TASN

Autism and Tertiary Behavior Supports
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Catatonia in Autism Spectrum Disorder
Ruth Aspy, Ph.D., and Barry G. Grossman, Ph.D.

Catatonia is a disorder affecting speech, movement, and behavior. While researchers estimate that between 12 to 18 percent of adolescents and young adults with ASD have catatonia (Wing & Shah, 2000), historically, catatonia has most often been identified as a feature of schizophrenia or depression. A groundbreaking change has occurred with the inclusion of catatonia as a specifier for ASD in the DSM-5. Although relatively common in ASD, this profound condition most often goes unrecognized.

Symptoms of catatonia often appear between the ages of 10 and 19 years (Wing & Shah, 2000). The DSM-5 lists the following characteristics of the Catatonia specifier: Stupor, catalepsy, waxy flexibility, mutism, negativism, posturing, mannerisms, stereotypy, agitation - not influenced by external stimuli, grimacing, echolalia, and echopraxia (APA, 2013). One of the many puzzling features of catatonia associated with ASD is that symptoms wax and wane during the course of a day (Ohta, Kano, and Nagai, 2006). "Why can she eat breakfast, but now appears to be 'frozen' at lunch?"

Helping staff members and families to recognize and understand the impact of catatonia is one of the most effective strategies in addressing this challenging condition.

References

American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders (Fifth ed.). Arlington, VA: American Psychiatric Publishing.

Ohta, M., Kano, Y., & Nagai, Y. (2006). Catatonia in Individuals With Autism Spectrum Disorders in Adolescence and Early Adulthood: A Long-term Prospective Study. International review of neurobiology, 72, 41-54.

Wing, L., & Shah, A. (2000). Catatonia in autistic spectrum disorders. The British Journal of Psychiatry, 176(4), 357-362.

Upcoming Training Opportunities:

Tri-State Autism Spectrum Disorder 2015-2016 Webinar Series
(All webinars are offered two times on the day scheduled: 3:00-3:45 pm and 4:30-5:15 p
[For additional information and registration click here](#)

Visual Structure of Tasks (Presented by Mary Flory, M.S.Ed. & Mary Woodworth, Ed.S) February 3

Two Part Series: Catatonia and Autism (Presented by Ruth Aspy, Ph.D. & Barry Grossman, Ph.D.)
February 10 & 17

Four Park Series: Programming for Middle and High School Students with Autism Spectrum Disorder
- *ASD* (Presented by Kate Loving, M.S.Ed., BCBA) February 24
- *Developing Routines and Independence Using Task Analysis* (Presented by Sonja Chatfield-Peetz, M.S.Ed.) March 2
- *Developing and Implementing Age-Appropriate Visual Supports for School and Community Environments* (Presented by Karine Gleason) March 9
- *Developing and Implementing Visual Supports for Social, Communication and Behavioral Skills* (Presented by Kate Loving, M.S.Ed., BCBA) April 6

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TASN Autism and Tertiary Behavior Supports (TASN ATBS) is excited to offer **Early Childhood Academy 2016-2017!** The academy is a unique team training opportunity consisting of three, two day training sessions with onsite follow-up coaching throughout the school year. During the training, teams will learn how to meet the academic, behavioral, and social needs of all students, and plan for future capacity building throughout their early childhood programs.

To learn more about the training, the application process, and who would be great team members, [check it out here!](#)

Tips from the Corner:
Increasing Compliance with Behavior Momentum
Pam Sharping, M.S.Ed., BCBA

"ARGGHHH! My student won't listen to me!" Noncompliance is the failure to initiate or to complete an assigned task or demand in a timely manner. It is one of the most problematic behaviors in students with developmental disabilities, as well as one of the more pervasive problems in the general school setting (Belfiore, Basile, & Lee, 2008). Failure to respond to requests has been identified as a primary reason for children's exclusion from community, social, and instructional opportunities (Davis, Williams & Hamilton, 1992). Typical strategies used to combat noncompliance result in aversive consequences such as physical guidance, scolding, or time out from activity. Students may temporarily decrease noncompliant behaviors, but soon reengage because they were not taught alternative compliant behaviors. For other students, these strategies increased noncompliant behaviors by delivering additional attention for off task behavior.

