

Adapted from: O'Neill, R.E., Homer, R. H., Albin, R. W., Sprague, J. R., Storey, K., & Newton, J. S. (1997). *Functional Assessment and Program Development for Problem Behavior*. Pacific Grove, CA: Brooks/Cole Publishing.

FUNCTIONAL ASSESSMENT INTERVIEW FORM—YOUNG CHILD

Child with Problem Behavior(s): Pablo

Date of Interview: 1/15

Age: 2 Yrs 6 Mos

Sex: M * F

Interviewer: Rochelle Respondent(s): Teacher

A. DESCRIBE THE BEHAVIOR(S)

1. What are the behaviors of concern? For each, define how it is performed, how often it occurs per day, week, or month, how long it lasts when it occurs, and the intensity in which it occurs (low, medium, high).

	Behavior	How is it performed?	How often?	How long?	Intensity?
1.	<i>Hits children & adults face, chest</i>	<i>Open handed on limbs,</i>	<i>2-4x/day</i>	<i>10-20 sec</i>	<i>High</i>
2.	<i>Pinches children leaves a welt</i>	<i>Usually on arms and legs,</i>	<i>3-5x/wk</i>	<i>5-15 sec</i>	<i>High</i>
3.	<i>Bites children broken skin</i>	<i>Leaves a mark, but never has</i>	<i>4-10x/day</i>	<i>Brief</i>	<i>Medium-high</i>
4.					
5.					

2. Which of the behaviors described above occur together (e.g., occur at the same time; occur in a predictable "chain"; occur in response to the same situation)?

Hits then bites
Hits then pinches

B. IDENTIFY EVENTS THAT MAY AFFECT THE BEHAVIOR(S)

1. What *medications* does the child take, and how do you believe these may affect his/her behavior?

Takes asthma meds daily (flovent, singular, nasonex). Also takes additional meds as needed (proventil, nebulizer with albuteral, and prednisone). When he needs to take any of the additional meds we see an increase in problem behavior. If he takes all of the meds it is guaranteed that he will be in an agitated and hyper state and problem behaviors increase.

2. What *medical complication* (if any) does the child experience that may affect his/her behavior (e.g., asthma, allergies, rashes, sinus infections, seizures)?

Asthma, allergies, ear infections, bronchitis, occasionally pneumonia

3. Describe the *sleep cycles* of the child and the extent to which these cycles may affect his/her behavior.

When asthma and allergies are under control, parents report that he sleeps through the night. When his asthma and allergies are at a heightened state, he is up 2-5 times during the night. Medications and/or coughing and wheezing can waken him.

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

He is on a special diet due to multiple food allergies. With asthma and sinus infections he tends to eat less. When on prednisone, he can't seem to get enough food.

5. Briefly list the child's typical daily schedule of activities and how well he/she does within each activity.

DAILY ACTIVITIES

Activity		Child's Reaction
8:40 AM	Dad drops off at preschool	says good-bye and joins kids in open play
9:00 AM	Circle (Instruments, puppets, story)	When manips are handed out will hit or pinch
9:20 AM	Centers	Wanders/hits, pinches and bites
10:00 AM	Outside play	Wanders/hits
10:40 AM	Circle (wiggle time)/Bathroom	Sometimes hits waiting in line at bath
11:00 AM	Lunch	Usually eats O.K. unless sick
11:30 AM	Nap	Naps well, unless on additional meds, then he's restless
12:00 PM	Nap	Sometimes wakes coughing and needs a nebulizer treatment, then he will hit an adult.
1:30 PM	Quiet Play	Plays/reads nicely on mat
1:45 PM	Bathroom	Sometimes hits waiting in line
2:00 PM	Snack	Sits nicely
2:20 PM	Art/Water table/Table toys	Wanders/hits, pinches, and bites
3:00 PM	Outside play	Wanders/hits, pinches
3:40 PM	Centers	Wanders/hits, pinches, and bites
4:15 PM	Late small snack	Sits nicely
4:30 PM	Outside play	Wanders/hits, pinches
5:00-5:15 PM	Mommy picks up	Runs to her, hugs her. Leaves holding hands.

