

# **TARGETING THE BIG THREE**

## **CHALLENGING BEHAVIORS CAREGIVER MANUAL**

### **SUMMARY**

This training offers hands-on instruction for parents, caregivers, and direct care staff to address the most frequent and problematic areas of daily living for many individuals with autism spectrum disorders (ASDs) and other developmental disabilities. The curriculum is based on the principles of applied behavior analysis (ABA) and focuses on developing the specific techniques and skills shown to be successful in these areas. This program provides training in the management of challenging behaviors. Caregivers will attend a series of weekly sessions in which they will learn new methods of observing and recording problem behavior, how to implement techniques to change behavior, and how to track progress. Throughout the program, participating parents and caregivers will be expected to collect and submit data related to their experiences in implementing behavior management techniques. At the conclusion of the program, the trainers will provide follow-up consultation with individual caregivers and staff as needed.





### **Disclaimer**

This curriculum contains guidelines designed to provide a useful “how to” manual to address specific problem behaviors that often interfere with activities of daily living for individuals with ASD and other developmental disabilities. It is not intended to be a “one-size-fits-all” training program. This curriculum, while focused on behavior management, may also deal with health and related medical issues for the individual whom you are providing care. Please note that this curriculum is not intended to supplant any in-person behavioral consultation or medical examination that may be necessary to appropriately meet the needs of the individual presenting with problematic behaviors. Always seek the advice of a professional with any questions you may have *before* using the curriculum.

If you haven’t already done so, locate a competent behavior analyst or other behavioral health professional trained in these areas for individuals exhibiting severe and chronic problem behaviors (see [www.bacb.com](http://www.bacb.com) for a registry of board certified behavior analysts). OPWDD expressly disclaims any and all responsibility for any liability, loss, or risk, personal or otherwise, which may be incurred as a consequence of the use and application of any of the guidelines included in this curriculum.

*The information I receive as a result of this training is for educational purposes only. No information provided is intended to diagnose or cure any disease or condition. All guidance and training given should be considered as advice.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



NYS Office For People With Developmental Disabilities

**Putting People First**

Targeting The Big Three





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# **Session I: Introduction**

## **Applied Behavior Analysis & Functional Behavior Assessment**

### **1. Program Overview**

This program has been designed for parents and caregivers of individuals diagnosed with autism spectrum disorders (ASDs) and other developmental disabilities. The goal of this program is to offer caregivers a behavioral curriculum that addresses three targeted problem areas: management of challenging behaviors, mealtime behaviors, and toileting. This series also offers an optional Session 3a on teaching functional communication to individuals with limited communication skills.

The curriculum is based on the principles of Applied Behavioral Analysis (ABA) and is designed to help caregivers to develop specific techniques and skills to utilize in the management of these three problem areas.

This six-week session will focus on teaching a proven, scientific approach to understanding challenging behaviors and intervening to reduce those behaviors. The methods you will learn are based on positive approaches to behavior management. The trainer will assist you to develop an individualized Behavior Intervention Plan (BIP) that includes the intervention techniques proven to address the individual's particular needs. Your diligence in collecting data related to the individual's challenging behaviors will therefore be critical to successful intervention. Don't be intimidated by this need for data. With the help of the trainer, you will find you can learn to observe and record your individual's behavior — and most importantly, you can learn how to change it for the better.



**Program Sessions:**

<p><u>Session 1</u></p>	<ul style="list-style-type: none"> <li>• Get to know the individuals you care for</li> <li>• An introduction to Applied Behavior Analysis and the ways we can discover the purpose or “function” of someone’s challenging behavior,</li> <li>• Define the specific target behaviors you want to improve</li> <li>• Set realistic goals</li> <li>• Collect baseline data on the target behaviors</li> </ul>
<p><u>Session 2</u></p>	<ul style="list-style-type: none"> <li>• Review baseline data</li> <li>• How to determine the preferences of the individual you care for so that you can later use these preferences (either specific foods, toys, or favorite activities) to motivate behavioral change</li> <li>• How to work with an individual using a three-step guided compliance model that allows you to offer just the right amount of help to the person you care for as they learn</li> </ul>
<p><u>Session 3</u></p>	<ul style="list-style-type: none"> <li>• Review results of preference assessments</li> <li>• Determine the purpose or function of the challenging behavior of the individual you support</li> </ul>
<p><u>Optional Session 3a</u></p>	<ul style="list-style-type: none"> <li>• Teach individuals with limited communication skills more effective and functional communication strategies</li> </ul>
<p><u>Session 4</u></p>	<ul style="list-style-type: none"> <li>• Review results of Functional Analysis</li> <li>• Responding to challenging behavior in ways that have been proven to help reduce the behavior</li> <li>• Using your data about the individual you support, you and the trainer will develop a behavior intervention plan to reduce challenging behaviors</li> </ul>
<p><u>Session 5</u></p>	<ul style="list-style-type: none"> <li>• Review implementation of the Behavior Intervention Plan</li> <li>• Modify the Behavior Intervention Plan if needed</li> </ul>
<p><u>Session 6</u></p>	<ul style="list-style-type: none"> <li>• Review implementation of the Behavior Intervention Plan</li> <li>• Modify the Behavior Intervention Plan if needed</li> <li>• Plan for additional follow-up consultation with the trainer</li> </ul>

## 2. Caregiver Commitment

Each of you is here to learn information and acquire new skills to assist you in providing care for individuals diagnosed with ASDs and other developmental disabilities. Participation in this type of program requires a dedicated commitment to the learning process. You will be required to learn new terms and concepts, to collect and record data about the challenging behavior, and to implement the techniques demonstrated in class with the individual for whom you care. The program will not work for you if you do not complete the homework. The trainer will help you break down your learning and tasks into manageable sections, so that you will feel successful throughout the training program.

Please take a moment to think about your commitment to the program, your willingness to complete and return required data collection homework assignments, and your ability to attend all training sessions.

## 3. Description of the Individual

Take some time to think about the individual for whom you provide care. Please record your responses below and if comfortable, share with others in group discussion.

- Describe the individual's strengths:

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- Describe the individual's areas of challenge:

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- Describe past behavior management training experiences. Include positive and negative aspects:

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- How does the individual communicate? Please list all communication methods currently in use and/or describe the individual’s ability to express him or herself.

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#### **4. Functional Communication Training (Optional Session 3a)**

Functional communication training (FCT) teaches individuals who are engaging in challenging behaviors new, communication methods to express themselves. FCT grew out of the research on functional behavioral assessment (FBA) which is used to determine the purpose of a challenging behavior. Once the FBA has determined the function of the challenging behavior (i.e., what the individual achieves through the challenging behavior), FCT is used to teach a new, communicative behavior that replaces the challenging behavior.

FCT is helpful for individuals with ASD and other developmental disabilities who are engaging in challenging behaviors and lack communication skills because they are systematically taught appropriate forms of communication. Studies have shown that FCT can result in "marked reductions in the level of behavioral problems" (Carr & Kemp, 1989, p. 562). FCT can increase independence and improve the quality of life for individuals with ASD.

Targeting the Big Three offers an optional, additional training session focused on FCT for parents and caregivers who are caring for someone with limited expressive communication skills. If you think the individual you care for would benefit from an improved ability to communicate his or her desires, speak with the instructor about taking the additional session on FCT.

#### **5. Introduction to Applied Behavioral Analysis (ABA)**

Applied Behavior Analysis is a branch of psychology which focuses on the application of the science of behavior. It is commonly referred to as “ABA.” ABA has been studied extensively and is considered by the majority of clinicians and researchers to be the most effective, evidence-based, therapeutic approach for helping individuals with ASDs gain the communicative, social and behavioral skills they need.

Applied Behavior Analysis provides a format to measure behavior, teach functional skills, and evaluate progress objectively. It breaks down behavior into small parts so that individuals with ASDs can learn and accomplish things easier.



A great deal of material will be covered throughout this six week program. One of the primary goals of this program is to teach you how to use behavioral methods. The trainer will help you learn specific ABA techniques to understand and improve the behavior of the individual you care for so that by the end of this program, you are confident and successful in addressing his or her challenging behaviors. It will take continued focus and practice to see long-term changes. We encourage you to remain committed to the program. With that commitment, it can and will work for you and the individual for whom you provide care.

### The Function of Challenging Behaviors

Challenging behaviors, such as aggression, disruption, or self-injury are often a chief concern of caregivers of individuals with autism and other developmental disabilities. Many of these challenging behaviors are *learned* and *maintained* by what happens immediately before and after the problem behavior. Because they are learned behaviors, problem behaviors can be modified by manipulating or changing situations in the environment, especially the events before and after the problem. In most cases, challenging behavior is seen as a way to request or communicate a preferred outcome (e.g., access to toys, food, social interaction, or cessation of unpleasant activity). Therefore, the goal is to replace the inappropriate “request” with more adaptive (appropriate and effective) communication.

#### Key Terms

Applied Behavior Analysis (ABA)	The scientific study of behavior through measuring and evaluating behavior, and applying interventions to improve socially significant behaviors (e.g., school performance, communication skills, social skills, and adaptive skills).
Functional Behavior Assessment (FBA)	An assessment process used in Applied Behavior Analysis to identify the functions of an individual’s behaviors.
Functional Analysis (FA)	Can be part of a Functional Behavior Assessment and is used when the function of a behavior remains unclear through indirect and descriptive behavior assessment FA involves manipulating certain variables in order to identify the function/reasons for a behavior.



## Functional Behavior Assessment (FBA)

A Functional Behavior Assessment, or FBA, is an assessment process used to gather information and identify the reasons (causes or “functions” of) for challenging behaviors.

Functional behavior assessment (FBA) for challenging behavior includes three types of assessments. In order of increasing complexity, they are *indirect*, *descriptive*, and *analogue (functional analysis)*:

Indirect FBA involves interviewing caregivers about the situations and settings in which challenging behaviors occur using questionnaires. This type of analysis is considered a first step in FBA. The *Questions About Behavioral Function (QABF)* tool is an indirect functional assessment scale (see page 15) that has been shown to be helpful in revealing the reasons underlying challenging behaviors. You will be using this form in this week’s homework.

Descriptive FBA involves counting the number of occurrences of challenging behavior in the natural environment (e.g., home, school, work) and recording what happens before (antecedents) and after (consequences) the challenging behavior. Looking carefully at the context of challenging behaviors in this way can help us understand why the behavior is occurring and what situations or reactions might be maintaining that behavior. See page 16 for the Antecedent-Behavior-Consequence (ABC) data sheet. The ABC data sheet will be used for recording the descriptive FBA which is part of this week’s homework.

Indirect and descriptive FBA methods involve only observation. They aim to identify patterns and correlations, and do not always lead to an accurate understanding of the reasons for the challenging behaviors. However, when they do identify obvious conditions that are reinforcing (i.e., unintentionally encouraging) the challenging behavior, an intervention plan that involves modifying antecedent events, eliminating any reinforcement or encouragement of the problem behavior, and teaching more appropriate behavior can be developed.

Analogue Functional Analysis is used in cases where it is unclear *why* an individual engages in challenging behavior despite caregiver interview and direct observation in the natural setting. This type of FBA exposes the individual to situations which vary the presence and absence of social attention, preferred leisure materials, and work demands. The frequency of challenging behavior is then compared across these various “conditions” to identify the reasons for the challenging behavior. The changes in frequency or intensity of challenging behavior under the different conditions often explain why the behavior is occurring. This finding forms the basis for an individualized Behavior Intervention Plan.

This course will examine Analogue Functional Analysis in detail in a separate session.

Take some time to look over the QABF and the ABC data sheet. Do you have any questions about how to use them? Be sure to ask the trainer your questions before you leave today’s session.

**QUESTIONS ABOUT BEHAVIORAL FUNCTION (QABF)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
 Level of MR: (circle 1) mild moderate severe profound unspecified  
 Target behavior (one behavior per form): \_\_\_\_\_

*Use the following scoring key for each item:  
 3 = often, 2 = sometimes, 1 = rarely, 0 = never, n/a = not applicable*

**Rating**

1. Engages in the behavior to get attention.	
2. Engages in the behavior to escape work or learning situations.	
3. Engages in the behavior as a form of "self-stimulation".	
4. Engages in the behavior because he/she is in pain.	
5. Engages in the behavior to get access to items such as preferred toys, food.	

**Note:** The first five items of the QABF are shown here. The QABF is a copyrighted material and it is unlawful to reproduce without the author's permission. You may purchase copies of the QABF by contacting Dr. Johnny Matson at: <http://www.disabilityconsultants.org/>. This portion was reproduced with permission.

