

Research Developments

MayInstitute
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Behavioral Pediatrics at May Institute

Behavioral pediatrics refers to a wide range of child mental health problems such as habit disorders, feeding dysfunction, incontinence, sleep disturbance, and compliance difficulties at school and home.

Such difficulties may be associated with medical complications, affect educational development, and negatively impact family life. Typically, behavioral pediatrics intervention is multidisciplinary and requires coordinated service delivery among professionals.

Many children with these and related concerns receive outpatient treatment from psychologists and behavior specialists, or benefit from specialized programs developed at May Institute. Although various behavioral treatment approaches have proven effective, continued research is necessary to document innovative strategies and ensure that therapeutic gains are maintained when treatment is discontinued.

This issue of *Research Developments* presents two case studies that focus on behavioral pediatrics. In both cases, child and family therapy were provided at a specialty clinic. In one situation, the child had Tourette's syndrome; in the second situation, the child had anxiety and phobic disorders. These cases illustrate several contemporary treatment approaches and describe how therapists used empirical assessment methods to document the effects of intervention.

Effective Intervention for Tourette's Syndrome

Children with Tourette's syndrome (TS) have motor and vocal tics, which often require professional attention. Although tics may respond favorably to pharmacological intervention, many children do not tolerate medication well and have negative side effects. A recent project conducted by Jessica E. Woods, Ph.D., now a post-doctoral fellow at May Center for Education and Neurorehabilitation in Brockton, Mass., evaluated habit reversal (HR) as a treatment approach with a 10-year-old child who had TS and frequent vocal and motor tics.

The child was taught several self-management strategies during therapy sessions conducted at a pediatric specialty clinic. With treatment, he learned to detect his tics with greater accuracy, relax when tense, monitor tic frequency, and perform an alternative response each time he demonstrated a vocal and motor tic. The child's mother documented the effect of treatment by recording how often tics occurred at home. This therapy approach resulted in near elimination of tics without medication. He maintained this following treatment. The findings from this study add to a small amount of existing literature showing that children with TS can acquire self-control skills that effectively reduce tics outside a clinic setting. This case has been submitted for publication (Woods, J. E., & Luiselli, J. K. [2004]. *Habit Reversal Treatment of Vocal and Motor Tics in a Child With Tourette's Syndrome*).



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Cognitive-Behavioral Treatment of GAD

Children who have Generalized Anxiety Disorder (GAD) have excessive worry and distress, often related to performance at school and "perfectionistic" thinking. Other clinical issues may also be of concern. In a case study conducted by Sarah W. Whitton, Ph.D., at the Fernandes Center for Children and Families, a partnership between May Institute and Saint Anne's Hospital, a 7-year-old girl who was diagnosed with GAD and specific phobia (fear of vomiting) received successful cognitive-behavioral treatment (CBT). Her developmental history was significant for excessive worry, perva-

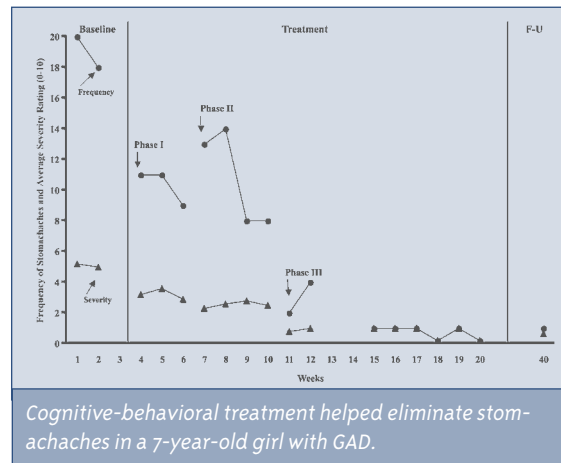
sive anxiety, and complaints of stomach discomfort. Her fear of vomiting had resulted in eating inhibition and weight loss. Treatment focused on teaching her behavioral skills to mediate anxiety (distraction, relaxation), correcting misattributions about physiological sensations, reducing anxiety-inducing self-statements, and eliminating reinforcement of somatic symptoms in the family system. A self-report on the State-Trait Anxiety Inventory for Children (STAIC) before and after CBT documented clinically significant changes in anxiety. Treatment also eliminated stomachaches,

