

COMPREHENSIVE FUNCTIONAL ASSESSMENT REPORT
AND RECOMMENDED SUPPORT PLAN

Client Confidential

Date of Report: July 29, 2008
Referral Date: June 27, 2008
Period of Report: July 29 to July 30, 2008

Writer's Name: Patricia Thomas- Community Nurse, ABC Trainee

IDENTIFYING INFORMATION

Name: Jane Doe
Date of Birth: January 19, 1988
Address: 123 Any Street
Any City, Any State

Referral Source: ABC XYZ: A Behavioral Management Day Service
Annie Anyone: ABC NLA/XYZ Manager

REASONS FOR REFERRAL

Jane was referred by Annie Anyone ABC NLA/XYZ Manager 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 her 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 non-performance, and the types of behavioral services, support strategies, programming, professional competencies and skills, and environments required to eliminate, minimize, or manage them.

Specifically, the referrer outlines that Jane doesn't like to do much. She will start crying when she doesn't want to do something. She will also cry when she doesn't get something she wants such as, food, magazines, and money. The referrer reports that Jane is very quiet by nature, but she would be very blunt towards others when she was upset. Jane could be disrespectful too.

DESCRIPTION OF ASSESSMENT ACTIVITIES

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

- A. Interviews with Jimmy Anybody-XYZ Day Supervisor on 7/29/08 (3 hrs.), Susie Someone- ABC NLA Employment Specialist on 7/29/08 (2 hrs.) Jimmy and Susie were interviewed both in the community and ABC NLA Office, Cindy Somebody- Program/ Volunteer Coordinator, Any City Rescue Mission 7/29/08 (30 mins.), and Annie Anyone- NLA XYZ Outcome Specialist on 7/29/08 at ABC NLA;
- B. Direct Observations of Jane in the following settings; Work Placement and a fast food diner on 7/29/08 for 2 hrs.
- C. Review of the records provided by ABC case file; during am and afternoon on 7/29/08, for 2 hrs. Psychological assessment by Dr John Lamont (Jan. 2003) medical assessments by Dr Carlo De Antonio, medical consultant (02.22.2003) Social assessment report by Lisa Day (Feb 2002) Children's education centre.
Case notes, multiple authors dated from April 2008 to July 2008, held at ABC NLA office, read (07.29.2008)
As Jane moved from any city to any State in 2002, there were no other records available prior to this date.
- D. Telephone Conferences; Mrs. Jane Doe (mother) at her work environment on 7/29/08 for 15 mins.
- E. Interactions with Jane while she was eating her lunch, and also during her voluntary work placement (07.29.2008) for 2 hours.
- F. Information contained in the referral pack for Jane gathered by ABC NLA office (07.29.2008)
- G. Questioning of Susie – ABC employment specialist and Jimmy – ABC day supervisor, Cindy – Programme volunteer co-coordinator, Any City rescue mission (07.29.2008) 60 mins in total.

BACKGROUND INFORMATION

I. Brief Client Description.

A. General.

Jane is a twenty-year-old Caucasian female. She is 5' 10 inches tall and weighs approximately 300 pounds. She is overweight and her stature is very large. Jane has long brown shoulder length hair. Today (07.29.2008) she wore a long floral dress with color coordinated sneakers and was neat and tidy in presentation. There was observable scarring to both arms, which appeared to be round in presentation and had the characteristics of spots. No other physical disabilities were observable.

In a psychological evaluation by Dr. Anybody dated January 13, 2003, she was diagnosed mild mental retardation and autistic disorder. Test administered were Wechsler Intelligence scale for children- III, Autism Diagnostic observation schedule, Gilliam Autism rating scale and Vineland Adaptive Behavioral Scales.

Presently Jane is fully mobile and does not appear to have any problems with her mobility. She presents as shy and quiet in demeanor.

When I was initially introduced to Jane it was at the laundry-mat. Susie her XYZ support worker attempted to introduce Jane to me, but she became visibly anxious and agitated because she had been distracted from carrying out her tasks. Occasionally Jane would approach me when I was talking to Irma, but she would not gain eye contact with me, and when I attempted to interact with her, she would walk away. However, when we sat down to have lunch in a fast food diner, Jane appeared to relax and became happier in mood. I was able to ask her some questions, for example, 'do you like you job at the laundry', 'have you got any pets at home', which she was able to answer, in broken sentences.

B. Language and Communication Skills.

Jane's mother reports that she started to notice a problem with her developmental stages when she was about 18 months of age. She didn't speak nor would she engage in saying simple words. Jane's

first words were at age 4; she could put two words together and began speaking in sentences at the age of 4 ½ years old.

In January 2003, during a psychological assessment by Dr. John Lamont, Jane was administered the Vineland Social Maturity scale. On the communication domain, she scored within the severe range of deficit. In a social assessment report from December 2002, it outlines in the communication section that Jane is verbal and she can communicate with gestures. She speaks in simple words and phrases. Her speech is basic and that of a 4th grader. She does not always pronounce her words clearly. She can engage in basic conversation and she has a restricted vocabulary. She does not always answer the questions that are being asked of her and the report concludes that she appears to have some auditory processing delays; she cannot understand a story plot unless it is to a simple movie. She can follow one-XYZ directions. She is not reported to lie. Jane also has echolalia

From brief interaction and observation of Jane and from observing her interactions with others, I feel Jane has some understanding of what people are saying to her and asking her what to do, as long as the instructions/words are short and concise. I did not observe any auditory processing delays during my interactions with her.

She responds well to visual prompts and her mother feels that her communication has improved since she left Any City in 2002 due to marital problems.

Jane echoes and repeats certain words and phrases over and over. She speaks with odd prosody. She mixes up the words yes and no. She may call herself by name instead using the word I.

C. Cognitive and Academic Abilities.

Jane was administered the Wechsler Intelligence Scale for children-III by Dr. Anyone (psychologist) in January 2003. She refused to complete many of the sub tests. An overall IQ was estimated using the two verbal sub tests and three performance sub tests, which she was able to complete, and this was in the deficient range, while her estimated performance IQ was in the borderline deficient range

Jane can respond to and provide her name, age, and date of birth, but not the year. She can recognize colors, shapes, and can count to 100 with assistance. She can recognize the alphabet and the numbers. She is performing basic addition with objects and subtraction. She demonstrated knowing her address, telephone number, days of the week and months of the year. She is aware of major holidays, but not the months in which occurred. She understands the concept of morning, noon, and night. She can follow a routine. She can tell time on a digital clock. With an analogue clock, she can tell time at the top of the hour, half and quarter past. She writes in print and she is reading at a second grade level. She does not comprehend what she has read. Jane has good short term and long-term memory.

During my observations with Jane, I had the opportunity to assess her ability to read and write, and purchase food with money. Jane is encouraged to write or draw events in her diary she has enjoyed. Inside her diary was a picture of the Chinese theatre, her favorite place to visit. Underneath this picture Jane had written her name as well as mum, David, her brother who went with Jane.

Mrs. Doe, Jane's mother informed me that Jane can count and recognize numbers; however she does struggle to manage money. Whilst paying for her food which she ordered and paid for independently whilst at the fast food diner, Jane was able to recognize \$5 note in her purse which she paid for the food with. When given her change, she did not check it and put it straight back in her purse. Susie her 1:1 carer asked Jane if she had been given the correct change. Jane replied 'yes' but was unable to specify how much change had been given to her.

D. Self Care Skills.

Jane was rated on the daily living skills domain of the Vineland Adaptive behavior scales, and scored in the moderate to severe range of deficit. This was completed in a psychology assessment by Dr. Anyone (January 2003). Mrs. Doe, during our telephone conversation (07.29.2008) informed me that Jane needs reminding and prompting to encourage her to take care of all of her personal hygiene needs. She can brush her teeth, wash her face and hands and can regulate hot and cold water. She can select her clothing and dress herself, but she tends to put on the same clothing if not

discouraged from doing so. She can bathe and shower on her own, wash her hair, but does need some reminding. She is basically content and has no problems in this area. She can tie laces; fasten buttons, snaps and zippers. She can wash dishes. She can pour cereal and milk into a bowl and can make a sandwich. She can feed herself with a spoon and fork without spillage. She can ride public transportation with support. She can use money to pay for food. She can identify coins and notes, but has a difficult time with purchases. She is not aware when she should receive change. She can self-medicate, but occasionally forgets to take her medication. I did not determine if there were any safeguards for medication, but will ask ABC to follow this up due to the risks.

Jane can take care of her personal hygiene when she is menstruating independently. She will use and apply napkins-dispose of napkins, and change napkins when appropriate.

E. Domestic Skills.

Via observations of Jane in the laundry mat she was able to load washing into the washing machine the remove this wet laundry into a dryer. Once items were dry, Jane removed them and folded them into a basket.