- 6 Describe the extent to which you believe activities that occur during the day are predictable for your child. To what extent does the child know what he/she will be doing and what will occur during the day (e.g., when to get up, when to eat breakfast, when to play outside)? How does your child know this?

The routine is pretty much the same daily. The teacher announces to the class when it is time to clean up and get ready to go to the next activity.

7. What choices does the child get to make each day (e.g., food, toys, activities)?

Snack choices, art material choices, centers, toys, instruments.

C. DEFINE EVENTS AND SITUATIONS THAT MAY TRIGGER BEHAVIOR(S)

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

Most likely: - *When instruments are handed out, centers, bathroom time, and outside*
- *More intense in the afternoon*

Least likely: - *Arrival and dismissal*

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

Most likely: - *The block area, sand box, in lines*

Least likely: - *Circle/wiggle time, snack*

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

Most likely: - *With a child who takes a toy that he is playing with or takes a toy that is near him.*
- *With the teacher if she is on the floor nearby and playing with another child.*

Least likely: - *Teacher Assistant and parents and girls.*

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

Most likely: - *Blocks, waiting in line, instruments*

Least likely: - *snack and lunch*

5. Are there particular situations, events, etc. that are not listed above that "set off" the behaviors that cause concern (particular demands, interruptions, transitions, delays, being ignored, etc.)?

No

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

Take a toy he is playing with

7. What one thing could you do to make sure the problem behavior did not occur?

Let him play with anything he wants and sit right with him.

D. DESCRIBE THE CHILD'S PLAY ABILITIES AND DIFFICULTIES

1. Describe how your child plays (With what? How often?).

He likes to put all the blocks in the dump truck, push it, then fill it again. Usually plays with it daily during centers.

2. Does your child have problem behavior when playing? Describe.

Yes, he will hit, pinch or bite to get toys that he wants.

3. Does your child play alone? What does he/she do?

Most of the time. He will parallel play, but now the other children seem scared of him

4. Does your child play with adults? What toys or games?

Yes, he prefers playing along side adults and if you try to leave he will hit you.

5. Does your child play with other children his/her age? What toys or games?

He will play "ring-around-the-rosie" and chase when outside. Otherwise he does mostly parallel or solitary play.

6. How does your child react if you join in a play activity with him/her?

If you join without taking the toys that he is using he loves it. If you try to take a toy he will hit.

7. How does your child react if you stop playing with him/her?

He will reach for you. If you don't come back he will hit you.

8. How does your child react if you ask him/her to stop playing with a toy and switch to a different toy?

He will hit, especially if you take the toy in front of him and put it out of reach. But if he is going from a less desirable toy, like a baby doll to a more desirable toy, like a dump truck, he will make the switch.

E. IDENTIFY THE “FUNCTION” OF THE PROBLEM BEHAVIOR(S)

1. Think of each of the behaviors listed in Section A, and define the function(s) you believe the behavior serves for the child (i.e., what does he/she get and/or avoid by doing the behavior?)

Behavior	What does he/she get? Or What exactly does he/she avoid?
1. <i>Hits children</i> <i>Hits adults</i>	<i>Gets toy back and/or adult attention (scolded then redirected)</i> <i>Gets adult attention (talks with then plays with)</i>
2. <i>Pinches children</i>	<i>Gets adult attention (scolded then redirected) sometimes gets the toy back</i>
3. <i>Bites children</i>	<i>Gets adult attention (scolded then adult will hold until he calms)</i>
4.	
5.	
6.	
7.	
8.	
9.	
10.	

2. Describe the child's most typical response to the following situations:

a. Are the above behavior(s) more likely, less likely, or unaffected if you present him/her with a difficult task?

More likely

b. Are the above behavior(s) more likely, less likely, or unaffected if you interrupt a desired event (eating ice cream, watching a video)?

More likely

c. Are the above behavior(s) more likely, less likely, or unaffected if you deliver a “stern” request/command/reprimand?

