A program was developed for reducing the aggressive/destructive behavior of a 13-year-old boy with autism. All previous interventions had been ineffective. The program included a high density of positive reinforcement, tokens, choice making, response cost, overcorrection, and physical restraint. Treatment occurred in a self-contained classroom at a school for children with special needs. All of the boy’s aggressive/destructive behaviors were reduced to at or near zero levels and these effects have been maintained for over a year. He has made excellent progress in a number of academic areas. Copyright © 2007 John Wiley & Sons, Ltd.

Although aggressive behavior represents a major obstacle to the successful treatment and education of individuals with autism, applied behavior analysis offers scientifically validated methods of overcoming it (Foxx, 2001).

In virtually every case, aggression by individuals with autism is an acquired behavior or set of behaviors. This means that the individual has learned that a desired outcome can be achieved by aggressing towards another individual. Typically, this desired outcome is to either gain attention from the victim or bystanders (Martin & Foxx, 1973) or escape or avoid an unpleasant situation or demand (Foxx, 1996). Aggression can be an especially problematic form of maladaptive behavior because it always occurs in a social context in that someone must be present to be the target of the aggressive act. Although aggression is a learned behavior that results in desirable consequences for the aggressor, there can be antecedent or precipitating factors that increase the probability that it will occur. These factors can be environmental, physiological, and/or social changes.

The treatment of aggression typically involves two initial considerations. First, an attempt is made to identify the antecedent or precipitating factors because changing or
correcting them may eliminate the aggression. For example, a student who aggressed because of allergies could be given allergy medication and one who aggressed because of hunger could be given snacks prior to the times when aggressive attacks typically occurred.

A good deal of a student’s aggressive behavior can be related to the nature of the tasks he is given. For example, if the task is too easy, the student might aggress to terminate it. The use of tasks that are too easy is not hard to explain. There is a tendency in special education to repeatedly present a task that a student will perform willingly. The student, becoming increasingly bored, has no choice but to aggress because doing so will typically lead to the teacher’s termination of the task or session. Thus, aggression is reinforced by escape from the task. This problem can be avoided by establishing appropriate criterion levels of performance so that students are moved to the next step or program once they have demonstrated mastery of a task.

The same scenario can occur if the task is too difficult or if insufficient positive reinforcement is available for performing it. In the former case, a simpler task must be substituted or the task analyzed and broken down into more easily mastered steps (Foxx, 1982a). The solution to the latter case is to use sufficient positive reinforcement (Foxx, 1982a) as well as other supportive training procedures (Foxx, 1985).

The second consideration would involve conducting a formal functional analysis or an in depth set of clinical observations (Linscheid, Iwata, & Foxx, 1996) to determine the function or outcome of the aggression. At that point, a treatment program would be developed to help the individual achieve the same outcome through more appropriate methods or/and alter the function and consequences of the aggression.

A number of intervention strategies can be used to treat aggression, including withholding or withdrawing attention when aggression occurs (Martin & Foxx, 1971; Foxx & Shapiro, 1978), reinforcing non-aggressive behavior (Foxx, 1982b), teaching the individual to escape demands appropriately or to indicate in a non-aggressive way that he wants to end an activity or not participate in one (Foxx, 2003), not allowing the individual’s aggression to terminate or avoid the activity if it is critical to his academic or life-skills training (Foxx, 1996), and implementing intrusive negative consequences when the individual’s dangerous behavior is motivated by escape/avoidance (Foxx, 1991, 1996, 2003, 2005; Foxx, Bittle, & Faw, 1989; Foxx, McMorrow, Bittle, & Bechtel, 1986; Foxx, Zukotynski, & Williams, 1994).

The present paper describes a program designed to treat an individual who displayed dangerous behavior that was primarily escape motivated. Designing and developing successful treatments of severe behavior requires an initial consideration of three questions (Foxx, 1996, 2001). Who will be responsible for the program, where will the treatment take place, and what type of programming will be used? The answer to the first question is that the most important contributor to long term success
is the presence of a behavior analyst on-site who has ultimate responsibility for the program and oversees the treatment on a daily basis (Foxx & Garito, 2007). This insures that someone is always available with the necessary skills, training, and background to make daily decisions and observations. The answer to the second question is that the intervention must be conducted in an environment that permits the treatment to be implemented consistently and with absolute fidelity (Foxx, 2001). It is also helpful if the environment is novel since the treated person will have had no history of aggressing there. The answer to the third question is that programming will very likely include intrusive, negative consequences, which, of course, is why questions 1 and 2 must be addressed and answered satisfactorily prior to designing a treatment.

