

Functional Behaviour Assessment

Positive Behaviour Support Plan

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University of British Columbia

EPSE 576: Assessments and Positive Behaviour Support in School and Community Settings

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2020

Student Introduction Form

Person's Name: XX **Date Completed:** October 5, 2020

Age, gender, grade in school: 5, male, not attending kindergarten at the moment due to Covid-19

Diagnosis/label/educational category (if any): Autism Spectrum Disorder (ASD)

Communication skills (how? what? needs?): Difficulty with expressive language, able to tact, beginning to mand and communicate through Picture Exchange Communication System (PECS).

Literacy skills (decoding, reading comprehension, inferences, spelling, etc.): XX cannot yet read, however, he is able to tact letter names (does not know letter sounds).

Writing skills (handwriting, organization, grammar/punctuation, etc.): No writing skills at the moment. Requires full physical support in holding a pencil. XX is learning how to draw lines and colour small shapes.

Math skills (computation, problem solving, measurement, graphing, etc.): XX is able to tact numbers 1-10. He can also count up to 10.

Self-management/behavior regulation skills (assets? challenges?): Easily frustrated when things don't go his way, at times ignores demands.

Learns best when: Clear expectations are given with additional adult support during tasks.

Has trouble learning when: He is tired or hungry.

Family

Immediate family (lives with): Lives with mom, dad and his older stepsister.

Dad works during the week while Mom and sister are at home.

Extended family: Sees extended family (grandparents, aunts, uncles and cousins) often. His cousins used to go to the same kindergarten class with him before Covid-19.

Type of residence: House

Culture, religion, ethnicity: Vietnamese

Home supports: Receives 10 hours of ABA intervention per week.

School

Name, location: Community center kindergarten, Vancouver (currently not attending due to COVID-19).

Type of classroom, grade: Regular kindergarten classroom

Support team for person (teacher, assistant, etc.): Normally XX receives support from one of his Behaviour Interventionist.

Academic ability (at grade level/adapted/modified; areas of concern): At preschool, XX participated in all activities with his peers with adult support. Some difficulties with fine motor tasks.

Classroom management system currently in place: None

Peers

Best friends: No best friends

Friends: Used to be very liked in his classroom. No friends currently

Personal Profile Assessment

Name of Focus Person: XX. **Date:** October 5, 2020 **Informant(s):** Dad

1. How much **repetition** in activities does this person prefer?

lots of repetition (likes doing the same tasks/activities over and over again)	moderate amount of repetition	does not like repetitive tasks	NP/DK
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2. How much **competition** does this person prefer?

enjoys competitive activities (sports, games, races, etc.)	does not mind competitive activities	does not like competitive activities	NP/DK
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3. How much **structure and predictability** does this person prefer?

high structure/ high predictability	moderate structure/ moderate predictability	low structure/ low predictability	NP/DK
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4. How much **novelty** does this person prefer?

likes lots of new tasks/ activities/settings	likes occasional new tasks/ activities/settings	doesn't like new tasks/ activities/settings	NP/DK
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5. What **grouping arrangement(s)** does this person prefer?

1:1 or 1:2	small groups (3-5)	large groups	NP/DK
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6. What level of **adult/caregiver supervision** does this person prefer?

independent	supervised somewhat	highly supervised	NP/DK
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7. What is the **age of people** with whom this person prefers to interact?

same-age peers	younger persons	older persons	NP/DK
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8. What is the **gender of people** with whom this person prefers to interact?

persons of the same gender	persons of the opposite gender	mixed group	NP/DK
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9. How does this person prefer to **interact with a group**?

as the center of attention	as just one of the crowd	as an observer (new people)	NP/DK
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10. What kind of **choice-making options** does this person prefer?

many choices	a few choices	no choices	NP/DK
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11. When this person makes choices, **how much assistance** is needed?

lots of assistance	needs some help	no assistance	NP/DK
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12. How much **physical activity** does this person prefer?

dislikes being physically active	likes to be moderately active	likes to be very physically active	NP/DK
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13. What level of **physical contact** does this person prefer?

dislikes physical contact	doesn't seem to mind physical contact	likes physical contact	NP/DK
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14. What **type(s) of activities** does this person prefer (circle all that apply):

activities with social interactions	solitary activities	hands-on activities	sensory-based activities	NP/DK
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15. What **type(s) of sensory activities or stimulation** does this person seem to prefer (circle all that apply)?

activities with lots to listen to	activities with lots to look at	activities with lots of movement	activities with lots of tactile input	NP/DK
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16. In **noisy environments/situations**, this person:

does not do well	doesn't seem to mind (doesn't like it but has learned to cover his ears)	does very well	NP/DK
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17. In **bright or visually stimulating environments/situations**, this person:

does not do well	doesn't seem to mind	does very well	NP/DK
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18. When this person is **unusually hot or cold**, or is in an unusually hot or cold environment, he or she:

does not do well	doesn't seem to mind	does very well	NP/DK
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19. In **socially stimulating situations** (i.e., when lots of people are around) or crowded environments, this person:

does not do well	doesn't seem to mind (struggled in the past)	does very well	NP/DK
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20. When this person is presented with a **new food or drink**, he or she:

does not do well	doesn't seem to mind	does very well	NP/DK
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21. When this person is presented with a new task, **how does he or she learn best?**

By having it explained verbally one or more times (learns by listening)	by seeing a written or pictorial model (learns by seeing)	by seeing someone do it one or more times (learns by modelling)	by being allowed to do it/try it one or more times (learns by doing)	NP/DK
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22. This person is most successful when **directions are given**:

Verbally	in writing	in picture form	with sign language	other: -	NP/DK
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23. What type(s) of **feedback** does this person seem to prefer when a task is done **correctly**?

social feedback praise	tangible feedback food, toys	visual feedback	to be left alone	NP/DK
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24. What type(s) of **corrective feedback** does this person seem to prefer when a task is done **incorrectly**?

verbal feedback	written feedback	public feedback	private feedback	other:	reacts negatively to corrective feedback regardless of form	NP/DK
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25. What specific items, activities, or social interactions does this person especially like, that might be reinforcing for him or her? **Be as specific as possible.**

(a) Food and/or drink items:

- Goldfish crackers
- Cranberry-Almond Biscuits
- Veggie Straws
- Pringles
- Chips

(b) Objects:

- Putting different objects on his fingers (e.g., pen caps, Lego, slime)
- Holding beads in his hand
- Playing with his 'dancing dog' toy
- Blowing bubbles
- Sitting in his hammock
- Playing with water and his plastic animals or jelly beads

(c) Activities at home, at school, or in the community:

- Listening to different songs on YouTube (e.g., "Daddy Finger").
- Playing outside/open parks/garden/back porch

(d) Social interactions:

- Praise
- Tickles
- Hugs
- 'Airplane' up in the air on Noa's feet
- Rough housing
- Cuddles
- Face between legs

26. Does this person have any **special interests or talents** (art, music, computers, etc.)? If so, what are they?

- Loves to dance
- Loves to listen to music and sing
- Knows all the animals, dinosaurs and planets

27. What are some positive qualities about this person? (check all that apply)

Friendly - sociable Helpful Organized Natural leader Liked by peers Has lots of friends Self starter Cooperative Assertive	Interested/motivated to learn Kind Considerate Good sense of humor Cheerful; positive attitude Well spoken Hard worker Honest Easygoing	Other (list or describe): Likes new people affectionate
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28. What other **strengths or gifts** does this person have – that is, what additional positive assets or skills does this person bring to most situations?

- Likes to learn

29. What types of **environments, interactions, feedback, etc. work best** for this person?

- Quiet environments
- Small groups
- Structure
- Familiar places

30. What **types of situations does this person find to be challenging** (what doesn't work for this person)?

- Transitions
- New places
- Changes in environment or routine
- New activities
- Big groups
- When things don't go his way
- When given demands

