

# FBA SUMMARY REPORT

## DEMOGRAPHICS

Participant's Name	<i>Katherine H.</i>	Date of Birth	<i>10/17/1999</i>
Living Arrangement	<i>Lives with adopted parents and younger brother</i>	Service/Program	<i>Behavioral Specialist Service</i>
Name of Person Completing Report	<i>Sharron G.</i>	Title	<i>Behavioral Specialist</i>
Agency/Program	<i>Community Autism Center</i>	Date of Report	<i>02/15/2018</i>

## TARGET BEHAVIORS

<i>Summarize all behaviors targeted in observable, measurable terms. Consider the frequency, latency, duration, intensity, etc... Add other target behaviors as needed.</i>	
Target Behavior 1	<b><i>Isolation:</i></b> Katherine will refuse to interact with anyone by going in her room and locking the door or not responding when spoken to, and, when in the same room, will place her head down and not respond to others.
Target Behavior 2	<b><i>Self-harm/cutting:</i></b> Katherine will use a sharp object to make small cuts on her arms and legs that result in red marks on skin or bleeding

## INFORMATION GATHERING

<b><i>Historical Perspective</i></b> <i>Synthesize information related to the target behavior(s), as applicable</i>	
Records Reviewed	<ul style="list-style-type: none"> <li><i>Autism Clinic in Pittsburgh-</i> Autism Diagnostic Observation Schedule (ADOS) (dated: March 18, 2011), WICS-IV, Adaptive Behavioral Assessment System and Behavior Assessment System for Children (dated: March 21, 2011)</li> <li><i>Child Welfare Development Clinic records -</i> (2012)</li> <li><i>Stenton School District-</i> WICS-IV, (dated: September 10, 2013)</li> <li><i>Community Autism Center-</i> Psych. Evaluation (dated: December 2, 2015)</li> <li><i>County Support Services Inc. –</i> Individual and Family Assessment (dated: February 11, 2017)</li> <li><i>County Support Services and School District Meeting Minutes (September 25, 2017)</i></li> </ul>
Pertinent Developmental, Educational and Behavioral Information	<ul style="list-style-type: none"> <li>At six years of age, Katherine was having issues with concentrating and staying focused which resulted in a diagnosis of ADHD. Medication was prescribed and showed to be of benefit for a number of years (see below).</li> <li>At thirteen years of age, Katherine began to scratch her arm until she would bleed and would result in scabbing that would be picked off causing additional injury.</li> <li>At fourteen years of age, Katherine was evaluated through the school showing a below average performance in math and written expression resulting in receiving special education services.</li> </ul>

