



PARENT INSTRUCTION SHEET

Behavioral Therapy for Primary Motor Stereotypies Video Study

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This instruction sheet provides information about a home-based behavioral therapy for children age 7 and older who have been diagnosed with Primary Complex Motor Stereotypy that was developed by Harvey S. Singer, M.D., Professor of Neurology and Pediatrics at the Johns Hopkins Hospital Children's Center, and Dr. Richard Waranch, a licensed psychologist with extensive training and expertise helping people with a variety of psychological and behavioral problems individualized to meet a person's need by utilizing combinations of cognitive-behavior therapy, behavior modification and biofeedback. colleagues. The information provided here, and in the related DVD, is for informational and educational purposes only, does not constitute medical advice or direction, and is not a substitute for the opinions or advice of a qualified medical professional. You are advised to consult with your child's physician or health care provider before using this instruction sheet and reviewing the related DVD or utilizing any of the techniques or practices described in the instruction sheet and DVD.

STEP I. AWARENESS TRAINING:

The purpose of Awareness Training is to teach the child to become more aware of the specific behaviors involved in their stereotypic movements by practicing starting and stopping the behavior.

1. If available, practice sessions should be conducted in front of a full-length mirror.
2. If available, a brief video clip (e.g., 30 sec) of the child exhibiting the movements should be shown prior to practice sessions.
3. Ask the child to practice the movements for about 30 seconds.
4. Deliver positive verbal reinforcement when the movements are done correctly.
5. Correct the child when the behavior exhibited is not very close to the actual stereotypic movements and model the correct behavior if necessary.
6. After 30 sec of practice, rest for about 60 sec. If stereotypic movements occur during this interval, ignore the movements.
7. Repeat steps #3-6 above x 4 for a total of 5 trials. If the movements occur both sitting and standing, alternate sitting and standing during practice trials. Also, if available, alternate showing video clips of the behavior as it occurs both sitting and standing.
8. If the child is resistant to practicing, access to TV, video games, etc. can be made contingent on practicing.
9. Practice twice daily.

At other times, ignore the movements whenever possible or use distraction. Try NOT to tell the child to STOP IT.

(Over)



STEP 2. MONITORING THE OCCURRENCE OF STEREOTYPIC MOVEMENTS:

Maintain a daily log of when, and in what situations, the behavior occurs. For example, time of day, during what specific activities and for how long. This should be started during the second week of Step 1.

STEP 3. PRACTICING INHIBITING THE STEREOTYPIC MOVEMENTS:

1. Select 2-3 situations/times when the behavior is most likely to occur based on the information collected in STEP 2.
2. Ask the child to try to inhibit the behavior for a brief period. The length of the period selected should be based on the information collected in STEP 2 as well as your estimation of how long the child can do this successfully. Initial periods of 3-5 minutes are typically used.
3. Deliver verbal reinforcement about every 30 sec when no stereotypic movements have occurred.
4. Ignore movements when they do occur.
5. Increase the time period by 3-5 min after about one week if the child is successful at inhibiting the movements 90-95% of the time.
6. Reduce the time period immediately if success is not at 90-95%.
7. Gradually reduce the frequency of verbal reinforcement with success at each interval.
8. Add an external reinforcer (e.g., small amount of money or points that can be traded in for extra privileges) for achieving success for each practice session. Nothing should be taken away from the child for lack of success. Whatever is earned should be in addition to whatever is normally available.
9. Practice sessions should occur at least 2-3 times per day and in a variety of situations.
10. Gradually increase the time periods to 25-30 min per day. This may take several months.
11. If practical, enlist the child's teacher to conduct at least one practice session per day in school. This should only be implemented once the child's behavior is under good control at home for intervals of 10-15 minutes. The teacher should communicate to parents daily about success and success at school should be reinforced at home in the same manner as described above.
12. During this step in treatment, awareness training should continue but reduced to once per day.
13. Even when not practicing this formally, you can deliver verbal reinforcement to the child when you observe no movements during situations when movements were likely to occur previously.

As during Awareness Training, ignore the movements whenever possible at other times.