Instruction: Moving from left to right across the table below, place the score for each question in the corresponding boxes. Add the scores to obtain a total score for each function:

Access to Attention		Escape from Demand		Automatic/Sensory		Physical Pain		Access to Things	
Item#	Score	Item#	Score	Item#	Score	Item#	Score	Item#	Score
1		2		3		4		5	
6		7		8		9		10	
11		12		13		14		15	
16		17		18		19		20	
21		22		23		24		25	
Total=		Total=		Total=		Total=		Total=	

**Antecedent-Behavior-Consequence (ABC) Data Sheet**  
*Direct Functional Assessment*

Date/ Time	Antecedent (Before)	Challenging Behavior	Consequence (After)
Example: 9/10/2010  ___ / ___ / ___ mo / day/year  ___ 9 ___ AM ___ PM	Making an error Parent request or demand Child/individual request or demand Transition to another setting Transition to a different activity Social interaction with others Playing alone Wanting things done his way	Aggression Disruption Self-injury Tantrum Non-compliance Property destruction Elopement (walking away)	Praise Change task or activity, redirection Reprimand Prompt Ignore Reward removed Demand (work/task) removed
___ / ___ mo day  ___ AM ___ PM			
___ / ___ mo day  ___ AM ___ PM			
___ / ___ mo day  ___ AM ___ PM			
___ / ___ mo day  ___ AM ___ PM			
___ / ___ mo day  ___ AM ___ PM			



## **Why do we Care about the Function of a Problem Behavior?**

Taking the time to understand exactly what is causing or motivating an individual's behavior allows us to respond to that behavior with an intervention that is meaningful and effective for that individual. It also allows us to respond to challenging behaviors with positive interventions that will teach more effective ways to meet the individual's needs. In contrast, failure to base behavioral intervention on the specific cause (function) of problem behavior very often results in the use of ineffective and unnecessarily restrictive procedures for individuals with autism and other developmental disabilities.

For example, consider an individual who has learned that hitting a caregiver is an effective way of avoiding or escaping unpleasant tasks, such as brushing his teeth. Using time-out in this situation would provide the individual with exactly what he wants (avoiding brushing teeth) and is likely to make the problem worse, not better. The next time the caregiver insists on brushing, he will resort to hitting because that is what got him out of that situation consistently and successfully in the past. He may even exhibit new challenging behaviors if the caregiver doesn't give in quickly enough. This individual may be subject to restrictive procedures in order to receive teeth brushing. His dental hygiene may, in turn, suffer, and possibly further exacerbate behavioral challenges. Finding out why he is avoiding having his teeth brushed and working to address that reason could prevent this negative outcome.

## **Other Factors Affecting Behavior**

With the above example, it is easy to see how numerous other factors may contribute to challenging behaviors. Some things to look for include:

- Medical complications (e.g., ear infection, tooth ache, stomach pains, etc.)
- Sleep, fatigue
- Hunger, satiety
- Number of people present
- Staffing patterns and changes
- Time of day
- Location and setting
- Loudness of the room

Carefully considering these types of factors and how they may be affecting someone's behavior can sometimes reveal simple actions caregivers can take to support improved behavior.



## **A Word About Medication**

If the individual you support is taking medication for behavior control purposes, it is very important that the individual remain on the same dose of the current medication during the functional analysis. No changes should be made during this time.

If medication changes are inevitable, wait until the individual has stabilized (usually 2-4 weeks for psychotropics) before initiating functional analysis. This is due to possible changes in the frequency of challenging behavior and the behavioral function due to medication effects.

## **6. Identifying and Defining Target Behaviors**

Prior to beginning FBA, you must define the challenging behavior. This is important because after today's session you will be asked to count and record each time this behavior occurs. This data will establish the "baseline" for that behavior. In later weeks, when you implement behavioral intervention techniques, you will then measure progress (i.e., improvement) based on the baseline data.

Identifying and defining specific target behaviors allows caregivers to think about which particular behaviors are the most important to address. This process helps the caregiver to determine priorities. Knowing exactly which behaviors you want to address also helps the caregiver collect relevant baseline data and clearly measure progress once intervention begins.

Here are some examples of common challenging behaviors that parents and caregivers may encounter in caring for an individual with ASDs or other developmental disabilities. Circle the behaviors you want to target or use the blank line to describe the behavior you want to address.



Self-injurious behavior (challenging behavior directed at himself)

- biting self
- eye poking
- hand-to-head hitting
- head banging (floor, wall)
- hitting self
- pulling own hair
- punching self
- skin picking
- body slamming
- other: \_\_\_\_\_

Aggression (challenging behavior directed at another person)

- biting others
- grabbing others
- hair pulling
- head butting others
- hitting others
- kicking others
- pinching or scratching others
- pulling or pushing others
- punching others
- slapping others
- throwing objects at others
- other: \_\_\_\_\_

Disruption (challenging behavior directed at objects)

- banging on objects
- clearing objects from tables
- kicking objects
- screaming, yelling
- tearing objects (such as paper, clothes)
- throwing objects (including furniture)
- other: \_\_\_\_\_

Noncompliance (refusal to complete requests)

- whining and/or crying when asked to do something
- becoming aggressive when told to do something
- becoming disruptive when told to do something
- dropping to the floor when asked to do something
- engaging in self-injurious behavior when asked to do something
- other: \_\_\_\_\_

List the top 3 target behaviors you are concerned about for the individual to whom you provide care. Describe them in detail. What do they look like?

Target Behavior	Description
1.	
2.	
3.	

## 7. Collecting and Displaying Data to Track Progress

Frequent and consistent data collection is important in order to determine the baseline (pre-intervention) level of a target behavior and whether an intervention is helping to reduce the challenging behavior. Without carefully observing and recording behaviors, caregivers may not be able to tell if an intervention should be continued or stopped. Data collection allows for unbiased decision making. The results of an intervention technique are recorded in the data, and the data will tell you how the individual is or is not progressing. The Baseline Data Sheet (below) should be used for recording behavior data. You can also chart your baseline data using the Challenging Behavior Graph on p. 93.



### Baseline Data Sheet

Caregiver Name: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Direction:** Use this data sheet to track baseline levels of challenging behavior. Each session is 10 minutes, defined as the duration of time you dedicate to observation during both baseline and intervention. You may conduct as many sessions as you wish in one day. Most caregivers are able to conduct 3-6 sessions per day (30-60 minutes total). It is helpful to conduct the same number of sessions per day to keep things consistent. Label the target behaviors in each column (from p. 20). Use tick marks to count the frequency of challenging behaviors

*Example:*

Date	Session	Time of observation	Target behavior 1 <i>Self-Injury</i>	Target behavior 2 <i>Hitting mom</i>	Target behavior 3 <i>Throwing objects</i>	Total Problem Behaviors
8/27/10	1	9 am				4
8/27/10	2	11 am				4
8/27/10	3	1 pm			0	3
8/28/10	4	3 pm			0	2
8/28/10	5	8 pm			0	2

Date	Session	Time of observation	Target behavior 1	Target behavior 2	Target behavior 3	Total Number of Problem Behaviors
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					





### Privacy and Confidentiality

The confidentiality of your data is important and will be protected. Your baseline data sheet and all other data sheets will be coded in order to summarize the results of this training program. Your name or the names of the individuals you care for will not be disclosed in any way. You will be assigned an alphabet letter code, which will be kept secret and known only to the trainer. The data collected will be coded like this:

Name of DDSO or voluntary agency – Trainer Initials – Participant Code – Age of the individual

Example: Staten Island - HY - A – 17

## 8. Setting Realistic Behavioral Goals

Setting goals allows us to objectively measure progress toward an identified desired outcome. It also allows caregivers and parents to ask themselves, “What behavioral changes would really make the greatest improvements in our lives together?” It allows them to identify what really matters. For instance, it may be more important to address a behavior such as throwing things during a classroom activity than to address that person’s tendency to stand up during meals.

Being realistic at the outset is crucial. It can help parents and caregivers appreciate that they are making small yet meaningful changes in their lives and the lives of the individual they care for. Making goals *realistic* means they are achievable. Being realistic keeps the picture positive. It focuses attention on progress towards a goal, rather than perfection.

What do you hope to achieve as a result of learning how to intervene effectively with problem behaviors?

(Example: decrease challenging behaviors from 5 per day to 2 per day; increase compliance from 25% to 50%)

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List the behavioral goals for the individual to whom you provide care:

Target Behavior	Behavioral Goal
1.	
2.	
3.	

**9. Review and Homework:**

Notes:



***Are you ready for your homework?***

Do you have any questions about FBA?

Have you clearly defined each target behavior and set a realistic goal for each behavior?

Do you feel ready to conduct the Indirect and Descriptive FBA using the QABF and ABC Data Sheet? If not, what are your concerns? Bring your concerns to the trainer.

Do you feel ready to collect baseline data using the Baseline Data Sheet? If not, what are your concerns? Bring your concerns to the trainer.

- **Complete the QABF and the ABC Data Sheet**
- **Collect Baseline Data on Target Behaviors Using the Baseline Data Sheet**

***Remember:*** You know the individual best. You are the best person to document his or her behavior. Writing it down is the first step to improving his or her behavior. Bring your completed worksheets with you to the next session.

**END OF SESSION 1**



## Session 2: Preference Assessment

### 1. Review

Notes:

### 2. Discuss Baseline Data Collected Since Session 1

- What was your experience completing the QABF? Was it easy or difficult to do?

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- In completing the QABF, what did you learn about the individual you care for? Did it show you any patterns of behavior you hadn't realized before? What are they?

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- What was your experience completing the ABC Data Sheet? Was it easy or difficult to do?

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- What patterns did you notice related to the target behaviors?

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- What was your experience collecting baseline data on the target behaviors? Was it easy or difficult to do?

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- Did you notice any patterns in the baseline data that tell anything about the behavior? What did you notice?

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Now that you have some data about the target behaviors, are your stated goals still appropriate? If not, take a few minutes now to go back and adjust them.



### 3. Preference Assessment

Individuals with autism and other developmental disabilities sometimes are not able to tell you what things they like or dislike. Behavior analysts have developed preference assessments to help identify people’s preferences so that the things they like can be used to motivate or “reinforce” appropriate behaviors. The three most common types of preference assessments include Single-Item, Paired Choice, and Group-Items. This training will focus solely on “Paired Choice Preference Assessment.” You will learn how to conduct a Paired Choice Preference Assessment using a variety of highly preferred (tangible) things (toys, leisure time, favorite activities) and using food items (known as an Edible Paired Choice Preference Assessment).

In behavior intervention, it is important that the individual does not have free access to the items that will be used as reinforcers (e.g. if music is a reinforcer and the individual has music available to her all day long, then she will be less likely to work for music, and it will lose its reinforcing value). The items that act as reinforcers for the individual’s behavior will also change over time. Because of this, it is important to rotate reinforcers so that the individual does not get tired of one reinforcer.

#### Key Terms

Preference Assessment:	A procedure used to help identify an individual’s preference for objects or activities. The things they like can then be used to reinforce appropriate behaviors.
Reinforcer:	Something that increases a behavior. Reinforcement (delivering reinforcer) is the best way to teach good behavior and promote lasting change.



## Tangible Paired Choice Preference Assessment

**Purpose:** To identify and rank order potential reinforcers that will be used to motivate or “reinforce” appropriate behaviors.

**Supplies:** To conduct a Paired Choice Preference Assessment, you will need the following supplies: preferred items, data sheet

### General Procedure

1. Using the table below, list 6 items the individual highly prefers, such as toys, leisure time (e.g., computer game or TV time), snack food, or activities (e.g., games, hi-five, social interactions). If none can be identified, conduct a direct observation of the individual for a day to gather information about the things he enjoys doing during free-time. Such items should be highly desirable and easy to supply *and* withhold. To help you keep track during presentations, it may be useful to label the items #1-6 using a sticker or small Post-it Note.

### List of Preferred Items to Assess

Item 1	
Item 2	
Item 3	
Item 4	
Item 5	
Item 6	

2. Set aside time to conduct the assessment without distractions or interruptions
3. Provide the individual with a brief sampling of each item
  - a. If the item is *leisure time or activity* (e.g., working on the computer), the individual should be given about 10-15 seconds to engage in the activity.
  - b. If the item is an *object* (e.g., stuffed toy), the individual should be given about 10-15 seconds of access to the object.



