

Enhanced Choice Model: Two Case Studies

Melisa Santacroce, M.S. CCC-SLP, BCBA

Physical management procedures such as restraint or seclusion come with both psychological and physical risks to both the client and treatment team. The Enhanced Choice Model (ECM) as described by Rajaraman et al (2020) attempts to mitigate the need for such invasive strategies. In the following case studies, ECM was utilized with an adolescent and an adult client in the home and community settings over the course of one year. Dangerous escalation and physical management procedures were eliminated while increasing skill development and quality of life. Participating individuals were given three ongoing choices: (a) “practice” by participating in treatment tasks (b) “hangout” with noncontingent access to reinforcement or (c) “leave” by ending the session. For both individuals, safety was maintained within the treatment sessions over the course of one year while time spent in “practice” increased leading to improvements in community access and participation. Standardized and criterion-referenced assessment tools demonstrated gains in all areas across both clients over the course of treatment. Therapy sessions expanded to include community-based activities with peers, vocational tasks, and an increase in activities of daily living both inside and outside of the home. Both individuals participated to a greater extent in educational activities than they did at baseline without direct support from the ABA team. Implications for using the enhanced choice model to emphasize shared-governance, rapport and assent while maximizing safety for both adolescent and adult clients are discussed.