	<ul style="list-style-type: none"> <li>• At sixteen years of age, Katherine was struggling to maintain focus in school, as well as having difficulty following directions and completing homework assignments. When she would be asked to complete a task she did not prefer, Katherine would become anxious and pull out her hair. This behavior began to greatly increase over the next eight months.</li> <li>• At eighteen years of age, Katherine was hospitalized for four days due to a suicide attempt. Counseling was recommended at her release. However, she only made about half of the scheduled appointment due to refusing to attend as well as her father having difficulties taking her.</li> </ul>
<p><b>Contributing Conditions</b></p>	<p>Stressful Life Events:</p> <ul style="list-style-type: none"> <li>- Katherine was placed in foster care at approx. three years old and placed in four different homes over a two-year period until adopted by her parents (the fourth home she was placed in and was four years old).</li> <li>- Katherine’s adoptive maternal and paternal grandmothers died within two years of one another when Katherine was young (heart disease and cancer).</li> <li>- Katherine began to show struggles within the academic settings at about twelve years old (school evaluation).</li> <li>- Katherine’s adoptive mother was diagnosed with breast cancer when Katherine was about eighteen years old, underwent treatments and surgeries.</li> <li>- Around the same time, Katherine’s adoptive father began to abuse alcohol and adoptive mother was diagnosed with depression.</li> <li>- Katherine’s adoptive sister and nephew (who Katherine was close with) moved from the family home in the past year.</li> </ul> <p>Mental Health and Medical Conditions:</p> <ul style="list-style-type: none"> <li>- Diagnosed with ADHD at six years of age</li> <li>- Diagnosed with learning disability at fourteen years of age</li> <li>- Katherine began to self-harm at about the age of thirteen years old, first starting to scratch herself until bleeding then picking off the scabs. At about sixteen years of age, she began to pull her hair out.</li> <li>- ADOS assessment resulted in potential Autism diagnosis (total score of 9, which is right at the Autism cutoff)</li> <li>- Katherine’s self-harm escalated to cutting around age 18, expressing she wanted to die and having suicidal ideations. At this time, she was referred to County Support Services.</li> <li>- At this time, Katherine also attempted to take her mother’s medications and making threats of suicide which resulted in a hospitalization in which she stayed for four days.</li> <li>- At nineteen years old, Katherine is diagnosed with depression and anxiety</li> </ul> <p>Medications:</p> <ul style="list-style-type: none"> <li>- Prescribed Adderall for ADHD at six years of age</li> </ul> <p>Law Enforcement:</p> <ul style="list-style-type: none"> <li>- No issues with law enforcement</li> <li>-</li> </ul>
<p><i>Personal Perspective</i></p>	
<p><b>Interviews and Rating Scales</b></p>	<p>Through interviews with Katherine’s sister, mother, and staff, it was determined that the frequency of <i>suicidal ideations and threats</i> was low in comparison to the frequency of the</p>

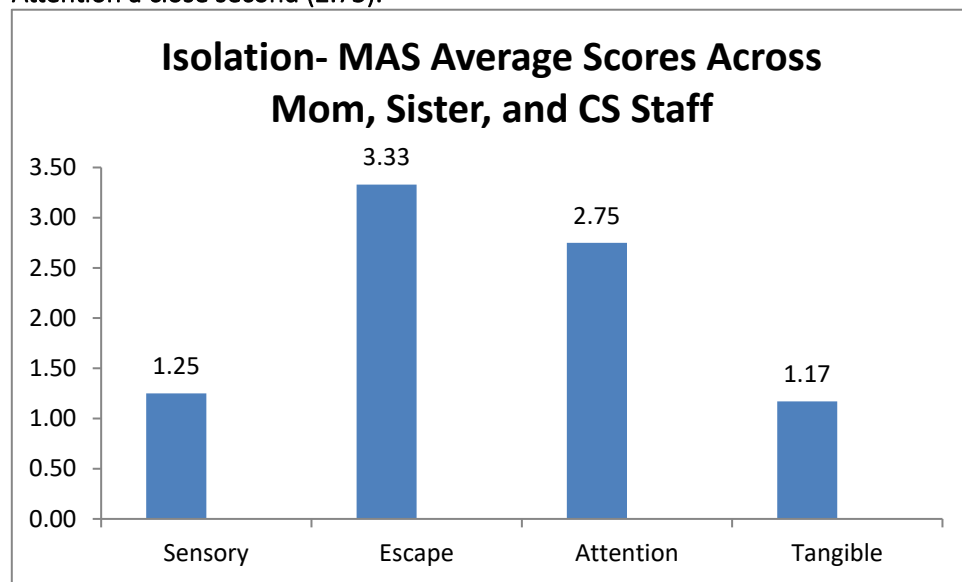
*self-harm* and *isolation* behaviors. In addition to this, it was identified that the threats themselves were actually a pre-cursor to the self-harm/ cutting behaviors. As a conclusion to these findings, it was determined that threats to harm herself are Katherine's way of saying she is having a bad day or to obtain access to go somewhere preferred. Thus, the MAS was only completed on *isolation* and *self-harm/ cutting behaviors*.

A Motivational Assessment Scale (MAS) was completed by 3 people:  
*In home setting:* Sarah (sister), Shirley (mother)  
*Community setting:* Rachel (CS Staff worker).