4. Of the 6 items, present sets of two items at a time to the individual (the caregiver can hold the two items in his or her hand, or display them on a table or floor, whichever is more convenient). For a leisure time or activity, a photograph (or Picture Exchange Communication System, PECS) may be substituted to represent the leisure time or activity during this presentation.
5. Say the name of each item and then provide the verbal prompt, “pick one.” (example: “ball, puzzle, pick one”)
6. Ask the individual to select one of the two items by touching, looking, pointing, or by picking it up.
7. If the individual selects an item, immediately remove the other non-selected item from sight.
  - a. Do not provide praise for making a choice.
  - b. Block any attempts to touch (or gain access to) both items simultaneously.
  - c. Record the individual’s choice on the date sheet.
8. If the individual doesn’t make a choice for more than 5-10 seconds, remove the two items and record that the individual did not select an item.
9. Using the Paired Choice Item Presentation Sequence on p. 32 in your manual, continue to present sets of two items until all items have been paired with one another.



**Paired Item Presentation Sequence**

Because some individuals with autism and other developmental disabilities have position selectivity (e.g., always picking the left choice), the following presentation sequence were pre-determined to account for such possibility.

The first item should always be presented on your *left*.

Trial	Pairing of items Left←→Right	Item Selected by the Individual		
1	Item 1 & Item 2	1	2	No Response
2	Item 2 & Item 3	2	3	No Response
3	Item 3 & Item 4	3	4	No Response
4	Item 4 & Item 5	4	5	No Response
5	Item 5 & Item 6	5	6	No Response
6	Item 1 & Item 3	1	3	No Response
7	Item 4 & Item 2	4	2	No Response
8	Item 3 & Item 5	3	5	No Response
9	Item 6 & Item 4	6	4	No Response
10	Item 1 & Item 4	1	4	No Response
11	Item 5 & Item 2	5	2	No Response
12	Item 3 & Item 6	3	6	No Response
13	Item 5 & Item 1	5	1	No Response
14	Item 2 & Item 6	2	6	No Response
15	Item 6 & Item 1	6	1	No Response

10. Rank order the individual’s preferences by: (a) calculating the number of times that the individual *selected* an item, (b) divide that number by 5, then (c) multiplying that number by 100. Record the results below.

Example: *Item 1 selected 3 times out of 5 opportunities (3/5) x 100 = 60%*

1. Item 1 selected \_\_\_\_ times out of 5 opportunities = ( \_\_\_\_ /5) x 100 = \_\_\_\_ %
2. Item 2 selected \_\_\_\_ times out of 5 opportunities = ( \_\_\_\_ /5) x 100 = \_\_\_\_ %
3. Item 3 selected \_\_\_\_ times out of 5 opportunities = ( \_\_\_\_ /5) x 100 = \_\_\_\_ %
4. Item 4 selected \_\_\_\_ times out of 5 opportunities = ( \_\_\_\_ /5) x 100 = \_\_\_\_ %
5. Item 5 selected \_\_\_\_ times out of 5 opportunities = ( \_\_\_\_ /5) x 100 = \_\_\_\_ %
6. Item 6 selected \_\_\_\_ times out of 5 opportunities = ( \_\_\_\_ /5) x 100 = \_\_\_\_ %



**Highly preferred items (selected at 80% or above):**

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**These items are the potential tangible reinforcers you will want to use behavioral interventions.**

Participate in role playing Paired Choice Preference Assessment during class time.



### Edible Paired-Choice Preference Assessment

Individuals with autism and other developmental disabilities sometimes are not able to tell you what kind of foods they like or dislike. Behavior analysts have developed an edible preference assessment to help identify foods that can be used to motivate or “reinforce” appropriate behaviors.

**Purpose:** To identify and rank order potential edible reinforcers that will be used to motivate the individual.

**Supplies:** You will need the following supplies: data sheet, food and/or beverage, spoons, cups, plates, napkins, bib (if necessary)

### General Procedure

1. On the table below, list 6 edibles the individual consistently consumes or highly prefers. It may be useful to number each food item using a sticker or a small Post-it Note to help you keep track during the presentation.

### List of Foods to Assess

Food 1	
Food 2	
Food 3	
Food 4	
Food 5	
Food 6	

2. Set aside time to conduct the assessment without distractions or interruptions.
3. Provide the individual with a *tiny* taste sampling of each food or beverage prior to conducting this assessment.
4. Using the Paired Food Item Presentation Sequence below, present sets of two foods (tiny bite or sip) at a time to the individual (the caregiver can hold the two spoons, or place them on a plate, whichever is more convenient).
  - Say the name of each food and then provide the verbal prompt, “Pick one.” (example: “peaches, chicken nugget, pick one”).



**Paired Food Item Presentation Sequence**

Because some individuals with autism and other developmental disabilities have position selectivity (e.g., always picking the left choice), the following pairs were pre-determined to account for such possibility.

The first item should always be presented on your *left*.

Trial	Paring of items Left←→Right	Item Selected by the Individual		
1	Item 1 & Item 2	1	2	No Response
2	Item 2 & Item 3	2	3	No Response
3	Item 3 & Item 4	3	4	No Response
4	Item 4 & Item 5	4	5	No Response
5	Item 5 & Item 6	5	6	No Response
6	Item 1 & Item 3	1	3	No Response
7	Item 4 & Item 2	4	2	No Response
8	Item 3 & Item 5	3	5	No Response
9	Item 6 & Item 4	6	4	No Response
10	Item 1 & Item 4	1	4	No Response
11	Item 5 & Item 2	5	2	No Response
12	Item 3 & Item 6	3	6	No Response
13	Item 5 & Item 1	5	1	No Response
14	Item 2 & Item 6	2	6	No Response
15	Item 6 & Item 1	6	1	No Response

5. If the individual selects one by pointing or taking the spoon, immediately remove the other food from sight and allow him 30 seconds to consume the bite (or drink).
  - a. Do not provide praise for making a choice.
  - b. Block any attempts to gain access to both edibles simultaneously.
6. If the individual doesn't make a choice for more than 10 seconds, remove the two foods and record that the individual did not make a choice. Move on to next food presentation.
7. Ignore undesirable behaviors such as spitting out of the food (expelling), or refusal or disruptive behaviors.



- Using the Paired Food Item Presentation Sequence chart, continue to present sets of two choices until all choices have been paired with one another.
- Rank order the individual's preferences by: (a) calculating the number of times that the individual *selected* an item, (b) divide that number by 5, then (c) multiplying that number by 100. Record the results below.

Example: *Item 1 selected 3 times out of 5 opportunities (3/5) x 100 = 60%*

- Food 1 selected \_\_\_\_ times out of 5 opportunities = ( \_\_\_\_ /5) x 100 = \_\_\_\_ %
- Food 2 selected \_\_\_\_ times out of 5 opportunities = ( \_\_\_\_ /5) x 100 = \_\_\_\_ %
- Food 3 selected \_\_\_\_ times out of 5 opportunities = ( \_\_\_\_ /5) x 100 = \_\_\_\_ %
- Food 4 selected \_\_\_\_ times out of 5 opportunities = ( \_\_\_\_ /5) x 100 = \_\_\_\_ %
- Food 5 selected \_\_\_\_ times out of 5 opportunities = ( \_\_\_\_ /5) x 100 = \_\_\_\_ %
- Food 6 selected \_\_\_\_ times out of 5 opportunities = ( \_\_\_\_ /5) x 100 = \_\_\_\_ %

- Foods that are selected at least 80% or above are considered possible reinforcers. If the foods selected were all *less* than 80%, use the top two most preferred foods. Record the results in the space below.

**Highly Preferred Foods (selected at 80% or above):**

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**These food items are the potential edible reinforcers you will want to use during behavioral interventions.**

Participate in role playing Edible Paired Choice Preference Assessment during class time.

Do you have any questions about Tangible or Edible Preference Assessment? If yes, ask the trainer now.



## 4. Three-Step Guided Compliance (Tell-Show-Do)

Although it is much easier for you to do things for the individual (especially when you're in a hurry), in the long-run, it will only make him more dependent on you. Three-step guided compliance is a prompting strategy that teaches the individual what you want him to do by providing a model and physical guidance if he does not do what you ask him to do. If you use this procedure consistently, you should find that, over time, the individual requires less assistance to complete tasks.

This guided compliance strategy will be useful in implementing the analogue functional analysis that is this week's homework.

### General Procedure

- 1) State the individual's name.
- 2) **Tell** her what you want her to do. State the request clearly so that the individual knows exactly what she is supposed to do. Say the request as briefly and as specifically as possible.
  - a. Wait 5-10 seconds for her to carry out the request. Do not repeat the request.
- 3) If the individual complies, praise. State exactly what she did that you liked.
- 4) If the individual does not comply, repeat the request with a demonstration (**Show**)
  - a. Wait 5-10 seconds for her to carry out the request. Do not repeat the request.
- 5) If the individual complies, provide brief praise (e.g., "Nice job!")
- 6) If the individual does not comply, physically guide her (**Do**) in completing the request. Do not provide praise.
- 7) Always use the *minimum* amount of physical contact necessary for the request to be completed.
- 8) Never "give in" or complete the request yourself.



**1. TELL me** (verbal instruction) → wait 5-10 sec → praise abundantly if compliant.

If not →

**2. SHOW me** (model)→ wait 5-10 sec → praise briefly if compliant.

If not →

**3. Help me DO it** (physical guidance) → no praise

Take some time to role play this guided compliance strategy in class.

## **5. Review and Homework:**

Notes:



***Are you ready for your homework?***

Do you have any questions about Preference Assessment? Be sure to ask the trainer now.

Do you feel ready to conduct the Preference Assessments? If not, what are your concerns? Bring your concerns to the trainer.

- **Conduct Tangible Paired Choice Preference Assessment.**
- **Conduct Edible Paired Choice Preference Assessment.**
- **Bring your results to the next training session.**

**END OF SESSION 2**



## **Session 3: Analogue Functional Analysis**

### **1. Review**

Notes:

### **2. Discuss Results from Preference Assessments**

- What was your experience completing the preference assessments? Were they easy or difficult to do?

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- In completing the preference assessments, what did you learn about the individual you care for? Did it show you any preferences you weren't aware of before?

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### 3. Analogue Functional Analysis

In session 2, we identified three types of Functional Behavior Assessment: Indirect, Descriptive, and Analogue. When you completed the QABF and the ABC Data Sheet, you did the first two types. This session will focus on the third type, Analogue Functional Analysis. The purpose of Functional Analysis is to identify variables (e.g., circumstances, caregiver's reactions to the behavior, etc.) that maintain the individual's challenging behaviors.

In Analogue FA, you will be "testing" the individual's behavior in response to certain situations that you set up. Each situation will be designed to determine if the behavior is an attempt to achieve a certain desired outcome: attention, an object, to avoid completing a demand placed on him, to seek sensory feeling, or to get someone else to do something. This FA (which will be this week's homework) is a critical step in learning why a person is behaving the way they are. It will tell us what we need to do to change their behavior and ultimately, improve their life.

#### Maintaining Safety

Safety for you and the individual you are caring for should be the utmost concern. It may be necessary to use protective equipment (e.g., protective gloves or clothing to prevent injury from pinching or scratching; arm/leg guards for you if you're working with an individual who exhibits aggression such as kicking and biting others). If a physician has ordered that specific *mechanical devices* be used with the individual for health and safety reasons (e.g., a helmet for a person who displays head banging, arm splints/sleeves for a person who hits themselves or digs/scratches at their skin/eyes/nose, etc.), that equipment may affect how you conduct the FA.

If the individual requires special mechanical devices, be sure to communicate this information to the trainer as the FA procedures may need to be modified for your individual.

#### Session Length

The analogue FA process is very structured, and the length of each session should be carefully considered based on your time availability as well the tolerance level of the individual being assessed. Each tested situation or condition is typically 10 minutes in length, but can be shorter or longer (5 minutes, 15 minutes, etc.) depending on the above factors. The important point is that the duration of the testing session should remain *consistent* throughout the *entire* functional analysis. Use a timer or a stopwatch for accuracy in time keeping.



## Conducting Analogue FA

**General procedure:** There are several standard conditions (described below) that are tested in analogue FA. Depending upon the results of your indirect functional behavior assessment (QABF) and/or descriptive functional behavior assessment, (ABC data) that were completed during Session 1, you may choose to conduct one or all of them. The trainer will discuss the results of your Session 1 FBA with you and advise you which conditions to assess using analogue functional analysis.

