

# Frequently Asked Questions Regarding Verbal Behavior

By Mary Barbera, RN, MSN, BCBA

As a lead consultant for the Pennsylvania Verbal Behavior Project, as well as through my private practice, I have found there is a need for some basic information about Verbal Behavior programming. In a question and answer format, I will attempt to cover basic information for parents and professionals.

## What is Verbal Behavior programming?

Verbal Behavior programming is guided by the principles of Applied Behavior Analysis (ABA). In addition to using ABA principles, a Verbal Behavior (VB) practitioner also incorporates BF Skinner's Analysis of Verbal Behavior.

In 1957, BF Skinner published an important book entitled, *Verbal Behavior*. Skinner described language as a behavior and illustrated how language could be taught using the principles of operant conditioning. He also expanded the definition of verbal behavior to include any behavior mediated by a listener. A child using sign language to make a request, saying a word to label an item, or having a tantrum because he didn't get his way are all considered Verbal Behavior according to Skinner's Analysis.

Unfortunately, Skinner's work in this area was largely ignored for decades until Dr. Jack Michael and his students, Mark Sundberg and James Partington, began to apply it with great success many years later.

## What is the ABLLS and how does it relate to Verbal Behavior programming?

The ABLLS is an acronym for a book entitled, *Assessment of Basic Language and Learning Skills*. It was written by Drs. Mark Sundberg and James Partington and published in 1998. This book is an assessment, curriculum guide, and skills-tracking system for children with autism or other developmental disabilities. VB practitioners utilize the ABLLS to assess a child's level in 25 different areas of functioning. A parent and/or a teacher who is very familiar with the child can complete this assessment. The ABLLS can be completed every 3 to 6 months after the initial assessment and because of its frequency serves as an excellent tracking system of the child's progress. Also in 1998, Drs. Sundberg and Partington published *Teaching Language to Children with Autism and Other Developmental Disabilities*, which gives an excellent overview of the VB terminology and techniques. These books, based on Skinner's Analysis of Verbal Behavior, finally brought VB techniques into programs to educate children with autism.

## How does a Verbal Behavior model differ from a Lovaas or discrete trial model?

A traditional ABA model such as the one pioneered by Dr. Ivaar Lovaas stresses compliance training, imitation skills and building receptive language for young, non-

vocal early learners. The VB model, on the other hand, looks first at what the child wants and then teaches the child how to request (in VB terms, how to mand). Initially that may involve only the child reaching for the item to indicate interest. The child quickly learns that if they use “verbal behavior,” or reaching in this case, to indicate interest in something, they get the item. Many VB consultants also recommend the use of sign language for most non-vocal early learners while Lovaas consultants rarely recommend signing as a first step. Another key difference is that VB is much more child-led. Also, early skills, such as manding, are usually taught away from a table and in the natural environment as much as possible. Both Lovaas programs and VB programs are based on the principles of ABA and even though there are many similarities, there are also a few key differences.

**I keep hearing VB terms like manding, tacting, and intraverbals. My child can say 10 words, how does that relate to the VB model?**

While most traditional speech therapists and ABA practitioners break language into receptive and expressive categories, BF Skinner and later Drs. Sundberg and Partington broke language down even further. They realized that children with severe language impairments did not follow the typical developmental sequence for acquiring language. Furthermore, they realized that many children with autism had very scattered skills. One child with autism may be able to verbally label (in VB terms, tact) 100 items. That same child, who may be able to say “cookie” when presented with a picture of a cookie, could not ask for (or mand) for cookie when she wanted one. That child could also not say the word cookie or even point to a cookie if you said, “you eat a \_\_\_\_\_”. This fill-in-the-blank is called an intraverbal in VB terminology. The child also could -not say “cookie” if you said, “say cookie”. So his verbal imitation skills were also very poor. This child’s profile could be exactly opposite from the next child’s ABLLS.

Getting back to your child who says 10 words; utilizing the VB model and the ABLLS, you would have to describe the 10 words your child can verbally say. Can he make one-word requests or label items? Can he complete fill-in-the -blanks or can he imitate words or phrases? These are all-important skills and need to be assessed and programmed for differently.

**How can I learn more about Verbal Behavior programming?**

*My new book, [The Verbal Behavior Approach: How to teach children with autism and related disorders](#) gives an in-depth overview of verbal behavior programming. For more information, and a list of web sites and resources check my web site:*

[www.vbapproach.com](http://www.vbapproach.com).

