

Adult with Autism Profile

A hypothetical open-ended interview has been completed below based on the following profile:

- Charles
- 20 years old
- Very limited vocal verbal behavior, communicates mostly by gesturing
- Autism
- Lives in a residential treatment center
- Problem behavior includes aggression, self-injury, and property destruction
- Reinforcers include escape work, enjoys the iPad (listening to music, watching preferred movies and clips on YouTube); enjoys “lounging” on beanbags and comfy chairs

A hypothetical Interview-Informed Synthesized Contingency Analysis (IISCA) was then designed.

Finally, a hypothetical skill-based treatment (SBT) was then designed, which includes 3 branches of contextually appropriate behavior (CAB) chains.

Open-Ended Functional Assessment Interview
Developed by Gregory P. Hanley, Ph.D., BCBA-D
(August 2002; Revised August 2009)

Date of Interview: 11/8/2019

Child/Client: Charles

Respondent: Michele; Susan

Respondent's relation to child/client: Mom & primary caregiver at residential center

Interviewer: Amy Watson, BCBA

RELEVANT BACKGROUND INFORMATION

1. His/her date of birth and current age:

- 9-1-1999
- 20 years, 4 months
- Male

2. Describe his/her language abilities.

- Non-vocal
- Communicates by pointing to things he wants (e.g., points to iPad; points to door).
- Might try to make sounds to "talk" ("ppah" while pointing to iPad).

3. Describe his/her play skills and preferred toys or leisure activities:

- Enjoys the iPad (listening to music, watching preferred movies and clips on YouTube).
- Enjoys "lounging" on beanbags and comfy chairs.
- Enjoys bouncing on an exercise ball and running/jumping around open rooms (galloping back-and-forth).

4. What else does he/she prefer?

- Enjoys taking walks around the center/school.
- Likes to interact with preferred adults on "his terms" (e.g., by sitting next to someone and holding their hand).

QUESTIONS TO INFORM THE DESIGN OF A FUNCTIONAL ANALYSIS

To develop objective definitions of observable problem behaviors:

5. What are the problem behaviors? What do they look like?

- Loud vocals:
 - Yelling
 - Humming
- Aggression:
 - Hitting,
 - Charging
 - Head-butting
 - Biting
 - Grabbing
 - Pulling people in to bite & pull hair

- Self-injury:
 - Biting knuckles, hands, and arms (has created tissue damage on arms)
 - Hand-to-head hits (slapping with open hands, hitting with closed fists)
 - Head-to-object hits (hit head on walls, walls, and desk)

- Disruptive behavior:
 - Bouncing up and down in a chair or on floor (often paired with loud vocals)
 - Throwing materials off desk or within reach
 - Hitting items or objects (open-handed hits to the iPad, hit walls or hard surfaces)
 - Biting materials

To determine which problem behavior(s) will be targeted in the functional analysis:

6. What is the single-most concerning problem behavior?

- Self-injury

7. What are the top 3 most concerning problem behaviors? Are there other behaviors of concern?

- Self-injury
- Aggression
- Disruptive behavior

To determine the precautions required when conducting the functional analysis:

8. Describe the range of intensities of the problem behaviors and the extent to which he/she or others may be hurt or injured from the problem behavior.

- Loud vocals: May make a single grunt or soft hum, can turn into screaming and loud vocals paired with other PB.
- Aggression: Makes “threats,” will reach out and make “jab” motions towards a teacher/adult, sometimes will make small tugs at clothing or hold hands firmly, can turn into very intense PB that requires 5-6 adults to deescalate situations.
- Disruptive behavior: Will toss small items off workspace (worksheets; pencils), can turn into dangerous disruption such as throwing furniture, throwing electronics.
- Self-injury: Biting knuckles and hands can sometimes occur quickly and will stop quickly; can also turn into bites without releasing for longer periods (up to 1 minute) and has caused tissue damage requiring stitches, has lots of calloused skin on arms/knuckles from repeated biting.
- Hand-to-head hits, open-handed and fist-to-head occurs in quick succession, but not at high intensity, will sometimes turn into high-intensity fist-to-head and eventually will move towards a hard surface to engage in PB, typically occurs if people are not around to hit.

