

가

4)5).

연구 방법

6)7). 1. 연구대상

2

8),

1 12

()

, PEP(Psy -

choeducational Profile)

3.3 ,

9).

가

3.9 ,

(

, 53

가

39

) IQ 31

2

(

가

6

)

11

PEP

~25%

3.4 ,

8.3 ,

66~100%가

IQ 57

1

2

10). 가

15

3~4

가

가

50% ,

11). ,

1

15

가

5~6

2

, 1

가

10

가

2. 연구방법

(,)

1) 치료조건

3

12)13),

1 /

14),

(A) ,

2

(B) ,

2)

3

(C) .

(A)

가

Chung¹⁵⁾

, 가

20

가

가

가

(B)

가

가

가

5 (C) 32) , 1 95%(41 31), 2
 (76%(57 28) . 2
), 가 5 15 30%(=0-67%)
 , 가 가

4) 연구설계 A - B - A - B - BC - B - BC
 (A) (B)
 2 A, B
 2
 2 B BC 2
 10

2) 토큰훈련
 2
 1 1 , 2
 , 2 10
 ,

3) 측정
 1 가 2 (Fig. 1). 1
 99%, 95% , 2
 65%, 10% , 2
 2 67%, 63%
 , 2 가 62%, 35%

5
 5
 20 , 20
 2 ()가
 1 98% 7 가 1
 1%, 9%
 (41 41), 2 94%(57 가 2

결 과

(Table 1).

