

COMPREHENSIVE FUNCTIONAL ASSESSMENT REPORT
AND RECOMMENDED SUPPORT PLAN

Client Confidential

Date of Report: July 29, 2008
Referral Date: May 30, 2008
Period of Report: July 29, 2008 – Aug 08, 2008

Writer's Name: Charlie Ingram, Forensic Liaison Nurse, ABCD trainee/summer institute 2008.

IDENTIFYING INFORMATION

Name: Jane Doe
Date of Birth: January 1, 1900
Address: 1234 Any Street Avenue
Any City, State 00000

Referral Source: Manager
ABCD Youth Services – Behavior Respite Services

REASONS FOR REFERRAL

A manager referred Miss Jane Doe from the ABCD Youth Services (Behavior Respite Services) for an evaluation. The purposes of the evaluation were to assist Jane in securing the educational services and programming which would enable her to develop and to use his capabilities, to get the most out of the educational opportunities that can be made available to her and to enable her to develop and to use her capabilities for more independent, normal living and more productive activity than her behavior problems presently permit. Accordingly, it was requested that the evaluation focus on these behavior problems, which were characterized as self injurious behavior, aggression and property damage, and the type(s) of behavioral services, support strategies, programming, professional competencies and skills, and environments required to eliminate, minimize, or manage them.

Specifically, Jane's family have communicated an interest in behavior services as the family home has significant amounts of property damage due to Jane's aggression. Furthermore Jane's challenging behavior and her need for ongoing supervision are placing a great deal of stress on the family. In addition,

Jane's brother also has developmental disabilities so the family is reported to be exhausted. The referrer reports that the family surrenders to all of Jane's wants/needs to avoid an incident of aggression. Additionally the referrer reports that the family is unable to keep food in the kitchen and all of Jane's clothes are kept in her Grandmothers room to avoid behaviors and property damage.

DESCRIPTION OF ASSESSMENT ACTIVITIES

This assessment is based on information obtained from the following sources:

- A. Interviews with Mr. and Mrs. Doe at their home, Miss Jane Doe, Manager (ABCD Respite Services Manager), Support I (ABCD Senior). And Supervisor (ABCD Supervisor), Support Staff (Direct Care Staff), and Support Staff I (Direct Care Staff) at their office. The interviews identified took place on July 29th 2008.
- B. Direct Observations of Miss Jane in the following settings:
 - At her day placement (Summer School), including brief discussion with support staff at school on July 29th 2008
 - At her home (specifically the lounges and kitchen that made up the main living area of the home) with her parents on July 29th 2008.
- C. Review of the following records provided by ABCD Youth Services – Behavior Respite Services, consisting of:
 - ABCD Behavioral Respite Services Guidelines dated
 - Summer Institute Referral Document completed by Manager
 - Annual Review of IPP
 - Summer Institute Consent Form
 - Daily Data/Case Note Collection Records, various dates and authors
 - Client Development Evaluation Record
 - ABCD Behavior Respite Service Individual Respite Plan completed by Supervisor and Manager
 - Life Steps Foundation Inc. Behavior Modification Evaluation Report
 - North Los Angeles Regional Center Consumer ID Notes (incident account) completed by (Service coordinator)
 - Psychological Assessment

- Psychological Evaluation completed by
- Individual Education Program (IEP) completed by Special Day teacher.
- Progress Report for Elective Class (x2) .

D. Telephone Conference with (Support Worker).

BACKGROUND INFORMATION

I. Brief Client Description.

A. General.

Jane is a young lady (Age 00) with a Diagnosis of full syndrome autism. My first introduction with Jane was at her day facility, High School. The support staff did not formally introduce me to her however this may have been difficult due to the timing of our arrival that being during a session. She stands at 5ft 4 inches tall and her weight is reported to be 160lbs. She presents as unique in that her physical appearance is not typical in that she has recently shaved her hair off resulting in a short crop hairstyle and a stocky build. She was wearing casual clothes that appeared to have been ripped recently. The T-shirt worn was knotted at the front in what was believed to be an action taken to maintain her dignity. In this environment Jane was inactive. She lay with her head on her arms and appeared disinterested with the class that was being undertaken. Noted at this time were a slight droop to one eye and a scar to her right arm. Her interaction with her support staff was minimal in both expressive and receptive terms. The support staff would approach her and prompt her to participate and she would respond by wiggling her fingers at her ears before commencing the task for a short period. The period of prompted activity continued for a time period approximately and not exceeding 5 minutes before she again rested her head in her arms. Jane did not use any verbal language at this time however did make sounds when she was expressing her self. Jane did not present with any physical limitations.

B. Language and Communication Skills.

Our second meeting at her home with her family was an improved opportunity in observing her engagement with others. Her verbalization extended to single words that were not always clear however her father reported understanding them. He listed a seemingly non-exhaustive list of 10 words that she used to make her needs known including 'please'. On arriving home it was instantly clear that certain routines were to be completed including touching certain items in the kitchen and collecting some bowls from the cupboard. She then communicated her wish for cereal by approaching her father with the bowls who reported that he knew that she wished cereal, as this was part of her routine on returning from school. A direct care staff noted that when she uses sign language Jane understands the basic symbols concluding that she must have received some training at school. This report does not identify her communication method at school, as this information was not available on the assessment day. (e.g. does she use signs and symbols) The family reported and was observed only using verbal communication with her. A significant feature of her range of communication is her challenging behavior. Her method of communicating discontent is reported by staff and the family to include wiggling her fingers at her ears to slapping her ears with one hand or two (Palms open) and screaming. This behavior extends to banging walls with her hand, banging her head against the wall, grabbing and biting. She will also communicate distress with crying. Her parents reported that Jane understands everything that is said to her in English, additionally understands their native language (Tagalog). An additional behavior that may communicate an emotion or need is that of clothes ripping. This can extend to ripping bedding items also. From the observations made by the assessor Jane demonstrated her ability to communicate happiness when she was praised by her father.

C. Cognitive and Academic Abilities.

An attempt was made to measure Jane's cognitive and academic abilities when she was 4 yrs old with the conclusion that her adaptive performance averaged around 12 months although this is reported as likely to be an under-estimate due to the frequency of her refusal to participate.

There is no recent data available to present a formal measure of her cognitive and academic abilities. I was unable to access the

school records or speak to her teacher. The teacher on the day of observation was a substitute. An IEP report states that Jane does not use money and does not read, copy or trace.

Jane's IEP report from school identifies 2 goals as detailed below:

1. When presented with 2 groups of objects consisting of one or more than one and when asked which one has more Jane will select the group with the most objects by eye gaze/or touch with 80% accuracy on 4/5 trial days with modeling as observed and recorded by staff.
2. When asked Jane will identify the first letter of her first name by eye gaze and or touch given gestural and verbal assistance with 80% accuracy on 4/5 opportunities as observed and recorded by staff.

Progress update for these 2 goals is recorded as partial (1-49% of goal met)

D. Self Care Skills.

In discussing Jane's abilities in this area it became evident that although her abilities are such that she could be largely independent with her self-care her challenging behaviors reduce the opportunities. For example her parents report that Jane can shower on her own however if left to do this independently she would use excessive amounts of shampoo and possibly use this unattended time to rip items of clothing. This level of independence is in contrast to previous report (IPP) that suggests Jane needs assistance with most self-care tasks identifying she can not complete hygiene tasks. Whilst observing her, Jane went to the toilet independently at home with her mother outside the door. Therefore Jane's self care needs are met with supervision from her family as a method of minimizing her challenging behaviors. Jane is able to feed herself using a fork and spoon and this was confirmed through observation at her home. The support staff reported that Jane has an infrequent menstrual cycle. Her independence in this area has not been assessed or observed. Jane needs support with her dressing skills. She is reported to rip her clothes and needs interventions to maintain her dignity.

