

S^D Associates LLC

Behavioral Services Assessment, Consultation, Training and Direct Service
PO Box 4169, White River Junction VT 05001 www.sdplus.org referrals: (802) 235-9322

Jessica Speckert MA, BCBA
Jessica.speckert@sdplus.org

Current Behavioral Treatment Status & Recommendations

Client: Martha Kourebanas
DOB: 11/27/99
DOR: 2/1/16

Martha Kourebanas is a 16 ½ year old limitedly verbal young lady with Autism living with her Mother and Brother in Essex Junction VT. Martha has a long history of extreme aggressive and self-injurious behavior, beginning from the time she was a toddler. As a result of these behaviors Martha has been in three separate out of district placements over the course of her school tenure, the most recent being a highly specialized and individualized ABA placement at the clinical offices at S^D Associates in Williston VT. This placement was initiated in July 2011. Here, Martha is continuously staffed 2:1 and at some times still requires a 3:1 or 4:1 person response to manage her aggression and self injury when it occurs. Data are currently being collected on how often the need for staffing beyond a 2:1 ratio arises. Additionally, S^D Associates provides services for Martha on Saturday, usually for a 6-7 hour shift. While some of these services take place in the community during lower risk times, the bulk of Saturday also takes place in the clinic to provide access to additional staff support / availability of a quick back-up response in the event that Martha engages in high amplitude aggressive or self-injurious behavior.

At home, Martha and her Mother do have some support through personal care / respite services, however this does not allow for highly trained clinical staff or interventions. Over the years she has hurt both PCAs and her mother, inflicting injuries ranging from bites that require stitching, to neck injuries such as herniated spinal cord discs. In addition to causing bodily harm, Martha has broken every window in her house and all are now replaced with "plexiglass". Her room is lined with plywood as she has kicked out all the drywall. The shower has had to be replaced as a result of her hitting and kicking through it, as well as the oven door which she put her feet through in the course of a tantrum. Martha has permanent scarring on her arms and possibly her knees from repeated and severe bites that routinely break the skin and cause significant bruising. It is in the home environment that she is the most dangerous. That said, Martha has also occasionally assaulted people in the community (ranging from strangers to casually known individuals such as her doctor), her mother and others as they are driving the car, and generally presents with behaviors that under some circumstances could be life threatening.

While the ABA treatment she receives via school has been successful up to a point, Martha continues to present a significant threat to both herself and others. Over the 5 years of treatment, Martha has gone through periods of relative stability and has successfully learned many skills. Martha now has a reasonable mand repertoire and can request most things she wants (e.g. foods, termination of an activity, assistance, change of location, etc.). Martha has learned many self care skills such as brushing her hair and teeth, applying lip balm and face cream, and managing her clothing independently. Martha has been desensitized to many items and procedures that were intolerable to her previously. Some of these include nail clipping, wearing hats, gloves boots and other outerwear, wearing a ponytail holder in her hair, other people talking while in the room with her, other people eating while in the room with her (these last 2 are still not 100% reliable), and many other important previously reliable triggers such as being taken to a doctor's office and being exposed to basic medical procedures.

This list is a small overview of the many skills Martha has learned and is continuing to acquire, but despite all of these areas of progress in functional skills and some not-insignificant success in decreasing self-injury and aggression, Martha continues to engage in those behaviors on an episodic basis and at high amplitude. Additional challenging behaviors include intermittent incontinence (at home), coprophagia (at home), elopement, bouts of crying and screaming, and extreme high rates of superstitious and stereotyped behaviors that when interrupted (by planning or by happenstance) can result in severe aggression and self injury. Martha also suffers from disrupted sleep (wakes up extremely agitated and aggressive in the middle of the night) and despite many attempts to respond to this medically, all have so far been unsuccessful. Martha does have a psychiatrist who works with her mother and school team on medication management, but she is extremely sensitive to even minor changes in dosage or timing of medication. Anytime medication is adjusted, Martha becomes extremely agitated and difficult to manage until she adjusts to the new dose/medication/timing of medication.

In the last month or so Martha has been engaging in higher rates and amplitudes of a previously (nearly) extinct challenging behavior. Martha has always had a history of bolting food (swallowing large quantities of food with little or no chewing) but recently she has also begun doing this with liquids and attempting to induce vomiting on a regular basis. Martha will elope for food and aggress or self injure when interrupted. This behavior occurs across settings, but is much better controlled at school where more often than not she cooperates with directions and non-verbal prompts to take one (pre-cut) bite at a time, chew and eat slowly. Martha will occasionally respond to adults attempting to monitor her food intake with food refusal (verbally) and/or throwing food across the room or by self injuring or aggressing. Her threshold for coping with prompting and redirection is variable. It is important that Martha get behavioral treatment during mealtimes to ensure that she eats and drinks safely.

Martha is a young lady who in some circumstances would be considered an appropriate candidate for a residential treatment facility. Some key concerns regarding such an outcome include the following: Martha has an extremely strong and loving attachment

with her Mother, Brother, Father, and all the staff who work with her throughout the week. Being separated from them would be emotionally devastating. Her reliable and extremely well trained treatment team provides her with consistent interactions that provide Martha's life with stability and predictability in terms of how people will respond to her. This allows her access to an enriched life such as she would not likely have access to in a residential setting. Martha goes to the gym, grocery store, post office, library, doctor's office, and other places in the community, usually safely given the types and amount of structure she receives in her current program. Staff observe strict criteria in assessing whether or not she is likely to be safe in public and have access to back-up/on-call staff when in transit. Losing these supports and access to the larger world would be predictably devastating to her and result in long term disenfranchisement.

In addition to the above, it is the consensus of Martha's treatment team that having a more comprehensive program for a period of years would increase the likelihood that she will continue to show progress and ultimately, a decrease in her staffing could be effected, resulting in a less restrictive placement, greater access to the community and a reduced financial burden on her family and community.

It is therefore the recommendation of this behavior analyst that the **minimum** necessary to provide Martha with the comprehensive behavioral treatment that she needs is **25 hours per week double-staffed in addition to her current school program**. This would ensure that she has access to behavioral treatment 60 hours per week, covering most meal-times and a majority of her waking hours. An additional **4-6 hours per week of supervision by a BCBA and/or BCaBA** will be required to supervise staff implementing the program and monitor her progress.