

ASSESSING PREFERENCES FOR STAFF: SOME PILOT DATA

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Abstract. Stimulus preference assessment (SPA) methods have been used to identify stimuli that might function as reinforcers. These methods typically assess social stimuli, such as hugs and verbal praise, tangible stimuli, such as toys and edibles, and high-frequency activities. Individual preferences for staff personnel, however, have not been assessed. In this study, the paired-stimulus assessment method was adapted to assess consumer preferences for different staff. Four adults with intellectual disabilities, two children with autistic-spectrum disorders, and one child with emotional difficulties participated in the present study. The results showed that preferences for different staff were identified for five of the seven consumers. These results provide support for the use of this procedure for identifying preferences for different staff. Directions for future research are discussed in terms of systematizing the assessment procedure, validation of results, and practical considerations regarding the assessment of preferences for staff personnel.

Keywords: Preferences, reinforcer assessment, developmental disabilities, staff assessment.

Introduction

The identification of stimuli that might function as reinforcers has been an important component of the development of an effective technology for positive behaviour change in persons with developmental disabilities. This focus has led to the development of a number of stimulus preference assessment (SPA) procedures (see Pace, Ivancic, Edwards, Iwata, & Page, 1985; Fisher et al., 1992; DeLeon & Iwata, 1996 for examples). SPA methods typically involve the use of social stimuli, such as hugs and praise, tangible stimuli, such as toys and edibles, and other activities. Consumer preferences for different staff and the potentially reinforcing properties of individual staff personnel remain to be investigated.

Several studies have suggested that staff personnel may function as reinforcers. Redd and Birnbrauer (1969) paired one adult with contingent edibles and praise. A second adult was paired with the non-contingent delivery of the same consequences. Their results indicated that the first adult became a discriminative stimulus for higher levels of appropriate behaviour than the second adult. Similarly, Ringdahl and Sellers (2000) showed clients' rates of challenging behaviour were higher in the presence of caregivers who worked daily with them when compared to therapists who worked with them less frequently. It was speculated

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that the caregivers might have had a longer history of being paired with potentially punitive tasks. These studies suggest that different adults may influence the effectiveness of rehabilitation and instructional procedures.

In the present study, modifications of the paired-stimulus method presented by Fisher et al. (1992) were used to identify consumer preferences for different staff personnel. A cut-off of approaches on at least 80% of trials was used to identify a preference.

Methods

Participants and settings

Four male adults, Bobby, Rick, Joe, and Jon, participated in the study. The adults were between 32 and 42 years of age ($M = 36$ years). They attended a day-treatment program for adults with developmental disabilities. Three adults were classified with moderate mental retardation and one was classified with mild mental retardation. All of the adults were ambulatory, could follow simple directives, and communicated using simple sentences. None exhibited severe behaviour problems.

Three children, Donny, Adam, and Andrew, also participated in the study. Donny was 9-years old, diagnosed with autism; Adam was 6-years old with significant intellectual disabilities; Donny was 4-years old, diagnosed with pervasive developmental disorder. Independent practitioners conducted the evaluation and diagnosis for each participant. Sessions were conducted in each participant's respective schools in a classroom or office room.

Procedures

Various modifications of the paired-stimulus assessment described by Fisher et al. (1992) were conducted with different participants. This was due to considerations regarding the availability of staff personnel. Additionally, the number of trials per session conducted with each participant differed due to restrictions on the staff (i.e., time, attendance, etc.) and the format of assessment procedure.

For Donny, Adam, and Bobby, staff pairs were identified and remained consistent throughout the assessment. That is, all possible combinations of staff pairs were not assessed. Letter pairs representing the staff assessed with Donny were A – B, C – D, and E – F. Pairs assessed with Adam were A – E, A – C, B – E, B – F, C – D, C – E, E – F, and E – G. Pairs assessed with Bobby were A – B, C – D, and E – F. Sessions consisted of five trials per pair for Donny and 10 trials per pair for Adam and Bobby. The trials for each pair were conducted consecutively. For each participant, the assessment began with each member of the staff pair seated facing the student. The participant was instructed by the therapist or experimenter to go to one of the choices (e.g., “Go to whom you want to play with” or “Who do you want to go to?”). An approach to one of the choices was scored if the participant came within 1 m. of the staff person. Contingent on an approach, the staff person initiated a verbal exchange (i.e., “small talk”) and/or physical contact (e.g., a hug or tickles). If no approach was observed after 5 seconds of the instruction, the trial was ended, no approach on the trial was scored, and the next trial was conducted.