More likely

d. Are the above behavior(s) more likely, less likely, or unaffected if you are present but do not interact with (ignore) the child for 15 minutes.

Unaffected, (unless the change means that center time is cut.)

e. Are the above behavior(s) more likely, less likely, or unaffected by changes in routine?

More likely

f. Are the above behavior(s) more likely, less likely, or unaffected if something the child wants is present but he/she can't get it (i.e., a desired toy that is visible but out of reach)?

More likely

g. Are the above behavior(s) more likely, less likely, or unaffected if he/she is alone (no one else is present)?

Less likely

F. HOW WELL DOES THE BEHAVIOR WORK?

1. What amount of physical effort is involved in the behaviors (e.g., prolonged intense tantrums vs. simple verbal outbursts, etc.)?

When Pablo bites, an adult needs to physically hold him.

Otherwise he is redirected and played with for a bit.

2. Does engaging in the behaviors result in a "payoff (getting attention, avoiding work) every time? Almost every time? Once in a while?

Almost every time. An adult needs to attend to the situation.

Sometimes he will hit or go to hit and the child will just give him the toy he wants.

3. How much of a delay is there between the time the child engages in the behavior and gets the "payoff"? Is it immediate, a few seconds, longer?

Most of the time it is immediate or a few seconds. Concerned about children getting hurt.

G. HOW DOES THE CHILD COMMUNICATE?

1. What are the general expressive communication strategies used by or available to the child? (e.g., vocal speech, signs/gestures, communication books/boards, electronic devices, etc.) How consistently are the strategies used?

He says 2-4 word combination

2. If your child is trying to tell you something or show you something and you don't understand, what will your child do? (repeat the action or vocalization? modify the action or vocalization?)

He will first take your hand or direct you physically. Sometimes he will try to restate it. If not understood, he will hit and grunt in frustration (but this is rare).

3. Tell me how your child expresses the following:

MEANS

FUNCTIONS	GRAB & REACH	GIVE	POINT	LEAD	GAZE SHIFT	MOVE TO YOU	MOVE AWAY FROM YOU	HEAD NOD/HEAD SHAKE	FACIAL EXPRESSION	VOCALIZE	IMMEDIATE ECHO	DELAYED ECHO	CREATIVE SINGLE WORD	CREATIVE MULTI WORD	SIMPLE SIGNS	COMPLEX SIGNS	SELF-INJURY	AGGRESSION	TANTRUM	CRY OR WHINE	OTHER	NONE
Requests an Object	X	X	X	X	X	X		X	X	X	X			X				X				
Requests an Action	X			X		X				X				X				X				
Protests or Escapes							X	X	X	X				X				X				
Requests Help	X	X		X		X				X			X									
Requests a Social Routine	X			X		X			X	X			X					X				
Requests Comfort				X		X				X			X									
Indicates Illness						X								X				X		X		
Shows You Something	X	X	X	X	X					X				X				X				

4. With regard to receptive communication ability:

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

He can follow simple one step directions

b. Is the child able to imitate someone demonstrating how to do a task or play with a toy?

Yes, but will not share or turn-take.

c. Does the child respond to sign language or gestures? If so, approximately how many? (List, if only a few.)

“come” gesture, “tap on chair” for sit

d. How does the child tell you "yes" or "no" (if asked whether he/she wants to do something, go somewhere, etc.)?

He can say yes and no and shake his head. Although he will hit if asked to give up a toy or told to go play (rather than stay with the teacher).

H. EXPLAIN CHILD’S PREFERENCES AND PREVIOUS BEHAVIOR INTERVENTIONS

1. Describe the things that your child really enjoys. For example, what makes him/her happy? What might someone do or provide that makes your child happy?

Sitting in the teacher’s lap, block play (dump/fill), sand play

2. What kinds of things have you or your child's care providers done to try and change the problem behaviors?

Holding him until he is calm, redirection.

I. DEVELOP SUMMARY STATEMENTS FOR EACH MAJOR TRIGGER AND/OR CONSEQUENCE

Distant Setting Event	Immediate Antecedent (Trigger)	Problem Behavior	Maintaining Consequences	Function