EFFECTS OF A REMOTE-CONTROLLED TACTILE PROMPT ON THE
INITIATION SKILLS OF A CHILD WITH AUTISM

THESIS

Presented to the Graduate Council of the
University of North Texas in Partial
Fulfillment of the Requirements

For the Degree of

MASTER OF SCIENCE

By

Kera L. Bingham-Watts, B.A.
Denton, Texas
August 1999

A 4-year old child with autism was taught to make a social initiation statement following a remote-controlled tactile prompt (RCT). The RCT prompt was taught by using a time-delay procedure with written script cards containing initiation statements. Training trials occurred in 6 different play locations in the child's room. Restricted Trial training consisted of allowing the child to play independently, activating the RCT prompt and playing with the child based on any initiation until a warning to end was given. In Free Play training, the warning to end the activity was removed. The child's initiation statements increased from 0 in baseline, to spontaneous initiations in 100% of the trials in all training and generalization phases. The number of words in an initiation statement increased from 3 to 25 per trial. Spontaneous initiations in the No RCT phase generalized to the child's mother without training.
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INTRODUCTION

Physical, verbal, and visual prompts delivered by teachers, adults, and peers are used frequently to teach children with autism to initiate social interactions. Initiations are defined as pointing, bringing or guiding a person to an object, and of course, verbalizations to a person by the child that were not preceded by a social behavior from the same person. Although these prompts may help to ensure the occurrence of behavior during training, often those same behaviors are not maintained in the absence of prompts (Matson, Sevin, Box, & Francis, 1993). Further, training prompts may also interfere with social interactions in the natural environment (Krantz & McClannahan, 1993). For example, graduated guidance, a physical-prompting technique, typically involves having the teacher deliver prompts from behind the child to make the stimulus conditions of the actual task or social interaction more salient. These physical prompts, however, are rarely transferred to other natural stimuli; thus, the teacher or adult must be present in order for the response to occur (Odom, Chandler, Ostrosky, McConnell, & Reaney, 1992). In order for a behavior to generalize and be maintained, the natural stimuli must serve as the setting events and discriminative stimuli, and the consequent interactions must function as reinforcers. Therefore, physical prompts make it less likely that the behaviors trained will come under the stimulus control of the
natural environment. Similar problems arise when teachers use verbal prompts to guide the child's' performance (Odom et al., 1992).

Some version of the time–delay procedure has been one of the most successful procedures for fading out prompts during the teaching of initiation skills to children with autism (Matson et al., 1993, Touchette, 1971). In this procedure, the stimuli to be discriminated (normally the S+) typically are paired with an obvious response, such as pointing. Then the prompt is withheld for a brief time to allow the child an opportunity respond. If the child does not respond, the prompt is delivered and the entire procedure is repeated.

One of the advantages of the delayed cue procedure is that it can produce errorless performance. Moreover, the child has the opportunity to respond independently during each trial, thus providing more opportunities for a correct response (Lancioni & Smeets, 1986).

There are several examples of the success of this approach in teaching children with autism a wide variety of social skills. For example, Charlop and Walsh (1986) have used a time–delay procedure to increase unsolicited verbalizations of affection; however, generalization was not achieved for all subjects across all persons or settings. The time–delay procedure has also been used effectively to increase unsolicited speech that more closely approximates the speech patterns of "normal" children (Ingenmey & Van Houten, 1991). Matson et al. (1993) used visual cue cards with a time–delay procedure to teach self–initiated language.
Despite the success of the time-delay procedure in teaching initiation skills to children with autism, it is not without limitations. One obvious drawback is that a salient prompt, usually from an adult or teacher, is still necessary to ensure the occurrence of initiation skills in new environments and with new persons. According to Krantz and McClannahan (1993) peer interactions prompted by an adult are likely to produce atypical peer social exchanges marked by decreases in social interactions and initiations when the adult is not present. Less intrusive prompting techniques may be necessary for the successful generalization of social interactions. Krantz and McClannahan (1993) used a script-fading procedure to remove adults from the prompting process, and so increase initiations to peers. However, the script was intrusive, especially with regards to the typically developing peers. After the script was removed, the initiations again decreased.

