"Tolerating the Uncomfortable" **Increasing Tolerance to Non-Preferred Topics in a Child with ASD**

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Introduction:

- Client is an eleven-year-old boy who is diagnosed with autism spectrum disorder (ASD) and regularly attends middle school.
- Client displayed deficits within his self-advocacy \bullet repertoire evidenced by him engaging in crying or shouting rather than removing himself from the environment when encountering topics that are considered aversive to him (e.g., bugs, bodily fluids, or love.)

Methods:

Objective One:

- The clinician will state to the client that they are going to discuss a non-preferred topic.
- The clinician will then begin discussing the non-preferred topic.
- Client has up to five seconds to appropriately reject the conversation by utilizing a functional communication response such as, "Do you mind if we do not talk about this?"
- If client incorrectly responds or engages in targeted maladaptive behaviors, clinicians will utilize least-to-most prompting, differential reinforcement, and transfer trials to promote independent responding.

Objective Two:

- The clinician will state that they are going to discuss a nonpreferred topic, and the client is to engage in one exchange regarding the topic.
- If client appropriately engages in the conversation for one exchange regarding the topic, the clinician will deliver high-magnitude praise.
- If client inappropriately responds or engages in targeted maladaptive behaviors, the clinician will utilize least-tomost prompting, differential reinforcement, and transfer trials.

Results

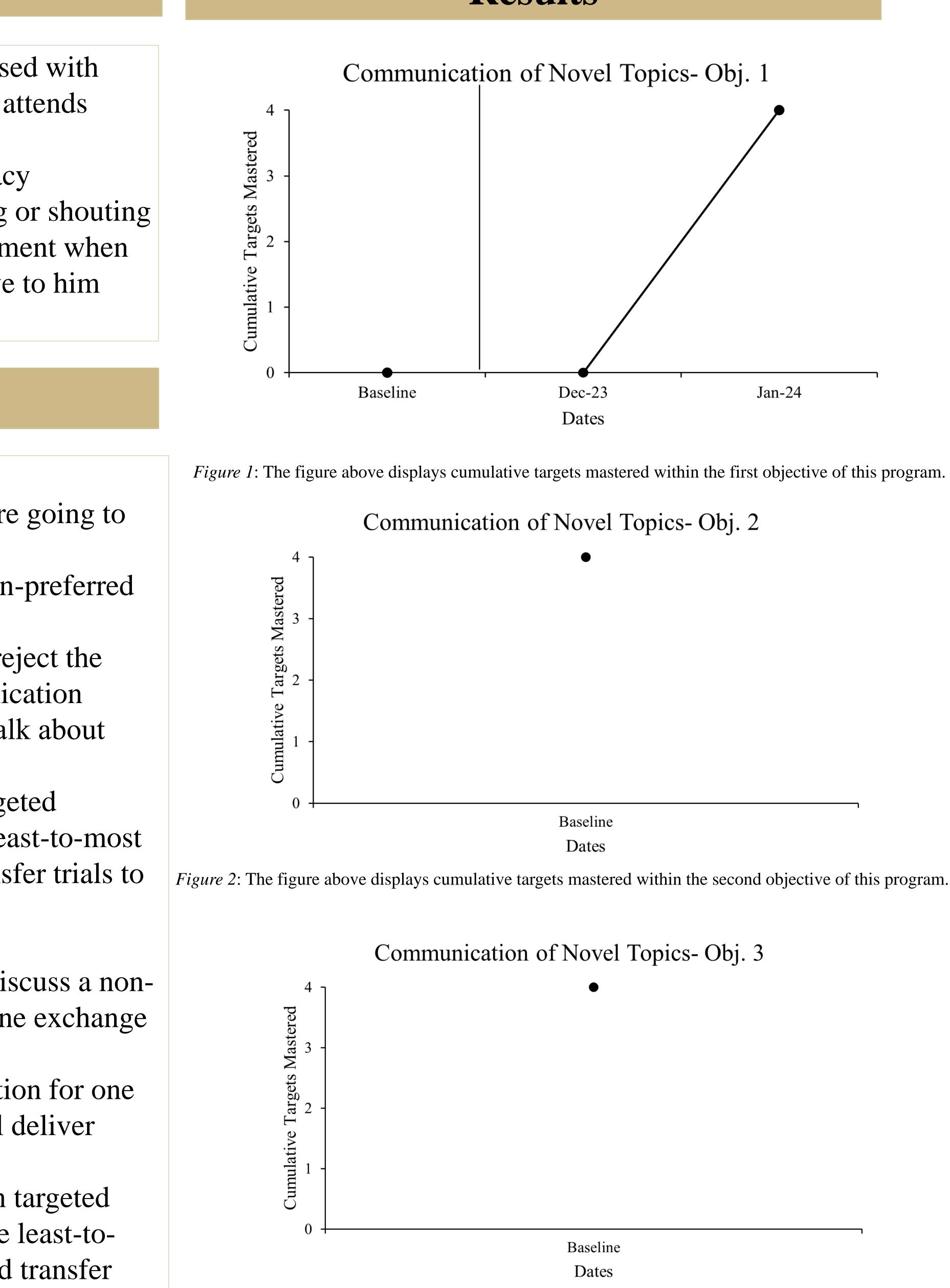


Figure 3: The figure above displays cumulative targets mastered within the third objective of this program.

Methods (Continued):

Objective Three:

- social praise.
- promote independent responding.
- progress within this program.
- explain the probe-outs.
- response.

- Applied Behavior Analysis, 53, 2081–2089. https://doi.org/10.1002/jaba.713
- facility. Behavior Modification, 45, 602–618. https://doi.org/10.1177/0145445519890261

• The clinician will state that they are going to converse about a non-preferred topic for up to two exchanges. • If client appropriately engages in a conversation for up to two exchanges, clinicians will deliver high-magnitude

If client inappropriately responds or engages in targeted maladaptive behaviors, clinicians will utilize least-to-most prompting, differential reinforcement, and transfer trials to

Discussion:

As evidenced by the graphs, the client displayed rapid

Within the second and third objective, the client probed out all four targets in each objective. The client typically acclimates when conducting programs which could

Client is able to discuss non-preferred topics in a

conversation for up to two exchanges or appropriately reject the conversation with a functional communication

Caregivers have reported to clinicians that client tolerates non-preferred topics in the home environment.

References:

Buckley, J., Luiselli, J. K., Harper, J. M., & Shlesinger, A. (2020). Teaching students with autism spectrum disorder to tolerate haircutting. Journal of O'Rourke, S., Richling, S., Brogan, K., McDougale, C., & Rapp, J. T. (2019). Tolerance training with adolescents in a residential juvenile