

From Compliance to Consent

Strategies for Building Autonomy Through Choice Making

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What We Will Cover Today

01

Compliance vs. Consent

Why the distinction matters in ABA & IDD support

02

Autonomy

Theoretical foundations and disability rights context

03

Antecedent Strategies

Choice making, environmental design, and priming

04

Consequent Strategies

Reinforcement, natural consequences, and skill building

05

Power Struggles & Solutions

Decision-making flowchart and provider responses

06

Implementation & Next Steps

Practical applications and ethical considerations

Compliance vs. Consent: Why It Matters

COMPLIANCE MODEL

- Provider-directed: "Do this."
- Focus on behavioral output over preference
- Power differential reinforced through contingencies
- Risk of learned helplessness or effects of counter-control
- Limits skill generalization and self-advocacy
- Ethical concerns: **coercion, dignity, autonomy**

CONSENT & AUTONOMY MODEL

- Collaborative: "What do you want?"
- Prioritizes preference, voice, and dignity
- Embeds choice into every interaction
- Linked to quality of life outcomes (Wehmeyer, 2003)
- Increases intrinsic motivation and engagement

Theoretical Foundations

AUTONOMY

The need to act in accordance with one's own values and choices, not external pressure

Autonomy transforms compliance into consent

COMPETENCE

Feeling effective and capable mastery experiences through graduated choice complexity

Competence transforms "permission" into empowerment

RELATEDNESS

Connection and belonging, choice making strengthens therapeutic alliance and trust

Relatedness transforms participation into connection

Proactive Approaches to Building Autonomy

Choice Making Arrays

- Offer 2-5 options across routines (task, sequence, materials, person, location, preferences)
- Progress from simple to complex choices (Cannella et al., 2005, JABA)
 - simple → multiple choice → conditional → open ended
- Embed choice in non-preferred tasks to reduce escape-maintained behavior

Environmental Design

- Arrange environments to signal available choices visually
- Use visual schedules with embedded fixed decision cards
- Reduce coercive antecedents (amount of demands, restricted access)

High-Probability Request Sequences

- Begin with 3-5 preferred/easy requests before low-probability demands
- Builds behavioral momentum and increases compliance with difficult tasks
- Pairs provider presence with positive outcomes

Priming & Advance Notice

- Provide advance notice of transitions and schedule changes
- Preview upcoming choices to reduce anxiety and increase buy-in
- Use First-Then visuals to contextualize demands within choice

Proactive Approaches to Building Autonomy

Choice Making Arrays

- Offer 2-5 options across routines (task, sequence, materials, person, location, preferences)
- Progress from simple to complex choices (Simpson et al., 2005, JABA)
 - simple → multiple ended
- Embed choice in non-preferred escape-maintained behavior

Increases cooperation and willingness to participate and engage in the event presented

- Reduces anxiety
- Reduces challenging and maladaptive behaviors
- Builds autonomy and confidence
- Empowers individuals with a voice and a choice for decision making

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Choice Making Approaches: Identifying What Motivates

Types of Preference Assessments

Single Stimulus (SS)

Present one item at a time; observe approach/engagement

Paired Stimulus (PS)

Present two items; individual selects preferred (Fisher et al., 1992)

Multiple Stimulus Without Replacement (MSWO)

Most commonly recommended; efficient, high predictive validity (DeLeon & Iwata, 1996)

Free Operant

Observe natural engagement in enriched environment (Roane et al., 1998)

Ask / Interview

Self-report, caregiver report; critical for individuals with communication skills



Examples

“Heres ____” (observing to see if the person is interested and accepts the presenting item/activity)

“do you want to eat soup or pizza”, “do you want to see Kate or Mike”, “do you want to throw away the trash or wash the dishes”

Presents 3 options, when an option is selected, only present the remaining options without the selected on until all options are engaged with

Unrestricted access to options (e.g., items and activities and person) Identifying which one the person goes to first and engages with most

Asking other close members of the person OR asking the person themselves with open ended questions

Responding to Choices in Ways That Build Autonomy

Specific Praise of Choice-Making

Reinforce the act of making a choice, not just the outcome. Use specific praise: "I love that you told me what you wanted." Builds verbal behavior around preferences.

FCT: Teaching 'No' and Refusal

Functional Communication Training (FCT) for opting out. Teach "no," "break," "done", "not right now" as communicative acts. Refusal must be honored to build trust and true consent.

Avoid Coercive Contingencies

Extinction of escape must be used carefully; forced compliance extinguishes choice-making behavior. Avoid punishment-based procedures that override expressed preferences.

- Provide proactive strategies
- Meet the individual where they are at and when they are ready

Natural Consequences w/ Support to exit

Allow safe natural consequences of choices to occur. Supports understanding of cause-and-effect and personal responsibility. Ensure safety as a priority through support to escape the consequence immediately with frequent check-ins and opt outs

Reinforcement of Self-Advocacy

Reinforce any instance of preference expression, opinion sharing, or push-back. Teach self-advocacy scripts. Build a reinforcement history around voice and preferences.

Contingency Contracting & Goal Setting

Collaborate on goals with the individual. Written or visual contracts where the person co-creates reinforcement contingencies. Promotes ownership and investment.