More recently, a fixed-time-interval tactile prompt (a vibrating beeper) was used to increase social initiations in a boy with autism (Taylor, 1996). This approach to prompting, albeit less intrusive, introduced several new problems. First, the teacher had no control over the stimulus conditions present after the pager had been activated and placed in the child's pocket. The pager went off every minute, regardless of whether or not initiation opportunities were available. Second, the child did not initiate to people in his immediate environment without the
prompt, even under conditions considered "prime" for social interactions.

Odom et al. (1999) have recommended that peer group social interactions become a central research and practical focus of general programs for young children with disabilities. In light of this new imperative and given the importance of teaching initiation skills to children with autism, an unobtrusive technique that removes the adult from the natural environment should be developed. This technique would capitalize on the natural stimulus conditions for control and appears to be a promising avenue for prompting and teaching initiation responses. The purpose of the present study was to investigate the effects of a remote—controlled tactile (RCT) prompt used to unobtrusively prompt initiation responses across persons (e.g., teacher and parent) for one child with autism. The RCT prompt was trained as a prompt for initiating to the targeted person by using a time delay procedure and written script cards. Generalization probes were conducted with a parent to assess the generalizable effects of the RCT prompt. These procedures may help to determine whether an RCT prompt can be an effective instrument in teaching, prompting, and maintaining initiation skills for a child with autism.

METHOD

Participant

The participant was a 4—year—old male child with autism. The child's mean length of utterance was four words per verbal statement as measured by the experimenter. The child
was, however, reading at a first-grade level. He was concurrently attending a Head Start public school classroom for 2 hours, 2 days a week, and was involved in an behavior analytic in-home training program targeting language articulation, fine motor skills, play skills, social skills, and self-help skills.

The child was eligible for the study based on his lack of, or limited occurrence of, self-initiated social initiations, as determined his parents, therapists, and teachers across several settings (e.g., home therapy sessions, school, and peer play times). An initiation rate of less than 2 initiations during a 20-min session qualified the child for the study. The child's mother signed an informed consent document prior to the of the study.

Apparatus

The remote-controlled tactile prompt (RCT prompt) was provided by a custom built device consisting of a 2 x 4 inch plastic case containing a battery-powered vibrating motor. The motor was controlled by a Nikko R/C Systems Full Function, 27 MHz remote control with a working range of 25 feet. The RCT was activated by a lever press on the hand-held Nikko remote system. The experimenter could control the duration and immediacy of the prompt from 25 feet, with the hand held remote system. The RCT prompt was attached to a belt the child wore around his waist.

Setting and Materials

The study took place in the child's home. The experimental sessions were conducted in the child's bedroom. The room was 10 ft x 11 ft and contained a bed, four
bookcases with books, toys and games, a child's table with three chairs, and a fish tank. The walls were decorated with a clock, the child's pictures, and posters of his favorite movie characters.

Stimulus materials were available to the child during each session. These included several types of items: those that the child could play with alone (e.g., cars, books, stuffed animals, photo albums, and a money sorting machine); items that required assistance to operate (e.g., paper and markers, a train track, a race car set, an educational alphabet computer game, and puzzles); games which necessitated a partner or opponent (e.g., Lucky Ducks, Don't Spill the Beans, Hi Ho Cherry-o, Candyland, and Barney Memory). The materials remained in their natural location at the child's eye level (e.g., stuffed animals on bed, paper and markers on table, and race track in plastic bin on shelf). This aided in keeping the environment constant throughout the study, as well as allowing the child to easily access these stimuli.

**Dependent Variables and Data Analysis**

The targeted behavior for the study was social initiations by the subject toward the teacher or parent. A social initiation was defined as any verbalization (e.g., "Mom, do you want to play?"; "Amy, Look at this!"; "I want you to play."; or "Let's play with cars.") or a "bringing" response (e.g., bringing a book to the teacher) by the subject to another person in the experimental setting. The dependent variables were the number of unsolicited
initiations, (i.e., initiations made by the child to another person without a prompt to do so) and the number of initiations following the RCT prompt within 3 s. Every failure of the child to respond to the RCT prompt within 3 s was recorded.

