



Positive Beginnings:
Supporting Young Children
with Challenging Behavior



Determining the Meaning of Challenging Behavior

Application Exercises

Florida State University

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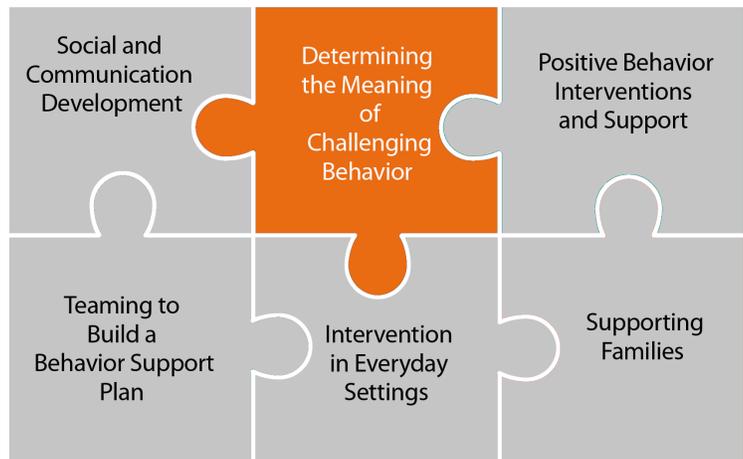
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Application Exercises

Application Exercise for Pre-service Participants

Using the “Case Study Activity” – *Determining the Function of Challenging Behavior*, review the materials (child description, completed Functional Assessment Interviews, and observation cards). Using the last page of the Functional Assessment Interview, chart behavior equations (triggers, description of the behavior, and the maintaining consequences) for each function of challenging behavior for the case study child. You should also include setting events if applicable. Remember that one behavior may serve multiple functions and/or several behaviors could serve one function.

I. Develop Summary Statements for Each Major Trigger and/or Consequence

Setting Event	Triggers	Challenging Behavior	Maintaining Consequence	Function

Application Exercise for In-service Participants

Using a focus child that you support, complete the *Determining the Function of Challenging Behavior* activity by completing observation cards (*make additional copies as needed*) and the Functional Assessment Interview. Once data is collected, complete the last page of the Functional Assessment Interview by charting out the behavior equation (triggers, description of the behavior, and the maintaining consequences) for each function of challenging behavior for the case study child. You should also include setting events if applicable. Remember that one behavior may serve multiple functions and/or several behaviors could serve one function.

Observation Card

Name: _____ Observer: _____ Date: _____
 General Context: _____ Time: _____
 Triggers: _____
 Challenging Behavior: _____
 Maintaining Consequence: _____
 POSSIBLE FUNCTION: _____

Home Observation Form Side 1

Child's Name: _____ Date/Time: _____
 Activity: _____ Observer: _____
 Describe Challenging Behavior: _____

What Happened Before?

<input type="checkbox"/> Child or adult to do something	<input type="checkbox"/> Playing alone	<input type="checkbox"/> Changed or ended activity
<input type="checkbox"/> Removed an object	<input type="checkbox"/> Moved activity/location to another	<input type="checkbox"/> Object out of reach
<input type="checkbox"/> Not a preferred activity	<input type="checkbox"/> Told "No," "Don't," "Stop"	<input type="checkbox"/> Child requested
<input type="checkbox"/> Difficult task/activity	<input type="checkbox"/> Attention given to others	<input type="checkbox"/> Other: _____

What Happened After?

<input type="checkbox"/> Given social attention	<input type="checkbox"/> Punished or scolded	<input type="checkbox"/> Put in "time out"
<input type="checkbox"/> Given an object/activity/food	<input type="checkbox"/> Request or demand withdrawn	<input type="checkbox"/> Ignored
<input type="checkbox"/> Removed from activity or area	<input type="checkbox"/> Request or demand delayed	<input type="checkbox"/> Given assistance/help
Other: _____		

Purpose of Behavior?

To Get or Obtain:	To Get Out of or Avoid:	
<input type="checkbox"/> Activity	<input type="checkbox"/> Attention	<input type="checkbox"/> Transition
<input type="checkbox"/> Object	<input type="checkbox"/> Food	<input type="checkbox"/> Road
<input type="checkbox"/> Person	<input type="checkbox"/> Person	<input type="checkbox"/> Place
<input type="checkbox"/> Help	<input type="checkbox"/> Demand/Request	<input type="checkbox"/> Other: _____

Functional Assessment Interview Form – Young Child

Child with Challenging Behavior(s): _____ Interview Date: _____
 Age: Years _____ Months _____ Sex: Male Female Interviewer: _____
 Respondent(s): _____

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. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				

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

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?

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

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

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



Observation Card

Name: _____ Observer: _____ Date: _____

General Context: _____ Time: _____

Trigger:

Challenging Behavior:

Maintaining Consequence:

POSSIBLE FUNCTION:

Observation Card

Name: _____ Observer: _____ Date: _____

General Context: _____ Time: _____

Trigger:

Challenging Behavior:

Maintaining Consequence:

POSSIBLE FUNCTION:



Home Observation Form

Side 1

Child's Name: _____ Date/Time: _____

Activity: _____ Observer: _____

Describe Challenging Behavior:

What Happened Before?

