A Workshop Aimed at the Development of Functional Behavioural Assessment Skills for New Staff Members

By

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The procedures in this staff training workshop are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
DEDICATION

To the pillars of my life: God, my family, and my friends. Without you, my life would fall apart.

To the BPSYC class of 2012; we made it!
ABSTRACT

A workshop aimed at developing the skills of conducting Functional Behaviour Assessments was designed for new behaviour consultants in the Autism Spectrum Disorders clinic. Autism Spectrum Disorders (ASDs) are complex disorders that are unique to each individual with no two individuals presenting with exact same symptoms or behaviours. Due to the uniqueness found in the presentation of an ASD diagnosis, behaviour plans targeting problem behaviours must be designed to fit the needs of each individual. A Functional Behaviour Assessment (FBA) is a process that is used to collect information that determines relationships between variables that will maximize the effectiveness and efficiency of the creation of a positive behavioural support plan (Glasberg, 2005; O’Neill et al., 1997). Due to the complexity of conducting an FBA it is essential for behavioural consultants to be properly trained.

This presented workshop utilized power-point presentations, modelling, role-playing, group activities, and feedback to expand and improve the participants’ knowledge of conducting FBAs. A pre- and post-quiz was created to assess the participants’ level of understanding from beginning to the end of the sessions. Participants demonstrated an increase in scores from pre- to post-quiz. Statistical analysis indicate that the time spent in the workshop was statistically more beneficial than would have been if the participants had not attended the workshop. Overall, further studies should be conducted to assess the effectiveness of this workshop in regards to helping consultants acquire the knowledge on the process of FBAs and to assess whether the knowledge gained in class also generalized to their work setting.
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Chapter I: Introduction

Overview

Robbie is a 6-year-old little boy. He is sitting on a couch rhythmically rocking back and forth in a home for children with severe developmental disorders. Occasionally he will flick his fingers in front of his face; he seems oblivious to anyone around him and makes no effort to look or speak to anyone. If approached by someone, instead of acknowledging that person he retreats to a corner and resumes his rocking. Andy is a 10-year-old boy who attends middle school and spends part of his day in regular classes and part of his day in special education classes. He began talking very late, and now has an odd intonation in his speech. His motor development is delayed, and he walks with a clumsy gate. He enjoys working with numbers and is very skilled at solving math problems. He loves the Harry Potter series and constantly reads the books and watches the movies. He does not like loud noises, and is bothered by the way some food textures taste in his mouth. Both of these boys just described each have been diagnosed with a different form of Autism Spectrum Disorder, with Robbie exhibiting symptoms on the higher spectrum and Andy exhibiting symptoms on the lower spectrum of Autism.

“According to the Diagnostic and Statistical Manual of Mental Disorders, 4th ed., text revision (American Psychiatric Association [APA] 2000), Autism Spectrum Disorders (ASD), are neurodevelopmental syndromes that are characterized by pervasive impairments in social interaction and communication, as well as by stereotypic behaviours and restricted interests” (Rojahn & Matson, 2010). Individuals are usually diagnosed in early childhood which ranges from a severe to a more mild form. There are three core features associated with ASD: an insistence on preserving sameness in their environment, social isolation, and severe language deficits (DeHart, Stroufe, & Cooper, 2004). Often, children with autism display inappropriate and/or difficult behaviour (Wing, 2001). These behaviours do not occur out of anger or rebelliousness, but instead out of fear, confusion, or misinterpretations of the situation (Wing, 2001). Children with autism do not have the necessary cognitive functions to understand social norms; this in turn brings about confusion and the display of inappropriate behaviours at home and in public as their way of coping. These behaviours are typically displayed when there are interruptions in their daily routines, a new situation arises which causes confusion, an oversensitivity to sensory input from either loud noises, bright lights, large crowds, or wanting a preferred activity when it is not the time or place to engage in that activity (Wing, 2001). Treatment is usually offered for parents to assist their children in decreasing the problem behaviours and increasing social skills. Although there are many different treatment options, Applied Behaviour Analysis (ABA) is the most common, and is the core of many educational programs for treating ASD (Mulick & Mayville, 2011). In order to understand human behaviour and why individuals with ASDs engage in problem behaviours, it is important to uncover the functional relationship between the problem behaviour exhibited by the individual and the environment surrounding the individual (Cooper, Timothy, & Heward, 2007). A Functional Behaviour Assessment will identify cause and effect relationships using both direct and indirect methods, which will in turn assist in designing an intervention that will be personalized towards each child with Autism (Shriver et al., 2001). Because an FBA is such an integral part of designing a behavioural program, it is critical that behaviour consultants involved in the treatment process know all the steps to conducting an FBA.
It has been a shared concern that FBAs will not be properly conducted by those who are untrained in this practice as, due to the many intricate steps, it would be easy to miss one or more which could impair the findings. For this reason, new behaviour consultants who do not have a behavioural background should be taught, in an effective manner, how to conduct an FBA. This paper will proceed to provide a description of the literature describing ASD, the reasons why behaviours associated with ASD should be treated, and a thorough description of what an FBA is and how it may be used to help skill deficits and behaviours associated with ASD. Following the literature, the method will provide an overall description of the participants involved in the workshop along with a description of what was to be expected during the workshop. The results section will describe the statistics derived from the workshop, and the discussion section will outline in detail the concluding outcomes of the workshop.

**Rationale**

Functional behaviour assessments are an important aspect of creating individualized behavioural programs. It is critical for a behavioural consultant to understand and know how to conduct an FBA. A training program to teach new behavioural consultants how to properly conduct an FBA will benefit the participants and assist them in making informed decisions in regards to their work. Therefore, assessing whether the classes are providing the right teaching strategies to the trainees and whether they are retaining the information will provide pertinent information to the agency on whether or not the training is effective.

**Hypothesis**

Since an FBA is the foundation upon which any successful intervention can be built it is hypothesized that this workshop will enhance the participants’ ability to conduct an FBA which will be demonstrated with their improvement in scores from a pre to post quiz analyzing their understanding of the material presented.
Chapter II: Literature Review

Autism Spectrum Disorder

Leo Kanner first labelled Autism more than sixty years ago (Davison, Blankstein, Gordon, & John, 2008); however only in recent years has public interest in this developmental disorder noticeably increased (Exkorn, 2005). “Autism” is a word that many people use to describe Autism Spectrum Disorders or ASD. ASD is a broad heading that includes five diagnoses including Autistic Disorder, Asperger’s Disorder, Childhood Disintegrative Disorder, Rett’s Disorder, and PDD-NOS (Exkorn, 2005). To be clear, ASD is not a disease, there is no typical physiological function that is impaired rather, “ASD is a developmental disorder in which there is a disturbance of some stage in a child’s typical physical and/or psychological development, often retarding development” (Exkorn, 2005, p.7). ASD is usually revealed in the beginning of a child’s life and may have a devastating effect on the child’s ability to communicate, use imaginative play, and connect with other people (Davison et al., 2008). It is possible for a child to develop normally from birth then experience some sort of regression around eighteen months of age and be diagnosed with ASD which is typically the most difficult for parents to process (DeHart, Sroufe & Cooper, 2004; Exkorn, 2005). Previous studies revealed that boys are approximately 4.3 times more likely than girls have autism and it occurs in 0.16% of all births in the United States (as cited in Davison et al, 2008). ASD can range from mild to severe in which a child on the severe end may not be able to speak and have mental retardation, whereas a child on the mild end may be able to function as a typical child and may even reach a point where he or she no longer meet the criteria for ASD (DeHart et al., 2005).

