*IDENTIFYING THE EDUCATIVE AND
SUPPRESSIVE EFFECTS OF POSITIVE PRACTICE
AND RESTITUTIONAL OVERCORRECTION*

ROBERT G. CAREY AND BRADLEY BUCHER

UNIVERSITY OF WESTERN ONTARIO

Two major features of the overcorrection procedure, restitution and positive practice, were analyzed for their educative and suppressive properties in the treatment of profoundly retarded adults. Positive practice techniques that were topographically similar and dissimilar to the target behavior were studied. Eating behavior and puzzle performance were observed. Restitutional overcorrection and both forms of positive practice were effective for suppressing inappropriate behaviors. Even when appropriate behaviors had been acquired by positive practice, restitution and dissimilar positive practice were generally ineffective for increasing their rate of occurrence. However, topographically similar positive practice was successful as a means of teaching new appropriate behaviors.

DESCRIPTORS: overcorrection, positive practice, restitution, eating behavior, profoundly retarded adults

Overcorrection has been studied extensively in the past decade (Ollendick & Matson, 1978). According to Foxx and Azrin (1973), the overcorrection procedure includes two components: (a) restitutional overcorrection, which requires the disruptor to overcorrect the environmental effects of an inappropriate act, and (b) positive practice, which requires the disruptor to practice relevant behavior that is physically incompatible with the inappropriate behavior (Foxx & Azrin, 1973). These components may be used together or in isolation, and in either case successful treatment outcomes have been reported (Ollendick & Matson, 1978). The procedures may be examined for various effects: for suppression, for training new responses, or for increasing response rates of previously learned behaviors. In studies assessing the effectiveness of the individual components, restitution and

positive practice seem to have both been shown to suppress inappropriate behaviors (Ollendick & Matson, 1976). However, there is little research investigating possible educative effects associated with either procedure. Some authors have reported that restitution is mainly punitive (Doke & Epstein, 1975; Foxx, 1976a) but claims for its educative value have also been made (Duker & Seys, 1977; Foxx, 1976b; Foxx & Azrin, 1972). Positive practice has also been regarded as punitive (Epstein, Doke, Sajwaj, Sorrell, & Rimmer, 1974; Foxx, 1977; Harris & Romanczyk, 1976; Kelly & Drabman, 1977; Luiselli, Helfen, & Pemberton, 1977; Rollings, Baumeister, & Baumeister, 1977) but also has been described as primarily educative or re-educative (Azrin, Gottlieb, Hughart, Wesolowski, & Rahn, 1975; Azrin & Powers, 1975; Azrin & Wesolowski, 1974).

Epstein et al. (1974) studied positive practice procedures that were topographically similar or topographically dissimilar to the desired target behavior. Both variants produced comparable suppressive effects, but these researchers did not look for increases in appropriate responding. Wells, Forehand, Hickey, and Green

Reprints may be obtained from Bradley Bucher, Department of Psychology, University of Western Ontario, London, Ontario, Canada, N6A 5C2. This work was aided in part by a grant from the Ontario Mental Health Foundation. We thank the staff at the START Center, St. Thomas, Ontario, for their assistance in this project.

(1977) measured acquisition resulting from a positive practice procedure. Data from one subject suggested that new learning had taken place, but the data do not make it clear whether the appropriate responses had not been already in the subject's repertoire.

Perhaps one reason that researchers have generally neglected to measure acquisition during overcorrection is in the nature of the behaviors practiced. Functional Movement Training, for example, is a positive practice procedure designed to teach "outer-directed" movements (Azrin, Kaplan, & Foxx, 1973). The movements typically consist of controlled head, arm, or leg movements. These movements do not have any specific functional value outside the context of the experiment. The real focus of training is on suppression.

The present two experiments examined restitution and two variants of positive practice—practice that was similar or dissimilar to the desired target behavior. The techniques were examined both for their effectiveness in suppressing unwanted behaviors and for training appropriate behaviors not previously displayed. Positive practice that was topographically similar or dissimilar to the target behavior was compared in Experiment 1. Appropriate eating and appropriate use of pieces in a puzzle task were trained concurrently. Incorrect responding was treated either with similar or dissimilar positive practice. Experiment 2 compared topographically similar positive practice and restitution. Eating was the behavior to which these procedures were applied.