To assist in identifying precursors to or behavioral indicators of dangerous problem behaviors that may be targeted in the functional analysis instead of more dangerous problem behaviors:

9. Do the different types of problem behavior tend to occur in bursts or clusters and/or does any type of problem behavior typically precede another type of problem behavior (e.g., yells preceding hits)? Are there behaviors that seem to indicate that severe problem behavior is about to occur?

- Loud humming and vocals occur first, often will engage in loud vocals, then disruption behavior, and then aggression.
- If someone is not around, may start with loud vocals, disruption, self-injury, and then aggression.

To determine the antecedent conditions that may be incorporated into the functional analysis test conditions:

10. Under what conditions or situations are the problem behaviors most likely to occur?

- While doing non-preferred work: daily living skills (laundry, brushing teeth), vocational work, and exercise-type demands
- When alone with preferred items/activities and adults are out of sight (e.g., teacher is helping another student and the iPad dies, client is sitting in beanbag with no other activities available, happens mostly with unfamiliar people)
- After doing work for long periods of time, can do 1 vocational task, but if asked to do more will evoke PB

11. Do the problem behaviors reliably occur during any particular activities?

- During long daily living skill tasks and vocational tasks
- Ending long periods of free-time and transitioning to daily-living skills/voc tasks
- Doesn't mind transitioning from free-time to easy work

12. What seems to trigger the problem behavior?

- When adults don't provide reinforcers immediately
- If the client asks for a break from VOC work, but needs to continue because his peers are still working
- If the iPad turns off and someone isn't around to charge it or give him something else

13. Does problem behavior occur when you break routines or interrupt activities? If so, describe.

- Sometimes problem behavior occurs when there is an unexpected change in a routine. For example, if the client is going to McDonald's in a group and the plan is to eat inside the restaurant, but once they arrive they cannot eat inside due to another peer's difficult behavior.
- Another example is unexpected changes to voc tasks. For example, if he thinks he only needs to complete one job task, but then is asked to do another, this will sometimes lead to problem behavior resulting in termination of the VOC site.

14. Does the problem behavior occur when it appears that he/she won't get his/her way? If so, describe the things that the child often attempts to control.

- Yes-the client seems to want to spend the majority of the time hanging out on their terms.
- Often only wants to engage in small amounts of work.
- When he wants work to be over, he will often engage in problem behavior if his request to end cannot be honored.

To determine the test condition(s) that should be conducted and the specific type(s) of consequences that may be incorporated into the test condition(s):

15. How do you and others react or respond to the problem behavior?

- Therapists and caregivers will often provide choices if pre-cursor behaviors occur (humming, bouncing up and down). For example, asking if he needs to take a break or “cool down” before continuing with the activity.
- Therapists and caregivers will attempt to resolve any problems that have occurred with preferred items/activities. For example, if the iPad has died which leads to problem behavior, then caregivers will try to redirect and offer an iPod, the computer, or the exercise ball.

16. What do you and others do to calm him/her down once he/she engaged in the problem behavior?

- Will prompt him to take deep breaths on his beanbag
- Talk to him calmly
- Model deep breaths

17. What do you and others do to distract him/her from engaging in the problem behavior?

- Across the day, instructions and amount of work is limited.
- The client can choose to spend the majority of his time doing the things that he wants.
- When instructions are given, caregivers give lots of breaks and change activities. For example, if the first task is to do laundry then the next task will be an easier task such as counting money or playing a game on the iPad (for leisure skills).

In addition to the above information, to assist in developing a hunch as to why problem behavior is occurring and to assist in determining the test condition(s) to be conducted:

18. What do you think he/she is trying to communicate with his/her problem behavior, if anything?

- That he doesn't want to do things that are hard and boring
- To get help getting the things he want so his life is enjoyable (working electronics, people nearby if they need help)

19. Do you think this problem behavior is a form of self stimulation? If so, what gives you that impression?

- No

20. Why do you think he/she is engaging in the problem behavior?

- To get out of hard tasks and enjoy free-time

Once the open-ended functional assessment interview is complete, use this form to design an IISCA.