**METHOD**

**Subject**

Johnny was a 13-year-old boy diagnosed as having Autistic Disorder as well as Disruptive Behavior Not Otherwise Specified. He lived at home with his parents and one older sister. Johnny was echoic and used one word requests to obtain items. More typically, he would gesture to indicate his wants or simply take the item he desired. His medication consisted of Clonidine (0.1 mg) TID and Luvox ((50 mg) each day). These medications remained constant throughout the study. The only medical concern was that he was quite overweight.

The main behavioral concern was Johnny’s aggression which had begun at an early age and had escalated over time in frequency and intensity. Although Johnny’s aggression included hitting, kicking, pinching, and aggressing with objects as weapons, his most dangerous behaviors were biting and head butting. For example, Johnny’s head butting had broken one teacher’s nose and caused another to lose several teeth. He bit a teacher on the breast and other teachers and staff members on their buttocks and hands. His other aggressive behaviors also posed significant problems. For example, one staff member reported wearing soccer shin guards in order to protect himself from leg injuries, and Johnny’s mother reported that he once slapped a 3-year-old girl at a park. Not surprisingly, Johnny’s mother reported the she had a difficult time de-escalating the situation with the child’s father.

Johnny also exhibited a high degree of destructive behavior. He had broken many objects by throwing them and had knocked holes in the walls of his home with his head. When frustrated, he threw computers to the floor and radios across the room. He regularly destroyed heavy-duty room dividers, which were designed to create a safe work space for him.
Individuals unfamiliar with Johnny, such as substitute teachers and staff, were particularly at risk because they would receive a head butt to the temple if they positioned themselves too close to him. Because he had a history of aggressing on the school van towards the driver and his peers, Johnny was required to wear a leather harness that secured him to his van seat. Ultimately, he was transported to school by himself.

Prior to the study, Johnny was in a self-contained classroom in a public school with three peers and several staff members. Little teaching was possible since his aggression routinely ended any attempt at serious academic instruction. Any instructional tasks given to Johnny were selected to be non-challenging and well beneath his abilities. As a result, his skills repertoire was steadily decreasing. None of the previous behavioral interventions (e.g., extinction, timeout, restraint, token economy systems, DRO) had been effective in decreasing his aggression.

Program Development

Johnny’s aggression and lack of progress had become major concerns for his parents and the school district and he was being considered for placement in a residential school. It was at this point that the senior author was asked to evaluate Johnny and develop a program that would treat his aggression and challenge him academically.

Following the model described in Foxx and Garito (in press), the senior author’s first action was to find someone with expertise in ABA (the second author) to run the treatment program. The plan was that the senior author would lead the intervention team as long as necessary to bring the aggressive behavior under control and then fade his presence to that of monitoring ongoing progress, refining the intervention as needed, and monthly visits to ensure accurate implementation of all procedures. The second author assumed onsite responsibility once the senior author was no longer present on a daily basis. The second action was to implement the treatment program in a new location. The final action was to select the programmatic components.

Target Behaviors

Aggression towards others and destructive behavior were selected for treatment. Physical aggression was defined as any instance of hitting, kicking, biting, head butting, aggressing with an object, pulling hair, or pinching. Destructive behavior was defined as any instance of throwing items, kicking or banging on surfaces, sweeping items off a surface, breaking, tearing, or otherwise rendering any item non-functional.
Functional Assessment

In order to accurately assess the function of Johnny’s target behaviors, all previous available behavior data were analyzed. This included noting both the antecedents and consequences surrounding each instance of a target behavior, as well as determining if any correlation existed between behaviors and specific times of the school day. In addition, several naturalistic observations were conducted and both parents and Johnny’s previous instructional staff were interviewed. The results of the functional assessment revealed that Johnny aggressed primarily to escape academic or social demands and to obtain desired items.

Data Collection

The baseline condition was the time period before the authors became involved. During baseline, teachers and additional staff members used event recording to document the number of times each behavior occurred throughout the day. If a serious instance of aggression or destruction occurred, the antecedents and the consequences of the behavior were recorded, a descriptive report was written, and Johnny’s parents were contacted.

During the intervention phases, data were collected by all staff members in the classroom. The entire school day was divided into 5 min segments and event recording was used continuously. This allowed staff members to determine not only the frequency of target behaviors over the day but also whether time of day played any role in the occurrence or non-occurrence of aggression or destruction.