METHOD

The two experiments shared many common features, and the next sections apply to both studies.

Subjects

Subjects were eight severely and profoundly retarded adults, aged 24 to 56, living in a local residential institution. Subjects 1 to 4 partici-

pated in Experiment 1 (2 males and 2 females) and Subjects 5 to 8 participated in Experiment 2 (all males). All subjects displayed inappropriate eating behavior. Four of the subjects were deficient in attending behavior, and spent their time in self-stimulation. None of the subjects showed the appropriate responses in their current repertoires, nor did their records indicate that they ever had displayed them. Subjects were chosen who did not display severe aggressive or escape responses to overcorrection routines or to carrying out simple instructions.

Setting and Apparatus

Training occurred in a large utility room containing several tables and chairs. Usually, two subjects were trained concurrently. Each subject's behavior was scored by a different observer. Two screens were placed so that the subjects could not see each other and also so that a third observer could see either subject without being seen by the regular observer for that subject. Behaviors were recorded using Rustak event recorders. Some sessions were videotaped, as an alternate means of assessing reliability. Eating equipment consisted of plates, forks, knives, and table mats, as used regularly on the ward. In the puzzle task the subjects fit form-objects, such as circles or triangles, into slots in a formboard, or removed pegs from a peg board.

All experimental sessions involving eating were conducted only during the lunch hour. The subject was seated at the table with food and eating utensils in place. Dessert was not included, but was given on the ward. If the subject ate less than the usual lunch, the counselor often (but not always) supplied additional food later in the afternoon.

At the beginning of the puzzle task the subject was seated at the table and the puzzle board was placed on the table with various pieces scattered around it. The subject was instructed to: "Put the pieces in the puzzle." Subject #1 was given a pegboard with the pegs already inserted. He was told: "Take out the pegs."

Observers and Observer Training

Three undergraduate psychology students and three institutional staff members alternated as observers and therapists. They were trained to record behavior and to implement the overcorrection techniques through lectures, assigned readings, and in vivo role playing. They were not informed of the specific experimental questions being investigated.

Response Definition and Measurement

Eating. The characteristic eating behavior of these subjects included stuffing, spilling, and touching food inappropriately. Overcorrection was therefore scheduled for these high rate behaviors. Three *Inappropriate* responses were counted: Spilling (food falling out of the mouth or off the fork), Touching (the hand coming into contact with any food), and Stuffing (placing food in the mouth before other food had been swallowed). A count was also made of *Appropriate* eating responses. This required that the fork be used to put food into the mouth in such a way that no inappropriate eating response occurred. Appropriate responses during positive practice were not counted. Total session length was measured from the time the subject sat down at the table, until the meal ended or the subject left the table.

Puzzle. This task was used only for the four subjects in Experiment 1. Subjects were seated at a table where they were required to place forms in a form-board puzzle. (Subject #1, with poor fine-motor coordination, was given a pegboard task instead). The subjects' initial response to the material for these tasks was primarily to ignore them. Therefore, the overcorrection contingency was placed on 15 sec of nonresponding, which was designated as the *Inappropriate* response. Unlike all the other measures, which were counts, nonresponding was recorded as a duration measure. It was defined as time not spent in attempting to place a piece in the puzzle or remove a peg from a slot. Two forms of task interaction were observed: *Correct*

and *Approximate* performance. These responses were counted. A *Correct* response was defined as placing a puzzle piece in the appropriate slot, or, for Subject #1, removing a peg from a slot. *Approximate* responses were attempts that did not succeed (e.g., putting a puzzle piece in the wrong slot, or failing to get a peg out of the hole). The tasks continued for 5 min, not including the time required for positive practice training.

The observers also monitored affective behaviors, and their apparent antecedents, but no specific rating system for these events was used.