E. Domestic Skills.

Jane's domestic skills are an area fully supported by the family. During observation at the home Jane found the evening meal in one of the cupboards. This had been prepared previously to her arriving home due to her behaviors whilst her parents cook. For example she would watch her mother add ingredients and when gaining the opportunity would walk over and add further ingredients excessively. When Jane found the food container she went rapidly to the microwave to put it in to heat it up. At this point her father intervened and her mother reported expressively that she had forgotten to hide it. This assessment and observation did not identify any activities that Jane helps with around the house.

F. Community Skills.

From the available information gathered it is evident that Jane's opportunities to undertake community skills are limited. Her access to the community includes traveling to and from school on a bus that collects her from the door. Further to this the family report taking her to health appointments and going shopping. The concerns the family have in this area is the extent to which her behaviors are difficult to manage however noting that this can be dependent on who is supporting her. They have noted that she 'behaves herself' with her brother. Jane's parents report that she does not run away, however a recent attempt to go for a walk in the community with support staff resulted in Jane leaving support staff, running back to the house following picking up a neighbors newspaper. This suggests that Jane is vulnerable in the community in terms of her potential to leave staff support. However also suggests that her behavior served a clear function in the acquisition of an activity she was noted to favor. She would not be able to communicate her phone number and name and would be vulnerable in the absence of family or support staff. The school progress report identifies that Jane has an awareness of strangers and is learning how to avoid situations that could be harmful to her. They report also that Jane has gained an awareness of body parts including private parts and to say 'No' if a stranger attempts to touch her. However additional comments identify that Jane requires frequent reminders to stay on task.

G. Recreation and Leisure Skills.

Jane is reported to enjoy completing puzzles. Her father reported that a puzzle purchased recently in excess of 1000 pieces caused her some difficulty and that puzzles 300-500 were appropriate and avoided her frustrations. Jane enjoys watching television and her parents report that she likes to have the television on all night even though she is asleep. There were no recreation and leisure opportunities noted outside of the home although they reported the school take her swimming. The interview with her family included questions as to what Jane does during her 'free time' at home. They reported that she remains in the living area next to the kitchen observing the activities of family members. No specific regular or scheduled daily activities were described.

The IEP identifies that Jane is able to play games such as bingo and able to match letters, shapes and colors and numbers. Depending on how she is feeling she will participate in games such as 'Simon Says' and 'Musical Chairs'. She will also bang a drum to music and look at pictures during reading time. Also noted was her attention paid to watching videos.

H. Social Skills.

Jane's interactions with others tended to focus on her using her skills to meet a need, e.g. gaining food. Jane would use the word please. The family report that whilst engaging with others in the community she will grab food items that are not hers resulting in interventions that may trigger challenging behavior. Jane was described as not have any friends. Her parents report she enjoys doing puzzles with them. During the observation period at the school (30 mins.) Jane did not engage socially with other students. Her engagement with the support staff was limited to receptive (receiving instruction) and did not include reciprocal eye contact. Additionally her clothes ripping behavior suggests she does not understand the social implications of damaging her clothing and consequently being partially undressed.

II. Living Arrangement and Family History.

Jane's family is from the Philippines however Jane was born in the United States. The culture that I observed through the interview was one that

promotes a sense of family with several generations remaining together in one unit. There are 3 generations in the household with Grandma being the oldest, her father being 64 years old and her mother 57. Jane is the youngest of the children with 2 older brothers and a sister. The sister has recently graduated and left the family home. Therefore remaining are 6 family members, 3 adults and 3 children with 2 of the children experiencing disabilities. The home is in a largely residential area the support staff reported to be populated with people from the Philippines. It is a large detached property with a reasonable size yard to the rear and a large garage. I was not invited to tour the house however informed that Jane has her own room upstairs. Jane's behavior has impacted on the family in a significant manner. Routines and living arrangements are adjusted to manage her behaviors. Her father sleeps downstairs in one of the 2 lounge areas in order for her to be supported when she gets up in the morning, which can be as early as 4-5am. There is significant damage to walls and furniture in the home and a notable lack of personal items. Tables need to be in a certain position and couches need to be positioned correctly. There are pictures on the walls and some of these are covering damage caused by Jane. Her parents report that she has access to puzzles and in the living area there is treadmill that Jane has used however currently resists engaging in. The kitchen is open to one of the living areas with some kitchen appliances on the worktops. There is no crockery in the kitchen only plastic bowls. The family has another area upstairs inaccessible to Jane for the purpose of storing food. Additionally the family does not eat with Jane due to her behaviors relating to food. This is an area they report they would like to address wishing to be able to sit together as a family and keep food in the refrigerator downstairs. Miss Jane receives respite services (6 hours). There is no regular staff in addition to this and aside from consultation with their physician there has been no full assessment and consultation relating to her challenging behavior. The respite service provides some support however this is minimal. Miss Jane has been cared for by her family to date and therefore there is no residential history.

III. Daytime Services Received and Day Service History.

Jane attends an autism special class (described as such in her IPP) at High School. The school was described to me as a specialized school-serving people with disabilities up to the age of 22. ***** school is located in the same district as the family home. This school provides a summer school program extending beyond the traditional school term time. The assessment involved a 30 minutes observation visit to the

school during class period. On arrival the school presented as a secure facility with large fences and gates with no obvious open access to the community or vice a versa. The hall way and offices were separated from the school classrooms by a large metal security gate. I was not able to establish the use of these, as they appeared to be unlocked. Jane's classroom presented as a typical classroom however there were no windows. There were 8 young adults receiving a class that involved coloring. One of the students was being disruptive and pushing furniture away and shouting, another was periodically shouting out. Although these behaviors did not appear to disrupt the class they required the focus of support staff to manage the behaviors. The students were being instructed through the process of coloring a picture of a child and being encouraged to select their own colors. The daily schedule was not independent and was posted on the board and is as follows (NB This schedule is for summer school, finishing at 1pm):

- Reading – “What’s a summer book”
Complete test
Sandra will conduct act
- Math - Continue to work on number sequencing (dot-dot)
Activity book
Complete dot-dot and color
2 pages until book is completed

There was 3 support staff present in the room and interacted positively with the students. E.g. Jane was encouraged to initiate the activity of coloring and the support worker continued to prompt to encourage her engagement. The class was led by a substitute teacher who communicated this status quickly and provided no further information to support this assessment. Furthermore a telephone conference with Jane's teacher was not possible on the assessment day therefore it has not possible to comment on the schools broader service goals and objectives, recent progress in relation to Miss Doe's individual goals and objectives (IEP) and the level of supervision and consultation available to the staff at the school. As previously stated there was a program of activity however this did not appear to be individualized.

At the time of completing this assessment report there is no placement history available however her IPP report identifies that in 2005 she was placed at Special Education Center. The report stated that Mrs. Doe was looking for schools that specialize in Autism. Mr. and Mrs. Doe did not comment on their opinion of the school in meeting Jane's needs. Following

her parents having difficulty describing a recent medical issue at school (seizure) it suggests that communication with the school is an issue to be addressed. Unsuccessful attempts were made to contact Jane's teacher.

