**REDUCING RECTAL PICKING IN A MAN WITH AUTISM**

The objective of this project was to decrease the rectal picking behavior of a 45-year old man with a diagnosis of autism. Rectal picking was defined as any instance of the participant inserting his hands/fingers, or any objects into his rectum. This behaviour resulted in severe bleeding from the participant’s rectum, as well the presence of feces on the participant and his environment. Rectal picking was also followed by coprophagia (ingesting of feces) in many instances.

The participant lived in a residential treatment facility and was supported by a community agency that specialized in providing residential and community-based supports for persons with autism. The onset of the participant’s rectal picking coincided temporally with the emergence of neurological problems including tonic-clonic seizures and symptoms of dementia.

Descriptive analyses (ABC recording and staff interviews) were utilized in an attempt to determine the function of the participant’s rectal picking. These analyses all supported a hypothesis that the participant’s rectal picking was maintained by automatic reinforcement. Throughout this project, the frequency of the participant’s rectal picking, dementia symptoms, and seizures were all measured.

This project utilized a single-subject research design involving several phases of intervention, resulting in an ABCDCE design. Treatment phases involved medical intervention such as topical creams and medications. Behavioural interventions included the use of differential reinforcement of incompatible behaviour and antecedent interventions. The final phase of treatment involved the use of a restrictive body-suit as an intended punishment procedure. This prevented the participant from engaging in rectal picking. This approach was combined with the use of differential reinforcement and antecedent interventions. Staff training was another area addressed in this project’s methodology and involved the use of evidence-based staff training procedures. The behavioural skills training (BST) model was implemented, as well as video modelling for support staff at various points in the process.

Most treatment interventions yielded insignificant reductions in the participant’s rectal picking. Frequencies of the behaviour maintained at daily rates of up to 60 occurrences of rectal picking. Significant reductions in the frequency of rectal picking began to occur only after implementation of the punishment procedure and more intensive staff-training. These reductions occurred quickly and have maintained one year later with the participant maintaining a near zero frequency of this behaviour. Decreases in rectal picking coincided with decreases in seizures and dementia. Frequency data for all three of these variables will be presented.

The results of this project describe the relevance of the use of punishment procedures as components of behavioural interventions as well as ethical and practical problems associated with the use and non-use of punishment. Several advantages and limitations are attached to this project. For example, the use of a punishment procedure provided a simple and effective treatment that was easy to train direct-support staff to implement, however a firm hypothesis regarding behavioural function as demonstrated by an experimental functional analysis (EFA) was not determined. Finally, this project showed an interesting link between overt behaviour and underlying biological conditions.

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