Reliability

No assessments of interobserver reliability were conducted in the baseline. Reliability was periodically assessed in the intervention by comparing the records of staff who had simultaneously recorded instances of behavior during the same time period. These comparisons revealed high agreement between the recorders.

Settings

Baseline

Johnny’s classroom contained three peers, four staff members, and a teacher. The classroom was partitioned into multiple work stations and each student was expected to follow a picture schedule throughout the day. Johnny was assigned a personal care assistant who would assist him with tasks on an as needed basis. As noted above, when the senior author was asked to intervene, Johnny’s classroom programming had evolved to the point where he was being given virtually no instructional demands or
tasks appropriate to his level of functioning. For example, although Johnny could identify many words and count, the instructional activities he was given often featured simple pictures to color and simple puzzles to complete. He had an area of the classroom that had been designated as ‘Johnny’s area,’ and he alone dictated whether or not anyone was permitted to enter it.

Six months passed from the time the senior author first visited Johnny’s classroom until he was transferred to the new school and the intervention began. During this time, and especially in the last 3 months, there were several staff changes, including classroom teachers, the instructional demands on Johnny continued to drop, and data recording began to wane and become inconsistent. As a result, the period of time selected to serve as the baseline is the first 3 months after the senior author was asked to intervene and design a program, since the records from this period can be considered the most accurate and the demands on Johnny resembled some attempt at instruction.

**Intervention**

Due to the intensity of the planned intervention, Johnny was moved to a new school for children with special needs where he was the only student in the classroom. The room was approximately 30’ × 30’ and contained tables, chairs, academic materials, and a computer and DVD player which Johnny’s parents identified to be highly motivating reinforcers. The staff members included a teacher, personal care assistant, and a Master’s level ABA intern (the second author). Prior to the intervention, Johnny’s behavior was considered so severe that his family had been authorized to receive up to 42 h per week of one to one therapeutic staff support (TSS) services. This additional staff member began 6 months into the intervention.

**Procedures**

**Baseline**

In Johnny’s previous classroom setting, the prescribed method for dealing with his aggressive and destructive behavior was a combination of ignoring and redirecting him to engage in an appropriate behavior. If his behavior proved to be dangerous to either himself or others, he was physically restrained. Although this protocol was in effect throughout the school day, an analysis of the incident reports indicated that it was implemented inconsistently.

**Intervention**

The behavioral program consisted of a token economy system, differential reinforcement of other behaviors (DRO), response cost, overcorrection, and physical
restraint. A number of classroom rules such as ‘No loud talking’ were also created. Parental permission was obtained for all treatment procedures after each procedure was explained and demonstrated. On the first day of the intervention, the new classroom rules and procedural interventions were explained to Johnny. During the initial stages of the intervention, several large floor mats were provided to ensure safety should physical restraint prove necessary. Treatment was provided each day throughout the entire 6.5 h that school was in session.

**Token Economy System**

Based on conversations with Johnny’s parents and previous teachers, multiple backup reinforcers were identified and brought into the classroom. A picture of each item was placed in a large folder and given a price. Initially, each item cost only five tokens to ensure that Johnny could easily access them. Once Johnny’s behavior began to improve, the price of each backup item began to change. Highly preferred items became more expensive and less preferred ones less expensive. Johnny was told that he would be given tokens for correctly responding to teacher instructions as well as behaving appropriately. When he earned the required number of tokens for an item, Johnny was given a period of time (5–10 min) during which he was allowed to engage in the purchased activity before returning to 1:1 instruction. The token economy program was only in effect during 1:1 instructional periods. Two major reinforcers were access to a TV to watch videos and using the internet to find desired pictures. Both were available to be purchased throughout the day.

**DRO**

A DRO program was developed in which each 5-min interval of no aggressive or destructive behavior was reinforced with a token (separate from the previously described token program). Once Johnny accumulated five tokens, he could exchange them for the opportunity to engage in a highly reinforcing activity. The DRO program was in effect throughout the school day. Overtime, the interval length and number of tokens required to purchase an activity were gradually increased.