ASDs are complicated and present with a wide range of severity in which an individual may be high functioning or low functioning (Exkorn, 2005). ASD is centrally a disorder that impairs communication in one way or another (Levy, 2007). According to Exkorn (2005) and Boucher (2009), all disorders that fall under the ASD diagnoses on some level share the same triad of symptoms and/or behaviours including qualitative impairments in social interactions, qualitative impairments in communication, and restricted, repetitive, and stereotyped patterns of behaviours, interests, and activities.

Qualitative impairments in social interactions.

A child diagnosed with ASD may not display the same interests as typically developing children (Exkorn, 2005). While most children show a fascination in other children, those with ASDs would rather be with an object of choice, choosing to be alone and perhaps engaging in some sort of repetitive behaviour, for example, hand-flapping or body-rocking (DeHart et al., 2004). Children with ASDs may also show no emotional facial expressions, no desire to interact with their family and display no real sense of empathy (Boucher, 2009).

Qualitative impairments in communication.

Individuals diagnosed with an ASD may have one or more impairment(s) in communication. They may have difficulty speaking which may lead to little or no verbal communication; they may have delayed, idiosyncratic, or repetitive speech and those who do have speech may be unable to begin or hold a conversation (Exkorn, 2005). Approximately 40% of individuals
diagnosed with ASD do not speak at all but for those who do, speech and language therapy has been recommended as part of the treatment options (Exkorn, 2005).

**Restricted, repetitive, and stereotyped patterns of behaviours, interests, and activities.**

Children diagnosed with ASD may have certain behaviours, interests, or activities that separate them from typically developing children including seemingly odd obsessions about a certain topic to the point where nothing else matters, a fixated interest on specific routines, repetitive actions or movements, i.e. hand flapping, or a complete absorption on a specific part of an object (DeHart et al., 2004).

The appearance of ASD can fluctuate within each child over time and although there are similarities, especially in social deficits, there are no children with exactly the same diagnoses. Each individual is unique in his or her own way with individual character traits and exclusive personalities (Davison et al. 2005). It is also important to understand that the diagnosis of ASD only expresses what the individual’s behaviour appears to be; it does not give an understanding towards the cause of the behaviours nor does it provide solutions (Exkorn, 2005). A diagnosis of ASD is only the first of many small steps towards helping a child with ASD (Levy, 2007). While there is no single formula for a given child we should recognize the importance of programming treatments to meet the particular needs of a child and his or her family (Janzen, 2003). An individual diagnosed with ASD may be able to have a significantly enhanced life if only the appropriate amount of time is given in order to provide targeted and individualized treatment plans (Davison et al. 2005).

**Applied Behavioural Analysis**

Applied Behavioural Analysis (ABA) is a science based on human behaviour that has generated significant results in a wide variety of areas including but not limited to autism (Keenan, 2006). It is a psychological discipline that has been portrayed as the science of behaviour change and explores to understand and solve socially significant behaviour problem (Luyben, 2009). ABA is based on the theories of operant conditioning by B.F. Skinner and is supported by more scientific research than any other treatment for ASDs (Exkorn, 2005) as it combines different approaches in assisting children with their problem behaviours and applies a rewards system that is used to motivate and reinforce the children during the treatment process (Exkorn, 2005). ABA does not make use of punishment, and if the child does not correctly demonstrate the behaviour, the reinforcement is merely suspended until the correct behaviour is displayed (Exkorn, 2005).

Although there are many different treatment options, ABA is the most common, and is the core of many educational programs for treating ASD (Mulick & Mayville, 2011). ABA is versatile as it can be taught in any setting be it in a formal office, on a playground, or in the home (Exkorn, 2005). No matter what form the problem behaviour appears to be, ABA procedures will focus on distinguishing antecedents and reinforcing consequences to problem behaviours (Amus, Vollmer, & Borrero, 2002). Parents are encouraged to be included in the child’s treatment which will invariably assist the child in generalizing the gains he or she has made in treatment to his or her home life (Exkorn, 2005). The progress of an ABA program is measured often throughout the treatment process so as to identify whether the treatment being used is beneficial to the child.
and to identify if any changes need to be made; this ensures time is not wasted on a program that is not working (Exkorn, 2005). Although an ABA treatment approach with regards for Autism needs at least 30-40 hours per week in order to be effective, which is discouraging as many parents are desperate for a ‘short-term’ fix it is beneficial in the long-term as it has proven to be most beneficial in treating ASD (Wise & Messick, 2006). Many previous research studies have demonstrated the significance and effectiveness of ABA through its use with disabilities in adults and children (Williams & Williams, 2011).

In order to understand human behaviour and why individuals with ASDs conduct problem behaviours, it is important to uncover the functional relationship between the problem behaviour exhibited by the individual and the environment surrounding the individual (Cooper, Timothy, & Heward, 2007). To apply a correct treatment method Behavioural Consultants needs to identify why behaviours occur and what the maintaining consequences of said behaviours are. To accomplish this, a Functional Behavioural Assessment is conducted in order to understand the functions and maintaining consequences of behaviour (O’Neill et al. 1997).

Functional Behavioural Assessments

In order to write a positive behavioural support plan that will assist individuals with autism in overcoming their challenging behaviours, it is important to first identify why these behaviours are occurring and to try to obtain some semblance of order when it comes to identifying the behaviours. It is believed that order will be set through the identification and an understanding of the variables that pave the way for the occurrence of problem behaviours and the consequence that maintain those problem behaviours (O’Neill et al., 1997). To identify these variables, a Functional Behavioural Assessment (FBA) must be completed. An FBA is a process used to collect information that determines relationships between variables that will maximize the effectiveness and efficiency of the creation of a positive behavioural support plan (Glasberg, 2005 & O’Neill et al., 1997). As shown in previous studies, relying on a complete and thorough FBA is the most likely way to succeed when addressing unwanted behaviour (Glasberg, 2005). FBAs have been an important aspect of ABA which has been empirically supported through previous studies (Shriver et. al, 2001). Behaviour intervention plans that are based on FBAs have been proven to work for individuals of all ages and all functioning levels (Glasberg, 2005).