Mrs. Doe informed me that Jane can use the top of the stove, microwave, and toaster. Mum is presently teaching Jane how to do the laundry. Jane will fold her own clothes, but doesn't know how to sort them. She tries to put the detergent in the machine, but tends to put all of her clothes in the machine at one time. Jane can make simple snacks such as toasties. She can use the vacuum cleaner independently. Jane is able to make her bed. She can answer the telephone and can dial numbers and Jane is aware of emergency numbers. She can remove trash from within the home and put outside. Jane is able to prepare hot and cold drinks, she is able to wash and dry dishes and put them away. Mrs. Doe informed me that her daughter needs a lot of verbal prompting and encouragement to carry out these tasks.

F. Community Skills.

Jane is always supported in the community due to her vulnerability, cognitive and behavioral difficulties. Jane has no insight into dangers while out in the community. She has to be supervised at all

times, when crossing roads as she has very little street safety skills. Presently Susie, her 1:1 carer is teaching Jane the skills she needs to use public transport.

She can go to local shopping malls with support. Jane will only go into the shops that she wants to purchase items from, and not go in shops that others may like to go in when she is supported. Jane presently has a volunteer job in the community. She works in a hostel for the homeless. Jane will take blankets from beds and take them to the community laundry mat for washing and drying. She can do this with her one to one staff. Jane will also help to take food to the homeless in the local community.

She can order food at the local fast food chain and pay independently. Jane will go for a walk in the community park. Part of her reinforcement schedule is that she goes shopping at her favorite place with her one to one staff.

Jane does like to go to the movies. She will have personal identification with her while in the community. Jane will go to the local library. Jane has a mobile telephone which she can use to contact her mother during the day.

G. Recreation and Leisure Skills.

Jane does go walking with her 1:1 support staff to the local park. She likes to go to the movies with her family. Jane likes shopping. She likes to attend the Chinese Theatre; she likes to have meals in the community. She enjoys holidays with her family. Her indoor activities include watching television and listen to music. Jane likes to use her computer and her mother just bought her a Wii game to motivate Jessica.

During my brief conversation with Mrs. Doe, she was able to inform me that Jane spends her leisure time, mostly within the family home, as she is reluctant to go out, unless it is to a place that she enjoys going to, such as her favorite place, The Chinese Theatre.

Most her leisure time, she spends in her bedroom, making stuffed toys, and watching films, using her computer. Mrs. Doe attempts to encourage Jane to participate in other leisure activities, such as going for a walk with the dogs, but Jane has a structured group of

leisure activities and she is reluctant to do anything other than those things.

Jane has no friends outside of the family. Mrs. Doe informs me that Jane is a solitary person who appears to enjoy her own company. The family is very active and tries to encourage Jane to access a variety of activities such as bowling, but Jane resists. She will only take part in selective activities such as going to the Chinese theatre, shopping in the Mall and eating in her favorite restaurants. She does not like going to new places or trying new activities and this is probably the consequence of her autism.

H. Social Skills.

Jane was rated on the socialization domain of the Vineland Adaptive Behavior scales and scored in the mild to moderate range of the deficit. This psychological assessment was conducted by Dr. Anyone in January 2003. Presently, Jane has no friends, she doesn't have the social skills required to initiate or maintain friendships. She is seldom friendly to strangers. She will return a smile, but she will not initiate one. She avoids eye contact and Jane does not like to be in the company of others. She is a solitary lady who prefers to be alone. She will socially isolate herself within the home in her bedroom. Jane will occupy herself and enjoys playing with the stuffing found in pillows and making animal characters out of them. Jane will however socialize with her family. She will go out to the movies, shopping, and holidays. At times Jane can become very anxious about attending a social event. Jane is reluctant to share with others and become distressed if others remove her personal belongings. She does interact with her brother and sister.

II. Living Arrangement and Family History.

Jane moved from Any City to Any State in 2002, with her mother, brother, and sister, due to her parents separating, as there were marital problems. They initially stayed with Mrs. Campbell's family until they could afford to move into an alternative home. There was no further residential history given to me by Mrs. Doe apart from confirming that Jane has never lived outside her natural family home.

Jane has 25-year-old sister, Pat who presently lives in Any State. Pat does speak to Jane on the telephone and continues to visit her mother. Presently, Jane lives at home with her mother, Brother Ian, who is 22 years old and younger sister Kimberley, who is 18 years old.

Jane has family pets, 3 cats and 2 dogs. Her father seldom has contact with Jane and will telephone every 2 years. The family presently lives in a single story house in a suburban neighborhood in the Any City region of Any City. The area they live in is pleasant and Jimmy Anybody-XYZ Day Supervisor informs me that the neighborhood is safe. The present location of the family home does provide opportunity for Jane to access local community amenities, and to be able to use public transportation to attend day service work placement.

Jane does have her own bedroom but shares a bathroom, kitchen, and downstairs living area with the rest of the family. Jane has always lived with her family. Part of the assessment process was for me to visit Mrs. Doe within the family home. However, this was cancelled, due to Mrs. Doe's work schedule, so I haven't had the opportunity to comment any further on size, cleanliness, or congestion of the home environment.

Susie Someone, Jane's NLA employment specialist could not give me any further information around the home environment, as she also has never been inside of Jane's home. Mrs. Doe informs me that Jane has a close relationship with herself, brother, and sister.

III. Daytime Services Received and Day Service History.

The name of the current program that Jane is supported by is called XYZ- a behavior day activity service, in the region of Tarzana, NLA. This day provision offers specialist services for people with learning disabilities, to support them to learn and develop skills to enhance quality of life. This will also include support to take control of her behaviors, which will enable her to access the community facilities and integrate with others.

The reason why Jane attends this service is that since leaving school over 18 months ago, she was spending the majority of her time at home. Jane was referred to XYZ in June 2008, in order to have support managing her challenging behavior, gain supported employment and become fully integrated into the community. Through my observations of Jane's behavior and body language, whilst I observed her at the laundry mat, and

whilst returning blankets to homeless hotel, it was very apparent that Jane does not enjoy her work at all, and it appeared to make her feel very unhappy.

Presently, Jane has a NLA employment specialist named Susie Someone. She has 1:1 staff supports. Jane has support from Susie 5 days a week, Monday thru Friday for an average of five hours a day. Her weekly program includes supporting Jane to use public transportation, exercise, and to support her with her voluntary work. Jane presently works at the Any City Rescue Mission, which is a homeless hostel. Her responsibilities include taking blankets to wash and dry to the community laundry mat and to take food to that she has helped to prepare out the homeless people in the local community.

Jane also spends time at her local community library. Her day starts around 9:00 a.m. and Susie will pick Jane up from the family home. The day usually ends around 3:00 p.m. and Jane will travel home on public transportation with Irma. Susie and Jane always have lunch together at places that Jane likes to get cheeseburgers and fries.

As part of her reinforcement program, Jane will go shopping with Susie every 10 days to a shopping mall of her choice. Jimmy Anybody, XYZ day service supervisor, will visit Jane and Susie during her support hours to ensure that everything is fine with the weekly program and to give support if needed. Annie Anyone, NLA XYZ outcome specialist, will support and provide training for Susie around management of Jane's behaviors. After discussion with Irma, it appears that Jane has not been exposed to a lot of voluntary/work placements, prior to commencing voluntary work at the homeless hostel, as there were not a lot of other work opportunities available. Jane did however agree to commence voluntary work at the homeless hostel.

During my observation of Jane's behavior while in the laundry mat, she appeared unhappy and was having difficulty concentrating on the work she needed to do. When I asked Susie if she thought Jane liked washing the bedding, she replied that Jane initially appeared to enjoy her work, but now will voice that she doesn't like working in the homeless hostel and that she doesn't want to go. Susie has difficulties getting Jane to go to attend work placement. When I asked Jane if she liked her work, she clearly replied, "No".

I spoke with Cindy Somebody, Program/ Volunteer Coordinator at the homeless hostel. She informs me she has concerns around Jane's behavior when she attends. She informs me that Jane never appears to be happy to be there. She has observed Jane refusing to get out of Irma's car outside of the hostel. When packing away blankets into laundry bags to take for washing, Jane aggressively stuffs blankets into bags and then will call Susie names such as, 'monster' as they are taking them to the car. There appears to be little choice in Jane's weekly program apart from deciding where she would like to go for lunch. However, due to Jane's Autism she does need consistency and structure in her day.