Typically, assessment of any condition should be conducted at least 3 times in a natural environment (classroom, home, work) with minimal distraction. Conditions should most closely represent “real life” or the natural environment in which the individual normally functions. In other words, the free-time condition should be conducted in a leisure environment, and the demand condition should be conducted in an instructional or work setting. If only one room is available to use for the assessment, use different space in the room or rearrange the room differently for each condition.



**Is the behavior an attempt to avoid complying with a demand?  
(Testing for the “Demand” Condition)**

In this condition, you are assessing whether the individual uses challenging behavior (such as hitting and throwing) to escape or avoid something he is asked to do (i.e., a demand that is placed upon him). A 3-step guided compliance (Tell-Show-Do) is used (see p. 37).

**Materials:** Work materials or classroom task from an Individual Education Plan, timer, data sheets

**Setting:** The individual and caregiver are seated at the table. The caregiver presents demands using the 3-step guided compliance Tell-Show-Do. A new prompt is given every 30 seconds with 5-10 seconds between the verbal, gestural, and physical prompts.

1. Give the individual a verbal demand (such as “point to your head”).
2. If the individual complies, simply tell him “good job” and immediately present a new demand.
3. If he does not point to his head, *show* him what you want him to do and say “point to your head like this”
  - a. If the individual completes the demand after either of these 2 prompts (say- show), provide him with praise (“good job”). Immediately present a new demand.
  - b. If the individual does not point to his head after the 2 prompts (say-show), take his hand and physically guide him to point to his head and say “point to your head, like this.” Immediately present a new demand.
4. If the individual engages in *challenging behaviors* (i.e., those target behaviors you have identified as problematic:
  - a. While you are presenting the demand: Say “okay, you don’t have to,” while removing demand materials (if any).
  - b. Turn away and do not directly look at individual.
  - c. Do not give another demand for 30 seconds.



- d. During 30-second break period: Ignore and do not look at individual. Continue to score target behaviors on the data sheet during the break period.
  
- e. If at any time during the demand the individual hits, throws objects, or otherwise engages in a challenging behavior, take the work materials away and give him a break.
  
- f. After 30 seconds of break, present a new demand again until the 10-minute assessment period is up.



**Is the behavior an attempt to get something she wants?  
(Testing for the “Access to Tangible” Condition)**

In this condition, you are assessing whether the individual uses challenging behavior (such as hitting, throwing) to get something she wants (e.g., access to objects or activities).

**Materials:** preferred items from preference assessment, timer and data sheets

**Setting:** The caregiver and the individual are in the room. Caregiver holds the preferred leisure items. Do not provide social attention or interact with the individual.

1. Give the individual a preferred item for 2 minutes and allow him to freely play with it (no data are collected at this time). Ignore him during these 2 minutes.
2. When the 2 minutes is over, take the item away. Do not say anything to the individual or look at him. Begin taking data.
  - a. If the individual engages in *challenging behaviors*, the caregiver says “okay” and returns the toy to the individual for 30 seconds. Caregiver provides no social attention and does not interact with the individual.
  - b. If the individual engages in *any other behaviors*, ignore them. Ignore all other behaviors. Do not talk to the individual or interact with him.
3. After 30 seconds, take away the item again.
4. Each time the individual engages in a challenging behavior (e.g., hits, throws objects) give the preferred item back to him for 30 seconds until the 10-minute assessment period is up.



**Is the behavior an attempt to get attention?  
(Testing for the “Access to Social Attention” Condition)**

In this condition, you are assessing whether the individual uses challenging behavior (such as hitting, throwing objects) to gain attention and interaction.

**Materials:** Magazine, chair, less preferred leisure items (bottom 2 items from the preference assessment), timer, and data sheets

**Setting:** Caregiver sits in chair reading a magazine or talking to another person (or talking on the telephone). Least preferred leisure items are present in the room.

1. Caregiver pretends to be busy.
2. Tell the individual that you have some work to do and that he may play with the toys.
3. If the individual engages in *challenging behaviors*, provide a brief social attention (e.g., “Don’t do that! You’ll hurt yourself”). Caregiver should continue to ignore the individual, except for when he engages in challenging behavior. Caregivers should attend to each target behavior until the 10-minute assessment period is up.
4. If the individual engages in *any other behaviors*, ignore them.



**Is the behavior an attempt to get someone else to do something?  
(Testing for the “Mands” Condition)**

In this condition, you are assessing whether the individual uses challenging behavior (such as hitting, throwing) to get others to do things his way. This motivation is also known as “Mands”.

**Materials:** Activities, timer, and data sheets

**Setting:** The caregiver and the individual are in the room. Two minutes prior to the session, the individual is allowed to play with a preferred item of activity of his choosing (no data are collected at this time). Once session begins, the caregiver says, “Now we are going to play *my way*”. The caregiver engages in an activity of his or her choice and prompts the individual to participate. However, the individual *should not* be physically guided to participate.

1. Provide the individual with leisure items or activities. Let the individual do things his way for 2 minutes. Honor all requests as much as possible.
2. When the 2 minutes is over, tell the individual, “*Okay, we play my way, now*” (or something similar). Begin a different activity from what the individual was doing on her own. Begin taking data.
  - a. If the individual engages in *challenging behaviors*, (i.e., those target behaviors you have identified as problematic), the caregiver says “*Okay, we’ll play your way*” and allows the individual to play his way for 30 seconds.
  - b. *If the individual engages in any other behaviors*, ignore all other behaviors.
3. After 30 seconds, say “*Okay, we play my way, again*” (or something similar).
4. Each time the individual engages in a challenging behavior (hits, throws objects), then you play his way.
5. Every 30 seconds, stop playing his way and go back to playing your way until the 10-minute assessment period is up.



**Is the behavior something the individual does even when he is given free time and access to toys and social attention?  
(Testing for the “Free Time” Condition)**

In this condition, you are assessing if the individual engages in challenging behavior when he is allowed to play with preferred toys/objects without being asked to do something. In this test, positive attention is given regularly for the absence of challenging behavior. Because the individual is given preferred objects and positive interactions from the caregiver, problem behaviors should be minimal to zero in this condition (or at least lower than any other condition). This condition serves as a “control” condition to which other conditions can be compared.

**Materials:** Individual’s preferred leisure items, timer and data sheets

**Setting:** Preferred items are available in the room. Caregiver sits near the individual. Do not prompt the individual to play with leisure materials (do not make requests or demands).

1. Provide the individual with his favorite leisure items and activities.
2. If the individual initiates play or communication, the caregiver should interact with him or engage in parallel play (playing next to one another without interaction).
3. Every 30 seconds:
  - a. If the individual is not engaging in problem behaviors, tell him that he’s doing a good job playing (be careful not to interrupt his ongoing activity) by providing 5-10 seconds of praise (e.g., “Nice playing with the puzzle,” “Good job hanging out with me!”)
  - b. If the individual is engaging in problem behaviors, wait 10 seconds *after* the problem behavior has stopped then tell him he’s doing a good job playing. Ignore the problem behavior; do not provide attention or eye contact when the individual engages in a problem behavior.
4. If the individual engages in *any other behaviors*, the caregiver should attend to the individual. The caregiver should provide positive attention to the individual every 30 seconds as long as inappropriate behavior has not occurred immediately before. If the problem behavior occurs, wait 10 seconds before more praise is given.
5. Continue until 10 minutes is up.



**Is the behavior something he does when he is left alone?  
(Testing for the “Alone” Condition)**

In this condition, you are assessing whether the individual engages in the challenging behavior (such as hitting, throwing objects) in the absence of environmental influence.

**Materials:** timer and data sheets

**Setting:** The individual is alone in the room with no leisure items available. While keeping an eye on the individual, the caregiver moves away to a location where the individual can't see her (e.g., right outside the bedroom door).

1. Instructions to individual: “You need to stay in here for a little while. I’ll be back in 10 minutes.”
2. Record the number of challenging behaviors (i.e., those target behaviors you have identified as problematic) on the data sheet until the 10-minute assessment period is up.



### Analogue FA Data Sheet

Direction: Label the target behaviors across the top of each column (from p. 20). Use tick marks to count the frequency of problem behaviors while testing for each condition. Use a separate data sheet for each session.

Example:

Condition	Target behavior 1 <i>Self-Injury</i>	Target behavior 2 <i>Hitting mom</i>	Target behavior 3 <i>Throwing objects</i>	Total Problem Behaviors
1. Demand	### IIII	###		14
2. Tangible		IIII		4
3. Social Attention			### III	8
4. Mands				0
5. Free Time (control)				0
6. Alone				0

In the above example, the most likely function of self-injury is to escape demands. Hitting mom has led to getting out of demands and getting access to items. Throwing objects is used to gain social interaction. *The priority for intervention should be demand.*

Session 1

Date: \_\_\_ / \_\_\_ / \_\_\_\_

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				



Session 2

Date: \_\_\_ / \_\_\_ / \_\_\_\_

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				

Session 3

Date: \_\_\_ / \_\_\_ / \_\_\_\_

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				



Session 4

Date: \_\_\_ / \_\_\_ / \_\_\_\_

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				

Session 5

Date: \_\_\_ / \_\_\_ / \_\_\_\_

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				

- Function of Target Behavior 1: \_\_\_\_\_
- Function of Target Behavior 2: \_\_\_\_\_
- Function of Target Behavior 3: \_\_\_\_\_

Participate in role playing functional analysis during class time.



## 5. Review and Homework:

Notes:

*Are you ready for your homework?*

Do you have any questions about Analogue Functional Analysis?



Do you feel ready to conduct the Analogue Functional Analysis? If not, what are your concerns? Bring your concerns to the trainer.

Do you feel ready to use the FA Data Sheet? Bring your concerns to the trainer.

Bring your completed data sheets with you to the next class.

- **Conduct Analogue Functional Analysis. Bring data sheets to the next training session.**

**END OF SESSION 3**

## **Optional Session 3a: Functional Communication Training**

### **1. Introduction to Functional Communication Training**

Teaching alternative ways to communicate is another effective method for decreasing challenging behavior if the reason for the challenging behavior can be identified (Durand & Carr, 1985). Functional Communication Training (FCT) teaches alternative ways to communicate so that the individual can reach the *same desired outcome* as they were previously attempting to attain with their challenging behavior. It is called “functional” communication because it helps the individual to communicate for a reason; their communication has a “function” or purpose.

The mode of functional communication that you teach must fit the communication needs and abilities of the individual (e.g., pictures, micro-switches, hand signs). Also, the functional communication program must be incorporated into all aspects of the individual’s daily activities. Over time, the individual learns that functional communication is a much easier and efficient way to get what she wants than engaging in her challenging behavior.

The key to successful FCT is providing *immediate* access to the requested consequence (e.g., attention, a preferred item, or a break from a task) each time the individual communicates in the desired way. Using FCT as part of a Behavior Intervention Plan teaches the individual that she will receive what she wants (e.g., attention, the preferred item, or a break) when she “asks” for it appropriately using whatever method of communication is being taught to her. By ignoring any challenging behavior, the caregiver also teaches her that she will not get what she wants by engaging in the challenging behaviors. Ignoring the challenging behavior consists of withholding the desired outcome (e.g., attention, the item, or a break) each time the individual engages in the challenging behavior. The instructions below will help you understand how to do that so that the individual you care for will come to understand a better way to get her needs met.

### **2. Selecting the Appropriate Means of Communication**

The communication method you teach should be based on recommendations from the individual’s speech therapist. Typically, you want to choose a communication method that the individual regularly uses. For example, if the individual has at least 2-3 spoken words, you



would want to teach spoken response. If you're unsure, consider using another mode of communication based on his IEP (if he is a student).

The alternate response should be one that can be taught within a relatively short amount of time (within a few days or weeks). The response should also be easily understood by someone other than the caregiver and be appropriate for most situations and community settings that the individual may encounter. In most cases, you should begin training with one target response (i.e., one spoken word or one picture), usually a verb ("to-do" statements), for example, "break," "drink," "(go) home," "(use) bathroom," etc.

### **Common Alternative Communication Methods**

- Verbal (spoken)
- Sign Language
- Gestural (can be unique to the individual as opposed to using specific sign language)
- Picture Exchange Communication System (PECS) (use of picture symbols that represent a variety of objects, places, actions, people, etc. to communicate needs or wants)
- Voice Output Communication Aid (VOCA) (use of computerized speech devices programmed with key words, phrases, requests, people, etc. that the individual can choose and press and the device "speaks" it out loud)
- Other augmentative communication (e.g., picture boards, word boards, personalized communication notebooks, and any other means used by a person to enhance their ability to communicate their needs)

Answer the questions below to help you determine the best alternative communication method to use with the individual you care for:

- How does the individual typically communicate? Can he speak? Gesture? Use sign language?

