

FUNCTIONAL ANALYSIS INTERVIEW

Client: _____ Pgm _____ date: ____ / ____ / ____

Staff: _____

Behavior of Concern: _____

Positive Reinforcers: _____

Negative Reinforcers: _____

Instructions: Interview a person who has observed the behavior of the client for an extended period of time in many different situations. Check the boxes whenever the respondent answers "YES" to a question. For every "YES" response there should be a qualifying comment written on the line corresponding to the question.

1. Physiological, Medical, EO Factors

- Does the behavior occur during certain seasons of the year? _____
- Could the behavior be the result of any form of discomfort (escape response to headache, stomach ache, dizziness, blurred vision, ear infection, etc.). _____
- Could the behavior be signaling some deprivation condition? (Thirst, hunger, lack of rest, etc.) _____
- Could the behavior be a side effect of medication? (Tired, unsteady, thirst, confused, toxic levels) _____
- Could the behavior be the result of a medical condition? (Seizures, PKU, allergies, CP) _____

2. Antecedents and Setting Event Factors

- Are there any circumstances in which the behavior ALWAYS occurs? _____
- Are there any circumstances in which the behavior NEVER occurs? _____
- Does it occur at certain times of the day? _____
- Does the behavior occur only with certain people? _____
- Could the behavior be related to any skill deficits? (Communication, excessive task requirements, physical ability) _____
- Is the behavior related to any particular activities? _____
- Is the behavior in response to aversive stimuli? (Tone of voice, ignoring, demands, noise level, number of people in the room, agitation/consequences delivered to other clients, lighting, change in routine, transitions) _____

3. Operant (consequences) Factors

- What does the behavior allow the individual to gain? (Attention, preferred activities or items) _____
- Does the behavior allow the individual to postpone, avoid, or escape aversive stimulation? (Unpreferred activities, demands, social interaction, pain) _____
- Does the behavior provide self-stimulation activity? (Boredom, impoverished environment) _____
- Does the behavior occur collateral with any other behavior or as part of a chain of behaviors? _____
- Does the behavior occur as a result of having a preferred activity terminated? _____

T.Blackwell BCBA #1-03-1234

MOTIVATION ASSESSMENT SCALE

Client: _____ Pgm: _____ Date: ____/____/____
 / _____ Time: _____

Interviewer: _____ Behavior: _____

N E V E R	A L M O S T	N E V E R	S E L D O M	H A L F T H E	T I M E	U S U A L L Y	A L M O S T	A L W A Y S	A L W A Y S
-----------------------	----------------------------	-----------------------	----------------------------	---------------------------------	------------------	---------------------------------	----------------------------	----------------------------	----------------------------

Instructions: For each FUNCTION area add the numerals and place the sum on the line marked TOTAL. The area with the highest score suggests the function of the behavior.

Function: SENSORY

- | | | | | | | | | | |
|--|-------|-------|---|---|---|---|---|---|---|
| 1. Would this behavior occur continuously if the individual was left alone for long periods of time (e.g., one hour?) | Total | _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Does this behavior occur repeatedly, over and over, in the same way (e.g., rocking back and forth for 5 minutes)? | | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Does it appear to you that the person enjoys performing this behavior and would continue even if no one was around? | | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. When this behavior is occurring does the person seem unaware of anything else going on around her/him? | | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Function: ESCAPE

- | | | | | | | | | | |
|--|-------|-------|---|---|---|---|---|---|---|
| 1. Does this behavior occur following a command to perform a difficult task? | Total | _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Does the behavior occur when any request is made? | | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Does the person seem to do this behavior to upset or annoy you when you are trying to get her/him to do what you ask? | | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Does the behavior stop occurring shortly after you stop working or making demands of her/him? | | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Function: ATTENTION

- | | | | | | | | | | |
|---|-------|-------|---|---|---|---|---|---|---|
| 1. Does this behavior occur when you are talking to other persons in the room? | Total | _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Does the behavior occur whenever you stop attending to the person? | | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Does the person seem to do this behavior to upset or annoy you when you are not paying attention to her/him (e.g., sitting in a separate room, interacting with another person)? | | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Does the person seem to do this behavior to get you to spend time with her/him? | | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Function: TANGIBLE

- | | | | | | | | | | |
|---|-------|-------|---|---|---|---|---|---|---|
| 1. Does this behavior ever occur to get an item, food, or game that they had been told they can't have? | Total | _____ | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Does the behavior occur when you take away a favorite item or food? | | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Does this behavior stop occurring shortly after you give the person the item or food they requested? | | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Does this behavior seem to occur when the person has been told that they can't do something they wanted to do? | | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Adapted from: Durand, V.M. & Crimmins, D.B. (1988). Identifying the variables maintaining self-injurious behavior. Journal of Autism and Developmental Disorders, 18, 99-107)

Part II. Dimensions of Problem Behavior.

Provide and estimate of the frequency and severity of the each problem behavior. Use the following criteria for severity:

Mild (disruptive but not dangerous), Moderate (destructive to physical environment), Severe (poses physical danger to client or others)

FREQEUNCY

1.Hourly/Daily/Weekly/Less Often

2.Hourly/Daily/Weekly/Less Often

3.Hourly/Daily/Weekly/Less Often

4.Hourly/Daily/Weekly/Less Often

SEVERITY

Mild/Moderate/Severe

Mild/Moderate/Severe

Mild/Moderate/Severe

Mild/Moderate/Severe

PART III. Critical Situations:

Describe the situations in which the problem behavior is **most** likely to occur.

