



Remediating Echolalia in a Child with Autism

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Introduction

- Modified Partial Models Method (Sussman, 1999)
 - ◆ Treatment method to remediate echolalia
 - ◆ Attempts to reduce the quantity of echolalia while simultaneously increasing the meaningfulness of utterances
 - ◆ No criterion or mastery level
 - ◆ Theory: The speech of a verbal autistic child speech can be shaped to increase its communicative function.

Method

- Participant
 - ◆ 4 year, 2 month old female
 - ◆ Diagnosed with High Functioning Autism
 - ◆ Echolalia
 - ◆ Delayed language development
 - ◆ Verbal language using 2-3 word utterances
 - ◆ Poor eye contact
 - ◆ Social and play skills reported to be below age expectations

Method

- Materials:
 - ◆ Gluten/casein-free veggie chips
 - ◆ Gluten/casein-free cereal
 - ◆ Apple juice
 - ◆ Fruit leather
 - ◆ Banana chips
 - ◆ Rice crackers

METHODS

Procedures

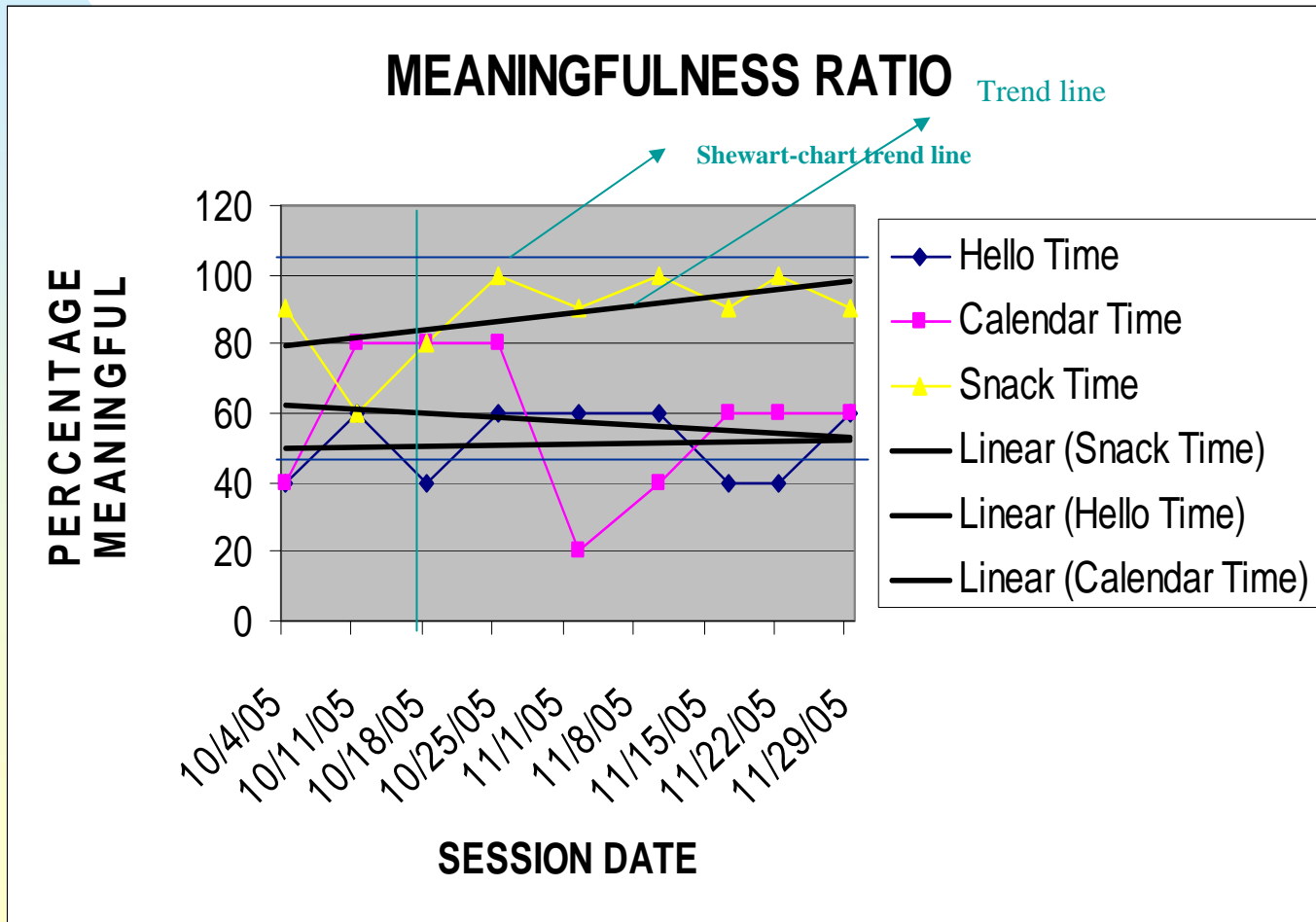
- Baseline collected during weeks 1, 2 and 3
- Ex: child was asked, “ name, do you want chips?”
- Clinician paused and waited for response
- If no response or inappropriate response, question was repeated. If appropriate, child was handed item
- If child responded with echolalia, clinician used a carrier phrase in a hierarchy of verbal imitation, verbal modeling and phonemic cueing. Ex: “I want chips”, and waited for the child to repeat - verbal imitation. On the next trial, the clinician would say, “I want _____,” and wait for the child’s response. On the next trial, the clinician would say, “I w_____,” and wait for the child’s response. This would continue, if necessary, until the child responded appropriately without cueing.

Research Design

- Single case design
- Generalization for untrained items probed weekly

RESULTS

Treatment Graph



RESULTS

- Level is higher in treatment, indicating a positive change
- Gentle slope in a positive direction for treatment items
- No generalization occurred across non-treated items
- Effect size = 1.2 (Robey, Shultz, Crawford, & Sinner, 1999)
- Binomial test = p -value .5
- Child did not make statistically significant changes in quantity of echolalia or meaningfulness of utterances

DISCUSSION/CONCLUSION

- Treatment program results were not what clinician anticipated:
 - ◆ Clinically significant progress was made on treated items: echolalia decreased and Meaningfulness ratio increased.
 - ◆ Echolalia and meaningfulness were unpredictable across all settings
- Direction and Needs for Future Research
 - ◆ Treat child for all items/settings
 - ◆ Treat child in a one-on-one setting as opposed to within a group setting
 - ◆ Treatment needs to be extended beyond 8-week initial treatment period

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