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- Does the individual have any experience with alternative communication methods already? Can she use a particular method now? Does that method work, or might a different method work better? Why?

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- What methods described by the trainer do you think you would like to try with the individual you care for? Do you know where to learn that method and obtain any materials needed to use that method? Be sure to ask the trainer your questions.

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### 3. Function-based Communication Training

The “alternate responses” or phrases that are taught to the individual depend upon the function of their behavior. Therefore you need to understand what the individual is seeking through their challenging behavior in order to know what to teach them.

#### Common Functions of Behavior

**Getting Attention** - If the individual’s behavior is maintained by his attempt to get *attention*, he should be taught an appropriate way to ask for attention. Similarly, if the individual’s behavior is maintained by his attempt to get a personal need met (therefore requiring caregiver attention and assistance), he should be taught an appropriate way to ask for assistance.

Teach him to communicate:

- *Play with me.*
- *Talk to me.*
- *Come hang out with me.*
- *Tell me how I am doing a good job?*
- *I need to use the bathroom.*



- *I need to be cleaned.*
- *I am done eating.*

**Getting Something She Wants** - If the individual's behavior is her attempt to get something she wants such as a toy or leisure item, a specific food item, or a drink (also called "*tangibles*"), she should be taught to ask for that item.

Teach her to communicate:

- *I want some more* \_\_\_\_ (food or drink)
- *I want to play with* \_\_\_\_ (toy, leisure item)

**Avoiding Tasks** - If the individual's challenging behavior is maintained by her attempt to *escape and avoid difficult or unpleasant tasks*, the individual should be taught to request for a break or assistance on tasks.

Teach her to communicate:

- *I need a break.*
- *I don't understand.*



**FCT Target Response Table**

Using the results of your Functional Behavior Assessment (the QABF, ABC Data Sheet and the Analogue FA), develop the target response you think you should teach the individual you care for. There may be more than one target response for a behavior. Complete the following table:

Name of Individual: \_\_\_\_\_

<b>Target Behavior</b>	<b>Function</b>	<b>Target Response</b>
Example: <u>Hitting Mom</u>	<u>to get out of doing difficult tasks</u>	<u>I need a break!</u>
<u>1.</u>		
<u>2.</u>		
<u>3.</u>		
<u>4.</u>		
<u>5.</u>		
<u>6.</u>		

Be sure to discuss your completed chart with the trainer.

**4. Teaching Functional Communication**

Getting started in teaching an individual to communicate what he wants in appropriate ways is accomplished in very clear steps. These steps have been developed to help the individual quickly learn a better way to express his needs.

1. Set aside at least one block of time daily (at least 10 minutes) The more often you are able to train, the quicker the individual is likely to catch on.



2. If an augmentative device (PECS, VOCA, etc.) is used, lay it out prominently in front of the individual and tell the individual what the card/button means by pointing to it and pressing it, or saying, “play with me”, “break”, “I want \_\_\_”
3. Also lay out the individual’s preferred items (a favorite toy, food, picture of an activity).that were identified in session 2. Place the items slightly out of reach from the individual.
4. Ask the individual to say/touch/press what he wants.
5. If the individual attempts to say/touch/press what he wants (even by accident), immediately provide the desired outcome for 10-15 seconds.
6. If the individual engages in challenging behaviors or incorrectly responds, the caregiver says "No, that's not correct" and prompts the individual to say/touch/press what he wants. Depending upon the individual’s needs, prompts can range from:
  - Verbal (V),
  - Gesture or Modeling (G), to
  - Physical or hand-over-hand (P)

Keep data on the type of prompt required to complete the trial using the FCT Trials Data Sheet.

What we are looking at across each trial, each prompt level, and each challenging behavior is the level of assistance required by the individual to emit a target communicative response. If there was a challenging behavior, record that as well.

Minimal amount of prompting should be used during training based on the data collected. For example, if the individual was able to ask for a “break” with gestural prompt on several consecutive trials, only gestural prompt should be used (no physical prompt) and the next goal would be to have the individual ask for a “break” with caregiver’s verbal prompting only.



### FCT Trials Data Sheet Example

Target Response being taught: break

Date	Trial #	Independent	Verbal	Gestural	Physical	Challenging behavior
9/9/10	1				x	
	2				x	
	3				x	x kicking
	4			x		
	5			x		
	6				x	
	7			x		x biting
	8			x		
	9			x		
	10		x			

Target Response being taught: break

Date	Trial #	Independent	Verbal	Gestural	Physical	Challenging behavior
9/10/10	1		x			
	2		x			
	3			x		
	4		x			x biting
	5		x			
	6		x			
	7			x		
	8		x			x pinching
	9		x			
	10	x				

7. Once the individual attempts to say/touch/press what he wants (even by accident, immediately provide the desired outcome for 10-15 seconds.
8. Repeat Steps #4-6.
9. As the individual makes progress with the initial training and is able to communicate what he wants with minimal prompting, the caregiver may move on to conduct functional communication training sessions based on the function of the behavior (see FCT Table below).
10. As the individual communicates successfully 4 out of 5 (80%) of the given opportunities, gradually increase the communication effort required to receive the requested outcome. Reinforce each time the individual successfully approximates the next step of the target response (see example below).



Communication Method/ Training Step	Verbal (spoken)	PECS	VOCA
Step 1	Saying “buh”	Slight touch to the picture	Touching VOCA
Step 2	Saying “brae”	Pick up the picture	Covering hand over VOCA
Step 3	Saying “break”	Hand the picture to the caregiver	Pressing VOCA

11. Gradually increase the *work* required to receive the desired outcome (from complying with *one step* in a request to ultimately completing the *entire work demand before getting a break*).

### FCT Trials Data Sheet

Name of Caregiver: \_\_\_\_\_

**Individual's Mode of Communication** (check the one that applies):

- Verbal (spoken)
- Sign Language
- Gestural
- Picture Exchange Communication System (PECS)
- Voice Output Communication Aid (VOCA)
- Other augmentative communication (list): \_\_\_\_\_

**For each trial, indicate the prompt level required from the caregiver:**

- Independent communication, no prompt required
- Verbal
- Gestural/Modeling
- Physical (hand-over-hand)

Target Response being taught: \_\_\_\_\_

Date	Trial #	Independent	Verbal	Gestural	Physical	Challenging behavior
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					

Target Response being taught: \_\_\_\_\_

Date	Trial #	Independent	Verbal	Gestural	Physical	Challenging behavior
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					





### Functional Communication Training Table

Following initial training, caregivers can begin conducting communication sessions based on the function (reason or purpose) of the challenging behavior identified by the Functional Behavior Assessment. The steps listed below should be followed carefully to maximize the learning process for the individual.

Function of Behavior	Teaching Process
Access to Attention	<ol style="list-style-type: none"> <li>1. Caregiver sits in a chair, reading a magazine and presents the individual with toys or leisure items.</li> <li>2. At the beginning of the session, the caregiver states that she has work to do and that the individual may play with the toys or leisure items.</li> <li>3. The individual gets 30 seconds of social interaction or immediate attention from the caregiver when he appropriately requests attention or assistance (e.g., saying he wants to play or needs to use the restroom or indicating so by handing the PECS to the caregiver or pressing the VOCA).</li> <li>4. All challenging behaviors are ignored.</li> </ol>
Access to Tangible	<ol style="list-style-type: none"> <li>1. Provide access to a preferred item 2 minutes prior to the session.</li> <li>2. The training session begins when the caregiver removes the item from the individual.</li> <li>3. The individual gains 30 seconds of access to the item by appropriately requesting it (i.e., saying what he wants or handing the PECS or pressing the VOCA).</li> <li>4. All challenging behaviors are ignored.</li> </ol>
Escape and Avoidance of Demand	<ol style="list-style-type: none"> <li>1. The caregiver presents an academic, vocational or self-care instruction to the individual.</li> <li>2. The individual gets a 30 second break from demands by appropriately requesting a break (e.g., saying “break” or handing the “take a break” picture card to the caregiver, or pressing the VOCA).</li> <li>3. All occurrences of challenging behaviors are ignored.</li> </ol>

Note the materials you will need and assemble them prior to beginning your training sessions. Participate in demonstrations of FCT during class time.

## 5. Review and Homework

Notes:

**Are you ready for your homework?**

Do you have any questions about FCT?

Have you clearly identified the alternate target responses(s) you need to teach the individual you care for? If not, bring your questions to the trainer.



Do you feel ready to conduct the FCT process? If not, what are your concerns? Bring your concerns to the trainer.

### **Homework**

- **Complete the FCT Target Response Table**
- **Complete several training sessions with the individual you care for and document the results using the FCT Trials Data Sheet**

**END OF SESSION 3A**





# Session 4: Behavior Intervention

## 1. Review

Notes:

## 2. Discuss Results of the Analogue Functional Analysis (FA)

- What was your experience completing the Analogue Functional Analysis? Was it difficult to do? What was hard? What was easier than you thought it would be?

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- How many FA sessions were you able to conduct? \_\_\_\_\_
- What did you learn about the underlying function (cause or reason) of the individual's behavior?

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Now that you have some information about why the individual is behaving the way she is, you are ready to take action. This session will focus on developing a plan of select behavior intervention techniques that will address the individual's identified behavior functions.

**FCT Results (if applicable)**

- For those who attended the FCT session, describe your experience with implementing the FCT steps. Are you able to collect data?

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Have you completed the FCT Target Response Table? What was that like for you?

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Describe any progress you have noticed.

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**3. Behavior Intervention Techniques**

**Two Vital Things to Remember**

By applying the principles of behavior, you will teach the individual a more appropriate way to obtain what she wants (i.e., attention, access to leisure materials, or avoiding doing a task, etc.).

Consistency is Vital - While function-based behavior intervention can be very effective, for it to be most successful, it must be implemented *consistently* at all times by the majority of people who interact with the individual.



Continuation is Vital - More importantly, the behavior intervention should *continue* even if the challenging behavior begins to decrease, much like the way medication or diet works. Hoping for a lasting effect without continuing the changing agent (i.e., behavior treatment, medication, and diet) will only lead to frustration and failure. With consistency and adherence to the behavioral guidelines, you will see gradual change in the individual's challenging behavior.

## The Techniques

### Ignore problem behaviors

If the function of the behavior is to gain attention, challenging behavior can be reduced if attention and interaction are no longer given when the individual engages in the problem behavior. This means not giving direct eye contact or calling the individual's name, no reprimands, no reasoning and lecturing, or showing that you're upset. Attempts to redirect the behavior by giving attention may inadvertently increase the problem behavior.

Note: Ignoring challenging behavior may initially increase the challenging behavior because *that* is how he communicated what he wanted and how he got his way until now. Keep the faith. Ignoring will ultimately decrease the likelihood that the individual will engage in challenging behavior to gain attention.

### Reward "good" behaviors

Social interactions should be freely given for "good" behavior. That is, positive interaction should occur when the individual engages in behavior *other than* the challenging behavior. When you reinforce the individual's "good" behavior by providing him with praise and goodies, you are teaching the individual what you want him to do. This increases the likelihood that he will engage in the "good" behavior again. When the individual behaves appropriately, tell him exactly what he did right. Instead of just saying "nice job!" tell the individual *exactly* what you liked about what he did: "Nice job keeping your hands quiet!"

### How often should I reward?

In order to determine how frequently the individual should be reinforced, take a frequency count of how often the target behavior occurs. If you do not know, observe the individual for a few hours. If the target behavior occurs once every 10 minutes, provide reinforcement (e.g., social interaction, praise) to the individual at a faster rate (e.g., every 8 minutes) only if the individual is not engaging in the problem behavior the moment you are about to deliver the goodies. If the individual is engaging in a problem behavior at the moment, wait at least 10 seconds *after* the individual has calmed down before providing positive interactions and other reinforcers.

### Make life more enjoyable, *except after a problem behavior*

Another way to decrease challenging behavior is to make more leisure items available, give more positive attention, social interaction, and opportunities to access other preferred items and activities. This approach allows the person to get what they want (attention and fun

interactions) without behaving inappropriately. When implementing this strategy, be careful not to provide these reinforcing things *immediately* following the problem behavior to avoid possible association. Again, wait at least 10 seconds *after* the individual has calmed down before providing positive interactions and other desirable things.