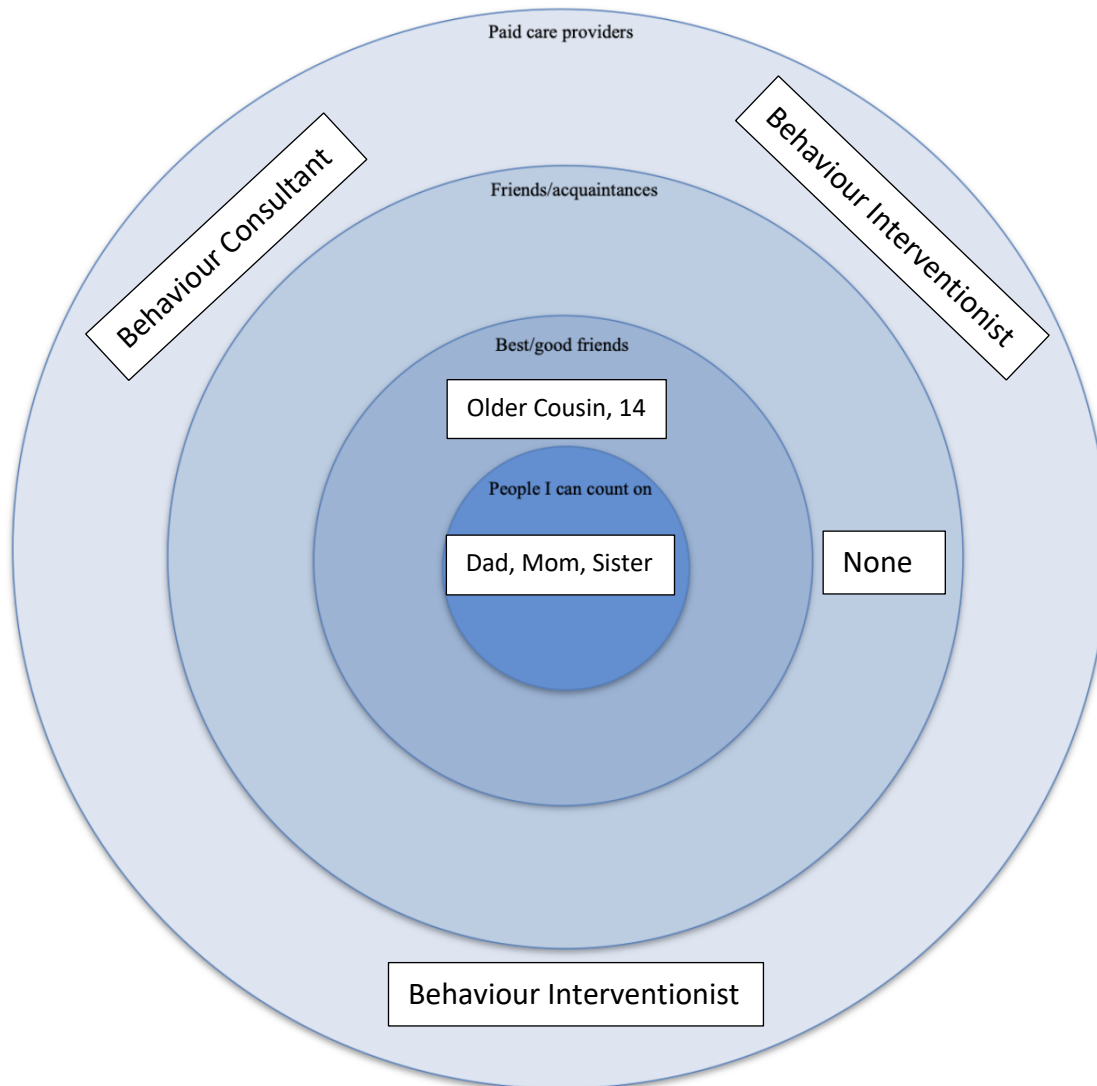
31. What choices does this person make on a typical day? What choices do other people make for the person? (food, clothes, activities, companions, free time, etc.)

Choices he makes	Choices others make for him
Choosing between snacks	Main meals
Some activities (i.e., what toys he plays with)	Clothes
	Schedule - main activities
	Drink (water or milk)

32. Does this person have any **goals, hopes, desires, or wishes for the future** (e.g., living, school, relationship, or career preferences)? If so, describe.

- No, XX is not in the level of understanding or expressing these concepts

33. Describe the focus person's current social network by entering names or initials in the appropriate circle.



Summary and Implications of XX's Key Strengths and Challenges

XX is a Vietnamese 5-year-old boy diagnosed with Autism Spectrum Disorder who lives at home in Vancouver with his mom, dad and stepsister. XX's mom does not speak English and communicates with him in Vietnamese. Dad speaks to him in English. When developing a Positive Behaviour Support (PBS) plan, we would ensure to work collaboratively with both parents despite the language barrier. The father would need to translate both the mom's input to us, as well as translate (vocal or written) the support plan for the mom.

XX engages in similar toys and activities as his same-age peers (e.g., puzzles, art). He is able to make independent choices when playing with toys in his room or when he is playing in a playground. He enjoys tactile activities, such as water and sand, and loves anything that has to do with planets. He is a cheerful child and enjoys cuddling and playing with his BI's and parents. His variety of interests, as well as positive praise and physical affection from others, could be incorporated into a behaviour support plan (BSP) to ensure that an enriched environment is provided, and powerful reinforcers are utilized. Providing choices could also be used as proactive strategy.

Additionally, XX exhibits challenges in expressive language skills, and is learning how to mand using PECS. His vocal communication has progressed, and he is currently able to tact all the ABC letters and match capital letters to lower case letters. Verbal instructions are limited to one step instructions (e.g., pick up, sit down). He learns best when clear expectations are being provided (e.g., presented by a visual schedule), and sufficient modeling is given. Due to limited receptive and expressive language, a BSP would include various visual supports and model prompts.

XX easily becomes frustrated when things don't go his way. He is very specific with how items should work and be played with. XX's problem behaviour occurs mainly at home, especially when a demand is placed. A comprehensive BSP would need to include strategies to support XX in developing emotional regulation and communication skills.

FUNCTIONAL ASSESSMENT INTERVIEW (FAI)

Person of concern	XX	Age	5	Gender: Male
Date of interview	October 5-6, 2020	Interviewer	Noa Hass, Jillian Newman	
Respondents	C&P (parents)			

A. DESCRIBE THE BEHAVIORS.

1. For each of the behaviors of concern, define the topography (how it is performed), frequency (how often it occurs per day, week, or month), duration (how long it lasts when it occurs), and intensity (how damaging or destructive the behaviors are when they occur).

	Behaviour	Topography	Frequency	Duration	Intensity
a.	Groaning/ whining	Making noises	Multiple times a day	5 seconds to 10 mins	Not too intense (mild)
b.	Crying/ screaming	Loud cry	2-3 times a day at least	Up to an hour (varied)	High intensity
c.	Bang head	Bang anything close (objects, surfaces or people)	A couple times a month	A couple times	Not that hard
d.	Jumps up and Down/Stomps feet	See bx	A few times a week	1 minute approx.	Moderate- very intense
e.	Bites himself/others	Bites his arm area, bites others leg/ear – anywhere available	Rare	once	Hard enough to draw blood on himself, light bites for others
Follow Up – Second Interview					
f.	Food Refusal	Lightly pushes dad or bowl away during mealtime, as well as plays with his food with the spoon in the bowl	Most meals	10 second	Low intensity
g.	Out of assigned area	Stands on chair at the dinner table	A few times per week	10 seconds	Low intensity

2. Which of the behaviors described above are likely to occur together in some way? Do they occur about the same time? In some kind of predictable sequence or 'chain"? In response to the same type of situation?

- a-e often occur together (in escalation)
- f and g may occur together

B. DEFINE ECOLOGICAL EVENTS (SETTING EVENTS) THAT PREDICT OR SET UP THE PROBLEM BEHAVIORS.

1. What *medications* is the person taking (if any), and how do you believe these may affect his or her behavior?

- None

2. What *medical or physical conditions* (if any) does the person experience that may affect his or her behavior (e.g., asthma, allergies, rashes, sinus infections, seizures, problems related to menstruation)? How do you believe these may affect his or her behavior?

- Dr. says he has anxiety
- Sleep difficulties

This may cause him feeling irritated and negatively affect his behaviour

3. Describe the sleep patterns of the individual and the extent to which these patterns may affect his or her behaviour.

- Doesn't stay asleep for long – will cry and look for mom
- Snores, may stop breathing - going to see ear/mouth/throat specialist

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

- Constipation (Feeling better lately)
- High fiber diet
- Standard 3 meals, drinks milk 3 times day, eats fruits, other snacks
- During mealtimes, parents provide XX with his iPad and different toys.

This may cause him feeling irritated and negatively affect his behaviour

5. (a) Briefly list below the person's typical daily schedule of activities. (Check the boxes by those activities the person enjoys and those activities most associated with problems.)

Enjoys	Problem	Time	Activity				
X		9:30	Wakes up (cries if wake up earlier)		x	6:30	Dinner (no problems around food but he takes a long time – parents feeding him)
	x	9:30	Drinks warm milk	X		7:30	Plays
	x	10:00	Morning routine (dresses up, washes face, brushes teeth)		x	8:30	Eats fruit
	x	10:45	Eats breakfast			8:30	Plays/changes diaper
X		11:00	Plays		x	10:00	milk
	x	12:00	Smoothie	x		10:00	Plays in parents' room
X	X	12:15	BI session	x		11:30	Brushes teeth
	x	2:15	LUNCH		x	11:45	Goes to bed (about 15 minutes until he falls asleep). Sometimes up for another to 2 hours – laughing & playing
X		3:15	Plays (alone or with mom)				
	x	5:00	Drinks warm milk				
X		5:30	Plays outside				
X		6:15	Bath				

5. (b) To what extent are the activities on the daily schedule predictable for the person, with regard to what will be happening, when it will occur, with whom, and for how long?

- Knows out of familiarity of routines (no visual/verbal cues)

5. (c) To what extent does the person have the opportunity during the day to make choices about his or her activities and reinforcing events? (e.g., food, clothing, social companions, leisure activities)

- Chooses his toys, goes to porch during play
- Parents choose clothes but he will make known if he wants to change

6. How many other persons are typically around the individual at home, school, or work (including staff, classmates, and housemates)? Does the person typically seem bothered in situations that are more crowded and noisy?

- Mom, sister during the day, BI's
- Dad and family at night and weekends
- New environments are a struggle

7. What is the pattern of staffing/person support that the person receives in home, school, work, and/or other settings (e.g., 1:1, 2:1)? Do you believe that the number of staff/persons, the training of staff/persons, or their social interactions with the person affect the problem behaviors? If so, in what way?