Interobserver agreement between 2 observers for recording the targeted responses was calculated on 30% of baseline trials and 40% of trials during each of the other conditions. This was done from videotaped recordings of the sessions. Agreement of observations occurred when both raters scored a trial the same (i.e., no response, initiation with RCT, or unsolicited initiation). Point-by-point agreement was calculated by dividing the total number of agreements by the number of agreements plus disagreements and multiplying by 100.

PROCEDURES

Baseline Probes (phase A)

The child was in his bedroom wearing the RCT prompt and had access to all stimulus materials (e.g., toys, games, art supplies, etc.). There was no pre-training conducted to get the child to wear the RCT prompt around his waist. The teacher was also present, but did not direct the child's activities during these sessions. The teacher sat in one of 6 different locations (see below) in the child's room, pretending to be busy (i.e., reading or writing). The teacher told the child "I'm writing", "I'm reading", or "You may play", if the child made non-initiating responses during the session (e.g., humming, screaming, staring at the
teacher's materials, or approaching the teacher without making any initiating response).

Each of the locations in the child's room contained different materials: (a) child-sized table equipped with paper, markers, coloring books, and paints; (b) small bookshelf with a Little Tykes playground set and a race track with cars; (c) shelves with various games, Memory, Lucky Ducks, Don't Spill the Beans; (d) bed, with stuffed animals and a blanket to play peek-a-boo; (e) bookcase full of favorite books; and (f) sitting in the middle of the room, equidistant from all other stimuli. The teacher sat at each location for approximately 2 min, and then moved to the next location. The RCT prompt was presented at least 45 s after the teacher arrived at each of the locations (allowing the child time to initiate at that location), and after the child had at least 1 min of free time following the last RCT prompt or social interaction.

If the child initiated to the teacher with a verbalization, bringing, or guiding her to an item (with or without the RCT prompt), the teacher engaged in play with the child and the object involved in the initiation. Play continued for the natural length of the activity, based on data taken during in-home training, ranging from 2–7 min (e.g., 2 min for writing, 4 min for playing with cars, or 7 min for playing Lucky Ducks). Specific initiations at each of the locations included, but were not limited to: (a) at table, "Let's write."; (b) small bookshelf, "Let's play with the cars."; (c) shelves with games, "Let's play Lucky Ducks.", "Let's play Don't Spill the Beans."; (d) bed, "Let's
Baseline probes were to be obtained for both the parent and the teacher in the 6 locations. Each person began the probes in the location in the middle of the room for a general assessment session of the RCT prompt. The location order was randomized among each of the persons across sessions. Sessions ended when 6 prompts had been given; sessions were never longer than 20 min or shorter than 12 min.

**Restricted Trial Training of the RCT Prompt with Teacher (phase B1)**

Training was designed to program the RCT prompt as a prompt for initiations. That is, when the RCT prompt was presented the child would verbalize an initiation to the teacher within 3 s. In each trial the RCT prompt was activated for 3 s and a written script card was turned over. The teacher immediately prompted the child to read the card by pointing to the text on the card. After the child read the card, the teacher and the child engaged in whatever initiation statement had been written and read aloud. The child was trained to initiate with the RCT prompt in five of the locations previously described in the therapy room, (a) at the table; (b) the small bookshelf; (c) the shelves with games; (d) the bed, and; (e) the bookcase. The middle of the room location was reserved as a generalization probe, and formal training did not occur in this location. Initiations were taught at each of the locations in a randomized order on a trial-by-trial basis, depending upon the interest of the
child. Determination of the "favorite" toy or game was made during each session, based on what the child was engaging in or attending to in his room. Each of the 6 locations contained at least one of his favorite toys; therefore, a general initiation response was always available to teach. The specific initiations trained at the five locations were as follows: (a) small bookshelf, "Let's play with the cars;" (b) shelves with games, "Let's play a game;" (c) bed, "Let's play with Mouse;" (d) stuffed animal) and (d) bookcase, "Let's read a book;" (e) table, "Let's write." Finally, reinforcers directly related to the child's initiation response and natural to the environment were used (i.e., access to the toy or game).

