

BRENDAN'S FUNCTIONAL ASSESSMENT INTERVIEW

After Brendan's parents described their concerns, Brendan's problem behavior was determined to be intense and severe enough to begin a functional assessment. Upon completion of the *Observation Cards* and the *Functional Assessment Interview* seen below, the support team convened to discuss Brendan's challenging behavior and to "chart" information from the Functional Assessment onto "Support Planning Charts". Charting information allowed the team to begin developing *Hypotheses Statement* and a *Behavior Support Plan*.

Adapted from: O'Neill, R.E., Horner, R. H., Albin, R. W., Sprague, J. R., Storey, K., & Newton, J. S. (1997). *Functional Assessment and Program Development for Problem Behavior*. Pacific Grove, CA: Brooks/Cole Publishing.

FUNCTIONAL ASSESSMENT INTERVIEW FORM - YOUNG CHILD

Child with Problem Behavior(s): Brendan Date of Interview: May 10th

Age: 3 Yrs. Mos. Sex: M

Interviewer: Rochelle Respondent(s): Mother
Father

A. DESCRIBE THE BEHAVIOR(S)

1. What are the behaviors of concern? For each, define how it is performed, how often it occurs per day, week, or month, how long it lasts when it occurs, and the intensity in which it occurs (low, medium, high).

Behavior	How is it performed?	How often?	How long?	Intensity?
1. <i>Tantrum with physical aggression</i>	<i>Prolonged whine, cry, and scream; then thrusts his body onto adult's legs, head thrust, hold brother down, take objects, or hit</i>	<i>3-4x's per day</i>	<i>10-15 minutes</i>	<i>High (when in public, to point of leaving the store)</i>
2. <i>Tantrum with dropping to ground and/or throwing objects</i>	<i>Prolonged whining, crying, and screaming; then drops to the ground and sometimes throws object (mostly in public)</i>	<i>5-7x's per day</i>	<i>2-20 minutes</i>	<i>High with much physical effort</i>
3. <i>Wanders and runs</i>	<i>Backs away and then runs away; when caught will sometimes drop to the ground and become physically aggressive (thrusts his body onto adult's legs, head thrust, and/or hit)</i>	<i>2-3x's per day</i>	<i>10-15 minutes</i>	<i>High with much physical effort</i>

- 4. _____
- 5. _____
- 6. _____

2. Which of the behaviors described above occur together (e.g., occur at the same time; occur in a predictable “chain”; occur in response to the same situation)?

Whines, cries, screams, drops to the floor, kicks, thrusts his body onto adult’s legs. Or whines, cries, drops to the floor and then throws object. Or runs then drops to the ground.

B. DEFINE POTENTIAL ECOLOGICAL EVENTS THAT MAY AFFECT THE BEHAVIOR(S)

1. What *medications* does the child take, and how do you believe these may affect his/her behavior?
N/A

2. What *medical complication* (if any) does the child experience that may affect his/her behavior (e.g., asthma, allergies, rashes, sinus infections, seizures)?
N/A

3. Describe the *sleep cycles* of the child and the extent to which these cycles may affect his/her behavior.

Needs 10 hours of sleep to be “happy”. Bedtime is 7:30-9:30. Has broken sleep (now 3-4x/night), use goodnight transition song, talks loudly to self (15-30 min) prior to falling to sleep, consistency helps.

4. Describe the *eating routines and diet* of the child and the extent to which these routines may affect his/her behavior.

Picky eater. Eats with family but not some things. Likes white rice and mushy food (other foods camouflaged in rice), pancakes, no meats, no sweets, likes french fries. Wanders through the house as he eats.