For Andrew, Rick, Joe, and Jon the assessment involved a closer replication of the paired stimulus procedure in which each combination of pairs of staff were presented for one trial

in each session. Procedures were essentially identical with minor changes (e.g., the staff were standing instead of sitting during the assessment) to those described above with the exception that a sampling period was provided before the first session. During this period, each staff person interacted, one at a time, with the participant for 30 seconds.

Results and discussion

Figure 1 shows the percentage of trials that each staff person was approached during the modified paired-stimulus preference assessment for each participants. For Donny, staff A, B, C, D, E, and F were approached on 47%, 0%, 0%, 50%, 87%, and 0% of the trials, respectively. Bobby approached staff A, B, C, D, E, and F on 55%, 45%, 10%, 90%, 25%, and 75% of the trials, respectively. Adam approached staff A, B, C, D, E, and F on 50%, 50%, 44%, 47%, 50%, 50%, and 50% of the trials, respectively.

Andrew approached staff members A, B, and C on 70%, 15%, and 65% of the trials, respectively. Rick approached staff members A, B, C, D, E, and F on 80%, 60%, 60%, 40%, 40%, and 20% of the trials, respectively. Joe approached staff members A, B, C, D, E, and F on 80%, 60%, 60%, 40%, 40%, and 20% of the trials, respectively. Jon approached staff members A, B, C, D, E, and F on 80%, 80%, 60%, 40%, 20% and 20% of the trials, respectively.

Although a variety of methods has been developed to assess consumer preferences for tangible items and activities, the assessment of preferences for staff members has not been examined. The present study investigated the use of a paired-stimulus preference assessment (Fisher et al., 1992) to identify consumer preferences for staff personnel. Using a cut-off of approaches on at least 80% of the trials, five of the seven participants showed a preference for at least one staff member. These results provide preliminary support for the use of a paired-stimulus method to empirically identify consumer preferences for different staff personnel.

Although this study measured physical approaches, it is not clear that this is the only response that may be used to measure preference. For example, some individuals with special needs may vocalize preferences clearly and reliably. For such individuals, extended preference assessments using physical responses may not be necessary. A physical approach following a simple instruction may still be desirable, however, for individuals for whom vocalizing preferences may be considered a response of greater effort than an approach. In general, the response requirement should not be one that introduces other variables that may affect responding (e.g., likelihood of compliance, stimulus control, etc.). Similarly, the stereotyped consequences for an approach did not appear to affect the within-session pattern of approaches (i.e., satiation) but this may have been unique to the participants in this study. Variables such as different response topographies, relative response efforts, characteristics of the instruction, and consequences for selections and their effects on the outcomes of preference assessments provide different avenues for future research.

Future studies should also attempt to control and address several limitations of the present investigation. First, not all combinations of staff pairs were assessed for all of the participants. Thus, the relative preferences for all the staff members among those participants cannot be determined. It is possible that with more combinations, the percentage of approaches might be distributed more evenly among different staff. This is particularly relevant for Donny and Bobby. For example, staff personnel who were identified as preferred staff for