Client Pseudonym:	Charles	Names of caregivers in attendance:	Michele (mom); Susan (therapist)
Client language abilities:	Non-verbal	Primary language of caregivers:	English

1. **Implementor:** Note who will implement the analysis and why this person was selected to be the implementor.

- Susan: She works with Charlie 5 days/week at his residential setting and knows him the best of all of the staff.

2. **Location:** Describe the general location and specific area in which the analysis will take place. Consider the extent to which the location/area can be designed to be the most comfortable/preferred location for the child/client.

- Residential setting in the leisure room; the room has a variety of leisure items, several couches and lounge chairs, and has open space to move around.

3. **Materials:** Describe the equipment and materials to be placed in the analysis space to immediately occasion engagement and maintain a happy, relaxed, and engaged demeanor.

- iPad (fully charged) and access to preferred videos
- CD player and several CDs
- Headphones
- Computer
- TV with working remote
- Exercise ball
- Beanbag chair
- Couch with blanket
- Ensure space to move around (galloping back-and-forth)

Also, describe the materials to be arranged in the area or on the table of high expectations

- Voc and chore materials: Laundry basket and clothes to fold; visual schedules used for chore routine; broom and dustpan; trash bags; paper towels and cleaner; items to sort with bins; pantry items available to put away.
- Hygiene task materials: bin with toothbrush, toothpaste, floss, face wash, lotion, comb, wash cloth; nail clippers.

4. **Interactions during Reinforcement.** Describe where the implementor will be positioned and how they will interact with the child/client. Also note the interactions that will be minimized during this time.

<ul style="list-style-type: none"> -Remain in a seated/crouched and central position -Be oriented toward client at all times -Respond in kind to all questions, social bids, social referencing, joint initiations, etc. -Provide a comment on engagement when the client does something impressive -<u>Refrain from</u> asking any questions, placing social demands, issuing any instructions, redirecting behavior, touching any of the materials, offering choices, reminding the client about what they can do, following them around the area 	<ul style="list-style-type: none"> Sitting close to Charles with nothing in hands (no cell phone) Signaling you will hold hands if Charles wants to do so
--	---

5. **Progressing the EO:** Describe how the implementor will progress the establishing operation, e.g.:

Stand
Clap softly
Move close
Instruct client to stop or relinquish
(vocal then model then physical prompts may be used in that order and as needed)
Instruct client to transition to area of high expectations
Instruct client to get ready to learn
Provide instructions to complete challenging work, tasks, or expectations

Throughout progression:
-Minimize stereotypic behavior with vocal and physical redirections
-Do not comply with any requests
-Redirect/minimize reinforcement for social bids
-Engage and attend to others while the high expectations are in place

- Ensure challenging work is being presenting-not easy tasks (easy math problems; playing games on iPad)
- Ensure challenging work is being presented without interspersing “easy” trials and “easy” work

6. **Responding to problem behavior.** Describe how the implementor will respond to PB occurring in the EO.

- Remove demand (“You don’t have to, sorry”)
- Allow Charles to return to preferred activity
- If holding the iPad or headphones therapist will immediately give it back.
- Therapist will sit next to Charles and be available.

7. **Responding to leaving.** Describe how the implementor will act if the child leaves the analysis area.

- Therapist will allow Charles to walk around the day program and will walk close to him (locking arms), if Charles indicates that is what he wants.

8. **Changes for Safety.** Describe any changes to typical procedures must be made for safety reasons.

