

Prompt Dependency: Does It Have to Be Here to Stay?

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Introduction

Much research exists on prompt fading procedures to effectively increase new skills and avoid prompt dependency (MacDuff et. al., 2001). Presently, however, there is minimal research on practical ways to eliminate or reduce prompt dependency once it develops. The purpose of this study is to provide pilot data on a method of decreasing prompt dependency.

METHOD

Participants

The participant was an 18-year old female, diagnosed with autism and severe mental retardation. She resided in a campus-based residential facility and attended the adjacent special education school. At the start of the study, she did not consistently eat independently. It was determined through observation and staff reports that this was due to dependence on staff prompting, not a skill deficit or meal avoidance.

Setting and Materials

All sessions were conducted at dinnertime in the dining room of her residence. Materials used were the meal as determined by house menu, a colored placemat to indicate when intervention was in effect, timers, and laptops for data collection

Dependent Measures

Throughout the study, data were collected on prompted bites, defined as any bite taken into the mouth within 5 seconds of a staff-delivered prompt, and independent bites, defined as any bite taken into the mouth after 5 seconds of a staff-delivered prompt. Both were collected as frequency. Duration of meal data were also recorded.

Inter-Observer Agreement

Inter-observer agreement data on the number of independent and prompted bites were collected for 12% of sessions, with 100% agreement.

PROCEDURE

Baseline: All sessions were conducted by familiar staff, who were instructed to conduct a typical mealtime routine. Data were collected on duration of meal and number of prompts delivered. During baseline, prompting was defined as any verbal, gestural or physical prompt, or any statement regarding food directed toward the participant.

Treatment One: All sessions were conducted by familiar staff, and meal duration was set at 60 minutes or until food was gone. Staff were instructed to provide a verbal prompt of “Eat” paired with a gestural prompt to the plate on a set schedule. Throughout this phase of treatment, the interval of time between prompts increased from 2 minutes to 5 minutes.

Treatment Two: All aspects of this treatment remained the same as the initial treatment, with the exception of the timing of prompt delivery. During this phase of treatment, the interval of time between prompts increased progressively within session.

RESULTS AND DISCUSSION

In baseline, independent bites were low at an average of 60% of total bites taken. In the first phase of treatment, the percentage of independent bites increased to an average of 70% and showed an increasing trend even as the prompting was faded.

In the second phase of treatment, independent bites averaged 85% and continued the increasing trend.

Overall, the treatment effectively increased the participant’s independent bites. Meal duration, however, remained stable throughout treatment. Also, few independent bites occurred that were not preceded by a prompted bite. Typically, the staff would deliver the prompt and the participant would take a prompted bite followed by several independent bites. Meal consumption would then cease until the next prompt was delivered. Further analysis of the latency from prompt to bite as well as a better understanding of the function of prompt dependency could result in more effective treatment as well as future research directions.