5. Briefly list the child’s typical daily schedule of activities and how well he/she does within each activity.

DAILY ACTIVITIES

	Activity	Child’s Reaction
7:00am	7:30 Gets up	Happy
8:00am	Breakfast (oatmeal, pancakes).....	Good
9:00am	TV	Good, gets up and roams the room and sits back down
10:00am	Leave for therapy.....	Difficulty getting in car, when arriving at therapy gets upset; o.k. while at therapy
11:00am	Shopping	Sometimes goes in nicely, other times drops at the door. Toward 15 min. mark, tries to run, usually we leave when this occurs.
12:00pm	Lunch	Loves french fries.
	12:30 Playground	Loves to run and play
1:00pm	Pool play.....	Loves it!
2:00pm	Snack/Free play.....	If snack is in several pieces (pretzels, fries, fishies) he will wander around the room with food and keep going back for more snack. Problems playing with brother. Starts to get tired.

3:00pm	<i>Free Play/Computer.....Good unless needs to share with brother. Then tantrums and becomes aggressive.</i>
4:00pm	<i>Video/plays while mom preps dinner.....More cranky. On the move. Pulls on mom.</i>
5:00pm	<i>5:30 plays with dadLoves it! Sometimes becomes aggressive towards brother.</i>
6:00pm	<i>Dinner.....Eats in living room at desk like brother with adult show on TV, parents at TV trays. A bit picky with foods, wanders with food..</i>
7:00pm	<i>Play time with dad, mom cleans.....Does ok, sometimes becomes whiney. 7:30 Bath.....Loves it!</i>
8:00pm	<i>Snack/Play.....Often "melts down", needs lots of help. Brother aggravates him, falls to ground, throws, tantrums, hits</i>
9:00pm	<i>Brush teeth/Potty..... Tantrums, refuses by dropping to ground, yells "no", cries. 9:30 Bedtime.....O.K., parent lies with him in his bed until he falls asleep. Talks loudly (lots of echolalia) until falls asleep.</i>

6. Describe the extent to which you believe activities that occur during the day are *predictable* for your child. To what extent does the child know what he/she will be doing and what will occur during the day (e.g., when to get up, when to eat breakfast, when to play outside)? How does your child know this?

Most days are 90% predictable (verbally tell him); 0% predictability on other days. Verbally tell him what to do.

7. What choices does the child get to make each day (e.g., food, toys, activities?)

Computer game, videos, toys, colors of items (cups, towels), pool or play inside.

C. DEFINE EVENTS AND SITUATIONS THAT PREDICT OCCURRENCES OF THE BEHAVIOR(S)

1. **Time of Day:** *When are the behaviors most and least likely to happen?*

Most likely: *Late in the afternoon. Evening.*
When someone leaves without saying "goodbye" or when someone tells him to "wait".

Least likely: *When he gets out of bed in the morning, when he's eating highly preferred foods.*
When you give him what he wants, when he's rested

2. **Settings:** *Where are the behaviors most and least likely to happen?*

Most likely: *In public, library, stores, and restaurants. At home when brother tries to share trains or computer. Crowded places.*

Least likely: *At home during isolated play, in pool.*

3. **Social Control:** *With whom* are the behaviors most and least likely to happen?

Most likely: Mom and anyone who tells him to "wait" or "no", with brother.

Least likely: Therapist and Dad

4. **Activity:** What activities are most and least likely to produce the behaviors?

Most likely: Shopping, parties, crowds, and sharing computer or trains with brother

Least likely: Watching TV, bath/pool play, physical activity (chase, jumping, bouncing on, ball, hide and seek)

5. Are there particular situations, events, etc. that are not listed above that "set off" the behaviors that cause concern (particular demands, interruptions, transitions, delays, being ignored, etc.)?

Visiting new places/homes, being "ignored"

6. What one thing could you do that would most likely make the problem behavior occur?

Mess with his train set and not giving him something he wants

7. What one thing could you do to make sure the problem behavior did not occur?

If you let him do what he wants when he wants

D. DESCRIBE THE CHILD'S PLAY ABILITIES AND DIFFICULTIES

1. Describe how your child plays (with what? how often?).

Trains, "Blue's Clues" notebook, computer, books, balls, pool (on a daily basis), books

2. Does your child have problem behavior when playing? Describe.

Yes, with sharing with brother. Grabs, removes his toy so you can't get it. Tackles brother.