Intervention Procedures

The intervention procedures for both experiments were as follows: the subjects were treated two at a time, but not within sight of one another. Each was told to begin eating or to work on the puzzle. A therapist stood immediately behind each subject. All instructions were kept to a minimum and were delivered in a neutral tone of voice. Praise was given for *Correct* responses (in the puzzle task) or *Appropriate* responses (in the Eating task), throughout all conditions of the study, including the Baseline conditions.

Eating positive practice (Epp). The positive practice procedures, as applied to eating, were the same for both experiments. Eating positive practice differed somewhat for similar and dissimilar conditions because dissimilar positive practice for *Inappropriate* puzzle responding involved eating training where no food was available. For similar practice, which occurred after an *Inappropriate* eating response, the subject was required to practice the *Appropriate* response 10 times: to hold the fork and knife in the correct fashion, cut up a small portion of food, load it onto the fork, and lift it toward the mouth. Eating was not permitted. In the puzzle task, if *Inappropriate* responding (nonresponding) occurred for 15 sec the puzzle was removed and replaced by a fork and an empty plate. The subject was required to hold the fork and knife in the proper fashion and practice a cutting, a

spear, and a loading response (as if there was food on the plate) and to lift the fork toward the mouth. This was practiced 10 times.

All overcorrection procedures involved manual guidance, as required to ensure correct practice. This guidance was gradually withdrawn. Verbal instructions were delivered in a neutral tone of voice to provide feedback about an Inappropriate response and about how the activity should be performed. For instance, the instructions delivered for touching food during Eating Positive Practice were: "No—you don't touch the food. You hold the fork like this."

Puzzle positive practice (Ppp). Puzzle positive practice in the puzzle task was given after 15 sec of nonresponding (the subject did not pick up a puzzle piece and attempt to place it somewhere on the board, or try to remove a peg). The subject was given guidance to practice, 10 times, correct placement of a puzzle piece, and was told "You put the pieces in the holes. You pick up a piece like this and put it in a hole like this." Subject #1 received similar training after nonresponding in the peg task. When puzzle positive practice was given for Inappropriate eating, the subject's food was removed and the puzzle task was presented.

Eating restitutional overcorrection (Erc): This

technique was used only in Experiment 2. For Inappropriate eating, the subject was first instructed "No, you don't (touch, spill, or stuff) your food." The plate was removed and the subject was instructed to: "Clean up your mess." This required the subject to wipe hands, face, the table, the chair, and the floor, vigorously, with a wet cloth, for a period of 2 min. Then the subject was required to apologize to everyone in the room for the rude behavior (by shaking hands and making whatever verbal response was evokable). Graduated guidance was used if the subject did not comply.

Experimental Design

Experiment 1. Table 1 shows the experimental design for both experiments. Subjects #1-4 received concurrent training in both the eating task and the puzzle task (or pegboard task). They received only positive practice as treatment. Subjects #1 and #2 received both topographically similar and dissimilar practice. Subject #1 received pegboard-placement positive practice (Ppp), as dissimilar practice for Inappropriate eating, and as similar positive practice for Inappropriate pegboard task responding (nonresponding). Subject #2 received eating positive practice (Epp), as similar positive

Table 1
Sequence of Experimental Conditions

Subjects	Behavior	Procedures				
<i>Experiment 1</i>						
S # 1	Eating	Bl.	Ppp(−)	Bl.	Ppp(−)	Bl.
	Pegboard	Bl.	Bl.	Ppp(+)	Bl.	Ppp(+)
S # 2	Eating	Bl.	Epp(+)	Bl.	Epp(+)	Bl.
	Puzzle	Bl.	Bl.	Epp(−)	Bl.	Epp(−)
S # 3	Eating	Bl.	Epp(+)	Bl.	Epp(+)	Bl.
	Puzzle	Bl.	Bl.	Ppp(+)	Bl.	Ppp(+)
S # 4	Eating	Bl.	Bl.	Epp(+)	Bl.	Epp(+)
	Puzzle	Bl.	Ppp(+)	Bl.	Ppp(+)	Bl.
<i>Experiment 2</i>						
S # 5, 6	Eating	Bl.	Erc	Bl.	Epp	Bl.
S # 7, 8	Eating	Bl.	Epp	Bl.	Erc	Bl.