- BIs Monday-Friday for 2 hours
- Happy on BI days

C. DEFINE SPECIFIC IMMEDIATE ANTECEDENT EVENTS THAT PREDICT WHEN THE BEHAVIORS ARE LIKELY AND NOT LIKELY TO OCCUR.

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

Most likely:

- During playtime when something doesn't go his way, (can be due to not having enough sleep – setting event), transition out of shower

Follow up - second interview: transitions out of the shower are better in the past month. Eating independently causes some problem behaviour.

Least likely:

- outside, eating, during shower

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

Most likely:

- Shower (leaving)

Follow up - second interview: Least likely

Least likely:

- Shower (when playing)

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

Most likely:

- Dad sometimes, BIs

Least likely:

- Mom, sister

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

Most likely:

- Transitions out of shower, meal routines (when prompted to feed self), snack routines (milk, smoothie, fruit); playtime (when something does not go his way)
- Putting things on his fingers when he wants them off, or adjusting them when they fall off
- Building stuff (e.g., Lego)
- Demands, fine motor activities, imitation, turn taking (giving up item), waiting, toys not going his way, colouring, when given feedback (physically redirecting what he's doing or how he's playing), sorting
- ***Follow up - second interview:*** Getting a demand to independently hold the spoon, picking up the food and putting it into the mouth on his own

Least likely:

- When playing on the porch, physical play with BI, playing on bed, playing outside, taking a shower in bathtub

5. **Are there particular or idiosyncratic (unique) situations or events not listed above that sometimes seem to 'set off' the behaviors, such as particular demands, noises, lights, clothing?**

- Heat
- Tags on clothes
- Clothes that are too tight
- A dark room; when it is dark outside (Scared of the dark)

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

- Take away toys, or move the item
- Ending a preferred activity (leaving the park or shower)
- *Follow up - second interview:* Remove toys/iPad during meal routine, have dad provide the SD “eat”; a physical prompt to take a spoon of food and bring it to his mouth to eat what is on the spoon.

7. Briefly describe how the person's behavior would be affected if:

a. You asked him or her to perform a difficult task.

- Whines, noncompliance
- Groans

b. You interrupted a desired activity, such as eating ice cream or watching TV.

- Whines

c. You unexpectedly changed his or her typical routine or schedule of activities.

- He would probably not notice

d. She or he wanted something but wasn't able to get it (e.g., a food item up on a shelf).

- Get a chair
- Get parents hand and lead them to item
- If not understood, then whine

e. You didn't pay attention to the person or left her or him alone for a while (e.g., 15 minutes).

- If playing, then great

- If alone and has not received attention for a certain amount of time, he will engage in whining

D. IDENTIFY THE CONSEQUENCES OR OUTCOMES OF THE PROBLEM BEHAVIORS THAT MAY BE MAINTAINING THEM (I.E., THE FUNCTIONS THEY SERVE FOR THE PERSON IN PARTICULAR SITUATIONS).

Think of each of the behaviors listed in Section A, and try to identify the specific consequences or outcomes the person gets when the behaviors occur in different situations. The *particular situation* is the antecedent trigger for problem behaviour and so be as specific as possible. When considering the maintaining consequence for each behavior, *typically* only one maintaining consequence (i.e., function) is operating for one behaviour incident. Finally, consider a total of 8 to 10 incidents across different behaviors and particular situations (antecedent triggers). This will help to discern patterns that will later serve as the basis for the summary hypothesis statements you develop in Section K.

	Behavior	Particular situations	What exactly does he get?	What exactly does he avoid?
a.	Whining/groaning	Toy “not working”	Mom/Dad help “fix the toy”	
b.	Whining/groaning	Transitioning back inside	More time in park	Escape demand of leaving the park
c.	Whining/groaning	Table activity in BI session		Delaying demand
d.	Whining/groaning	Adult playing with toy wrong	Gets toy back (Prompt to use PECS to ask for a turn)	
e.	Crying/screaming	Wearing something he doesn’t want to wear		Escape clothing
f.	Crying/screaming	Leaving the bathtub		Escape demand of leaving bathtub
g.	Crying/screaming	Transitions between activities		Delaying transition
h.	Banging head	Can’t do something that he is trying/wants	Gets help with toy	Avoids difficulty
i.	Banging head	Can’t get an item he wants	Gets item	
j.	Jumping/stomping	Putting on clothes		Escape/delay clothing
k.	Biting self/others	“doesn’t get his way” or transition (preschool)	No information from preschool was provided	Unknown
l.	Biting self/others	Adult did something irritating (e.g., mouth noise)		Escape aversive noise
Follow Up – Novel Behaviour Observed in FAO				
m.	Pushing dad	Dad physically prompts XX to self-feed or says “eat”		Escape demand/avoids difficult task
n.	Pushing bowl	Mom or Dad physically prompts XX to self-feed or says “eat”		Escape or delay demand

o.	Playing with food	Mom or Dad physically prompts XX to self-feed or says "eat"		Escape or delay demand
p.	Standing on chair	When prompted to self-feed during mealtime		Escape demand/avoids difficult task

E. CONSIDER THE OVERALL EFFICIENCY OF THE PROBLEM BEHAVIORS. EFFICIENCY IS THE COMBINED RESULT OF (A) HOW MUCH PHYSICAL EFFORT IS REQUIRED, (XX) HOW OFTEN THE BEHAVIOR IS PERFORMED BEFORE IT IS REWARDED, AND (C) HOW LONG THE PERSON MUST WAIT TO GET THE REWARD.

	Low Efficiency				High Efficiency
Whining/Groaning	1	2	3	4	5
Jumping/Stomping	1	2	3	4	5
Crying/Screaming	1	2	3	4	5
Head Banging	1	2	3	4	5
Biting	1	2	3	4	5
Follow Up – Novel Behaviour Observed in FAO					
Pushing dad	1	2	3	4	5
Standing on chair	1	2	3	4	5

F. WHAT FUNCTIONAL ALTERNATIVE BEHAVIORS DOES THE PERSONAL READY KNOW HOW TO DO?

1. What socially appropriate behaviors or skills can the person already perform that may generate the same outcomes or reinforcers produced by the problem behaviors?

- Grab a chair to reach something
- Grab adult hand
- Grab jacket to let Dad know he wanted outside (rare)
- Learning to communicate using PECS, and using the icons he already knows when possible

G. WHAT ARE THE PRIMARY WAYS THE PERSON COMMUNICATES WITH OTHER PEOPLE?

1. What are the general expressive communication strategies used by or available to the person? These might include vocal speech, signs/gestures, communication boards/books, or electronic devices. How consistently are the strategies used?

- PECS
- Touches what he wants, or leads adult to it
- Initiates the routine (ex: take off pants for bathroom)
- Looks at desired item

2. On the following chart, indicate the behaviors the person uses to achieve the communicative outcomes listed:

	Complex speech (sentences)	Multiple-word sentences	One-word utterances	Echolalia	Other vocalizations	Single signs	Pointing	Leading	Gives object	Moves close to you	Moves away from you	Fixed gaze	Facial expression	Physical aggression	Self-Injury	Other: PEC	Other:
Request attention								X	X	X		X	X	X	X		
Request help								X	X	X		X	X	X	X	X	
Request preferred food/objects/activities								X	X	X		X				X	
Request break								X			X			X	X	(x)	
Show you something or some place								X			X						
Indicate physical pain (headache, illness)																	
Indicate confusion or unhappiness										X	X	X	X	X	X		
Protest or reject a situation or activity									X		X		X				

(x) – Current learning goal

3. With regard to the person's receptive communication, or ability to understand other persons:

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

- BI – responds to pick up and sit down
- Follows simple instructions (e.g., “stop it”, “clean up”, “all done”, “first/then”, “one more”, and “pick up”)
- Verbal countdowns (paired with gesture)

b. Does the person respond to signed or gestural requests or instructions? If so, approximately how many? (List if only a few.)

- Yes, he understands gestural requests (e.g., pointing at the chair to sit down), as well as verbal instructions (e.g., sit down, pick up, give me).

c. Is the person able to imitate if you provide physical models for various tasks or activities? (List if only a few.)

- He can imitate clapping and stomping, however, would rarely do it
- Colouring, drawing

d. How does the person typically indicate *yes or no* when asked if she or he wants something, wants to go somewhere, and so on?

- Moving toward the person/taking item (i.e., saying ‘yes’)
- Moving away from the person/putting away item (i.e., saying ‘no’),

H. WHAT ARE THINGS YOU SHOULD DO AND THINGS YOU SHOULD AVOID IN WORKING WITH AND SUPPORTING THIS PERSON?

1. What things can you do to improve the likelihood that a teaching session or other activity will go well with this person? Try to list at least 5-8 things that you or others have done that have made a teaching session or other activity go well with this person.

- First/Then Schedule
- Picture schedule
- Visual countdown
- Verbal countdown
- Light physical guidance into routines and transitions

2. What things should you avoid, that might interfere with or disrupt a teaching session or activity with this person? Try to list at least 5-8 things that you or others may have done that has interfered with or disrupted a teaching session or other activity with this person.

