B

Backup Reinforcers. Events, objects, and opportunities for selected actions that become available to individuals who exchange their earned tokens in treatment sessions.

- Have a collection of backup reinforcers
- Have the child select a backup reinforcer for that particular session (e.g., a child might select a toy car. a chance to paint)
- Give tokens to reinforce target responses (e.g., for correct articulations, language responses, fluent productions)
- Exchange tokens for selected events, objects, or opportunities for actions at the end of the session (e.g., the child gets the toy or a chance to paint for 3 minutes at the end of the session)

Baseline Evoked Trials. Establish baselines of target skills on discrete trials on which the expected responses are not modeled but evoked with natural kinds of interactions (e.g., such questions as "What is this?"); measure each attempt to produce a target behavior separately; do not offer consequences for the correct or incorrect responses.

- Place stimulus item in front of individual (e.g., a picture of a *ball*) or demonstrate an action (e.g., moving a toy car)
- Ask the relevant predetermined question (e.g., "What is this?" "What am I doing?" or "What is happening?")
- Wait a few seconds for the individual to respond
- Record the individual's response on the recording sheet
- Remove the stimulus item (move it toward you, away from the individual)
- Wait 2–3 seconds to signify the end of a trial
- Begin the next trial with a different item

Baseline Modeled Trials. Establish baselines of target skills on discrete trials in which you model the correct response for the individual to imitate; measure each attempt at target behavior imitation separately; offer no consequences for the correct or incorrect responses.

- Place a stimulus item in front of the individual or demonstrate an action
- Ask the predetermined question (e.g., "What is this?")

- Immediately model the correct response (e.g., "Johnny, say *ball*")
- Wait a few seconds for the individual to respond
- Record the individual's response on the recording sheet
- Remove the stimulus item (move it toward you, away from the individual)
- Wait 2–3 seconds to signify the end of a trial
- Begin the next trial with a different stimulus item

Baselines. Establishing baselines of target behaviors is the initial step in treating all individuals; baselines are recorded rates of responses in the absence of planned intervention (absence of reinforcement for correct responses and corrective feedback for incorrect responses); reliable (repeated) measures help establish the need for treatment and demonstrate improvement during treatment; in experimental treatment research, baselines help rule out extraneous variables; see Baselines, Conversational Speech and Discrete Trials, Evoked and Discrete Trials, Modeled for specific baseline procedures.

Baselines, Conversational Speech. Establish a measure of target behaviors produced in conversational speech in the absence of treatment before starting treatment; do not reinforce or offer corrective feedback.

- Record a conversational speech sample in as naturalistic a manner as possible
  - With children, have toys, pictures, books, and other materials to evoke speech; engage the child in conversational speech with the help of the materials; if necessary, focus on the target features to be measured (e.g., drawing the child's attention to actions you perform to evoke the *ing*)
  - With adults, hold conversation on their favorite topics
  - In most cases, the individual interview might also be used to establish baselines of target behaviors (e.g., language characteristics, fluency or stuttering, vocal quality)
- Measure the correct and incorrect productions of the target behaviors in the sample
- Calculate the percent correct baseline response rate

Baselines, Discrete Trials. Establish baselines of target behaviors in discrete trials in which an individual's multiple attempts to produce a target response are counted separately; trials are separated in time, hence the name; establish discrete trial baselines in both the evoked trials and modeled trials; do not offer reinforcers or corrective feedback for the responses.

- Select target behaviors (phoneme productions, grammatic morphemes, sentence structures, pragmatic skills, fluent productions, naming skills, etc.)
- Specify target behaviors in measurable terms; for instance
  - Production of /s/ in word initial positions
  - Production of present progressive *ing*
  - Naming pictures
  - Reduced rate of speech
  - Elimination of hard glottal attacks
- Prepare stimulus items to evoke target responses; in the case of speech and language targets, prepare 20 stimulus items for each target response; for instance
  - Twenty pictures that help evoke 20 words with /s/ in the initial position
  - Twenty sentences with the present progressive feature in them (e.g., The boy is walk*ing*)
- Prepare questions to be asked to evoke the response, and the exact way of modeling the response
- Prepare a recording sheet
- Administer the two types of trials: Baseline Evoked Trials and Baseline Modeled Trials
- Analyze data to calculate percentage of correct responses (e.g., 50% correct production of the /s/ in word initial positions; 75% correct production of *ing* in sentences)
- Repeat measures; compare the discrete trial and conversational speech measures
- When measures are stable, begin treatment

Behavioral Contingency. In behavioral analysis and treatment, a dependent relationship between Antecedents, responses, and Consequences; the clinician manages this contingency by:

- Providing antecedents (stimuli, modeling, instruction, demonstration, etc.)
- Requiring a specified response
- Providing immediate consequences in the form of positive reinforcers or corrective feedback

Behavioral Momentum. A behavioral treatment procedure in which the clinician rapidly and repeatedly evokes a high-probability response and then immediately commands a low-probability response; often used to reduce noncompliance; in increasing the frequency of a low-probability response:

- Find a response the individual readily performs (e.g., hand clapping)
- Model and have the child imitate that high-probability response repeatedly and in rapid succession
- While the child is still performing the high-probability action, quickly interject a request to perform a low-probability target response (e.g., ask the child to open his or her mouth, a low-probability response)
- Reinforce the occurrence of the low-probability response

Binswanger Disease. To treat communication disorders associated with this type of vascular dementia, see Dementia and Vascular Dementia.

Biofeedback. A method used to reduce incorrect responses or shape and increase desirable responses in treatment; includes mechanical feedback given to the individual on vocal pitch and intensity, respiration, electropalatography, and muscle action potential level.

Bite Block. A custom-made small block of acrylic or putty for an individual who holds it between the lateral upper and lower teeth; observed to improve speech intelligibility in individuals who have abnormal jaw movements; recommended for some individuals with dysarthria.

Blissymbolics. A nonverbal communication system for individuals with severe communication deficits; a set of symbols used to communicate non-orally; originally meant to be an international language; more widely applied and researched than other symbol systems in teaching communication to severely handicapped individuals; symbols may be combined to form complex expressions; developed by C. Bliss.

Booster Treatment. Give booster treatment any time after the individual was dismissed from the original treatment to help maintain clinically established skills; part of response maintenance strategy.

- Conduct periodic follow-ups
- If the follow-up measures show decline in response rate, give booster treatment
- Use the original or newer, more effective, procedures

Botulinum Toxin Injection. A medical treatment procedure for neurogenic or idiopathic adductor spasmodic dysphonia and adductor spasmodic dysphonia that does not respond to behavioral treatment; botulinum toxin is injected into the thyroarytenoid muscle unilaterally or bilaterally; effects last about three months.

Bound Morphemes. Significant treatment targets for children with language disorders; teaching grammatic morphemes that are inflected with words (hence the name, *bound*) is essential to remediate childhood language disorders; intervention targets include such bound morphemes as the present progressive *ing*, the allomorphic variations of the regular plural and regular past, various prefixes (e.g., *pre-*, *post-*, *anti-*) and various suffixes (which include the regular plural and past inflections); to teach bound morphemes:

- Select the morphemes to be taught
- Develop stimulus materials (words, phrases, or sentences) and pictures or objects
- Present a stimulus item and ask a relevant question (e.g., present the picture of two books and ask the question,