BEHAVIOURAL TREATMENT FOR DANGEROUS COMMUNITY BEHAVIOUR: TEACHING COMMUNITY SAFETY USING A TOKEN ECONOMY

Objective:

Community integration and participation is an important objective for individuals in residential treatment group homes. Some individuals severely affected by a neurodevelopmental disorders or mental health issues may require a more rigorous and systematic approach to teaching basic community safety skills. At the Specialized Resource homes within Community Living Toronto, we teach skills that allow the resident to *safely* participate in their community before fading supervision and support. The development of *community safety* skills takes time, practice and even external motivational procedures (i.e. Token Economy Programs); fading support too quickly and allowing a resident to access the community independently without these necessary skills can result in dangerous and at times, life-threatening challenging behaviour. The primary objective of the present study was to decrease the resident’s dangerous *collecting* behaviour in the community (i.e. stealing from community member, acquiring items in the middle of the street or subway tracks.) and to increase *community safety. The desired outcome was independent* and safe community participation.

Method:

 The participant was a 41-year-old male diagnosed with Autism Spectrum Disorder and a severe intellectual disability. The resident spent years in lower support residential homes and on a specialized psychiatric inpatient unit before arriving to the Specialized Resource Homes at Community Living Toronto. Measurement systems included rate per hour of items collected during community outings (# of items/time in community) and the frequency of *prosocial* behaviour displayed in the house and out in the community (i.e. cooking, independently engaging in hygiene routine, following staff instruction in community etc.). A Token Economy system was put in place at the home. The resident would earn tokens for demonstrating *prosocial* behaviour and would spend those tokens to access community outings (i.e. eating at A&W, going to the library, movies etc.). When the resident was out in the community with staff he could earn more tokens if he did not collect items for period of time or if he was able to walk past preferred items on the ground that he would typically collect.

Results:

 Once treatment began and the resident was able to earn tokens for *not collecting* in the community, the rate of collecting decreased by over 80%. Following intervention, the participant is able to attend longer and more frequent outings in the community and has since developed more independence with hygiene routines, household participation and appropriate social engagement with others.

Discussion/Conclusion:

 The reward system used in the present study has demonstrated a significant effect on the participant’s ability to remain safe in the community. Development of pivotal independent living and social skills have resulted in a clear increase in his quality of life by expanding autonomous engagement in the community and at home.