- Avoid “fixated” items (i.e., items that cause him to engage in problem behaviour)
- Verbal schedule
- Taking toys away
- Touching his toys

I. WHAT ARE THINGS THE PERSON LIKES AND ARE REINFORCING TO HIM OR HER?

Food items:

- Goldfish crackers
- Cranberry-Almond Biscuits
- Veggie Straws

- Pringles
- Chips

Toys and objects:

- Putting different objects on his fingers (e.g., pen caps, Lego, slime)
- Holding beads in his hand
- Playing with his ‘dancing dog’ toy
- Blowing bubbles
- Swinging in his hammock
- Playing with water and his plastic animals or with jelly beads

Activities at home:

- Listening to different song on YouTube (e.g., “Daddy Finger”)
- Playing outside in garden/back porch

Activities/outing in the community:

- Open park

Types of interactions with others:

- Praise
- Tickles
- Hug
- ‘Airplane’ up in the air on BI’s feet
- Rough housing
- Cuddles

- Putting face between leg

J. WHAT DO YOU KNOW ABOUT THE HISTORY OF THE UNDESIRABLE BEHAVIORS, THE PROGRAMS THAT HAVE BEEN ATTEMPTED TO DECREASE OR ELIMINATE THEM, AND THE EFFECTS OF THOSE PROGRAMS?

	Behavior	How long has this been a problem?	Programs	Effects
1	Whining	A few years (always)	PECS	Positive progress with BI's but not yet generalized with parents
2	Groaning	2 months	PECS	Positive progress with BI's but not yet generalized with parents
3	Head banging	2 years	Blocking & redirecting	Stops the Behaviour
4	Biting	2 years (not currently)	Ignore	Not a huge problem anywhere, usually only bites once
5	Crying/ Screaming	5 years	PECS, physical touch, drink of water, go to mom, move side to side, rub back circles, label his emotion	Takes a while to calm down
6	Jumping/ Stomping	2-3 years	Block and/or physical touch	Sometimes stops/sometimes escalates
7	Pushing dad	A few years	Self-feeding instruction	Not maintained
8	Standing on chair	A few years	Self-feeding instruction	Not maintained

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

Distant Setting Event	Immediate Antecedent (Predictor)	Problem Behaviour	Maintaining Consequence/ Function
<ul style="list-style-type: none"> -Tired or Sick -Language Delay -PECS unavailable during routine 	Parents telling him that it is time to get out of the shower	Crying/Screaming	ESCAPE Delayed getting out of the tub
<ul style="list-style-type: none"> -Tired or Sick -Fine Motor Difficulty 	Toy clips move in a non-preferred position on his fingers	Whining/Groaning	TANGIBLE B gets help from adult/ finger clip is fixed
<ul style="list-style-type: none"> -Seasonal Changes -Clothing sensitivity 	Parents dressing him up	Crying/Screaming Jumping/ Stomping	ESCAPE Delaying wearing clothes
<ul style="list-style-type: none"> -Tired -Sick -Difficulty with fine motor tasks 	Toys not working properly	Whining/Groaning Crying/Screaming	TANGIBLE B gets assistance from adult/ Toys get fixed
<ul style="list-style-type: none"> -Tired -Language Delay -PECS and visuals schedule unavailable 	Parents tell him it is time to leave the park (transitions between activities)	Whining/Groaning	ESCAPE Delaying leaving the park
<ul style="list-style-type: none"> -Difficulty with fine motor tasks -Large amount of food presented -Toys/iPad are present -History of escape behaviour 	Mom or dad present him with the SD: "Eat" or physically prompt for self-feed	Whining Crying Standing on chair (out of assigned area) Playing with food Pushing Dad/bowl away	ESCAPE Delaying bite/ avoids self-feeding

Target Routine #1: Playtime

When XX is playing independently with his toys and a toy is not functioning the way he wants, XX whines and groans. His parents then come towards him and help fix the toy. The function appears to be tangible. Potential setting events are XX feeling tired or sick, as well as difficulties with fine motor tasks and communication.

When XX and his parents are playing with toys together and the adult touches/plays with one of his toys, XX whines and groans. Often, the toy is then given to him. The function appears to be tangible. Potential settings events are XX's language delay, as well as his PECS not being available.

Target #2: Mealtime eating routine

When XX is asked to pick up the spoon and self-feed himself (either independently or with a physical prompt), XX whines, cries, stands on his chair, plays with his food, pushes his dad or the bowl away, or plays with toys and iPad. His parents eventually remove the demand and feed him. The function appears to be escape. Potential setting events are large amounts of food in the bowl/on the spoon, difficulty with fine motor tasks, presence of toys and iPad on the table during mealtime, and a history of escape maintained behaviour across various family routines.

How confident are you that these summary statements are accurate?

Not Very Confident			Very Confident		
1	2	3	4	5	6

Functional Assessment Observation Form

Name: B

Starting Date: October 15th, 2020 Ending Date:

Time	Behaviors										Predictors					Perceived Functions					Actual Conseq.							
	Whining/Groaning	Crying/Screaming	Jumping/Stamping	Head banging	Biting	Demand/Request	Difficult Task	Transitions	Interruption	Alone (no attention)	Bath time over	Toys not working	Adult touches toys	Attention	Desired Item/Activity	Self-Stimulation	Demand/Request	Activity (Leaving Item)	Person	Others touching toys		Other/Don't Know	Prolong bath time	Parents help fix toys	Parents have task toys	Keeps playing	Comments: (if nothing happened in period write initials)	
Play time 5:30-6:15	1									1																		
	2									3																		
	3																											
Bath time 6:15-6:30	4																											
Totals																												
Events:	/	/	/	/		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25		
Date:																												

Name: BH

Start and End Dates: Oct 23, 2020

Time	Behaviours						Predictors					Perceived Functions			Actual Consequences					Comment							
	Whining/groaning	Crying/screaming	Push parent away	Push bowl away	Stand up on chair	Play with food	Demand/request	Difficult task	Transition	Alone (no attention)	Vocal instruction to eat	Prompt to eat (Gesture or physical)	Attention	Desired Activity	Desired Item	Self-Stimulation	Get / Obtain	Escape/Avoid	Demand/Request		Activity ()	Person/Interaction	Parent feeds him	Delay self-feeding bite	Parent leaves the table (mom replaced dad)		
Dinner 6:40-7:30	1	1	5	6	3	2,4																					
	9	8		7			1,	1,			6,	1,							1,		5						
							2,	2,		7,8	2,								2,			1	2,				
							3,	4,			3,	3,							3,				3,				
							4,	8			4,	4,							4,				4,				
							5,				5,	5,							5,				5				
							6,				7,	7,							6								
							7,				8,	8,															
							8,				9	9															
							9																				
Totals																											
Events:	/	/	/	/	/	/	/	/	/	/	/	10	1	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Date:	October 23, 2020																										

Functional Assessment Observation (FAO) Summary

Our FAO included 3 different routines. The first routine was playtime. During playtime, we saw 3 instances of whining/groaning, which was a common problem behaviour that was identified in the functional assessment interview (FAI). Two instances of the behaviour occurred when the father touched XX's toys. The other instance occurred when XX was having trouble using the toy. These antecedent triggers were also common predictors of the problem behaviour that were identified in the FAI. The perceived function of the behaviours is tangible. The primary function of the behaviour appeared to be to gain access to certain toys, rather than to avoid the father playing with the toys. During the observation, XX continued to play after whining/groaning without escalating to more intense problem behaviour even though he was not given the toy or provided with help. However, the behaviour is most likely maintained by intermittent reinforcement, so it can be concluded that the FAO confirmed our hypothesis.

The second routine we observed was the bath time routine. We saw one instance of whining during bath time. This occurred when XX started playing with a toothbrush and his father removed it. Similar to playtime, the perceived function of the behaviour appears to be tangible. We did not see any problem behaviour when the parents initiated the end of bath time. The father identified the transition out of the bath as a major source of problem behaviour (e.g., crying, whining, screaming) during the FAI, which was hypothesised to be escape maintained. We initially thought that although the behaviour was not exhibited during our observation, the problem behaviour occurred on most nights. We reviewed a parent adapted FAO form with the father to be filled out by the parents, but there were no problem behaviours to be noted on the following nights either. Upon further discussion with the mother, translated by the father, it was brought to our attention that there have been no issues with leaving the bath in the last month.

Our hypothesis was disconfirmed, and we decided to target a more meaningful routine for the family.

The third routine observed was dinnertime. During the FAI, mealtime was identified as a time when problem behaviour was least likely to occur. However, XX's parents are still spoon-feeding him. Although he reportedly knows how to self-feed, the parents noted that it is much quicker and easier if they feed him. We hypothesized that if XX were continually prompted to feed himself, escape behaviour would occur. During the FAO, we saw numerous instances of escape behaviour when he was presented with the demand to self-feed (e.g., verbal instruction, gesture, physical prompt to hold spoon). Both whining and crying occurred, as well as novel behaviour that was not identified in the original FAI. These included various food refusal behaviours such as playing with his food, standing up on his chair, and pushing his dad or the bowl away from him. Each occurrence of the behaviours either delayed the bite, or led to the parent leaving the table or feeding him. Our hypothesis was confirmed. It's important to note that he accepted food from the parents without issue; the behaviour is maintained by escaping self-feeding, rather than avoiding eating altogether. It was also observed in the FAO that there were moments when XX appeared to have fine motor difficulty when attempting to scoop up the food. Additionally, we noted that there were often long periods of time between each bite, as well as the time between scooping up the food in the bowl and putting it in his mouth. Other observations were the presence of toys and iPad on the table throughout the meal, which appeared to be a source distraction, as well as large amounts of food in his bowl and on his spoon. These factors are relevant setting events that will be important to take into consideration when creating and implementing a PBS plan for the mealtime routine.

