trials. Then, during free-choice trials, the learner should be presented with the options and allowed to independently select one. Once a selection has been made, the learner should be exposed to the corresponding contingencies. The cumulative choices are graphed to determine which intervention option was selected most often.

Another important topic to discuss under the umbrella of choice and decision-making is the choice to participate in intervention. This can be conceptualized as obtaining assent from the client prior to implementing intervention procedures. Although assent procedures are typically described in the context of research, it is equally important to determine client assent within practice. Depending on the verbal skills of your supervisees' clients, it may be necessary to use a concurrent chains arrangement to obtain assent, or it may be sufficient to simply ask the client if they will return to the intervention context. For example, Rajaraman et al. (2022) presented three continuously available choices to clients who engaged in challenging behavior that was treated with FCT. The available choices were to (a) participate in the therapeutic context, (b) go to the "hangout" context in which they maintained noncontingent access to preferred items, or (c) to leave the clinic with their caregivers. The researchers found that the participants allocated most of their time to participation in the therapeutic context. This arrangement may not be the most appropriate for all service delivery based on the severity of challenging behavior, client skill deficits, and funding requirements for the agency. Our goal in including this example within the chapter is to highlight the importance of not *forcing* clients

to participate in intervention. Rather, we as behavior analysts should arrange the contingencies in such a way that clients choose to participate in intervention. For example, we have implemented token systems where token delivery resulted in access to high-quality reinforcers. Clients were able to choose to work to earn tokens or to do nothing. The way in which assent is incorporated into services will vary across clinical settings.

Promoting Self-Advocacy

Self-advocacy is often defined as self-identifying a need and effectively communicating this need in order to increase the likelihood that the need will be addressed. Within the field of behavior analysis, we might conceptualize self-advocacy as behaviors that allow the individual to exert counter-control. Skinner describes counter-control as behavior to counteract control that another individual attempts to impose. For example, if someone tells you to give them all your money you can tell them "No." Skinner acknowledges that individuals with disabilities, children, and the elderly may be mistreated because they are unable to engage in behavior to check the behavior of the controller (Skinner, 1974). Therefore, one of our primary goals should be to ensure our clients have skills to counter the control of those with whom they interact. Counter-control may manifest in the form of manding for the removal of stimuli or discontinuation of activities, obtaining information needed to avoid control, or engaging in future planning rather than accepting goals that are set by others.

In this chapter, we identify specific responses that are encompassed within the scope of self-advocacy. The examples we provide are by no means exhaustive; however, we attempted to select skills that could be relevant for many clients. The skills selected by your supervisees will largely be determined by the verbal skills of their client. If their client has developed an extensive verbal repertoire, teaching self-advocacy might focus on goal setting and planning for their future. In contrast, if their client's verbal repertoire is still developing, self-advocacy might focus on more immediate needs such as requests to escape from aversive stimuli or requests for information.

Goal Setting

Goal setting within behavior analysis typically involves using assessment data in collaboration with caregivers to identify behaviors to address during behavioral intervention. Including clients within these discussions is one way to promote self-advocacy. However, within this section, we want to encourage a bigger picture strategy for teaching clients to set goals. The first step is to encourage the client to identify their values. Value identification according to Acceptance and Commitment

Therapy includes pinpointing what is most important or meaningful to an individual (Hayes et al., 2012). Values are not obtainable states, rather they are situations that an individual can continue to work toward. Some examples of values might include being a good sibling, or living a healthy life, or being adventurous. The next step is to encourage the client to identify specific behaviors that align with their values. For example, if they value being a good sibling, specific behaviors might include setting aside time to call a brother or sister once a week or planning a monthly dinner with a sibling. These behaviors that align with values can be referred to as goals. When clients set goals that align with their values, they are more likely to meet the goals as the consequence is highly motivating.

These two steps for goal setting may sound fairly simple; however, your supervisees will need to practice facilitating these conversations to ensure they can evoke the desired responses from their client. That is, abruptly asking, "what is important to you?" will often not result in the desired response. The conversation must be guided in such a way that the client will accurately identify what is important to them, rather than what is important to their family members or things they just like but are not motivated by. During this discussion, your supervisees and their clients should identify short-term and long-term goals.

