Activity 18.2: Multiple Behaviors/Multi-faceted Treatment Plan

Scenario: Alvin is a 16 year old boy who attends high school in a rural school district. He does reasonably well in school with his grades averaging in the B range. He has no cognitive impairments that would affect his ability to perform at a higher level in school. Alvin does, however, have poor time management skills and an inability to organize tasks in logical and meaningful ways. He also has a great deal of trouble with punctuality which affects multiple life domains to include home (not taking a shower on time, leaving for school late, and going to bed late) and school (showing up to classes late). At times, he procrastinates work in favor of watching NASCAR and playing Madden on his PS3. Alvin has very few friends and often states that he does not know how to talk to people. In conversations with adults, he often makes inappropriate sexual comments. Six years ago Alvin's parents went through a divorce which was amicable and mutual. He moved in with his mother for about 8 months before she had to move to another state due to employment issues. The move was sudden and left Alvin with abandonment issues and low self-esteem and feelings of worthlessness. His mother did not return to the state when she had the chance and Alvin will not fly to see her due to an extremely debilitating fear of heights. As a child, Alvin was diagnosed with high functioning autism (formerly Asperger's syndrome) and has frequent motor and vocal tics. Currently, he is experiencing a motor tic in which his jaw drops down and his neck jerks to the side. This has been going on for about 2 months now and leaves him feeling very self-conscious and embarrassed.

Problem Behaviors (list them):

Cluster 1: Executive Functioning Skills

- Poor time management - Deficit

- Inability to organize tasks - Deficit

- Procrastination - Excess

- Punctuality - Deficit

Cluster 2: Social Skills

- Problems talking to people – Deficit

- Makes in appropriate sexual comments – Excess

Cluster 3: Maladaptive Cognitions

- Low Self-esteem and feelings of self-worth - Excess

- Abandonment Issues - Excess

Cluster 4: DSM 5 Diagnosable Conditions

- Fear of Heights - Excess

- Motor and Vocal Tics - Excess

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Treatment Plan for Each Problem Behavior or Clusters of Related PBs:

Cluster 1: Executive Functioning Skills

- Poor time management – deficit

    - Goal Setting

    - Cues for utilizing time better; Removing cues for distractors

    - Response effort – make it easier to get work done

    - Social Support

    - Prompts with fading

    - Self-praise

    - DRA – depending on what the PB is

    - Establishing operations – when grades go up

    - Self-instructions

- Inability to organize tasks – Deficit

    - Goal Setting

    - Self-praise

    - Social support

    - Prompts – with prompt delay

- Procrastination – Excess

    - Response costs

    - Token economy – tokens for getting work done earlier

    - Overcorrection – positive practice

- Punctuality – Deficit

    - Response costs when late

    - Cues to get out the door on time

    - Remove any UBs; remove cues

    - Response effort – increasing it for PB

    - Goal setting

    - Token economy – tokens for getting out the door on time and extra points for being early

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- o DRO – reward after not leaving late for a period of time

- o Establishing operations – NASCAR and video games built into token economy

Cluster 2: Social Skills

- Problems talking to people – deficit

  - o Token economy – tokens for initiating conversations

  - o Self-instructions

  - o Cognitive restructuring if a maladaptive cognition is at work

  - o Is there a social phobia? If so, relaxation and maybe modeling

  - o Fear hierarchy as part of desensitization?

  - o Cognitive coping skills training

  - o Natural contingencies of reinforcement

- Makes in appropriate sexual comments – excess

  - o Time Out – depending on where these comments occur

  - o Response Cost

  - o Overcorrection – positive practice

  - o DRA – when appropriate comments are made reinforce and don't reinforce sexual comments

  - o Reinforcers – delivered via social support too

  - o Self-instructions

  - o Prompts via social support / fading at the end

  - o Programming – prompts and generalization across situations

Cluster 3: Maladaptive Cognitions

- Low Self-esteem and feelings of self-worth - Excess

  - o Cognitive restructuring – remove maladaptive cognitions and replace with positive thoughts

  - o Self-instructions

  - o Praise for talking highly of oneself

- Abandonment Issues - Excess

  - o Acceptance – it was not his fault

  - o Cognitive restructuring – see the situation as different; why mother really left

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Cluster 4: DSM 5 Diagnosable Conditions

- Fear of Heights - Excess

    o Relaxation techniques

    o Use desensitization with a fear hierarchy

    o Flooding – place Alvin on a really long flight???

    o Reinforce when he handles it well.

    o Social support

    o Self-instructions – reminders that planes are generally safe

- Motor and Vocal Tics - Excess

    o Habit reversal

        ▪ Awareness training

        ▪ Competing response

        ▪ Generalization and Use of CR

        ▪ Therapist review

    o Social support

    o DRI – reinforce when CR or IB is used