Functional Analysis

Although we were able to glean sufficient information about the functions of XX's problem behaviour through the FAI and FAO, a functional analysis (FA) could be done to test which consequences are most strongly associated with XX's problem behaviour.

We will conduct three conditions: Escape, tangible, and control. During a FA session, the three conditions will be conducted in random order. There will be three sessions across three consecutive days. Each condition will last 3 minutes. In between conditions will be a brief break to prevent multiple treatment interaction effects. Below is a description of each condition:

1. **Escape.** At the dinner table, parent will prompt child to pick up spoon, scoop food and eat it. If child engages in problem behaviour, the parent will terminate the prompt and wait until the child calms down. The parent will then prompt the child again to pick up spoon, scoop food and eat it. This process will continue for 3 minutes.
2. **Tangible.** In a play situation with the child, in which the child is playing with a toy, and another toy that is preferred is near him, the parent will touch or pick up the toy near the child. If they engage in problem behaviour, the parent will put the toy back down in front of child and wait for child to calm down. The parent will then touch or pick up the toy near the child again. This process will continue for 3 minutes.
3. **Control.** The parent will engage in interactive play with child. When doing so, the play will be child directed and the parent will make no requests or demands of child. The objects and/or activities of play will be the child's most preferred objects and/or activities of play. This process will continue for 3 minutes.

Positive Behavior Support Plan for XX

Brief Summary of Focus Person

XX is a friendly, kind, cheerful and affectionate 5-year-old boy of Vietnamese heritage who loves to dance and sing and likes to learn. He has been diagnosed with Autism Spectrum Disorder (ASD). He lives at home in Vancouver with his mom, dad, and stepsister. XX's mom does not speak English and communicates with him in Vietnamese. Dad speaks to him in English.

XX engages in similar toys and activities as his same-age peers (e.g., puzzles, art). He can make independent choices when playing with toys in his room or when he is playing in a playground. He enjoys tactile activities, such as water and sand, and loves anything that has to do with planets. He is a joyful child and enjoys cuddling and playing with his BI's and parents.

Additionally, XX exhibits challenges in expressive language skills, and is learning how to mand using PECS. His vocal communication has progressed, and he is currently able to tact all the ABC letters and match capital letters to lower case letters. Verbal instructions are limited to one step instructions (e.g., pick up, sit down). He learns best when clear expectations are being provided (e.g., presented by a visual schedule), and sufficient modeling is given.

XX easily becomes frustrated when things don't go his way. He is very specific with how items should work and be played with. XX's problem behaviour occurs mainly at home, especially when a demand is placed.

When developing this Positive Behaviour Support (PBS) plan, we ensured to work collaboratively with both parents despite the language barrier. XX's variety of interests, as well as positive praise and physical affection from others, were incorporated into this PBS to ensure

that an enriched environment is provided, and powerful reinforcers are utilized. The two behaviour support plans (playtime at home routine and dinner routine) include strategies to support XX in developing emotional regulation and communication skills.

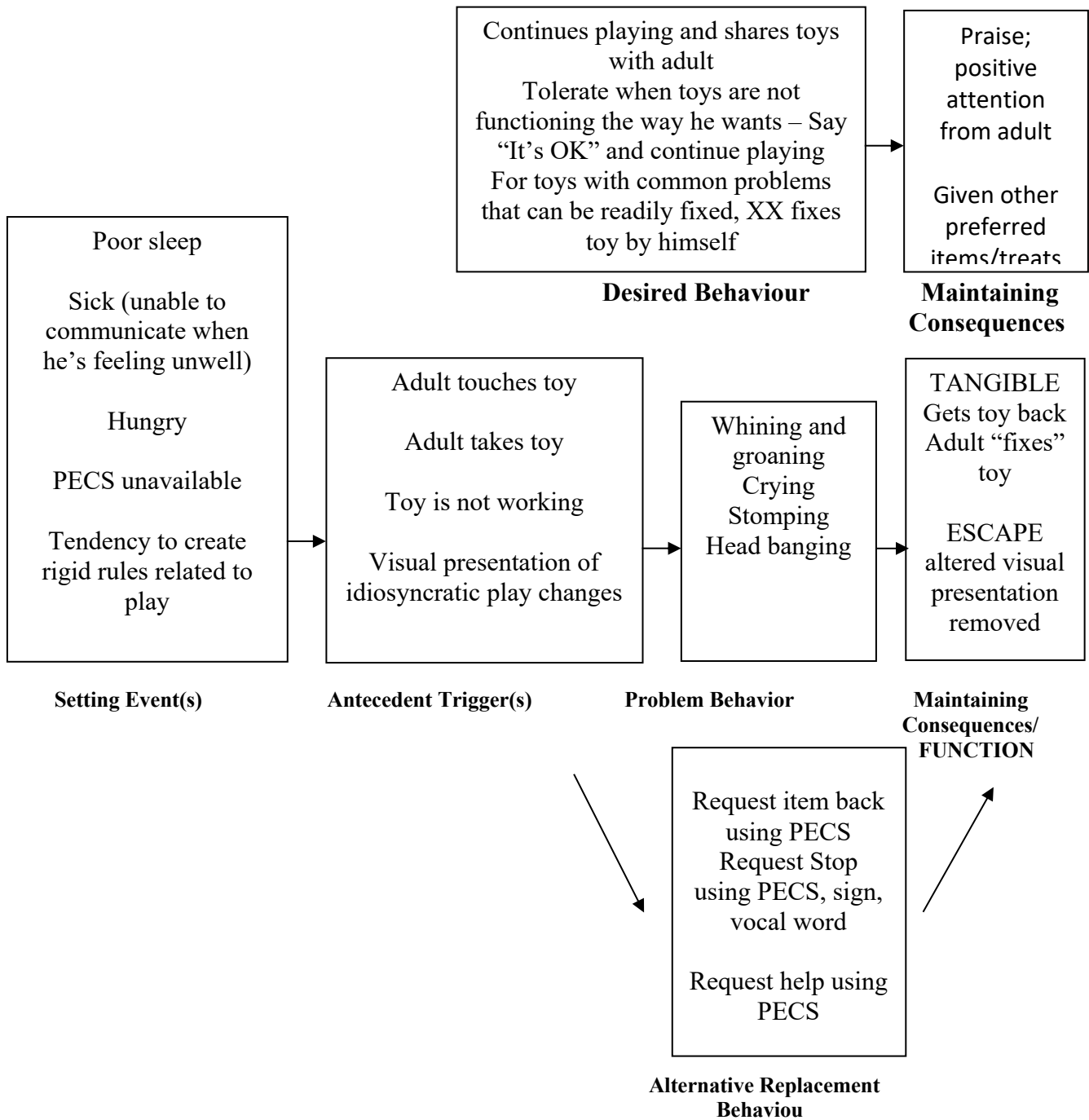
Brief Description of the two routines addressed in the PBS plan

1. The first routine is playtime at home. XX has a number of playtimes throughout the day, therefore, improving this routine will be very valuable to the family. The expectation for this routine is that XX would happily play with a variety of toys, withstand changes in idiosyncratic rules with toys, independently manipulate and fix minor problems with toys, calmly request help when needed, share and participate in parallel and cooperative play with his mom and dad.
2. The second routine is the dinner routine. The expectation is that XX will remain seated with his family throughout mealtime and independently feed himself using the appropriate utensil, so that the whole family can have mealtimes together.

Problem Behaviours

1. During play time alone or with an adult in the room, XX often presents negative vocalisations such as whining, groaning and crying, that can also lead to aggressive stomping and head banging when an adult touches or takes toys to play with. In addition, XX exhibits the same behaviours when a toy is not working, and when a visual presentation of idiosyncratic play changes.
2. During dinner routine, XX may whine, cry, leave assigned area and push a parent or bowl away when presented when instructed to self-feed.