Short term objectives that XYZ have identified for Jane are as follows:

- a. Community Presence and Participation: To increase the percentage of time Jane spends in the community and home. The support plan will include methods such as positive programming and shaping.
- b. Maintaining Paid/Volunteer Job: Jane will secure a volunteer job of her choice at Rescue Mission for at least 6 months. The support plan will include staff presence and prompting, social skills training, and personal effectiveness training.
- c. Social Interactions: Jane will increase her social interactions by initiating/ terminating discussions with her employment specialist at least once per day. The support plan will include the following methods; Direct Instructions and Personal Effectiveness Training.
- d. Transportation: Jane will participate in mobility training at least 2 times per month with her 1:1 support staff, Irma. This will then increase to 6 times per month until 12/31/08. The support plan will include the following methods; Tasks Analysis and Discrete Trial Teaching.
- e. Safety & Emergency Skills: Jane will increase/maintain her mastery of an emergency checklist from 10% to 70% in a specified time period. A support plan entitled, "Emergency Skills" has been developed to assist Jane to meet this objective. The support plan will include the following method, weekly practice with specialist on Adapted Emergency Skills Checklist/ Task Analysis.
- f. Exercise: Jane will engage in a physical activity in the location of her choice at least 3 times per week and then increase/maintain

during following months. A support plan entitled "Emergency Skills" has been developed to assist Jane in meeting this objective. The support plan will include the following methods; Staff Presence and Prompting and Coordinating with Residential Service Provider.

- g. Diet & Nutrition: Jane will increase/maintain her compliance to an individualized nutrition plan or diet at 0% and then increase to 30% by 12/31/08. The support plan will include the following methods; Staff Presence and Prompting, Differential Reinforcements for Higher Rates of Responding, Counseling regarding food choices, Coordination with residential service provider/parent, and coordinating with physician.
- h. Picking Sores: Jane will decrease her percentage of picking sores from a baseline of 6 to 3 times a day. This support plan will include the following methods; Differential Reinforcement of other behavior, Reactive Strategies, and Redirection.
- i. Emotional Outbursts: Jane will decrease her percentage of emotional outbursts from a baseline of 2 a month to 1 a month by 12/31/08. This support plan will include the following methods; Ecological Strategies, Stimulus Control, Antecedent Control, and Environmental Control.

Safety & Emergency Skills (e)

I am concerned that Jane did not appear to react or know what emergency skills she needed to use whilst I was present with her in the laundry mat, whilst an earthquake was in process. Despite Jimmy and Susie informing Jane that 'this is an Earthquake what do we do', she continued to take washing from the machine. Does Jane have any concept about what an Earthquake is?

Diet & Nutrition (g)

It outlines that Jane will increase/maintain her compliance to an individualized nutrition plan or diet at 0% and then increase to 30%. This plan needs to be implemented with priority as most lunch times; Jane is choosing to have cheeseburger and fries for her lunch, despite her obesity. This may be part of her autistic rituals.

From my observations I do not feel the work placement is a suitable environment for Jessica. She lacks opportunity and I feel an alternative work placement needs to be identified for her. Jane has previously worked

in a school cafeteria, and she does like eating out, going to the library, and shopping at the mall. These environments could possibly offer Jane the work placement to motivate her and increase functional and social skills. Presently there is only one reinforcer that has been identified for Jessica. If she has 10 consecutive days without any behavioral problems she can go to Hollywood Shopping Mall with Irma. Jane does not have any money to purchase items when at the mall. Money could be a further reinforcer to shape behavior.

Other alternative reinforcers should be identified such as Jane going to watch a movie, or attending her favorite place, The Chinese Theatre.

IV. Health, Medical and Psychiatric Status.

There was very little medical history available prior to 2002 available, so I asked Mrs. Doe about her pregnancy when she was carrying Jane. She informs me that Jane was born naturally after a 40 week gestation. There were no complications during the birth and she was a normal delivery. She recalls her birth weight as being eight pounds. Mrs. Doe was not aware of any problems with Jane's health and she, described her daughter as being a good baby, who fed well. It was only around the age of 18 months when she became concerned that Jane was not talking or walking.. Mrs. Doe also confirmed that Jane was a healthy child apart from having the same childhood illnesses as other children, such as coughs and colds. Jane has never had to be hospitalized.

Presently Jane's general health is good. She is however clinically obese which could put her at risk of diabetes and cardiovascular/respiratory problems. Her last full physical examination took place with Dr. Carlo De Antonio, M.D. medical consultant on 2/20/2003. She has seen her doctor since this last date for minor health problems.

Her vision and hearing are both fine and present. She has regular dental and optician care, and her mother informs me Jane has never had a cavity or filling. She has an allergy to penicillin. Jane has epilepsy and this manifest itself in tonic/clonic seizures and absent seizures. She is presently prescribed anticonvulsant medication, to reduce and stabilize the amount of seizure activity. Her seizures are well controlled on the following medication, Felbatol 600 mg a day and Topamax 100 mg a day. Recently Topamax medication has been reduced and titrated with Felbatol due to the side effect that Topamax can produce, such as increase in appetite and weight gain. Jane has had one tonic clonic seizure since the new

changes. Jane self medicates. She does have spots to both arms, which she constantly picks. Jane has no mobility problems at present and is fully ambulant. Jane has never had any formal psychiatric assessments or evaluations, but has seen Dr. Anyone in January 2003, who diagnosed Jane with:

Axis I: Autistic Disorder (299-00)

Axis II: Mental Retardation (317)

Axis III: Epilepsy, by history.

Jane does have a neurologist at present Dr. Anyone. Jane has an allergy to penicillin.

During July 2001 Jane had her first tonic/ clonic seizure. In September 2001 after a third seizure, further neurological investigations were performed, including an EEC. She was started on anticonvulsant medication. After commencing medication, she had no further generalized seizures, but her mother reported observing some absence type spells.

V. Previous and Current Treatments.

Mrs. Doe has informed me that there has been no previous treatment or interventions to manage Jane's behavior prior to her attending specialist ABC day care provision in June 2008.

Jane has attended and been supported in the Special Education service since she has attended school. There was little data available around Jane's educational background, so I am unable to state whether or not she received any interventions at treating behavioral while attending school. There is a psychological report written by Dr. Anyone in 2003, but he has not made any recommendations in this report around treating behavior but outlined that parents should be referred to Autism support groups. Jane should attend special education classes, which should include speech and language or communication training with emphasis on pragmatics and social skills. The schools should provide opportunity for social interactions and facilitation of social relationships in structured and supervised activities, with the goal of helping her take the perspective of others, follow conversational interactions, rules and develop less egocentric goal-directed behaviors. Strategies including verbal instructions concerning how to interpret others social behavior should be taught. He also recommended that Jane as much as feasible, should be "mainstream" in

regular classes so she can interact with less disabled others, particularly if the cooperation of less disabled peers is obtained in order to help integrate Jane into their activities.

There was again no educational data available to see if these recommendations were taken forward and how successful they were. Jane has never been seen by a psychiatrist, but was seen by a speech and language therapist while attending school. Again no reports of data can be found in her present notes. Mrs. Doe informs me that Jane has only been hospitalized once; due to severe laceration she received to a finger when she was a child.

XYZ have written an initial service plan dated July 4, 2008 on page two of this plan, it outlines that outburst behavior is monitored on a daily basis. It goes on to say that the Employment Specialist uses active listening, role - play and social skills training (P.E.T) in order to prevent these episodes from occurring. It also states that Jane responds well to reinforcers, and that she is currently being reinforced every 3 weeks, which is a visit using public transportation with her 1:1 support staff to Hollywood to visit the Chinese Theatre, which she enjoys visiting very much. However these reinforcers can act as a trigger for problem behavior. For example, Susie, her 1:1 carer informed me of a recent incident that occurred whilst visiting a shopping mall with Jane. As a reinforcer Jane can go shopping once every three weeks if there are no problems with her behavior. I feel that 3 weeks is too long for Jane to wait for to receive this reinforcer. While shopping at the mall Jane has no money, she recently saw a desirable item she wanted but could not purchase it. Susie attempted to use active skills to explain why Jane could not have the item; this only resulted in Jane crying and screaming and finally self-injuring.

XYZ records attendance, exercise, job development, and emergency skills, picking skin and emotional outbursts on a data sheet for Jane on a daily basis as a monitoring tool.

FUNCTIONAL ANALYSIS OF PRESENTING PROBLEMS

A functional analysis was conducted for (crying, screaming and self injurious 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 (Repeat labels), organized around these headings, follows:

A. Description of Behavior and Operational Definition.

1. Topography.

This behavior includes one or more of the following topographies:

- a. Jane screaming/shouting loud enough to be heard in the next room or at a distance of 50 ft.
- b. Jane crying with the exception of visible physical injury or obvious trauma.
- c. Jane self-injuring, including hitting her head/face with an open hand or clenched fist.

2. Measurement Criteria.

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

Onset occurs when she emits one or more of the topographies above. Offset occurs when she had not exhibited the target behavior for 5 minutes.

b. Episodic Severity Measure(s).

Severity Level	Severity Descriptor
Precursor	Walking away from others-sits and stares
Precursor	Gritting teeth and distorting face
1	Screaming/shouting loud enough to be heard in the next room or at a distance of 50 ft.
2	Crying with the exception of visible physical injury or obvious trauma
3	Self-injury including hitting her head (temple with knuckles); hitting face with open hand or clenched fist

3. Course/precursor.

The first precursors are that Jane will get up and move herself away from others. She may stare. Second precursor gritting teeth and distorting face. Then behavior onset is indicated by crying and the offset is the emission of all of the afore mentioned severity descriptors for a period of no less than 5 minutes. Post cursors is when Jane sits down, is sullen, doesn't initiate contact with peers, observation from staff indicate that this can last for up to 20 minutes.

