Results and Discussion

- Habit reversal procedures have been demonstrated to be an effective treatment to reduce repetitive or habitual behaviors (Miltenberger, Fuqua, & Woods, 2001)
- Habit reversal consists of 3 stages: Awareness training, competing response training, and motivational procedures
- Few applications of habit reversal procedures have been described with individuals with developmental disabilities
- Those few applications have required augmentative procedures to achieve desirable outcomes
  - With a woman diagnosed with moderate MR, Rapp, Miltenberger, & Long (1998) augmented habit reversal with an awareness enhancement device to reduce chronic hair pulling
  - With a child diagnosed with autism, Shabani, Wilder, & Flood (2001) augmented habit reversal by having a teacher observe the target behavior and deliver programmed reinforcement to reduce body rocking
- The present study evaluated the effectiveness of habit reversal as a treatment for the chronic skin picking of a 19-year-old male diagnosed with Asperger syndrome.

Method

- During 10-min sessions, Joe read passages aloud from a programmed reading textbook
- Baseline: There were no programmed consequences for skin picking
- Habit Reversal Training (Data not depicted) was completed within 15 minutes and involved:
  - Awareness training: Prompted Joe to engage in instances of skin picking in front of a mirror (i.e., discriminate the occurrence of the behavior)
  - Competing response training: Prompted Joe to place his hands in his lap when he engaged in skin picking (i.e., engaged in a response incompatible with skin picking)
  - Motivational system: Arranged a 5-min resetting differential reinforcement of other behavior (DRO) schedule in which tokens (each exchangeable for 10 cents) were delivered following each 5-min period in which Joe did not engage in an instance of skin picking
  - Therapist-Monitored Habit Reversal: The therapist monitored DRO intervals using a timer and delivered tokens when Joe earned them
  - Self-Monitored Habit Reversal: Joe was provided with the digital timer and numerous tokens to deliver to himself when he earned them

- Joe engaged in high levels of skin picking during baseline conditions
- Skin picking was reduced to zero levels when the therapist monitored the habit reversal treatment (similar to Shabani et al., 2001)
- Skin picking maintained at near-zero levels when Joe monitored the treatment himself
- These reductions maintained when the DRO schedule was thinned to 15 minutes (session 36), when Joe was left alone in the treatment room (session 45), and when Joe was observed in a novel setting (session 49)
- These data demonstrated that habit reversal was effective for reducing Joe’s skin picking
- Habit reversal alone was effective – No additional augmentations were necessary to maintain treatment effects, unlike Rapp et al. (1998) and Shabani et al. (2001)
- These data suggest that habit reversal may be effective for reducing the repetitive behaviors of individuals with developmental disabilities
- Future research should:
  - Determine the generality of habit reversal with other individuals with developmental disabilities, particularly Asperger syndrome
  - Determine if a therapist-monitored protocol facilitates the transition to a self-monitored phase
  - Determine the sufficient and necessary components of habit reversal to achieve treatment effects