Manding for Negative Reinforcement and Information

Teaching individuals to request for activities to be terminated or for nonpreferred stimuli to be removed is important for establishing self-advocacy. Clients should have the skills to request for desired items and activities, but also to request for the removal of stimuli they do not want to contact. The literature base on using functional communication training (see Chap. 25) to address escape-maintained challenging behavior is robust. However, there is also a research base for teaching mands for negative reinforcement when challenging behavior is not the primary dependent variable. For example, Chezan et al. (2019) taught three children to refuse nonpreferred food items by exchanging a card, vocally saying "no, thank you," and signing *no*. These researchers tested for generalization and discrimination of the refusal response. They found that the participants used their taught mands in the presence of nonpreferred foods that were not used during training (i.e., generalization) and the participants did not use the refusal response in the presence of preferred foods (i.e., discrimination).

In addition to establishing a manding repertoire for negative reinforcement, establishing a repertoire of manding for information can also promote self-advocacy. Information is valuable as it allows an individual to navigate their environment more effectively. This includes avoiding aversive situations (e.g., "watch out for snakes") and gaining access to positive situations (e.g., "free parking this way"). Independence can be better achieved if an individual can mand for information rather than relying on others to directly provide access to preferred stimuli or activities. Consider the following example, a child wants to play basketball, after asking

her dad if she can play basketball he responds, "after I am done with this load of laundry, I will get the ball for you." In this scenario, the child is reliant on her father to provide access to the desired activity. If instead she asks, "dad, where is the basketball?", when he answers her, she now has the necessary information to obtain the desired activity for herself without waiting on her father. Teaching mands for information is similar to teaching other mands in that an establishing operation must be in place prior to beginning a trial. The primary difference between manding for items and manding for information is the concequence for manding for information is the information rather than direct access to an item or activity. Researchers have taught individuals to mand for information using several questions including *where, what, when,* and *why.* For example, Valentino et al. (2019) arranged situations in which the experimenter engaged in a behavior that was outside of the norm (e.g., turning off the lights in the room) to occasion questions about why they engaged in that behavior (e.g., "why did you do that").

Providing Compassionate Service Delivery

Finally, we shift to the topic of compassionate service delivery. Within this section, we provide three strategies for delivering compassionate services that include facilitating meaningful collaboration with family members, using verbal behavior that is appropriate for the audience, and maintaining consistency with contingencies. Meaningful collaboration goes beyond brief end-of-the session discussions with caregivers. This type of collaboration requires that the clinician initiates interactions with family members to identify the client's strengths and deficits, actively listens and attends to concerns posed by family members, and invites ongoing feedback related to client progress from family members. Stress to your supervisees the importance of including all family members within these interactions. This might include multiple parents, grandparents, and siblings. Siblings are often excluded from meaningful collaboration. Clinicians might request that they not be present for meetings or intervention sessions. We propose that this is a miscalculation and results in the exclusion of a key stakeholder. A complete discussion of the importance of including siblings is beyond the scope of this chapter; however, clinicians should remember that the sibling relationship lasts longer than the parent–child relationship, thus the sibling will likely play an important role in the life of the client for many years. Gathering information from different family members may be achieved using different approaches. Face-to-face discussions are ideal but may not be feasible for all family members, thus your supervisees should attempt a variety of strategies before determining that collaboration with a specific family member is not possible. Strategies might include scheduled phone calls, emails, written notes, or surveys/polls distributed using email or an electronic program like Qualtrics^{XM}.

As scientists, it is important for behavior analysts to use precise language when speaking to other behavior analysts. Issues arise when scientific language is used when communicating in practice. For clients and their families, behavior analytic

language is unfamiliar and often off-putting. The use of terms such as punishment and contingencies do not hold the same meaning for nonbehavior analysts. Therefore, one aspect of providing compassionate care is using language that evokes effective action from the audience. Verbal behavior is only useful if the listener can respond appropriately. Highlight this point to your supervisees. They should have a strong enough understanding of behavior analysis that they can easily transition between behavior analytic language and nontechnical language, similar to the way in which a fluent speaker can transition between English and Spanish.