In addition to day placement Jane receives two 3-hour sessions (day time) weekly provided by the ABCD Youth Services – Behavior Respite Service. This service was initiated in May 2008 and initially was on a 2:1 basis. This has reduced to 1:1 unless there are specific activities identified that require additional support. The support staff reports that the parents may go out however other family members remain including Grandma. The support staff has no access to snacks or food during this period, which is between meals, however reported concern that at times they felt that Jane's behavior was related to communicated hunger. There are no other service providers in the home.

IV. Health, Medical and Psychiatric Status.

The reports available at the time of this assessment identify that Jane has general good health. However there are open medical issues that will need monitoring and further exploration.

Firstly Jane is diagnosed as diabetic. This is managed by oral treatment and the support staff reported that her father monitors her blood sugar. Although the issue was not currently addressed in this assessment there was no indication given that her diabetes was not under control. During the interview with the family Mrs. Doe identified a possible link between high blood sugar levels and her challenging behavior. Additionally her parents manage her diet very strictly and Jane has no access to food independently. Prior to her diagnosis of diabetes her weight was such that she was reported as obese and her parents report also she had high cholesterol but this is no longer a problem. Her parents reported that a physician reviews her physical health every 3 months.

Secondly during the interview the parents identified that 3 months ago Jane had a seizure at school. They were unable to detail the type of the seizure and duration as this occurred at school. The result of this episode was a change in her medication and no further incidents. I enquired if Jane experienced any absent periods where it may be difficult to get her attention and they said not. The parents commented that they had omitted a regular medication and this may have contributed to seizure activity. The parents report they consulted with a neurologist regarding the seizure

activity on the advice from their doctor, however there was no report of a scan. A CT scan completed when Jane was younger (age 3 ½) identified there was no neurological concerns. The assessment did not establish if the seizure that occurred was a result of a diagnosed seizure disorder or was an isolated incident.

Her parents reported her last appointment with a Psychiatrist was 1 month ago, however no details of this evaluation were available.

There were no problems identified relating to hearing or visual problems. Her father stating these were not concerns, however not identifying any evidence to support this, e.g. appointments at optician or hearing test. The support staff identified that Jane has infrequent menstruation although there was no explanation as to a cause for this.

Jane receives medication daily. The following information was compiled by Manager from the medication bottles supplied by Mr. Doe. (NB the purpose of the medication is identified based on common uses and not based on individual clinical reports):

Medication	Dose	Frequency	Purpose
Carbatrol	300mg	2 x daily	Anti-convulsant
Risperdal	1.5mg	2 x daily	Anti-psychotic/behavior
Zoloft	25mg	3 tabs am.	Anti-depressant
Metformin	1000mg	2 x daily	Diabetes control

Neurologist: *****

Psychiatrist: *****

A comprehensive history of medication was not available however Jane's parents noted the following a medication change 3 months ago (following her seizure activity):

Clonazepam was stopped and Carbatrol commenced.

A follow up meeting identified that the Risperdal has been increased.

Mr. Doe reported that Jane had not experienced any side effects, however the assessment period identified reports from staff and observation that

Jane is often presents as sedated. Her parents additionally identifying that due to her sleeping at school she may not sleep sufficiently at night.

V. Previous and Current Treatments.

At home:

Mr. Doe identified that he had attended a 'class' that resulted in a behavioral modification program. This program is displayed in each room in the house and in directs staff and family to ignore Jane if she presents with behavior. Mr. Doe provided examples of how they follow this program. He explained that should Jane be sitting in the chair banging her head on the back of the chair and shouting he would leave the area and hide behind the wall and observe her calming.

Outcome of treatment: The parents consistently reported this method as effective in managing her behavior and it is their current approach in managing her challenging behaviors.

At school:

The current behavior management approach at school labels her behavior as a Tantrum with the following intervention recommended:

- When Jane is having a tantrum she will be escorted to a safe area of her classroom and comply to staff's directives (calm down, show/gain control) and gain control within 30 minutes so that she can return to her work area 100% of the time as observed and recorded by staff.

Outcome of treatment: The progress comment for this intervention identifies no progress.

Respite Service:

The ABCD Behavioral Respite Service (The referrers) have an individual respite plan that is a non-aversive plan focusing on providing respite for the parents with the following objectives for Jane:

1. To work towards Jane participating in a community activity once a week with staff support.
2. To work towards supporting Jane to learn and complete a household chore
3. To support a fun task and practice the purchase of a newspaper or magazine of her choice.
4. The target dates for these goals are November 2008 at which point the outcome of treatment will be recorded.

Historically: at the age of 4yrs old Jane was on a behavioral modification program that identified the target behavior as hyper-activity. The plan in summary was as follows:

1. Teaching her parents to deliver effective commands by encouraging eye contact, using a firm tone, and reinforcing compliance with praise on a continuous basis and a hug on an intermittent basis.
2. Token reinforcement to be used following an activity where Jane had remained calm. The token was a star she could choose. Activities were to be planned every 30 minutes and could include self-care tasks and household chores.
3. 2 tokens earned allowed Jane to play for 15 minutes as actively as she wished with supervision.
4. Redirection if Jane became hyperactive
5. Use of a 'sit out quiet area' for 3 minutes of quiet time
Restricted access to something she wants during an 'episode'

Outcome of treatment: There was no evaluation report available regarding the effectiveness of this treatment approach and therefore the effects are unknown.

In addition to the behavioral approaches identified Miss Doe receives pharmacological treatment under the care of a psychiatrist. The medications are detailed in the table above however there is no history or record of the effectiveness and therefore the clinical view regarding the effects of this treatment is unknown.

FUNCTIONAL ANALYSIS OF PRESENTING PROBLEMS

A functional analysis was conducted for Outburst Behavior. Accordingly, this analysis endeavored to identify the events that control the emission and non-emission of these clinically important problems. It is therefore organized around six specific subcategories of analysis: (1) Description of the Problem. This analysis attempts to describe the presenting problems in such detail that they can be objectively measured. It presents the topography of the behavior, the measurement criteria for quantifying the rate of occurrence and episodic severity of the behavior (as applicable), the course of the behavior, i.e., how it progresses

during an event, and the current strength of the behavior (i.e., the behavior's current estimated rate of occurrence and degree of episodic severity). (2) History of the Problem. This analysis presents the recent and long-term history of the problem. The purpose here is to better understand Jane's learning history, and the historical events that might have contributed to the problem(s). (3) Antecedent Analysis. The antecedent analysis attempts to identify the conditions that control the problem behaviors. Some of the specific antecedents explored include the setting, specific persons, times of the day/week/month, and specific events that may occur regularly in Jane's everyday life. (4) Consequence Analysis. The consequence analysis attempts to identify the reactions and management styles that might contribute to and/or ameliorate the presenting problems. It also focuses on the effects that the behaviors might have on the immediate social and physical environment, on the possible function(s) served by the problem behaviors and on the possible events that might serve to maintain or inhibit their occurrence. (5) Ecological Analysis. The ecological analysis attempts to identify the critical mismatches that may exist between the physical, interpersonal and programmatic environments and Jane's needs and characteristics. (6) Analysis of Meaning. The analysis of meaning is the culmination and synthesis of the above analyses and attempts to identify the functions served by the problem behaviors. The functional analysis of Outburst behavior, organized around these headings, follows:

A. Description of Behavior and Operational Definition.

1. Topography.

Jane's outburst behavior involves several distinct and independent actions and will include one or more of the following:

- Physical Aggression: Grabbing, scratching and biting another person to a degree that injury may occur. An attempt to engage in this behavior is also included.
- Self Injurious behavior: This involves slapping or hitting the side of her head (over her ears) hard enough to leave a red mark and or hitting her head or other part of her body against an object or wall hard enough to leave a red mark.
- Property Destruction: Actions that result in damage to property rendering them broken or in need of repair.