Throughout the years of studying behaviour, professionals have observed that by making sense of what seems to be senseless behaviours will invariably assist in controlling these behaviours (Glasberg, 2005). To accomplish this it is imperative to identify why the behaviours are occurring, what the purpose of the behaviour serves, and how that behaviour is benefiting the individual (Glasberg, 2005). An FBA uses intricate step by step processes to identify these variables (O’Neill et al., 1997).

FBAs focus on the cause and effect relationships involved in behaviour as knowledge of this will assist in developing and designing interventions that will lead to behaviour change (Shriver et. al., 2001). The cause and effect relationships refer to the effect one variable has on another variable which is also identified as functional relations (Shriver et al., 2001).

A few considerations should be taken into consideration when conducting an FBA. The content of the assessment should identify the target behaviour along with a replacing or competing
behaviour, while evidence should also be provided that shows how the measures were used across all settings and were not too narrowly focused; this will in turn assist in correctly identifying a functional relation for the problem behaviours (Shriver et al., 2001). Also, when gathering information it is important to use an approach that is relevant to the particular setting which is being assessed (Shriver et al., 2001). An FBA involves many complex steps that must be followed in order to maximize the effectiveness of the information gathered. A properly conducted FBA will identify five main outcomes:

1. “A clear description of the problem behaviours including classes or sequence of behaviours that frequently occur together
2. Identification of the events, times, and situations that predict when the problem behaviours will and will not occur across full range of typical daily routines
3. Identification of the consequences that maintain the problem behaviours
4. Development of one or more summary statements or hypotheses that describes specific behaviours, a specific type of situation in which they occur, and the outcomes or reinforcers maintaining them in that situation
5. Collection of direct observation data that support the summary statements that have been developed (O’Neill et al., 1997, p. 3)”

The FBA process.

According to O’Neill et al. (1997) when conducting an FBA, there are many different forms the process can take. During the process, as long as the intensity of the assessment matches the complexity of the problem behaviour it is unimportant which forms are used. There are three general strategies that all specific methods for conducting the assessment will fall under: informant methods, direct observation, and functional analysis.

Informant Methods

According to O’Neill et al. (1997) the informant methods involve interviewing and engaging with the child with autism, if possible, and any and all of the people who may have immediate contact with him/her. While the primary caregiver might disclose the most pertinent information, other individuals who interact with the child diagnosed with an ASD can provide important information (Glasberg, 2005). The informant method utilizes verbal interactions with others with the therapist using interviews, questionnaires, rating scales, and even self interviews as these are helpful in compiling data concerning the individuals’ patterns of behaviour (O’Neill et al., 1997). People who are usually involved with individuals with autism include family members, professionals (i.e., doctors, teachers, speech therapists) and peers (Glasberg, 2005). According to O’Neill et al. (1997), the purpose of the informant method is to identify which event in the environment is connected to the behaviour being observed and any information provided by caregivers of the individual may be relevant in the identification of these environmental cues. When conducting the interviews consideration must be given to all the daily routines the individual carries out. Identification of events and situations that occur preceding the problem behaviour may assist in calculating when the problem behaviours will transpire.

Direct Observation
Direct observation has been the foundation of ABA since its inception (O’Neill et al., 1997). Direct observation occurs through methodically scrutinizing the individual throughout his or her habitual schedule (O’Neill et al., 1997). Teachers, family members, staff, or anyone who lives or works with the individual may conduct direct observations (Glasberg, 2005). Normally direct observation is done in the natural environment of the individual, (i.e. classroom setting or home) and the observer does not interfere with the individual’s daily schedule (O’Neill R. et al., 1997). The assigned observer will record whenever the problem behaviour occurs, anything that was happening prior to the behaviour occurring, and what happened after the behaviour occurred, in other words, direct observations will identify the antecedent and the consequences of the problem behaviour (O’Neill et al, 1997).

**Functional Analysis**

A functional analysis is typically the most complex of assessment methods and if applied correctly, the results are regarded as the most valid of all assessment tools (O’Neill et al, 1997). According to O’Neill et al. (1997) “a functional analysis involves the systematic manipulation of specific variables that are or are not associated with the problem behaviour”(p.6). This may be done by controlling the consequences that are contingent on the problem behaviour (Glasberg, 2005). A functional analysis is a test used to identify the relationship between environmental variables and the occurrence or non-occurrence of the problem behaviour (O’Neill et al., 1997). Studies have established that functional analysis is the accurate, thorough, and controlled method of conducting an FBA which shows a clear-cut illustration of a cause and effect relationship between environmental events and problem behaviours (O’Neill et al., 1997).

**Why use FBA?**

McLaren and Nelson (2009) implemented a withdrawal design repeated across three children in a school setting to examine whether a functional assessment based intervention assisted in decreasing inappropriate behaviour. This studied utilized two of the three methods for conducting an FBA which included the informant method and direct observation. Functional Analysis was excluded to decrease the complexity of the whole process. These authors found that although the use of FBA was effective in decreasing inappropriate behaviour most of those implementing the FBA found it to be time consuming. Teachers involved reported the FBA to be helpful, but due to limited adult assistance in the classroom, they did not have enough time or effort to put into the assessment.

However, Crone, Hawken, and Bergstrom (2007) conducted a study in which they hoped to increase a school’s resources and staff skills in providing FBA to students with problem behaviours. Over three years they trained school staff on how to conduct FBAs and behaviour support plans. Their findings suggest that with the specialized training teachers along with their teaching aids were able to properly conduct and implement FBAs in their classrooms. The students with whom these skills were implemented showed significant reductions in their problem behaviours.

These articles further show how advantageous a properly conducted FBA can be. Though it may be time consuming and more than one person is advised to be present, results suggest it may be more beneficial than any other treatment plan for problem behaviours.
In addition to all the information previously mentioned, there are two main reasons to utilize an FBA. The first is that all the information gathered from the FBA that conveys when, where, and why the problem behaviour is happening is a vital part in designing a behavioural support plan (Williams & Williams, 2011). If a behavioural support plan is designed without this knowledge there is a high probability it may make the problem behaviour worse rather than better as the supposed explanation actually reinforces rather than decreases the problem behaviour (O’Neill et al. 1997). The second reason to utilize FBAs is that it is now, in North America, a professional standard as all public schools in the United States are legally bound to consider FBAs when addressing problem behaviours (Glasberg B.A., 2005). Using FBAs is now expected in the field and also makes programmatic sense (O’Neill et al. 1997).

Teaching Strategies

In 1998 professionals believed FBAs were a valuable tool to be used for individuals with disabilities however, due to the limited research, they were unsure whether the practice would be accepted and if it was, whether it would be properly conducted (Scott & Nelson, 1999). Currently, since FBA has been a proven useful tool in decreasing problem behaviours and since present literature supports the use of FBAs, behavioural consultants have been required to learn how to properly conduct an FBA. Since knowledge of conducting FBAs is a critical aspect in treating problem behaviours, the best supported teaching strategies should be utilized in order to maximize learning.

