

Week 5 Final Paper: The Applications to Career and Practice

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Part A: Informational Interview

For this interview I chose to interview a personal friend of mine who has been in the mental health field for a few years and is currently studying for her Master's Degree. Brianna Anderson and I first met nearly a decade ago when we worked together and have since studied and grew as individuals and professionals together. While I took time off of school to focus on raising my children, she achieved her Bachelor's degree and began working in the field as a licensed professional. Below is the interview between us.

1. Please explain your current/last position in the mental health field.

Currently in a master's degree in clinical mental health counseling.

Most recent previous mental health position was as a behavioral health technician for a partial inpatient eating disorder clinic. My role consisted of providing crisis support, meal support, emotional support, and facilitating group therapy. Groups That I facilitated consisted of recreational therapy, expressive therapy, reflective writing, music therapy, mind and body coping skills, and covering other groups as the facility required. Additionally, I facilitated individual food exposure therapy and provided support in meal/grocery shopping.

2. When did you first know that you wanted to work in this field?

I realized around 21 that I desired to do this after therapy helped me through being severely physically ill and extensive mental health struggles.

3. What degrees or certifications did you obtain for this position?

I have a bachelor's degree in psychology with a concentration on pre-mental health clinical counseling.

Currently in a master's degree for clinical mental health counseling

4. What do you enjoy most about your work?

Watching people find joy and purpose in their own lives. Watching individuals grow from not knowing if they can accomplish their goals to being proud of themselves and progress.

5. What do you find the most challenging about your work?

Not taking it personally when a client is not improving. Additionally, not being able to know how past clients are faring in life, especially those who spent time in partial in-patient.

6. Do you find it difficult to separate your personal life and feelings from your clients?

At one point i did. Now I do not find that difficult. As I have learned, I am significantly better at my job by learning how to separate these aspects of life.

7. Can you describe a typical day at work?

A typical day in my last position went as follows: meal support for 30-60 minutes, followed by either two 1-hour groups or one 30-minute reflective writing group and a 2-hour recreational therapy group (generally Dungeons and Dragons). This was followed by a few hours of paperwork, notation, and group planning. Lastly, I would provide another 30-60 minutes of meal support to end the day. After the clients left, I cleaned the in-patient floor. On Fridays the schedule changed to meal support, reflective writing, followed by taking clients to the grocery store for meal and grocery shopping, then a finial meal support of the day. This partial in-patient group had 7-12 clients at all times.

8. What surprised you the most when you began working in the mental health field?

I was surprised that I could provide so much help despite my severe mental health history.

Additionally, I was quickly surprised how dissimilatory/judgmental those within the field can be towards those working in the field with mental health struggles and/or autism spectrum disorder.

9. What do you find most rewarding when working with clients?

Seeing people change their lives around. Knowing that this person is truly better off because they allowed me to assist them in their journey towards mental stability.

10. What motivates you to work and study in this field?

I really think I can make a difference in the lives of clients. I feel as if I am making some really successful early career moves for Geek therapy. I desire to make therapy reachable, achievable, and enjoyable for everyone. Even if i do not change the world I can help change an individual's world.

11. What goals do you have for your career?

Pass licensing and diagnostics licensing test for clinical mental health counseling in the state of New York. Receive my Therapeutic Game Masters certification.

Opening a private practice. Additionally, I desire to continue advancing the therapeutic gaming world by continuing to create and start production and therapeutic games.

12. If there was one thing, one bit of advice, you could tell everyone entering this field what would it be?

You need to work on yourself before you can ever succeed at helping others. Do not go into this field if you have not pursued mental health care, especially therapy, for yourself.

One thing I took away from the interview was that even if I struggle with my own mental health, I can still help others. Brianna and I have always been fairly open about our own struggles with each other, and it was not a surprise for me to hear about how she struggles with her own mental health but still finds innovative ways to help her clients. I too struggle with my mental health and have been told more than once that I would not be an effective counselor or therapist for my own issues, Brianna is a testament to the opposite. Being able to be her peer and support each other through our own personal and professional experiences has been a joy and I hope to continue to learn and grow with her.

Part B: Applied Behavior Analysis Subspecialty Applications

Applied behavioral sciences, their subspecialties and the therapies within them have the power to change every life for the better. ABS not only analyzes behavior but has the power to help any individual create better, more positive behavior and to cut out negative behavior from their lives. ABS can be utilized for a very wide range of behavior, from quitting an addiction like smoking or drinking to aiding a child with learning disabilities become more self reliant and independent.