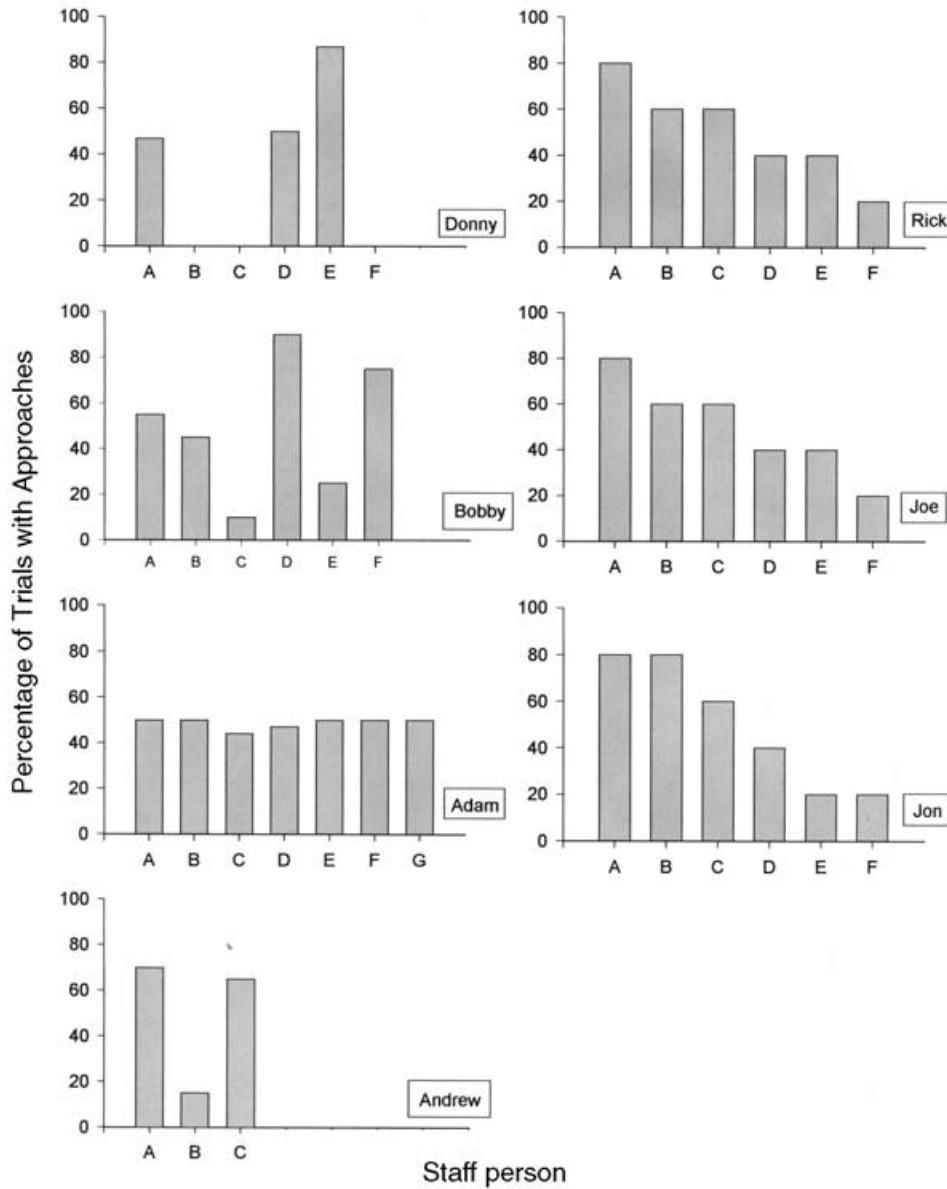


Figure 1. The percentage of trials with approaches to each staff person for each participant

Donny and Bobby might be considered as preferences relative only to the alternative choices with whom they were paired. Conversely, the lack of strong preferences with Adam must be viewed in terms of the choices that were available. That is, if the other possible combinations were presented, some preference may have emerged.

Second, the assessment procedures were not identical for all participants, which prevents a more precise evaluation of those procedures. It is unclear how the total number of sessions,

trials per session, and random versus consecutive presentation of choices may affect approaches within and across sessions. For example, the results for Rick, Joe, and Jon were very similar. With additional trials or sessions, greater differences in the distribution of approaches may have emerged.

Future research should also attempt to control participant familiarity with staff members. For example, it was noted that Adam was unfamiliar with all of the staff members in his assessment. This may have influenced the relatively equal distribution of approaches during the sessions and may have represented sampling of the choices by the participant. Finally, different assessment procedures should be evaluated and compared in terms of the validity of their results by determining whether a frequently approached staff person would function as a reinforcer for appropriate responding. This was not conducted in this study so it is unknown whether staff personnel identified as preferred would in fact function as reinforcers. Preference assessments followed up by reinforcer assessments would provide useful information regarding the choice of staff that is most likely to have a beneficial influence on treatment and instructional procedures for individuals with special needs.

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