According to Reid et al. (2005) and Leblanc et al. (2005) employing corrective and supportive feedback when teaching will prompt the desired change in regards to staff performance. Wallace et al. (2004) goes on to demonstrate that feedback and modelling combined are effective ways to train individuals in conducting functionally analyses. A study by Nigro-Bruzzi and Sturmey (2010) identify teaching through the use of modelling, rehearsal and feedback to be successful strategies when teaching untrained individuals as they were able to successfully generalize the learning acquired during the workshop to their workplace.

Harchick et al. (1992) demonstrates that customary teaching procedures or role-playing alone do not show consistent effectiveness when instructing individuals. Research suggest that information is best retained when multiple strategies are utilized for teaching (Luyben, 2009) which is why the present study set out to combine power-point presentations, role-plays, group activities, modelling, and feedback to best portray the information. It was anticipated that by combining all methods rather than using just one of the teaching methods, the participants would better retain the information presented and be able to generalize that to their work.

Summary

“ASD is a developmental disorder in which there is a disturbance of some stage in a child’s typical physical and/or psychological development, often retarding development” (Exkorn, 2005). An individual with ASD will rarely be the one to approach or engage in play with others (Davison, Blankstein, Flett, & Neale, 2008) and will avoid contact with others; this is thought to be due to a sensory overload to which individuals with ASD are prone (DeHart, Stoufe, & Cooper, 2004). It is also frequently found that individuals with ASD display inappropriate and/or
difficult behaviour due to fear, confusion, or misinterpretations of the situation, as they do not have the necessary cognitive functions to understand social norms (Wing, 2001).

Due to the difficult and socially inappropriate behaviours parents sometimes require extra help to assist their child accept and live with any necessary changes, social norms, and noises. At this time a behaviour consultant will be assigned to the individual and will utilize the principles of Applied Behaviour Analysis (ABA) to assist in changing the problem behaviour. ABA is a proven method of treatment that has generated significant results in a wide variety of areas including ASD (Keenan, 2006). It is based on the theories of operant conditioning by B.F. Skinner and is supported by more scientific research than any other treatment for ASDs (Exkorn, 2005). In order to obtain the best treatment methods set out by ABA, a Functional Behaviour Assessment (FBA) must be conducted to identify the relation between environmental variables and problem behaviours (O’Neill et al., 1997). As shown in previous studies, relying on a complete and thorough FBA is the most likely way to succeed when addressing unwanted behaviour (Glasberg, 2005).

Currently, FBA has been a proven useful tool in decreasing problem behaviours and since present literature supports the use of FBAs, behavioural consultants have been required to learn how to properly conduct an FBA. Considering knowledge of conducting FBAs is a critical aspect in treating problem behaviours, the best supported teaching strategies should be utilized in order to maximize learning. Studies show that this includes a mesh of strategies including role-playing, power-point presentations, group activities, modelling, and feedback (Nigro-Bruzzi & Sturmey 2010).
Chapter III: Methodology

Participants

This project covers a workshop aimed at broadening the scope of understanding in regards to conducting an FBA to newly hired Community Behaviour Consultants (CBC). There will be six participants in this workshop; four women and two men between the ages of 25 and 50 years. Each participant was hired from another division of the agency.

Participant 1

The first participant was a 31-year-old female who was transferred in from one of the residential units connected to the agency. She had been recommended for the job of CBC from her supervisor based on her work performance and ability to engage her clients. The past eight years for her had been spent on the residential unit working directly with clients who have been diagnosed with some form of ASD. She has a developmental service worker diploma, but has no previous behavioural background. She accepted this position due to the regular working hours in order to spend more time with her family, as working on the rotating shifts required on the residential units kept her busy at all hours.

Participant 2

The second participant was a 28-year-old, recently married female. She had been previously working at one of the residential units for approximately five years and applied for the CBC position in order to also gain the steady hours so as to spend more time with her husband. She has a degree in social work and is familiar with ABA based on what she has seen when the CBCs come into the residential units but has no previous schooling in ABA.

Participant 3

The third participant was a 45-year-old female who has worked at the agency for the past 18 years. She has served at different aspects of the agency including the dual diagnosis program, volunteer coordinator, Triple P Parenting program, and the mood disorders clinic. She was recommended for this position and since she had not previously worked in the ASD clinic she decided a change of pace would suit her. She has no previous experience or knowledge of ABA but she does have a Diploma in Social Work.

Participant 4

The fourth participant was a 40 year old female who transferred in from one of the residential units on site. She has been with the agency for approximately 15 years and has previously served on the dual diagnosis team and the emotional disorders team. She was referred to the CBC position by her residential supervisor. She has a Bachelor’s Degree in Social Work but has no previous ABA background.

Participant 5

The fifth participant was a 37-year-old male who worked on one of the residential units for the past 10 years. He also works part time at a hospital in the Acquired Brain Injury Unit. He was
recommended for this position by his supervisor on the residential unit and agreed to come to the training to assess whether he would fit the position. He has no previous background with ABA but has a degree in Social Work and also a Developmental Service Worker Diploma.

**Participant 6**

The sixth participant was a 39 year old male who worked at the ASD clinic as a social worker. He was told by a co-worker (who was a CBC) to apply for the position of CBC as he was interested in the behaviour aspect of treatment. He had been with the agency for 15 years, spent most of his time as a Social Worker in the ASD clinic but started off in the residential units. He has a degree in Social Work and an interest in ABA.

Since the participants had no previous background or knowledge of ABA each participant had to participate in the workshop in order to be able to successfully complete their job. The participants were approached individually by the BPSYC student (co-facilitator) to explain the purpose of the workshop and what their role would entail. On the first day of the workshop each participant was given an informed consent form which detailed the specifics of the workshop and if they signed, would give permission to the co-facilitator to use their test scores. Each participant was also assured they were able to renege on the consent if they so desired at any point in time during the workshop.

**Design**

An experimental within-subject treatment design was utilized for this workshop. The behaviour analyst from the agency acted as the facilitator while the placement student acted as the co-facilitator. The participants attended an eight day workshop (as outlined in Appendix C) which introduced them to their new roles as CBCs. The independent variable, consisting of the content of the workshop, specified how to conduct a Functional Behaviour Assessment (FBA) while touching on key points of ABA, while the dependent variable was obtained through the application of the pre- and post-quiz which were used to assess the participants level of understanding throughout the workshop. A one-directional Wilcoxon t-test will be used to analyze the data obtained through the test scores.

**Setting and Apparatus**

The workshop was held for eight days from 9:00am to 4:00pm. A conference room at the agency was booked for these days and the specified room were given to the participants prior to the start of the workshop. During the workshop numerous activities were utilized to best demonstrate the steps involved in conducting an FBA.