## **A “Baker’s” Dozen: Thirteen Intervention Tips for a Child with Language and/or Developmental Delays**

**By Mary Lynch Barbera, RN, MSN, BCBA**

- 1) Be Positive! Use 8 positive comments for every negative one. Don’t overuse the child’s name especially when saying “no”.
- 2) “Pair” yourself and the environment with reinforcement by giving the child lots of reinforcement with no effort required.
- 3) When you give a child a direction:
  - a. Simplify the language (“get shoes” instead of “Johnny go get your shoes and bring them here”)
  - b. Make sure you are close enough and loud enough for him to hear.
  - c. Get down to child’s level to get child’s attention
  - d. Only give directions you can make the child do.... “Wave hi” instead of “say hi”
  - e. Give the instruction only once and, if no response, prompt the child to complete the task.
  - f. Don’t give the child a direction you’re not willing to follow through with. For example don’t say “Go get your shoes” when you are comfortable sitting on the coach and don’t want to get up to prompt the child.
- 4) Look for things that reinforce the child. Set up high interest activities: bubbles, water play, balls, wind up toys to see if any of these are motivators. Put these things out of reach so the child needs you to get them.
- 5) Teach the child to communicate his needs and wants...first by pulling and reaching and then by using sign language, pictures, or words. If sign language is used, teach 3-5 signs at a time.
- 6) Teach the child to match items and pictures. Start with identical objects then identical pictures. After identical objects/pictures are mastered, start teaching matching of non-identical objects/pictures. Start with 2 or 3 items on the table. Instead of using the direction “match”, use the label of the word, i.e.: “cup” or “shoe”. Provide as much prompting as needed to ensure the child is

successful.

- 7) Teach imitation skills
  - a. With objects/toys
  - b. Gross motor...pick 2 or 3 movements to target at the same time. Provide as much prompting as needed to ensure the child is successful.
  
- 8) Teach receptive skills
  - c. Touch body parts, items or pictures...pick 2 or 3 receptive skills... Provide as much prompting as needed to ensure the child is successful.
  
- 9) Since you can't force a child to speak, do not use "say\_\_\_\_\_". Instead do a lot of narrating...when you give a child a cookie, break it in pieces....say "Cookie, cookie, cookie" as you bring the piece closer to the child and give it to him.
  
- 10) Use music and familiar nursery rhymes...leave the last word of each line blank to see if child fills it in.
  
- 11) Sabotage daily life to see if child notices/indicates/or requests.
  - d. Give cup without juice
  - e. Cereal without spoon.
  - f. Coming upstairs, do not turn off music
  - g. Spill milk...don't clean it up immediately
  - h. Go a different route in the mall.
  
- 12) Do not respond to whining, kicking, screaming and other negative behaviors. Walk away (for attention related demands), count and mand (for access to tangibles), or ignore and continue demand (for escape related behaviors).
  
- 13) Prevent and correct errors throughout the day.

Instructor: Points to an apple and says  
What is it?  
Child: "bird."  
Instructor: "What is it—apple"  
Child: echoes "apple"  
Instructor: Right, what is it?  
Child: "apple"

Instructor: Presents 2-3 easy demands and then “what is it?”  
Child: “apple”

**Table 2: Behavior Intervention Strategies Based on Function**

The Verbal Behavior Approach (Barbera & Rasmussen, 2007, p 37)

	Attention/Access to Tangibles (Socially Mediated Positive Reinforcement)	Escape (Socially Mediated Negative Reinforcement)	Sensory Stimulation (Automatic)
<p>PRONG 1</p> <p>Prevention Strategies</p>	<p>** Pair environment/people with reinforcement</p> <p>** 8 positives for every negative</p> <p>** Set up routines and schedule reinforcing activities frequently throughout the day</p> <p>** Keep engaged with preferred activity when you are unavailable (set up video when you are on the phone)</p> <p>** Teach manding skills</p>	<p>** Reduce or eliminate activities or demands that trigger behavior</p> <p>** Give simple demands that you can prompt (“wave hi” instead of “say hi”)</p> <p>** Set up routines so reinforcing activities follow harder activities (First bathroom then recess)</p> <p>** Pair work area with high reinforcement (TV, edibles)</p> <p>** Ease in work gradually</p>	<p>** Enrich the environment (music, color, toys, activity)</p> <p>** Engage child in preferred activities during day</p> <p>** Provide lots of sensory toys and activities (trampoline, swing, music, squishy balls)</p> <p>** Teach child how to mand for sensory activities</p>
<p>PRONG 2</p> <p>What to Do When</p>	<p>** Count and Mand procedure</p>	<p>** Continue to repeat demand</p>	<p>** Ignore mild behaviors that will not cause injury</p>