- Told or asked to do something
- Removed an object
- Not a preferred activity
- Difficult task/activity
- Playing alone
- Moved activity/location to another
- Told "No," "Don't," "Stop"
- Attention given to others
- Changed or ended activity
- Object out of reach
- Child requested
- Other: _____

What Happened After?

- Given social attention
- Given an object/activity/food
- Removed from activity or area
- Other: _____
- Punished or scolded
- Request or demand withdrawn
- Request or demand delayed
- Put in "time out"
- Ignored
- Given assistance/help

Purpose of Behavior?

To Get or Obtain:

- Activity
- Object
- Person
- Help
- Attention
- Food
- Place
- Other: _____

To Get Out of or Avoid:

- Activity
- Object
- Person
- Demand/Request
- Attention
- Food
- Place
- Other: _____
- Transition

Home Observation Form

Side 1

Child's Name: _____ Date/Time: _____

Activity: _____ Observer: _____

Describe Challenging Behavior:

What Happened Before?

- Told or asked to do something
- Removed an object
- Not a preferred activity
- Difficult task/activity
- Playing alone
- Moved activity/location to another
- Told "No," "Don't," "Stop"
- Attention given to others
- Changed or ended activity
- Object out of reach
- Child requested
- Other: _____

What Happened After?

- Given social attention
- Given an object/activity/food
- Removed from activity or area
- Other: _____
- Punished or scolded
- Request or demand withdrawn
- Request or demand delayed
- Put in "time out"
- Ignored
- Given assistance/help

Purpose of Behavior?

To Get or Obtain:

- Activity
- Object
- Person
- Help
- Attention
- Food
- Place
- Other: _____

To Get Out of or Avoid:

- Activity
- Object
- Person
- Demand/Request
- Attention
- Food
- Place
- Other: _____
- Transition



Home Observation Form

Side 2

Setting Events/Lifestyle Influences:

- Hunger
- Absence of fun activities
- Absence of a person
- Sick
- Unexpected loss or change in activity/object
- Uncomfortable clothing
- Too hot or too cold
- Loud noise
- Lack of sleep
- Medication side effects
- Extreme change in routine
- Other: _____

List notes / Comments / Unusual Events:

Home Observation Form

Side 2

Setting Events/Lifestyle Influences:

- Hunger
- Absence of fun activities
- Absence of a person
- Sick
- Unexpected loss or change in activity/object
- Uncomfortable clothing
- Too hot or too cold
- Loud noise
- Lack of sleep
- Medication side effects
- Extreme change in routine
- Other: _____

List notes / Comments / Unusual Events:



Functional Assessment Interview Form – Young Child

Child with Challenging Behavior(s): _____ Interview Date: _____

Age: Years _____ Months _____ Sex: Male Female Interviewer: _____

Respondent(s): _____

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.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

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)?

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?

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

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

Adapted from: O’Neill, R.E., Horner, 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.



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

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

Daily Activities

	Behavior	Child’s Reaction
6:00 AM		
7:00 AM		
8:00 AM		
9:00 AM		
10:00 AM		
11:00 AM		
12:00 PM		
1:00 PM		
2:00 PM		
3:00 PM		
4:00 PM		
5:00 PM		
6:00 PM		
7:00 PM		
8:00 PM		
9:00 PM		

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?

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



C. Identify Events and Situations that may Trigger Behavior(s)

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

Most likely:

Least likely:

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

Most likely:

Least likely:

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

Most likely:

Least likely:

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

Most likely:

Least likely:

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.)?

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

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



D. Describe the Child's Play Abilities and Difficulties

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

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

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

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

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

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

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

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



E. Identify the “Function” of the Challenging 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.				
2.				
3.				
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?

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

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

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?

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



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)?

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

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

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?
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?)



3. Tell me how your child expresses the following:

FUNCTION OF COMMUNICATION	FORM OF COMMUNICATION																								
	NONSYMBOLIC FORM															SYMBOLIC FORM									
	Proximity	Facial Expression	Laughing/Squealing	Crying/Whining	Tapping/Touching	Pulling by the Hand	Tantrum	Aggression (hit, pinch)	Self-injury	Giving	Pulling/Pushing Away	Showing	Reaching	Waving	Pointing	Head Shake	Head Nod	Vocalizing	Other:	Single Words (spoken)	Echolalia	Word Combinations	Sign Language	Pictures/ Written Words	Other:
Regulate Behavior																									
Request Object																									
Request Action/Activity																									
Protest Object																									
Protest Action/ Activity																									
Draw Attention to Self																									
Request Social Game																									
Request Comfort																									
Greet																									
Call																									
Take Turn																									
Show Off																									
Draw Attention to Object or Event																									
Label or Comment																									
Provide Information																									
Request Information																									

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).

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

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

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



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?

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

I. Develop Summary Statements for Each Major Trigger and/or Consequence

Setting Event	Triggers	Challenging Behavior	Maintaining Consequence	Function