**Power-point**

PowerPoint slideshows were the main conduit when teaching the participants. All information regarding an FBA was gathered by the facilitator and put onto slideshows which were presented to the participants during the workshops. A printed copy was also given to the participants to make it easier for them to follow along. It is unknown where the facilitator garnered her information as it was made based on previous power-points she had previously made.
Role-plays
Role-playing was utilized as one of the more critical components of the workshop as it allowed the participants to play their new role as a CBC and practice the skills they learned on a ‘client’. The participants were divided into groups of two at which point one would become the client and the other a therapist as they practiced new skills they learned (i.e. conducting an informational interview).

Group activities
Group activities were incorporated into the workshop to allow participants to work together in order to come up with answers regarding an activity related to what they may need to complete with a client. The participants were divided into two groups at which point all participants would fill out an activity sheet (i.e. practicing to operationally define behaviours).

Modelling
Modelling was utilized by the facilitator and co-facilitator to display the appropriate skills. The participants were then encouraged to role-play with one-another and give each other feedback on their performances.

Feedback
Feedback was a critical component of the learning process. Throughout the workshop the facilitator and co-facilitator gave feedback to the participants in regards to their questions, group activities, and role-playing.

Measures
Quiz
A pre- and post-quiz was designed by the co-facilitator to assess if the workshop had an effect on the participants in regards to their knowledge of FBAs. The questions were taken from behaviour textbooks and information gathered at the agency by the co-facilitator. As the quiz had just been designed it had not had the chance to be tested therefore there is no reliability or validity. The quiz held twelve multiple choice questions and seven fill in the blank questions. The pre-quiz was administered at the beginning of the first workshop and the post-quiz was administered at the end of the last workshop with the hope that the scores would increase from the pre- to the post-quiz (Appendix B).

Procedures
Prior to the workshop, the co-facilitator and the facilitator met with each participant individually to discuss the workshop, expectations involved in participating, and the anticipated outcome of the workshop. Once the workshop began, the facilitator and co-facilitator once again reiterated what was to be expected from the participants.

Expectations
Each participant must be present for each workshop. Failure to attend would result in being required to re-do the workshop with the co-facilitator on their own time. During the duration of the workshop each participant must participate in some form. Volunteering for tasks such as role-plays were highly recommended and full participation and cooperation in group activities were required. Completion of the pre- and post-quiz was necessary in order to partake of the classes.

It was recommended to the participants to study their handouts outside of the workshop so as to more fully understand the material and not fall behind. Also, if participants had questions outside of the workshop, they were encouraged to visit the co-facilitator and clarify any inquiries in regards to the workshop.

Once the tests were taken the scores were calculated. The averages for the pre- and post-test were compared to assess whether there was a significant difference in marks from the pre to the post quiz.
Chapter IV: Results

All participants’ scores increased from the pre- to the post-quiz following the intervention. The group average scores increased 18% from pre to post quiz. As shown on Table 1 and Figure 1 each individual participant’s score increased over the period of the workshop. Participant 3 showed the most significant change over the duration of the workshop as she showed an increase of 29%. Participant 5 also showed significant improvement starting with an accumulation of 24% from pre-quiz to the post-quiz. Participant 1 showed an increase from pre- to post-quiz showing an increase of 14%. Participant 2 showed an increase of 15%. Participant 4 showed an increase of knowledge as showed an increase of 19%. Participant 6 showed the smallest increase as he showed a minimal increase of 9%. Participants 1, 2, and 4 showed similar increases as participant 1 began with increased 14%, participant 2 increased 15%, and participant 4 increased 19% from pre- to post-quiz. Participant 6 showed the smallest increases as he increased from pre-quiz to post-quiz by 9%. These scores may be seen as depicted on Table 1 and graphed on Figure 1.

Table 1
Pre and Post Test Scores

<table>
<thead>
<tr>
<th>Participants</th>
<th>PRE</th>
<th>POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>67%</td>
<td>81%</td>
</tr>
<tr>
<td>P2</td>
<td>71%</td>
<td>86%</td>
</tr>
<tr>
<td>P3</td>
<td>57%</td>
<td>86%</td>
</tr>
<tr>
<td>P4</td>
<td>67%</td>
<td>86%</td>
</tr>
<tr>
<td>P5</td>
<td>62%</td>
<td>86%</td>
</tr>
<tr>
<td>P6</td>
<td>67%</td>
<td>76%</td>
</tr>
</tbody>
</table>

*Note. M = Mean

*Order of participants have been changed due to confidentiality purposes
Figure 1
*Individual Pre and Post Scores*

The group average for the pre and post scores increased over the course of the FBA workshop. The average of group scores began with a 64% for the pre-quiz and ended in an 82% for the post-quiz showing an 18% increase overall. These scores are shown in Table 2 and graphed in Figure 2.

Table 2
*Group Pre and Post Test Scores*

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>65.1%</td>
<td>83.5%</td>
</tr>
<tr>
<td>Median</td>
<td>65%</td>
<td>82%</td>
</tr>
<tr>
<td>Mode</td>
<td>62%</td>
<td>86%</td>
</tr>
</tbody>
</table>

Figure 2
*Group average pre and post scores*
Table 3

Criteria for interpreting the value of $r^2$ as proposed by Cohen (1988)

<table>
<thead>
<tr>
<th>$R^2$</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.01</td>
<td>Small effect</td>
</tr>
<tr>
<td>0.09</td>
<td>Medium effect</td>
</tr>
<tr>
<td>0.25</td>
<td>Large effect</td>
</tr>
</tbody>
</table>

For the presented data 93.5% of the variance in the different scores is explained by the effect of the workshop. The null hypothesis, which stated there would be no change, was rejected as the results demonstrate there was a statistically significant change. According to the standards shown in Table 3, the data constructed from the workshop show a very large effect size with $r^2 = .9351$. Statistical analysis utilizing the one-tailed Wilcoxon t-test indicate that the time spent in the workshop was statistically more beneficial than would have been if the participants had not attended the workshop, $t(5) = 21, p<.05$, with the ranks for increases totalling 21.
Chapter V: Discussion

Summary

The purpose of the current thesis was to develop a workshop aimed at teaching newly hired behaviour consultants to conduct an FBA. Overall the implementation of this workshop demonstrated effectiveness in teaching FBAs to individuals with no behavioural background. The hypothesis was supported by the pre and post quiz scores as seen in the result section of this paper. Each individual increased in scores from the pre-quiz to the post-quiz thus showing their level of understand in regards to FBAs increasing over the course of the workshop.

In regards to participants of this workshop, all participants had equal knowledge of ABA and FBAs except for participant 2. She started out with a 71% score on the pre-quiz which seemed to be high considering she did not have any behaviour background. The reason for this is due to her starting her behaviour consultant position before the workshop started. This gave her a slightly higher understanding of ABA and FBA than that of her co-workers. Overall classes went as scheduled, with the facilitator and co-facilitator utilizing the role-playing, modelling, power-point, group activities, and feedback in order to help the participants understand the concepts being taught. As a whole, the workshop seemed to be a success with each participant satisfied with the results.

