

## Brief Functional Behavior Assessment: A Sample of one type

1. Name: Julie Resident Date: 09/18/2024  
DOB: Location: 45 Quincy St. Residence

2. Brief Functional Behavior Assessment:  
Observations: Date, Location, Times, By Whom?  
09/2024 by Julie's QC at Residence

Interviews: Direct Support Staff and Julie's parent on 09/2024

Record Review: Yes

Relevant Background information:

Julie has diagnoses of Autism Spectrum Disorder, Anxiety Disorder, Psychotic Disorder, and Moderate Intellectual Disability.

She has other medical conditions that may affect her day-to-day life:

- Hypothyroidism, Hypotonia (*low muscle tone*), GERD (*acid reflux disease*), Dysphagia (*swallowing difficulties*), Mild-Moderate Hearing Loss, Bilateral Club feet (*which can make walking harder*), Constipation, Encopresis (*leaky stool*).

Julie takes medications for symptoms of psychosis (*a mental health condition where she may have a hard time recognizing which of her thoughts and things she sees or hears is real and which are not real*) and anxiety. Please see her **Medication Treatment Plan** for additional information.

She expresses her feelings, wants and needs using verbal speech. At times, Julie may be challenging to understand, but she is okay with being asked to say something again or in a different way with little difficulty.

Julie likes talking with staff, reading *I Spy* books, watching television, coloring, sitting outside, nail and hair care routines, baths, and visits to see cows.

Julie has a significant history of traumatic events

3. Behavior of Concern:

An assessment by Julie's clinician in September 2024 found that Julie is likely to:

**Yell** when she wants a staff to come talk to her or if she does not wish to complete a necessary task. This is much more likely if you have been busy assisting another resident for several minutes or have been busy with managing the home.

**Perseveration** likely happens because Julie might be experiencing feelings of anxiety or illness. She may be seeking repeated support. It is also possible that Julie does not know what else to say to you in a meaningful way because of her disability, but she still wants to talk to you

**Behavior of Concern** has been present for many months and occurs with every staff person when staff are not attending to her. When Julie yells or perseverates in her verbalizations she is attempting to communicate that there is some way her needs are not met. This includes feeling that she is not being heard. The result is that she resorts to other means of getting staff to focus on what she needs.

#### Triggers for Challenging Behavior

- Feelings of wanting to socially engage/converse with staff
- Feelings of anxiety or illness
- Presentation of a task or activity that is not considered to be one of Julie's preferences.
- Distracted or unengaged staff, especially when attention is provided to a peer or another staff.

#### 4. What Strategies have been used in the Past:

##### What Universal interventions have worked:

- Staff initiating regular interaction with Julie
- Staff creating opportunities to offer encouragement or recognition
- Posted Daily Schedule reviewed
- Offering Choice of preferred Activity

##### What Universal Interventions have not worked:

- Offering choice of non-preferred activity
- Change of schedule without adequate processing with Julie

#### 5. What is the Summary Hypothesis?

- Yelling and Perseveration hypothesized as unmet emotional or social need, or expression of the desire to decline a particular activity.