2. Measurement Criteria.

a. Occurrence Measure (Cycle: Onset/Offset).

An episode of outburst behavior is considered to have begun upon the observation of any of the above topographies. Upon the observation of these topographies, such as head slapping to an extent that a red mark is evident. An episode will be considered to be over when 15 minutes has passed without observation of the identified behaviors.

b. Episodic Severity Measure(s).

The episodic severity of outburst behavior should be measured on the following five-point scale. The score will be marked dependent on the most severe behavior observed during the course of the event.

1. Attempt with no injury, damage or contact
2. Contact with no injury or damage
3. Contact with observed redness or injury or damage
4. Any contact resulting in property damage or need for first aid
5. Contact requiring medical attention

The typical severity of the outburst behavior on a daily basis will reflect severity levels 1-3.

The outburst behavior that is reported to occur weekly reflects level 4.

These episodic severity measures are estimated and based on interview data and not scaled categories of outcomes as this was not available.

3. Course.

A typical episode of target behavior has been described as following a consistent course. Commencing with stimulating behavior described as and observed as wiggling her fingers outside of her ears. This indicates Jane is possibly distressed or frustrated. This behavior may develop to include slapping her hands (palm open) to the side of her face. Further deterioration will be seen as increased level of self-injurious behavior resulting in redness to her head. Jane may then start hitting objects including furniture and walls with her hands or her head. Physical Aggression follows with Jane targeting an individual and grabbing or scratching. Following

this level of outburst her parents report that she will cry and sit down and this indicates that the event is over.

4. Strength.

a. Rate.

Data has not been collected to provide accurate information to the rate of the behavior. However Mr. and Mrs. Doe identified that the more severe incidents (Level 4) of outburst behavior are occurring at the rate of 1 per week. The last incident resulted in a bite injury to Mrs. Doe (often the target of aggression in the home). This injury was observable 1 week later.

b. Episodic Severity.

Again there is no formal recording of incidents and the severity of the incidents however following observing Jane's behavior including her self injurious behavior and interviewing the parents the rate of episodic severity of at levels 1-3 may currently be high with the level 4 presenting less often, possibly weekly. (The last recorded incident that would be described as a level 5 severity was 5 months ago.

B. History of The Problem.

Despite some probing during the interview about the historical course of behaviors there were inconsistent comments relating to the commencement of behaviors. Mr. and Mrs. Doe commented that there has been some improvement in her behaviors recently. This may be related to changes in medication as there are no apparent other causes for an improvement. Mr. Doe noted that a wish for them was to be able to eat a meal as family indicating that Jane's tolerance of others has deteriorated over time. Jane is reported to have always exhibited challenging behaviors however the impact on the family home has been more recent.

C. Antecedent Analysis.

In an antecedent analysis, one tries to identify the events, situations and circumstances that set the occasion for a higher likelihood of the behavior

and those that set the occasion for a lower likelihood. Further, in both categories, one tries to identify both the more distant setting events and the more immediate triggers that influence the likelihood of the behavior. Below is firstly an analysis of those setting events and triggers, i.e., those antecedents, that increase the likelihood of Outburst Behavior and their escalation and secondly an analysis of those that decrease the likelihood. Detailed examples substantiating each of these, based on actual incidents, is also included.

Setting Events:

Setting events that increase the likelihood of the Outburst behavior have been identified as follows:

- Jane feeling hungry
- Jane feeling unwell
- Jane not receiving regular prescribed medication
- Jane being cared for by her mother

Setting events and that decrease the likelihood of the Outburst behavior have been identified as follows:

- Feeling full
- Being occupied
- Being given space
- Jane being cared for by her father

Triggers:

- a. Location. A location where the outburst behavior is less likely or more likely to occur has not been identified.
- b. People. The outburst behavior is more likely to occur with her mother and less likely to occur with her father, brother and grandma.
- c. Time. The outburst behavior is more likely to occur when Jane is hungry therefore prior to meal times is a period of time that has been identified by her parents (e.g. 4-6pm).

Jane's parents report that the outburst behavior is less likely to occur when she is feeling full (the time period after meals). Jane has specific routines throughout the day that may be related to time e.g. returning from school. Being allowed to complete these

routines will reduce the likelihood of outburst behavior however disruption to these routines will increase the likelihood of occurrence.

- d. **Activities.** The outburst behavior is more likely to occur when Jane is feeling bored and not occupied in any structured or meaningful way. Jane being asked to undertake a task she does not wish to do will increase the likelihood of the outburst behavior. In contrast the Behavior is less likely to occur when Jane is occupied with a task she prefers and given clear direction and praise for compliance. There are no identifiable events identified during which behavior is more and less likely to occur.

Specific incident examples from interview:

Mrs. Doe explained that when Mr. Doe has to go out she has greater difficulty in managing Jane's behavior. They agreed and accepted this was because they have a different approach with Mrs. Doe 'giving in' to Jane. Both parents agreed that to avoid the behaviors they would just give her food however stating that once you give her something she requires more to be satisfied.

The support staff interviewed identified an incident where Jane threw some garbage on the floor. She was politely prompted to put it in the trash. Jane complied however exhibited self-injurious behavior. At a later date a similar occasion occurred with the same support staff and it was noted that the behavior did not occur.

Participation in an activity has been identified as a common theme for the absence of the outburst behavior. When Jane is ripping up her magazines and looking for coupons there is an absence in behaviors.

D. Consequence Analysis.

1. Non-planned Reactions. In the event of an incident of outburst behavior the unplanned response is for the person targeted (usually mother) to yell and leave her alone. This is reported to have a positive effect on the behavior in that she calms. This has not been adopted in terms of a formal management reaction where the family members are encouraged to walk away and 'ignore' her. This is the current method favored by the family and previously identified in

current treatment. Again the family report that this method has a positive effect on the behavior.

2. Formal Management Methods (Planned Strategies). There is a generic behavior management plan in place intended to direct the ABCD support staff. The support staff are following the generic strategies identified including rapport building, diversion to preferred activity, instructional control and the use of a non-aversive approach. This has been reported to have a positive effect. This behavior support plan is new, the staff have very little access to facilities within the home and it has not been individualized. There is no monitoring data currently available to allow comment relating to the effectiveness of any support strategy.
3. Maintaining Events. In relation to maintaining events Jane uses her challenging behavior as a means of communicating her needs to the extent of insisting on things e.g. a change of clothes. She controls her environment and the people around her by presentation of the behavior. In terms of her sensory needs the behaviors Jane exhibits will provide her with an increase in sensory input. Therefore in summary, from Jane's perspective the challenging behaviors result in a positive outcome.

E. Ecological Analysis.

There are a number of ways in which understanding the ecology surrounding and how it may conflict with Jane's needs and characteristics, may be helpful in understanding the meaning of her behavior and in understanding the ecological changes that may be necessary to provide the necessary support for her. The brief discussion addressing this ecological analysis is organized below around the physical environment, the interpersonal environment and the programmatic environment.