Strengths

The creation and implementation of this workshop showed visible strengths on different levels. The idea of a workshop introducing ABA and FBAs to six prospective behavioural consultants at once was an excellent idea on behalf of the agency. It proved to be both cost and time effective. The workshop enabled individuals who were already familiar with the agency to enhance their knowledge of FBAs without having to continue their education rather than having the agency hire individuals who had the behavioural background but no familiarity with how the agency is run or with the clients. In regards to the workshop, since the class size was so small and the participants knew each other, the quality of learning was enhanced for the participants. Taking the results of the pre and post quiz into consideration, the workshop seemed to be a success as each participant scores increased from the pre-quiz to the post-quiz. This may be due to the variety of teaching skills including role-plays, modeling, power-point, group activities, and feedback that were utilized in an attempt to appeal to different learning types to assist the participants in grasping the concepts.

Limitations

Since there is a large amount of intricate detail in conducting FBAs, attempting to incorporate all that information into only eight sessions may not be the most advantageous way as important details could be missed. The classes were run for eight full days, which seemed to be inconvenient and tiresome for the participants and most of them had had enough information presented to them halfway through the day. It should be taken into account that one of the participants had been working as a behaviour consultant for a few months before the workshop had started so she had a significant advantage over the other participants. Also, the small sample may have been beneficial in regards to a more open learning environment; however it also meant a small sample size which means statistical analysis was harder to consider as larger sample sizes
are more beneficial. This workshop ended exactly after eight sessions so it was impossible to tell whether the skills learned during the workshop were actually generalized by the participants to their work setting. Also, since the quiz had not been previously tested it held no validity or reliability.

**Multilevel Challenges**

**Client Level**

There are a few challenges to consider for the participants once they have completed this workshop and begin their new positions as behavioural consultants. These include the participants’ ability to apply what they have learned through this workshop, the participants understanding of what has been taught, or if the facilitator missed an important aspect of FBA during the workshop. Due to any of these challenges, the participants may not be able to properly conduct an FBA. If applied incorrectly, or if a pertinent step is missed, the behaviour plan which would follow the FBA may be compromised and they may end up not helping the client in any way. Any of these challenges may hinder the participants from properly completing their job.

**Program**

Due to the challenges pointed out on the client level, if the participants are unable to properly complete an FBA once the workshop is over, their inability to complete their job will reflect back onto the program for which they are working (i.e., the Autism Clinic). Also, since the participants which were involved in this workshop had full-time positions and the facilitator involved had recently taken on another role (BCBA) getting everyone together at one time proved to be a challenge.

**Organization**

Due to the lack of certified behavioural analysts in the area along with a lack of funding the program decided against hiring outside of the agency and rather went with employees who were already working within the agency but had no behavioural training: hence the need for the workshop.

**Society**

In regards to the societal level, there will always be a stigma regarding behaviour consultants doing their jobs. Behaviour consultants frequently work with the special needs children. Initially, Teachers, TA’s, and parents often regard behaviour consultants with suspicion when they first come since it seems to them the behaviour consultants are only addressing mistakes they may have made. Since the participants will become full-time consultants once this workshop is over, it is important that they remain open and positive especially towards those who do not receive them warmly.

**Contribution to Behavioural Psychology Field**

The effectiveness of Functional Behaviour Assessments to the field of Applied Behaviour Analysis has been repeatedly demonstrated. This workshop has taken that knowledge and shared it with individuals with no behavioural background in order for them to successfully treat their
clients. A workshop aimed at teaching individuals the proper steps in conducting an FBA could be advantageous to other programs that also require behaviour consultants. Organizations could utilize a workshop such as this as a refresher course for the behaviour consultants on their teams as it may be helpful and cost-effective.

**Recommendations for Future Research**

With the help of this workshop it was demonstrated that the ability to teach individuals with no behavioural background the steps in conducting an FBA is possible. Each participant saw an increase in their marks from the pre-quiz to the post-quiz, and on the surface it looked to be a successful workshop. However, there are few recommendations to be made. As was mentioned in the limitations, the sessions were held across eight full days. Eight days does not seem to be a long enough time to cover all pertinent information regarding FBAs, it is recommended that the workshop be lengthened and also add a quiz in the middle of the sessions to better oversee the progress of the participants. Also, shortening the classes to half days rather than full days as participants did not seem to be able to focus for the full day, especially when an excess of information was presented in one day.

The participants all came from different backgrounds, some knowing more about ABA than others. It would better suit the workshop if all participants had the same behavioural background, and maybe adding homework in between the sessions would assist them in retaining the information being presented. Also, follow-up studies should be administered to assess whether the information given was retained and generalized when the behaviour consultants began their work.

Overall, further studies should be conducted to assess the effectiveness of this workshop in regards to teaching behavioural consultants while keeping in mind the recommendations just presented.
REFERENCES


APPENDIX A: Informed Consent

TITLE:  
A Workshop Aimed at the Development of Functional Behaviour Assessment Skills for New Staff Members

Invitation

I am a student in my 4th year in the Behavioural Psychology Program at St. Lawrence College and I am currently on placement at a specialized care facility for children with developmental disabilities. As a part of this placement, I am completing a special project called an applied thesis and am asking for your assistance to complete this project. The information in this form is intended to help you understand my project so that you can decide whether or not you want to participate. Please read the information below carefully and ask all the questions you might have before deciding whether or not to participate.

WHAT IS THE PURPOSE OF THE STUDY?

I will be assisting Patty Petersen in teaching you about functional behavioural assessments. We understand that you each have had different training in regards to behavioural analysis. Since you have just been hired as a behaviour consultant we are hoping this workshop will help you gain an understanding of how a functional assessment is conducted.

WHAT WILL YOU NEED TO DO IF YOU TAKE PART?

The workshop will run for nine full days through October and November of 2011. During that time you will be presented with information through PowerPoint, individual/group activities, role-plays, and modelling. To help determine your understanding of the information, a quiz will be given at the beginning and end of the sessions to determine your level of knowledge. The quiz will be taken anonymously, and if you agree to participate in my thesis, I will use the results of the quiz to ascertain whether the workshop provided the necessary help in the required learning.

WHAT ARE THE POTENTIAL BENEFITS TO ME OF TAKING PART?

The potential benefits of participating in this project include a greater knowledge and understanding of functional assessments and a more relaxed feeling when entering a client’s home due to the confidence in your new skill set.

WHAT ARE THE POTENTIAL BENEFITS TO OTHERS OF TAKING PART?

22
The potential benefits to others include your clients. Learning how to conduct an in depth functional assessment will help you to better understand your clients and their behaviours which will in turn, help you to help them.