The final strategy we discuss is maintaining consistency when interacting with clients. Following through with communicated contingencies serves a way to build trust between the clinician and client. For example, if the contingency was stated that when the client completed five math problems they could play outside for 15 minutes, then after five math problems have been completed the 15 minutes should be granted. Increasing the requirement without prior notice (e.g., "you needed to write the answers in the lines" or "you did not answer them fast enough") would be a violation of the contingency and unfair. This type of failure to maintain consistency will damage the relationship and the client will be less likely to follow instructions in the future. Many of the clients who behavior analysts serve have verbal deficits, thus giving accurate descriptions of the contingencies and ensuring the contingencies are carried out as described is of the upmost importance.

Group Supervision Meeting

Below is a plan for activities to incorporate into a 1-hour meeting with a small group of supervisees.

Group Supervision Meeting Agenda

Time	Activity
0:00–20:00	Review Major Concepts
20:00–30:00	Self-Advocacy Skills
30:00–40:00	Obtaining Assent
40:00–55:00	Concurrent Chains Plan Development
55:00–60:00	Knowledge Check

Materials Needed

- Appendix A: *Concurrent Chains Plan*, 1 copy for each supervisee

Reading Assignments

At least 1 week prior to the group supervision meeting, assign your supervisees to read about the subject. Below is a list of recommended assigned readings.

- Morris et al. (2021)
- Rajaraman et al. (2022)
- Rohrer et al. (2021)

Review Major Concepts

Begin your group supervision meeting by reviewing the major concepts associated with ethical service delivery including presenting opportunities for choice-/decision-making, promoting self-advocacy, and providing compassionate services. A brief summary of each is provided below and PowerPoint slides are available to share with your group.

Choice-/Decision-Making

Remind your supervisees about the importance of incorporating client preference into as many aspects of service delivery as possible. This may be an opportunity to review the different types of preference assessments (e.g., paired-stimulus, multiple stimulus without replacement). Ask your supervisees to provide examples of preferred stimuli they include within their intervention sessions. Transition to a review of the other ways in which choice can be incorporated into service delivery. These include, but are not limited to, choices regarding the order in which goals are addressed (e.g., first matching, then writing), the materials used within intervention procedures (e.g., a whiteboard or paper), and the intervention procedures to which they will be exposed (e.g., preference for prompting procedures).

Next, discuss how concurrent chains arrangements can be used to assess for preference for interventions. Describe the procedures used within a concurrent chain arrangement.

1. Pair intervention procedures with salient stimuli to serve as the initial link of the chain. Salient stimuli might include different clinicians in colored t-shirts, colored construction paper, microswitches with different pictures attached, or written signs. Your supervisees can be creative and identify other stimuli which would be more appropriate for their clients.
2. After the choice response (e.g., touching the microswitch, moving toward one of the clinicians) is made, the implementer exposes the learner to the corresponding procedures.
3. Trial types:

(a) Guided choice: During these trials, the choice will be presented but the learner will be guided to select a predetermined option. Once the learner makes a selection, the implementer will introduce the corresponding contingencies. When describing these trials to your supervisees, ensure they understand that the purpose of these trials is to expose the learner to the different contingencies before a choice is made.
(b) Free choice: During these trials, the choice will be presented, and the learner will have the opportunity to make an independent selection between the options. Once the learner makes a selection, the implementer will introduce the corresponding contingencies. When describing these trials to your supervisees, ensure they understand that the purpose of these trials is to assess for preference between intervention components or contingencies.

4. The implementer will graph the selections from the free choice trials using a cumulative record graph.

   (a) Cumulative record graph: The cumulative number of selections is graphed. For example, if during session 1 the learner selects treatment A three times and treatment B one time, the implementer would graph 3 for treatment A and 1 for treatment B. Then, if during session 2 the learner selects treatment A five times and treatment B two times, the implementer would graph 8 for treatment A and 3 for treatment B (See Brodhead et al., 2016, Figure 2 for example).

5. After a sufficient number of trials, the implementer will analyze the data and determine the learner's preference based on their cumulative responding.

Continue this discussion to review other procedures that may be most appropriate for your supervisees.

Self-Advocacy

There are numerous skills that contribute to self-advocacy, so if the specific skills we describe are not applicable to the clients with whom your supervisees work, please discuss more appropriate skills during this meeting.

- Goal setting

First, review the definition of values. Provide several examples of values and ask your supervisees to provide additional examples. Ensure that the examples are not attainable (if so, these would be goals). As a group, select one value and identify specific behaviors that align with that value. Operationally define these behaviors and set both short-term and long-term goals.

