

Long-term success of behavior mod for self-injury seen

One criticism of behavior modification studies is that few report long-term results. An exception is the study of "Harry," a self-injurious mentally retarded man, whose progress 10 years after treatment was recently reported by researchers Richard Foxx and Derrick Dufrense. (The initial study of "Harry" was the subject of a renowned educational film.)

"Harry," who was 22 years old when the study began, had hit and bitten himself since infancy. His behavior had been treated with restraints, which had become reinforcing to him. Harry became agitated when the restraints were removed, and would try to restrain himself with his clothes or other objects when restraints were not available.

Foxx's and Dufrense's treatment included:

—Ensuring that Harry did not get out of classroom work or other tasks by being self-injurious.

—Rewarding on-task behavior with praise, physical contact and pretzels or soda.

—Reinforcing periods of NON-injury by allowing Harry to wear his restraints for five minutes. The amount of time Harry had to behave to obtain his restraints was gradually increased.

—Not allowing Harry to have his restraints when he was self-injurious. If Harry hit or bit himself, the trainer would leave the room with the restraints for five minutes.

At the beginning of the study, Harry's self-injury was almost constant. After two

days of all-day training, Harry was able to spend more than two hours out of restraint without injuring himself.

Foxx notes that "although Harry displayed virtually no self-injurious behavior thereafter, he began self-restraining by holding objects in his hands." The researchers treated this by fading the size of the objects Harry held, and then by substituting eyeglasses as a more appropriate form of restraint.

Foxx and colleagues have followed Harry's progress since this 1978 study, and report that the frequency and severity of Harry's self-injury remain low, and that he has not worn mechanical restraints for the past ten years. He is able to participate in outings and vocational and social activities, and is being considered for a group home placement. The authors do note, however, that Harry has begun wearing a hat as an additional self-restraint, and that he does take a tranquilizer which may affect his rate of self-injury.

Foxx says two important reasons for the success of Harry's program are its intensity, and the fact that "some form of restraint has always been available to Harry that did not interfere with his functioning or programming efforts . . . Such restraint is viewed as a form of self-control that is quite appropriate so long as it does not interfere with the task for more than a brief period and will cease [on request]."

"'Harry:' a ten year follow-up of the successful treatment of a self-injurious man,"

Richard M. Foxx; *Research in Developmental Disabilities*, in press; and,

"'Harry:' The use of physical restraint as a reinforcer, timeout from restraint, and fading restraint in treating a self-injurious man," Richard M. Foxx and Derrick Dufrense; *Analysis and Intervention in Developmental Disabilities*, Vol. 4, 1984, pp. 1-13.

Address: Richard M. Foxx, Department of Treatment Development, Anna Mental Health and Developmental Center, 1000 North Main Street, Anna, Illinois 62906.

Announcements

An international conference on "Educational Issues in Autism" will be held August 28-30, 1989, at Mons State University in Belgium. For information contact Ghislain Magerotte, Ph.D., Universite de Mons-Hainaut, Departement D'Orthopedagogie, Place du Parc, 22, B-7000, Mons, Belgium (phone 065/37.31.77).

Congratulations! Andreas Pliplys, M.D., has been appointed Director of Autism Research Programming at the National Institutes of Health. "Andy" Pliplys, a child neurologist, is a leading expert on neuroimmunology of autism—a major frontier in autism research. He will also serve as director of the Children's Brain Research Clinic, replacing Mary Coleman, M.D.

New Books: (available from publishers)

Teaching Spontaneous Communication to Autistic and Developmentally Handicapped Children, by Linda R. Watson, Catherine Lord, Bruce Schaffer and Eric Schopler. Published by Irvington Publishers, Inc., New York; 137 pages. Detailed "how-to" book describing the language training program used by TEACCH.

Autism: Nature, Diagnosis, and Treatment. Edited by Geraldine Dawson. Published by Guilford Press, New York; 417 pages. Discusses current research findings and biomedical and educational treatments.

Legal and Educational Issues Affecting Autistic Children, by John E. B. Myers, William R. Jerson, and William M. McMahon. Published by Charles C. Thomas, Springfield, Illinois; 192 pages. Covers issues ranging from appropriate education to guardianship, social security benefits, and estate planning.

Autism, by Laura Schreibman. Published by Sage Publications, Newbury Park, California; paperback; 187 pages. Offers information on symptoms of autism, diagnosis, treatment, and behavior modification techniques.

Autistic Children: A Working Diary, by Florence Milnes Kozak. Published by University of Pittsburgh Press; paperback; 172 pages. Unusual diary of a professional who compares her experiences as a "Bettelheim-style" teacher (during the time when parent-blaming theories were in vogue) and later as a behaviorist, after the biological model of autism became accepted.

Progress Without Punishment, Anne M. Donnellan, Gary W. LaVigna, Nanette Negri-Shoultz, Lynette L. Fassbender. Published by Teachers College Press, New York; paperback; 168 pages. Non-aversive techniques for working with mildly affected developmentally disabled individuals.

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