A. Summary Statement/Competing Behaviour Pathways Diagram - Play Routine



Play Routine

Strategies that Make Problem Behaviours Irrelevant, Ineffective, and Inefficient

Setting Event Strategies	Preventive Strategies	Teaching Strategies	Consequence Strategies
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<ul style="list-style-type: none"> - Improve sleep hygiene (e.g., stopping the play time in bed before going to sleep, using a visual schedule to support XX's understanding of the sleep routine). This should be consistent and include calm activity choices, and white noise to help reduce the time it takes him to fall asleep - Conduct sleep hygiene assessment - Family follow up with medical assessment with sleep specialist - When ill, during play, allow him to play with favourite toys that minimize triggers (toys least associated rigid rules of play) - When playing while sick, provide abundant social reinforcement - Establish a normative meal/snack sequence across the day that is predictable to XX - Ensure that his PECS system is available & has pictures that clearly communicate his wants and needs during play 	<ul style="list-style-type: none"> - Use visual supports to present XX when preferred items will be available - Have the communication binder and PECS binder available wherever XX is playing and update the target PEC based on the activity (i.e., "help"). - Visual safety warning (picture of toy not working, and how to ask for help, or say, "that's ok") - Frontload turn taking - Increase alone time with toy first 	<ul style="list-style-type: none"> - Teach self-regulation strategies that include sensory stimulation to compete with problem behaviour (e.g., squeeze ball/pillow) <ul style="list-style-type: none"> • Progressive Relaxation Training • Modelling - Teach XX to request desired items <ul style="list-style-type: none"> • FCT (PECS) - Teach XX to request for help using PECS and/or vocal requests <ul style="list-style-type: none"> • Functional Communication Training (FCT) • Error correction • Most to least prompting (gesture → positional prompt) • Prompt self-regulation strategy - Teach XX to tolerate when objects are not working the way he wants them (idiosyncratic rules) <ul style="list-style-type: none"> • Present thumbs up picture, and model saying, "that's okay" - Teach XX to discriminate between 2 PECS (i.e., one that leads to a preferred event and one that does not lead to a preferred event) <ul style="list-style-type: none"> • Novel PECS – errorless instruction • Familiar PECS – error correction procedure - Teach XX to self-regulate and pick a new activity when a toy is not working <ul style="list-style-type: none"> • Redirect using a visual choice board • Prompt self-regulation strategies 	<ul style="list-style-type: none"> - When XX plays nicely, shares toys, tolerates minor problems or fixing a common problem by himself, provide rich vocal praise, physical affection and access to alternative preferred items/activities -When XX asks for item back, asks adult to stop or asks for help, honour request - When XX engages in minor problem behaviour (i.e., not including self-harm), actively ignore the behaviour and redirect/prompt him to ask for help using PECS and/or to self-regulate - When a toy is not working and cannot be immediately fixed (e.g., battery dead), and XX whines, present choice board - When a toy is not working, and can be fixed, and XX whines, use positive statements & visual support to assure him that we are helping him, and that the item is soon to be fixed and given back to him - When XX engages in major problem behaviour (i.e., head
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		<ul style="list-style-type: none"> - Teach XX to wait patiently for his turn, and request his turn <ul style="list-style-type: none"> • Wait signal • FCT (PECS) - Teach XX to request, “stop” when adult touches toy <ul style="list-style-type: none"> • PECS • Model “Stop” vocally - Teach XX to fix toys himself <ul style="list-style-type: none"> • Modelling • Most to least physical prompts - Contingency map <ul style="list-style-type: none"> • (e.g., when playing and toy is not working → ask for help → and adult will help; whine → toy not fixed) 	<p>banging), physically interrupt/block and redirect him to self-regulate and use choice board</p>
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PBS Strategies for Playtime Routine

Setting Event Strategies

1. Improve sleep hygiene
 - a. Follow up with sleep specialist - When possible, the family should secure an appointment with a sleep specialist to assess for underlying medical issues (e.g., sleep apnea) that could be contributing to night waking.
 - b. Conduct sleep hygiene assessment - BCBA/BI will go through the assessment with the parents.
2. Provide a consistent and calming bedtime routine
 - a. Use a visual schedule to show sequence of bedtime activities (e.g., play time, pajamas, brush teeth, book, sleep).
 - b. Playtime in the bedroom should end at a sufficient time before going to sleep (e.g., 45 minutes).
 - c. Play white noise (white noise machine or white noise CD/playlist) to help reduce the time it takes him to fall asleep.
3. When ill allow him to play with favourite toys that minimize triggers
 - a. Toys that minimize triggers are toys least associated with his rigid rules of play.
 - b. Some preferred items and activities (i.e., the specific placement of the finger clips) often lead to problem behaviour. Therefore, it is best to put those items away when XX is already more irritable due to not feeling well.
4. When playing while sick, provide abundant social reinforcement
 - a. Provide positive attention, comforting comments, cuddles, and high fives.
 - b. Do not pose difficult demands (i.e., turn taking).

5. Establish a normative meal/snack sequence across the day that is predictable to XX
 - a. Provide a visual schedule that indicates to XX when his main meals and snack times are, so that he knows when food will be available. This will help reduce problem behaviour associated with him being hungry and not knowing when he will eat or how to ask for food.
6. Ensure that XX's PECS system is available and has pictures that clearly communicate his wants and needs
 - a. XX's PECs binder should be easily accessible to him, and pictures of his desired items, and needs (e.g., "help", "stop", "break") should be included.

Preventive Strategies

1. Frontload turn taking
 - a. Before taking a toy from XX, say, "Let's take turns! 10 more seconds with the toy, then it's my turn."
 - b. Count down from 10 on your fingers while saying the numbers aloud.
2. Increase alone time with the toy first
 - a. When XX is playing with a preferred item, allow him to play with it for 5 minutes without interruption before initiating turn taking.
3. Use visual supports to present XX when preferred items will be available
 - a. Set a timer so that it is clear when it will be his turn again.
 - b. First/Then visual that has a picture of XX and a parent. (e.g., "First Mom's turn → Then XX's turn).

4. Have the communication binder and PECS binder available wherever XX is playing
 - a. XX's PECS binder should be clearly within his sight and reach.
 - b. Pictures relevant to that particular activity should be readily available, by placing it on the front page of the PECs binder.
5. Provide a visual safety warning
 - a. A visual safety warning will include a picture of his toy not working, and how to ask for help (picture of "Help" PEC), or say, "That's OK". This will assist him in understanding what to do when his toy is not working the way he wants.

Teaching Strategies

1. Progressive Relaxation Training (PRT)
 - a. Teach XX a relaxation routine, including self-regulation strategies that include sensory stimulation, to compete with problem behaviour (e.g., do 5 ball, pillow squeezes). This should be taught and practiced throughout the day.
 - b. It will need to be introduced when XX is already calm. Provide a picture that shows the relaxation routine sequence with pictures of the actions.
 - c. Adults should model and narrate the relaxation routine (i.e., "Uh oh, That's frustrating! Let's do 5 pillow squeezes - 1, 2, 3, 4, 5", count out loud while squeezing the pillow).
 - d. Once the routine is in his behavioural repertoire, it can be prompted and generalized in situations that are frustrating for him.
2. Teach XX to request desired items using PECS and/or vocal requests.
 - a. Functional Communication Training (FCT) - This consists of teaching XX to ask for the item that he wants instead of engaging in problem behaviour to communicate what he

wants. Continue to expand XX's communication repertoire with PECS. He should learn to use various pictures to request multiple desired items.

3. Teach XX to request for help using PECS and/or vocal requests

- a. FCT should also be used to teach XX to request help using PECS.
- b. Most to least prompting - Use only the most intrusive prompt that XX needs to be successful. Start with a gentle physical prompt to direct his hand to the PECS binder. Then move to a simple gesture prompt by pointing to his PECS binder or the relevant picture. Upon success, use a positional prompt by placing the binder and relevant picture closest to him.
- c. Error correction - If XX does not complete the PECS exchange, restart the trial by putting the picture back on the binder and using a greater level of prompt to ensure success (e.g., physical guidance instead of gesture).
- d. Prompt the relaxation routine in addition to using PECS.

4. Teach XX to request "stop" when a parent touches a toy

- a. In addition to learning relaxation strategies to tolerate sharing, XX should also learn to self-advocate and how to effectively communicate when he wants someone to stop.
- b. Use FCT to teach him to request "Stop" using PECS, along with a vocal model (i.e., adult models saying "Stop").

5. Teach XX to discriminate between 2 PECS

- a. Teach XX to discriminate between a picture of a desired item and picture of an undesired item as a 'distracter'.
- b. When introducing new pictures into his PECS binder, use most to least prompting and errorless instruction. Provide multiple opportunities to practice discriminating (i.e.

choosing) the new picture among other pictures that are different. Slowly fade your prompts upon success, until he can request an item with the new picture independently.

- c. When practicing with his familiar PECs, use an error correction procedure. If XX does not select the correct picture, place it back on the binder and point to the correct picture until XX gives it you.

6. Teach XX to tolerate when objects are not working the way he wants them to (idiosyncratic rules)

- a. An example of this situation is when XX's finger clips are not at his desired placement. Present a thumbs up picture, and model saying, "that's okay."
- b. Continue to model playing with the toy and add additional fun engagement, such as singing a song, and providing additional physical affection.
- c. Over time, XX will learn the script "that's okay" and begin to associate the broken idiosyncratic rules with fun and positive engagement with adults.

7. Teach XX to self-regulate and pick a new activity when a toy is not working

- a. Prompt XX to engage in the relaxation routine using the visual support, along with modelling (i.e., parents engage in relaxation routine), verbal prompts (e.g., "Let's do our pillow squeezes), and partial physical prompts (e.g., gently guide him to hug pillow) as needed.
- b. Redirect him to a new activity by presenting him with 2-3 choices using a visual choice board. Say: "This toy isn't working. You can have something else. Pick one".

8. Teach XX to wait patiently for his turn and to request his turn

- a. Wait signal - When parent is taking their turn, give XX a "wait card" to hold, and then trade him the toy for the wait card when it's time to switch turns.

- b. In addition, use FCT to teach XX to request “my turn”, or request a specific item using PECS as an alternative to problem behaviour.