- Manding for negative reinforcement

First, review the importance of selecting an appropriate communication topography that best matches the skills of the learner. This might include a vocal response, a card exchange, or sign language. If a vocal response is selected, your supervisees

will need to determine the ideal length of the mand. For example, will the response be one word ("stop") or two to three words ("stop please" or "no thank you"). Then, transition to the discussion of introducing an establishing operation to occasion a response. One important consideration for teaching mands for negative reinforcement is that in order to occasion the mand the learner must be exposed to aversive stimuli. For example, if the implementer is teaching the learner to request for a loud noise to be turned off, the learner must first be exposed to the loud noise. Your supervisee must be mindful when considering exposing their clients to aversive stimuli. The benefit of teaching the client to request for escape from nonpreferred activities and stimuli must outweigh the risks of exposing clients to these nonpreferred activities and stimuli. Use this time to facilitate a meaningful conversation about this risk–benefit analysis.

- Manding for information

First, review specific topographies of mands for information including where, when, and why. Ask your supervisees to provide several examples of mands for information. Then, discuss how to contrive motivation to evoke the different mands for information. Stress to your supervisees the importance of bringing mands for information under the appropriate antecedent control (i.e., mands are under the control of an establishing operation). Provide additional examples of mands for information that would be relevant to the population with whom your supervisees work.

Compassionate Service Delivery

Next, transition to the discussion of compassionate service delivery. We suggest three topics which fall under the umbrella of compassionate service delivery; however, include other topics that are relevant to the population with whom your supervisees work.

1. Meaningful collaboration with family members
   (a) Who: Provide multiple examples of family members that would be relevant to your supervisee's clients. Examples will likely include parents, grandparents, and siblings. Ask your supervisees to think of the family members who should likely be involved in discussions related to their clients.
   (b) How: Provide examples of strategies to encourage collaboration in the event that face-to-face meetings are not possible. Such examples might include email, scheduled phone/video calls, or use of quick poll questions that can be included in an email. Ask your supervisees to devise other potential strategies that might be applicable for family members of their clients.
2. Using appropriate verbal behavior in practice
   (a) This suggestion is fairly straight forward. Your supervisees should have the knowledge to explain behavior analytic intervention without using technical language. Provide several examples of technical language and ask your

supervisees to translate the phrase into nontechnical language. We provide a few examples; however, ensure the examples are appropriate for the population with whom your supervisees work.

(b) Examples:

(i) We are using an FR 1 reinforcement schedule.
(ii) We conducted an FA and determined the challenging is maintained by escape from demands.
(iii) We observed an increase in target responding once we differentially reinforced independent responding.
(iv) The child can independently mand for ten different items when an establishing operation is introduced.

3. Maintaining consistency

(a) Ensure your supervisees understand the importance of being consistent when implementing contingencies. Consistent application of contingencies is important for establishing trust within the clinician–client relationship and will likely result in positive future interactions. Ask your supervisees to provide examples and nonexamples of consistency with contingencies.

Self-Advocacy Skills

For this activity, ask your supervisees to create a self-advocacy goal for one of their clients. The goal should include all the relevant information including (a) target stimuli, (b) instructions to occasion responding, (c) required materials, (d) setting/situation, (e) operational definition, (f) level of independence, and (g) mastery criteria. Have your supervisees share their potential goal with the group and allow supervisees to provide feedback to one another. Provide guidance and feedback as needed.

Obtaining Assent

For this activity, have your supervisees work together in small groups to discuss strategies for obtaining assent from their client. Encourage your supervisees to be creative and to develop examples that would be appropriate for the clients with whom they work. Ask your supervisees to share at least five examples with the larger group. Provide guidance and feedback as needed.

Concurrent Chains Plan Development

For this activity, have your supervisees complete the *Concurrent Chains Plan* (see Appendix A). We provide an example of a completed plan on page 2 of Appendix A. If the example does not translate to the clients with whom your supervisees work, feel free to develop your own example. Your supervisees should complete the plan with their clients in mind; however, the procedures will be role-played during individual supervision without a client, thus the plan should be appropriate for the role-play as well. Have your supervisees share their plans with the group and encourage the supervisees to provide feedback to one another. Provide ongoing guidance and feedback as your supervisees complete the activity. Your supervisees may not finish the entire plan during this meeting; however, they should try to complete as much as possible as they will need to bring the plan to the supervision without a client meeting.