**WHAT ARE THE POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART?**

The risks of participating in this project are minimal but may include becoming tired or bored from attending an all day workshop.

**WHAT HAPPENS IF SOMETHING GOES WRONG?**

If something goes wrong please contact Patty Petersen on ext. 2255 or Kelley Johnston at ext. 5512.

**WILL MY TAKING PART IN THIS PROJECT BE KEPT PRIVATE?**

We will make every attempt to keep any information that identifies you strictly confidential unless required by law. All documents and information on the computer will be password protected. You will not be identified by name in any reports, publications, or presentations resulting from this project.

**DO YOU HAVE TO TAKE PART?**

Participation in the pre – post quizzes is part of the training; however if you are uncomfortable with allowing your information to be used for the thesis part you are free to decline. If you do decide to take part, you will be asked to sign this consent form. If you have signed the consent form, but decide you no longer wish to participate in the thesis aspect, you are still free to withdraw from the study but still participate in the training without incurring any penalty and without giving any reasons.

**CONTACT FOR FURTHER INFORMATION.**
This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Geris Serran, my supervisor from St. Lawrence College. I really appreciate your cooperation. If you have any additional questions or concerns, feel free to ask me, Jacky Boeder or via email at jboeder05@student.sl.on.ca or you can contact my College Supervisor, Geris Serran at geris@rockwoodpsyc.com. You may also contact the Research Ethics Board at appliedresearch@sl.on.ca.

CONSENT

If you agree to participate in the project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained at the agency and in a secure location with the Research Ethics Committee – Psychology at St. Lawrence College.

CONSENT

By signing this form, I agree that:

- The study has been explained to me.
- All my questions were answered.
- Possible harm and discomforts and possible benefits (if any) of this study have been explained to me.
- I understand that I have the right not to participate and the right to stop at any time.
- I am free now, and in the future, to ask any questions about the study.
- I have been told that my personal information will be kept confidential.
- I understand that no information that would identify me will be released or printed without asking me first.
- I understand that I will receive a signed copy of this consent form.

I hereby consent to participate.

Participant Printed Name: ____________________________
Signature: _______________________________     Date: ________

SLC Student Signature: ______________________     Date: ________

Printed Name: ________________________________
APPENDIX B: Quiz

Problem behaviour ...

a) Is the same in all contexts and environments
b) Is determined by our social environment or social world
c) Is always harmful to other people
d) Cannot be changed

A functional assessment should be completed when:

a) The frequency of the problem behaviour is low
b) The problem behaviour occurs in one situation
c) The individual is not causing harm to self or others
d) The problem behaviour is causing damage to the client, others, and/or property

When completed, a functional assessment will:

a) Provide a clear description of the problem behaviour(s)
b) Identify the events, times, and situations that predict when the problem behaviour will occur
c) Identify the consequences that maintain the problem behaviour
d) Collect direct observation data
e) All of the above
f) A, B, and D only

Informed consent:

a) Should be included only when the child is showing Self Injurious Behaviours
b) Should be explained before the assessment begins by the behaviour consultant to the parent/caregiver
c) Is a critical part of the assessment process
d) Is optional
e) A and C only
f) B and C only

The QABF is:

a) A standardized scale in which a structured interview is used to assess the function of a problem behaviour
b) A questionnaire given to the parent/caregiver to complete
c) A form of direct observation given to the parents to complete as homework
d) An optional assessment used only when other assessments have not fully identified the function of the behaviour
When gathering data during a functional assessment, it is important to

a) Keep the information away from the parents as their opinions are biased
b) Keep the parents informed and discuss any findings with them
c) Keep detailed records of the behaviours and ask the parents to do the same
d) Keep notes if you need to, if you have a great memory there is no need for notes
e) A and C only
f) B and C only
g) All of the above

According to the decision tree when proceeding with an FA the order of the first steps is:

a) Gather background information, establish therapeutic alliance and goal setting with the client/caregiver, conduct core and optional functional assessment components, develop BSP
b) Gather background information, conduct core and optional functional assessment components, develop BSP
c) Develop BSP, gather background information, establish therapeutic alliance and goal setting with the client/caregiver, conduct core and optional functional assessment components
d) None of the above

Baseline data:

a) Ensures there is a pre-measure score to compare to the intervention score
b) Is efficient and used only on SIB behaviours
c) Is recorded sporadically throughout the implementation of the behaviour plan
d) None of the above

Frequency recording is:

a) Best for when behaviours have clearly defined beginnings/end and high rates of occurrence
b) Relatively complicated to use
c) Not helpful for behaviours of varying duration or of undefined beginnings/end
d) A and B only
e) None of the above

When giving a preference assessment, the most accurate assessment to use when the time frame allows would be:

a) Checklists
b) Observations
c) Trial based Methods
d) All of the above
When designing a behavioural support plan, keep in mind:

- a) The plan should indicate how staff, or caregiver, will change and not just focus on how the person of concern will change
- b) The plan should be directly based on the functional assessment information
- c) The plan should be consistent with the principles and laws of human behaviour
- d) The plan should be a good fit with the values, resources, and skills of the people responsible for implementation
- e) All of the above

In order to hypothesize the function of behaviour, it is important to identify:

- a) Setting events
- b) Antecedent conditions
- c) Problem behaviours
- d) Maintaining consequences
- e) All of the above
- f) A and C only

**Match the word to the scenario; write the best answer in the space provided.**

<table>
<thead>
<tr>
<th>Reinforcement</th>
<th>Punishment</th>
<th>Extinction</th>
<th>Planned Ignoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour</td>
<td>Discriminative Stimulus</td>
<td>Setting Event</td>
<td></td>
</tr>
</tbody>
</table>

1. The residents of London were making thousands of unnecessary directory assistance calls per day. These calls were clogging up the phone lines and costing the phone company money. The company instituted a charge for each directory assistance call, as a result the number of calls decreased dramatically. **By charging each call, what was the company using to address unnecessary calls?**

   ______________________________

2. A child cries at night after being put to bed and her parents come to her room to comfort her and calm her down. As a result the child now cries more often at bedtime. **By coming into her room to comfort her, what were her parents providing?**

   ______________________________

3. When Millie went to the hospital recently, she banged her head **when she was with the nurse.** When Millie banged her head **the nurse held her and talked to her,** just as her mother does. While in the hospital, Millie banged her head when **other adults entered her room;** these adults **also held her and talked to her,** thus reinforcing the behaviour.
However, when Millie was in the hospital playroom with another child, but no adult was present, Millie did not bang her head. Since Millie only banged her head when adults were present, what did the adults presence serve as?

4. Jennifer screamed at her mother, ran upstairs, and slammed the door to her room. What was Jennifer doing when she ran upstairs and shut her door?