Epp refers to positive practice of Appropriate eating. Ppp refers to positive practice of Correct puzzle activity. Erc refers to restitutional over-correction for Inappropriate eating. Bl. refers to the Baseline condition. The signs (+) and (−) indicate whether the positive practice was topographically similar or dissimilar to the desired target behavior.

practice for Inappropriate eating, and as dissimilar practice for Inappropriate responding in the puzzle task. Subjects #3 and #4 received topographically similar positive practice for both tasks. No subject received dissimilar practice for both tasks.

Experiment 2. Subjects #5-8 in Experiment 2 were treated only for Inappropriate eating. Each subject received eating positive practice (Epp) and restitutional overcorrection (Erc). Subjects #5 and #6 received Erc first, followed by Epp. The order of treatment was reversed for Subjects #7 and #8.

Interobserver Agreement

Interobserver agreement checks were made by independent observers, who were seated about 10 feet from the subject, and were separated by a partition. Interobserver agreement for the corrected responses (all measures but Inappropriate puzzle behavior) was calculated by comparing the two observers' counts. The agreement index was the ratio of the counts for the two observers (smaller/larger) for a given measure, subject and session. The total time spent nonresponding for a given subject and session was also calculated for both observers. The ratio of the two values provided the agreement measure (smaller/larger).

Interobserver agreement also was assessed by examining the Rustrak record made by the two observers. The record was examined in 22-sec intervals, for presence or absence of each response measure. An agreement for the discrete responses was scored if both observers scored at least one response in the interval, or both scored no response. An agreement for Inappropriate puzzle task activity (nonresponding) was scored if both observers recorded any Inappropriate responding during the interval or if both scored no Inappropriate responding. The agreement measure was the percentage of intervals rated in the same category.

Eating behavior was recorded in 251 sessions, and measures of interobserver agreement were obtained in 21% of these. These sessions were

equally distributed across the various conditions. There were 122 puzzle task sessions, of which 15.6% included agreement measures.

For the five response count measures, the various percent agreement scores, averaged over all sessions, ranged from 87.8% (Inappropriate eating) to 98.4% (Correct puzzle task responding). Use of the Rustrak records to compare counts interval-by-interval (in 22-sec intervals) gave percent agreement measures ranging from 91.7% (Inappropriate eating) to 99.1% (Correct puzzle activity). The two methods that were used to calculate agreement for Inappropriate Puzzle task activity (nonresponding), gave very similar percentage scores (91.6% and 91.7%).

RESULTS

Experiment 1

Figures 1-4 show session performance of Subjects #1-4.

As the figures show, both similar and dissimilar positive practice were effective in suppressing Inappropriate behavior. Inappropriate behavior decreased in each of 16 instances when a positive practice condition was introduced; and increased in all 12 instances when positive practice was removed. The effects were often quite marked.

Similar and dissimilar practice differed in their effects on the behaviors that were practiced (Appropriate eating and Correct puzzle activity). Similar practice produced an increase in the practiced behavior in each of the 12 conditions where it was introduced, and the practiced behavior generally decreased when the similar practice was removed (8 or 9 conditions). Dissimilar practice was applied in four conditions (two subjects). The baselines for the desired behaviors remained at or near zero in all four cases. However, dissimilar practice did show an overall effect in the puzzle task where both Correct and Approximate behavior were observed. Dissimilar practice produced a clear increase in Approximate behaviors. Approxi-

Fig. 1. Results for Subject #1 in Experiment 1. The top panel shows rate of Appropriate and Inappropriate eating. The middle panel shows percentage of time spent in nonresponding in the pegboard task. The bottom panel shows rate of Approximate and Correct pegboard responses. Ppp indicates puzzle-placement positive practice.

mate behavior was not measured in the eating task.

The effects of similar practice for increasing Appropriate eating or Correct puzzle behavior did not depend on the value of the preceding baselines; increases occurred where the baselines were at zero level or at higher values. Dissimilar practice was applied only when the desired behavior was at a zero level, so the effects of application to a non-zero baseline cannot be examined.

