

Education update:

Self-monitoring can reduce aberrant behavior

Even severely handicapped autistic children can learn to monitor their own behavior, a technique which researchers Laura Schreibman et al. say "incorporates the children as active participants in their treatment programs so that they functionally become their own therapists."

The researchers outline the following steps for setting up a self-monitoring program:

1) Start by selecting target behaviors, choosing reinforcers and training settings, determining a behavioral change small enough for the individual to attain immediate reinforcement, and outlining incremental steps which will lead to the behavioral improvement desired.

2) To train self-monitoring:

—Prompt the autistic individual to demonstrate and identify both the targeted inappropriate behavior and the desired appropriate behavior, or unit of the behavior, being worked on. (If the behavior is dangerous—such as self-injury—the trainer can verbally describe the behavior rather than prompting the child to demonstrate it.)

—Teach the individual to record, on a counter or piece of paper, occurrences of the target behavior. (For instance, one self-injurious child was asked, after 20-second intervals, if she had behaved or not. Following each interval of appropriate behavior, she was allowed to mark an X on a piece of paper. While she was praised for accurate monitoring, she was permitted to make an X only when she correctly monitored *appropriate* behavior, not when she correctly monitored self-injurious behavior.)

—Reinforce accurate recording of *appropriate* behavior more than accurate recording of *inappropriate* behavior. For instance, give two points for self-monitoring a desired behavior, and only one point for self-monitoring an undesirable behavior.

—Gradually increase criteria for appropriate behavior (for instance, increase the necessary period of no self-injury from seconds to hours), so that self-monitoring in the home and other settings is possible.

3) In the home or other settings, prompt the desired behavior if it does not occur naturally. Set up a schedule for reinforcing the individual for turning in self-recordings of appropriate and inappropriate behaviors.

Schreibman et al. say preliminary data indicate that "dramatic improvements in the severely disruptive behavior of children with autism occur when the child evaluates and monitors specific time intervals for the absence of the disruptive behavior." The self-

injurious girl described above, for instance, reduced her self-injury from three episodes a minute to an average of one episode every 30 minutes.

Laura Schreibman, Lynn Kern Koegel and Robert L. Koegel; in *Innovations in Child Behavior Therapy*, M. Hersen, editor, New York, Springer Publishing Company; 1989. Address: Laura Schreibman, Department of Psychology, University of California at San Diego, La Jolla, CA 92093.

Menstrual self-care training methods tested

Retarded women and girls may learn menstrual hygiene skills better when they practice on themselves in simulated conditions than when dolls are used, according to a study by Susan Epps et al.

In this study, three teenagers and one woman with severe to profound retardation were taught to change underwear and pads when one or both were stained, and not to change otherwise. Doll training was identical to on-self instruction, except that participants used doll-size underwear and pads. In both cases, a variety of staining conditions were simulated using theatrical paint, and several different types of pads and colors of underwear were used to help generalize the training.

Participants initially were guided through the entire 19-step self-care sequence, and then performed the steps independently—either on the doll or on themselves—until they reached a step they could not handle. When this occurred they were prompted and then repeated the sequence (or a portion of it) again, until all steps were mastered.

The researchers found that the women's hygiene skills improved and generalized to other settings after on-self training, while they did not improve significantly following training on the doll. Follow-up showed that regardless of the type of training, the skills of some participants declined significantly over time; the researchers say that "a combination of instruction using simulation teaching examples and training during the learner's menstrual cycle might be a more effective approach than either technique alone."

The researchers acknowledge that while on-self training is more effective, it is more intrusive and may be objectionable to some individuals.

"Comparison of simulation training on self and using a doll for teaching generalized menstrual care to women with severe mental retardation," Susan Epps, Robin J. Stern and Robert H. Horner, *Research in Developmental Disabilities*, Vol. 11, pp. 37-66, 1990. Address: Susan Epps, University of Nebraska Medical Center, 444 South 44th Street, Omaha, NE 68131-3795.

Color-coding helps autistic students

A color-coding system can help autistic students become more independent, Joni Beck reports in *Focus on Autistic Behavior*.

Beck assigns each student his or her own color. Photos of the students are mounted on backgrounds of the appropriate colors, and their belongings, classroom materials and work areas are marked with circles of the same colors. Beck also uses colored circles to mark floor areas where students line up, and puts circles on coffee cans used to store materials and folders which hold each student's paperwork.

Once students become familiar with their own belongings and areas, she says, the color-coding system can be faded by gradually reducing the size of the colored circles.

Beck says students who can find their own areas and materials feel that they have more control over their environment and are less frustrated, become more independent, and exhibit fewer behavior problems.

"Providing environmental structure by means of a color-coding system," Joni Beck; *Focus on Autistic Behavior*, December 1988. Address: Joni Beck, c/o *Focus on Autistic Behavior*, PRO-ED, Inc., 8700 Shoal Creek, Austin, TX 78758.

Do non-disabled peers help language develop?

Sandra Harris et al. report that there appear to be no significant differences in the language development of autistic children in integrated and segregated preschool settings.

Five children were tested in each setting; all made substantial progress when exposed to an intensive language stimulation program, Harris reports. "Although it is well documented that peers are valuable as social, interpersonal models of behavior," Harris comments, "their contributions to the language development of children with autism may not be as significant or may have to be manipulated more systematically than we have done to date."

She adds that the evidence does not support placing all students in integrated preschool settings, as those students in the segregated classes had more serious behavior problems that could disrupt a less intensively staffed program.

"Changes in language development among autistic and peer children in segregated and integrated preschool settings," Sandra Harris, Jan Handleman, Barbara Kristoff, Leisa Bass, and Rita Gordon; *Journal of Autism and Developmental Disorders*, Vol. 20, No. 1, March 1990, pp. 23-31. Address: Sandra L. Harris, P.O. Box 819, Rutgers University, Piscataway, NJ 08854.