5. Each night, 4-year old Amanda cried at bedtime for 10-15 minutes and her parents came to her room and talked to her until she fell asleep. By doing so, her parents were accidentally reinforcing her crying. After talking to her paediatrician, the parents decided not to go into her room or talk to her when she cried at bedtime. The first night, she cried for 25 minutes before falling asleep. By the end of the week she quit crying at all at bedtime. What procedure was Amanda’s parents using by not going into her room when she cried?

6. Baby Joe takes a nap every afternoon and follows this by waking up and playing in his playpen. However, one particular day outside noise kept Joe awake and he played instead of falling asleep. This resulted in Joe crying and protesting when placed in his playpen to play. What part did the outside noise play in disrupting Joe’s sleep and contributing to the crying and protesting behaviours?

7. Sandra’s family had company over one night. Sandra loved being the center of attention, while everyone was talking she ran into the middle of the room and started jumping up and down and laughing. At first her parents asked her to quiet down since everyone had stopped talking to look at her but that only increased her behaviour. Next they told everyone to go on with their conversations as if she weren’t there. Eventually, since Sandra was not getting any attention for her antics she sat down and listened respectfully while the others talked. What procedure were her parents using by having everyone continue as they were without acknowledging Sandra’s behaviours?
## APPENDIX C: Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 26</td>
<td><strong>Group Training:</strong></td>
</tr>
<tr>
<td></td>
<td>1. Introductions, orientation to training</td>
</tr>
<tr>
<td></td>
<td>1. What is behaviour – common terms and procedures</td>
</tr>
<tr>
<td></td>
<td>1. What is problem behaviour</td>
</tr>
<tr>
<td></td>
<td>1. What is behaviour function – why does it matter?</td>
</tr>
<tr>
<td></td>
<td>1. Deficits associated with ASD that contribute to problem behaviour</td>
</tr>
<tr>
<td></td>
<td>1. Functional Behaviour Assessment Protocol: introduction to the green binder</td>
</tr>
<tr>
<td></td>
<td>1. Technical ABA language vs. lay terminology</td>
</tr>
<tr>
<td>September 27</td>
<td><strong>Group Training:</strong> Preparation for initial meeting(s):</td>
</tr>
<tr>
<td></td>
<td>1. Reading the casebook (what are you looking for)</td>
</tr>
<tr>
<td></td>
<td>1. Informed consent</td>
</tr>
<tr>
<td></td>
<td>1. Developing a therapeutic alliance with parent/caregiver – motivation to participate</td>
</tr>
<tr>
<td></td>
<td>1. Determining forms of problem behaviour(s) to target / objective(s) of intervention</td>
</tr>
<tr>
<td></td>
<td>1. Interviewing family for setting events</td>
</tr>
<tr>
<td></td>
<td>1. What to do if safety is a concern?</td>
</tr>
<tr>
<td></td>
<td>1. When to make referrals to other team members</td>
</tr>
<tr>
<td>September 28-</td>
<td>CBCs to do: read casebook and have initial meeting with parent(s)</td>
</tr>
<tr>
<td>October 7</td>
<td></td>
</tr>
<tr>
<td>October 11</td>
<td><strong>Group Training:</strong> FBA Measures</td>
</tr>
<tr>
<td></td>
<td>1. Clinical observation</td>
</tr>
<tr>
<td></td>
<td>1. Problem Behaviour Topography (verify)</td>
</tr>
<tr>
<td></td>
<td>1. QABF standardized scale</td>
</tr>
<tr>
<td></td>
<td>1. ABC – caregiver observation</td>
</tr>
<tr>
<td></td>
<td>1. Optional assessments</td>
</tr>
<tr>
<td></td>
<td>1. Discussing findings with parent/caregiver</td>
</tr>
<tr>
<td>Date</td>
<td>Activity Details</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>October 12- November 14</td>
<td>CBCs to do: complete multiple FBA measures with parent(s)/caregivers (based on weekly meetings)</td>
</tr>
<tr>
<td>October 20</td>
<td><strong>Group Training</strong></td>
</tr>
<tr>
<td></td>
<td>1. Review of assessment to date / troubleshooting</td>
</tr>
<tr>
<td></td>
<td>1. Collecting Baseline data</td>
</tr>
<tr>
<td></td>
<td>1. Preference assessment options</td>
</tr>
<tr>
<td>October 24</td>
<td><strong>Group Training</strong>: Summarizing each functional assessment measure to determine behaviour function(s)</td>
</tr>
<tr>
<td></td>
<td>1. What are the emerging patterns?</td>
</tr>
<tr>
<td></td>
<td>1. Are there contradictory findings?</td>
</tr>
<tr>
<td></td>
<td>1. What has been ruled out?</td>
</tr>
<tr>
<td></td>
<td>1. Is further information required?</td>
</tr>
<tr>
<td>October 27</td>
<td><strong>Group Training</strong>: Matching Intervention Strategies to Behaviour Function – keeping it simple</td>
</tr>
<tr>
<td></td>
<td>1. Direct access function</td>
</tr>
<tr>
<td></td>
<td>1. Direct escape function</td>
</tr>
<tr>
<td></td>
<td>1. Socially mediated (SM) access attention function</td>
</tr>
<tr>
<td></td>
<td>1. SM access tangible function</td>
</tr>
<tr>
<td></td>
<td>1. SM access sensory function</td>
</tr>
<tr>
<td></td>
<td>1. SM escape demands function</td>
</tr>
<tr>
<td></td>
<td>1. SM escape sensory function</td>
</tr>
<tr>
<td>October 28</td>
<td><strong>Group Training</strong>: Writing the PBSP</td>
</tr>
<tr>
<td>October 24- November 14</td>
<td>CBCs to do: summarize assessment findings, develop hypothesis statements, develop intervention, and write PBSP</td>
</tr>
<tr>
<td>October 24-until PBSP written</td>
<td>CBCs to do: meet individually with Patty for input, feedback, guidance with assessment findings summary, hypothesis statements, intervention development and PBSP – can be multiple meetings, as needed, until PBSP is signed off</td>
</tr>
<tr>
<td>Date</td>
<td>Activity Description</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>November 1</td>
<td><strong>Group Training:</strong> How to train parent(s) / caregivers to implement the intervention</td>
</tr>
<tr>
<td></td>
<td>1. Discussion/review written PBSP</td>
</tr>
<tr>
<td></td>
<td>1. Modelling</td>
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<td>1. Role-playing</td>
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<td>1. Observation with feedback</td>
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<td>1. On-going data collection / monitoring</td>
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<td>1. Problem solving/Program revisions</td>
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<td>November 2+</td>
<td>CBCs to do: train parents/caregivers to implement; plan for ongoing monitoring of intervention</td>
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<tr>
<td>November 2+</td>
<td><strong>Group Training:</strong> plan weekly group meetings with Patty for trouble shooting, clarification; CBCs to have individual meetings with Patty as needed</td>
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