**Response Cost**

Each time Johnny emitted a target behavior, one token from both the token economy system and the DRO schedule were immediately removed. If the target behavior occurred during a reinforcing activity, he was required to terminate the activity and begin a work session. Once this academic session began, he could begin earning tokens to exchange for a backup reinforcer at a later time.
**Overcorrection**

Restitutional Overcorrection (Foxx & Bechtel, 1983) was implemented whenever Johnny turned over or threw any object in the room. For example, if Johnny overturned a chair, he was required to not only straighten his own chair, but also to rearrange all of the chairs and tables in the classroom. The overcorrection was recycled if Johnny overturned another chair at any time during the procedure.

Positive Practice Overcorrection. (Foxx & Bechtel, 1983) was implemented for inappropriate behaviors that lent themselves to this procedure. For example, if Johnny made a loud noise in the hallway while walking to the cafeteria, he was required to practice several trials of walking quietly in the hallway.

**Crisis Management**

Physical restraint was implemented whenever Johnny’s aggressive or destructive behavior escalated to a point wherein he posed a danger to himself or others. During this procedure, Johnny was placed on a mat in a supine position with one staff person restraining each arm and a third person restraining his legs. No one spoke to Johnny, and he was physically restrained until he had achieved a state of calmness so that quiescence would be reinforced by the removal of restraint. Because Johnny had a history of arising from restraint and immediately attacking others or becoming destructive, a compliance component was added to the restraint procedure. Thus, once the restraint ended, Johnny was required to comply with a series of instructions presented in rapid succession. The purpose of this tactic was to establish compliance before he returned to his educational activities. After approximately 5–7 min of compliance training, he was escorted to the table for 1:1 academic instruction and told to choose a backup reinforcer for which he could work.

Whenever physical restraint was implemented, the antecedents and consequences surrounding the aggressive behavior, the time of day, and the length of restraint were recorded. All restraint and behavioral data were provided to members of Johnny’s IEP team on a weekly basis and monthly summaries were provided at IEP meetings.

**RESULTS**

Figure 1 shows that aggressive/destructive behavior averaged 102 incidents per day during the 3 month baseline phase. It was reduced by 95% to 5.06 incidents per day in the first intervention month. By the 6th month, it had been reduced to 0.29 incidents
per day or a near zero level where it remained during the remaining 6 months of the study. The mean aggressive/destructive behavior during the 12 months of treatment was 1.60 ($R = 0.09$–$5.06$). Virtually, all of the behavior was aggressive rather than destructive.

**Crisis Management**

It was anticipated that most of Johnny’s serious aggression would occur during the initial days (Foxx, 1996) and that crisis management in the form of physical restraint would be needed. Accordingly, the senior author was present throughout the first 3 days of treatment.

Johnny was very aggressive the first day of treatment and physical restraint was implemented nine times for a total of 180 min. On day 2, physical restraint was implemented five times for a total of 47 min. On day 3, physical restraint was applied once for 14 min. No restraint was necessary on day 4 and only two on day 5 for a total of 14 min. During the remainder of the first month of treatment, one physical restraint was applied on 6 separate days for an average duration of 23 min. No restraint was implemented during month 2 and restraint was implemented only six times for a total
of 162 min in the remaining 10 months of treatment. No restraint was implemented in seven of the eight last months of treatment. Currently one floor mat remains in the classroom and it is used for Johnny’s morning exercise routines.

**Topographical Change in Aggression**

Overtime, the topography of the aggressive behaviors began to change into less severe forms, for example, slowly lowering his head until it came to rest upon the teacher’s shoulder rather than head butting. Although this behavior met the criterion for head butting and was recorded as such, the minimal intensity of the behavior nearly precludes the label of aggression.

**Intervention Variables and Behaviors**

A number of behaviors and treatment variables were recorded during the intervention.

As aggressive behaviors decreased in both frequency and intensity, additional negative behaviors were targeted for decrease and positive behaviors for increase. Negative behaviors included inappropriate verbalizations in the form of saying ‘mom’ to avoid or escape challenging educational activities and negative vocalizations such as yelling and whining. Both were treated with response cost. Positive behaviors included making requests for help, breaks, or an interaction with a staff member.

Both negative and positive behaviors showed very favorable outcomes. From the first month of treatment until treatment ended 12 months later, inappropriate verbalizations and negative vocalizations decreased by 99.20% (from 146 to 1.13 per day) and 92.60% (from 42 to 3 per day) respectively, whereas requesting increased by 142.70% (from 17.8 to 43.2 per day).

