Individualized Programs

- Develop for children who do not respond to the standard treatment components
- Clinical supervisors should carefully assess each aspect of the treatment system to determine what aspect of the program is not effective
- Individualized programs may modify existing treatment components or may add an intervention
- Must be compatible with the existing system and procedures

Determining the Need for an Individualized Program

- Develop when the point system, time-out procedure, daily report card procedure, and other standard treatment components are either insufficient or inappropriate
Determining the Need for an Individualized Program

- Common indicators:
  - Consistently negative point totals
  - Excessive number or minutes spent in time out
  - Need for physical management
  - Consistently failing to meet daily and weekly goals
  - Behavior that is not addressed by the standard system (e.g., problems due to other behavioral or medical conditions)

Determining the Need for an Individualized Program

- Information gathered during intake interviews:
  - Extreme fears
  - Medical problems such as enuresis
  - Co-existing problems such as obsessive-compulsive disorder

- Observations during first weeks of program
  - High rates of negative behaviors
  - Comparisons with control data
  - Keep notes and graphs in counselor binder

Important Points

- Behaviors targeted must be socially valid
  - Relevant to the child’s problems, nontrivial, and clearly socially desirable
- Lead counselors develop individualized programs under the guidance of clinical supervisors, and a senior staff member must approve all programs.
- Parental approval is required prior to starting any program that differs substantially from the treatment described in the manual
Evaluating Program Interventions

• If a child is not responding to the program components and a pre-existing condition is not apparent, the first step in developing an individualized program is to evaluate systematically each component of the program and its implementation to determine where problems are occurring.

Evaluating the Point System

• Is the problematic behavior addressed by the point system (e.g., a high rate of teasing peers as opposed to extreme fear of bees)?
• Are counselors implementing the point system reliably and as specified in the manual? If not:
  • Discuss problems
  • Increase frequency of observations to assess counselors’ performance
  • Provide positive feedback or assign remedial activities based on the assessment.

Evaluating the Point System

• Does the child understand the point system and activity rules? If not:
  • Counselors should spend time re-explaining the point system definitions and activity rules to the child
  • Model and role-play as necessary
• Does the child understand the meaning of the points? If not:
  • It may be necessary to use tangible tokens or chips rather than points.
Evaluating the Point System

• Does the child need feedback behavior more often?
  • Counselors may provide feedback regarding the interval categories at shorter intervals (e.g., 15-minute intervals).
  • Are there other factors that interfere with the child’s being able to increase or decrease the rate at which he or she emits the target behaviors (e.g., the child is extremely shy and does not interact with other children)?

• Does the child earn daily or weekly rewards often enough to be motivated by them?
  • Counselors may need to adjust the child’s criteria for Friday afternoon rewards to increase the chances that he will earn a reward.
  • Does the child earn group awards such as High Point Kid or Most Improved often enough to be motivated by them?
    • Consider awarding Most Improved to the child for improvement from one day to another even if point total is not most improved.

Evaluating the Daily Report Card

• Is the DRC an appropriate intervention for the given behavior?
  • Has an extensive evaluation of the DRC indicated that a more intensive procedure, or a different reward system, needs to be developed?
Evaluating Rewards/Reinforcement

- Are counselors implementing the reward procedures (e.g., social reinforcement, daily awards, Friday afternoon rewards) reliably and as described in the manual?
- Do counselors need to increase the rate or lower the threshold at which they provide social reinforcement to the child to provide an adequate ratio of positive attention to negative attention because the child exhibits a high rate of negative behavior?

Evaluating Rewards/Reinforcement

- Does the child have difficulty waiting until Friday for the primary reinforcer? Do more immediate rewards need to be used?
- Is the child getting reinforcement from peers for negative behavior?
  - Develop a group-wide program or group contract to discourage the child's peers from providing positive reinforcement for negative behavior, and to increase positive reinforcement for appropriate behavior.
  - Counselors should increase the rate at which they provide social reinforcement for appropriate behavior.

Evaluating Rewards/Reinforcement

- Are the points, Friday afternoon activities, social rewards, and home-based rewards sufficiently motivating for the child?
  - Observe the child in daily activities to determine what privileges and activities the child finds reinforcing and would be motivated to work toward as part of an individualized program.
  - Ask the child and the child's parents what activities and privileges the child finds reinforcing.
Evaluating Time Out

- Does the child understand the time out procedure, including reasons for time out and reasons for escalations?
  - Re-explain the procedures, demonstrating and role-playing if necessary
- Does the child understand why physical management is necessary (i.e., dangerous or destructive behavior) and what behaviors are necessary for counselors to discontinue physical management (i.e., sitting calmly without struggling)?