During each training trial the teacher engaged in play with the child for the natural length of the activity and gave the child a warning before the activity ended (i.e., "In 1 min we will clean up;" "One more turn, and we will put the game away;" or "This will be our last book;" etc.). After the warning time ended, the activity was put away and the teacher removed herself from the child's area. If the child made an unsolicited initiation, without the RCT prompt, the teacher again engaged in play for the natural activity length, warned of an end to the activity and again removed herself from play.

A decreasing time-delay procedure was used to fade the physical prompts that were initially required to prompt the child to read the written script card (cf. Touchette, 1971). The time-delay began by activating the RCT prompt, waiting 5 s, and if the child did not make an unsolicited initiation to
the teacher, the written script card was turned over, and the child was prompted by the teacher to read the initiation statement. Each script card was placed face down in its subject location around the room (e.g., the "Let's write" script card was placed on the table; the "Let's read a book" card was placed near the bookshelves; etc.). The time-delay continued to decrease by 1 s, based on the latency of the child's responses. As soon as the child initiated without having the written script card prompt turned over, these were removed from the setting. The child had to respond independently (without the written script card cues) by initiating responses to the RCT prompts before it was determined that the child's rate of initiating met the acquisition criteria.

**Free Play RCT Training with the Teacher (phase B2)**

In order to teach the child to initiate while engaged in an activity, a free-play RCT training phase was implemented. In this training phase, the child was allowed free time in the room with access to all toys and without demands. The teacher moved around the room to each of the 6 locations approximately every 2 min, but did not approach the child or engage in any activities in the room. If the child initiated to the teacher without a solicitation, the teacher played with the child for the natural length of the activity. Instead of providing a warning of the completion of the activity, the teacher removed herself from play and allowed the child to continue in the activity alone. The tactile prompt was triggered after 30 s to 1 min of the child in the room, without any social play or communication with the
teacher. The RCT prompt was triggered, and again the time delay procedure and written script cards were used until the child was responding within 3 s after the RCT prompt. The toys remained in their regular locations around the room so that the child was familiar with the stimuli at all locations in the room, when the RCT prompt went off and, thus, had an opportunity to initiate.

Withdrawal of RCT Prompt with Teacher (phase C1)

The conditions of the setting remained the same as those during baseline probes and training with RCT prompts. The child was in the room with the teacher and had access to all toys in the room. No demands were placed on the child. The teacher sat in each of the 6 locations for approximately 2 min reading a book, and did not approach the child to play or prompt the child to engage in any activities alone in the room. The RCT prompt was not present at any time during these sessions. Each session lasted approximately 20 min.

Generalization Probe Without the RCT Prompt (phase C2)

The generalization probe sessions across persons were conducted exactly as phase A1 (without the RCT prompt). The only difference was the presence of the parent rather than the teacher. The order of the presentation of persons, teacher and parent, was counterbalanced.

Design

The experimental design implemented in this study was A-B1-B2-C1-C2. The experimenter conducted initial baseline probes, A, in order to avoid possible confounds created by the absence of an initial baseline (Barlow & Hersen, 1984). The B1 and B2 phases included the training and application of
the RCT prompt for social initiations: Restricted Trial Training in B1 and Free Play Training in B2. The C1 phase involved the removal of the RCT prompt, and the C2 phase tested for generalization without direct training with the parent.

