

Planning, Applying, and Evaluating a Treatment Program



The referral process: Is it appropriate for bx. mod.?

- When you receive a referral, you must consider the following things:
 1. Who made the referral?
 - If the client was not self-referred, you must consider if the person requesting your help has the benefits and best interests of the client in mind.

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2. If the problem is vague or subjective, can you specify goals in ways that specify exact behaviors which can be observed, counted, timed or measured in some way?
- If the initial reason for referral is vague or too general, you must specify component behaviors to be addressed.

The referral process:
Is it appropriate for bx. mod.?

- 3. Is the problem important to the client or to others?
- If the problem is an undesirable behavior, does it lead to immediate aversiveness to the client or to others?
- If you solve the problem, will it lead to more positive reinforcement for the client or for others?

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- 3. Is the problem important to the client or to others?
- Will other desirable behaviors be likely to be stimulated by addressing the problem behavior?
- Unless you can answer yes to all or most of these questions, the problem might not be important enough to warrant your involvement.

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- 4. Are you the appropriate person to deal with this problem? In other words, are you sure medical professionals or a psychiatrist should not be involved?
- If there is immediate threats of suicide, for example, hospitalization might be needed before behavioral interventions would be of use.

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- 5. How easy would it be to manage the problem?
- If it has been occurring for a short time, under only certain conditions it is likely to be easier to manage than a behavior which is more chronic and pervasive.
- If you are trying to eliminate an undesirable behavior, can you identify something more desirable to take its place?
- If you are to teach a new skill, does the client have the prerequisite skills to do so?

The referral process:
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- 6. Can you manage the problem in the natural environment? If so, your goal might be easier to be maintained and generalized.
- If you have to design a special training environment, can you do it in a way so that it can be easily faded into the natural environment?
- Consider the natural contingencies which will be likely to maintain the behavior once you obtain your goal. Is it something that the client can maintain if you teach self-control or will you have to address behavioral techniques with the family and others in the client's environment?

The referral process:
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- 7. Identify individuals in the client's natural environment you can enlist for help in recording the behavior, and managing stimuli and reinforcers. Enlist the cooperation of parents, teachers and friends.
- 8. Likewise, consider potential saboteurs to your program, and be sure to minimize their interference.
- 9. After considering all of the above items, your training, your schedule, and your available time, can you accept the referral?

Once a referral is accepted, then you move into the assessment phase:

1. Define the behavioral problem in precise reliable terms for baselining.
2. Select an appropriate baseline procedure that will allow you to monitor the behavior, identify stimulus control, and identify potential reinforcers (antecedents, behaviors and consequences). Also, you will need to monitor and consider any other relevant variables such as medical / health issues, personal considerations, etc.. During the baseline, you should also identify an alternative desirable behavior.

Assessment phase:

3. Design a reliable recording procedure. If others are to monitor the behavior (such as teachers) be sure the recording procedure is "user-friendly" and thoroughly explained. The amount of time devoted to the monitoring will need to be recorded.
4. Be sure observers (e.g. parents / teachers) are trained in what behavior they are looking for and how to record / graph the data.

Assessment phase:

5. If the baseline procedure is going to take a while to establish an adequate baseline, be sure the procedures are designed well enough so that the record-keeping will be maintained.
6. Select a procedure for ensuring the reliability of the baseline observations, e.g. using more than one observer, etc.
7. Select an appropriate intervention strategy which should help you determine how much of a baseline you will require before you can terminate the baseline and begin the intervention.

Once you have the baseline, move into the program design and treatment implementation phase:

1. Define the goal, identify target behaviors and the desired amount, and stimulus control (what stimuli are currently controlling the behavior and which do want to control the behavior in the end).

Be sure of the following before proceeding further:

- > That you precisely describe everything
- > That the goal was chosen in the client's best interests
- > That the client was given as much information as possible about the goal, expectations, and course of treatment
- > That any potential side effects have been considered.

Program design and treatment implementation phase:

2. Identify all significant individuals in the client's life who might help the program (by administering reinforcers, monitoring, recording etc.) or who might hinder or undermine the program

3. See if you can capitalize on stimulus control by using :

- Rules
- Goal setting
- Modeling
- Physical guidance
- Situational inducement.

Program design and treatment implementation phase:

4. If you are developing a new behavior, use:

- shaping
- chaining
- fading

Program design and treatment implementation phase:

- 5. If you are changing the stimulus control of an existing behavior, can you select the controlling S^Ds such that they:
 - Are different from other stimuli on more than one dimension
 - Are encountered mainly in situations where you want the target behavior to occur
 - Evoke attending behavior
 - Do not evoke undesirable behavior?