If an individual is engaging in challenging behavior to avoid a task, time-out from the task or redirection to another activity (e.g., *Okay, stop hitting me. Why don't you go sit for awhile? We'll try this later*) will only exacerbate the situation. In this situation, time-out did not serve as a time-out, but rather as an escape from an unpleasant task.

### **A new look at time-out**

Contrary to popular belief, time-out is not sitting in a chair for a few minutes. Time out is losing access to cool, fun things as a result of exhibiting problem behavior, usually by removing the individual from the setting that has those cool, fun things. Time-outs can only occur when the individual is in time-in. That is, if nothing enjoyable was happening *before* time-out, you are simply removing the individual from one non-stimulating, non-engaging room to another.

For example, if the individual is watching her favorite TV show, but hits and screams at her sibling for getting in the way, taking her to a chair located in the same room will not serve as a time-out since she can still see and listen to the TV. Removing her from accessing the TV completely, however, is an example of a time-out. In this case, time-in (watching a favorite show) was in place, allowing for time-out to be effective upon the occurrence of the problem behavior. Once the individual is in time-out, let her know that she must be calm for at least 10 seconds (or a duration of your choosing, usually shortly after he is calm) before she can return to time-in. Do not talk to the individual or explain to her what she did wrong while she is in time-out. You may use a timer to indicate to the individual when the time-out will be over. When the timer goes off, he should be allowed to return to what he was doing, i.e. time-in.

### **How to use time-out correctly**

- A fun, enjoyable activity should be in place before using time-out (e.g. playing video game, visiting friends).
- Time-out should not lead to the individual avoiding or delaying an unpleasant task or work activity
- Time-out *should* take place in a boring and neutral setting.
- No attention should be given during time-out. Simply tell the individual, “*You hit your brother, no TV. Go to time-out until you are calm*”.
- Time-out should be discontinued shortly after the individual is calm and quiet (approximately 10 seconds of calm behavior).

### **Take a favorite item away**

Analogous to time-out, another way to decrease challenging behavior is to remove the favorite item upon the occurrence of a challenging behavior (leisure item, toy, snack, *or a token, if the individual is on a token system*). The difference here is that *instead of* removing the individual from the cool, fun environment, you are removing *the item* that the individual was playing with upon the occurrence of the problem behavior. That means that in order for you to remove a



preferred item, the individual must be engaged with that item when he is exhibiting a challenging behavior. For example, if the individual engages in self-injury while looking at a magazine (his preferred item), taking away the magazine will convey that when he engages in self-injury, he does not get to look at magazines. When the magazine is always available when he shows an absence of self-injury, but is taken away consistently upon the occurrence of self-injury, he will be less likely to exhibit self-injury in order to keep looking at the magazine.

### **Use fast-paced requests**

Requesting actions that the individual will easily and readily accomplish is known as a “high probability” request. Using a high probability request sequence increases the likelihood of getting compliance. You can ask the individual to do something relatively easy and fun using a rhythm (or beat) before asking him to do something less fun that you’re trying to get him to do.

First, identify a high probability behavior (e.g., dancing to a song) and a low probability behavior (e.g., sitting). Request 2-3 high probability behaviors very quickly, followed by a request for the low probability behavior.

Example: ♪ Head, shoulders, knees and toes, knees and toes ♪...*sit!* Immediately reinforce sitting. Offer 3-step guidance if necessary (see p. 37).

### **Make work easier**

To decrease challenging behaviors that have allowed the individual to escape from doing unpleasant tasks, make the task easier to complete by breaking down the required steps to finish the work. That is, begin with a task (or part of the task) that the individual consistently and successfully completes with minimal assistance from you. Then add another small step, and gradually increase the number of steps until the task is accomplished.

### **Use a schedule and allow choice**

Use a daily activity to increase predictability in the individual’s life. Use photos or pictures if necessary. If possible, allow the individual to pick from two different activities or tasks to allow some control over the events in her life.

### **Give ‘em a break**

Breaks from the task should be given often, either on a schedule (use a timer as a reminder to be consistent) or after a certain number of tasks (e.g., after every 3 correct answers) or the individual can be taught to ask for break, using Functional Communication Training (FCT, p. 57).

### **Use competing items**

Behaviors that occur in the absence of environmental influence (i.e., they are considered “automatically-reinforced”) are difficult to change and are often treated with psychotropic medications. An alternative way is to provide the individual with items that compete with challenging behaviors. This procedure is helpful for individuals who engage in repetitive self-injurious or stereotypic behavior. For example, for an individual who engages in hand-to-head



hitting, providing a hand-held vibrating massager may provide comparable feeling. For someone who engages in saliva play, providing slimy goo for his hands and lollipop or gum to occupy his mouth may interrupt the behavior. The key is to deliver the item prior to the problematic situation (if known) and immediately praise and reinforce abundantly when the individual is *not* engaging in challenging behaviors, even momentarily. Don't wait until the challenging behavior occurs to introduce the competing item.

### **Blocking**

Blocking may be useful if competing items cannot be identified. Blocking aims to eliminate the stimulation that self-injury produces. Blocking may consist of providing a pillow for someone who engages in hand-to-head hitting, or momentary hand blocking for an individual who engages in skin picking. Blocking is often difficult to implement correctly because it requires caregiver consistency and persistence (close supervision of the individual at all times to effectively block *every incidence* of self-injury).

### **Teach leisure skills**

Developmentally-appropriate toy play and leisure skills potentially compete with challenging behaviors. Below is an example of initial toy play training.

#### *Phase 1.*

1. Caregiver plays with 5 toys, each for 2 minutes, within a 10-minute training session.
2. If the individual begins playing appropriately with the toys, the caregiver allows him to play without interruption until the 2 minutes is up.
3. If the individual stops playing with the toys, the caregiver resumes play.
4. Praise abundantly for toy contact (even accidental touch is praised) and provide reinforcement (using reinforcers identified in the preference assessment) whenever the individual makes contact with a toy for 5 seconds.
5. Ignore all challenging behaviors.

#### *Phase 2.*

1. Decrease caregiver play to 1 minute 30 seconds.
2. For the remaining 30 seconds, the caregiver verbally and physically prompts the individual to play with the toy or leisure item himself.
3. During the 30 seconds, prompts are delivered once every 10 seconds (e.g., "touch the toy," "push the car,"). Use 3-step guided prompting (Tell-Show-Do) to encourage play.
4. Prompts are not given if the individual plays independently. Continue to rotate the 5 toys every 2 minutes, and provide praise and reinforcement for every 5 seconds of independent toy contact.



*Phase 3.*

1. Gradually decrease the caregiver-individual play ratio: 1 minute caregiver play to 1 minute prompted play by the individual (continue to prompt every 10 seconds, except when the individual engages in independent play).
2. Provide praise and reinforcement for every 5 seconds of independent toy contact, and continue to rotate the toys every 2 minutes.

*Phase 4.*

1. The caregiver does not play with toys at all, but prompts the individual (Tell-Show-Do) every 10 seconds, except during independent play.
2. Continue to rotate through the 5 toys on a 2-minute schedule.
3. Praise and reinforcement are delivered for every 5-seconds of independent toy contact.

**“Pay” her for doing well!**

A token system allows the individual to earn credit for engaging in appropriate behavior. Tokens are earned on a schedule for a desirable behavior (e.g. correct answer, compliance, absence of problem behavior for 1-minute, etc.). The earned tokens are saved for a short time, and later exchanged for a variety of back-up reinforcers.

Example: An individual can earn a penny for every minute not engaged in problem behavior. These points can then be exchanged at specific times (e.g., lunch break, after school, before bed) for desired items or activities such as:

- 5 pennies = computer game for 5 minutes
- 3 pennies = time to look at a favorite book

Token systems may appear inappropriate for an older individual at a first glance; they may even come across as developmentally-inappropriate. However, unbeknownst to us, many of us are on this system. This is especially true for people working on commission. If you have a job and get paid for it on a schedule, you are also on a token system. You work to complete a certain task, and you get a token (paycheck) on your token board (bank account). If your work didn't lead to a paycheck, you wouldn't work so hard—or at all! By using a token system, you are giving the individual a chance to *earn* a “paycheck” for doing a good job. Tokens made of favorite things (e.g., cartoon character stickers) can be substituted for pennies.

**Learn from mistakes**

Overcorrection requires the individual to restore the situation to a better state than before the occurrence of the challenging behavior. For example, if the individual throws a tantrum for not getting soda with a meal and throws a glass of water on the floor, he would be required to wipe the table, mop the floor, and perhaps even do the dishes. For an individual who has a “sticky

finger”, he would be required to return the item he took to the rightful owner, then buy the same item and give it away to someone else.

### **Practice makes perfect! Do a “do-over”**

In positive practice, the individual is required to *repeatedly* practice the correct alternative behavior immediately following the challenging behavior. For example, if the individual slams the door in anger, she would be required to practice opening and closing the door quietly and gently 5-10 times in a row. For an individual who throws objects on the floor, she would be required to pick-up and place the object gently where it belongs.

### **Whatever you do, do not use punishment alone**

Punishment is *decreasing* a behavior by taking something away (money earned, favorite toy) or doing something to the individual (spanking, yelling). Some caregivers use this method alone without using reinforcement procedures. While punishment may bring about an immediate change, it is not a long-term solution. Punishment tends to elicit more aggressive behavior and often causes the person doing the punishment (caregiver) to become paired with the punishment. Moreover, punishment alone does not teach any new, appropriate behaviors. In fact, it may cause the individual to imitate the caregiver’s punishing behavior!

### **What NOT to do after problem behavior:**

1. Give in! (provide attention, allow access to toy, food, allow escape from work, etc.)
2. Show that you are upset or disappointed
3. Lecture or reason by explaining why it is important to do “XYZ”
4. Tug or grab the individual
5. Get in the individual’s face
6. Make threats or promises you can’t carry out

### **How do I use Behavioral Intervention Techniques?**

Initially, only one intervention technique should be implemented. While implementing that intervention, take data on the individual’s target behaviors to see how it responds to an intervention. If you see a reduction in the target behavior, continue to implement that intervention. Once you see a consistency in the target behavior (e.g., the frequency or intensity of the target behavior increased or continues to remain at the same level), implement another intervention. This allows you to keep track of which intervention changed the target behavior. If you implement 3 intervention strategies at once, you won’t know which of those 3 were effective (or ineffective).

Now that we have reviewed some behavior intervention strategies, let’s put them to use in a treatment package, based on your findings from the Functional Behavior Assessment.



## 4. Tailoring Intervention to an Individual's Unique Behavioral Function

The boxes below describe which behavior intervention techniques to use to address particular functions underlying challenging behavior. Based on the results of your FBA, find the set of intervention techniques that you will use with the individual you care for.

### **Challenging Behavior Maintained by Access to Social Attention or Access to a Tangible**

- Reinforce good behaviors: deliver social attention and/or tangible reinforcers (leisure items, edibles) on a time-based schedule (see “How often should I reward?” above).
- Ignore problem behaviors: social attention or access to leisure items is no longer provided immediately after the problem behavior.
- *Note: Some individuals don't always differentiate between good attention (good job!) from bad attention (STOP that now!) To them, bad attention is better than NO attention!*
- Teach proper communication: teach the individual to communicate (Functional Communication Training, FCT) in order to gain access to what they desire: attention (e.g., “talk to me”) or a tangible reward (“I want...”).

### **Challenging Behavior Maintained by Escape and Avoidance of Work**

- Reinforce compliance: deliver social attention and/or tangible reinforcers (leisure items, edibles) for compliance
- Make work easier: break down the work into smaller, manageable steps and reinforce each successive approximation.
- Use fast-paced requests: Present easier tasks first in an effort to increase compliance with more difficult tasks.
- Use 3-step guided compliance: By providing graduated prompts (Tell, Show, Do), escape or avoidance of work is no longer allowed contingent on the occurrence of the problem behavior.
- Do a “do-over” for problem behaviors such as throwing objects. Practice the correct behavior.
- Teach proper communication: teach the individual to ask for a “break” from the task.



