

THE USE OF INTENSIVE TREATMENT STRATEGIES TO INCREASE SKILL ACQUISITION AND REDUCE MALADAPTIVE BEHAVIOR IN A SELF-CONTAINED SPECIAL EDUCATION CLASSROOM

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Introduction

This case examined the use of intensive treatment strategies within a small group classroom setting. The classroom served children from 3 to 10 years of age with a diagnosis of autism spectrum disorders and/or developmental disabilities, along with maladaptive behavior challenges. Teaching strategies based on the principles of applied behavior analysis such as discrete trial training, reinforcement, shaping, prompting, and functional communication training were used for skill acquisition and decreasing maladaptive behavior. Intensive treatment strategies were shown to be successful in the acquisition of skills and the reduction of maladaptive behaviors.

Methods and Settings

Children's Care Hospital and School is a private, non-profit facility serving children with disabilities from birth to 21. Children's Care is based in Sioux Falls, South Dakota, and the behavioral care services program provides ABA-based services for individuals with significant cognitive and behavioral deficits, including autism and related disorders.

Each child's interdisciplinary team consists of a behavior analyst, school psychologist, special educators, speech/occupational/physical therapists, social worker, nutritionist, nurse. Children receiving residential services at Children's Care are also seen by a pediatric psychiatrist who works in conjunction with a behavior analyst.

Children's Care is a 43 week/year facility licensed by South Dakota Department of Education for educational programming and Department of Health for residential programming. Teaching is delivered through a "child-initiated adult-directed approach" in which child preferences in terms of activities and materials are used as a basis for teaching skills in a discrete trial format. Individual educational plans are developed in alignment with the South Dakota Academic Content Standards.

Participants

Katie is a 6-year-old student with the diagnoses of Fragile X Syndrome, Learning Disorder, Attention Deficit/Hyperactivity Disorder-Hyperactive Type, and Oppositional Defiant Disorder. Katie began receiving educational services at Children's Care in June, 2007. Prior to admission to the Day School Program at Children's Care, Katie had attended a preschool where she displayed significant behavior difficulties both at home and at school to include: running away from staff, pinching staff, biting staff, scratching staff, hitting staff, and kicking staff. Katie's preschool program could no longer serve her, due to her significant behavior difficulties.

Dalton is an 8-year-old student with the diagnosis of Fragile X Syndrome. Dalton began receiving educational services at Children's Care in January, 2008. Prior to admission to the Day School Program at Children's Care, Dalton had attended a public school classroom where he displayed significant behavior difficulties both at home and at school to include: hitting other students, hitting scratching, kicking, and biting staff, scratching and hitting himself, and dropping to the floor. Dalton's public school could no longer serve him due to his significant behavior difficulties.

Kevin is a 4-year-old student with the diagnosis of autism. Kevin began receiving educational services at Children's Care in August, 2007. Prior to admission to the Day School Program at Children's Care Kevin was displaying significant behavior difficulties at home to include: hitting, kicking, biting, scratching, and running away from his parents and/or other care givers. Kevin's parents were unable to find a preschool program and/or daycare to serve Kevin, due to his significant behavior difficulties. Kevin was placed in the Department of Social Services custody for a short period of time just prior to his admission at Children's Care due to his significant behavioral difficulties.

Procedure

Participants attended a self-contained special education program five days a week for 6.5 hours a day. The staffing ratio comprised of one trained staff per every 2 students. The classroom provided intensive instructional support within a very small group setting of 7 or less students. The emphasis of the program was on acquisition of skills to replace targeted maladaptive behaviors with a focus on improving the student's ability to attend, participate, be engaged in activities, cope with new settings, and changes in their routine. Academic instruction was provided at the student's mastery and instructional level in the areas of math, reading, social studies, science, handwriting and spelling in conjunction with the State of South Dakota Academic Content Standards. The program incorporated an intensive approach to structuring the physical environment, schedule, teaching strategies, and routines. Participants engaged in activities with a minimum duration of 5 minutes and a maximum duration of 30 minutes. All participants utilized a visual manipulative schedule that outlined the activity expectations that were to occur throughout the day. Visual rules were presented in picture, verbal, and sign language format depicting the desired behaviors from the participants. The rules were reviewed at a minimum of one time per hour. Data was collected on the frequency of behavioral episodes demonstrated by the student. A behavioral episode was defined as any incident of targeted maladaptive of behavior or sequence of maladaptive behaviors. Students were presented direct instruction of learning readiness skills (appropriate sitting, eye contact, imitation skills, and follow one step directions) and functional communication training within a discrete trial format. Academic skill acquisition programs were introduced following implementation of learning readiness skills within a discrete trial format. Trial by trial data was documented over the course of the student's participation in the self-contained classroom environment. Students received reinforcement contingent on participation and desired responses.

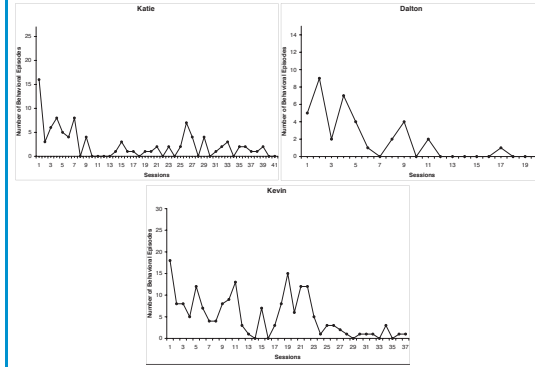
Discussion

The intensive treatment strategies were shown to be effective in increasing skill acquisition and decreasing problem behavior for the three participants. Upon admission the three students participated in baseline of their ability to complete learning readiness skills of sitting quietly, eye contact, and following directions with data indicating low levels of independence. In May of 2008 Katie and Dalton and Kevin had displayed mastery of learning readiness skills and were working on following 3 step directions, communicating need for a break, and were able to begin participation in academic instruction based on the SD Academic content standards.

Prior to admission to Children's Care, the three participants were unable to find services in public school classrooms or community based services due to significant behavior problems. After admission to Children's Care, Katie's behavioral episodes decreased from a monthly average of 8 episodes/week to less than 1 episode/week; Dalton's behavioral episodes decreased from a monthly average of 6 episodes/week to less than 1 episode/week; and Kevin's behavioral episodes decreased from a monthly average of 10 episodes/week to 1/week. The interventions resulted in an overall 85% reduction in behavioral episodes across the three participants. The study illustrates that the use of intensive treatment strategies can increase appropriate alternate skills and decrease problem behavior.

	Skill Acquisition: Learning Readiness Skills							
	Week 1 Baseline Level of Independence				Week 30 Level of Independence			
	Appropriate Sitting	Eye Contact	Imitation	Follow Directions	Appropriate Sitting	Eye Contact	Imitation	Follow Directions
Katie	0%	3%	33%	5%	100%*	100%*	100%*	100%*
Dalton	35%	7%	72%	11%	100%*	100%*	100%*	100%*
Kevin	0%	0%	0%	0%	85%	45%	80%	100%

* Achieved at week 10



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