As the figures show, when treatment sessions were given for one task, baseline sessions were generally being given for the other task. It was not evident that the treatment condition in one

Fig. 2. Results for Subject #2 in Experiment 1. The top panel shows rate of Appropriate and Inappropriate eating. The middle panel shows percentage of time spent nonresponding in the puzzle task. The bottom panel shows rate of Approximate and Correct puzzle task responses. Epp indicates eating positive practice.

task influenced behavior in the other. For example, when dissimilar practice was being given for one task, while baseline data were being collected on the second task, one might expect an increase in Appropriate behavior in the second task. For Subject #1, Ppp was given for eating while baseline data were collected for the puzzle (pegboard) task. There was no observable effect on Correct pegboard behavior, although there was some slight indication that Appropriate behavior was affected. For Subject #2 Epp was given for the puzzle just after Epp had been withdrawn for eating. In spite of this, Appropriate eating fell to near-zero levels.

Experiment 2

Figure 5 shows results for Subjects #5-8, who were given similar positive practice and resti-

Fig. 3. Results for Subject #3 in Experiment 1. The top panel shows rate of Appropriate and Inappropriate eating. The middle panel shows percentage of time nonresponding in the puzzle task. The bottom panel shows rate of Approximate and Correct puzzle task responses. Epp indicates eating-positive practice. Ppp indicates puzzle-placement positive practice.

Fig. 4. Results for Subject #4 in Experiment 1. The top panel shows rate of Appropriate and Inappropriate eating. The middle panel shows percentage of time nonresponding in the puzzle task. The bottom graph shows rate of Approximate and Correct puzzle task responses. Epp indicates eating positive practice. Ppp indicates puzzle-placement positive practice.

tutional overcorrection for eating, in counter-balanced order.

The effects of Erc and Epp are clear for the Inappropriate behavior, which invariably declined when these conditions were introduced, and increased when they were removed. The effects were marked for all subjects.

For the Appropriate behavior, Epp was more effective than Erc for three subjects, but no effect of Epp was seen in one other (Subject #5), who responded positively to Erc. Epp always increased Appropriate behavior from a near-zero level, but did not do so for one subject for whom the initial level was higher (Subject #5). Erc did not increase Appropriate behavior from a zero-baseline level in two subjects (Subjects #6 and 8), and merely maintained the non-zero level in another (Subject #7). Because of these

individual differences in responding, the overall differences between Epp and Erc seen here are not such that either condition can be said to be clearly superior to the other.

Treatment effects for Appropriate behavior, once obtained, were enduring for Subjects #5 and 7 but not for Subjects #6 and 8, for whom the subsequent baseline condition produced an immediate decline to a near-zero level. When both Appropriate and Inappropriate behaviors were considered, however, no subject showed adequate maintenance of treatment effects in the subsequent baseline conditions.

DISCUSSION

The present two experiments examined both the suppressive and educative effects of the over-

Fig. 5. Results for Experiment 2, showing the rates of Appropriate and Inappropriate eating for Subjects #5-8. Epp indicates eating positive practice. Erc indicates eating restitutional overcorrection.

correction procedure. The three components examined were positive practice that was either topographically similar or dissimilar to the desired target behavior, and restitutional overcorrection. All three treatments were quite effective for suppressing behavior. If they differ in suppressive effectiveness, the differences are not clearly observable in the present data.

The treatment variants had different effects on the two desired behaviors. Similar positive practice was capable of increasing the practiced behavior, even from a zero baseline, in 15 of the 16 conditions in which it was introduced. Dis-

similar positive practice, which was introduced onto a near-zero baseline four times, for two subjects, produced no increases in the desired behaviors. However, dissimilar practice did have an effect in the puzzle task. It caused subjects to shift their activity from nonresponding to interacting with the puzzle task (Approximate responding). This shift permitted the subject to avoid the practice routine, even though the Correct responding did not increase.