9. Teach XX to fix toys himself

- a. When there are simple problems with toys (e.g., Lego or playdoh falling apart), model how to fix it (e.g., pushing the pieces back together) and then say: “You try”.
- b. If modelling is not sufficient, use most to least physical guidance to prompt XX to fix the toy himself (e.g., put a Lego piece in each hand and gently bring his hands together, fading back as he pushes the pieces together).

10. Contingency map

- a. This is a visual map that will show XX the outcomes of appropriate behaviour versus problem behaviour. For example, it would show a picture of a toy that is not working, and then a pathway with a picture of him holding his “Help” PEC, and an adult fixing the toy.
- b. In addition, it would show an alternative path of XX engaging in problem behaviour (e.g., whining), and a picture of the toy remaining unfixed. Before XX begins his play routine, the adult should review this with XX while pointing at each picture and explaining and modelling the associated situation and actions.

Consequence Strategies

- 1. Provide rich vocal praise, physical affection and access to alternative preferred items/activities when XX engages in desired behaviours such as playing nicely, sharing toys, tolerating minor problems while playing with his toys, and fixing common problems with his toys on his own
 - a. Rich vocal praise: “Thanks for sharing B!”; “Way to stay calm!”

- b. Physical affection: hugs, cuddles, high fives, leg squeezes, back rubs.
 - c. Access to preferred items and activities: After he calmly waits for his turn provide him with lots of time with the toys. You can also give him extra pieces (e.g., Lego blocks, more play dough colours). When staying calm when a toy is not available (e.g., battery dead), provide him with access to other preferred items. You may also enrich the activity by singing a related song that he likes while he's playing with the toy (e.g., "daddy finger")
2. Honour requests when XX uses PECS and/or verbal speech to communicate a want or need such as asking for a preferred time, asking for help, or asking an adult to stop.
3. Minor problem behaviour
- a. When XX engages in any problem behaviour, not including self-harm, withhold attention and redirect/prompt him to engage in the replacement/desired behaviour (e.g., PECS, self-regulation).
 - b. When XX engages in problem behaviour in a response to a toy not working that *cannot* be immediately fixed (e.g., battery dead), present him with 2-3 choices on his choice board to redirect him to an alternative activity. This should be done after prompting him to engage in the relaxation routine to self-regulate.
 - c. When XX engages in problem behaviour in response to a toy that is not working, and *can* be fixed, use positive statements ("We can fix it!") and visual support (i.e., wait card) to assure him that he is receiving help, and that he will regain access to the toy. This should be done *after* you first prompt him to engage in the relaxation routine and request help.

4. Moderate to major problem behaviour

- a. When XX is engaging in self-harm (i.e., head banging), physically interrupt/block the behaviour and redirect him to engage in a relaxation routine.
- b. When XX is calm, provide him with his choice board and prompt him to request an alternative item/activity.

Monitoring and Evaluation: Play Routine

1. Problem and desired behaviour

An event recording data sheet will be provided to track the number of times XX engages in problem behaviour (e.g., instances of whining, stomping), as well as the replacement behaviour (i.e., communication requests using PECS or vocal requests). Parents can use 2 colour coded clickers to count each time XX engages in problem behaviour, and independent requests. The duration of the playtime will be noted. The count will later be converted into rate and graphed by the behaviour consultant (i.e., number of instances divided by the duration of playtime). Over time, we want to see the rate of XX's problem behaviour to decrease, and the rate of his functional communication to increase. The data sheet will also include a Y/N box to note whether or not XX engaged in the decided relaxation routine (e.g., pillow squeezes). This will be helpful to know whether or not he was able to calm down and be redirected. A space for comments allows the family to add any other additional information that they would like the team to know.

2. Social Validity

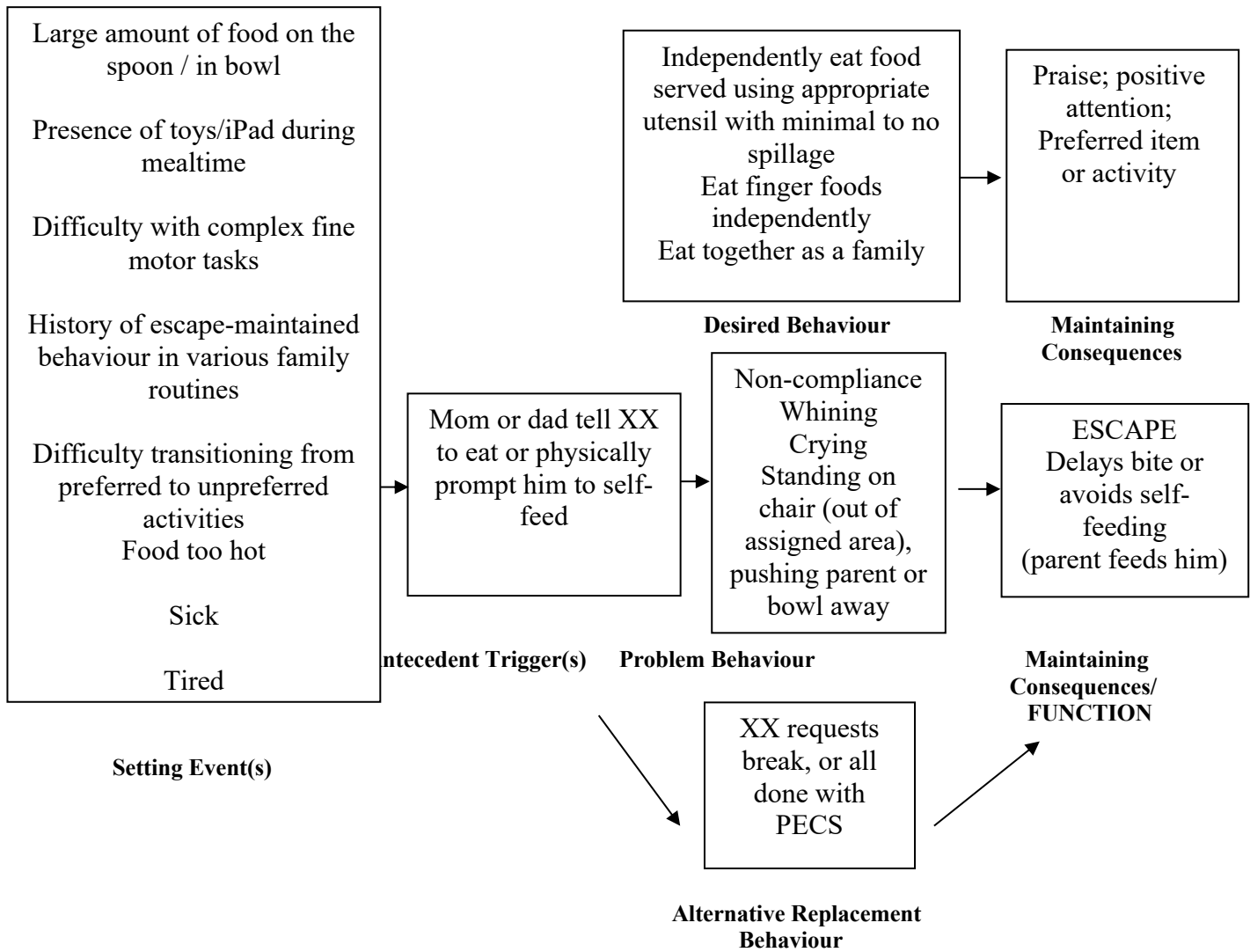
The home ABA team will check in with XX's parents bi-weekly to assess the acceptability of the goals, procedures, and outcomes. Questions to assess this include the following: Are these goals

still a priority in line with your family’s vision of the play time routine? Are the strategies in line with your family values? Are they feasible to implement during playtime? Is playtime going more smoothly? Are you satisfied with XX’s improvements (e.g., more tolerance during play, using PECS to communicate)?

Sample Data Collection Form for Playtime Routine

Duration of play time	Number of instances of problem behaviour (whining, groaning, stomping, crying, head banging)	Number of independent requests (PECs or vocal)	Did XX engage (prompted or independently) in relaxation routine? Y/N	Comments
EXAMPLE: 30 minutes	3	2	yes	Whining but no major problems

