



# Positive Treatment Approaches for Out of Seat Behavior

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## Introduction

Research on out-of-seat behavior suggests that using group contingencies or restrictive techniques such as reprimand, response cost, overcorrection, or contingent restraint are more effective than less restrictive procedures. Using less restrictive techniques such as differential reinforcement are often used in combination with other more restrictive techniques (Friman, 1990). The purpose of the present study is to evaluate the effects of using a differential reinforcement of incompatible behavior (DRI) procedure, as well as antecedent interventions to decrease highly variable rates of out-of-seat behavior.

## METHOD

### Participant

The participant was a 10-year-old boy diagnosed with Autism and Attention Deficit Hyperactivity Disorder. He was referred to a residential treatment facility for the assessment and treatment of hyperactive and highly disruptive behaviors.

### Setting and Materials

Sessions were conducted in an 8' x 9' treatment room with a table and two chairs. A leisure item was placed on the table during all conditions. Edible reinforcers were selected based on a preference assessment.

### Dependent Measures

Duration data was collected for the amount of time the participant remained seated. In-Seat behavior was defined as the participants buttocks making contact with the chair.

### Interobserver agreement

A second observer was present for 54% of all sessions. Interobserver agreement was calculated by dividing the number of agreements by the number of agreements plus disagreements and multiplying by 100%. Mean agreement was 86%.

## PROCEDURE

A reversal design was used to evaluate treatments for out of seat behavior.

Throughout the study, 10 minute sessions were conducted with one leisure item present throughout all conditions. During the baseline phase, no prompting or reinforcement was delivered for in-seat behavior. During the first treatment phase, the participant received edible reinforcement on a fixed interval (FI) 30s schedule for sitting in his seat. During the second treatment phase, free play was added and edible reinforcement continued on a FI 30s schedule. During free play, the participant was provided a brief time to manipulate materials and maneuver freely around the room before being prompted to sit in his seat. A reversal of free play was conducted to demonstrate if the FI 30s reinforcement alone could maintain an increase of in-seat behavior. A return to baseline was then conducted.

## RESULTS AND DISCUSSION

During baseline, rates of in-seat behavior were highly variable across all sessions ( $M = 60\%$ ). When the FI 30s reinforcement schedule was initiated, in-seat behavior remained variable ( $M = 61\%$ ). With the addition of free play, in-seat behavior increased across sessions and became less variable ( $M = 88\%$ ). When free play was removed, in-seat behavior remained high ( $M = 92\%$ ). A return to baseline demonstrated a return to variable rates of in-seat behavior ( $M = 46\%$ ).

Results indicate that positive treatment approaches effectively increased and maintained in-seat behavior. Initially, the DRI procedure was not effective alone, until the free play condition was added. However, when the free play condition was removed, the DRI procedure alone maintained in-seat behavior at higher rates. One limitation of this study was, due to time constraints, treatment was not re-initiated following the return to baseline. The research should be extended to include a component analysis of each treatment. Once a treatment has been identified, it should be generalized into academic and vocational instruction throughout the day.