- None

9. **Data Collection.** Name and define the severe problem behaviors (these are referred to as R1s in data collection):

- Self-injury; aggression; property destruction

Name and define the precursors, associated-non-dangerous problem behaviors, and indicators (these are referred to as R2s in data collection):

- Loud vocals and humming (A loud discrete yell-sounds also similar to a grunt “ahhh-ahhrr”; loud guttural humming)
- Looking at therapist and holding hand up “pretending” to hit them
- Disruptive behavior: hitting surfaces with an open-hand, swiping materials of workspace, placing materials in mouth and biting them, bouncing up and down in chair or on a beanbag (does not include bouncing on exercise ball while smiling)

Once the IISCA is complete (control over problem behavior has been shown), use the form below to design a skill-based treatment that will strengthen the life skills of communication, toleration, and compliance via intermittent and unpredictable reinforcement of each.

5. Describe the initial, intermediate, and then more complex communication response (i.e., the better mand) to produce the reinforcers; also describe how you will teach that behavior.

Simple FCR:

- Thumbs to chest

Complex FCR:

- Tapping therapist on the shoulder + Thumbs to chest

Teaching Procedure:

- Immediate physical prompt for initial simple and complex FCRs
- Physical prompt faded after 10 practice opportunities by inserting a 2 s delay & least-to-most prompting

6. Describe which denial/delay signals you will use, which tolerance response(s) you will teach, and how you will teach the tolerance response.

Delay/Denial Signals:

- “No, not now, sorry, maybe later.”

Tolerance Response:

- Thumb up

Teaching Procedure:

- Immediate physical prompt to emit the thumb up
- Physical prompt faded after 10 practice opportunities by inserting a 2 s delay & least-to-most prompting

7. Describe the initial contextually appropriate behaviors (CAB 1). These are the behaviors that will be instructed following tolerance responses and strengthened via the termination of the delay.

CAB 1: Instructional control of stopping ongoing activity & relinquishing all positive reinforcers (e.g., a. pause game, b. look up, c. hand me the iPad):

- Press pause on iPad or CD player
- Look up
- Remove headphones (if wearing)
- Place iPad or device in basket

Branch A: Engagement in Chores

CAB 2: Instructional control of transitioning to alternative area and readying to listen/learn

- Standing up from chair/bean bag
- Walk towards cleaning closet (where the chore list is hung up)
- Opens door to cleaning closet
- Picks up chore visual

CAB 3: Instructional control of a few (1-3) responses/time units of cooperation within a single, relevant activity

Activity and Prompts: Points to first activity on chore list, gathers materials (Gets broom, gets laundry hamper), walks towards the area to clean

CAB 4: Instructional control of a few (1-3) responses/time units of cooperation within **multiple** relevant activities

Activity: Laundry

1. Get laundry basket
2. Put 1-2 pieces in hamper
3. Walk towards laundry room

Activity: Sweeping

1. Sweep a small section of floor
2. Sweep dirt/trash into dustpan
3. Walk to next section of the floor

Activity: Making Bed

1. Place pillows on the floor
2. Place hands on flat sheet
3. Pull flat sheet up to top of bed

CAB 5: Instructional control of **1-10+** responses/time units of cooperation w/in multiple activities

Progressively longer duration and/or more steps added to the various activities:

Duration engaged:

- 10, 60, or 120 seconds
- 10, 60, 120, or 300 seconds
- 10, 60, 120, 300, or 300+ seconds

OR:

- Do laundry tasks, put clothes in washer, get detergent, measure detergent, add soap, move to dryer, etc.
- Sweep 1 entire room, throw away dirt, move to next room, etc., put broom back
- Smooth flat sheet, pull up comforter, smooth comforter, add pillows to bed

CAB 6: Instructional control of 1-12+ responses/time units of cooperation w/in multiple activities **while being challenged**

- Change order of chores on chore visual list
- Don't have a list sometimes and provide verbal instructions to complete tasks
- Misplace certain items and have the client find missing items
- Add an additional task at the end
- Add new chores to list

Branch B: Completion of Hygiene Skills

CAB 2: Instructional control of transitioning to alternative area and readying to listen/learn