4. Strength.

- a. Rate. Baseline measures reported in Jane’s case file indicate the frequency of the behavior as per graph on table.

Month	Frequency of Behavior
June 2008	4
July 2008	4

- b. Episodic Severity. Although no formal measures of episodic severity have been taken in line with severity descriptors detailed previously, reports from staff suggest severity of target behavior to reflect a severity level of 1-2. Most severe is level 2-3.

B. History of the Problem.

From discussion with Jane’s mother the first appearance of the target behaviors occurred when she was a small child. This was, Mrs. Doe feels, reinforced by physical contact and comfort from Jane’s father. Mrs. Doe also informs me that since they moved from Any City, Jane’s target behavior has improved.

Recent records dated June 2008 onwards indicates no change in reported frequency severity or impact on quality of life.

- 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 and their escalation and secondly an analysis of those that decrease the likelihood. Detailed examples substantiating each of these, based on actual incidents, are also included.

1. Setting Events -that increase the likelihood of the behaviors occurring

High Likelihood

There are some setting events that may make outburst behavior more likely to occur. When Jane is being exposed to an unobtainable desirable object, which she cannot have, e.g., when out shopping with Susie, she will see something she likes but cannot have because she has no money. There are no specific times of the day, week or month, which the behavior is more or likely to occur. Outburst behavior has been displayed at various times during the day, week, and month.

When Jane's demands are not met immediately by others. When individuals ask Jane to do something that she does not want to do. When some food items are refused. Sudden unexpected changes in daily routine.

2. Triggers.

a. Location – behavior appears to occur across all settings

Some specific triggers that are likely to result in outburst behavior include when Jane is within the work environment. In addition, reports from mom suggest outburst behavior may also be observed within the family home if her demands are not met, or if she is asked to do something she doesn't want to do. Also whilst out shopping with family, once she has done what she wants to do, and she then wants to go home, but family refuse because they would like to continue shopping. Also Jane's mother informs me, that outburst behavior is more likely to occur on the mornings she has to go to work, because she does not want to go.

There does not appear to be any seasonal influence, but mom reports Jane's behavior is worst when she is pre-menstrual.

b. People.

Outburst behaviors are more likely to be displayed by Jane if demands placed on her are made by a person she perceives as of less seniority. (E.g., member of management team vs. her job coach).

In the presence of her brother and sister, who have difficulties maintaining boundaries, and give in to her to prevent behaviors escalating.

When her 1:1 carer, Susie is supporting her, as she lacks consistency and has difficulties in maintaining boundaries.

c. Work /Time.

Discussions with Jane's mother indicated that behaviors are more likely to occur in the morning prior to her going to work placement, this is supported by XYZ because she is refusing to go. There does not appear to be any seasonal or cyclic influence in which behavior is more likely to occur.

d. Activities/Events.

Specific events that increase the likelihood of behavior occurs when Jane is reminded of work schedule continually and when she wants something she cannot have. If there is a sudden change to her routine – when she is starting or going to a new activity.

Low Likelihood:

Events that decrease the likelihood of outburst behavior is when Jane is eating, especially cheeseburgers – when watching favorite films such as Harry Potter or Horror movies. When she is at home and don't have to go to work, Jane likes to stay in her bedroom listening to her music and making objects from stuffing.

D. Consequence Analysis.

An unplanned consequence of Jane's behavior is when she is engaging in target behaviors. Members of the community will avoid contact with Jane. A natural consequence of Jane's behavior is that her mother will avoid taking her places due to her target behavior. Careers and family are apprehensive about introducing Jane to new activities due to impact of her target behaviors. A planned consequence takes place very ten days if Jane has not displayed any target behavior. Example Jane goes to Hollywood shopping mall with cover. Jane also receives on-going verbal praise on a daily basis and encouragement from 1:1 support staff. Charts

are completed to indicate if there has been any outburst behavior during the day.

Unplanned Reactions

Non planned reactions were discussed with Jane's mother. She informed me that when Jane starts to cry or scream, initially she attempts to ignore the behavior. Ignoring Jane has usually resulted in an increase in severity of the behavior, resulting in Jane self injuring (hitting her head or face). Verbal reprimands have also been used with little success in having a decreasing effect on the behavior. Again this usually results in an increase in the severity of the behavior, when Jane will scream more frequently.

Removing objects that Jane gets pleasure from, such as her computer and television did initially have a good effect on reducing incidents of problem behavior. However, in time, if the items were not returned when Jane demanded, this would usually result in a full escalation of problem behavior.

Mrs. Doe has also attempted to distract the behavior from occurring. For example when Jane starts to cry, Mrs. Doe suggests that Jane could help her bake a cake, or watch one of her favorite films. Distraction is the current method favored by the family. As it usually results in a decrease in episode and the severity of behavior.

Formal Management Methods (Planned Strategies)

There is a generic behavior management plan in situ, which gives direction and guidance to the ABC Support Staff. Jane's 1-1 carer is following the generic strategies identified, including rapport building, diversion to preferred activity, and the use of Differential Reinforcers, Reactive Strategies and redirection. This has been reported to have a positive effect. However when I observed Susie's interactions with Jane at the homeless hostel and the laundry Mat, she appeared to have difficulties following the behavior management plan and utilizing the generic strategies identified within the behavioral plan. When I questioned Susie as to why she was having difficulties, she went on to tell me that she had not worked with Jane for very long, and was finding it stressful working with her five days a week. She has tried to follow the management guidance and strategies identified, but do not feel that they work or are helpful. Susie has reported this to her supervisor.

Maintaining Events

In relation to maintaining events, Jane uses her challenging behavior as a means of communicating her needs, to the extent of demanding things that she is denied, such as food, desirable items she wants when shopping at the Mall. She will also use challenging behavior as a means of avoidance, when asked to do something she doesn't want to or dislikes. Jane attempts to control her environment, family and 1-1 specialist support worker Susie by a presentation of the behavior.

To summarize, 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 Jessica'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 Environment.

From my observations of Jane working in the laundry environment and in the homeless hostel, there was evidence to suggest that noisy, chaotic and over stimulating environments may have impact on outburst behavior.

Jane appeared to be having difficulties carrying out the tasks she has been allocated in the laundry mat due to it being very busy, with a lot of mothers and their children being present in close proximity. Her facial expression and body language indicated that she might have been anxious and agitated. She was pacing continually up and down laundry mat and was clearly restless. However, when we went to a local fast food diner for lunch. Jane's facial expression and body language changed. There was a huge smile when she entered the diner. Jane was happy to place her food order and request what food she wanted.

Whilst she was sat eating, Jane appeared relaxed and was happy to engage in conversation with Susie. I was able to also interact briefly with Jane whilst she was having her dinner. After she had

finished her food, Jane sat patiently, waiting for Susie to finish her lunch.

2. Interpersonal Environment.

During telephone discussions with Jane's mother, she informed me that Jane needs defined boundaries within the family home, and a consistent approach to manage problem behavior. Jane also needs daily structure and a consistent routine on a daily basis. Any sudden changes to Jane's planned daily activities or routine, usually results in an increase of problem behavior.

Jane has a brother and sister who live with her. Although they are both aware that Jane needs clear boundaries and a consistent approach to avoid/reduce incidents of problem behavior, they have difficulties maintaining this, and Jane's mother gave me the example of a recent incident that occurred within the family home. Jane's brother and sister were watching a movie. Jane did not want to watch this movie, and wanted her brother to change channel on the television. Initially he used a firm approach, and said no to Jane. This resulted in Jane crying, and again her brother repeated no, he was not going to change channel. Jane then started screaming much to the annoyance of her brother. Instead of continuing with his consistent approach to manage the problem behavior, he changed TV Channel for Jane. Jane's mother informs me that Jane is aware that her brother and sister tend to give into her demands, to avoid escalation of screaming, and probably resulting in self-injurious behavior. If this behavior had of occurred in the presence of her mother, Jane would have been redirected to her bedroom, to calm herself and stop screaming.

As Jane's brother and sister is the target of Jane's problem behavior within the family home, a consistent approach is necessary if any program is going to be successful in managing Jane's problem behavior.

Information contained in case notes, also outlined that an employment specialist unfamiliar with, or having conflicting interactive styles with Jane, could result in an increased rate of problem behavior.

Presently Jane needs highly motivated employment specialists that have skills and knowledge around autism and the management of challenging behavior, who will be able to deliver and support the program that has been formulated by the day service, to sustain or reduce the level of incidents that are occurring. Observation of care staff, who utilize a consistent approach and have clear defined boundaries has shown from the data available, to have few incidents of problem behavior. Jane's brother and sister will need to support the above outlined approach, to successfully reduce the number of incidents within the family home.