1. Physical. There have been no factors in the physical environment identified that have an impact on the behavior.
2. Interpersonal. Jane has very little formal support from services in the home environment. The outburst behavior and impact on the family indicate that there is a mismatch between Jane's needs and the support she receives. Additionally the family has very little support and guidance from formal behavior management consultants that is inconsistent with the problem behaviors present.

There is recognition that occupation is a strategy that reduces the likelihood of outburst behavior and the access to activities in the home. Jane is currently supported by female staff and this is a match with her needs due to her occasional clothes ripping behavior and the support she needs with personal hygiene. Her family currently provides the majority of her care. The assessment has identified that her mother has particular difficulty managing her behavior however the behaviors are experienced with all of the family but managed with differing approaches. This is a mismatch in that Jane will benefit from an approach that is agreed and achievable by all the staff involved. The family are reported to be struggling with the current level of behavior. This in turn will result in them finding difficulty remaining positive in their approaches. The assessment process has identified that Jane's parents require support in relation to their communication with professionals. They do speak good English however clarification may be required at times.

3. Programmatic. There is recognition that Jane undertakes certain routines after school on return home. These routines are accepted and tolerated by all the family and these should continue however caution is recommended in allowing Jane to extend routines. However there is a lack of formalized structure to her day and no schedules for her to follow in the home. Her daily schedule does not include planned opportunities to access the community other than accessing school. The activity observed at the school setting (coloring) may be identified as a mismatch due to the age appropriateness and skill comparison.

F. Impressions and Analysis of Meaning.

In considering this functional analysis and the background information summarized above, there are a number of factors that are helpful in trying to understand the meaning of Jane's behavior.

1. Communication Hypothesis. Jane is a pleasant and well cared for young adult who has the ability to influence and communicate with others by means of her behavior. From Jane's perspective in the absence of any alternative form of communication outburst behavior is the most effective means of having her needs met.

2. Acquisition Hypothesis. She has developed an understanding that her behaviors can gain her things she needs and wants. For example she will present outburst behavior to gain food or snacks from her parents.
3. Escape Hypothesis. Jane's outburst behavior has resulted in her avoiding undertaking tasks to the extent that very little expectation is placed on her. For example, if Jane goes out in the community and displays challenging behavior, she will not be put in the same situation. The incident will be avoided due to the removal of any trigger where possible and the environment will be adjusted to prevent the behavior. Unfortunately the generalization of the response (e.g. avoiding the triggers) reduces Jane's opportunities.
4. Coping Hypothesis. The outburst behavior may be presented as a method of communicating frustration, e.g. when a table has been moved to a different location.
5. Lack of skills. It is possible that she engages in these behaviors because she does not have the skills to manage a situation.
6. Neurological Hypothesis. The behavior may be a result of a neurological event. Jane has experienced a seizure recently and the parents report an improvement in behavior following a review of the anticonvulsant medication.
7. Sensory Hypothesis. Jane demonstrates a number of behaviors that suggest she is increasing or decreasing her sensory input. For example hand movement around her ears, excessive use of toiletries and ripping items (paper and clothes).

MOTIVATIONAL ANALYSIS

A motivational analysis was carried out to identify those events, opportunities and activities that Jane enjoys and that may be used to enhance her quality of life and provide her with incentives to improve her behavior and to enhance her academic progress. The results of the analysis showed a number of events that could be used effectively as positive reinforcement in a well-designed support plan to reduce the identified behavior problems. These events include activities that include some form of eating and or the obtaining of magazines.

These reinforcers, and others, should be used in a variety of ways, the least of which would be through the contingencies of formal reinforcement schedules.

The only method of obtaining a list of possible reinforcers was through interview and observation. The parents and the staff supporting Jane on a respite basis felt that the strongest reinforcer was food of any type. Jane has limited community activity therefore her lack of exposure to options and activities she may enjoy is an issue that will reduce the range of positive reinforcers available to her. A reinforcement inventory has not been completed however the assessment day identified the following reinforcers in the following priority order:

1. Food
2. Newspaper offer leaflets
3. Magazines
4. Puzzles
5. Music
6. Television

The potential list of reinforcers is very limited therefore completion of a reinforcement inventory is recommended. This should be repeated after six months due to the hypothesis that following increased exposure to community activities her preferred reinforcers may alter.

MEDIATOR ANALYSIS

A "Mediator Analysis" was conducted for the purposes of identifying those persons who might be responsible for providing behavioral support for Jane, their abilities to carry out the recommended support plan, given the demands on time, energy, and the constraints imposed by the specific settings, and motivation and interest in implementing behavioral services as recommended. This analysis showed the following:

The key social agents for the delivery of a support plan:

- Mr. and Mrs. Doe
- Grandma
- Brother
- The teacher and support staff at school
- ABCD Respite Service Staff

As previously identified Mrs. Doe has difficulty managing the support plan as it stands currently and is often the target of the aggressive outbursts. The plan

would need to be incremental and simple to follow and be considerate of the cultural needs of the family to care for their daughter.

The ABCD staff and the school staff would be in a better position to address a specific support plan however this will be dependent on the resources available at the time and the duration of the agreed care. For example Jane currently receives 3 hours each day at the weekend with ABCD staff. This would be too short a time to have the objective of achieving a community activity and linking it with a food or mealtime reinforcer. The ability for the parents to observe the plan being implemented will support their understanding of the methods used and further reinforce the plan.

At this stage I am unable to comment on the ability or motivation of the school to implement any behavioral plan.

RECOMMENDED SUPPORT PLAN

A. Long-Range Goal. The long-range goal for Jane is to establish enough self control over her behavior that she will be able to live and work in the least restrictive setting possible that is capable of meeting her developmental and behavioral needs. The goal of her educational plan is to provide her with the academic and other skills necessary to meet her needs, while eliminating those behaviors that tend to stigmatize and isolate her from full community and social presence and participation. Additionally, the goal is to transfer the control of Jane's behavior from external mediators (parents and staff) to internally generated controls. The plans and objectives presented in the following paragraphs are intended to increase the likelihood that the following specific outcomes will occur:

- Jane will be able to be provided with her own residence with the support necessary to meet her developmental and behavioral needs.
- Jane will be afforded the same opportunities for the community presence and participation that are enjoyed by her non-disabled peers.
- Jane will have the opportunity to develop a full range of social relationships

B. Operational Definition(s).

1. Outburst behavior

a. Topography.

Jane's outburst behavior involves several distinct and independent actions and will include one or more of the following:

- Physical Aggression: Grabbing, scratching and biting another person to a degree that injury may occur. An attempt to engage in this behavior is also included.
- Self Injurious behavior: This involves slapping or hitting the side of her head (over her ears) hard enough to leave a red mark and or hitting her head or other part of her body against an object of wall hard enough to leave a red mark.
- Property Destruction: Actions that result in damage to property rendering them broken or in need of repair.

2. Measurement Criteria.

a. Occurrence Measure (Cycle: Onset/Offset)

An episode of outburst behavior is considered to have begun upon the observation of any of the above topographies. Upon the observation of these topographies, such as head slapping to an extent that a red mark is evident. An episode will be considered to be over when 15 minutes has passed without observation of the identified behaviors.

b. Episodic Severity Measure(s).

The episodic severity of outburst behavior should be measured on the following four-point scale. The score will be marked dependent on the most severe behavior observed during the course of the event.