Teaching Choice-Making as a Learnable Skill

STEP 1: Identify Reinforcer Preferences

Formal preference assessments; observe natural engagement

STEP 2: Offer Concrete, Simple Choices

Two options; familiar items; immediate access upon choosing

STEP 3: Expand Complexity of Choices

3-5 options; choices involving time, sequence, people, setting

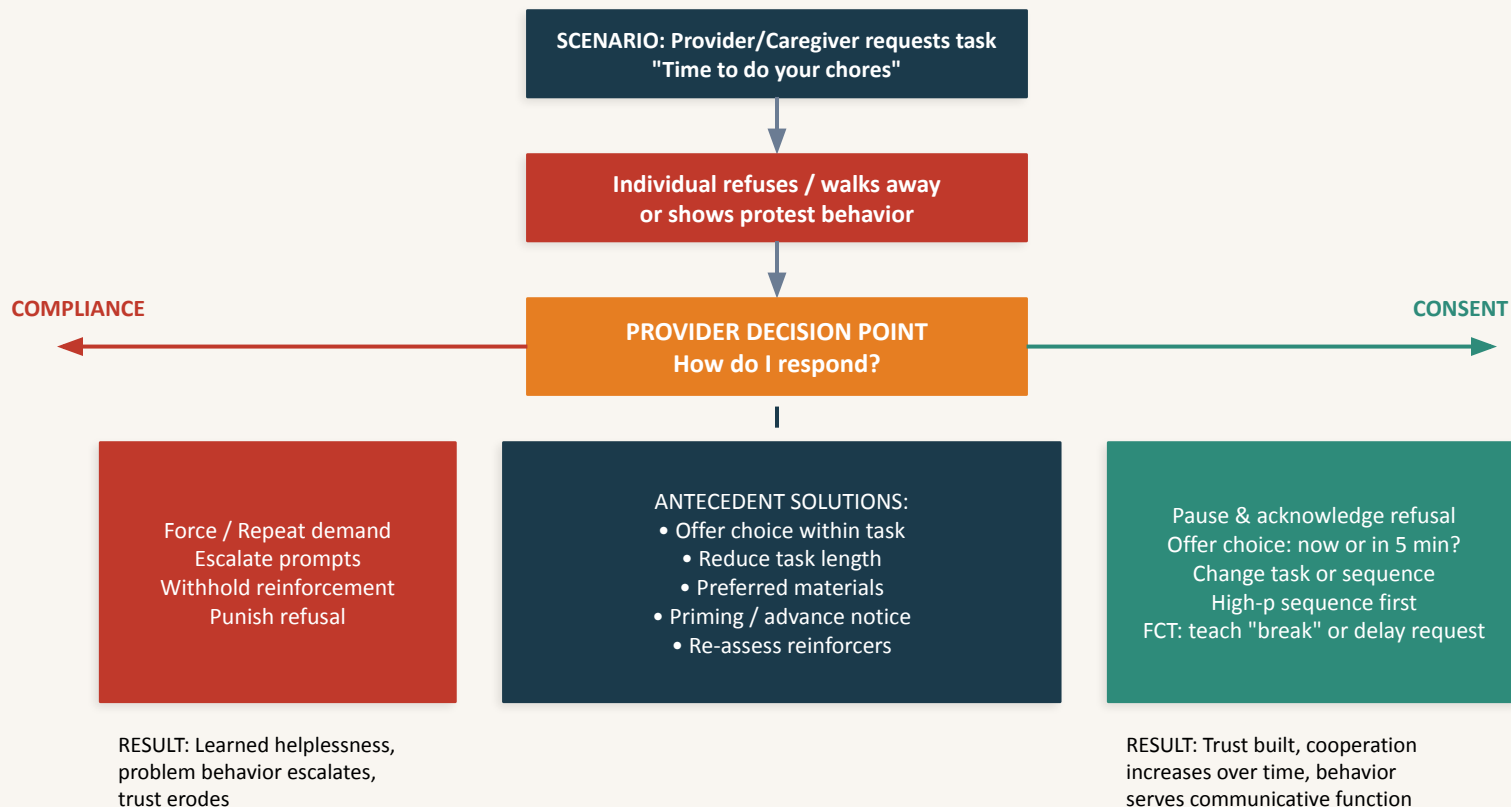
STEP 4: Choices in Non-Preferred Contexts

Embed choice within demands; reduces resistance, increases buy-in

STEP 5: Self-Directed Goal Setting

Individual identifies their own goals and participates in treatment planning

Power Struggle Scenario & Provider Responses



From Power Struggle to Partnership: Example

SCENARIO: Jordan is a 14-year-old with autism and IDD. During therapy sessions, Jordan frequently drops to the floor and screams when worksheets are presented. Previous approach: demand compliance, use extinction of escape.