35~57%

고찰

5~8%

가

가

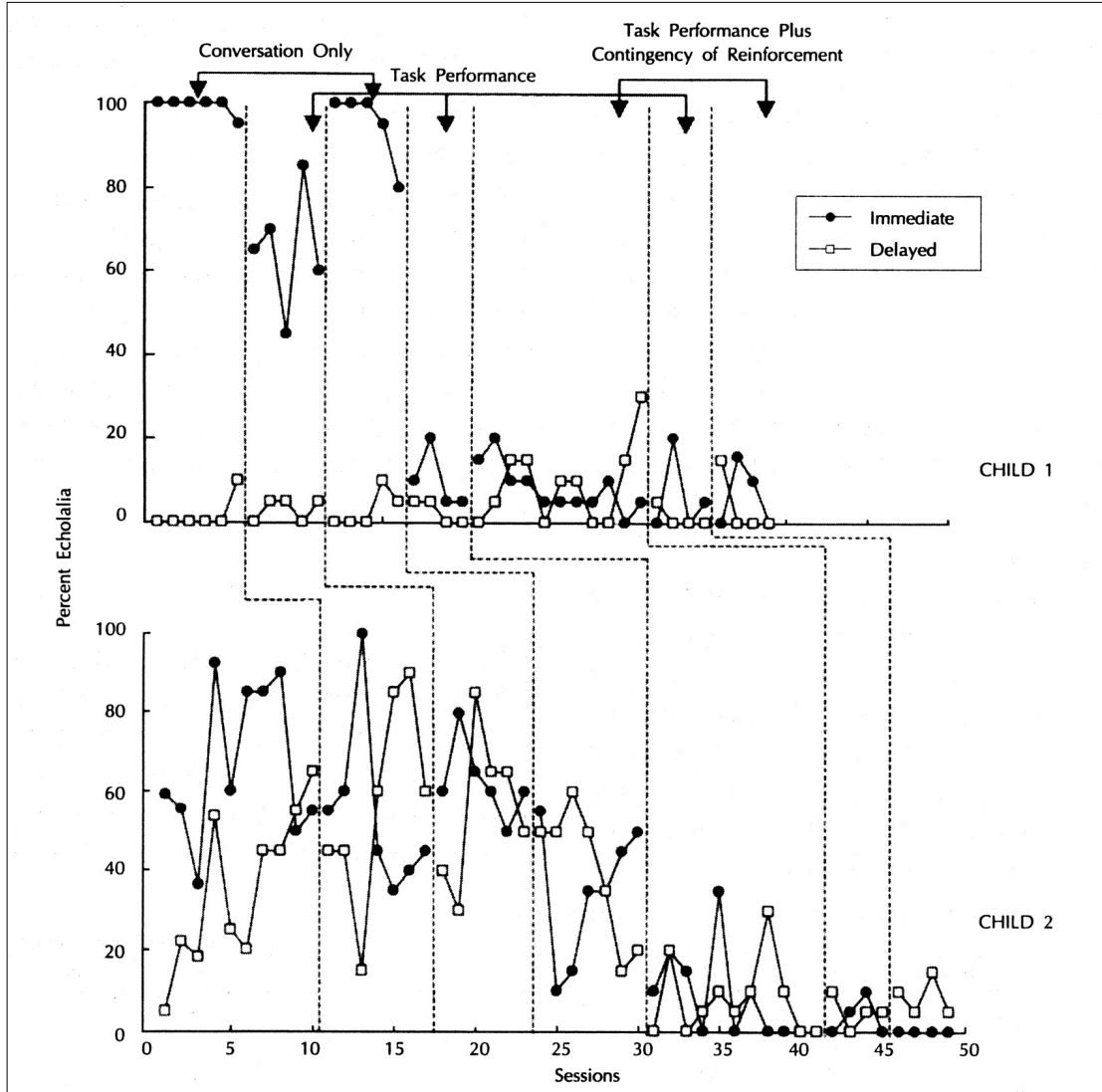


Fig. 1. Echolalia across 3 treatment conditions in child 1 & 2.

Table 1. Mean echolalia rates(%) across 3 treatment conditions

() = delayed echolalia

Treatment conditions	A	B	A	B	BC	B	BC
Child 1	99 (2)	65 (3)	95 (3)	10 (3)	7 (9)	6 (1)	7 (4)
Child 2	67 (35)	62 (57)	63 (56)	35 (40)	8 (8)	4 (5)	0 (9)

A : Conversation Only B : Task Performance BC : Task Performance Plus Contingency of Reinforcement

16)17), 2 (Fig. 1). 35~57% 5~9% 가

2)12) , , if - then , , 가

Chung¹⁵⁾ 가 가

가 Chung Fig. 1 1 2 , 가

5% 35% , 2 10 가

가 가 1

가 6~7%

가 2 (35%, 4%) (8%, 0%) 가

, if - then

(35%) 9 가 if - then 가

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TREATMENT OF ECHOLALIA IN CHILDREN WITH AUTISM**Bo In Chung, Ph.D.***Department of Rehabilitation, Yonsei University, Wonju*

The purpose of this study was to investigate the possibility of providing familiar tasks as a treatment option to decrease echolalia. Two comparisons were made : One was to compare 'conversation condition' and 'task performance condition,' and the other was to compare 'task performance alone condition' and 'task performance along with contingency of reinforcement condition.' Two echolalic children aged 12 and 13 years participated in the experiment and A-B-A-B-BC-B-BC design was used, in which A was conversation only, B was task performance, and C was task performance along with contingency of reinforcement. In the A condition, the therapist asked easy and short questions to the child ; in the B condition the child was given familiar tasks with short instruction, and in BC condition, each child was reinforced for his performance on given tasks, in which immediate echolalia was controlled through his hands being held down for 5 seconds. Delayed echolalia was recorded without any intervention being given. Each child was put into each of the 7 treatment conditions. With a 15 minutes session, each child went through 5 to 6 sessions per day for 2 weeks. The mean echolalia(immediate) rates across the 7 treatment conditions were : For child 1, A(99%)-B(65%)-A(95%)-B(10%)-BC(7%)-B(6%)-BC(7%) and for child 2, A(67%)-B(62%)-A(63%)-B(35%)-BC(8%)-B(4%)-BC(0%). As to the generalization of the treatment effect of immediate echolalia to the untreated delayed echolalia, there was shown a drastic reduction of delayed echolalia in child 2 : A(35%)-B(57%)-A(56%)-B(40%)-BC(8%)-B(5%)-BC(9%). Child 1's delayed echolalia was negligible(mean = 3%) pre-and post treatments. In conclusion, the results of this study clearly show that providing a task performance setting with familiar tasks can certainly be helpful for minimizing echolalic response, and along with the use of the contingency of reinforcement technique it can further not only correct echolalic behavior to a negligible degree but also help the echolalic child generalize its treatment effect to the child's overall language improvement.

KEY WORDS : Echolalia · Task performance · Contingency of reinforcement · Generalization.