Applied Behavioral Science, most simply put, is the study of behavior. ABS uses empirical methods to predict, condition and change target behaviors to better understand and influence the lives of those involved. ABS is a science because it utilizes scientific methods of study and experimentation, within ethical codes, to analyze behaviors, motives, responses, reinforcement and more. Simply put “behavior as an outcome, science as a process,” (Wallaert, 2021). All behavior has a reason, every reaction has an MO and ABS is the study of it all.

The subspecialty that I chose is Autism and Developmental delays. This subspecialty focuses on early intervention for children with learning disabilities and developmental delays.

The main goal is to improve cognitive, language, self-help and social skills through intensive and comprehensive intervention. Therapies for these patients are often life long and will change as they grow (Wolf, Risley , & Mees, 1964).

This subspecialty is very personal to me. I have a son who is now 9 years old on the Autism spectrum. I was a single mother, with a 2 year old and my son at the time was 3, when I noticed that he was not hitting his milestones. A year later he was diagnosed with ASD and I was told that he would fail to meet the same level of life as his peers, that he would need multiple therapies (cognitive, speech, therapy, and occupational) in order to even attempt to keep up with his peers, and that he would struggle to maintain relationships. I searched in my small town for any resources I could, and found that we would have to travel more than an hour every week for therapy, one way. I was lost, I was afraid for his future, and I had no reliable resources. It was then that I decided other parents in my area should not be left to feel so alone in their journeys. And, perhaps most importantly, that every child and family in my area should have at least one resource available to help guide them and aid them. I searched, found my area lacking, and decided I should fill the gap. I study ABS because it allows me to better help my own son, who is now thriving and nearly on par with his peers, and will allow me to do the same for other developmentally delayed children, and their families.

Over the past two decades the scientific community's views on ASD have changed dramatically (Sandoval, 2023). Scientists have discovered several genetic factors that contribute to the development of ASD, as a result of decades of study and research. One significant study from Cold Spring Harbor Laboratory (CSHL), led by Professor Michael Wigler and Assistant Professor Ivan Iossifov, shows that autism is a spectrum disorder, not a flat line. "There are children diagnosed with autism who are high functioning. They have a completely productive

life, although they have some minor troubles in social interactions, as most of us do. But also, there are children diagnosed with autism who never learn to speak, and they have definitely a difficult life.” (Wroten, M., et al. 2023) In this study, Wigler and Iossifov were able to see that while some children with ASD were only mildly struggling with social interactions, others had a hard time with just about every aspect of their lives. Their research will lay the groundwork for many more generations to expand and improve upon.

Further, “There is evidence that early and intensive ABA intervention can improve outcomes for children with ASD. Meta-analyses suggest that ABA results in small to moderate improvement in adaptive behavior, including socialization, communication, and expressive language.” (Choi et al., 2022). Studies show that ABA therapy has been inaccessible for many patients, even in areas of where is mandated commercial insurance coverage, and that early intervention with ABA therapy can make a huge difference in the lives of children with ASD.

According to the Autism Speaks network the US Surgeon General and the American Psychological Association consider ABA to be an evidence-based best practice treatment for those with ASD. This means that ABA has undergone thorough testing, and has shown to improve the quality of life for those who undergo ABA therapy.

ABA being an evidence-based practice also means that it has extensive research behind all the methods it uses. One main Role of ABA with ASD is to develop social skills. Children with ASD do not see the world the same way everyone else does and they often lack empathy and do not understand social cues. ABA therapy can help develop an understanding of social cues as well as develop skills like turn-taking, conversation reciprocity, making eye contact, and understanding non-verbal cues. Another goal of ABA is helping children become self-reliant and self-efficient. This can be anything from time management skills to potty training and grooming

and everything in between. ABA is a “Child-centered, family-focused approach” (Johnson, 2022). While some therapists focus on getting their clients to behave like neuro-typical children, more and more are focusing on integrating their client’s individual strengths and personalities into their focused therapy. Like any other therapy, the goals of ABA will change over time as the children grow pass their goals.

Lastly, the principles of DEI (diversity, equity, and inclusion) are a standard that I intend to keep in my life both personal and professional. To say it simply, I will include any and everybody who comes to me. I will ensure that I learn as much as I can about my clients’ personal belief systems, ethics and morals so as to keep them in mind when preparing my treatment plans and interacting with them. Many people, especially here in the south, tend to live around a code of morals that focuses heavily on their religious beliefs, so it is important to keep that in mind as well.

In conclusion, ABA as it pertains to Autism Spectrum Disorder is my life’s passion and something that I am very emotionally connected to. The goal of ABA for those with ASD and their families is early intervention to assist the children in being able to cope with the world around them, by learning social skills, self help skills etc. We accomplish this with data driven, ethically coded routines and schedules. I hope to make a difference in this way.

Resources

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