**Challenging Behavior Maintained by “Self-Stimulatory” or Automatically Reinforced Behavior (especially when left alone)**

- Reinforce good behaviors: deliver social attention and tangible rewards (leisure items, edibles) on a time-based schedule for the *absence* of self-stimulatory behavior.
- Use competing items: provide free access to alternative sources of sensory stimulation
- Blocking: Eliminate the sensory stimulation that the self-stimulatory behavior produces
- Teach leisure skills: teach replacement behavior. This is especially important for an individual who has high rates of problem behavior maintained by automatic reinforcement and low levels of independent play and/or leisure skills. Choose activities that compete with the problem behavior (see “Use competing items,” above).
- Do not use time-outs for an individual who engages in automatically-reinforced, self-stimulatory challenging behavior. It allows the individual an uninterrupted free time to engage in those behaviors.

**Challenging Behavior Maintained by Wanting Things Done “Just So” (The Mand Condition)**

- Reward good behaviors: allow the individual do things “his way” for a set duration of time as long as he is not engaging in problem behavior.
- “Pay” him for doing well: allow the individual to earn credit (tokens) for engaging in caregiver’s way (“your way”) or other appropriate behaviors for a set duration of time.
- Take a favorite thing away: in this case, take away doing things “his way” if the individual engages in problem behavior and switch to doing things caregiver’s way (“your way”)
- Gradually decrease the time doing things “his way” and increase the amount of time required to do things caregiver’s way (“your way”).
- Teach proper communication: teach the individual to say the way he wants things (e.g., “I want to play my way,” or “I want things my way.”)

## 5. Creating a Personalized Behavior Intervention Plan (BIP)

A Behavioral Intervention Plan must be created with an understanding of why a challenging behavior is occurring. That is, the purpose for the individual's challenging behavior must be understood before constructing a plan to address it.

A BIP is a summary of the antecedents and consequences the individual will experience for engaging in the target behavior. That means it describes what you will do to encourage appropriate behavior and what you will do in response to challenging behavior. It is a plan of action that will be followed in order to decrease target behaviors and increase adaptive behaviors.



**The components of a Behavior Intervention Plan (BIP) are as follows:**

1. Results from the Analogue Functional Analysis (FA)
2. Baseline frequency data on target challenging behaviors from QABF
3. ABC Data Sheet describing the antecedents and consequences to the target challenging behavior (what usually happens immediately before the problem behavior and immediately after it)
4. Description of previously used interventions
5. List of possible health or medical factors that may influence the individual's behavior
6. Selected behavior intervention techniques that will be implemented

With the trainer's assistance, complete the following pages to create an individualized Behavior Intervention Plan (BIP) for the individual you care for. Be sure to consult with the trainer to ensure your plan is on target and you are confident in your ability to implement it. There are 2 different versions of Behavior Intervention Plans in your manual. One version is instructional and is designed to help you to learn with confidence the procedure for completing a BIP. The other version is typically used and understood in school settings. The trainer will go through the instructional format of the BIP in detail. If you are interested in completing the standard format, ask the trainer for assistance.





**Personalized Behavior Intervention Plan**  
 (Instructional version)

For: \_\_\_\_\_

Date: \_\_\_\_\_

1. Function(s) of the Challenging Behavior from the Indirect FBA (**QABF form**):

Challenging Behavior	Function

2. Function(s) of the Challenging Behavior from the Descriptive FBA (**ABC data form**):

Challenging Behavior	Function

3. Function(s) of the Challenging Behavior from the **Analogue FBA (Analogue FBA data form)**:

Challenging Behavior	Function



4. Treatment Package (select from suggested Behavioral Interventions, found on pages 71 - 77)

**For Challenging Behavior 1:**

*Do's*

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

*Don'ts* (list what's most difficult for you when working with the individual)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**For Challenging Behavior 2:** \_\_\_\_\_

*Do's*

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_



4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

*Don'ts* (list what's most difficult for you when working with the individual)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**For Challenging Behavior 3:** \_\_\_\_\_

*Do's*

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

*Don'ts* (list what's most difficult for you when working with the individual)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_





## Behavior Intervention Plan (standard format)

Name of Individual: \_\_\_\_\_ BIP implementation date: \_\_/\_\_/\_\_

### BEHAVIORAL GOALS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### TARGET BEHAVIORS & DATA COLLECTION

Self-injury (\_\_\_\_\_), aggression (\_\_\_\_\_), disruption (\_\_\_\_\_). Frequency data were collected for all behaviors.

### PREFERENCE ASSESSMENT

A paired-choice preference assessment was conducted to identify potential reinforcers. Results indicated that the most highly preferred item was \_\_\_\_\_.

### FUNCTIONAL BEHAVIOR ASSESSMENT

Function(s) of the Target Behavior from Indirect FBA (QABF):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Function(s) of the Target Behavior from Descriptive FBA (ABC data):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Function(s) of the Target Behavior from Analogue Functional Analysis:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### INTERVENTION

Example: Intervention for Escape from Demand Function

Intervention
Teach functional communication to replace hitting to get out of work. Sam will use a PECS card to ask for a "break" (instead of hitting). She will be given a short break and praise for appropriate communication. All hitting will be ignored.

Intervention for \_\_\_\_\_ Function

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Intervention for \_\_\_\_\_ Function

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_





## **6. Collecting Data Using the Challenging Behavior Intervention Data Sheet and Challenging Behavior Graph**

As with previous steps (baseline data collection, preference assessment and FBA), implementing the BIP also requires data collection. Knowing exactly how the individual is responding to intervention techniques allows you to be certain about which techniques are working and which ones are not. It also helps you to see progress, even if it is slow at times.

You will complete two forms as you implement the BIP with the individual you care for. First, you will record the reaction of the individual to the behavior intervention plan on a Challenging Behavior Intervention Data Sheet.

Second, you will track the occurrences of the target behavior during intervention on the Challenging Behavior Graph and compare that baseline data. (Draw a line on the graph to separate the two phases.) This “picture” of the individual’s behavior will allow you to see patterns and perhaps unusual occurrences in the individual’s days. You may be able to look back and see what might have occurred on a particular day that contributed to an unusual behavior episode on that day. You will need a separate graph for each target behavior.

As the trainer walks you through the use of these two forms, be sure you ask any questions you have so that you will be able to complete them as you work with the individual.



### Challenging Behavior Intervention Data Sheet

Caregiver Name: \_\_\_\_\_

**Direction:** Use this data sheet to track changes during intervention. Each session is 10 minutes, defined as the duration of time you dedicate to behavior intervention per day. You may conduct as many sessions as you wish per day. Most caregivers are able to conduct 3-6 sessions per day (30-60 minutes total). It is helpful to conduct the same amount of sessions per day. Label the target behaviors in each column (from p. 20). Use tick marks to count frequency of challenging behaviors. Return this sheet to your workshop trainer.

*Example:*

Date	Session	Time of observation	Target behavior 1 <i>Self-Injury</i>	Target behavior 2 <i>Hitting mom</i>	Target behavior 3 <i>Throwing objects</i>	Total Problem Behaviors
8/27/10	1	9 am				4
8/27/10	2	11 am				4
8/27/10	3	1 pm			0	3
8/28/10	4	3 pm			0	2
8/28/10	5	8 pm			0	2

Date	Session	Time of observation	Target behavior 1	Target behavior 2	Target behavior 3	Total Number of Problem Behaviors
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					













## **7. Review and Homework:**

Notes:

### ***Are you ready for your homework?***

Do you have any questions about implementing the Behavior Intervention Plan?

Do you feel ready to implement the BIP? If not, what are your concerns? Bring your concerns to the trainer.

Will you be able to complete the Intervention Data Sheet and the Challenging Behavior Graphs? Bring your concerns to the trainer.



Bring your completed data sheets with you to the next class.

- **Implement Personalized Behavior Intervention Plan and Record Results using the Intervention Data Sheet and Challenging Behavior Graph.**

**END OF SESSION 4**



# Session 5: Review of BIP Implementation

## 1. Review

Notes:

## 2. Discuss Results of Behavior Intervention Plan

It is important to keep careful track of the intervention techniques employed and their results so that this information can be reviewed and used to modify the personalized BIP for greater effectiveness if needed. Session 5 provides an opportunity to examine your experience with implementing the BIP developed in Session 4. Use this time to share your results and consult with the trainer. Use the questions below to help you reflect on your experience.

- What techniques seemed to work best at discouraging the target behaviors?

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- What techniques seemed to be ineffective at discouraging the target behavior?

---

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---

- Are your goals still realistic? If not, how would you restate your goals?

---

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---

- What part of the behavior intervention plan was most difficult for you to implement? Why?

---

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---

---

- What would improve your ability to implement the intervention techniques?

---

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---

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- Do you think you need to modify the behavior intervention plan? If so, discuss with the trainer.



### **3. Feedback and Consultation**

Be sure to share your Challenging Behavior Intervention Data Sheets and Challenging Behavior Graphs with your trainer. Seek feedback from the trainer regarding your results. Ask questions. Share any difficulties or successes you had with the trainer and with the class. Your experience could be just what someone else in the class needs to hear.

### **4. Modify Behavior Intervention Plan as Needed**

Based on your recorded results and input from the trainer, make any needed changes to the BIP. Write down the new techniques you will try, and eliminate those that weren't effective. Keep good records. They will help you determine how best to intervene in your individual's challenging behaviors.

### **5. Review and Homework:**

Notes:

#### ***Are you ready for your homework?***

Do you have any questions about implementing the modified Behavior Intervention Plan?

Have all your concerns about implementing the BIP successfully been addressed? If not, what are your remaining concerns? Bring your concerns to the trainer.



Bring your completed data sheets with you to the next class.

- **Continue Implementation of Behavior Intervention Plan and Recording Results.**

**END OF SESSION 5**



# Session 6: Follow-Up and Consultation

## 1. Review

Notes:

## 2. Discuss Results of Behavior Intervention Plan

Give your Challenging Behavior Intervention Data Sheets and Challenging Behavior Graphs to the trainer. Share the results of your experience implementing your BIP with the trainer and the class. The questions below will help you think about the progress you're making. Based on feedback, amend the Behavior Intervention Plan if needed.

- What techniques seemed to work best at discouraging the target behaviors?

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- What techniques seemed to be ineffective at discouraging the target behavior?

---

---

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---

- Are you making progress toward your stated goals? Are the goals you established still realistic? If not, how would you restate your goals?

---

---

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---

- What part of the behavior intervention plan was most difficult for you to implement? Why?

---

---

---

---

- What would improve your ability to implement the intervention techniques?

---

---

---

---



### **3. Modify Behavior Intervention Plan as Needed**

Do you think you need to modify the behavior intervention plan? If so, discuss with the trainer.

### **4. Create a Plan for Continued Consultation with the Trainer**

Discuss with the trainer your need for future assistance and document a plan for future meetings, phone calls, or demonstrations of techniques. Use the questions below to help determine your ongoing needs.

Do you plan to continue working to implement the BIP for this individual?

If yes, do you think the BIP will need further fine tuning? In what way?

What parts of the BIP are continuing to be a challenge for you?

How could the trainer assist you with overcoming these challenges? (e.g., phone calls, meetings, home visits to demonstrate techniques)

Do you anticipate moving on to use FBA to understand and address additional behaviors once the most challenging behaviors are reduced?

Please share your answers with the trainer and agree on a plan for follow-up. Document the agreed upon plan below and on the next page. Give one copy to the trainer.



### BIP Follow-Up Plan

(Caregiver Copy)

Date of Next Contact	Type of Contact	Trainer Contact Info
		Name:  E-Mail:  Phone:



Document the agreed upon plan for follow-up below. Give this copy to the trainer.

**BIP Follow-Up Plan**

(Trainer Copy)

Date of Next Contact	Type of Contact	Trainer Contact Info
		Name: E-Mail: Phone:





## **5. Program Review**

Notes:

## **6. Workshop Evaluation**

Please complete the Workshop Evaluation found on the next page and turn it in to your trainer.

