Behaviour modification case studies

ASSIGN BUSTER

BEHAVIOR MODIFICATION

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24 year old Marla suffers from extreme fear of social situations, she is employed to an advertising firm where she is expected to interact in multiple social setting as a means of networking. Marla is afraid if she does not get help she may lose her job.

Marla is suffering from a fear of social situations, the operant behavior is her inability function in a social setting such as maintaining eye contact, she holds her head down, eyes lowered and her words are often inaudible. She often displays a slight nervous shaking almost in a trembling manner and her palms also becomes moist and sweaty making it socially inappropriate to shake hands. A flushed complexion also results from being in any social situations. This extreme fear of social situation is overcome by Marla escaping or engaging in an avoidance response known as the operant behavior, which is exhibited when the fear producing-stimulus (social settings) is present.

In this case study Marla’s respondent behavior we see where she is unable to function in any social situation and prior to being employed she was able to avoid attendance to social events or gatherings. When Marla is in a social situation or functions this known as the CS (conditioned stimulus) that causes the CR (conditioned responses) which is fear or anxiety. Respondent behavior aids in the development of an anxiety problem by how the fear is able to be developed through conditioning as a result of the response

received when the fear is encountered. Such as Marla avoiding going to parties or attending functions or public events.

Systematic and in-vivo desensitization are from a list of techniques used to modify the behavior of those suffering from fear or anxiety. Systematic desensitization was developed by Joseph Wolfe and “ practices relaxation while imagining scenes of the fear producing stimulus”, (Miltenberger, 2012, p. 480). There are three steps for a successful systematic desensitization technique to be effective, learnt relaxation skills, hierarchy list of fear producing stimuli’s and use of both relaxation and fear producing stimuli’s being repeatedly shared with the client until the fear is extinct. In-vivo desensitization differs in that it moves beyond imagining to actually exposing the client to that which he/she fears, the client must then learn to remain relaxed and use the substituted reaction while engaging in the experience of fear or anxiety.

One advantage of systematic desensitization is its ease and convenience for the client, not an immediate interaction with the fear. The disadvantage is that the client may be able to maintain composer while imaging the fear but is unable to follow through of maintaining the relaxation technique when faced with the real stimuli. (Miltenberger, 2012, p. 485), notes that the most effective of the two are usually in-vivo desensitization, the advantage of choosing this method is the encounter is real and allows for the fear to be addressed on the spot and any adjustment to the relaxation technique can be noted or corrected. The disadvantage however, is it is difficult depending on the type of fear and can be time consuming and expensive for both client and therapist.

Marla’s Behavior Modification Procedure

1. Relaxation techniques deep breathing, head up and maintain eye contact she will learn to take (rapid, shallow breaths that come from her chest and quietly exhales to decrease her heart rate and calm the nervousness).
2. Create a list of Marla’s fears with rating scale for effectively facing fears and utilizing respondent techniques starting with family gatherings (20), school functions (20) office gatherings (20), and work functions (40).
3. Practice the relaxation techniques by doing a mock function at the therapy center, then have Marla host a small party at home for family and friends, attend office gatherings and move unto the business functions).

Using the in-vivo desensitization behavior modification procedure to help Marla deal with her fear of social situations, this procedure was chosen because it was time sensitive for the client to have her fear under control as if affected her job functioning. The hierarchy was chosen by first using a familiar surroundings and group to give her the support and opportunity to practice the relaxation techniques without fear of incidents, then she would move on to less comfortable situations as she gained confidence she would finally be allowed to attend a business function and face her biggest platform for her fear. It is expected that through each mock stage the alternative response will replace the fear response.

Other ABA-based treatment that can be used to decrease fear and anxiety are flooding which is the process of “ exposing the individual to the feared

stimulus at full intensity for a prolonged period", there is also modeling which is used with children it allows a " child to observe another person approaching the feared stimulus or engaging in the feared activity, which hopefully helps the child to then be more likely to engage in similar behavior" (Miltenberger, 2012, p. 486) The different procedures are dependent on the type, level and degree of fear as well as the age of the person being treatment, often times multiple treatment options may have to be used to successfully help the individual overcome their fear.

6 year old Jon has a hair pulling habit/ self-stimulatory behavior, he is of normal intelligence and is known to only engage in the behavior while being inactive, this can be while watching television, quiet time in school, or waiting in line with his parents.

Target behavior of hair pulling defined as the fingers-to-hair contact with or without a pulling motion and twirling. It also includes taking hand to head and grabbing a hand full of hair in a continuous downward motion.

(Miltenberger, 2012), defines a behavior excess as an " undesirable target behaviorthe person wants to decrease in frequency, duration, or intensity". In the case of Jon, we would like to decrease or eliminate the number of times he engages in hair pulling while inactive.

Short-term implications that may affect Jon is that he may have headaches from the continuous pulling of his hair or scalp irritation may occur. He may also engage in pulling the hair of others causing harm. The long-term implications are bald spots or trichotillomania. (Functional Analysis and

Treatment of Chronic Hair Pulling in a Child with Cri du Chat Syndrome: Effects on Co-Occurring Thumb Sucking, 2008)

Since the sensory stimulation from manipulating his hair between his thumb fingers reinforces Jon's behavior, a recommended habit reversal inclusive of " awareness training, a competing response training, social support, generalization strategies, and motivational strategies" (Miltenberger, 2012, p. 516) will be used.

Based on the information share we are aware of the times that the hair pulling occur, we now need to engage Jon and his caregivers into becoming aware of the moments leading up to the hair pulling. Once awareness training has been established we can engage in a competing response training using the differential reinforcement method of reinforcing Jon non-hair pulling with praise and a token system. Social support of his caregiver using cues such as hands from hair, or no pulling of hair, or giving him a book to color while they wait in line, or hands in lap as he sits during quiet time will help to reinforce the desirable behavior. Use of motivational strategies such as letting him know how neat and nice his hair looks can help to dissuade him from engaging in hair-pulling.

If Jon had an intellectual disability and was unable to comprehend why pulling his hair is bad, I would utilize a different habit reversal procedure to increase its effectiveness, I would suggesting keeping his hair short to alleviate his hair pulling action. Since hair pulling is often maintained due to automatic reinforcement using other appropriate methods of removing the stimulation received from the action will aid in reducing behavior.

References

Functional Analysis and Treatment of Chronic Hair Pulling in a Child with Cri du Chat Syndrome: Effects on Co-Occurring Thumb Sucking. (2008). Retrieved from Association for Behavior Analysis International: http://www. ncbi. nlm. nih. gov/pmc/articles/PMC2846574/

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