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# A brief report on the effects of a self-management treatment package on stereotypic behavior

Timothy R. Moore\*

Northeastern University, Boston, MA, USA

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### ABSTRACT

We evaluated the effects of a self-management treatment package (SMTP) on the stereotypic behavior of an adolescent with Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS). Latency to stereotypy was systematically increased in the training setting (academic) and the effectiveness of the SMTP was evaluated within a multiple-probe design across three generalization settings (vocational, meal/snack, leisure). Intervals were systematically increased from 3 min 30 s to 15 min in the training setting. Reinforcement was contingent on the absence of vocal and motor stereotypy for a prescribed interval within a differential reinforcement of the omission of behavior (DRO) paradigm. Following training, increases in latency to stereotypy were observed across generalization settings. Participant interview responses indicated social validity of the SMTP. Results are discussed with respect to possible mechanisms responsible for self-management behavior.

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Self-management (SM) has been defined as the “personal and systematic application of behavior change strategies that result in the desired modification of one’s own behavior” (Heward, 1987) and more broadly as “everything a person does to influence his or her own behavior” (Browder & Shapiro, 1985). A meta-analysis of SM procedures designed for behavior increase suggests the efficacy of SM procedures for individuals with autism (Lee, Simpson, & Shogren, 2007), including self-recording (recording one’s own behavioral data), self-reinforcement (delivering reinforcement contingent on one’s own behavior), and self-monitoring (operating devices that provide discriminative stimuli for one’s own behavior).

\* Present address: The University of Minnesota, 250 Education Sciences Building, 56 East River Rd., Minneapolis, MN 55455, United States. Tel.: +1 612 384 3000.

E-mail address: [moore618@umn.edu](mailto:moore618@umn.edu).

SM procedures have been successfully applied for the improvement of a variety of target behaviors for many individuals, including those with autism spectrum disorders (ASD) striving to increase independence from adults in support roles. Behaviors increased via SM procedures in this population have included academic behavior (Callahan & Rademacher, 1999), activity transitions (Newman et al., 1995), self-care (Lee, Poston, & Poston, 2007; Pierce & Schreibman, 1994), and social behavior (Koegel & Frea, 1993; Koegel & Koegel, 1990; Reinecke, Newman, & Meinberg, 1999; Stahmer & Schreibman, 1992). Behaviors for decrease have included stereotypy (Koegel & Koegel, 1990; Koegel, Koegel, Hurley, & Frea, 1992; Pierce & Schreibman, 1994; Stahmer & Schreibman, 1992) and disruptive behaviors (Lee, Poston, & Poston, 2007; Mancina, Tankersley, Kamps, Kravits, & Parrett, 2000). A wide variety of materials have been used for these purposes such as paper and pencil (Callahan & Rademacher, 1999; Koegel & Koegel, 1990; Lee, Poston, & Poston, 2007; Stahmer & Schreibman, 1992), stickers (Koegel & Koegel, 1990), tokens (Newman et al., 1995), wrist counters (Koegel et al., 1992), and rings on a dowel rod (Mace, Shapiro, West, Campbell, & Altman, 1986). Auditory stimuli have been used to signal the onset of self-recording or reinforcement delivery (Koegel & Koegel, 1990; Pierce & Schreibman, 1994).

A limited number of studies have evaluated the effectiveness of SM procedures outside of the training setting. Stahmer and Schreibman (1992) demonstrated generalization of appropriate play skills outside of the original training setting in the absence of SM materials and treatment providers, while other studies have demonstrated successful generalization to additional settings (Koegel & Koegel, 1990; Koegel et al., 1992; Morrison, Kamps, Garcia, & Parker, 2001) and additional behaviors (Koegel & Frea, 1993; Pierce & Schreibman, 1994) via the continued application of SM procedures.

Despite agreement in the literature on the effectiveness of SM procedures generally, the mechanisms responsible for behavior change remain largely unknown, specifically the differential effects of self-management components on behavior. Accuracy of self-recording, for example, has been found not to be pre-requisite for behavior change in the desired direction (e.g., Newman et al., 1995; Reinecke et al., 1999). Mancina et al. (2000) reduced the stereotypic behavior of a 12-year-old girl with autism, applying self-management techniques in multiple-baseline design across tasks, finding accuracy of self-recording unrelated to reduction in stereotypy.

The following research questions were posed in the current study, in light of the existing research on generalization and SM procedures in adolescents with autism spectrum disorders (ASD): First, could a small interval of the absence of stereotypy reinforced on a differential reinforcement of the omission of behavior (DRO) schedule be systematically increased to a socially significant level and generalized across settings? Second, could the participant independently implement the entire treatment package, including self-monitoring (in this investigation, starting the timer on a wristwatch and stopping the timer if stereotypy occurred) and self-reinforcement (pouring himself Diet Coke™ at the end of an interval without stereotypy)? Finally, would the participant consider this treatment package to be socially valid?

## 1. Method

### 1.1. Participant

Ned, an 18-year-old male diagnosed with Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) participated in this study. He was a residential student at a community-based school for children and adolescents with intellectual and developmental disabilities. He resided in a group home with three male peers, and attended school 5–6 days per week. Ned scored an age-equivalency of 6 years, 6 months in the Independent Functioning domain on the AAMR Adaptive Behavior Scales (ABS). In the Personal Self-Sufficiency domain of the ABS, Ned scored an age-equivalency of 14 years, 9 months.

### 1.2. Settings

All academic training sessions were conducted at the dining room table in Ned's residence. Baseline probes in the meal/snack and leisure settings were conducted in other rooms of his residence. Baseline

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