RESULTS

Figure 1 displays the cumulative number of initiations by the child to the teacher (top graph) and to his mother (bottom graph). Open squares are used to graph RCT prompts without an initiation response, Xs are used for RCT prompts with an initiation response, and black squares for unsolicited initiations. During baseline the child did not initiate to the teacher or mother, either unsolicited or after the operation of the RCT prompt. At the beginning of the Restricted Trial RCT Training phase with the teacher the child still did not initiate to the teacher; however, a single unsolicited initiation occurred at trial 17, followed by the RCT prompts without an initiation response in trials 18–24. The first initiation following the RCT prompt occurred during trial 25, and was followed by 2 trials without a response to the RCT prompt. Another unsolicited initiation occurred during trial 28. The next trials contained a response following the RCT prompt, and 4 trials without a response. Trials 37 through 51 contain 12 trials with an initiation following the RCT prompt, 2 trials with an unsolicited initiation to the teacher, and 1 trial without an initiation response following the RCT prompt. The data for trials 52 through 67 display 14 trials of unsolicited initiations to the teacher, 2 trials with an initiation
following the RCT prompt, and no trials without an initiation. The child had initiated 35 times at the end of the Restricted Trial RCT Training. No data was taken with the mother during this training condition.

At the beginning of the Free Play condition with the teacher the child did not initiate to the teacher following the RCT prompt (trials 68–72). Trials 73 through 88 contained 8 initiations following the RCT prompt, 4 unsolicited initiations, and 4 trials without an initiation response following the RCT prompt. However, trials 89 through 125 contained 34 trials with unsolicited initiations, 2 trials with initiations to the teacher following the RCT prompt, and only 1 trial in which the child did not initiate following the RCT prompt. The Free Play RCT Training phase contained 48 total initiation responses. No data were taken with the mother during this training condition.

The No RCT prompt phase with the teacher shows the continuation of unsolicited initiating by the child to the teacher. These trials were interspersed with generalization trials with the mother. The gaps in the data correspond to trials conducted with the mother. During this phase there were 32 trials with unsolicited initiations to the teacher and only 2 trials without a response by the child. The cumulative number of initiations by the child to the teacher across all phases of the study totaled 115.

During the first 6-trial probe of the No RCT trials conducted with the mother (bottom graph), the child initiated to the mother in the first 2 trials, and in the final trial (trial 136). During the second 6-trial probe the child
initiated in 2 of the 6 trials. During the last probe, the child initiated in 10 of 12 trials. The total number of initiations to the mother was 15.

Figure 2 displays the cumulative number of words spoken by the child while initiating to the teacher during each phase of the study. During baseline, there were no initiations to the teacher or the mother, thus no words spoken. The Restricted Trial RCT Training phase shows initiations ranging from 3 to 9 words per trial. This phase contained a total of 191 words spoken across 54 trials. The Free Play RCT Training phase contained data displaying ranges of words from 3 to 13 in an initiation to the teacher, with a total of 355 words spoken over 52 trials. The No RCT phase displayed continues to show initiations to the teacher ranging from 3 to 25 per trial. The child spoke 765 words in initiation statements to the teacher during the study.

No data was taken with the mother during any training phases. However, in the No RCT phase of the study, number of words in each initiation statement to the mother ranged from 2 to 10 in 23 trials. The data shows a total of 89 words in initiation statements to his mother in the No RCT phase of the study.

DISCUSSION

The present study investigated the use of a RCT event as a prompt to initiate activities in a child with autism. When the untrained RCT prompt was initially introduced during baseline, the number of unsolicited and prompted initiations remained at zero levels. During the Restricted Trial RCT
prompt training, the child soon started to initiate after the RCT prompt was activated and later the child began to initiate before the RCT prompt was activated. This result, however, did not generalize to the Free Play situation; the RCT prompt had to be retrained using the time delay procedure that originally established the RCT event as a prompt in the Restricted Trial situation. The control of initiations during the Free Play condition followed a similar course as in the Restricted Trial situation, but unsolicited initiations increased faster. Initially the RCT prompt did not exert control over the initiations; but, later the child began to initiate in response to the RCT prompt and then he initiated before the RCT prompt was activated. The unsolicited initiations to the teacher continued even when the RCT device was removed from the child's belt and generalized to the trials with the child's mother, although training had never occurred with her in the room.

