



## Evaluation of the observer effect on compliance training in adolescents with autism



Michael Marroquin, Alicia Alvero, Peter Sturmey\*

Queens College and the Graduate School and University Center, City University of New York, United States

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### ABSTRACT

Three mothers conducted behavioral observations of video clips of a mother conducting compliance training to varying degrees of accuracy. Subsequently, two mothers correctly conducted compliance training and their children emitted compliant behavior. Upon addition of feedback, the third mother correctly implemented compliance training and her child also emitted compliant behavior. Conducting behavioral observations may be a viable and efficient option for training parents to conduct compliance training and, if ineffective, can be supplemented by feedback.

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Approximately 1 in 88 children are diagnosed with Autism Spectrum Disorders (ASD) in the USA (Baio, 2008) and applied behavior analysis is one of the few evidence-based practices for ASD (National Autism Center, 2009). Although behavioral skills training may be effective in training parents to implement ABA (Sarokoff & Sturmey, 2004), there is a continuing need to develop maximally efficient training methods, including those that could be disseminated through web-based technology.

One promising method that has been effective and efficient in changing behavior is the so-called observer effect, which refers to the effects of conducting behavioral observations on the subsequent behavior of the observer. For example, Alvero and Austin (2004) found that when undergraduate students working in a simulated office observed and collected data on a confederate's safe and unsafe posture that their own behavior subsequently changed in that they emitted more safe behavior.

Two papers have evaluated the effects of behavioral observations on staff performance when working with individuals with disabilities. Guerro and Dixon (2011) evaluated the effects of making behavioral observations of videotapes of appropriate interaction skills in staff working with individuals with acquired brain damage. They found that behavioral observations resulted in large increases in staff interactions. Further there were benefits for individuals as demonstrated by increases in individual engagement and behavioral indices of happiness. More recently, Thomas (2013) evaluated the effects of behavioral observations of peers conducting discrete trial teaching. He found that this resulted in an increase in staff correct implementation of discrete trials teaching.

Making behavioral observations is an interesting and potentially efficient and effective technology to train caregivers. Although there have been only two previous studies of the effects of conducting behavioral observations on staff implementing ABA procedures with individuals with disabilities, no studies have evaluated its effects on training parents and the range of teaching skills is limited. Therefore, this study evaluated the effects of parents conducting behavioral

\* Corresponding author. Tel.: +1 01 7189973234.

E-mail address: psturmey@gmail.com (P. Sturmey).

observations of video clips of compliance training, which is an effective procedure for reducing non-compliance (Wilder, Allison, Nicholson, Abellon, & Saulnier, 2010; Wilder et al., 2012), on their subsequent use of compliance training and on their children's complaint behavior.

## 1. Method

### 1.1. Participants and setting

Three caregiver/child dyads participated. Dyad A consisted of Mary, a 31-year-old mother, and John, a 6-year-old boy diagnosed with pervasive developmental disorder not otherwise specified and attention deficit hyperactivity disorder. Dyad B consisted of Kathleen, a 33-year-old mother, and Jeff, an 8-year-old boy diagnosed with autism. Dyad C consisted of Susan, a 44-year-old mother, and Brad, a 6-year-old boy diagnosed with PDDNOS. All sessions took place in children's homes.

### 1.2. Procedure

The study used a non-concurrent multiple baseline design across dyads. All dyads experienced instructions-only baseline, and behavioral-observation, and Dyad 3 also experienced feedback. Mastery criterion was 90% across two consecutive sessions. If the caregiver did not reach mastery criterion in the behavioral-observation condition, feedback was provided as a remedial treatment only for Dyad C. After instructions-only or behavioral-observation training the caregiver attempted to use the LTMPP to teach her child to complete a chore in a testing trial. Each session consisted of five cycles of training and testing.

The trainer recorded all sessions on a FLIP<sup>®</sup> video camera and played the training videos on a 25.6 cm screen ACER Aspire One<sup>®</sup> laptop. Two weeks before baseline, the trainer asked each caregiver to write down five chores that her child could complete, but often did not comply with. Each chore was presented five times. If the child demonstrated 50% or less compliance the authors used these chores for the study. The caregiver then ranked these chores by importance. The first chore was the target and the second was the probe chore. The trainer made a randomly ordered list of target and probe chore sessions in blocks of three. The first author provided all training.

### 1.3. Instructions-only

The trainer gave the caregiver written instructions describing the least-to-most-prompting procedure (LTMPP) and asked her to read them while the trainer read them aloud. If asked questions, the trainer referred her to the instructions. Next, the trainer asked her to have her child complete a chore by saying "Okay, let's start." Training and an attempt to complete the chore occurred five times in each session.

### 1.4. Behavioral-observation

During each session the caregiver observed a training video (described below) while scoring correct and incorrect responses that the video model emitted onto a caregiver scoring checklist containing each step of the LTMPP in the correct order, with a place to score each step. There were three scoring options for each step: Correct, incorrect, and not applicable. The trainer instructed the caregiver to score a step as correct if the caregiver model engaged in the correct response at the correct time, incorrect if the caregiver model omitted a response, and not applicable if that step was not required.

Before the first training video only, the trainer scored a sample training video while the caregiver watched. At each step of the LTMPP, the trainer told the caregiver what he scored on his checklist and why without any additional feedback. The behavioral-observation condition ended when the caregiver demonstrated 90% or higher performance of the LTMPP across two consecutive sessions.

### 1.5. Feedback

If the caregiver did not reach the mastery criterion during the behavioral-observation condition, the trainer immediately gave verbal feedback after each trial that described caregiver correct and incorrect responses. For example, the trainer said "Next time, wait at least three seconds after you request the chore before speaking" or "You physically prompted correctly that time." This condition continued until the caregiver was 90% correct on two consecutive sessions using the LTMPP.

### 1.6. Training videos

There were 23 videos, six for each of three chores, and five for a fourth chore each showing a mother using a LTMPP to teach her typically developing 9-year-old daughter to complete a chore. The content of each video varied in terms of (1) the chore demonstrated; (2) whether the child model was compliant; (3) the prompt level required for the child model to complete the chore; (4) duration (17–128 s); and (5) percent correct use of LTMPP (range = 50–100%). The experimenter based the content on multiple exemplar training (cf. Ward-Horner & Sturmey, 2008); each video systematically varied at least one of the five variables described above. The videos for each chore showed at least one example of each prompt level,

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