Evaluating Time Out

- Are staff members implementing the time-out procedure according to the manual?
- Is the child apparently exhibiting behaviors to get into time out to avoid participating in activities?
  - Develop a system to increase the child’s motivation to participate in the activity.
- Is the child able to serve shorter amounts of time appropriately but cannot serve longer time outs apparently due to inattention or impulsivity?
  - Develop a system such as decreasing the length of time outs for that child if appropriate.

Evaluating Time Out

- Is the child getting reinforcement or attention from peers during time out?
  - Observe the group to assess whether counselors are awarding points for ignoring a Negative Stimulus for children who ignore the behaviors exhibited by the child in time out.
  - Ensure that counselors are consistently taking points for Name Calling/Teasing for children who provoke a child who is serving a time out.
Evaluating Commands

• Are counselors using appropriate, effective commands according to the guidelines in Chapter 3?
• Is the child able to perform the requested behavior?
• Is the child attending to the commands?
• Are counselors implementing the point system and time-out system appropriately as consequences for complying or noncomplying with commands?
• Is the child exhibiting a mildly inappropriate non-point system behavior for which he or she does not receive peer attention and reinforcement? If so, counselors should ignore the behavior.

Evaluating Commands

• Is the child receiving inadvertent reinforcement for negative behaviors (e.g., the child apparently intentionally exhibits an inappropriate behavior so that he or she can earn points for compliance when told to stop)?
• Are counselors implementing the procedures for dealing with high-rate negative behaviors at appropriate times (i.e., only when a child exhibits a specific negative behavior at a rate of more than five times per minute)?
• Is the child serving many time outs for Repeated Noncompliance because of high-rate negative behavior?
  • Develop an individualized program to decrease the frequency with which the child exhibits the specific high-rate negative behavior.

Determining the Need for an Individualized Program

After evaluating each treatment component according to the above guidelines, clinical supervisors should take the appropriate action.

After ensuring that counselors are adhering to the treatment procedures and that the child’s behavior cannot be changed through the standard treatment, develop an individualized program.
Developing an Individualized Program

1. Define the potential target behavior.
   - All behaviors must be operationally defined and all staff members must memorize the definition.
   - Some behaviors will already be defined through the SIP point system.

2. Gather and graph baseline frequency data.
   - Identify the relevant antecedents and consequences that affect the behavior
   - Provide a baseline against which to measure the effectiveness of the special program
   - Use the Individualized Program Form

3. Review baseline data and determine the need for an individualized program.

4. Determine whether to control antecedents or consequences, select procedures and develop the program.
   - Choose an appropriate reinforcer
   - Determine procedures for monitoring and recording the behavior
   - Include procedures for all settings (classroom, recreation, home)

5. Complete the Individualized Program Form
   - Proposed procedures
   - Justification for the target behavior and the proposed methods and procedures
   - An operational definition of the target behavior
   - Initial criteria for goal attainment and plans for subsequent adjustments
   - Procedures for monitoring
   - Procedures for modifying target behaviors
   - Procedures for generalization to other settings if applicable
   - Goal/target criterion for discontinuation
   - Relevant special considerations
Developing an Individualized Program

6. Obtain data integrity approval.
   • All programs must be compatible with the standard treatment components.

7. Obtain approval from program director or assistant director.

8. Meet with parents to discuss program if required, and obtain parental approval.
   • Any program that differs substantially from the standard STP must be approved by parents.

Implementing an Individualized Program

• Explain the program to the child during the arrival period.

• Implement the procedures as described on the Individualized Program Form.

• Observe the group to monitor whether counselors are implementing the procedures according to the procedures specified on the Individualized Program Form.

• Graph target behavior daily and record notes on the Individualized Program Form.

Modifying or Ending Individualized Programs

• Review the Individualized Program Form graph and discuss the child’s response to the program.

• If the child is meeting the initial behavioral criteria but is not behaving within a normative range, clinical supervisors and counselors should modify criteria to shape relatively more appropriate behavior.

• If the child has reached the goal or the child’s behavior has moved within a normative range, end the program.
Modifying or Ending Individualized Programs

- If the program is not working, decide whether to modify the intervention or to develop a different intervention.
- Record all modifications to, or termination of, the program on the Individualized Program Form, including the reasons for and the effective dates of the changes.
- If a new program is necessary, complete a new Individualized Program Form for the new program.