- Standing up from beanbag/chair
- Walking toward bathroom
- Entering the bathroom
- Opening cabinet to gather hygiene materials (toothbrush, toothpaste, washcloth, soap, floss)

CAB 3: Instructional control of a few (1-3) responses/time units of cooperation within a single, relevant activity

Activity and Prompts: Getting hygiene materials out of cabinet, picking up toothbrush, opening toothpaste cap, putting toothpaste on toothbrush

CAB 4: Instructional control of a few (1-3) responses/time units of cooperation within **multiple** relevant activities

Activity: Brushing Teeth

- | | | |
|-----------------------|--------------------|-------------------------------|
| 1. brush bottom teeth | 2. Brush top teeth | 3. Rinse mouth with mouthwash |
|-----------------------|--------------------|-------------------------------|

Activity: Washing Face

- | | | |
|-----------------------|-------------|--------------------------|
| 1. pick up wash cloth | 2. Wet face | 3. Put soap on washcloth |
|-----------------------|-------------|--------------------------|

Activity: Clipping Nails

- | | | |
|--------------------------|----------------------------|------------------|
| 1. pick up nail clippers | 2. Bring clippers to nails | 3. Clip one nail |
|--------------------------|----------------------------|------------------|

CAB 5: Instructional control of **1-10+** resp/time units of cooperation w/in multiple activities

Progressively longer duration and/or more steps added to the various activities:

Duration engaged:

- 10, 60, or 120 seconds
- 10, 60, 120, or 300 seconds
- 10, 60, 120, 300, or 300+ seconds

OR:

- Pickup flosser, floss bottom front teeth, floss top front teeth; allow therapist to assist
- Wash cheeks with wash cloth, wash entire face, rinse, apply lotion, cloth in hamper
- Clip 1 nail, clip all fingernails, clip 1 toenail, clip all toenails

CAB 6: Instructional control of 1-10+ responses/time units of cooperation w/in multiple activities **while being challenged**

- Switch order of hygiene tasks
- Interrupt a hygiene task with something else
- Allow therapist to help
- Misplace some hygiene materials and have client go replace from stockroom
- Therapist has client work towards better thoroughness (brush a little longer)
- Add additional tasks: washing hands, shaving, comb hair

Branch C: Engagement in vocational work

CAB 2: Instructional control of transitioning to alternative area and readying to listen/learn

- Stand up from beanbag/chair
- Leave “hangout” area
- Walk toward the door
- Leave residence/center

CAB 3: Instructional control of a few (1-3) responses/time units of cooperation within a single, relevant activity

Activity and Prompts: Walk toward VOC task (stockroom, vocational practice area), pick up VOC materials, move towards activity, complete one trial

CAB 4: Instructional control of a few (1-3) responses/time units of cooperation within **multiple** relevant activities

Activity: Stocking shelves

1. Walk toward shelves
2. Identify an item that is missing or low in stock
3. Walk toward restocking items

Activity: Custodial cleaning

1. Enter workspace
2. Gather cleaning basket
3. Walk toward first cleaning task

Activity: Recycling

1. Enter room
2. Walk toward blue recycling bin
3. Pick up recycling bin

CAB 5: Instructional control of **1-10+** responses/time units of cooperation w/in multiple activities

Progressively longer duration and/or more steps added to the various activities:

Duration engaged:

- 10, 60, or 120 seconds
- 10, 60, 120, or 300 seconds
- 10, 60, 120, 300, or 300+ seconds

OR:

- Bring box to shelf, place one item on shelf, place multiples items on shelf, break down box
- Start a cleaning task (e.g., wiping table), and add more items to clean, second table, chairs, counters, etc.
- Put recycling in large trashcan, put recycling bin back, leave workspace, walk to next room, repeat

CAB 6: Instructional control of 1-10+ responses/time units of cooperation w/in multiple activities **while being challenged**

- Interrupt activity to do another task
- After interruption, return to initial task
- Do more than one task in a row
- Misplace items needed for completion
- Include a new vocational activity
- Complete vocational work with another peer (in a group of 2-3)