1. Attempt with no injury, damage or contact
2. Contact with no injury or damage
3. Contact with observed redness or injury or damage
4. Any contact resulting in property damage or need for first aid

5. Contact requiring medical attention

The typical severity of the outburst behavior on a daily basis will reflect severity levels 1-3.

The outburst behavior that is reported to occur weekly reflects level 4

C. Short Term Measurable Objectives. The following objectives and plans are suggested on the assumption that Jane has the opportunity to be supported to remain living within her family home and her family are supported to engage with a behavior support plan that is facilitated with sufficient resources. E.g. the provision of additional intensive support services. It is unlikely that they would be realistic if she did not have these opportunities. These objectives were also selected as being most reflective of Jane's priority needs and as being the most realistic given her level of functioning at this time. Further objectives may be established as a function of the success or failure of the recommended strategies.

1. Physical Aggression

a. Reductions in Behavior Over time.

Upon commencement of additional services implemented within the family home a period of data collection will be commenced for 2 weeks to establish an accurate rate of outburst behavior. The aim over time will be to reduce the target behavior by 50% within 1 year.

b. Reductions in Episodic Severity.

To reduce the level of episodic severity by 50% within 1 year based on the baseline rate of episodic severity established within the 2-week observation period.

D. Observation and Data Collection Procedures.

1. Methods.

a. An ABC recording sheet. This should be completed for every occurrence of the outburst behavior using a prepared sheet. The entries for each occurrence should include the date, the time the episode started, the time it stopped (determined by

the on set/ off set criteria). The episodic severity should be recorded, as the behavior exhibited at it's most severe.

In addition the following information should be prompted by the form to be provided.

- The specific setting in which the behavior occurred as well as the people present.
 - The events (antecedents) immediately preceding the occurrence should be described in detail. This section should allow the observer to enter in the details of any possible explanations for the occurrence. The rationale for this is that often the antecedent may not be obvious, however the opinion of the observer may be recorded to allow comparison and analysis at a later date to establish antecedent patterns.
 - The consequences or reactions of those around following the behavior should be recorded. This should include actions and emotions. For example if Jane's mother 'yells' and is distressed this needs recording in addition to her actions following the event.
 - During the implementation of the behavior support plan the support staff should complete a record of interventions that they believe contributed to the elimination of the behavior or the reduction in the severity.
- b. Monthly data sheet. The occurrence of outburst behavior will be recorded daily. The monthly total of this behavior will be graphed. This should be completed through out Jane's day including home, school, and when accompanied by ABCD staff.

2. Observational Reliability.

- a. A cross record review should be completed between the ABC record sheets and the Monthly data summary sheets and an observational reliability percentage provided.

- b. Interviews with the parents should be completed and a description of the last 2 incidents be documented.
 - c. Permanent product observation may be used. Holes in walls should be counted, recorded and compared with a count at a later date.
- E. Recommended Strategies. In the following paragraphs, a summary of possible strategies to support Jane's outburst behavior is presented. These are by no means meant to be comprehensive or exclusive of other procedures. They simply represent a set of starting points that would be elaborated and modified as services are provided. Support is organized around four primary themes: Ecological Strategies, Positive Programming Strategies, Focused Support Strategies, and Reactive Strategies.
- 1. Ecological Strategies. Many behavior problems are a reflection of conflicts between the individual needs of a person and the environmental or interpersonal context in which the person must live, go to work or otherwise behave. As part of the above evaluation, several possible contextual (ecological) conflicts were identified. It is possible, that by altering these contextual conflicts, that Jane's outburst behavior may change and her progress may improve, thus eliminating the need for consequential strategies. In the following paragraphs, a number "Ecological Manipulations" are presented with the intention of providing a better mesh between Jane's needs and the environments in which she must behave:
 - a. Increased service support. The ecological analysis identifies that Jane requires intensive behavior intervention for the remediation of her challenging behavior. This should be delivered at home in the first instance to address the issue of restricted access to the community. Additional behavioral consultation should be requested. Consideration should be given to the impact of higher levels of staffing in the home environment and the need for parent training. The level of service and existing programs existing at school is unknown at the time of report (due to no interview available) therefore recommendations in this area are not provided.
 - b. Activities. It has been identified that Jane has limited access to community activities. The density of preferred activities

needs to increase in order to improve her quality of life. Increased access to the community will facilitate this. These activities should include activities that are sensory in nature.

- c. Family support. The ecological analysis identifies that the family will require support in the implementation of the plan including the recording of data and reliability of data. The parents should be offered training and consultation opportunities. Furthermore the interpersonal dimension of this plan will need to identify Jane's future adult needs in liaison with her parents to include increased overnight respite services in the short term and consideration of longer term residential needs.
- d. Staff demographic. Due to Jane's need for support with her personal hygiene and her 'clothes ripping behavior', staff support should be provided by females, however this is not an exclusion to supervision being offered to staff by male staff as Jane has shown no preference to the gender of her support staff.
- e. Interactions with Jane need to focus on the absence of behaviors and recognize her compliance with tasks requested. Jane should receive positive interactions with an emphasis placed on diversion as opposed to saying things such as 'stop', 'don't do' etc.
- f. A visual schedule. will be provided to support consistency and promote a graded increase in activities. This schedule will need to use symbols or pictures due to Jane's cognitive and academic abilities and allow Jane to complete her existing routines.
- g. Continued Health Monitoring. The assessment analysis has identified a complex list of medical needs. It is possible her health is a pre-cursor to her challenging behavior. Her health status is reviewed however advice and clarification is required in the following areas:
 - Diet – Jane's diet is strictly controlled. She is diabetic and her father monitors her blood sugars. A record of

the results needs to be kept and analyzed alongside her behavior data sheets to identify any link.

- Seizure activity – Clarification is needed to identify the type of seizure Jane experienced and any tests/scans that have been completed to inform the prescription of the anticonvulsant medication.
- Developmental – Jane presents as physically under developed. Exploration as to the cause of this, if any, should identify if this may be a pre-cursor to behavior.

2. Positive Programming. Challenging behavior frequently occurs in settings that lack the opportunities for and instruction in adaptive, age-appropriate behavior. It is our assertion that environments that provide instruction to promote the development of functional academic, domestic, vocational, recreational, and general community skills is procedurally important in our efforts to support people who have challenging behavior. To the extent that Jane exhibits a rich repertoire of appropriate behaviors that are incompatible with undesired behavior, the latter should be less likely to occur. Positive programming, therefore, should not only result in developing Jane's functional skills, but also contribute to reducing the occurrence of problematic behavior. At the very least, a context of positive programming should make it feasible to effectively and directly address Jane's Outburst behavior. In the following paragraphs, several initial thrusts for positive programming are presented:

a. General Skills

1) Recreational Domain.

a) Rationale / Logic.

Jane experiences little opportunity to engage with leisure activities both within the home and in the community, however this general skill is aimed at increasing her activities within the home.

b) Objective.

Given a scrapbook and necessary equipment (with the absence of scissors) Jane to spend 15 minutes adding pictures/colors/fabric with no verbal prompting required during the activity 3 out of 3 opportunities within 12 months.

c) Method.

Staff support should generate a secure box of accessories that is available at the time allocated on the schedule of activities. This box should be limited. For example on commencement of the activity the following should be available:

- 1 scrap book
- 2 magazines
- Glue stick

This can then be extended to include fabric and stickers within 3 months.

Further extended to include additional accessories including stars and scrapbook jewelry within 6 months.