2. Programmatic Environment.

Jane has a structured day of activities that include working at a homeless hostel, taking bedding to the Laundry Mat. Other structured activities include going to the park for a walk, attending the Library and shopping. One of the setting events for Jane's behavior is attending her work placement. Jane will continually voice that she does not want to go to work at the homeless hostel. Jane's work involves taking used blankets and sheets from the hostel to the Laundry Mat, and putting them in the wash, then drying and folding the bedding.

Jane's mother informs me that she has a lot of problem behavior prior to Jane going to the workplace in the morning, such as refusing to get out of bed, wash and dress. When Mrs. Doe tries to encourage Jane she starts crying and screaming.

Susie her 1-1 employment specialist informs me that when she arrives at Jane's home, to take her to the work placement, this usually results in Jane refusing to get into her car, and when she persists to encourage Jane to go with her, Jane starts to cry and scream. When they do finally arrive at the work place Susie struggles to get Jane out of the car.

Cindy Coordinator for the homeless hostel has observed Jane and Susie on the hostel car park when they have arrived. She usually hears Jane shouting 'No' to Susie when she is asking her to get out of the car. She has also seen Jane locking the car door from the inside. When Jane finally gets out of the car, there is a really angry look on her face, and she may also be crying and screaming. Once inside the work placement, Jane can be heard refusing to remove

bedding, and Susie is usually heard to be giving Jane a lot of verbal encouragement and direction to carry out her work tasks. Frequently Cindy has overheard Jane shouting at Susie that she is a 'monster', 'I don't like it'. Other settings for Jane's behavior are when she is working at the Laundry Mat. I was able to observe Jane within this environment. Initially the Laundry Mat was not busy and Jane with verbal instruction and prompting from Susie was able to carry out tasks required of her, such as putting washing in machine and drying and folding bedding. However as more people entered the Laundry Mat, and children started running around, Jane became visibly anxious and distressed, when her personal space was invaded, and when noise levels became higher. This resulted in Jane putting her hands over her ears, crying and shouting.

A further setting event for Jane's behavior is when she is at the shopping Mall with Susie. If Jane sees a desirable object that she wants, but cannot have, this usually results in Jane crying or screaming and can result in her self-injuring. When looking at recording behavior data, this confirmed that setting events for Jane's behavior, where attending the laundry mat, and attending the shopping Mall.

I asked Susie how much involvement and choice did Jane have when identifying daily structured activities. Susie informed me that some discussions had taken place with Jane's mother, who suggested visiting the park so Jane could walk and take some exercise. As there was very limited work opportunities, Jane had no choice around her work placement, and little choice around the other activities she takes part in during the week, and Susie told me that this was also partly due to not knowing what activities Jane would like to involve herself in, and Jane not being able to communicate what she would like to do during the week.

It appears that Jane's problem behavior also presently excludes her from interacting and joining in activities with other people, although I feel the autism may be a barrier to Jane wanting to interact and integrate with others. During telephone conversations with Jane's mother, she informed me that Jane is a solitary lady who prefers her own company. She has limited interactions with family, and presently has no friends. Jane's family does encourage her to interact and engage with other people outside of the family circle,

but this has caused Jane huge anxieties, and resulted in problem behavior.

Mrs. Doe tells me that when her daughter is occupied with activities that she enjoys, there are never any concerns around her behavior.

Although Jane has a full activity program during the week provided by ABC Specialist Day Services, it does not appear to be meeting her needs, and is contributing to incidents of problem behavior, and having a negative affect on quality of life outcomes for Jane.

OTHER FACTORS

Although Susie, Jane's 1-1 employment specialist is very caring towards Jane, she clearly lacks the skills necessary to support Jane's problem behavior and autism, which Susie acknowledges herself. Prior to commencing work with ABC Day Services, Susie had never worked with people with learning disabilities, and had no knowledge of autism. She has received some training from day services, which Susie feels was 'inadequate', and has not given her the skills and knowledge she needs to support Jane and her weekly activities. Susie has a Supervisor from ABC Day Services, and should receive regular supervision. However Susie informs me that they see each other usually once a month, but would like to have access to her supervisor on a more regular basis. Presently Susie is finding it very stressful, supporting Jane by herself, and working in isolation. She would like to share the days that she supports Jane with another 1-1 employment specialist. Susie has informed her supervisor that she is struggling to support Jane at present, but he has not been able to offer any support.

Susie also feels that when she does bring concerns regarding Jane's weekly activities or behavior to her supervisor, he listens, but fails to act on these concerns. For example Susie has informed her Supervisor that Jane is very unhappy attending her present work placement, and that most of the activities she does in the week, Jane does not enjoy. Her supervisor has agreed to support Susie and Jane to look for alternative work placement and activities, but presently she has been given no support to identify alternative opportunities for Jane, which would enhance her quality of life, and reduce incidents of problem behavior.

When I discussed Susie's concerns with her supervisor, he informed me that it has been acknowledged that Susie has been struggling to support Jane's schedule, and an alternative employment specialist has

been identified to work with Jane. This would be the third employment specialist to support Jane and her schedule within the past two months. As Jane is autistic the continual change in care staff, will only contribute to her anxieties.

- 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 Jessica's behavior.
- a. Expressing her mood – Internal feelings hypothesis
Based upon the assessment, it is hypothesized that Jane's current outburst behaviors serve to subtly different functions. The first function may be Jane's way of expressing her internal mood, for example, Jane does not appear happy at work and so her target behavior is a consequence of her low mood.
 - b. A means of communication hypothesis
Given Jane's formal diagnosis of autism and mental retardation, Jane's outbursts behaviors may serve a communicative function, as she may not have expressive language skills to otherwise communicate her dissatisfaction with her current work place, and the stresses that these environments cause her due to her possible sensory difficulties (noise within the Laundry Mat).
 - c. Limited social skills hypothesis
Jane has little social skills associated with her autism. This may impact upon her social experience. She may find meeting new people at work difficult and this may also be due impart to her limited exposure.
 - d. Lack of speech and language hypothesis
Due to Jane's limited speech and language skills, Jane's outburst behavior may serve as an escape mechanism to avoid doing things that she is unable to say 'no' or ' I don't want to'.
 - e. Perspective for behavior hypothesis
Jane is unable to give a perspective/hypothesis for her behavior due to limited language and cognitive ability.

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.

From telephone discussions with Jane's mother and from interviews with Susie I have been able to identify some motivational factors that could be utilized as possible reinforcers for motivational change, which are listed below.

1. Eating out as Jane really enjoys her food
2. Going shopping to the Mall with money
3. Watching movies in the local community and at home
4. Visiting the Chinese Theatre (Jane adores visiting the Theatre)
5. Playing Wii Games
6. Using the computer
7. Listening to music
8. Making stuffed animals
9. drawing and painting.

This is not an exhaustive list of reinforcers, and a comprehensive analysis of other possible reinforcements will be required to support the recommendations outlined in this report.

MEDIATOR ANALYSIS

A "Mediator Analysis" was conducted for the purposes of identifying those persons who might be responsible for providing behavioral support for Jessica, 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:

In the present circumstances, the mediators of any program are the ABC Day Service Manager, day service supervisors, 1-1 specialist employment carers, Jane's mother, sister and brother.

Jane's mother: Having spoken to Mrs. Doe on the telephone, I believe she is keen and motivated to support any program but she would have to be advised around her own interpersonal styles with Jane, if the program is to be successful. Mrs. Doe wants her daughter to share the same life experiences as her other children have, and she want to develop Jane's skills to enhance her quality and of life and enable her to have more choice and control. She describes having a close and loving relationship with her daughter, but feels guilty that as she is the sole parent and works full time, so she cannot devote as much time as she would like to with her daughter.

Her abilities include being able to put firm boundaries in place within the home, and whilst out in the community. She is consistent with her approaches to manage problem behavior.

Mrs. Doe also appears to have very good communication skills, and has the ability to use them to enhance communication with Jane.

Her weaknesses are that she can be very harsh in the management of Jane's problem behavior, and she does use punishment methods, such as depriving Jane of her computer, music player and television by removing these items from Jane's bedroom to deter unwanted behavior. During my telephone conversations with her, she told me that Jane's 'crocodile tears' don't wash with her, and she tends to ignore these tears.

Mrs. Doe has already acknowledged herself, that there are time constraints on her as she is a lone parent who works full time.

Jane's brother and sister: There abilities include having a loving and caring nature towards Jane and this has been confirmed by Mrs. Doe. They like to spend time with Jane and will take her out to places in the community, occupy her by playing games and watching movies. They also try to teach her new skills around the home, and since she has had a computer, have invested a lot of time showing her how to use it.

There weakness is that they use inconsistent approaches with Jane, and are unable to maintain clear boundaries. They usually give into her demands to placate her, and prevent the behaviors from escalating. They are both going to need training and support to make any program successful.