After 8 months of treatment, negative verbal behaviors were occurring at such low frequencies that all specific consequences for them were discontinued. This was especially pleasing in regards to Johnny saying ‘mom.’ When treatment first began, Johnny said the word ‘mom’ many times each day in an attempt to escape or avoid particularly demanding work. Our observations during baseline revealed that the sensitive nature of the word ‘mom’ almost assured that educators would stop delivering instructions and speak about Johnny’s mother. Thus, it was likely that this interaction shaped the behavior to the levels seen during the initial stages of the intervention. In Johnny’s case, saying ‘mom’ was not necessarily an inappropriate behavior but rather an excessive one. Our goal, therefore, was to decrease the behavior rather than eliminate it. Accordingly, response cost was only implemented if Johnny said ‘mom’ during a work session, and he was encouraged to talk about his mom in an appropriate manner and at appropriate times. Overtime, Johnny began to
speak of showing his mom school work he created and staff members would talk about where he and his mother would go after school or on the weekend. When Johnny did say ‘mom’ during particularly demanding sessions, the simple statement ‘Quiet please’ terminated the vocalization without the need for a formal consequence.

Johnny not only made a significant increase in the number of requests made throughout the day, but also in their variety and complexity. By the end of the study, he was requesting approximately 50–60 different items or activities daily. Whereas he once used one-word sentences exclusively, he now regularly used words such as ‘I want,’ ‘please,’ and adjectives describing the desired item as well as the name of the individual to whom he is speaking.

Two treatment variables were time in minutes that Johnny spent at a table engaged in educational activities with an instructor and the number of response cost interventions each day. Both showed very positive changes. From the first to last month of treatment, time spent per day in educational instruction increased by 108.1% (from 89 to 185.2 min) and response cost implementation decreased by 93.8% (from 13 to 0.81 times per day).

**Acquisition of New Behaviors**

**Educational**

A comparison of Johnny’s IEP prior to treatment (the baseline condition in his previous school) with the one developed after 4 months of treatment substantiated that his aggression had created educational barriers. Consider that the baseline IEP contained only five goals. His three behavioral goals were no aggression, accepting the word ‘No,’ and choosing a preferred item and completing a two-step physical activity. His two academic goals were to verbally state requests using a choice board and naming common objects. In contrast, his treatment program IEP contained 18 goals of which 15 were academic. The academic goals included increase sentence length, increase number of requests, identify opposites, label emotions, identify holidays, identify and give specific amounts of money, correctly give personal information, and work independently. His three behavioral goals were no aggression, eating different types of foods, and engaging in a morning physical workout routine. Throughout the course of the school year, Johnny either mastered or made significant progress on all of the educational goals.

**Anecdotal Results**

When the intervention first began, Johnny ate chips, cookies, candy, and grapes for lunch every day. An interview with a former teacher indicated that this had been his routine lunch for several years. Since being quite overweight was already a health
hazard for Johnny, it was important that he learn to eat other foods that would eventually replace his regular junk food diet.

In order to increase the variety of foods Johnny ate, a combination of positive reinforcement for food consumption and escape extinction was implemented (Williams & Foxx, 2007). During a work session, Johnny would be presented with a novel food item that would not be removed until he had tasted it. If he complied with the request, he received a token. The amount of food he was requested to eat was gradually increased as was the variety of food items. Overtime his junk food lunch was replaced by healthy alternatives with an average lunch consisting of a peanut butter and jelly sandwich, grapes, carrots, ham, a banana, and a small dessert item. In order to further decrease Johnny’s weight, a morning exercise routine was implemented which he performed on a daily basis without incident.

Johnny has become a very cooperative student and is participating in activities which were once prohibited by his problem behavior. He participates in all school functions, plays basketball in the gym with his teachers, eats lunch in the cafeteria, has sung karaoke to an audience, uses knives to prepare his own meals, leaves the school for activities, and is allowed to use expensive equipment (e.g., cameras, printers, laptop computers). In addition, interactions that once consistently occasioned aggression are now common within the classroom. For example, prior to treatment a person’s physical contact or proximity to Johnny often triggered an immediate aggressive response. Johnny now frequently wrestles with his teachers and requests hugs. He also has been given a morning and afternoon classroom chore routine.