**END OF SESSION 6**

**This is the end of the training sessions for  
Targeting the Big Three: Challenging Behaviors.**

**THANK YOU.**



# Targeting the Big Three

## Caregiver's Program Evaluation

Target behavior (circle one): Challenging behavior, Mealtime behavior, Toilet training

DDSO: \_\_\_\_\_ Trainer: \_\_\_\_\_ Today's Date: \_\_ / \_\_ / \_\_\_\_

1. Overall, how satisfied were you with the workshop trainings?
  - 1) Very dissatisfied
  - 2) Dissatisfied
  - 3) Neither satisfied nor dissatisfied
  - 4) Satisfied
  - 5) Very satisfied
2. In general, how effective was the curriculum for the individual you are working with?
  - 1) Ineffective
  - 2) Somewhat effective
  - 3) Neither effective nor ineffective
  - 4) Very effective
  - 5) Extremely effective
3. At the end of the program, the individual's target problem behaviors are:
  - 1) Worse
  - 2) Slightly worse
  - 3) About the same
  - 4) Improved
  - 5) Significantly improved
4. The training was presented in a concise and easy to understand manner.
  - 1) Totally disagree
  - 2) Somewhat Disagree
  - 3) Neither agree or disagree
  - 4) Somewhat agree
  - 5) Totally agree
5. The amount of work (training) required was at a reasonable level for the challenges I was facing.
  - 1) Totally disagree
  - 2) Somewhat Disagree
  - 3) Neither agree or disagree
  - 4) Somewhat agree
  - 5) Totally agree
6. Will you continue to follow the guidelines?
  - 1) Definitely not
  - 2) Probably not
  - 3) Not sure-Maybe
  - 4) Probably
  - 5) Definitely
7. I feel that the methods involved with the trainings were ethically sound.
  - 1) Totally disagree
  - 2) Somewhat Disagree
  - 3) Neither agree or disagree
  - 4) Somewhat agree
  - 5) Totally agree
8. The trainer was flexible and open to suggestions or concerns
  - 1) Totally disagree
  - 2) Somewhat Disagree
  - 3) Neither agree or disagree
  - 4) Somewhat agree
  - 5) Totally agree
9. The trainer was knowledgeable, thoroughly trained and easy to work with
  - 1) Totally disagree
  - 2) Somewhat Disagree
  - 3) Neither agree or disagree
  - 4) Somewhat agree
  - 5) Totally agree
10. Please provide suggestions you might have that would assist us in making our training program more effective:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# Forms





### Antecedent-Behavior-Consequence (ABC) Data Sheet

Direct Functional Assessment

Date/ Time	Antecedent (Before)	Challenging Behavior	Consequence (After)
Example:  <u>9</u> / <u>10</u> / <u>2010</u> mo/ day/year  <u>  </u> <u>9</u> AM  <u>  </u> PM	Making an error Parent request or demand Child request or demand Transition to another setting Transition to a different activity Social interaction with others Playing alone Item/food removed Wanting "his way"	Aggression Disruption Self-injury Tantrum Non-compliance Property destruction Elopement (walking away)	Praise Change task or activity Redirection Reprimand Prompt Ignore Reward removed Demand (work/task) removed
<u>  </u> / <u>  </u> mo day  <u>  </u> AM  <u>  </u> PM			
<u>  </u> / <u>  </u> mo day  <u>  </u> AM  <u>  </u> PM			
<u>  </u> / <u>  </u> mo day  <u>  </u> AM  <u>  </u> PM			
<u>  </u> / <u>  </u> mo day  <u>  </u> AM  <u>  </u> PM			
<u>  </u> / <u>  </u> mo day  <u>  </u> AM  <u>  </u> PM			





### Baseline Data Sheet

Caregiver Name: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

**Direction:** Use this data sheet to track baseline levels of challenging behavior. Each session is 10 minutes, defined as the duration of time you dedicate to observation during both baseline and intervention. You may conduct as many sessions as you wish in one day. Most caregivers are able to conduct 3-6 sessions per day (30-60 minutes total). It is helpful to conduct the same number of sessions per day to keep things consistent. Label the target behaviors in each column (from p. 20). Use tick marks to count the frequency of challenging behaviors

*Example:*

Date	Session	Time of observation	Target behavior 1 <i>Self-Injury</i>	Target behavior 2 <i>Hitting mom</i>	Target behavior 3 <i>Throwing objects</i>	Total Problem Behaviors
8/27/10	1	9 am				4
8/27/10	2	11 am				4
8/27/10	3	1 pm			0	3
8/28/10	4	3 pm			0	2
8/28/10	5	8 pm			0	2

Date	Session	Time of observation	Target behavior 1	Target behavior 2	Target behavior 3	Total Number of Problem Behaviors
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					





### Analogue FA Data Sheet

Direction: Label the target behaviors across the top of each column (from p. 20). Use tick marks to count the frequency of problem behaviors while testing for each condition. Use a separate data sheet for each session.

Example:

Condition	Target behavior 1 <i>Self-Injury</i>	Target behavior 2 <i>Hitting mom</i>	Target behavior 3 <i>Throwing objects</i>	Total Problem Behaviors
1. Demand	### IIII	###		14
2. Tangible		IIII		4
3. Social Attention			### III	8
4. Mands				0
5. Free Time				0
6. Alone				0

In the above example, the most likely function of self-injury is to escape demands. Hitting mom has led to getting out of demands and getting access to items. Throwing objects is used to gain social interaction. *The priority for intervention should be demand.*

Session 1

Date: \_\_\_ / \_\_\_ / \_\_\_\_

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				



### Session 2

Date: \_\_\_ / \_\_\_ / \_\_\_

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				

### Session 3

Date: \_\_\_ / \_\_\_ / \_\_\_

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				



### Session 4

Date: \_\_\_ / \_\_\_ / \_\_\_

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				

### Session 5

Date: \_\_\_ / \_\_\_ / \_\_\_

Condition	Target behavior 1	Target behavior 2	Target behavior 3	Total Problem Behaviors
1. Demand				
2. Tangible				
3. Social Attention				
4. Mands				
5. Free Time				
6. Alone				

- Function of Target Behavior 1: \_\_\_\_\_
- Function of Target Behavior 2: \_\_\_\_\_
- Function of Target Behavior 3: \_\_\_\_\_





### FCT Trials Data Sheet

Name of Caregiver: \_\_\_\_\_

**Individual's Mode of Communication** (check the one that applies):

- Verbal (spoken)
- Sign Language
- Gestural
- Picture Exchange Communication System (PECS)
- Voice Output Communication Aid (VOCA)
- Other augmentative communication (list): \_\_\_\_\_

**For each trial, indicate the prompt level required from the caregiver:**

- Independent communication, no prompt required
- Verbal
- Gestural/Modeling
- Physical (hand-over-hand)

Target Response being taught: \_\_\_\_\_

Date	Trial #	Independent	Verbal	Gestural	Physical	Challenging behavior
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					

Target Response being taught: \_\_\_\_\_

Date	Trial #	Independent	Verbal	Gestural	Physical	Challenging behavior
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					





### Personalized Behavior Intervention Plan (instructional version)

For: \_\_\_\_\_

Date: \_\_\_\_\_

1. Function(s) of the Challenging Behavior from the Indirect FBA (**QABF form**):

Challenging Behavior	Function

2. Function(s) of the Challenging Behavior from the Descriptive FBA (**ABC data form**):

Challenging Behavior	Function

3. Function(s) of the Challenging Behavior from the **Analogue FBA (Analogue FBA data form)**:

Challenging Behavior	Function



4. Treatment Package (select from suggested Behavioral Interventions, found on pages 71 -77)

**For Challenging Behavior 1:**

*Do's*

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_
- 4. \_\_\_\_\_  
\_\_\_\_\_
- 5. \_\_\_\_\_  
\_\_\_\_\_

*Don'ts* (list what's most difficult for you when working with the individual)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**For Challenging Behavior 2:** \_\_\_\_\_

*Do's*

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_



4. \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_

*Don'ts* (list what's most difficult for you when working with the individual)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**For Challenging Behavior 3:** \_\_\_\_\_

*Do's*

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_

*Don'ts* (list what's most difficult for you when working with the individual)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_





## Behavior Intervention Plan (standard format)

Name of Individual: \_\_\_\_\_ BIP implementation date: \_\_/\_\_/\_\_\_\_

**BEHAVIORAL GOALS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**TARGET BEHAVIORS & DATA COLLECTION**

Self-injury (\_\_\_\_\_), aggression (\_\_\_\_\_), disruption (\_\_\_\_\_). Frequency data were collected for all behaviors.

**PREFERENCE ASSESSMENT**

A paired-choice preference assessment was conducted to identify potential reinforcers. Results indicated that the most highly preferred item was \_\_\_\_\_.

**FUNCTIONAL BEHAVIOR ASSESSMENT**

Function(s) of the Target Behavior from Indirect FBA (QABF):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Function(s) of the Target Behavior from Descriptive FBA (ABC data):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Function(s) of the Target Behavior from Analogue Functional Analysis:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**INTERVENTION**

Example: Intervention for Escape from Demand Function

<p><b>Intervention</b></p> <p>Teach functional communication to replace hitting to get out of work. Sam will use a PECS card to ask for a "break" (instead of hitting). She will be given a short break and praise for appropriate communication. All hitting will be ignored.</p>
--

Intervention for \_\_\_\_\_ Function

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Intervention for \_\_\_\_\_ Function

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_





### Challenging Behavior Intervention Data Sheet

Caregiver Name: \_\_\_\_\_

**Direction:** Use this data sheet to track changes during intervention. Each session is 10 minutes, defined as the duration of time you dedicate to behavior intervention per day. You may conduct as many sessions as you wish per day. Most caregivers are able to conduct 3-6 sessions per day (30-60 minutes total). It is helpful to conduct the same amount of sessions per day. Label the target behaviors in each column (from p. 20). Use tick marks to count frequency of challenging behaviors. Return this sheet to your workshop trainer.

*Example:*

Date	Session	Time of observation	Target behavior 1 <i>Self-Injury</i>	Target behavior 2 <i>Hitting mom</i>	Target behavior 3 <i>Throwing objects</i>	Total Problem Behaviors
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8/27/10	2	11 am				4
8/27/10	3	1 pm			0	3
8/28/10	4	3 pm			0	2
8/28/10	5	8 pm			0	2

Date	Session	Time of observation	Target behavior 1	Target behavior 2	Target behavior 3	Total Number of Problem Behaviors
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					









## References

- Autism Internet Modules of the Ohio Center for Autism and Low Incidence: Retrieved July 2010, from <http://www.ocali.org/>
- Baer, D. M., Wolf, M. M., & Risley, T. R. (1968). Some current dimensions of applied behavior analysis. *Journal of Applied Behavior Analysis, 1*(1), 91-97.
- Berg, W. K., Wacker, D. P., & Steege, M. W. (1995). Best practices in assessment with persons who have severe or profound handicaps. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology-III* (3rd ed., pp.805- 816). Washington, DC: National Association of School Psychologists.
- Bowman, L. G., Fisher, W. W., Thompson, R. H., & Piazza, C. C. (1997). On the relation of mands and the function of destructive behavior. *Journal of Applied Behavior Analysis, 30*(2), 251-264.
- Carr, E. G., & Kemp, D. C. (1989). Functional equivalence of autistic leading and communicative pointing: Analysis and treatment. *Journal of Autism and Developmental Disorders, 19*, 561-578.
- Cooper, J. O., Heron, T. E., & Heward, W. L. (2007). *Applied behavior analysis*, 2nd ed. Upper Saddle River, N.J.: Pearson Prentice Hall.
- Fisher, W., Piazza, C. C., Bowman, L. G., Hagopian, L. P., Owens, J. C., & Slevin, I. (1992). A comparison of two approaches for identifying reinforcers for persons with severe and profound disabilities. *Journal of Applied Behavior Analysis, 25*(9), 491-498.
- Fisher, W., Piazza, C., Cataldo, M., Harrell, R., Jefferson, G., & Conner, R. (1993). Functional communication training with and without extinction and punishment. *Journal of Applied Behavior Analysis, 26*(1), 23-36.
- Iwata, B. A., Dorsey, M. F., Slifer, K. J., Bauman, K. E., & Richman, G. S. (1994). Toward a functional analysis of self-injury. *Journal of Applied Behavior Analysis, 27*(2), 197-209.
- Iwata, B. A., Pace, G. M., Dorsey, M. F., Zarcone, J. R., Vollmer, T. R., Smith, R. G., Rodgers, T. A., Lerman, D. C., Shore, B. A., Mazalesk, J. L., et al. (1994). The functions of self-injurious behavior: an experimental-epidemiological analysis. *Journal of Applied Behavior Analysis, 27*(2), 215-240.
- Paclawskyj T. R., Matson, J. L., Rush, K. S., Smalls, Y., & Vollmer, T. R. (2000). Questions about behavioral function (QABF): a behavioral checklist for functional assessment of aberrant behavior. *Research in Developmental Disabilities, 21*(3), 223-229.
- Schroeder, S. R., Oster-Granite, M., & Thompson, T. (Eds.) (2002). *Self-Injurious Behavior: Gene–Brain–Behavior Relationships*. Washington, DC: APA