Within 12 months staff support during completing the task should reduce from constant supervision to minimal supervision. This will be worked on a hierarchy of prompting.

For example on commencing the activity verbal prompts to be provided for all aspects of the activity that Jane requires to continue with task for the 15 minutes.

The next stage of this training involves fading of prompts and reinforcing greater independence completing the activity.

This will need to be tailored to Jane's response to the activity of scrap booking. Jane responds well to praise and this should be provided as a reinforcer.

The degree and rate of fading will largely be determined by Jane who will initiate stages of the activity without prompting.

Please note the access to the scrapbook and items in the activity box will be enhanced through the Focus Support Strategy.

- b. Teaching Functionally Equivalent Skills. People engage in seriously challenging behaviors for perfectly legitimate reasons. They use these behaviors to communicate important messages, to assert themselves, to manage unpleasant emotions, to escape unpleasant events, and to gain access to events and activities. One important strategy for helping people overcome their challenging behaviors is to provide them with alternative ways of achieving the same objectives, alternative ways of satisfying their needs. These alternatives are defined as functionally equivalent skills because they achieve the same goal as the challenging behavior or communicate the same message.

1) Rationale/Logic.

The above analysis of Jane's behavior concluded, among other things, that Jane is communicating she wants something. It has been identified through functional analysis that Jane has learnt to utilize her challenging behavior as a form of communication. This is typically for the purpose of acquisition. Although Jane is able to communicate using some words these are limited and difficult to understand. Therefore an augmented system of communication should be considered. This system must not eliminate her verbal skills but provide opportunity for her

communicate a need and be encouraged to utilize the system in favor of challenging behavior. For the purposes of promoting activity selection as opposed to food selection the plan will focus on activities in the first instance.

2) Objective.

Given 5 icon line drawings Jane will indicate which activity/items she wants as evidenced by completion of the activity 5 out of 5 opportunities for 2 consecutive weeks within 12 months.

3) Method.

Jane is likely to damage paper versions therefore laminated cards need to be prepared for up to 5 selected activities.

1. These should be prepared and placed on a key ring that is kept by the staff team.
2. The activity schedule will identify the time of the day to utilize the communication system.
3. Initially a single card will be presented alongside an activity and the activity will be undertaken
4. Jane will be given praise when she engages with this total communication method.
5. Dependent on her performance additional activities will be added to the key ring.

- c. Teaching Functionally Related Skills. There are many skills that if learned by the person, may have a direct impact on the person's behavior. For example, a person who is taught the difference between demeaning criticism and well-intended feedback, may start acting differently to the feedback he receives from others. The purpose of this

category of strategies, again, is to empower the person; to give the person greater skills. In the following paragraphs, Choice skills are identified which are thought to be related to Jane's outburst behavior.

1) Rationale/Logic.

Jane has limited opportunities to make selections in her life. This a feature of her autism in that she has compulsions to complete routines to some degree. Additionally her challenging behaviors have been managed using antecedent and ecological control with the gradual elimination of activities due to her difficult behavior. This has resulted in limited opportunities for Jane to assert her choice and resulting in challenging behavior as a result of her having unmet, non-communicated needs.

2) Objective.

Given a choice of two items/activities (e.g. one being a non-choice such as candy versus rock), Jane will express her preference by selecting the appropriate choice 3 out of 3 opportunities for 10 consecutive trials within 6 months.

3) Method.

- Jane's attention should be obtained
- Jane will be offered a choice of 2 items, one being a non-choice (e.g. drink and rock)
- The selection of the correct choice should be reinforced with verbal praise and the provision of the selected item.
- If Jane responds incorrectly again staff to walk away without verbalization and return after a count of 20 with a new trial (e.g changing some thing about the choice, cup of drink to carton of drink)

- The non-choice will be systematically replaced with another item of preference. Success of this choice can be measured by use or consumption of the item chosen.
- d. Teaching Coping and Tolerance Skills. Many of Jane's seriously challenging behaviors are a reflection of her inability to cope with aversive events such as delay in gratification, denial, the need to perform a non preferred activity, etc. While some of these behaviors can be avoided by minimizing her contact with these experiences, aversive events are also naturally occurring. Especially if she is to lead a full life, from time to time, she will face the disappointments we all have to face, for example, not getting something that she wants, when she wants it and having to wait for it, i.e., delay; not getting something she wants, at all, i.e., denial; being told by somebody that a relationship is not possible; being criticized or reprimanded; etc. In the face of these events and the emotions they understandably arouse, Jane's coping responses have not had the opportunity to develop much beyond the primitive responses of a young child; nor is she likely to develop much beyond this level through "natural consequences." Rather, it will be necessary to be systematic in applying sophisticated instructional technology, with the objective of teaching her these very important coping and tolerance skills. The following is a recommendation for how to proceed in this important area of skill development, with the initial focus being on Jane's ability to tolerate instruction.

1) Rationale/Logic.

As identified in the antecedent analysis Jane often displays maladaptive behaviors when requested to complete non-preferred tasks for (e.g. putting trash in the bin). These requests of directions appear to generate frustration for Jane and she will exhibit challenging behavior to communicate this. This intolerance is likely to have been generated due to the repeated antecedent control environment Jane currently experiences, for example to prevent or trigger an occurrence of outburst behavior Jane is

requested to do very little. However from the record of incidents on file it is suggested that Jane has the ability to adjust her behavior and complies with simple requests. Furthermore everybody needs to accept that alongside preferred activities sit activities that must be completed to provide a balance and perspective of life's opportunities.

2) Objective.

From an identified list of 10 hierarchies of requests that generate Jane to feel frustration and/or distress, Jane will demonstrate the ability to tolerate the request identified as most difficult on the scale (e.g. level 10) on 10 of 10 opportunities within 12 months without exhibiting outburst behavior.

3) Method.

- One strategy for helping Jane overcome her reactions to these antecedent events is to pair these events with the occurrence of powerful positive events (e.g. counter conditioning). The following steps present general guidelines for the development and implementation of this therapeutic procedure:
- Select a list of 10 requests that generate frustration.
- List these requests in a hierarchy from 1-10 with 1 being the least challenging and 10 being the most challenging for Jane to tolerate. For example level 1 might be being requested to put trash in the trashcan. Level 2 might be taking a full bag of trash to the outside trash increasing in difficulty for Jane to level 10 that might be moving a table to a position Jane does not normally select.

- Initially sessions should be scheduled on her daily schedule at least once per day but not exceeding two occasions.
 - The session should begin with Jane selecting some music that she wishes to listen to. This has been identified as a possible competing stimulus.
 - The conceptual framework driving this procedure would suggest that the pleasant feelings associated with listening to music will neutralize the frustration experienced by Jane and will transfer to the requests being made.
 - The list should be commenced at level 1 and Jane will need to undertake the request for 5 consecutive occasions without showing frustration before the next step is commenced.
 - The provision of the competing stimuli (listening to music) should be scheduled and provided on a non-contingent basis to prevent 'listening to music' evoking the link of 'I'm going to be asked to do something I don't want to do'.
3. Focused Support Strategies. Some of the ecological strategies that were recommended above, depending on their complexity and/or difficulty, may take time to arrange, and positive programming will require some time before new skills and competencies are mastered. Although these ecological and positive programming strategies are necessary to produce good long term quality of life outcomes for Jane, it is also necessary to include focused strategies for more rapid effects; hence the inclusion of these strategies in our support plans. Specific recommendations for the limited but important need for rapid effects are made below.

