Intensive intervention helps even low-functioning children

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compared to 2 of the 10 children in the comparison group." Additionally, they note, "the children in the experimental group used their words to label objects and express needs rather than simply echoing what others said."

Smith and colleagues conclude that intensive behavior modification resulted in substantial improvements in severely retarded subjects. "However," they say, "the improvements were much more modest than those reported for higher functioning children who received the same treatment, and the children remained very much delayed in development." Also, they note, the behavior problems of the two groups were not significantly different at follow-up.

Noting that many children currently receive 40 hours per week of therapy, rather than the 30 hours per week used with this severely retarded group, the researchers say that a program offering additional hours may improve results. Also, they note, the techniques used in this study were somewhat dated, and newer techniques may increase the gains seen in participants.

Editor's notes: Many low-functioning autistic children "take off" when they are given B6 and magnesium and/or DMG nutritional supplements. Trying these safe substances with their difficult cases should be a high priority for the Lovaas group.

Lovaas and his colleagues continue to report highly positive data on the results of intensive early intervention for higher-functioning autistic children. Their findings have been the subject of controversy recently, with Frank Gresham and Donald MacMillan charging that problems with study data reported by Lovaas et al. contain "sufficient threats to experimental validity... [to] prevent unqualified endorsement of it as a validated treatment for children with autism." Tristram Smith and Ivar Lovaas have responded that Gresham and MacMillan's critical article "contains numerous misunderstandings about the UCLA Young Autism Project and, more generally, about early intervention for children with autism." The series of articles by the two groups of researchers appeared in the August 1997 issue of *Behavioral Disorders*.

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"Intensive behavioral treatment for preschoolers with severe mental retardation and pervasive developmental disorder," Tristram Smith, Svein Eikeseth, Morten Klevstrand, and O. Ivar Lovaas; *American Journal on Mental Retardation*, Vol. 102, No. 3, 1997, pp. 238-249. Address: Tristram Smith, Department of Psychology, Washington State University, Pullman, WA 99164-4820.

New twist on treating self-stimming

Self-stimulating or stereotypic behaviors—the rocking, hand-flapping, and other repetitive behaviors common among autistic individuals—interfere with these individuals' ability to focus on the world around them. Unfortunately, attempts to reduce "self-stimming" usually have little long-term effect.

William Frea, however, reports remarkable success with a new approach to treating stereotypic behavior. Noting that declines in self-stimming usually lead to a greater interest in the environment, Frea wondered if the reverse is true—that is, if an increased focus on the environment can reduce self-stimming.

> Frea's theory: If reducing autistic individuals' "stimming" helps them focus on their surroundings, then perhaps the reverse is true: that is, teaching autistic individuals to focus on their surroundings will reduce their "stims."

Frea worked with two autistic males, a 23-year-old man with an IQ of 43 and a 15-year-old boy with an IQ of 67. The man was able to communicate in one-word utterances, while the teenager could speak in sentences. The older subject had facial, hand, and arm stereotypies, and the younger subject had vocal stereotypies that included repeating dialogue from favorite TV shows.

Frea's procedure included the following steps:

—In a two-hour initial session, a clinician instructed the participants to "look around." If a participant did not respond after three seconds, the clinician touched his shoulder and repeated the request.

—When the participant responded to the "look around" prompt, the clinician then asked him to comment on what he saw. If the subject did not respond, the clinician pointed to something in the area and repeated the question. If the subject still did not respond, the clinician modeled a response by pointing to an object, labeling it, and asking the subject to repeat the label. Subjects were praised for successfully commenting on an object, while self-stimulating behavior was ignored.

—When the subjects had learned to look at and comment on objects in their surroundings, each was given a Casio digital sports watch set to chime at the end of 30-second intervals. When the chime sounded, subjects were told, "tell me what you see." Prompts were gradually faded until participants would comment at the sound of the chime alone. The watch was later set for one-minute intervals.

—Following the training sessions, participants received ten-minute treatment sessions in natural settings including a park, one subject's neighborhood, and a mall. Intervals between chimes were gradually extended, then no chime was used.

Frea reports that the results of the training were dramatic. The younger subject's self-stimulating behaviors, measured in 10-second intervals, dropped from approximately 95 percent of the intervals to approximately nine percent. The older man's stereotypic behavior dropped from an average of 12 occurrences per 10-minute session to an average of one incident per session. In both cases, Frea says, self-stimming remained low after prompts were faded. In addition, he notes, the subjects' comments became varied and appropriate, rather than rote or repetitive.

Frea says his results support earlier findings indicating "an inverse relationship between stereotypic behavior and appropriate attention toward stimuli in the individual's environment." He cautions, however, that his subjects' did not exhibit the most common forms of self-stimming, body rocking and hand flapping. "It will be important," he says, "for future research to explore similar interventions with these more traditional forms."

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"Reducing stereotypic behavior by teaching orienting responses to environmental stimuli," William D. Frea; *Journal of the Association for Persons with Severe Handicaps*, Vol. 22, No. 1, 1997, pp. 28-35. Address: William D. Frea, Division of Special Education, California State University at Los Angeles, 5151 State University Drive, Los Angeles, CA 90032-8144.

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