

Module: Response Interruption/Redirection (RIR)

Overview of Response Interruption/Redirection (RIR)

Neitzel, J. (2009). *Overview of response interruption/redirection*. Chapel Hill, NC: The National Professional Development Center on Autism Spectrum Disorders, Frank Porter Graham Child Development Institute, The University of North Carolina

Response interruption/redirection (RIR) is an evidence-based practice used to decrease interfering behaviors, predominantly those that are repetitive, stereotypical, and/or self-injurious. RIR often is implemented after a functional behavior assessment (FBA) has been conducted to identify the function of the interfering behavior. RIR is particularly useful with persistent interfering behaviors that occur in the absence of other people, in a number of different settings, and during a variety of tasks. These behaviors often are not maintained by attention or escape. Instead, they are more likely maintained by sensory reinforcement and are often resistant to intervention attempts. RIR is particularly effective with sensory-maintained behaviors because teachers/practitioners interrupt learners from engaging in interfering behaviors and redirect them to more appropriate, alternative behaviors.

Evidence

Response interruption/redirection meets evidence-based criteria with five single-subject design studies across the preschool, elementary, and middle/high school age range. It has been shown to be effective in promoting cognitive and behavioral goals.

With what ages is response interruption/redirection effective?

According to the evidence-based studies, learners with ASD ranged in age from 3 to 21 years with the majority of studies showing the effectiveness of RIR with elementary-, middle school-, and high school-aged learners.

What skills or intervention goals can be addressed by response interruption/redirection?

RIR is most often used with learners with ASD who exhibit severe interfering behaviors, particularly those that are repetitive and stereotypical in nature. The studies in the evidence base targeted off-task behavior as well as sustained engagement in vocal stereotypy and repetitive behaviors. Prompting and reinforcement also were used by researchers to teach more appropriate behaviors to take the place of the interfering behaviors displayed by learners with ASD.

In what settings can response interruption/redirection be effectively used?

The evidence-based studies were conducted mainly in clinic-based settings or in one-to-one teaching sessions with learners with ASD. Although the research did not demonstrate the use of RIR in more naturalistic settings (e.g., during ongoing classroom routines and activities, in the home, in community-based settings), it might be effectively used in these settings as well.

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Evidence Base

The studies cited in this section document that this practice meets the NPDC on ASD's criteria for an evidence-based practice. This list is not exhaustive; other quality studies may exist that were not included.

Preschoolers

Ahearn, W. H., Clark, K. M., & MacDonald, R. P. F. (2007). Assessing and treating vocal stereotypy in children with autism. *Journal of Applied Behavior Analysis, 40*, 263-275.

Elementary, Middle, and High School Age

Ahearn, W. H., Clark, K. M., & MacDonald, R. P. F. (2007). Assessing and treating vocal stereotypy in children with autism. *Journal of Applied Behavior Analysis, 40*, 263-275.

Duker, P. C., & Schaapveld, M. (1996). Increasing on-task behavior through interruption-prompting. *Journal of Intellectual Disability Research, 40*(4), 291-297.

Falcomata, T. S., Roane, H. S., Hovanetz, A. N., & Kettering, T. L. (2004). An evaluation of response cost in the treatment of inappropriate vocalizations maintained by automatic reinforcement. *Journal of Applied Behavior Analysis, 37*, 83-87.

Hagopian, L. P., Bruzek, J. L., Bowman, L. G., & Jennett, H. K. (2007). Assessment and treatment of problem behavior occasioned by interruption of free-operant behavior. *Journal of Applied Behavior Analysis, 40*, 89-103.

Koegel, R. L., Dunlap, G., & Dyer, K. (1980). Intertrial interval duration and learning in autistic children. *Journal of Applied Behavior Analysis, 13*, 91-99.

Selected Additional References

Azrin, N. H., Besalel, V. A., Jamner, J. P., & Caputa, J. N. (1988). Comparative study of behavioral methods of treating severe self-injury. *Behavioral Residential Treatment, 3*(2), 119-152.

Fellner, D.J., Laroche, M., & Sulzer-Azaroff, B. (1984). The effects of adding interruption to differential reinforcement on targeted and novel self-stimulatory behaviors. *Journal of Behavior, Therapy, and Experimental Psychiatry, 15*(4), 315-321.

Koegel, R. L., Firestone, P. B., Kramme, K. W., & Dunlap, G. (1974). Increasing spontaneous play by suppressing self-stimulation in autistic children. *Journal of Applied Behavior Analysis, 7*, 521-528.