Behavior corresponding to Approximate puzzle task activity was examined in the eating task, but casual observation indicated that subjects

sometimes responded by leaving the room.

Restitutional overcorrection also was not particularly effective in increasing appropriate performance. The treatment produced no increase in Appropriate eating for three of the four subjects for whom it was applied, even though one of these three subjects had already shown an ability to carry out the appropriate response in a preceding condition.

In summary, similar positive practice clearly shows its educative value for developing an appropriate behavior that was not previously known to be in the subject's repertoire. Neither of the other two treatment variants achieved such an effect, except in one instance, where restitution was applied to eating for a subject whose prior rate of appropriate eating had been slightly above zero.

The educative effects of dissimilar practice or restitution on a non-zero base rate behavior were not specifically studied here, and are not clear from these results. Dissimilar practice was not applied in such a situation, and restitution appears to have succeeded once and failed once, in two applications.

Some caution may be advisable in examining these results, on the grounds that some interactions may have occurred either across treatments (in Experiment 1), or between treatments (in Experiment 2). The baseline conditions, which were inserted between each treatment condition, were used in an effort to reduce this problem. Also, in Experiment 1 an experimental session for one task was usually paired with a baseline session for the second task. To check for interaction effects, we noted whether the treatment procedure was applied to a zero or non-zero baseline for the appropriate behavior, and whether the appropriate behavior had been displayed in a previous condition. In Experiment 1 it was also possible to check whether the use of dissimilar positive practice for one task affected appropriate behavior for the other task. Such an effect might be anticipated since the dissimilar practice was appropriate practice for the other task. No such effect was observed.

Negative side-effects were associated with both procedures. Side-effects associated with restitution included emotional outbursts, immobility, and leaving the eating session. Similar positive practice procedures elicited some resistance to physical guidance and some brief emotional displays. Dissimilar practice produced more severe side-effects, including emotional outbursts, resistance to physical guidance, and aggressive acts directed toward the therapist. It should be noted that these accounts of negative side-effects are based on written protocols, and the behavior recorded were not precisely defined.

The findings from the present experiment are consistent with previous research (Doke & Epstein, 1975; Foxx, 1976*a*) in demonstrating that restitution is primarily a punitive procedure; but are not consistent with the views of other researchers who have labeled restitution as educative (Duker & Seys, 1977; Foxx, 1976*b*; Foxx & Azrin, 1972), at least if the behaviors to be acquired do not preexist in the client's repertoire. We thus agree with Epstein et al.'s (1974) conclusion that dissimilar positive practice procedures are able to suppress responding. However, we do not believe that similar and dissimilar positive practice procedures are virtually interchangeable treatment tactics, unless the procedure is not designed to achieve an educational effect. Our results show, as Ollendick and Matson (1978) speculated, that dissimilar positive practice procedures take advantage only of the aversive components of the technique.

There is a major problem, however, in trying to compare the results from the various published overcorrection experiments. This difficulty lies in the assumption that different similar or dissimilar positive practice procedures or different restitution procedures are functionally alike across different problem behaviors. However, the set of positive practice procedures that might be used for even a single problem behavior can differ in numerous procedural details. To discuss such a large class of procedures as if they were functionally equivalent may be misleading.

These findings suggest that restitution may be an unnecessary component in most overcorrection treatment packages, even those that place little emphasis on the responses that replace the suppressed behavior. Elimination of this component of overcorrection would allow for a greater density of training intervals per session, and permit more explicit alternative appropriate behaviors to be trained.

Future research should be aimed at discovering more about the effectiveness of similar positive practice procedures as teaching methods. It is notable that reinforcement for correct responding is not characteristic of positive practice procedures. Behaviors that are acquired or accelerated under such training would appear to be controlled primarily by escape or avoidance contingencies with the correction procedure functioning as the aversive consequence. The potential value of the use of positive reinforcement in positive practice might be considered, as has been proposed by Roberts, Iwata, McSween, and Desmond (1979). However, the educational benefits of this modification might be achieved at some cost in suppressive effectiveness.