Specialist employment carer: Susie, Jane's 1-1 carer, has a nice quiet demeanor, and remains calm and in control when Jane displays challenging behavior. She is fond of Jane, and has recognized that presently Jane is unhappy and frustrated

because she is participating in activities that she does not enjoy. She does make attempts to make people aware of this, in the hope that the situation can change. Her weakness is that she clearly lacks the skills and knowledge around Learning Disabilities, Autism and behavior intervention and management. As a consequence of this Susie is unable to follow the support program.

Day Service Manager/Day Service Supervisor: I cannot make comment on the abilities or the weaknesses of the day service manager, as she was not available in the day of the assessment process.

He day service supervisor abilities was that he appeared motivated, had good communication skills and appeared to have good knowledge and insight around Jane's case. During discussions with him, regarding Jane he was keen to enhance her quality of life, and develop her skills further. He also wanted Jane to have a bigger presence in her local community, and wanted to expose her to different life opportunities.

His weaknesses were that he also appeared to lack the skills and knowledge around Learning Disabilities, autism, and the management and intervention of challenging behavior. I was able to reach this conclusion from questioning him around practice, and from observing his interactions with Jane and Susie whilst we were at the Laundry Mat. He appeared to have difficulties offering any support strategies to Susie when she informed him whilst I was present, that she was struggling to manage Jane's behavior and present interventions and strategies were not helpful. The only thing he suggested was getting together with the day service manager to discuss the situation.

When I informed the supervisor that I was concerned that Susie clearly lacked skills and knowledge to support Jane's program, he replied by stating that Susie had received training so she should be able to. When I also highlighted that Susie was feeling stressed and isolated, he went on to say that he was aware of this, but he did not have the time to offer any additional support to Susie at present.

It is evident that there is a clear lack of resources in place to support Jane's program at present. Additional costs, time, effort and motivation will need to be invested in this present program in order for it to achieve its outcomes. This will also enhance the present quality of Jane's life.

Resources are available at present, but they are restricted in terms of manpower, supervision, training and guidance around behavior interventions.

The 1-1 specialist employment carer needs to be skilled in the management of behavior and interventions. They will need a highly skilled supervisor, who has advanced skills and knowledge in order that he can offer ongoing training and support to the specialist employer. He will also need to invest time with his care staff in order that this can be achieved.

A second specialist will need to be identified to also support Jane's program. This is to avoid one specialist becoming stressed with the program. It will also support any time off that staff may need to take holiday/sickness.

The day service supervisor had failed to support Susie to identify and establish a reinforcement infantry. As there is a reinforcement schedule in situ, it is crucial that there is a reinforcement infantry in place to support the program. This will be achieved by Susie and her supervisor, arranging to meet up with Jane's family to establish what activities they are aware of that Jane like to take part in. Jane will also need to be exposed to a variety of other events, to continue to extend the infantry of reinforcers.

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 Jessica'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:

The long-range goals that will need to be addressed in terms of quality of life measurements are as follows:

1. Jane presently lives with her mother, brother and sister. She should be supported and given the opportunity to make a informed decision as to where she may want to live in the future.
2. That Jane will develop the necessary skills, to become less dependent on others, and will be able to for example prepare a

basic meal, wash her own clothing, utilize local community transport, use money independently.

3. That Jane will be supported to find a work placement of her own choosing. This will raise her self esteem and confidence. Most of all Jane will look forward to attending the work placement.
4. That Jane will be supported to extend her relationships with other people, outside of the family circle, as presently she has no friends this will enhance her communication and social skills. It will also give her sense of belonging in the local community.
5. That Jane will be able to express her needs, wants and desires, in a more appropriate manner, rather than resorting to crying, screaming and self injuring. This will give Jane more control over her life, and will assist her to develop new relationships, outside of the family.
6. That the choices made by Jane, will be respected by others, and supported to occur. This should bring Jane happiness and a improved quality of life.
7. That Jane will be given the same opportunities as other people, freedom to access her local community. This will give her the feeling of presence, and the opportunity to integrate and participate in community events. New opportunities will need to be exposed to Jane.
8. That Jane will develop sufficient control over her emotions, to enable her to make increased informed choices around what activities she would like to participate in during the week. This control will also enrich the relationship she has with her family, and any future relationships she may develop with others in the future.

B. Operational Definition(s). Screaming/crying – self injurious behavior

1. Topography. Jane's behavior usually consists of three separate behaviors. Screaming/shouting aloud, crying and self injurious behavior by hitting herself around the head and facial region.

- a. Jane Screaming/shouting loud enough to be heard in the next room or at a distance of 50 ft.
- b. Jane Crying with the exception of visible physical injury or obvious trauma.
- c. Jane Self-injury including hitting her head/face with an open hand or clenched fist.

2. Measurement Criteria.

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

Onset occurs when she emits one or more of the topographies above. Offset occurs when she had not exhibited the target behavior for 5 minutes.

In order to record the data, an event recording system will be used. The rate of the Screaming/Shouting, crying and self injurious behavior will be recorded on a daily basis on a recording sheet. The method of recording data will be explained to all who will support Jane and complete the recordings, and how data will be gathered and recorded. At the end of each month the 1-1 employment specialist will give the completed information to her supervisor for analysis.

b. Episodic Severity Measure(s).

The episodic severity of outburst behavior should be measured on the following 3 level scales.

Severity Level	Severity Descriptor
Level 1	Jane producing a high-pitched noise/screaming
Level 2	Crying
Level 3	Self-injury including hitting her head with knuckles – hitting face with open hand or clenched fist cause head to move

The episodic severity of the behavior will be recorded for each incident using the above 3 point scale. The average severity will be calculated monthly. These statistics will be given to the specialist supervisor who will calculate and record appropriately.

- C. Short Term Measurable Objectives. The following objectives and plans are suggested on the assumption that Jane has the opportunity to live in the community with appropriate support along with comprehensive, consistently implemented behavioral support plans. It is unlikely that they would be realistic if he 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. Outburst Behavior

a. Reductions in Behavior Over time.

To reduce the rate of outburst from 4 times per month to 2 times per month, within one year of implementation of this plan.

b. Reductions in Episodic Severity.

To reduce the level of current episodic severity from an average of Level 2 to Level 1 within one year of implementation of this plan.

D. Observation and Data Collection Procedures.

Methods. As there has been a low number of incidents recorded, an event recording system will be utilized. Previous attempts to gather data have not included incidents that may occur when Jane is being supported by her family, and this has prevented a through analysis of the target behavior, therefore a recording sheet in the format of an ABC Chart has been developed to record all incidents. The number of ABC charts completed will calculate the episodic severity.

An “ABC” chart (a chart to record A= Antecedents, B= Behaviors, C= Consequences) should be filled out for each occurrence of target behaviors using a prepared sheet. The entries for each occurrence should include the date, the time that episode started, the time it stopped, a code for each of the topographies that occurred (including sub codes for attempted, verbal and/or gestural behavior) a code for the episodic severity of the outburst. The specific setting in which the behavior occurred should be indicated, as well as the people present.

The events (antecedents) immediately preceding each occurrence should be described in detail. This should include environmental events and a descriptive account of the conversation leading up to the event, including an assessment of the tone and content of the conversation.

The consequences or reactions of people following the behavior should also be recorded. If any target behavior occurs in episodic severity rate 3 and 4, the support staff should have the opportunity when he/she returns to ABC office at the end of the day, to discuss this with their supervisor or line manager. The debrief and reflection should include what possibly triggered the incident, there interventions, and what occurred after the incidents. The supervisor will have access to the ABC chart to ensure they have been completed correctly as outlined in the support plan.

2. Observation Reliability

- a. Secondary information will be difficult to gather as Jane presently has 1:1 support, which is very staff intensive.
 - A casual/incidental strategy or a consensus method will need to be used.
 - A cross records review will also be used. This would involve the comparison of one record against another. For example, Susie’s supervisor would look at daily recording charts and daily written report on Jane. If an incident were reported there, he would look back at the data sheet. If they are both recorded this incident, then I would record an “Agreement A”. If the incident

is not recorded on the data sheet, I would record a "Disagreement D".

It will be difficult to put any monitoring systems into the family home, as all the care provided by ABC day services, is provided in the community, and not within the family home.

E. Recommended Strategies. In the following paragraphs, a summary of possible strategies to support Jane 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 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:

Physical Environment/Interpersonal: I did not have the opportunity to access Jane's family home, so I am not able to make comment on the home's physical environment. Susie Jane's one to one employment specialist has never been inside of Jane's home, so she was unable to provide me with any information.

I was able to observe Jane in the Laundry Mat whilst she was putting blankets into the wash tub, and then transferring washing into a dryer. The Laundry Mat was initially quiet with only one other person present when Jane arrived. However it soon became busy with several mothers who had children with them. Jane became anxious when somebody entered her space, and started to cry. When a young child started to 'scream' Jane became visibly distressed and commenced screaming and then started to hit her

head, with her hand. It has been recorded as level 2 and 3 on the episodic rating scale that Jane will scream and self injure. It is with this evidence that I would recommend that the Laundry Mat environment is not suitable for Jane, and alternative work related tasks need to be identified for Jane in a calmer, quieter, less populated environment.