B. Summary Statement/Competing Behaviour Pathways Diagram - Dinner Routine



Strategies that Make Problem Behaviours Irrelevant, Ineffective, and Inefficient

Setting Event Strategies	Preventive Strategies	Teaching Strategies	Consequence Strategies
<ul style="list-style-type: none"> - Reduce amount of food presented - Set the table without iPad/toys - Introduce the “BEABA 360 spoon” for self-feeding and fine motor challenges - Present fine motor strengthening activities more often in other areas of the day (e.g., clothes pins, beading, building, scooping jelly balls into another bowl) - Present meal when XX is hungry (minimal snacking before dinner to increase MO) - Provide moderate to high preference food when XX is sick or over tired - Provide clear transition warning before mealtime - Serve food at room temperature so XX does not have to blow on food to cool it down 	<ul style="list-style-type: none"> - Visual contingency (e.g., first/then – first feed himself, then get help; first eat the presented food, then eat preferred food) - Use a countdown visual for bites - Visual presentation of mealtime rules (e.g., picture of XX sitting in his chair) - Visual schedule of mealtime (e.g., sit down → eat → all done → play) - Pre correction <ul style="list-style-type: none"> • vocal statement and visual cue (e.g., remember if you want a break, give me the break card) • scooping small amount of food. - Offer choices between 2 foods 	<ul style="list-style-type: none"> - Continue teaching the action of ‘eating’ (i.e., scooping the food and giving it to someone). This can be done by doing a role play with stuffed animals and plastic kitchen tools - Prompt XX to give the “break” PEC during mealtime to escape self-feeding demand - Demand fading (i.e., gradually fade demands to promote independence by slowly increasing the number of self-feeding bites) - Most to least prompting (physically prompt self-feeding and fade to lesser prompts such as gesture) - Model eating together as a family, parents model taking a bite/self-feeding, then say, “your turn!” 	<ul style="list-style-type: none"> - Provide praise, physical affection and preferred foods or toys/iPad contingent on: (a) using a spoon to feed himself; and (b) consuming his food - Begin with continuous reinforcement (CRF), and sequentially thin the reinforcement schedule upon success - Provide vocal praise and physical affection throughout mealtime when XX is sitting nicely in his chair - Parents feed him one bite contingent upon self-feeding - Honour XX’s appropriate requests for breaks from the table using PECS or vocal requests - Minor problem behaviour (e.g., pushing bowl/parent away, non-compliance, whining): prompt XX to ask for a break using PECS and redirect him back to eating after approximately 1 minute - Moderate-major problem behaviour (e.g., aggression): Lightly block behaviour or move away to prevent harm. Once XX is calm, represent the food on the spoon (using gentle hand over hand prompt). Once he eats, give him a break.

PBS Strategies for Dinner Routine

Setting Event Strategies

1. Reduce amount of food presented
 - a. Give XX a small-medium amount of food in the bowl. The bowl can be refilled during the meal, however, presenting a small amount at a time may help reduce avoidance of self-feeding. Also be sure to only provide an amount of food appropriate for XX's age and what he actually can eat during one mealtime.
2. Set the table without iPad/toy
 - a. Have the table area clean and organized without distracting objects during dinner routine.
3. Introduce the "BEABA 360 spoon" for self-feeding and fine motor challenges
 - a. Provide XX with a "BEABA 360 spoon" to help him transition the food from the bowl to his mouth without spilling it.
4. Present fine motor strengthening activities more often in other areas of the day
 - a. Provide XX with the opportunity to practice fine motor skills throughout the week with different activities (e.g., clothes pins, beading, building, scooping jelly balls into another bowl).
5. Present meal when XX is hungry (minimal snacking before dinner to increase appetite)
 - a. Avoid giving XX snacks before dinner to ensure that he is hungry at dinnertime.
6. Provide moderate to high preference food when XX is sick or overtired
 - a. Provide XX with favourable foods when he is feeling unwell. This will increase the motivation for him to eat the meal.

7. Provide clear transition warning before mealtime
 - a. Incorporate clear verbal and visual supports before dinner routine to set the expectation of the next scheduled meal (e.g., 5/10 minutes using fingers, set up a visual timer, use a first-then schedule, two more minutes on the hammock...10 seconds, 5, 4, 3...).
8. Serve food at room temperature so XX does not have to blow on food to cool it down
 - a. To streamline the process of eating the presented meal, have the food ready at room temperature to ensure no lag between bites and a smooth repetition of picking up the spoon with food and immediately consuming it.

Preventative Strategies

1. Visual contingency
 - a. Provide XX with a “first-then” visual sequence (e.g., first eat-then get help/get a preferred food/play with your toys/iPad).
2. Use a countdown visual for bites
 - a. Present visual countdown strip (i.e., bite board) for a visual reminder of his required bites and remove each number after it is completed (e.g., “you have 5 more bites” - remove number 5; “only 4 more bites to go – remove number 4 so that the only numbers remaining are 3, 2, and 1).
 - b. Repeat this until completion and proceed with the chosen reinforcement (see consequence strategies).
3. Visual presentation of mealtime rules
 - a. Present XX with pictures of mealtime rules that he is expected to follow (e.g., sitting in the chair, using a spoon).

4. Visual schedule of mealtime

- a. Present XX with a visual schedule of mealtime to convey to him the upcoming expectations before resuming his play time (i.e., sit down → eat → all done → play).

5. Precorrection

- a. When XX is observed being restless or resistant, provide him with a vocal statement and a visual cue to prompt him to request what he wants (e.g., “remember, if you want a break, give me the break card”, “if you need me to help you, give me the help card”)
- b. Then proceed with providing him the necessary assistance.

6. Scoop a small amount of food onto the spoon

- a. When providing physical guidance to self-feed, ensure XX scoops a small amount of food. This will lead to an easier time chewing and swallowing, which will result in a shorter time between bites and overall a quicker dinner routine.

7. Offer choices between 2 foods

- a. Before cooking dinner, offer XX a choice between 2 meals from a pre-arranged visual choice board. If XX chooses his meal, he is more likely to engage in self-feeding.

Teaching Strategies

1. Continue teaching the action of ‘eating’

- a. Have XX practice feeding himself or others (i.e., scooping the food and giving it to someone or “eating it”) through different activities (e.g., role play with stuffed animals and plastic kitchen tools) to increase the familiarity of the action.

2. Prompt XX to give the “break” PEC during mealtime to escape self-feeding demand
 - a. When XX is observed being restless or resistant, prompt him to ask appropriately for a break by giving the “break” PEC.
3. Demand fading
 - a. Start with 1 bite before a break or access to toys, and slowly increase the number of self-feeding bites in between breaks/reinforcement.
4. Most to least prompting
 - a. To get XX to self-feed independently, physically prompt self-feeding and when steps work smoothly fade to lesser prompts using the following steps:
 - i. hold XX’s hand and assist him in scooping the food onto his spoon and inserting it into his mouth
 - ii. provide a prompt that allows XX to be more independent by lightly moving his elbow in the direction of the bowl and providing light physical support
 - iii. model the correct response by taking a bite and asking him to do the same (i.e., “copy me”, “do like me”)
 - iv. provide a gesture prompt (i.e., point at the spoon).
5. Modelling
 - a. Have all family members sit around the table during dinner time while eating their own food.
 - b. Model taking a bite/self-feeding and then say: “your turn” and provide the necessary support while he is taking a bite.
 - c. Continue to model (i.e., you take one bite, he takes one bite).

Consequence Strategies

1. Provide praise, physical affection and preferred foods or toys/iPad (e.g., good job, way to go, excellent) when XX uses a spoon to feed himself, and when he consumes his food
 - a. Begin with giving XX a small bite of his favourite cranberry biscuit (or other reinforcers) after each time he feeds himself and swallows the food. Keep the size of the food reinforcer bite size so that there will be many opportunities to reinforce self-feeding and consuming less preferred foods.
 - b. Provide him with a bite size of the biscuit only after 2 or more bites in a row and increase the number of bites required to receive reinforcer over time.
 - c. When using his iPad or one of his toys as a reinforcer for self-feeding, allow him access to the reinforcing item for about 30 seconds, and then remove the item and return to prompts for self-feeding.
2. Provide vocal praise and physical affection throughout mealtime when XX is sitting nicely on his chair
 - a. When XX is sitting appropriately on his chair, provide him with vocal praise (e.g., nice sitting down) and physical affection (e.g., back rubs, hugs, kisses) to increase the likelihood that the behaviour will occur more often. Parents feed XX one bite contingent upon self-feeding
 - a. When XX successfully feeds himself, parents can feed him one bite as well. This can be used as one of the optional reinforcers along with the preferred foods and toys listed above.

3. Honour XX's appropriate requests for breaks using PECS or vocal requests
 - a. When XX appropriately asks for breaks, immediately provide him with a break for 1-2 minutes while remaining at the table.
4. Minor problem behaviour
 - a. When XX is exhibiting minor problem behaviour (e.g., pushing bowl/parent away, whining) prompt him to ask for a break using PECS and
 - b. Redirect him back to eating after approximately 30 seconds to 1 minute.
5. Moderate-major problem behaviour
 - a. When XX is exhibiting moderate-major problem behaviour (e.g., non-compliance, aggression) lightly block the behaviour or move away to prevent harm.
 - b. Once XX is calm, represent the food on the spoon and assist him as necessary (i.e., gently put your hand on his hand to guide him).
 - c. Once XX inserts the food into his mouth and swallows it, give him a break.

Monitoring and evaluation

1. Problem and desired behaviour

Event recording procedure will be used to track the number of independent self-feeding bites during dinnertime. Parents can use a clicker to count each time XX independently self-feeds and then record the total number of independent bites on a data sheet at the end of dinner. The data will be later graphed by the behaviour consultant. Over time, the number of independent bites should increase. The data sheet will also include a box to note any significant problem behaviour that occurred during the meal. It is expected that problem behaviour will decrease over time as independent self-feeding increases.

Social validity

The team members (i.e., parents, behaviour consultant, 2 behaviour interventionists) will meet for 15 minutes once a month during the Behavior Consultant's monthly debriefing to review the plan re: goals, procedures, and outcomes. Modifications will be made as necessary.

Sample Data Collection Form for Dinner Routine

Date	Number of independent self-feeding bites	Did XX engage in problem behaviour? Y/N If yes, please specify
EXAMPLE: December 12th, 2020	12	Yes – pushed bowl away a few times