Two behavioral treatment methods were used in the Gerontology Program at the Florida Mental Health Institute (FMHI). The first approach, the modular treatment method, was described in detail in the previous chapter. The second behavioral treatment method, which we have chosen to call single case behavioral treatment (SCBT), was applicable to idiosyncratic behavior problems or skill deficits of a particular individual. Both approaches were individualized; however, the word *individualized* had a different meaning for the two approaches.

The modular treatment method was individualized in the sense that each client was assessed for skill deficits that corresponded to existing treatment modules in the Gerontology Program. The treatment team then assigned each client on an individualized basis to a series of modules designed to increase adaptive skills in those areas in which he or she was deficient. Modules were designed to provide psychoeducational intervention for common skill deficits of the elderly. All clients were routinely assigned to several modules.

There were almost always present in the program some clients who exhibited idiosyncratic skill deficits or problem behaviors for which no modular treatment was available or for whom the modular treatment required supplementing. Since modular treatment was based on common problems of the elderly, less common problem areas were not addressed by the modules. It was obviously impractical, if not impossible, to have modules to address all problem areas, but the modification of highly idiosyncratic behaviors was crucial to the treatment of some individuals. Therefore, this type of situation required an additional approach to augment modular treatment. The
SCBT method was used in the Gerontology Program to provide this essential component.

THE SCBT APPROACH

Single case behavior treatment (SCBT) is an individualized behavioral treatment approach which consists of defining and analyzing observable, problematic, or skill deficit behaviors in terms of their naturally occurring antecedents and consequences. This information is then used according to known behavioral principles to develop interventions for the purpose of increasing the occurrence of adaptive behaviors and decreasing the occurrence of maladaptive behaviors.

SCBT employs the principles and techniques of behavior modification and behavior therapy. There are often differences among behaviorists with regard to the reasons that particular procedures work and even disagreements as to just what technique to use for a particular behavior problem or skill deficiency. Fortunately, such disagreement appears to be functional in that many alternative procedures have evolved.

Even though differences of opinion do exist among behavioral clinicians in terms of behavioral concepts, there appears to be very little disagreement as to the basic treatment approach. In other words, different behavioral clinicians will proceed in a similarly systematic, step-by-step manner. Within the Gerontology Program the approach was also standardized. It is safe to say that such an approach consists of the following sequential steps:

1. Directly observe and define behavior
2. Obtain baseline measurements of the behavior
3. Develop treatment for the behavior
4. Implement the behavioral treatment
5. Evaluate results of the behavioral treatment

DIRECT OBSERVATION AND DEFINITION OF BEHAVIOR

When a client presents a problem of behavioral excess or skill deficits, the first step is to observe the client directly. The specific behaviors to change or develop are then identified and defined in behavioral terms, that is, in an objective manner so that two or more people can agree as to the occurrence of the behavior.

For example, one of our clients exhibited excessive mouth movements. The behavior was not identified as "the client moves her