3. Does your child play alone? What does he/she do?

Yes, with most toys

4. Does your child play with adults? What toys or games?

Yes, hide and seek, dancing, jumping, chase, some interactive games

5. Does your child play with other children his/her age? What toys or games?

Yes, when directed by the therapist in group therapy, mostly parallel plays

6. How does your child react if you join in a play activity with him/her?

*50% of the time he doesn't want you to play
50% of the time he enjoys the interaction*

7. How does your child react if you stop playing with him/her?

He will tell you to "sit" to get you to come back and play

8. How does your child react if you ask him/her to stop playing with a toy and switch to a different toy?

*If preferred toy/activity, he won't switch. If you try to make him, will tantrum and throw objects.
Other times he is fine with it.*

E. IDENTIFY THE "FUNCTION" OF THE UNDESIRABLE BEHAVIOR(S)

1. Think of each of the behaviors listed in Section A, and define the function(s) you believe the behavior serves for the child (i.e., what does he/she get and/or avoid by doing the behavior?)

<u>Behavior</u>	<u>What does he/she get?</u>	<u>Or</u>	<u>What exactly does he/she avoid?</u>
<u>1.</u> <i>Tantrum w/ physical aggression</i>	<i>Request help or attention</i>		<i>Avoids a demand</i>
<u>2.</u> <i>Tantrum w/ dropping to ground &/or throwing</i>			<i>Escape or delay transition</i>
<u>3.</u> <i>Wanders and runs (sometimes w/aggression)</i>			<i>Escape boredom or avoid wait</i>
<u>4.</u>			
<u>5.</u>			
<u>6.</u>			
<u>7.</u>			
<u>8.</u>			
<u>9.</u>			
<u>10.</u>			

2. Describe the child's most typical response to the following situations:

a. Are the above behavior(s) more likely, less likely, or unaffected if you present him/her with a difficult task?

More likely

- b. Are the above behavior(s) more likely, less likely, or unaffected if you interrupt a desired event (eating ice cream, watching a video)?

More likely

- c. Are the above behavior(s) more likely, less likely, or unaffected if you deliver a “stern” request/command/reprimand?

More likely

- d. Are the above behavior(s) more likely, less likely, or unaffected if you are present but do not interact with (ignore) the child for 15 minutes?

Less likely

- e. Are the above behavior(s) more likely, less likely, or unaffected by changes in routine?

More likely

- f. Are the above behavior(s) more likely, less likely, or unaffected if something the child wants is present but he/she can’t get it (i.e., a desired toy that is visible but out of reach)?

More likely

- g. Are the above behavior(s) more likely, less likely, or unaffected if he/she is alone (no one else is present)?

Less likely

F. DEFINE THE EFFICIENCY OF THE UNDESIRABLE BEHAVIOR(S)

- 1. What amount of physical effort is involved in the behaviors (e.g., prolonged intense tantrums vs. simple verbal outbursts, etc.)?

When he “drops down to the ground”, it takes the most physical effort. Sometimes he progresses to hitting and running. Can become prolonged and intense.

- 2. Does engaging in the behaviors result in a “payoff” (getting attention, avoiding work) every time? Almost every time? Once in a while?

Almost every time

- 3. How much of a delay is there between the time the child engages in the behavior and gets the “payoff”? Is it immediate, a few seconds, longer?

2 – 15 minutes, varies depending on the situation. In public there tends to be a quicker pay off due to embarrassment.

G. DEFINE THE PRIMARY METHOD(S) USED BY THE CHILD TO COMMUNICATE

1. What are the general expressive communication strategies used by or available to the child? (e.g., vocal speech, signs/gestures, communication books/boards, electronic devices, etc.) How consistently are the strategies used?

Verbal and gestures

2. If your child is trying to tell you something or show you something and you don't understand, what will your child do? (repeat the action or vocalization? modify the action or vocalization?)

