
Behavioral Treatment: What to Expect

GENERAL TIMELINE

Initial Evaluation (Session 1)

- Today is your Initial Evaluation. The therapist will simply gather information about your child's medical, family, and educational history and details about your current concerns. Specific, in depth information about behaviors will be obtained (e.g., how often behaviors occur, how long they last, what typically precedes the behavior problem, how behaviors are handled, etc.). Your child will also be observed during play by another therapist while you speak individually with the therapist. Although the therapist may be able to give you some general ideas about what to expect with treatment and may be able to provide general suggestions, it is not possible to provide you with a formal treatment plan or specific, in depth recommendations at this time until more data is gathered (*see below*). Additionally, the course and timeline of treatment often varies across children and families depending on a variety of factors (e.g., presenting concerns, severity of problems, frequency of attendance, progress, etc.) and treatment plans are frequently fluid, allowing for modifications depending on changing factors as time elapses.

Observations and Assessment (Session 2; ongoing)

- *Functional Assessment*
 - The therapist will observe your interactions with your child in a variety of contrived situations (e.g., command situations, denial of preferred activities or items, denial of parent attention/boredom, play situation, etc.). These observations are conducted to develop hypotheses about the possible purposes of certain behavior problems, to gather baseline behavioral data about current behavior concerns, and to gather information about current parent strategies and interactions with the child. All of this information will be used to develop a detailed treatment plan specific to you and your child's unique concerns.
- *Behavior Rating Scales*
 - You may be asked to complete a series of behavior rating scales to obtain normative information about your child's behaviors of concern. Additionally, some behavior rating scales may be provided to you for your child's teacher(s) or other caregivers to complete. The results of these measures provide us with information about your child's behavior problems as compared to other children who are in the same age group to determine if behavior levels are within normal limits or if they are of clinical significance.

Development of a Treatment Plan (Session 3)

- After your Initial Evaluation and some observations and assessment, a treatment plan will be developed by your therapist. Goals, interventions, and the projection of treatment will be determined through an analysis of the data gathered and based on the information that you have provided. Your therapist will review the treatment plan with you during this session in order to give you an idea of what to expect over the next few weeks and/or months of treatment. Treatment is always a collaborative process and your input is very important! Please ask as many questions that you may have and feel free to provide your own thoughts, opinions, insights, and concerns as the treatment plan is reviewed. Because therapy is always active, the treatment plan is fluid and may change as treatment progresses based on life circumstances, progress, and new information.

Introduction of Interventions/ Behavioral Strategies (Session 4; ongoing)

- Your therapist will begin to introduce some interventions during session 4. Keep in mind that there are likely several strategies that will be implemented during the course of treatment; however, it is not possible to provide them to you all at once, nor is it helpful. Interventions will be introduced based on a determination of your most pressing concerns, which behaviors are most intense, pervasive, or impacting, and which are necessary to address in order to set a foundation for future behavior interventions.
- Some examples of possible interventions may include (these will be explained during your individual treatment sessions):
 - *Preventative Strategies*
 - Visual Schedules
 - Social Skills Training
 - Establishing Routines
 - Using Prompt Hierarchies

- *Reactive Strategies*
 - Reinforcement for Positive Behaviors
 - Token Economy Systems/ Behavior Charts
 - Labeled Praise
 - Consequences for Negative Behaviors
 - Planned Ignoring
 - Time Out
 - Response Cost
- *Interventions to Address Specific Behaviors/ Concerns*
 - Bedtime Protocol
 - Toileting Protocol
 - Home-School Communication Devices
- *Parent-Child Interaction Training (PCIT)*
- *Many other interventions specific to your child's needs*

Therapist Collaboration with Other Caregivers and/or Agencies (Throughout as Needed)

- If your child is in school and/or is receiving services from other agencies (e.g., speech therapy, psychiatry, etc.), then your therapist will likely request permission to collaborate with such service providers. This collaboration is important because behavior change is most successful when there is consistency in the application of interventions across caregivers and settings.

Data Collection (Ongoing)

- A very important part of behavioral therapy is ongoing data collection. Data collection is necessary to determine what current behavior levels are at the beginning of treatment and to assess progress and the usefulness of interventions as treatment proceeds. We will do some data collection during session time in the clinic; however, you will also be asked to collect ongoing data outside of therapy time. Some examples of data collection may include making tally marks whenever your child exhibits a specific behavior, recording possible triggers and reinforcers to behavioral events, or providing descriptive information about certain routines (e.g., bedtime, meals, etc.) as they occur. Because we cannot be with you or your child throughout your child's typical routines outside of therapy, you and any other caregivers must be our eyes and ears. Otherwise, we would be missing a large piece of information that is necessary to understand the behavior problems you are encountering. We understand that such data collection may be somewhat time consuming, especially at first; however, it is one of the most helpful ways to determine if the treatment plan is working and what areas need to be modified and when.

WHO DOES WHAT?

The Role of the Therapist

- Your therapist will serve as a teacher, trainer, consultant, and source of support and resources for you during behavioral treatment. We may work individually at times with your child; however, a majority of our time will be spent with you and any other caregivers to teach strategies that will help to improve your child's behaviors across various settings (not just in the clinic).

The Role of the Parents/Caregivers

- During behavioral treatment, it is truly the child's parents and caregivers that are the "change-agents" for the child's behavior. Therefore, it is vital that as a caregiver, you are an integral and regular part of treatment. You will be taught various strategies to use to reduce behavior problems and you will collaborate with the therapist and other important people in your child's life to continually develop, apply, and modify interventions that are used. Additionally, as previously noted, caregivers are responsible for collecting ongoing behavioral data outside of session time.

The Role of the Child

- Although your child may seem like a passive participant during behavioral treatment and that you are doing all of the work, your child is actually learning a great deal through this process. He/ she will be present at all or most of the sessions so that strategies can be practiced with him/her and so that he/she is aware of the strategies that will begin to be implemented at home, school, and in other settings. Keep in mind that your child may be very resistant to any new strategies that are implemented and the changes that are taking place, as he/she was likely somewhat content in the way in which things operated before behavioral therapy. Thus, your child may exhibit an increase in negative behavior at first when interventions begin. This is normal and to be expected, and it actually means that the intervention is working! It is vital that during these "bursts" of negative behavior that you remain diligent and consistent in sticking through with the intervention as your child adapts to the new rules, consequences, and expectations.