Program design and treatment implementation phase:

- 6. If you are decreasing an undesirable behavior, use:
 - DRL limited responding schedule when the behavior is undesirable, but tolerable in low amounts
 - DRL spaced responding schedule when the behavior is actually desirable as long as it occurs in low amounts
 - DRO or DRI when no occurrence of the behavior is desired
 - Punishment only as a last resort and under close supervision.

Program design and treatment implementation phase:

- 7. Specify the details of the reinforcement system. Determine:
 - How the reinforcer will be selected (consider menus and reinforcement surveys)
 - What reinforcers will be used, considering what reinforcers are currently maintaining a problem behavior
 - How the reinforcer effectiveness will be continually monitored and by whom
 - How the reinforcers will be stored and dispensed and by whom
 - If tokens are to be used, what are the details specific to the token economy.

Program design and treatment implementation phase:

- 8. Specify the details of the training setting, including what environmental rearrangement will be necessary to:
 - Maximize the desired behavior
 - Minimize errors
 - Minimize competing behaviors
 - Maximize proper recording
 - Maximize stimulus management (e.g. administering reinforcers) by those carrying out the program.

Program design and treatment implementation phase:

- Consider how you might program generality of the behavior change.
- 9. In order to program stimulus generalization:
 - Train in the test situation (i.e. the natural environment of the target behavior)
 - Vary the training conditions (i.e. don't exert much control over external factors that occur during training)
 - Program common stimuli (i.e. deliberately develop the behavior in the presence of stimuli which are known to be present in the natural environment)
 - Train sufficient stimulus exemplars (e.g. train in several different locations with several different conditions)
 - Establish a stimulus equivalence class

Program design and treatment implementation phase:

- Consider how you might program generality of the behavior change.
- 10. In order to program response generalization:
 - Train sufficient response exemplars (e.g. practice enough examples of the behavior)
 - Vary the acceptable responses during training (i.e. don't just accept perfection; accept a range of appropriate responses)
 - Use behavioral momentum to increase low probability responses within a response class.

Program design and treatment implementation phase:

Consider how you might program generality of the behavior change.

11. In order to program Behavior maintenance (generality over time):
 - Use natural contingencies of reinforcement
 - Train the people in the natural environment
 - Use schedules of reinforcement in the training environment
 - Give the control to the individual.

Program design and treatment implementation phase:

12. Specify the details of the daily recording and graphing procedures.
13. Collect all necessary materials: reinforcers, data sheets, graphs, curriculum materials.
14. Make a checklist of rules and responsibilities for all people involved in the program: parents, teachers, staff, client, etc. Be sure everyone involved is clear on what their roles and responsibilities are.

Program design and treatment implementation phase:

15. Specify dates for data and program reviews, and who should participate in such reviews.
16. Identify what you can do to reinforce the behavior modifiers and mediators (e.g. parents and teachers) and keep them continuously invested and motivated.
17. Review the potential cost of the program.

Program design and treatment implementation phase:

18. Sign a behavioral contract. This is a written agreement between the client and the psychologist that specifies in detail how the psychologist will help the client. It should specify the objectives and all relevant details of the plan. Both the psychologist's and the client's responsibilities and expectations should be specified. Both should also sign.
19. Implement the program.

Once the target behaviors have been obtained, they will need ongoing maintenance and evaluation:

1. Monitor your data to determine whether the recorded behaviors are changing in the desired way.

Once the target behaviors have been obtained, they will need ongoing maintenance and evaluation:

2. Consult all who have an investment in the program to determine if they are satisfied with the progress. Remember, statistically significant changes do not always equate to clinical effectiveness and client satisfaction.

Once the target behaviors have been obtained, they will need ongoing maintenance and evaluation:

3. Consult the behavioral literature and your colleagues to be sure your results are in line with what others have found in the past.

Maintenance and Evaluation:

4. If you are satisfied with the change, proceed to #8, program maintenance.
5. If your results are unsatisfactory, determine if:
 - Reinforcers lost their appeal
 - The procedures are being executed as planned
 - There is outside influence disrupting the program
 - There are disruptive affective variables, such as teacher's or client's attitude or lack of enthusiasm.

Maintenance and Evaluation:

6. If #5 did not clarify the problem, see if additional programming steps need to be added or deleted. Are their high errors rates which suggest the need for additional programming steps? Or are their very high rates of correct responses which suggest that the program may be too easy and too boring?
7. If your results are now satisfactory, proceed to #8. Otherwise, get help from a colleague, redesign the program, or redo the functional assessment.

Maintenance and Evaluation:

- 8. Decide how you will provide program maintenance until the behavioral objective is reached.

- 9. Once the goal has been attained, outline an appropriate arrangement for assessing performance during follow-up observations and assess social validity.

Maintenance and Evaluation:

- 10. After a successful follow-up, do a cost-effective analysis to determine the costs for the behavior change.

- 11. When possible and appropriate, communicate your results to other behavior modifiers.
