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Positive behavioral support of adults with developmental disabilities: assessment of long-term adjustment and habilitation following restrictive treatment histories☆

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Abstract

The long-term maintenance of behavioral treatment effects is an important measure of clinical significance but is not reported with regularity in the published literature. The present report concerned therapeutic maintenance by evaluating five adults with developmental disabilities who had been exposed to multiple, restrictive procedures (food deprivation, mechanical restraint, electric shock) in a prior residential treatment facility and were transitioned to a new habilitation setting where these procedures were terminated in favor of alternative methods of behavior support. As revealed through a 24-month follow-up period, all of the participants were able to maintain clinically acceptable levels of challenging behaviors following the removal of the restrictive treatment procedures. Quality of life measures also revealed that the participants experienced greater independence, reduced supervision, and increased diversity in their living and work environments. These findings add to the limited studies on extended maintenance outcomes from behavioral intervention for serious clinical disorders in adults with developmental disabilities by demonstrating that positive adjustment can be sustained in the long-term without the continuation of restrictive treatment procedures.

Keywords: Maintenance; Behavioral intervention; Restrictive treatment

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1. Introduction

Assessing the long-term outcome of persons with developmental disabilities who were treated for seriously challenging behaviors is a critical concern when evaluating the clinical significance of intervention. However, extended follow-up reports that describe the maintenance of behavioral treatment effects are the exception rather than the rule. Foxx (1996) suggested several guidelines that should be adopted when determining the lasting effects of procedures. First, is the treatment plan that was used initially to reduce challenging behaviors still necessary to ensure maintenance? Second, positive changes in challenging behaviors ideally should continue when intervention is withdrawn. Third, the follow-up assessments should be based on multiple occurrences that are spread over a protracted period of time instead of a single data point. Finally, "The contingencies in effect throughout the maintenance phase should be specified so that factors that may have contributed to any durable effects can be identified" (Foxx, 1996, p. 233).

Although it is an important topic in its own right, the study of treatment maintenance is particularly noteworthy with respect to persons who have been exposed to punishment-based interventions. The development and evolution of "nonaversive" treatment strategies notwithstanding (Koegel, Koegel & Dunlap, 1996; Luiselli & Cameron, 1998; Repp & Singh, 1990), restrictive and invasive procedures sometimes are approved for and implemented with persons who have developmental disabilities and demonstrate aggressive, self-injurious, and health-threatening behaviors. Attending to the long-term effects of punishment procedures addresses the question of whether negative consequences must be maintained to support clinical gains beyond initial treatment. Ongoing and prolonged treatment via punishment, of course, means that individuals experience numerous applications of noxious social, physical, and sensory stimuli. Furthermore, treatment integrity likely will suffer when practitioners are required to implement negative procedures repeatedly for many months and sometimes, years.

Very few studies have reported long-term follow-up assessment of challenging behaviors that were treated using punishment procedures. Foxx and Livesay (1984) completed a 10-year retrospective analysis of 8 adult-age individuals with mental retardation who had overcorrection as the primary treatment approach to manage behaviors such as aggression-disruption, pica, coprophagy, and failing to attend class. Positive, long-term outcome varied widely among the participants and was associated with "higher" cognitive ability, procedures that were not complex or effort-intensive, the ability to eliminate sources of reinforcement for the challenging behavior, and the presence of clinical "experts" who could provide requisite staff training and supervision.

Linscheid, Pejeau, Cohen and Footo-Lenz (1994) reported the near suppression of self-injurious head-hitting by an 8-year old boy with severe to profound mental retardation using contingent electric shock administered by the self-injurious behavior inhibiting system (SIBIS). Treatment was introduced in a hospital setting during a 5-day period and one year later, a 2-h observation session conducted in the same environment revealed an absence of the behavior. By his mother's report, the boy