Susie Jane's 1-1 employment specialist has informed me that Jane does not like going to work at the homeless hostel. Jane's mother has also confirmed this. It is recognized from the analysis of the assessment, evidence that certain environments will trigger problem behavior as outlined in episodic severity rating scale. It is also clear that Jane does not want to work at the homeless hostel, and an alternative work placement needs to be identified and Jane should be able to choose this.

Programmatic Environment: Jane has a daily activity timetable for five days a week, and she receives 6hours support per day provided by ABC behavior management day services. Evidence was discovered during the assessment process that a lot of conflict surrounds the activity schedule, as Jane does not enjoy the majority of activities that she participates in. The distress and anxiety this schedule provokes on Jane, often results in incidents of crying, screaming or self-injurious behavior. Part of Jane's program during the week includes working at the homeless hostel, taking laundry to the wash mat, and other structured activities include visiting the park for a walk, attending the community Library and shopping. One of the setting events for Jane's behavior is having to go to the work placement. Jane will continually voice that she does not want to go to work. Jane's mother informs me that she has a lot of problem behavior in the home, prior to Susie picking Jane up to take her to work. It starts with Jane refusing to dress, and when mum is attempting to encourage Jane to get ready, this usually results in Jane crying and on occasions screaming. When Susie arrives at the family home to take Jane to the work placement, this usually results in Jane refusing to get into her car, crying and shouting and eventually screaming, when they arrive at the homeless hostel Jane refuses to get out of the car. Cindy coordinator for the hostel has also informed me that she has observed Jane and Susie when they arrive for work on the car park she usually hears Jane shouting 'no' to Susie when she asks her to get out of the car. When Jane does finally get out of the car she is either shouting, crying or screaming.

Once inside the hostel Cindy can hear Jane shouting at Susie, monster' and 'I hate you' a further setting event for Jane's behavior is when she is at the shopping mal with Susie. If Jane sees a desirable object that she wants, but cannot have, this can result in Jane crying, screaming and shouting and at its worst, self injuring herself. When looking at recording behavior data, this confirmed that setting events for Jane's behavior where attending the work placement, laundry mat and shopping mal.

It appears that Jane's problem behavior, presently excludes her from interacting and joining in activities with other people, although I feel the autism may be a barrier to Jane wanting to interact and integrate with others. During telephone conversations with Jane's mother, she informed me that Jane is a solitary lady who prefers her own company, likes quiet environments and will spend long periods alone in her bedroom. Jane has limited interactions with family and has no friends outside of the family circle. Although the family have encouraged Jane to interact and engage with other people outside of family, this has caused Jane huge anxieties and often resulted in challenging behavior. Although Jane has a full activity program during the week provided by ABC day services, they clearly do not appear to have a desired affect on Jane, and are only contributing to incidents of problem behavior, and having a negative affect on quality of life outcomes.

Interpersonal Environment: During telephone discussions with Jane's mother, she informed me that Jane needs clear defined boundaries within the family home, and a consistent approach to manage problem behavior. Jane also needs daily structure and a consistent routine. Any sudden changes to Jane's planned daily activities or routine usually resulted in an increase of problem behavior. Jane has a brother and sister who live with her. Although they are both aware that Jane needs clear boundaries and a consistent approach to avoid/reduce incidents of behavior, they both have difficulties maintaining this, and Jane's mother gave me an example of a recent incident that occurred within the family home. Jane's brother and sister were watching a movie. Jane did not want to watch the movie and indicated that she wanted him to change channel on the television. Initially he used a firm approach with Jane, and said 'no' Jane then started to cry, and again her brother said 'no' when she indicated for him to change channel. When Jane then started to shout and scream, much to the

annoyance of her brother, he turned the TV channel to something that Jane wanted to watch. Jane's mother tells me that Jane can be manipulative, and is aware that her brother and sister tend to give in to her demands, to avoid a escalation of behaviors. Jane's mother informs me that she would not have turned the movie she was watching over to another channel, and would have directed Jane to her bedroom if she had started to cry or scream. As Jane's brother and sister are usually the target, for challenging behavior within the family home, they need to put firm boundaries in place and use a consistent behavioral approach if any program is going to be successful in managing Jane's behavior.

Information contained in case notes, also clearly outlines that an employment specialist unfamiliar with or having conflicting interactive styles with Jane, could result in a increased rate of problem behavior. Presently Jane needs highly motivated employment specialists that have skills and knowledge around autism and the management of challenging behavior, which will be able to deliver and support the program that has been formulated by the ABC day service, to sustain or reduce the level of incidents that are occurring. Observation of staff, who utilize a consistent approach, and have clear defined boundaries, has shown from the data available to have few incidents of problem behavior. Jane's mother brother and sister will need to support the above outlined approach, to successfully reduce the number of incidents within the family home.

Interpersonal factors and communication log: From the telephone discussion I had with Jane's mother, there is clearly a lack of communication between ABC day services and herself, Mrs. Doe informed me that she rarely has the opportunity to talk to Susie or any supervisors, managers from the service. Jane's mother is unaware of most of the activities her daughter attends during the week, and is not given any feedback on what progress Jane has been making or if there are any concerns, Jane's mother has expressed that she would like more involvement in Jane's program and would welcome ABC day service support to manage her daughter's challenging behavior. Presently she is unaware of what behavior interventions day service use. Mrs. Doe informs me that when she returns from work, she can find her daughter distressed. She feels the distress could be caused by Jane not being happy with the activities she does during the program. A communication

log should be used in a daily basis by employment specialist and Jane's mother to inform each other of daily events. This could be written in a book which Jane would take to day services and bring home on a daily basis, Challenges at home or during the day program, potential setting events etc could be noted.

Staff – Training and support mechanisms: The skills and knowledge of staff supporting Jane is crucial, if there is to be a reduction in the frequency of shouting, crying and self injurious behavior. Staff consistency is equally as important, in order for a relationship of trust to develop with Jane, especially as she is autistic. Susie her one to one employment specialist does not have the skills required at present to support the program. Susie gave me an example of a recent incident that occurred whilst she was supporting Jane to shop at the mal, which she struggled to manage effectively. They entered a shop and Jane saw an object she wanted. As she had no money to purchase the item, Susie attempted to explain to Jane why she could not have it. This only resulted in Jane crying and screaming, Susie felt powerless, and made the decision to walk out of the shop, with the hope that Jane would follow her. This action however resulted in Jane screaming and self injuring herself. Susie feels her inappropriate intervention had contributed to the escalation and severity of behavior. When Susie discussed the incident with her supervisor, he struggled to offer any alternative support strategies to use in the event this behavior occurred again Jane requires highly motivated and skilled staff to sustain/reduce the amount of incidents that are presently occurring one to one employment specialists will also need training and guidance from highly skilled supportive supervisors to ensure a quality service is being delivered.

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 Jessica'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 Jessica's outburst behaviors. In the following paragraphs, several initial thrusts for positive programming are presented:

a. General Skills.

1) Domestic Domain.

- a) Rationale / Logic. Jane currently prepares snack but does not know how to make a meal. To teach Jane how to prepare a small simple meal at home using the top of the stove and the oven with minimal support.
- b) Objective. Jane will prepare a cheese casserole once a week with no more than gestural prompts, 5 or 5 opportunities by 1/31/09.
- c) Method. This will be achieved by breaking down component parts using whole task chaining strategy, which will be used to teach Jane this skills.

First Jane will follow a simple recipe to prepare casserole, which may consist of words and pictures. Jane will be verbally encouraged and gestured to look at the pictures.

Jane will then be gestured and verbally encouraged to put ingredients into casserole dish.

Jane will then be asked to put casserole into the oven to cook. This may need some physical assistance to open over door – she will also need verbal encouragement.

When practicing this skill, support staff should give Jane verbal and physical support. When she becomes more skilled gestures and verbal cues will be faded, until eventually Jane can complete skill independently.

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 Jessica's behavior concluded, among other things, that Jane has very limited communication and vocabulary skills. As a consequence of this she is unable to express what she wants. Presently, she has limited choice and controls in her life as a consequence of this.

2) Objective. Jane will be given a novel set of 10 cards, 5 will have 'I' statements and 5 with 'You' statements on them.

When presented with a pair of cards, one from each of the two groups, and when asked which one is which, Jane will be able to correctly identify each without hesitation. Error or prompting for all possible pairings for 3 consecutive sessions in a row, within 3 months of the beginning of this instructional program.

3) Method. Jane will carry out this task with her support worker, who will explain and demonstrate to Jessica, what is on each card, for every 'I' card and 'You' card. Pictures on the "I" card should be of Jane's favorite things, as this should prompt her to choose this card.

For example, when shown a picture of the Chinese Theatre on the 'I' card and a picture of 'Washing Blankets' on the 'you' card, Jane is more likely to choose the 'I' card.

