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# Choice and preference assessment research with people with severe to profound developmental disabilities: a review of the literature

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## Abstract

Since the last major empirical review on choice interventions and preference assessments among people with severe to profound developmental disabilities (Lancioni, O'Reilly, & Emerson, 1996) the body of research in this area has grown extensively. This paper reviews thirty studies carried out between 1996 and 2002 that have been sorted into four categories. These categories are (a) building choice opportunities into daily contexts; (b) assessing the effects of choice making on various parameters of behavior; (c) assessing preferences; and (d) assessing the effectiveness of various preference assessment formats. The main findings in these studies were that choice interventions led to decreases in inappropriate behavior and increases in appropriate behavior, and that various preference assessments could be used to identify reinforcing stimuli. The findings are discussed in relation to technical and practical rehabilitation questions. Potential issues for future research are also examined.

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## 1. Introduction

Historically, individuals with severe to profound developmental disabilities have been given very limited, if any, opportunities to make even the most basic choices (Bambara &

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Koger, 1996; Kearney, Bergan, & McKnight, 1998; Stancliffe & Abery, 1997; Stancliffe & Wehmeyer, 1995). Yet, within the context of regular daily life, individuals make dozens of choices ranging from what to eat or what to wear, to what bills to pay. Research has shown that individuals with severe to profound developmental disabilities are capable of making choices (e.g., Lancioni, O'Reilly, & Emerson, 1996), that direct care staff can learn to appropriately provide choices within daily contexts (e.g., Browder, Cooper, & Lim, 1998), and that incorporating choice into these individuals' lives has a positive impact by, reducing problem behavior (e.g., Lohrmann-O'Rourke & Yurman, 2001) and enhancing task engagement (e.g., Cole & Levinson, 2002). In this paper, choice refers to the act of selecting an item or activity from an array of options at a particular moment in time (Romaniuk & Miltenberger, 2001).

In presenting individuals with severe to profound developmental disabilities more opportunities to make choices, it is important to have an awareness of their preferences, as choices are most often based on an individual's preference. For example, if an individual were offered the choice of a ham sandwich versus a turkey sandwich, he or she would likely choose the sandwich he or she preferred at that moment. Research on using and developing accurate and concise preference assessments has increased in recent years (Hughes, Pitkin, & Lorden, 1998; Kearney & McKnight, 1997; Lohrmann-O'Rourke & Browder, 1998). When used in conjunction with choice interventions, preference assessments seem to promote an increase in positive affect and a decrease in problem behaviors, such as self-injurious behavior (Lohrmann-O'Rourke & Browder, 1998). In this paper, preference refers to the "subjective liking or disliking of a particular item or person" (Kearney & McKnight, 1997, p. 219).

This paper is an attempt to review studies dealing with choice interventions and preference assessments. It represents an extension of the Lancioni et al. (1996) paper, as it includes studies that were published between 1996 and 2002. During this time period, numerous studies examined the effects of choice making and preference assessments for people with severe to profound developmental disabilities.

These studies were broken down into four general categories. Studies in the first category examined the possibility of teaching individuals with severe to profound developmental disabilities to make choices and training direct care staff to provide choices within daily contexts (e.g., Browder et al., 1998; Cooper & Browder, 1998, 2001). The second category concerns studies that examined the effects of choice making on various parameters of behavior such as engagement, affect, and problem behavior (e.g., Cole & Levinson, 2002; Vaughn & Horner, 1997). The third category contains studies that investigated the use of preference assessments (e.g., Lancioni, O'Reilly, Campodonico, & Mantini, 1998a, 1998b; Lancioni, O'Reilly, & Oliva, 2002; Piazza, Fisher, Hagopian, Bowman, & Toole, 1996) and the longitudinal stability of preference (Zhou, Iwata, Goff, & Shore, 2001). Studies in the fourth category investigated the accuracy and efficiency of various preference assessment formats (e.g., DeLeon, Iwata, Goh, & Worsdell, 1997; DeLeon, Iwata, & Roscoe, 1997; Roane, Vollmer, Ringdahl, & Marcus, 1998).

Table 1 provides a list of the four categories of studies described above. For each study, the table reports the number of participants with severe to profound developmental disabilities in the study, their age, the stimuli provided to the participants in the

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