A DRO schedule of reinforcement is recommended as a strategy for reducing outburst behavior. This procedure would involve the following components:

- Using this strategy Jane is positively reinforced for omitting the behavior during specified period of time. This time period will be based on support staff being present and last 3 hours.
- The actual rate of reinforcement will be determined following a baseline assessment of the outburst behavior.
- Jane should be given a voucher alongside praise for omitting the behavior.
- Example: A picture of a reward box should be cut up into puzzle pieces totaling 6. A complete picture of the reward box should be shown alongside as a template.
- On presentation of a piece of the puzzle Jane should be rewarded for her behavior verbally.
- For every six pieces of the puzzle achieved, e.g. the puzzle is complete Jane should be given access to the reward box. The box will contain differing rewards of which Jane may select 1. These rewards that will be selected blind (e.g. are enclosed in bags) will include items likely to reinforce e.g. magazine cuttings, or cut up fabric for her scrapbook.
- It should be reinforced that completion of the puzzle will result in a prize.
- If the behavior does occur during the interval, the voucher should not be delivered. Additionally Jane should be encouraged to try harder during the next interval.
- As Jane experiences success this focus support strategy needs to be transferred to the family.

Prevention Strategy – Consideration should be given to methods of reducing the frequency of periods where Mrs Doe is the primary carer e.g. required to follow the behavioral support plan.

4. Reactive Strategies. Efforts to manage the antecedents to Jane's outburst behavior are likely to have a considerable impact on the rate of their occurrence, as will the DRO schedule of reinforcement. However, these behaviors are still likely to occur, at least to some

degree, especially during the initial stages of the implementation of this support plan, as the necessary adjustments to the plan are identified and made. Therefore, staff may need measures for dealing with these behaviors when they occur. Such reactive strategies have an even more limited role than the focused strategies recommended above. Specifically, reactive strategies are designed to produce the most rapid control over the situation, in a manner that keeps both Jane and staff as free from risks to injury as possible and that keep Jane free from risks of exclusion and devaluation as much as possible. That is, the role of reactive strategy is to reduce episodic severity. Accordingly, reactive strategies are not intended to produce any change in the future occurrence of Jane's challenging behavior. Both rapid and durable changes, instead, are being sought by the Ecological Strategies, Positive Programming Strategies, and Focused Support Strategies described in the preceding sections. These proactive strategies are also expected to prevent any counter therapeutic effects that might accrue from the nonaversive reactive strategies being recommended here. The following procedures are suggested as initial strategies that fit within ABCD's "Emergency Management Guidelines." They, along with other strategies that fall within the guidelines, which may be considered in the future, are expected to preclude the need for the physical management of Jane's behavior, including the need for physical restraint.

Redirection to a preferred activity: It has been identified in the analysis that Jane uses behavior to communicate and control her environment. Additionally it has been identified that Jane has limited access to activities. The approach of directing Jane to an activity she wishes to engage in is likely to interrupt the behavior. The use of this strategy needs to be limited to ensure that the response does not reinforce the behavior exhibited. Therefore a record of the use of this strategy must be recorded detailing its effect in order that subsequent support staff do not use the same method excessively.

Stimulus change: It has been identified that Jane responds positively to engagement in meaningful occupation such as listening to music. On presentation of the outburst behavior the support staff may provide a stimulus change such as turning on some music loudly. This action is likely to interrupt the behavior sufficiently to provide an additional strategy.

Reinforcement Reminders: It has been identified that Jane responds positively to praise. On presentation of the pre-cursors to outburst behavior the support staff may remind Jane how well she is progressing with her reinforcement schedule (her puzzle chart). This is particularly useful at a low level of episodic severity or as an additional strategy following an initial reactive strategy.

Positive Program Reminder: Jane may be directed to her positive programs as a means of diverting her focus.

5. Staff Development and Management Systems. Key elements that will determine the degree of success of this support plan are staff competence and management systems that assures staff consistency in providing services to Jane. The following is recommended:

a. Procedural Protocols. Each strategy and procedure described above should be broken down into teachable steps.

b. Three tiered Training.

1) Each staff person would be required to show "verbal competence" for each procedure. That is, they would need to describe each and every step in the specific procedure. Each staff would be scored using a "+/O" system for each step of the procedure. A 90% criterion is considered passing.

2) Each person would be required to show "role play competence" for each procedure. That is, they would need to demonstrate each step of a procedure to another member of Jane's support team. The scoring system would be the same as for "verbal competence," as described above.

3) Finally, each staff person would need to demonstrate "in-vivo" procedural reliability; that is, the ability to carry out each program component of Jane's support plan for which they are responsible. This would require the designated person to observe each staff

person as they provide services and to see the degree to which they do agree with and follow the written protocols. The scoring procedure described above would be used again, and 90% consistency should be considered as minimally acceptable. For those procedures that do not occur frequently, such as the need to react to infrequent behavior, role-play competence should be reconfirmed on a regular schedule.

- c. Periodic Service Review. Jane's entire support plan should be operationalized into a series of performance standards to be met by the support team and integrated into a Periodic Service Review. Monthly (initially, weekly) monitoring should be carried out by the designated coordinator and the status of the support plan's implementation should be quantified as a percentage score. This score should be summarized on a graph and kept visible to staff as an incentive to achieve and maintain a score of 85% or better. Management should review this regularly and feedback should be provided. More information on how to develop and implement a Periodic Service Review system can be provided on request.

COMMENTS AND RECOMMENDATIONS

Analysis shows that Jane manifests behavior challenges that warrant services at this time. Although Jane currently receives support from respite services it is considered appropriate to review the level of support received in light of this assessment and the recommended strategies.

The analysis has shown that for successful completion of the recommended support plan Jane's parents and extended family will find it difficult to implement strategies without the support of professionals.

1. Revisions are certain to be necessary during the initial stages of implementation and as Jane's responsiveness to this new support plan are observed. Early revisions and fine-tuning are necessary in the initial implementation of any support plan, especially one as comprehensive as this one attempts to be.

2. Jane should continue with her regular reviews with her psychiatrist, neurologist and physician. Dental and optician appointments may also be facilitated. In addition the support service should offer the organized provision of support to the family at these appointments. This recommendation is intended to provide a collaborative system of communication between the differing disciplines providing care for Jane. A summary report should be written by the attending staff including the conclusions made by the professional concerned and the actions agreed. Additionally the family should be supported to raise any concerns identified by those supporting Jane.
3. It has been an assumption of the recommended support plan that sufficient services are provided to Jane and her family. I recommend that Jane receive intensive interventions as soon as possible with consideration given to the findings of this functional analysis and proposed support plan as an indicator of the impact of Jane's behaviors on the family and the level of additional support needed.
4. In collaboration with Jane's parents a transition plan to be implemented to identify short and long term goals in relation to the service provision and Jane's future. This should initially involve clarification of the family's expectations of services. Also the family should be provided with information relating to Jane's entitlement based on her circumstances. A Positive Futures Plan is recommended.
5. Jane's sensory needs are not fully understood. A sensory assessment completed by the relevant specialist is recommended.
6. In the event that services are enhanced as recommended those plans implemented should be reviewed regularly and quarterly reports completed.
7. Although this report is comprehensive, it is limited in terms of access to information. I recommend that additional information be obtained from Jane's school to enhance the recommendations already made.

Charlie Ingram, Trainee

Psychologist, Ph.D., Clinical Director

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