Knowledge Check

1. Name 5 choice opportunities that can be incorporated into treatment.
2. Describe the steps for using a concurrent chains arrangement.
3. Provide 3 examples of self-advocacy skills.
4. Identify 3 strategies for collaborating with client family members.

Homework for Individual Supervision without a Client

1. Finish the *Concurrent Chains Plan* (Appendix A). Bring relevant materials to the meeting.

Individual Supervision Meeting Without a Client

Below is a plan for activities to incorporate into a 30-minute meeting with an individual supervisee.

Individual Supervision Meeting Without a Client Agenda

Time	Activity
0:00–15:00	Concurrent Chains Arrangement
15:00–30:00	Client-Directed Activities

Materials Needed

- Appendix A: *Concurrent Chains Plan*
- *Compassionate Collaboration Tool*

Concurrent Chains Arrangement

Prior to the meeting, your supervisee should have finalized their *Concurrent Chains Plan* that they began working on during group supervision. Review their finished document and provide feedback as necessary. Ask your supervisee to implement the plan with you playing the role of the client. Ensure that they implement the procedures accurately according to their written plan with at least 85% accuracy. Provide praise and corrective feedback according to the procedures described in the documented plan. Discuss situations in which these procedures would be appropriate for their clients.

Client-Directed Activities

The purpose of this activity is to prepare your supervisee to coordinate a collaborative meeting with a client or caregiver regarding goal development. Review the evaluation form provided in Rohrer et al. (2021) Table 1 with your supervisee. Encourage your supervisee to ask any questions they may have regarding the items on the tool. Following this discussion, ask your supervisee to role-play the conversation they plan to have with the client or caregiver. Make sure to respond in ways that might challenge your supervisee and force them to problem solve in the moment. During and following the role-play activity, provide feedback on your supervisee's facilitation of the conversation. Allow your supervisee the opportunity to practice portions of the conversation that did not go smoothly during the role-play.

Homework for Individual Supervision without a Client

1. Prepare materials for meeting with client or caregiver.

Individual Supervision Meeting with a Client

Below is a plan for activities to incorporate into a 1-hour supervision session in which you observe your supervisee with a client.

Individual Supervision Meeting with a Client Agenda

Time	Activity
0:00–30:00	Client/Caregiver Collaboration Meeting
30:00–45:00	Session Procedures
45:00–60:00	Performance Feedback

Materials Needed

- *Compassionate Collaboration Tool*
- *Supervision Observation Form*

Client/Caregiver Collaboration Meeting

Prior to the meeting, your supervisee should have prepared any materials required for the meeting. During this meeting, your supervisee will facilitate a conversation related to goal development with their client or their client's caregiver. If possible, observe the conversation from a distance to limit the amount of interference caused by your presence. Bring a copy of the *Compassionate Collaboration Tool* (Table 1; Rohrer et al., 2021) to evaluate your supervisee's performance during the meeting. During the conversation if the conversation proceeds in a direction other than that which was intended, you may need to intervene to ensure the discussion is considerate as well productive.

Session Procedures

Following the client or caregiver meeting, continue to observe your supervisee target goals with their client. During this portion of the observation, collect data using the *Supervision Observation Form.*

Performance Feedback

After you observe your supervisee's meeting, provide feedback using the *Compassionate Collaboration Tool* to guide the discussion. First, review the scores with your supervisees. Provide a rationale for why specific scores were given and guidance for how they can improve with each component in the future. Next, for the components which were scored as a 1 or 2, provide a model of using the skills

appropriately. Answer any questions posed by your supervisee. Finally, for all components that your supervisee received a score of 1, ask your supervisee to role-play engagement in these skills with you. If your supervisee requests to role-play engagement in skills that they received a score of 2 on, make sure to provide these opportunities as well.

Mastery Criterion

In order to progress from this lesson, your supervisee must receive at least 68 points out of a possible 84 points (80%) on the *Compassionate Collaboration Tool*. If they receive fewer than 68 points, a second individual meeting without a client should be scheduled. This meeting should include intensive role-play and feedback. Then, another observation with performance feedback should be conducted.

