



STEREOTYPY INTERVENTION DECISION GUIDE

From the CEU "The Stereotypy Standoff: Autonomy, Function, and Contingency Design" · Instructors: Sean Yocum, MA, BCBA, LBA; Michael Carrero, BCBA, LBA

NO FLUFF. NO SUGAR-COATING. JUST RESULTS. · PRESENTED BY **HICKORY LEARNING GROUP**

RAD N BAD RULE

Stereotypy is rarely the real target; contingency design is. Intervene only when it's dangerous or blocks access, and use the least intrusive option.

HOW TO USE THIS: Start with access, not reduction. Answer each question with data and with input from the learner and caregivers.

1. IS IT DANGEROUS?

- ☐ Does it cause injury or tissue damage, or create safety risk? If yes, intervention is warranted; consult on assessment and protective measures
- ☐ If no, go to step 2

2. DOES IT BLOCK ACCESS?

- ☐ Access to instruction (e.g., prevents engagement with learning)
- ☐ Access to environments and relationships (e.g., excluded from settings)
- ☐ Access to reinforcement (competes with other reinforcers)
- ☐ Access to autonomy and self-care
- ☐ If none apply, stereotypy alone does not warrant intervention. Document that decision

3. WHAT DOES THE LEARNER SAY?

- ☐ Self-report or communicated preference about the behavior
- ☐ Signs that it serves self-regulation (e.g., occurs more during high arousal)
- ☐ Risk of masking or of more harmful forms emerging if it's suppressed

4. IF INTERVENTION IS WARRANTED, CHOOSE THE LEAST INTRUSIVE APPROACH

- ☐ Teach discrimination: when and where (contextual choice), not 'never'
- ☐ Enrich the environment and teach competing, functional skills
- ☐ Provide matched sensory alternatives the learner chooses
- ☐ Avoid suppression-only procedures; plan for side effects

5. EVALUATE

- ☐ Measure access outcomes (engagement, participation), not only stereotypy rate
- ☐ Collect social validity input from the learner and caregivers
- ☐ Review the plan with the team quarterly

THE RECEIPTS · REFERENCES

- Ahearn, W. H., Clark, K. M., MacDonald, R. P. F., & Chung, B. I. (2007). Assessing and treating vocal stereotypy in children with autism. *Journal of Applied Behavior Analysis*, 40(2), 263–275. <https://doi.org/10.1901/jaba.2007.30-06>
- Kapp, S. K., Steward, R., Crane, L., Elliott, D., Elphick, C., Pellicano, E., & Russell, G. (2019). 'People should be allowed to do what they like': Autistic adults' views and experiences of stimming. *Autism*, 23(7), 1782–1792. <https://doi.org/10.1177/1362361319829628>
- Lanovaz, M. J., Robertson, K. M., Soerono, K., & Watkins, N. (2013). Effects of reducing stereotypy on other behaviors: A systematic review. *Research in Autism Spectrum Disorders*, 7(10), 1234–1243. <https://doi.org/10.1016/j.rasd.2013.07.009>
- Rapp, J. T., & Vollmer, T. R. (2005). Stereotypy I: A review of behavioral assessment and treatment. *Research in Developmental Disabilities*, 26(6), 527–547. <https://doi.org/10.1016/j.ridd.2004.11.005>
- Wolf, M. M. (1978). Social validity: The case for subjective measurement or how applied behavior analysis is finding its heart. *Journal of Applied Behavior Analysis*, 11(2), 203–214. <https://doi.org/10.1901/jaba.1978.11-203>

This handout supports the asynchronous CE event and does not replace clinical judgment, the BACB Ethics Code for Behavior Analysts, or applicable laws and funder requirements. It contains no client-identifying information.