**Description of behavior for MAS:**

**Isolates self (removes self from others, puts head down on table).**

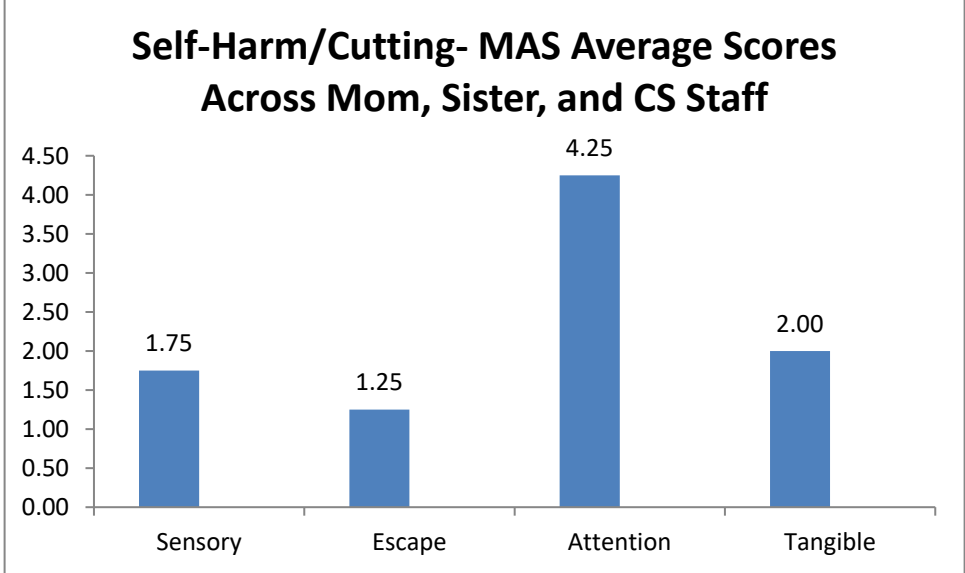
Of the four motivational subscales in the MAS (Sensory, Escape, Attention and Tangible) when averaging the three completed MAS, **Escape had the highest score (3.33) with Attention a close second (2.75).**



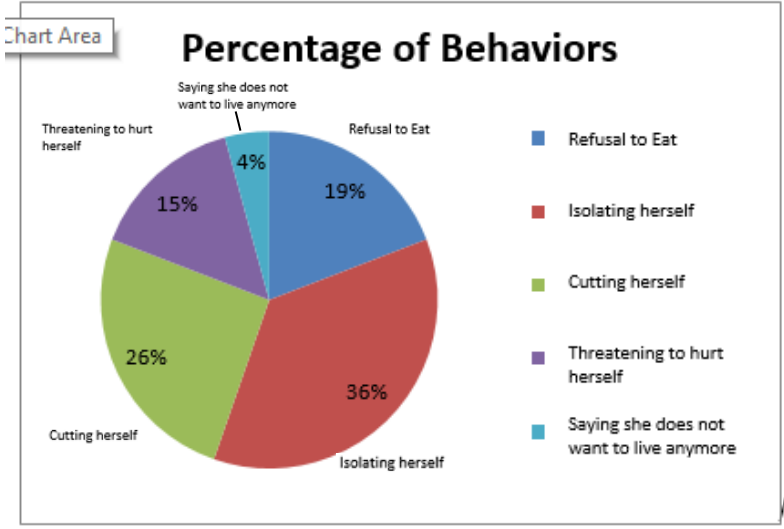
**Description of behavior for MAS:**

**Self-Harm/ Cutting (use a sharp object to make small cuts on her arms and legs that result in red marks left on skin or until she bleeds)**

Of the four motivational subscales in the MAS (Sensory, Escape, Attention and Tangible) when averaging the three completed MAS, **Attention had the highest score (4.25) with the other three significantly lower.**