Days/times_____

Setting_____

Persons Present:_____

Activity_____

What happens right before the problem behavior occurs?_____

Describe the situations in which the behavior is **least** likely to occur:

Days/times_____

Setting_____

Persons Present:_____

Activity_____

Part IV. Social Influences on Behavior

- 1. The behavior usually occurs in your presence or in the presence of other clients. Yes No
- 2. The behavior usually occurs soon after you or others interact with the client in some way, such as delivering an instruction or reprimand, walking away from (ignoring) the client, taking away a “preferred” item, requiring the client to change activities, talking to someone else in the client’s presence, etc. Yes No
- 3. The behavior often is accompanied by other “emotional” responses, such as yelling or crying. Yes No

Complete Part V if you answered “Yes” to items 1, 2, or 3. Skip Part V if you answered “No” to all three items in Part I.

Part V. Social Reinforcement

- 4. The behavior often occurs when the client has not received much attention. Yes No
- 5. When the behavior occurs, you or others usually respond by interacting with the client in some way (e.g., comforting statements, verbal correction or reprimand, response blocking, redirection). Yes No
- 6. The client often engages in other annoying behaviors that produce attention. Yes No
- 7. The client frequently approaches you (or others) and/or initiates social interaction. Yes No
- 8. The behavior rarely occurs when you give the client lots of attention. Yes No
- 9. The behavior often occurs when you take a particular item away from the client or when you terminate a preferred leisure activity. (If “yes,” identify: _____) Yes No
- 10. The behavior often occurs when you inform the client that (s)he cannot have a certain item or cannot engage in a particular activity. (If “Yes,” identify: _____) Yes No
- 11. When the behavior occurs, you often respond by giving the client a specific item, such as a favorite toy, food, or some other item. (If “Yes,” identify: _____) Yes No
- 12. The client often engages in other annoying behaviors that produce access to preferred items or activities. Yes No
- 13. The behavior rarely occurs when you give the client free access to his or her favorite items or activities. Yes No
- 14. The behavior often occurs during training activities or when you place other types of demands on the client. (If “Yes,” identify the activities: __ self-care __ academic __ work __ other) Yes No
- 15. The client often is noncompliant during training activities or when asked to complete tasks. Yes No

16. The behavior often occurs when the immediate environment is very noisy or crowded Yes No
17. When the behavior occurs, you often respond by giving the client a brief “break” from an ongoing task. Yes No
18. The behavior rarely occurs when you place few demands on the client or when you leave the client alone. Yes No

Part VI. Nonsocial (Automatic) Reinforcement

19. The behavior occurs frequently when the client is alone or unoccupied. Yes No
20. The behavior occurs at relatively high rates regardless of what is going on in the client’s immediate surrounding environment. Yes No
21. The client seems to have few known reinforcers or rarely engages in appropriate object manipulation or “play” behavior. Yes No
22. The client is generally unresponsive to social stimulation. Yes No
23. The client often engages in repetitive, stereotyped behaviors such as body rocking, hand or finger waving, object twirling, or mouthing, etc. Yes No
24. When the client engages in the behavior, you and others usually respond by doing nothing (i.e., you never or rarely attend to the behavior). Yes No
25. The behavior seems to occur in cycles. During a “high” cycle, the behavior occurs frequently and is extremely difficult to interrupt. During a “low” cycle, the behavior rarely occurs. Yes No
26. The behavior seems to occur more often when the client is ill. Yes No
27. The client has a history of recurrent illness (e.g., ear or sinus infections, allergies, dermatitis). Yes No

SCORING SUMMARY

Circle the items answered “Yes.” If you completed only Part II, also circle Items 1, 2, and 3.

								<u>Likely Maintaining Variable:</u>
1	2	3	4	5	6	7	8	Social positive reinforcement (attention)
1	2	3	9	1	1	1	1	Social positive reinforcement (access to activities)
				0	1	2	3	
1	2	3	1	1	1	1	1	Social negative reinforcement (escape)
			4	5	6	7	8	
1	2	2	2	2	2			Automatic reinforcement (sensory stimulation)
9	0	1	2	3	4			
1	2	2	2	2	2			Automatic negative reinforcement (pain attenuation)
9	0	4	5	6	7			

Part VII: Replacement Behaviors

Describe some alternative behaviors that could be strengthened as replacements for the client's problem behaviors.

Problem Behavior

Replacements

- 1. _____
- 2. _____
- 3. _____
- 4. _____

VIII. Communication Skills:

1. Indicate the client's primary form of communication

_____Vocal _____Sign _____Gestures _____Other

2. How does the client communicate a want or need (for attention, food, activities, etc.)?

3. How does the client communicate a desire to stop an on-going activity?

IX. Preferences

List things that appear to be client preferences and might be used therefore as reinforcers for appropriate behavior.

1. Preferred Persons _____

2. Preferred Activities (videos, toys, swing, games, _____)

3. Food, snacks and drink _____

