



How Teaching Program Staff American Sign Language Decreased Maladaptive Behaviors in an Individual With a Hearing Impairment and Developmental Disabilities

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Introduction

Functional communication training as an intervention to replace maladaptive behaviors has been used successfully in many treatment packages (Tiger, Hanley, Bruzek, 2008). FCT is teaching of a verbal or nonverbal communication skill to gain access to desired items/activities or to avoid non-preferred activities in a pro-social manner so it replaces a maladaptive behavior that had been used for the same purpose (Carr, Durand, 1985). The present study focused on teaching direct care staff to interact using American Sign Language (ASL) to speak with the participant, a 24-year-old male with developmental disabilities and a hearing impairment who expressively communicated mainly in gestures and limited sign language. He was also supported by a behavior intervention plan. Behavior Intervention Plans designed to decrease problem behaviors and increase replacement behaviors are commonly developed for individuals with developmental disabilities (Coddington, Feinberg, Dunn, Pace, 2005).

METHOD

Participants and Setting

The participant was a 24 year old male attending an adult vocational center and living in a community group home, both supported by Bancroft. He was living in a residential placement since his teen years due to the severity of his maladaptive behaviors. Staffing ratios in the residence were approximately 1:2 and in the vocational setting, they were 1:3. The group home was comprised of three other similar aged males with a developmental disability, none of whom had a hearing impairment. The participant was trained in ASL before coming to the adult program in a pediatric educational setting at Bancroft. He displayed high rates of challenging behavior (disruption, aggression, self-injury and ISB) and used some ASL to communicate. Previous functional analysis showed that the participant's problem behaviors were maintained primarily by escape. Behavior data was tracked using 24 hour data collection in 30 minute intervals.

Materials

A DVD and several ASL based websites were used to supplement formal weekly training by a certified ASL interpreter. A binder with pictures of the participant's mastered signs was kept in the residential and vocational settings for direct care staff reference.

PROCEDURE

All direct care staff in the residential group home met weekly for training in ASL. Prior to ASL training, all direct care staff working with the participant were trained on the individual behavior intervention plan as well as data collection requirements. The clinician graphed the data weekly and analyzed patterns as compared to rates of ASL acquisition.

During staff training, the ASL interpreter would use conversational comprehension checks throughout the sessions. Staff were also trained to correct the participant's use of gestures/approximations; an example of this would be pointing to the groin area for bathroom instead of making a "t" sign with the hand. Reinforcement was not delivered for incorrect use of gestures/approximations.

RESULTS AND DISCUSSION

After all residential staff completed the ASL training program, staff frequently interacted with the participant. These interactions included both social and demand situations. The participant was initially resistant to responding to schedule related requests as demonstrated by an increase in tracked maladaptive behaviors. After the initial increase, all maladaptive behaviors decreased as staff fluency increased. See Figure 1. Additionally the participant's expressive language and ability to sustain a conversation increased.

DISCUSSION

The participant had more opportunities toward independence because of an increased vocabulary and more willingness to interact with both familiar and unfamiliar people. The tracked and treated maladaptive behaviors all decreased to levels lower than before ASL training, and anecdotal evidence suggested an increase in quality of life through conversational speech, humor, and recalling past events. Unexpected positive results included a generalization of ASL across settings. This was evidenced by the participant's consistent interactions with vocational direct care staff who were not formally trained in ASL.

FUTURE CLINICAL APPLICATIONS

The participant has a formal communication goal which is tracked daily across settings. As a result, the program now uses ASL training more frequently as an intervention/training method. The participant no longer needs the support of an individualized behavior plan.

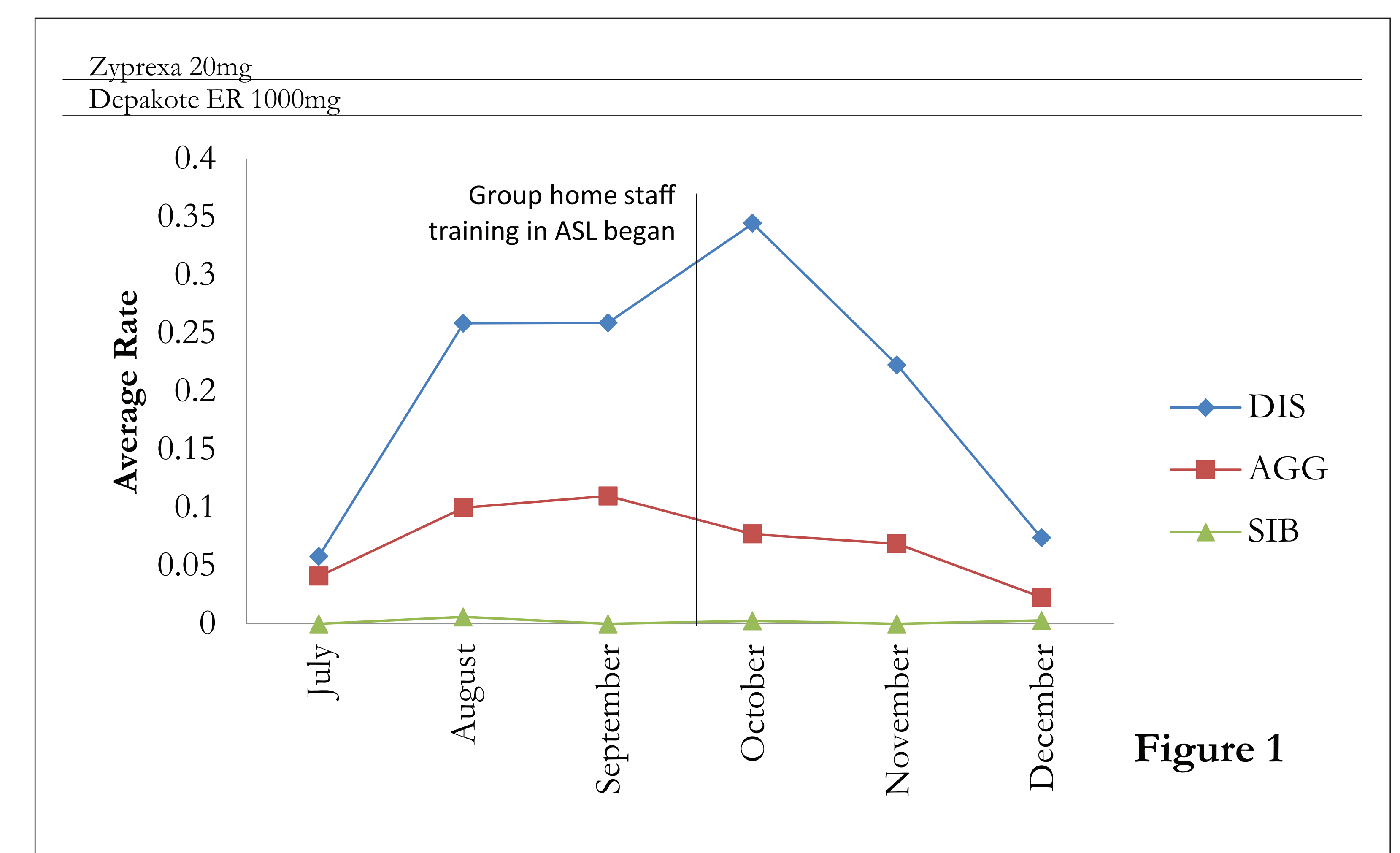


Figure 1