continued on reverse

Recent Publications

- Luiselli, J.K., Ricciardi, J.N., Schmidt, S., & Tarr, M. (2004). Brief functional analysis and intervention evaluation for treatment of saliva-play. *Child & Family Behavior Therapy*, 26, 53-61.
- Luiselli, J.K., Ricciardi, J.N., Zubow, M., & Laster, K. (2004). Practice of an alternative behavior as intervention for object stereotypy: Comparison of contingent and noncontingent implementation across evoking stimuli. *The Behavior Analyst Today*, 5, 304-312.
- Luiselli, J.K., Trembl, T., Kane, A., & Young, N. (2004). Physical restraint intervention: Case report of an implementation-reduction strategy and long-term outcome. *Mental Health Aspects of Developmental Disabilities*, 7, 91-96.
- Sperry, J., Luiselli, J.K., Goldman, S., Abbe, K., & Hauser, M.J. (2004). Community habilitative report in the case of an adult with growth hormone deficiency dwarfism (panhypopituitarism), multiple psychiatric disorders, law-violating behavior, and life-threatening self-injury. *Journal of Developmental and Physical Disabilities*, 16, 287-296.

Treatments of GAD ... continued from front



and the child was able to gain weight. At termination, the girl no longer met diagnostic criteria for GAD and specific phobia. A post treatment evaluation revealed that clinical improvement was maintained. This case has been submitted for publication (Whitton, S. W., Luiselli, J. K., & Donaldson, D. L. [2004]. Cognitive-Behavioral Treatment

of Generalized Anxiety Disorder and Vomiting Phobia in an Elementary-Age Child).

May Institute Experts Share Research Findings

More than a dozen May Institute experts recently presented their research findings at the 25th annual Berkshire Association for Behavior Analysis and Therapy (BABAT) conference. BABAT provides psychologists, special education teachers, specialists, and administrators with information on the most recent assessment techniques and behavioral intervention practices for individuals with disabilities and behavioral disorders.

May experts presented their findings on behavioral consultation to public schools, teaching early learning skills to children with autism, and application of applied behavior analysis (ABA) in brain injury rehabilitation. In addition, May professionals chaired a panel discussion on ABA and special education.

May presenters and moderators included: Kelly Allen, B.A.; Stephanie Barney, B.A.; Kristin Bono, B.S.; Jane Carlson, Ph.D., BCBA; Lauren Christian, B.A.; Meredith Cochran, M.A.; Gretchen Creesy, M.S.W.; Deidre Donaldson, Ph.D.; Mary Doyle, M.Ed.; Jennifer Flaherty, M.Ed.; Katherine Gilligan, B.A.; Jaimie Hoover, B.S.; Sara Huber, B.S.; Amy Kane, M.Ed.; Erin Leichman, B.A.; James Luiselli, Ed.D., ABPP, BCBA; Lauren Mercincavage, B.A.; Gary Pace, Ph.D., BCBA; Jeffrey Skowron, Ph.D.; Amy Slyman, M.Ed., BCBA; CarrieAnne St. Amand, M.S., BCBA; Melissa Stafford, M.Ed.; Jennifer Steele, M.A.; and Christina Vorndran, M.A.

ABOUT MAY INSTITUTE

May Institute is a private, nonprofit organization committed to providing the highest standard of behavioral healthcare, educational, and rehabilitative services. Featured in the book "In Search of America's Best Nonprofits" (Jossey-Bass, 1997), May Institute has nearly 200 service locations nationwide, and serves more than 25,000 individuals and families each year. An active center of research and training, we maintain affiliations with 44 universities, hospitals, and agencies worldwide, and have a Professional Advisory Board comprised of leading authorities in the field.

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