CASE STUDY EIGHT: DEZ

Case Study Covers:

- *Emotional/Behavioral Disorder*
- *Early Intervention Setting*

Dez attends a preschool. The preschool is an integrated program, with half the children (ten) identified as having emotional behavioral difficulties combined with ten preschoolers that are not identified with behavior issues or any other type of disability. The preschool classroom is staffed by a teacher, a behavior specialist, and an early intervention specialist, and four undergraduates getting credentials in early intervention.

Dez is a 4-year-old boy whom lives with his mother and younger sister. Dez's father is in prison for assault with a deadly weapon. Dez, his mother, and sibling move often due to financial concerns, access to housing, and his mother having a history of assaulting family members that have housed them. While enrolled in the preschool program, Dez attempted to run away from home and is often outside unsupervised by adults. At home, Dez is aggressive toward his mother and sister.

At preschool since day one, Dez has been aggressive toward peers. He will play with toys and use them as weapons, causing injury to classmates. He will hit them over the head with toys, laugh and run away. He will push them off the tricycles on the playground, not to get access to the trikes, but pushes and runs away laughing. Often, staff will chase him down to get him to apologize to classmates. He will say he is sorry and often immediately repeat an action such as kicking a peer. When asked why he does the action, he states, "I don't know." Needless to say, his peers are leery of being around him and avoid being close to him if possible.

In addition to the aggressive behaviors, he has a limited attention span for activities. For instance, at circle time after less than two

minutes he is running around the room, requiring adult intervention to coax him back. He needs a seat at circle time, whereas his classmates sit on carpet squares. During free-play time he rarely stays at any station for more than one minute and usually does not engage in appropriate play with the toys (except for the water play materials which he finds fascinating and he will play with them for lengthy time periods of up to 20 minutes, but he will then refuse to move to other play areas) other than making guns out of any manipulative building materials. He will also focus the weapons he created on the adults and state, "I can shoot you and the police won't care." Dez does have good verbal skills for someone his age and is physically well coordinated.

The classroom staff know that they need to assess his behaviors and develop a plan for the school and home. They also know it will be very important that they assist Dez's mother for consistency of implementation of a plan to decrease aggressions at school and home.

CASE STUDY EVALUATION

Based upon the case study provided above, analyze the issues that arise in providing behavioral services and supports for Dez at home and in preschool. Below are the areas to assess based upon the *Behavior Analyst Certification Board Task List* Fourth Edition. Address the competencies for each of the three sections: Section I–Basic; Section II–Client-Centered Responsibilities; and Section III–Foundational Knowledge. Specific items within those sections are highlighted. These task areas are provided as a guide to successfully resolving client case issues and developing competencies as behavior analysts.
The following competencies are addressed in this case study:

MEASUREMENT

A-01   Measure frequency (i.e., count).
A-03   Measure duration.
A-04   Measure latency.
A-12   Design and implement continuous measurement procedures.
A-14   Design and implement choice measures.

BEHAVIOR-CHANGE CONSIDERATIONS

C-01   *State and plan for the possible unwanted effects of reinforcement.*

C-03   *State and plan for the possible unwanted effects of extinction.*

FUNDAMENTAL ELEMENTS OF BEHAVIOR CHANGE

D-03   *Use prompts and prompt fading.*

D-05   *Use shaping.*

D-06   *Use chaining.*

D-18   *Use extinction.*

SPECIFIC BEHAVIOR-CHANGE PROCEDURES

E-09   *Arrange high-probability request sequences.*

BEHAVIOR-CHANGE SYSTEMS

F-01   *Use self-management strategies.*

F-02   *Use token economies and other conditioned reinforcement systems.*

IDENTIFICATION OF THE UNDESIRABLE

G-01   *Review records and available data at the outset of the case.*

G-02   *Consider biological/medical variables.*

G-03   *Conduct a preliminary assessment of the client to identify the undesirable.*

G-04   *Explain behavioral concepts using non-technical language.*

G-06   *Provide behavior-analytic services in collaboration with others who support and/or provide services to one's clients.*

G-07   *Practice within one's limits of professional competence in ABA and obtain consultation and supervision and training*

or make referrals as necessary.

G-08 *Identify and make environmental changes that reduce the need for behavior analysis services.*

MEASUREMENT

H-01 *Select a measurement system to obtain representative data given the dimensions of the behavior and the logistics of observing and recording.*

H-02 *Select a schedule of observation and recording periods.*

H-03 *Select a data display that effectively communicates relevant quantitative relations.*

ASSESSMENT

I-01 *Define behavior in observable and measurable terms.*

I-02 *Define environmental variables in observable and measurable terms.*

I-03 *Design and implement individualized behavioral assessment procedures.*

I-04 *Design and implement a full range of functional assessment procedures.*

I-05 *Organize, analyze, and interpret observed data.*

I-06 *Make recommendations regarding behaviors that must be established, maintained, increased or decreased.*

I-07 *Design and conduct preference assessments to identify putative reinforces.*

INTERVENTION

J-01 *State intervention goals in observable and measurable terms.*

J-02 *Identify potential interventions based on assessment results.*

J-04 *Select intervention strategies based on client preferences.*

J-05 *Select intervention strategies based on client's current repertoires.*

J-06 *Select intervention strategies based on supporting environments.*

J-07 *Select intervention strategies based on environmental*

and resource restraints.

J-08   Select intervention strategies based on the social validity of the intervention.

J-10   When a behavior is to be decreased selects an acceptable alternative behavior to be established or increased.

J-11   Program for stimulus and response generalization.

J-12   Program for maintenance.

J-13   Select behavioral cusps as goals for intervention when appropriate.

J-14   Arrange instructional procedures to promote generative learning.

IMPLEMENTATION, MANAGEMENT AND SUPERVISION

K-01   Provide for ongoing documentation of behavioral services.

K-02   Identify the contingencies governing the behavior of those responsible for carrying out behavior-change procedures and design interventions accordingly.

K-03   Design and use competency-based training for persons who are responsible for caring out behavioral assessment and behavior-change procedures.

K-04   Design and use effective performance monitoring and reinforcement systems.

K-05   Design and use systems for monitoring procedural integrity.

K-09   Secure the support of others to maintain the client's behavioral repertoire in their natural environments.

THE USE OF TECHNOLOGY IN INTERVENTIONS FOR BEHAVIOR CHANGE

Communication
Supports

EXECUTIVE FUNCTION SKILLS

1.   Inhibiting Impulses.
2.   Emotional control.

Collaboration with Others

Legal Issues

Quality of Life

Physical Well-Being
Material Well-Being
Social Well-Being
Productive Well-Being
Emotional Well-Being

Foundational and Lifestyle Strategies

Person-Centered Planning

Physical, Medical, Psychological, or Mental Health Issues

Supports

Teachers/Service Providers
The Person with a Disability
Family Members
Employers/Community Members
Technological Supports
Instructional Supports

Cultural and Linguistic Diversity

Community and Family Issues
Empirical Research to Support that the Intervention is an
   Evidence-Based Practice