The TSS from an outside agency was trained by the second author to apply some of the treatment techniques in Johnny’s home. Conversations with Johnny’s parents, previous teachers, and school district officials indicate a high degree of social validity (Wolf, 1978). His parents have stated that all of the gains made at school have carried over into their home and have reported being able to patch holes in their walls, leave Johnny at his grandmother’s for the weekend, go shopping without incident, and in general lead a lifestyle unrestricted by continual worry of aggression. They have stated that they are confident in their ability to control any unwanted behavior that may occur in the future. Along with a decrease in problem behavior at home, the parents observed an increase in the amount of social interactions Johnny initiates. Similar comments have been made by a previous teacher who came to visit him during treatment. She noted a dramatic improvement in behavior and expressed a desire to work with him again in the future.

**Program Transfer, Extension, and Maintenance**

Johnny’s success, together with a number of other factors such as the second author and other staff members being unavailable for the next school year, dictated that the
authors’ involvement with his program conclude at the end of the school year. A number of steps were taken to increase the likelihood that the treatment effects would be maintained. All are well known methods of actively programming for maintenance (Foxx, 2001; Foxx et al., 1989). First, we trained those who would be responsible for Johnny’s educational program the following year (Foxx, 1996). These individuals observed Johnny’s program being conducted by the second author and his staff. Second, we kept the treatment and maintenance programs similar (Foxx & Livesay, 1984) by providing a complete written description of the treatment program as well as a detailed description of how to interact and intervene with Johnny on an every day basis and handle unforeseen events and circumstances. Third, we insured change agent and programmatic accountability (Foxx, Plaska, & Bittle, 1986) by insuring that someone who had been involved each day in the early stages of the successful program would have programmatic responsibility the next year.

DISCUSSION

The results showed that Johnny’s aggressive/destructive behaviors were successfully and quickly treated, and that this success has been maintained for 1 year. He has made excellent educational progress given that he went from having two academic goals in baseline to accomplishing 15 academic goals in less than 1 year of treatment.

This program fits well within the parameters of the least restrictive treatment model (Foxx, 1982b). A review of previous interventions used with Johnny revealed that less restrictive procedures were ineffective. The use of restrictive procedures such as physical restraint, response cost, and overcorrection were therefore justified as treatment options. As Johnny took responsibility for his own behavior, his environment became less restrictive. For example, he is now granted access to certain areas of the school (e.g., office rooms, other classrooms, the cafeteria), which were once off-limits due to concerns that he might aggress against others. These privileges, in turn, promote further appropriate behavior by placing novel social demands upon him, as well as providing additional learning opportunities that might be otherwise absent from his school day. Linking increased privileges with increased responsibility ensured that the density of naturally occurring positive reinforcers would grow at the same rate as appropriate behavior.

One weakness of the present study is the lack of an experimental design. However, since this was first and foremost a clinical endeavor, a rigorous experimental design was deemed impractical and secondary to treating Johnny, especially since months were passing while the details of the senior author’s involvement were being worked out. It is our contention that the dramatic change in Johnny’s targeted behaviors,
coupled with the length of both the baseline and intervention conditions, strongly support the assertion that the program was responsible for the observed changes.

Another concern is that the length and scope of the program precludes a description of every aspect of treatment. Effective comprehensive programs are not static since they evolve with the subject’s progress (Foxx, 1990). Hence, although the core procedures remained constant throughout the entire study, the program’s success meant that the complexity and breadth of treatment would be naturally increasing. For example, as Johnny’s environment began to expand, the natural consequences of his behavior began to take control, and programmed consequences could be eliminated in some instances.

Recall that the three key elements of programmatic success were who conducted the treatment, where it was conducted, and what procedures were employed. A PhD level Behavior Analyst oversaw the entire program and a master’s level ABA intern worked directly with Johnny every day. This ensured that the program was never static and any problems that arose were quickly remedied. The use of a novel classroom containing no other students permitted the program to feature the level of intensity needed to treat a difficult case successfully. Procedural selection is critical to treatment success with individuals who have a long history of dangerous aggression for negative reinforcement. Yet, while obtaining treatment effects is highly desirable, the maintenance of their effects is even more important. If maintenance is to be successful, it is imperative that the aggressive individual be taught to be more responsive to positive reinforcement. Yet as discussed previously (Foxx et al., 1989) using positive reinforcement alone at the beginning of treatment (see Foxx, 2005a and b) would not only be dangerous but also noncompetitive with the powerful negative reinforcement that is available. This is why the most honest, effective, and appropriate model was demonstrated in the present case in that Johnny’s responsiveness to positive approaches greatly increased over time after his aggression was first brought to safe levels with appropriate reductive and positive procedures (Foxx, 2003).

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