REFERENCES

- Azrin, N. H., Gottlieb, L., Hughart, L., Wesolowski, M. D., & Rahn, T. Eliminating self-injurious behaviour by educative procedures. *Behaviour Research and Therapy*, 1975, **13**, 101-111.
- Azrin, N. H., Kaplan, S. J., & Foxx, R. M. Autism reversal: Eliminating stereotyped self-stimulation of retarded individuals. *American Journal of Mental Deficiency*, 1973, **78**, 241-248.
- Azrin, N. H., & Powers, M. A. Eliminating classroom disturbances of emotionally disturbed children by positive practice procedures. *Behavior Therapy*, 1975, **6**, 525-534.
- Azrin, N. H., & Wesolowski, M. D. Theft reversal: An over-correction procedure for eliminating stealing by retarded persons. *Journal of Applied Behavior Analysis*, 1974, **7**, 577-581.
- Doke, L. A., & Epstein, L. H. Oral overcorrection: Side effects and extended applications. *Journal of Experimental Child Psychology*, 1975, **20**, 496-511.
- Duker, P. C., & Seys, D. M. Elimination of vomiting in a retarded female using restitutional overcorrection. *Behavior Therapy*, 1977, **8**, 193-204.
- Epstein, L. H., Doke, L. A., Sajwaj, T. E., Sorrell, S., & Rimmer, B. Generality and side effects of over-correction. *Journal of Applied Behavior Analysis*, 1974, **7**, 385-390.
- Foxx, R. M. Increasing a mildly retarded woman's attendance at self-help classes by overcorrection and instruction. *Behavior Therapy*, 1976, **7**, 390-396. (a)
- Foxx, R. M. The use of overcorrection to eliminate the public disrobing (stripping) of retarded women. *Behaviour Research and Therapy*, 1976, **14**, 53-61. (b)
- Foxx, R. M. Attention training: the use of overcorrection avoidance to increase the eye contact of autistic and retarded children. *Journal of Applied Behavior Analysis*, 1977, **10**, 489-500.
- Foxx, R. M., & Azrin, N. H. Restitution: A method of eliminating aggressive-disruptive behaviours of retarded and brain damaged patients. *Behaviour Research and Therapy*, 1972, **10**, 15-27.
- Foxx, R. M., & Azrin, N. H. The elimination of autistic self-stimulatory behavior by overcorrection. *Journal of Applied Behavior Analysis*, 1973, **6**, 1-14.
- Harris, S. L., & Romanczyk, R. G. Treating self-injurious behavior of a retarded child by overcorrection. *Behaviour Research and Therapy*, 1976, **14**, 53-61.
- Kelly, J. A., & Drabman, R. S. Generalizing response suppression of self-injurious behavior through an overcorrection punishment procedure. *Behavior Therapy*, 1977, **8**, 468-472.
- Luiselli, J. K., Helfen, C. S., & Pemberton, B. W. The elimination of a child's in-class masturbation by overcorrection and reinforcement. *Journal of Behavior Therapy and Experimental Psychiatry*, 1977, **8**, 201-204.
- Ollendick, T. H., & Matson, J. L. An initial investigation into the parameters of overcorrection. *Psychological Reports*, 1976, **39**, 1139-1142.
- Ollendick, T. H., & Matson, J. L. Overcorrection: An overview. *Behavior Therapy*, 1978, **9**, 830-842.
- Roberts, T., Iwata, B., McSween, T. E., & Desmond, E. F. An analysis of overcorrection movements. *American Journal of Mental Deficiency*, 1979, **83**, 588-594.
- Rollings, J. P., Baumeister, A. A., & Baumeister, A. A. The use of overcorrection procedures to eliminate the stereotyped behaviors of retarded individuals: An analysis of collateral behaviors and generalization or suppressive effects. *Behavior Modification*, 1977, **1**, 29-46.
- Wells, K. C., Forehand, R., Hickey, K., & Green, K. D. Effects of a procedure derived from the overcorrection principle on manipulated and non-manipulated behaviors. *Journal of Applied Behavior Analysis*, 1977, **10**, 679-688.

Received January 7, 1980

Final acceptance October 1, 1980