A positive side effect of training was that the child also began to use novel initiation statements during the Free Play training. These statements were directly related to the activity in which he was engaged in and had never been taught in those conditions. Interestingly, the teacher and the mother controlled different initiation statements. For example, the child would ask the teacher to play games or sing songs, while he would ask his mother for help with an activity or object.

The results of this study suggest that the RCT prompt can be a useful technique to teach unprompted initiations to children with autism. Unlike the results from a previous
study using a similar RCT event (i.e., a fixed-time interval tactile prompt; Taylor, 1996) and other studies using a variety of prompting techniques (see Krantz & McClannahan, 1993; Matson et al., 1993), in this study, the control of initiations shifted from the RCT prompt to the natural social environment with continued RCT prompting. This finding is of importance to the technology of teaching social skills, since it may provide a prompting technique that avoids the problems usually encountered with other prompting techniques in shifting the control of initiation from the prompt to the naturally occurring stimuli.

It is not entirely clear why the initiation responses shifted from being under the control of the RCT prompt to the naturally occurring stimuli. However, there are several factors that might be involved in the process. First, the RCT prompt, unlike other types of prompts, can be delivered inconspicuously, thereby avoiding teacher generated cues as part of the prompt. For example, cards were effective prompts for the child to initiate, but only when they were presented to him or when he was cued to read them. Cards per se were not prompts to initiate. In contrast, the RCT event prompted the child to initiate. Interestingly, sometimes when the cards were not within reach, the child looked for them in places where they usually were located. Second, and perhaps more importantly, the RCT prompt was not response specific. Unlike most prompts, where each prompt (verbal, physical, or card) tells the child a specific thing to do, the RCT event prompted the child to say to the teacher, "Let's write," "Let's read a book," "Let's play with cars,"
etc. depending on the situation. Since the RCT prompt acted to prompt the child to initiate, but did not control a specific initiation, this general prompt may have made it possible for the natural stimuli to become part of the controlling events for unsolicited initiation responses.

Although the child began to initiate before the RCT prompt was activated in the Restricted Trial situation, the child did not initiate in the Free Play situation, even when the RCT prompt was activated. This was perhaps due to the fact that the child had to stop whatever play activity he was engaged in and initiate to the teacher by inviting the other person to play in that activity or another activity. It may also be that the stimulus conditions during play were sufficiently different to prevent generalization. Nonetheless, the teaching of the RCT event as a prompt for initiations was easily accomplished, and unsolicited initiations began to occur at a high rate soon after this training. This suggests that unsolicited initiations, like any other behavior, have to be taught more than once in different activities to achieve a generalized skill (cf. Stokes & Baer, 1977, teaching sufficient exemplars).

Generalization beyond the Free Play in the therapy room was not tested. However, anecdotal accounts by the mother report unsolicited initiations occurred in other activities outside the therapy room and home. According the mother's report the child had become "a little bossy."

Surprisingly, the unsolicited initiations by the child generalized to the mother within a few trials. It is likely that generalization of initiations in the absence of any
prompt occurred because the testing of generalization occurred in the training setting. Perhaps the child's room provided sufficient common stimuli for generalization to occur (cf. Stokes & Baer, 1977). Also, the interspersing blocks of generalization trials between experimenter and mother may also have promoted the generalization of initiations to the mother.

In summary, this experiment enlarges the body of research regarding teaching social initiations to children with autism. The RCT prompt, if effective with other children, could prove to be an invaluable prompt in teaching not only social initiations, but also, any response which requires the stimulus control to be in the natural environment. The RCT prompt may also address the issue of increasing peer socializations because it is unobtrusive (e.g., the child does not have to read cards while initiating), and does not rely on the physical presence of an adult which could change the social environment and thus, prevent or inhibit opportunities for social interactions (Krantz & McClannahan, 1993). The fact that it is remotely administered also helps the timely delivery of the prompt. As an opportunity to initiate arises, the RCT prompt can immediately be administered. The basic information gained by this study on the effectiveness of the RCT prompt could be applied to multiple responses and in many settings to aid in teaching new and initiating responses.
APPENDIX

FIGURES
Figure 3
Diagram of Child's room and Experimental Environment
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