Behavior Momentum (Nevin, Mandell, & Atar, 1983), also known as, High-Probability Command Sequence (HPCS), (Belfiore et. al., 2008), is an effective <u>antecedent</u> strategy that increases compliant behaviors. Behavior momentum consists of the instructor administering high-probability (high-p) requests, which are a rapid series of short, easy requests, prior to delivering a low probability (low-p) request, which is identified as difficult or historically results in noncompliant behaviors. Reinforcement is delivered contingent on the demonstration of high-p behaviors as well as the low-p behavior.

Example: 3 high-p behaviors prior to 1 low-p behavior for a young child.
Teacher should be in close proximity to model and reinforce high-p and low-p behaviors.
1. "Clap hands"…(model if needed) "Wonderful clapping hands!"
2. "Touch nose"…. (model if needed) "Super job touching nose! Tickle attack!" Give tickles.
3. "High five"…(extend hand as a model) "Thanks buddy!"
4. "Sit down" (low-p behavior), walk with student to desk, once seated, "You are sitting so nicely!"

The theory of behavior momentum is likened to Newton's first law of motion (Nevin et. al., 1983). Imagine a large boulder rolling down a mountainside. The boulder increases velocity as it rolls. The child engages in several high-p behaviors increasing the velocity or rate of responding within a response class (e.g., compliant behaviors). The increased rate, or frequency, responding results in increased resistance to change, allowing behavior to persist, even when presented with a low-p request (Belfiore, et. al., 2008).

Guidelines for Behavior Momentum Program:
1. Identify low-p behaviors. Researchers typically identify low-p behaviors as complying with directives 50% or less. Researchers conducted 10 trials per behavior (low-p and high-p) to determine this percentage.
2. Identify high-p behaviors. Researchers typically identify high-p behaviors as complying with directives 80% or better. Develop a list and vary the high-p requests given. Avoid repeating identical high-p chains.
3. Deliver 3-5 high-p requests rapidly just prior to administering a low-p request.
4. Deliver verbal or gestural praise (thumbs up, waving hands in the air) for each response to a high-p request.
5. Deliver the low-p request within <u>5 seconds</u> of reinforcing a response to the last high-p request. Delaying the low-p request (e.g., 20 second delay) can decrease the likelihood of compliance.
6. The topography of high-p requests may need to be altered to be consistent with the student's age and functioning level.
7. Generalize behavior with other instructors.
8. Program to fade out high-p requests slowly. One study faded from 3 high-p's to 1 high-p prior to delivering 1 low-p.
9. Record data on the target low-p behavior to monitor progress.

References

Belfiore, P. J., Basile, S. P., & Lee, D. L. (2008). Using a high probability command sequence to increase classroom compliance: The role of behavioral momentum. *Journal of Behavioral Education,* 17, 160-171.

Davis, C.A., Brady, M.P., Williams, R.E., & Hamiliton, R. (1992). Effects of high-probability requests on the acquisition and generalization of responses in young children with behavior disorders. *Journal of Applied Behavior Analysis, 25, 905-916.*

Mace, F. C., Hock, M. L., Lalli, J.S., West, B. J., Belfiore, P., Pinter, E., & Brown, D. K. (1988). Behavioral momentum in the treatment of noncompliance. *Journal of Applied Behavior Analysis,* 21, 123-141.

Nevin, J. A., Mandell, C., & Atak, J. R. (1983). The analysis of behavioral momentum. *Journal of the Experimental Analysis of Behavior, 39, 49-59.*

Video Resources:

https://youtu.be/R0KT0CLLCsY
https://youtu.be/0hkMrDzq8L4