Sit Jane in a position facing support worker so she is able to see cards clearly. Then ask Jane to pick the 'I' card. Initially push the 'I' card closer to Jessica, again as a prompt to choose this card. Verbal encouragement and gestures will be needed when you commence activity.

When Jane is becoming more confident, fade away the gestures and just ask her to choose the 'I' card. Ensure that you changed the cards from right to left so Jane does not pick 'I' card from one side continually.

- 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, Jane's skills are identified which are thought to be related to Jessica's inappropriate behaviors which includes non-performance and outbursts of crying, screaming, and self-injurious behaviors.
- 1) Rationale/Logic. Jane will cry, scream and self injure as a means of escaping from having to do an activity. To teach Jane how to use more appropriate ways of indicating that she doesn't want to do something.
 - 2) Objective. For Jane to be taught how to use role-play. Through role-play, Jane will learn how to be able to communicate 'I don't' wan to do this or no'. Jane will respond correctly 5 out of 5 times to the vignette scenarios that she is shown through role-play in 6 months.

3) Method. Training should be provided through the process of role-playing once Jane has demonstrated verbal competence the scripts should be “role-played” with Jessica, switching parts back and with staff so that she has a view of the situations from both vantage points. Her performance in response to each script should be score and recorded correct, prompted, or incorrect. Training should be conducted for 1-2 15-minute sessions each day. The results should be recorded as above. A gradual approach to role-play is suggested in which she first watches a videotape, role-play of the script, then she watches a partial videotape, role-play protagonist, doing in vivo role-play, and her on-screen, and then doing the actual role-play, but with others reading from the queue card.

- Groups need to be identified for Jane to give her the opportunity of learning from other people. (Vicarious learning)
- Social stories could also be used.

d. Teaching Coping and Tolerance Skills. Many of Jessica'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 Jane's, aversive events are also naturally occurring. Especially if he is to lead a full life, from time to time, he will face the disappointments we all have to face, for example, not getting something that he wants, when he wants it and having to wait for it, i.e., delay; not getting something he 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, Jessica'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 Jessica's ability to utilize relaxation skills.

- 1) Rationale/Logic. Jane needs to be aware of when she is possibly feeling anxious or distressed. She needs to be taught an alternative method of managing these feelings other than displaying target behaviors. This much also gives her some control of her emotions and behaviors.
- 2) Objective. Support staff needs to teach Jane the variant of progressive muscle relaxation. Given directions and instructions of how to relax muscles from support worker, Jane should be able to perform this technique independently on a daily basis 9 out of 10 times without prompts.
- 3) Method.
 - a. Session should take place in a quiet room, devoid of noise and interruptions. The setting should be dimly lit (it tolerated by Jessica) as an inducement to relaxation.
 - b. At the beginning of the session Jane should arrange herself in a comfortable position (e.g., sitting up/lying down)
 - c. The first muscle group for training should be selected e.g., hands.
 - d. This action will be modeled by support – If necessary, gentle physical guidance might be used to help for the action.
 - e. At first the entire length of the first session should not exceed 1 minute

- f. The first muscle group should be practiced until Jane is able to carry out the actions independently
 - g. Once Jane shows competence with the first muscle group, then additional muscle groups should be added.
 - h. The process should continue until Jane is able to tolerate about 5 minutes of relaxation
 - i. In addition to teach the relaxation of various muscle groups other relaxation exercises should be considered including deep breath, shaking the hands, etc...
 - j. Relaxation sessions should be carried out throughout the day, approximately one 5-minute session every 2 hours
 - k. As part of the relaxation training staff should present little instructions in a low tone of voice, and should use 'key words' such as 'chill out' 'take it easy', 'mellow out'. The key words may be used at other times when Jane appears to be upset.
 - l. To enhance the likelihood that Jane will participate in relaxation training, it should be built in her daily schedule.
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 Jessica, 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 aggression and property destruction. The procedure would involve the following components.

1. Using this strategy the person is positively reinforced for omitting the behaviors during specified periods of time. Based on a combined occurrence of 4 incidents a month.
2. For each 3 day period during which outburst behavior does not occur, Jane should be given tokens which she can accumulate and exchange after a specified time period for money to spend when she goes to the Chinese Theatre or out to shopping malls, as Jane does understand that she needs money articles and realizes the value of different notes. Possibly Jane should be able to earn a check on a daily basis, and when she has got 3 she can exchange this for a token that can be accumulated and changed into money.

Differential Reinforcement of Alternative Behaviors (ALT-R)

An ALT-R is recommended as an initial strategy to increase the use of Jane's communication skills.

- a. Using this strategy Jane will be reinforced for using her learned communication skills such as 'I' statements instead of outburst behaviors. The reinforcement will follow the same pattern as the DRO, where Jane will receive a check.
 - b. Initially a continuous reinforcement schedule will be used, meaning that whenever Jane uses 'I' statements she will be given a check.
 - c. When Jane use of communication skills increases and reaches a steady 5 takes, the reinforcement schedule will be faded to a fixed ratio schedule.
4. Reactive Strategies. Efforts to manage the antecedents to Jane's target behaviors are likely to have a considerable impact on the rate of their occurrence, as will the DRO and Alt-R reinforcement schedules described above. 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 Jessica'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 IABA'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 Jessica's behavior, including the need for physical restraint.

Efforts to manage the antecedents to Jane's outburst behaviors are likely to have a considerable impact on the rate of the occurrence, as well as the progressive 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 plan are identified and made. Therefore staff may need measures for dealing with these behaviors when they occur.

1. Facilitated Communication

This strategy should be used when the precursors to outburst behavior occur. Mediators should encourage Jane to attempt to verbalize her thoughts and feelings and then help Jane in the process of stating the emotion she is feeling (i.e., angry, frustrated or what she is trying to communicate ('I') statements e.g., I don't want to do that. Inform Jane that it is ok to feel this way and it is better to express herself though words instead of crying, screaming, etc. The mediator can use active listening as part of this process, by

reflecting back on Jane's message (e.g., you seem angry). Be sure to give verbal praise when Jane does appropriately express her feelings.

2. Redirection and Instructional Control

Providing an instruction or statement that evokes a competing behavior might prevent Jane from displaying outburst behavior, or cease the outburst behavior from continuing. Examples are asking Jane to do something you know she likes.

3. Positive Program Reminders

Jane can be reminded of how many more tokens she may need to get, to receive a reinforcer. This should be said to her in a positive term, and should never be used as a threat that she will not receive her reinforcer, (e.g., Hey Jane you are working real hard and only need to get two more tokens to buy your Harry Potter Book).

4. Facilitated Relaxation

Jane should be encouraged to use her relaxation skills – support staff to model and explain XYZs to Jane.

5. Strategic Capitulation

If necessary to prevent injury or further distress, mediators can prevent escalation to Level 3 by giving in to what Jane wants. The other qualities of this plan are designed to prevent the reinforcement and further strengthening of the self-injurious behavior that might otherwise occur through the reinforcement of the problem behavior and eventually lead to the time when capitulation will no longer be necessary. Capitulation should be used early rather than as late as possible in the escalating severity.

After Jane engages in outburst behaviors, she should be examined for any physical injury. Jane needs to be reassured by mediator, that everything is alright, and she should then be encouraged to continue with her daily schedule. Perhaps when Jane is calm and eating lunch you could talk to Jane about it and reinforce that she could have use her 'I' communication, relaxation skills rather than resorting to her target behavior.

6. Stimulus Change: An introduction of a stimulus that may interrupt the course or end the behavior.
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 Jessica. 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 XYZ in the specific procedure. Each staff would be scored using a "+/O" system for each XYZ 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 XYZ 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 what they do agrees with 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. This should be reviewed regularly by management 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

Comments:

Analysis shows that Jane manifests challenging behavior of crying, shouting/screaming and self injurious behavior that requires services and support. It has already been highlighted in the mediator analysis that the present program of structured weekly activities is not meeting Jane's needs. Present employment specialist does not have the necessary skills and knowledge to utilize the program affectively.

Jane's family are going to need to be fully involved in supporting and utilizing focused support strategies within the positive program, in order for it to be delivered successfully.

Recommendations:

1. Revisions are certain to be necessary during the initial stages of 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. A formal reinforcement inventory was not completed. In order to find meaningful and novel reinforcers and to complete a hierarchy of

reinforcers, it is with some urgency that a reinforcement inventory be completed by all involved in Jane's care.

3. It is important that support staffs and family are consistent with their approaches when addressing Jane's outburst behaviors.
4. ABC employment specialist staff needs more training around Autism and managing challenging behavior
4. Jane presently has a structured day program that she appears to have had no involvement with.
5. A new constructive program needs to be devised which will involve Jane making some choices about what she wants to be included in her weekly schedule. Not only will this improve her motivation to engage in activities. It will give her the feeling of control/empowering.

Signature, Trainee

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