BEFORE: Compliance Model

- Provider: "Jordan, sit down and do your work."
- Jordan drops to floor, screams
- Provider blocks escape, repeats demand
- Jordan escalates resulting in session ending in crisis
- Next session: same pattern, behavior worsens
- Outcome: Jordan avoids provider, trust damaged

AFTER: Autonomy Model

- MSWO assessment identifies Jordan loves music & art
- Provider: "Jordan, worksheet with music or drawing first?"
- Jordan chooses drawing and completes 3 minutes eagerly
- High-p sequence: then transitions to worksheet (with music)
- Jordan learned to communicate for "break" via ASL honored immediately when used
- Outcome: Problem behavior drops 80%, trust rebuilt

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Critical Think & Discuss

Complete the Provider Responses

Example: Marcus is a 22-year-old with autism who attends a day program. Every Tuesday, the schedule includes laundry. Marcus refuses, sits on the floor, and yells. The provider's default response has been to stand over Marcus, repeat "It's laundry time," and wait him out. Behavior escalates weekly.

Fill in the blanks with one these words (MSWO): Now or later, High probability request, I need a break, Preference assessment

1 Before Tuesday arrives, the provider conducts a _____ to identify what Marcus prefers.

2 On Tuesday, instead of stating "It's laundry time," the provider offers: "Marcus, would you like to do laundry _____ or _____?"

3 If Marcus protests, the provider honors his refusal by teaching him to use the phrase "_____" as a communicative alternative.

4 The provider uses a _____ sequence starting with 3 preferred tasks before laundry.

Answers



1

Answer: preference assessment

A Multiple Stimulus Without Replacement (MSWO) assessment identifies what Marcus finds motivating. High-preference items increase engagement with non-preferred tasks

2

Answer: now or in 30 minutes

Offering choice within the task (when, how, with what) may help reduce escape-maintained behavior by up to 70% compared to no-choice conditions

3

Answer: "I need a break"

Functional Communication Training (FCT) teaches a communicative replacement for problem behavior. Critically: the request must be consistently honored to build trust and function

4

Answer: high-probability (high-p) request

The high-p sequence builds behavioral momentum using preferred activities before non-preferred ones, pairing the provider with positive outcomes.

Discussion: Which of these four feels hardest to implement in your setting, and why?

Match the Provider Behavior to Its Impact on Autonomy

Example: Sofia is a 17-year-old with IDD who receives in-home support. Draw a line matching each provider action (Column A) to its outcome/principle (Column B).

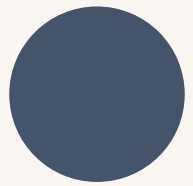
COLUMN A - Provider Actions

- 1 Sofia asks to skip shower tonight. Provider says "no, it's on the schedule" and proceeds anyway.
- 2 Provider asks: "Sofia, shower before dinner or after your show?"
- 3 Before shopping, provider shows 4 store pictures and lets Sofia pick where to go.
- 4 After Sofia signs "break," provider ignores it and continues the task.
- 5 Provider reinforces Sofia every time she expresses any preference, even small ones.

← MATCH →

COLUMN B - Outcomes / Principles

- A Embedded choice - reduces resistance, preserves dignity
- B Antecedent choice - preference assessment increases buy-in and motivation
- C Autonomy violation - overrides refusal, erodes trust and self-determination
- D Differential reinforcement of self-advocacy - builds communication and voice
- E FCT extinction - extinguishing communicative behavior increases problem behavior



Correct Matches + Clinical Reflection

1 → C

Autonomy Violation

Overriding refusal, even for hygiene communicates that preferences are irrelevant. This erodes trust and reduces future communicative attempts

2 → A

Embedded Choice

"Before dinner or after your show?" preserves the task but gives control over timing. Reduces escape behavior while maintaining dignity

3 → B

Antecedent Choice / Preference Assessment

Visual choice arrays as antecedents increase engagement with community activities and signal that the provider values Sofia's voice

4 → E

FCT Extinction

Ignoring functional communication extinguishes the replacement behavior and pushes the individual back to problem behavior. FCT only works if requests are reliably honored

5 → D

Differential Reinforcement of Self-Advocacy

Systematically reinforcing any preference expression, even simple ones, builds the communication repertoire for self-advocacy over time

Have you seen or utilized any of these patterns in your own practice?

What Providers Can Do Starting Today

IMMEDIATE ACTIONS

- Conduct a preference assessment this week
- Audit your daily schedule; Where can choice be added?
- Create a choice board for common routines
- Practice saying "That's your choice" and honoring it
- Teach one FCT phrase for refusal (e.g., "break, please")
- Eliminate at least one coercive antecedent from your practice
- Include the individual in their next goal-setting meeting

SYSTEMIC CHANGES

- Revise treatment plans to include choice-making goals
- Train all staff on FCT and antecedent choice strategies
- Adopt person-centered planning frameworks
- Review reinforcer assessments quarterly or monthly, preferences shift
- Establish refusal protocols that preserve dignity

**Every choice we offer
is an act of respect.
Every choice we honor
is an act of consent.**

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The shift from compliance to consent is not just a clinical adjustment, it is a moral commitment to recognizing every individual's fundamental right to shape their own life.

- **Assess preferences systematically**
- **Embed choice in every interaction**
- **Honor refusal as communication**
- **Teach self-advocacy explicitly**
- **Ensure autonomy is the outcome**

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