In this film, we see psychologist Richard Foxx design and carry out a treatment program to eliminate self-abusive behavior in Harry, a mildly retarded, institutionalized 24-year old man.

Harry’s self-abusive behavior began in infancy, and took the form of face-smashing biting, hitting at his thighs and scratching at this skin. Various institutions had restrained his arms or face; sometimes a straitjacket had been employed. However, restraints cut off circulation to Harry’s arms, looked bizarre (on trips to town) and had also become so reinforcing to Harry that he became quite agitated when they were removed. In addition, Harry was using self-abuse to control the behavior of others, for example, by using it to get out of educational and social activities. He was noncompliant, and was left alone (in the TV room) except for ½ hour/day, for showering and arm exercise. Harry was making no progress, intellectually or socially.

First, 6 5-minute baseline sessions were carried out, under various conditions. Recorders measured the amount of self-abuse Harry engaged in during 5-second intervals, by watching the treatment room through a 1-way mirror. The plan was as follows: baseline--treatment--return to baseline--return to treatment.

The baseline measures would give Dr. Foxx an idea of how much self-abuse Harry was likely to give himself when his restraints were off (it was determined that this would not be so much as to make the treatment plan dangerous). In the treatment phase, the time without restraints would be gradually lengthened, and the restraints would be taken away (time out) if self-abuse occurred while they were off. The return to baseline meant removing the aversive consequences of self-abuse to check on whether the experimental treatment actually was causing any change in behavior (it was). Finally, the return to treatment is where the program wanted to end up.

Harry was given activities he already knew how to perform to fill the time without restraints. As he spent more minutes unrestrained, more interesting activities were used. Harry was given lots of positive reinforcement for performing these activities. After an activity was performed, Harry was given back his restraints and allowed to put them on. After Harry’s behavior became more appropriate (and more compliant), pretzels and Cokes were used to reinforce activities (educational tasks and proper social interactions). At the end of the first treatment day, Harry was without the restraints for 17 minutes at a time without self-abuse.

The second treatment day (2 weeks later) began with a brief return to baseline during with Harry self-abused. When contingencies were reinstated, Harry’s institutional restraints were removed and soft elbow pads substituted. At first, Harry self-abused, and tried to self-restrain, using clothing. A jumpsuit was substituted for his pants. After several hours, Harry finally accepted new clothes and restraints. Then Harry was taken out of the institution, to McDonalds and the 7-11 as a reward.

After being hospitalized for a foot infection, Harry began to hold objects in his hands as a method of self-restraint. Finally, he settled on a glasses of water. Dr. Foxx made these smaller and smaller (over a period of time), until Harry was holding only the rims. Next, these were eliminated, and Harry was taught to interlace his fingers in times of stress. Finally, a wristwatch substituted for restraints. During the last two years, Harry’s behavior has continued to improve.