Education update:

Behavior mod may aggravate Tourette's

The tics, swearing, obsessive behaviors and other symptoms of Tourette Syndrome may actually increase if behavior modification techniques are used in an attempt to control them, according to Larry Burd and Jacob Kerbeshian.

This finding may be of importance to teachers working with autistic children who are also diagnosed as having Tourette Syndrome.

Burd and Kerbeshian have documented five cases in which the behaviors of children with Tourette Syndrome worsened significantly when attempts were made to control their symptoms through behavior modification. In all cases, the symptoms decreased when the behavior modification program was stopped.

"Conditioning patients to inhibit tics may actually focus attention on the tics and so increase their frequency and intensity," they speculate. "As greater inhibitory energy is expended, the irrepressible urge to discharge tics becomes even more dominant."

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"Treatment-generated problems associated with behavior modification in Tourette Disorder" (letter), Larry Burd and Jacob Kerbeshian; *Developmental Medicine and Child Neurology*, Vol. 29, 1987, pp. 831-832. Address: Larry Burd or Jacob Kerbeshian, Medical Center Rehabilitation Hospital, University of North Dakota, Box 8202, University Station, Grand Forks, ND 58202.

Time delay vs. prompt hierarchy

Researcher John McDonnell recently tested the relative effectiveness of two techniques in teaching purchasing skills to developmentally disabled students.

The techniques, used to teach four severely retarded students to buy items in a fast-food restaurant and a convenience store, were:

– "Time delay," in which teacher prompts are delayed for increasing intervals of time. For instance, in this study, the teacher began by offering a verbal prompt (e.g., "Give the cashier a dollar") immediately when it was time for the student to pay; when this stage was mastered, the teacher would delay the verbal prompt for two seconds. If the student did not respond during the two-second period the prompt was given, followed if necessary by physical assistance.

– "Increasing prompt hierarchy," in which the student first is given the opportunity to do a task without any prompts; if the student does not do the task correctly, the teacher provides increasing levels of assistance.

For instance, if a student in this study correctly gave the store cashier money with no prompting, he was praised. If he did not, the teacher would offer an indirect prompt (e.g., "What do you do now?"). If the student still did not respond correctly, the teacher would offer a direct prompt ("Give the cashier your money") and gesture toward the counter. Finally, if necessary, the teacher would offer full physical prompting.

McDonnell found that "time delay was consistently the most efficient strategy" for teaching the students chains of purchasing skills. In particular, students taught using the time delay method were more likely to initiate appropriate actions and were less dependent upon prompts.

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"The effects of time delay and increasing prompt hierarchy strategies on the acquisition of purchasing skills by students with severe handicaps," John McDonnell; *Jour. of the Assoc. for Persons with Severe Handicaps*, Vol. 12, No. 3, 1987, pp. 227-236. Address: John McDonnell, 229 MBH, Univ. of Utah, Salt Lake City, UT 84112.

Social play studied

A recent study of severely handicapped children's social interactions (Bednersh and Peck) found that:

– When the children played with non-handicapped children who were the same age, the non-handicapped children tended to direct situations; this led to negative behaviors and little social interaction by the handicapped children.

– When two severely handicapped children were together, virtually no social play occurred. The authors note that this finding is important "because of the predominant school policy of placing children with severe handicaps in segregated classrooms."

– The highest levels of spontaneous play were observed between the severely handicapped children and non-handicapped children who were *younger but functioning at a similar developmental level*. The researchers note that this situation allows "self-initiation by children with handicaps and a more balanced and reciprocal control of . . . activities."

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"Assessing social environments: effects of peer characteristics on the social behavior of children with severe handicaps," Florene Bednersh and Charles A. Peck; *Child Study Journal*, Vol. 16, No. 4, 1986, pp. 315-329. Address: Charles A. Peck, Washington State University, Department of Counseling Psychology, Pullman, Washington 99164-2131.

Sensory integration therapy may improve behavior, skills

Autistic children's behavior and abilities can improve significantly when they are given sensory integration therapy, according to a recent report.

Occupational therapist Geraldene Larrington cites a case involving a 15-year-old autistic and retarded boy with destructive and self-injurious behaviors, feeding difficulties, and posture and motor problems. His sensory integration program, conducted by the therapist, the child's mother, and his group home staff, included:

– Vibration (using a hand-held vibrator, a vibrating table and a vibrating pillow);

– Swinging in a hammock swing and on a swinging platform;

– Scooter board, trampoline and ball activities;

– Wearing of a weighted vest to improve posture;

– A lead X-ray apron draped across the boy's lap to provide sensory feedback;

– A rocking chair;

– A plastic wading pool full of pinto beans or hard plastic balls;

– Bolster swing ("horse") activities;

– Oral motor activities such as drinking thick milkshakes through aquarium tubing, eating beef jerky, and wearing an elastic jaw strap to create a greater awareness of this area of the face.

Following the first year of therapy, the boy's group home reported a greater than 50% reduction in head-banging and hitting, plate-throwing, and hair-pulling. Improvements also were seen in posture, alertness, increased attention span and ability to cooperate. In addition, the boy showed "a wider range of play, work and manipulative skills."

The author notes that at initial therapy sessions the staff offered a wide variety of sensory-stimulation items to see which activities the boy was most interested in, "cooperating with [the boy] and his observed needs rather than imposing activities and requiring him to conform to therapy demands."

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"A sensory integration based program with a severely retarded/autistic teenager: an occupational therapy case report," Geraldene G. Larrington; *Occupational Therapy in Health Care*, Vol. 4, No. 2, Summer 1987. Address: Geraldene G. Larrington, Arizona State School for the Deaf and Blind, 1200 West Speedway, Tucscon, Arizona 85703.