

Education Update:

Who's training whom?

A British study suggests that self-injurious behavior (SIB) can modify the behavior of others, setting up a cycle of behavior that further encourages SIB.

Scott Hall and Chris Oliver studied the effects that a 28-year old retarded man's head-banging and slapping had on the staff at his residential unit. The researchers found that long bursts of SIB generated more social attention from staff members than either appropriate behavior or brief SIB. It appears, they say, that extended periods of SIB acted as an aversive stimulus, causing staff members to exhibit social contact as an "escape" behavior.

The staff members' reactions, Hall and Oliver said, in effect provided a complex, intermittent, variable pattern of social reinforcement for the man's SIB—a pattern likely to encourage future bursts of self-injury. They conclude that "SIB...by virtue of its effect on the behavior of others, appears to naturally establish...operant processes that ensure its maintenance and severity over long periods of time."

The researchers' findings are similar to those of earlier research by Ivar Lovaas and colleagues (see related article on this page).

"Differential effects of severe self-injurious behaviour on the behaviour of others," Scott Hall and Chris Oliver; *Behavioral Psychology*, 20(4), 1992, pp. 355-365. Address: Chris Oliver, Psychology Dept., Inst. of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF, UK.

Stories help teach skills

Individually tailored "social stories" can help teach autistic children social skills, according to Carol Gray and Joy Garand.

Gray and Garand say that such stories can be highly effective in changing behavior when they are written from the autistic child's perspective, and take into account his or her skills, needs, and level of understanding. When writing social stories, they say, parents and teachers should use short, direct sentences that:

- describe what people do in a given situation, and why (for instance, "The bell rings when recess is finished. The children stand in a line by the door. They wait for the teacher to come").

- state desired responses; for instance, "I can hear the bell. I will stop what I am doing."

- offer others' perspectives in a situation; for instance, "My teacher will be happy to see all the children in line."

The authors caution against using illustrations, which can distract the student or lead to inaccurate interpretations of the story. They also suggest wording stories carefully, since autistic individuals tend to interpret statements literally. Including a variety of situations, they add, can help the student generalize what he learns (e.g., "When I stand in line, I can see the child in front of me. It may be a boy. It may be a girl. It could be someone different each time.").

Gray and Garand say that "stories may be presented as books, with audiotapes, or on videotape, using instructional techniques tailored to an individual student." Checklists can be used to test comprehension.

According to Garand and Gray, "social stories" have been used successfully to teach new routines, behaviors, rules, and judgment skills—with improvement in these areas often noted within days—and can be written to incorporate academic information as well. In one case, they say, a "social story" was used successfully to prevent self-injury and aggressive behavior.

"Social stories: improving responses of students with autism with accurate social information," Carol A. Gray and Joy D. Garand; *Focus on Autistic Behavior*, Vol. 8, No. 1, April 1993. Address: Carol Gray, Jenison Public Schools, 8375 20th, Jenison, MI 49428.

Autism: label with caution

Student teachers reward autistic students differently than nondisabled students, a study by Svein Eikeseth and O. Ivar Lovaas finds, and this difference could make it more difficult for autistic children to learn.

Eikeseth and Lovaas asked 20 undergraduate students to teach a marble-sorting task to a child in another room. (In reality, there was no child; instead, recorded sounds of a six-year-old were played, while another experimenter performed the child's marble task.) The teachers were instructed to send the child reward marbles through a tube for each correct response, and to take away a reward marble for each incorrect response. Each teacher was given one "normal" and one "autistic" child to train.

The researchers found that "the student teachers gave almost four times more praise and reward marbles for incorrect responses when the child was labeled autistic, as compared to normal. Second, the student teachers provided slightly less verbal corrections as consequences for incorrect responses when the child was labeled autistic than when the child was labeled normal." There was no difference in how teachers rewarded correct responses in each condition.

Eikeseth and Lovaas believe the student teachers were attempting to be supportive, but point out that their actions could hinder an autistic child's progress. They cite an earlier study showing that providing approval and affection during an inappropriate act—in that case, an autistic child's self-injury—can dramatically increase the behavior.

The researchers note that the student teachers they tested were not experienced in dealing with autism, and that their teaching patterns may not reflect those of more experienced autism teachers.

"The autistic label and its potentially detrimental effect on the child's treatment," Svein Eikeseth and O. Ivar Lovaas; *J. Behav. Ther. & Exp. Psychiat.*, Vol. 23, No. 3, pp. 151-157, 1992. Address: Ivar Lovaas, Department of Psychology, 405 Hilgard Ave., University of California, Los Angeles, CA 90024-1563.

Training staff: "homework" works best

Off-site workshops for group home care providers may be much less effective than training done on-site in the homes, according to a new study.

Tristram Smith et al. found that while caregivers improved their skills following an intensive one-week off-site workshop, there was "no evidence that the workshop had any impact on the lives of developmentally disabled clients in the group homes."

Smith and colleagues offered the workshop to the entire staff of primary caregivers in several group homes. The workshop included one-on-one teaching, role playing, and written tests. Following the workshop, those who participated showed "substantially more proficiency at one-to-one teaching" than a control group which didn't attend the workshop. In addition, participants showed a better understanding of correct procedures for teaching social skills, as measured by role-playing situations.

However, a second study of 53 autistic and developmentally disabled individuals living in workshop participants' group homes showed that the skills learned in the workshop failed to result in improvements in staff presence or interaction with group home residents; residents' interactions with others; or residents' levels of self-stimulating behaviors. These behaviors were measured, Smith et al. say, because they were the most likely to be affected by the skills taught at the workshop.

Smith and colleagues say their findings indicate that the techniques taught at the workshop failed to generalize to a new setting. They note that a similar research project by Ziamnik and Bernstein failed to show improvements in client response following staff training, even though the staff members' skills—as in this study—appeared to improve as a result of training.

"Future training programs for caregivers may be more successful if they occur in the group home, involve clients in the home, and enlist the support of supervisory staff, rather than focusing only on primary caregivers," the researchers say. "As an alternative, workshop training could be supplemented by additional instruction in the workplace."

The researchers conducted another study that indicated that as little as two hours of on-site consultation following a workshop led to rapid improvement in the staff's ability to use the techniques they had learned. This suggests, they say, that "the staff trainees did acquire useful skills from the workshop but needed explicit generalization training to apply the skills."

"Transfer of staff training from workshops to group homes: a failure to generalize across settings," Tristram Smith, Tracee Parker, Mitchell Taubman, and O. Ivar Lovaas; *Research in Developmental Disabilities*, Vol. 13, pp. 57-71, 1992. Address: O. Ivar Lovaas, Dept. of Psychology, University of California at Los Angeles, 405 Hilgard Ave., Westwood, CA 90024-1563.