Future Growth

- ☐ Observe your supervisee assessing for treatment preference with a client.
- ☐ Observe your supervisee providing feedback to another supervisee on their implementation of interventions targeting self-advocacy.

Appendix A: Concurrent Chains Plan

Initial link stimuli
Contingencies associated with initial link stimuli
Procedures for exposure trials
Procedures for choice trials

Example of Plan

Initial link stimuli
1. Red math worksheet 2. Blue math worksheet 3. Orange math worksheet
Contingencies associated with initial link stimuli
1. 80% accuracy on the entire worksheet results in reinforcement. 2. Completion of the entire worksheet in less than 5 minutes results in reinforcement. 3. Reinforcement is not provided for worksheet completion.
Procedures for exposure trials
☐ Before conducting choice trials, the practitioner presents the three worksheets. ☐ The practitioner simultaneously gives the instruction "pick one" and physically guides the client to select one of the worksheets. ☐ The client is then instructed to complete the worksheet and reinforcement is provided according to the corresponding contingency. ☐ This is repeated for the other two worksheets.
Procedures for choice trials
☐ The practitioner presents the three worksheets. ☐ The practitioner gives the instruction "pick one" and waits for the client to select one of the worksheets. ☐ The client is then instructed to complete the worksheet and reinforcement is provided according to the corresponding contingency. ☐ The order (L, M, R) of the worksheets will be randomized to prevent a position bias. ☐ Two to three additional trials will be conducted. ☐ Cumulative selections will be graphed.

References

Briggs, A. M., Akers, J. S., Greer, B. D., Fisher, W. W., & Retzlaff, B. J. (2018). Systematic changes in preference for schedule-thinning arrangements as a function of relative reinforcement density. *Behavior Modification, 42*(4), 472–497. https://doi.org/10.1177/0145445517742883

Brodhead, M. T., Higbee, T. S., Gerencser, K. R., & Akers, J. S. (2016). The use of a discrimination training procedure to teach mand variability to children with autism. *Journal of Applied Behavior Analysis, 49*(1), 34–48. https://doi.org/10.1002/jaba.280

Chezan, L. C., Drasgow, E., McWhorter, G. Z., Starkey, K. I., & Hurdle, B. M. (2019). Discrimination and generalization of negatively-reinforced mands in young children with autism spectrum disorder. *Behavior Modification, 43*(5), 656–687. https://doi.org/10.1177/0145445518781957

Hanley, G. P., Piazza, C. C., Fisher, W. W., & Maglieri, K. A. (2005). On the effectiveness of and preference for punishment and extinction components of function-based interventions. *Journal of Applied Behavior Analysis, 38*(1), 51–65. https://doi.org/10.1901/jaba.2005.6-04

Hanratty, L. A., & Hanley, G. P. (2021). A preference analysis of reinforcer variation and choice. *Journal of Applied Behavior Analysis, 54*(3), 1062–1074. https://doi.org/10.1002/jaba.835

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). The Guilford Press.

Morris, C., Detrick, J. J., & Peterson, S. M. (2021). Participant assent in behavior analytic research: Considerations for participants with autism and developmental disabilities. *Journal of Applied Behavior Analysis, 54*(4), 1300–1316. https://doi.org/10.1002/jaba.859

Rajaraman, A., Hanley, G. P., Gover, H. C., Staubitz, J. L., Staubitz, J. E., Simcoe, K. M., & Metras, R. (2022). Minimizing escalation by treating dangerous problem behavior within an enhanced choice model. *Behavior Analysis in Practice, 15*(1), 219–242. https://doi.org/10.1007/s40617-020-00548-2

Rohrer, J. L., Marshall, K. B., Suzio, C., & Weiss, M. J. (2021). Soft skills: The case for compassionate approaches or how behavior analysis keeps finding its heart. *Behavior Analysis in Practice, 14*(4), 1135–1143. https://doi.org/10.1007/s40617-021-00563-x

Skinner, B. F. (1974). *About behaviorism*. Alfred A. Knopf.

Valentino, A. L., Fu, S. B., & Padover, J. L. (2019). Teaching mands for information using "why" to children with autism. *The Analysis of Verbal Behavior, 35*(2), 245–257. https://doi.org/10.1007/s40616-019-00113-1