

# Education update:

## Calm sitting reinforcement reduces self-injury

A 14-year-old retarded boy's self-injury was dramatically reduced when trainers required and reinforced calm sitting, according to a report by David W. Tierney.

The "calm sitting" technique was performed in three daily sessions (a total of 2-1/2 hours per day), five days a week, and consisted of:

- manually guiding the boy to sit;
- holding the boy's hands to his knees, and instructing him that this was being done to keep his hands away from his head;
- waiting for the boy to relax, and then releasing his hands; and,
- if no self-injury occurred upon release of the boy's hands, rewarding him with juice and praise.

If self-injury did occur, the procedure was repeated.

Tierney reports that both the frequency and the severity of the boy's self-injury decreased significantly when the procedure was instituted. Follow-up tests 6 months and 12 months later showed that treatment gains had been maintained.

"The reinforcement of calm sitting behavior: a method used to reduce the self-injurious behavior of a profoundly retarded boy," David W. Tierney; *Journal of Behavioral Therapy and Experimental Psychiatry*, Vol. 17, No. 1, 1986, pp. 47-50. Address: David Tierney, 63 Fingal Drive, Frankston, Victoria, 3199, Australia.

## "Room management" sometimes useful

Two British researchers recently conducted studies using a classroom system called "room management", and found that the method reduces some students' self-stimulating and self-injurious behaviors.

In this technique, students' tables are arranged in a horseshoe shape, and a cart of activity materials is placed in the center. Students are seated around the outer edge of the horseshoe, and one staff member - the "room manager" - is responsible for providing play materials, prompting and reinforcing good behavior, and ignoring disruptive behavior. Other staff members are free to work on individual students' classroom tasks.

A. G. Crisp and P. Sturmey used the technique for ten days with six teenaged or adult subjects, and found that room management was successful in reducing

the inappropriate behaviors of some subjects - particularly the most able - but was "clearly not successful" with several lower-functioning subjects. The system did, however, increase on-task behavior for all subjects.

"The modification of stereotyped and self-injurious behavior by room management: Six single case experiments," A. G. Crisp and P. Sturmey; *Behavioral Psychotherapy*, No. 15, 1987, pp. 350-366. Address: A. G. Crisp, Department of Psychology, University of Liverpool, P.O. Box 147, Liverpool, L69 3BX, U.K.

## Overcorrection: long-term effectiveness seen

A brief overcorrection procedure effectively reduced head-banging in a retarded man, and a follow-up one year later showed that his level of self-injury remained low (Halpern and Andrasik).

The overcorrection procedure consisted of requiring the subject to move his head to the right, left and back, holding each position for 15 seconds. Initial sessions lasted five minutes, while later sessions lasted three minutes. The procedure was combined with reinforcement of appropriate behaviors.

The procedure resulted in a reduction of head-banging from an average of 18.8 incidents per day to "near zero." When over-correction was stopped at week 35 of the study, head-banging remained at a low level of 4.2 incidents per day. At follow-up a year after the study ended, an average of 5.8 incidents occurred per day.

Halpern and Andrasik also note that the staff at the subject's residential facility noted a "leap" in the subject's sociability during treatment, and reported that he appeared to be much happier. Similar positive changes were seen in the man's day treatment program.

The researchers believe the length of the initial treatment session (36 weeks), an active maintenance program, and the reinforcement and modeling of alternative positive behaviors contributed to the success of the overcorrection procedure.

"The immediate and long-term effectiveness of overcorrection in treating self-injurious behavior in a mentally retarded adult," Leslie F. Halpern and Frank Andrasik; *Applied Research in Mental Retardation*, Vol. 7, 1986, pp. 59-65. Address: Frank Andrasik, Department of Psychology, State University of New York at Albany, 1400 Washington Avenue, Albany, NY 12222.

## Conversation training can reduce behavior problems

Teaching developmentally disabled children to carry on conversations can reduce their inappropriate social behaviors, according to Pam Hunt et al.

The researchers worked with three minimally verbal, severely handicapped teenagers whose inappropriate behaviors included grabbing or patting people, grimacing, and inappropriate speech or noises.

Training consisted of:

- listing topics of interest to the students. These "conversation menus" aided non-disabled partners in selecting conversation topics.
- developing communication books with pictures of objects, places, actions and people associated with topics of interest. Students were taught to point to relevant pictures when making comments and answering questions.
- teaching turn-taking. Students were taught to respond to another person's message and then make a comment which would allow the conversation to continue. Verbal, physical and "trainer proximity" prompts were used and gradually faded as students learned to converse independently. Inappropriate behaviors were ignored.

By the end of the study, all three students were initiating conversations independently, and taking turns appropriately. New conversation skills were used spontaneously at home and in school settings. In addition, inappropriate behaviors decreased significantly.

The researchers say their findings are consistent with the theory that "inappropriate social interaction behaviors will be reduced if they are replaced with socially acceptable, functionally equivalent, communication responses."

"Acquisition of conversation skills and the reduction of inappropriate social interaction behaviors," Pam Hunt, Morgen Alwell, and Lori Goetz; *Journal of the Association for Persons with Severe Handicaps*, Vol. 13, No. 1, 1988, pp. 20-27. Address: Pam Hunt, School of Education, Department of Special Education, San Francisco State University, 1600 Holloway Avenue, San Francisco, CA 94132.