Modify action and vocalization then may give up

3. Tell me how your child expresses the following:

MEANS

<u>FUNCTIONS</u>	GRAB & REACH	GIVE	POINT	LEAD	GAZE SHIFT	MOVE TO YOU	MOVE AWAY FROM YOU	HEAD NOD/HEAD SHAKE	FACIAL EXPRESSION	VOCALIZE	IMMEDIATE ECHO	DELAYED ECHO	CREATIVE SINGLE WORD	CREATIVE MULTI WORD	SIMPLE SIGNS	COMPLEX SIGNS	SELF - INJURY	AGGRESSION	TANTRUM	CRY OR WHINE	OTHER	NONE
Requests an Object	X		X	X	X	X		X	X	X	X		X	X	X		X	X	X	X	X	
Requests an Action	X		X	X		X	X	X	X	X	X		X		X			X	X	X	X	
Protests or Escapes	X		X				X	X	X	X	X							X	X	X	X	
Requests Help	X	X	X	X	X	X	X	X	X	X	X							X	X	X	X	
Requests a Social Routine	X	X	X	X	X	X	X	X	X		X							X	X		X	
Requests Comfort	X					X			X	X									X			
Indicates Illness																		?				X
Shows you something	X		X	X	X	X	X	X	X	X		X			X	X		X	X		X	

NOTES: *He has a high pain tolerance. It is very difficult to determine if he is hurt or sick.*

4. With regard to receptive communication ability:

- a. Does the child follow verbal requests or instructions? If so, approximately how many? (List, if only a few).

Yes, 30-50 words

- b. Is the child able to imitate someone demonstrating how to do a task or play with a toy?

*Lead, grab, gesture**Imitate – “yes”*

- c. Does the child respond to sign language or gestures? If so, approximately how many? (List, if only a few.)

~10 (want, more, eat, drink, all done, point for “look”...)

- d. How does the child tell you “yes” or “no” (if asked whether he/she wants to do something, go somewhere, etc.)?

*Nod-No**Repeats what is said to affirm or indicate Yes**Verbal-Yes**Tantrum-No*

**H. WHAT EVENTS, ACTIONS, AND OBJECTS ARE SUPPORTIVE OR PRESENT CHALLENGES
TO THE CHILD**

1. Describe the things that your child really enjoys. For example, what makes him/her happy? What might someone do or provide that makes your child happy?

Tickle, jumping, hide and seek, chase, trains, balls, water play (any type), bike, computer, sometimes books on his own, video ("Blue's Clues", "Bob the Builder", "Thomas", "Scooby-Doo"), figures of characters, juice boxes

2. What kinds of things have you or your child's care providers done to try and change the problem behaviors?

*Being silly to distract;
Giving into his "requests";
Avoidance of behavior; avoid situation of cause;
More sleep;
Give him food to calm or distract;
Distraction through bouncing him up and down.*

I. DEVELOP SUMMARY STATEMENTS FOR EACH MAJOR PREDICTOR AND/OR CONSEQUENCE

Distant Setting Event	Trigger	Problem Behavior	Maintaining Consequence	Function
<i>Lack of sleep</i>	<i>Activity out of reach Activity unavailable</i>	<i>Tantrums – prolonged whining, crying, and screaming; which will sometimes increase to physical aggression (Thrusts body onto adult’s legs, head thrusting, holding his brother down, taking/throwing objects</i>	<i>Adults cajole with food/hugs Adults tell him “show me”. Adults ask “what do you want?”</i>	<i>Access to food and/or help Adult attention</i>
	<i>Transitioning from one place to another</i>	<i>Tantrums – prolonged whining, crying, and screaming; which will sometimes increase to throwing objects</i>	<i>Allowed to continue what he is doing a bit longer</i>	<i>Temporarily escapes transition</i>
	<i>Given a demand Asked to share Asked to take turns</i>	<i>Tantrums – prolonged whining, crying, and screaming; OR throwing objects</i>	<i>Adults give him back his toy Allowed to continue what he was doing alone Adults give him a preferred item or activity</i>	<i>Avoids demands</i>
<i>Boredom</i>	<i>Asked to “wait”</i>	<i>Wanders or runs; which sometimes progresses to physical aggression (banging self onto adult, head thrusting, or hitting)</i>	<i>Adults try coaxing him Adults verbally redirect Adults ask him questions</i>	<i>Escapes waiting/boredom</i>