

Teaching Adolescent girls with Autism How to Identify When They Are Menstruating and to Notify their Caregivers to Assist with Feminine Hygiene

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Background

Teaching adolescent girls with autism spectrum disorder (ASD) to identify when they are menstruating, and notifying their caregivers can significantly improve independence, reduce feminine-hygiene health related issues, and reduce contributors to caregiver burnout (Veazey et al., 2015). Interventions within the literature have taught routines related to feminine hygiene, however, little published research addresses programming in the area of identifying and notifying caregivers (Veazey et al., 2015; Klett & Turan., 2012). The current study aims to contribute meaningfully to this body of research.

BST is an empirically supported training package comprising instruction, modeling, rehearsal, and feedback (Miltenberger, 2003). The teaching procedure consists of the following two phases: 1) Discrimination training (the menstruation game): consists of identifying specific tissues by colour and discriminating which tissues indicate they are menstruating or not. 2) seeking out and notifying their caregiver to assist with feminine hygiene.

A nonconcurrent multiple baseline design was used to evaluate the effectiveness of the intervention for both participants. The participants are two adolescent girls diagnosed with ASD, ages 10 and 13 years. At baseline, both girls were not able to identify when they were menstruating and did not have a history of notifying their caregivers. Preliminary results suggest a significant increase in identifying when they are menstruating and notifying their caregivers.

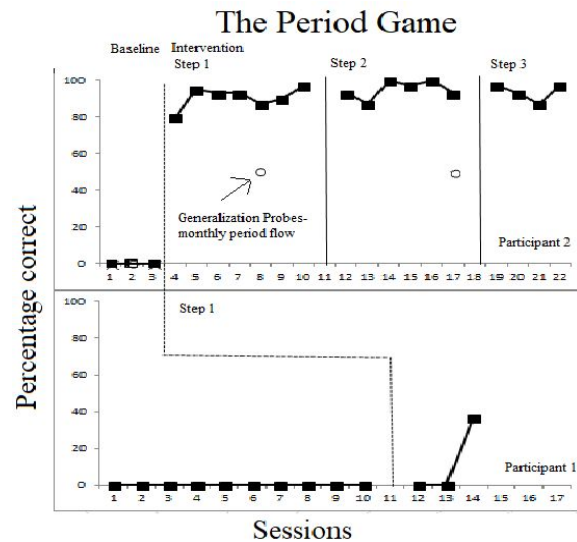
Purpose

The goal of this intervention is to evaluate the effectiveness of a Behaviour Skills Training (BST) model combined with discrimination training to teach adolescent girls with ASD to identify when they are menstruating and notify their caregivers to assist with feminine hygiene. Our team hopes to contribute meaningfully to this growing body of research.

Results

Results of this study indicate that there was a significant increase in the target behaviour for participant #1 across step 1, 2 and 3 of intervention. During step 1 (discrimination training) participant #1 scored an average of 91% across 7 sessions. In step 2 (notifying caregiver) the participant successfully scored an average of 95% across 6 sessions, and in step 3 (locating caregiver across different locations and notifying), thereby meeting mastery criteria at the intervention phase. IOA results also indicated a 100% across 2 different observers during the intervention phase. Participant #2 however, just began the first step of the intervention phase, due to time limitations.

Graph



Discussion & Limitations

According to the results of the current study, Behaviour Skills Training in combination with discrimination training may be an effective method for teaching an adolescent girl with ASD to identify when she is menstruating and to notify her caregiver! Data within the training contexts is reliable and demonstrates a strong functional relation between the independent and dependent variables.

Generalization probes were collected throughout the study for participant 2 and was based on parent reporting, data was collected during her natural occurring menstruation cycle if the participant notified her caregiver. Compared to baseline, where she scored 0%, there was an increase of 50% across 2 monthly probes of notifying her mom when she had her period. A limitation that may have influenced the reliability of the generalization probes were that they were taken from parent report and that the parent had initially unintentionally prompted participant 2 resulting in a score of 50% when it is possible she may have been able to demonstrate the skill independently. Due to time limitations, maintenance could not be accounted for on this graph, as it will consist of monthly correspondence checks as per parent reporting, of whether the participant notified her caregiver for the next three months post intervention.

A significant limitation of this study was that due to staff turn over, participant 1 was unable to receive the treatment ongoing. This limitation shines light on the need for further investigation into staff turnover and the effects this may have on treatment for our clients.

References

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