	<p style="text-align: center;"><b>Self-Harm/Cutting- MAS Average Scores Across Mom, Sister, and CS Staff</b></p>  <table border="1"> <caption>Self-Harm/Cutting- MAS Average Scores</caption> <thead> <tr> <th>Category</th> <th>Average Score</th> </tr> </thead> <tbody> <tr> <td>Sensory</td> <td>1.75</td> </tr> <tr> <td>Escape</td> <td>1.25</td> </tr> <tr> <td>Attention</td> <td>4.25</td> </tr> <tr> <td>Tangible</td> <td>2.00</td> </tr> </tbody> </table>	Category	Average Score	Sensory	1.75	Escape	1.25	Attention	4.25	Tangible	2.00
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Escape	1.25										
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<b>Direct Perspectives</b>											
<b>Observation Methods Used</b>	<p>Direct observations by the Behavior Specialist occurred on 1/17/17, 1/20/17, 1/24/17, and 1/27/17 at Katherine’s home.</p> <p>Direct observation data was collected by Katherine’s sister and mother within the home setting as well as her Community Support staff in the community setting for three weeks in January 2017 using an individualized data collection form targeting several variables (e.g., behaviors, antecedents, consequences, location, etc.)</p>										
<b>Other assessments administered</b>	<p>Biographical Timeline, Genogram, Lifecourse star, Ecomap, Circle of Support</p>										

## INFORMATION ANALYSIS

<b>Visual Representation</b>													
	<p>The chart below (Figure 1) indicates the Percentages of behaviors that were observed during the data collection period.</p>  <table border="1"> <caption>Percentage of Behaviors</caption> <thead> <tr> <th>Behavior</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Isolating herself</td> <td>36%</td> </tr> <tr> <td>Cutting herself</td> <td>26%</td> </tr> <tr> <td>Refusal to Eat</td> <td>19%</td> </tr> <tr> <td>Threatening to hurt herself</td> <td>15%</td> </tr> <tr> <td>Saying she does not want to live anymore</td> <td>4%</td> </tr> </tbody> </table> <p style="text-align: center;"><b>Figure 1: Percentage of Behaviors</b></p>	Behavior	Percentage	Isolating herself	36%	Cutting herself	26%	Refusal to Eat	19%	Threatening to hurt herself	15%	Saying she does not want to live anymore	4%
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Summary of behavioral incidents

Figure 1: Data indicate that Katherine’s isolation is the most frequently occurring behavior. The second most frequently occurring behavior is Katherine cutting herself.

The chart below (Figure 2) indicates the location where the major behavioral incidents were observed during the data collection process.

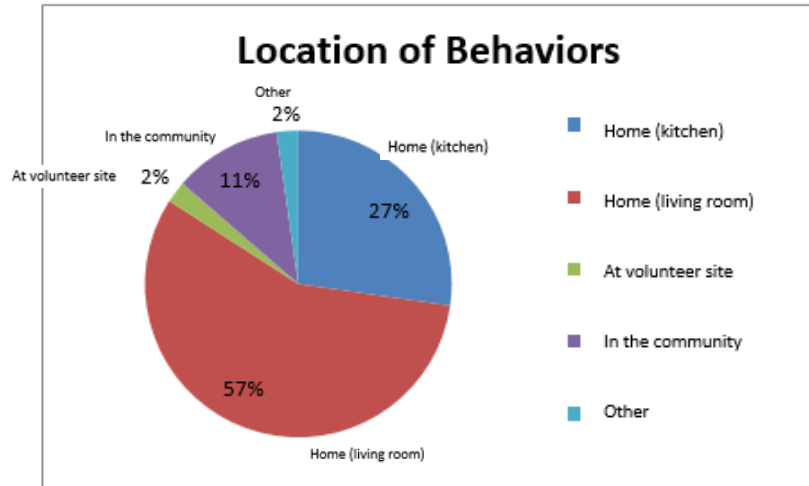
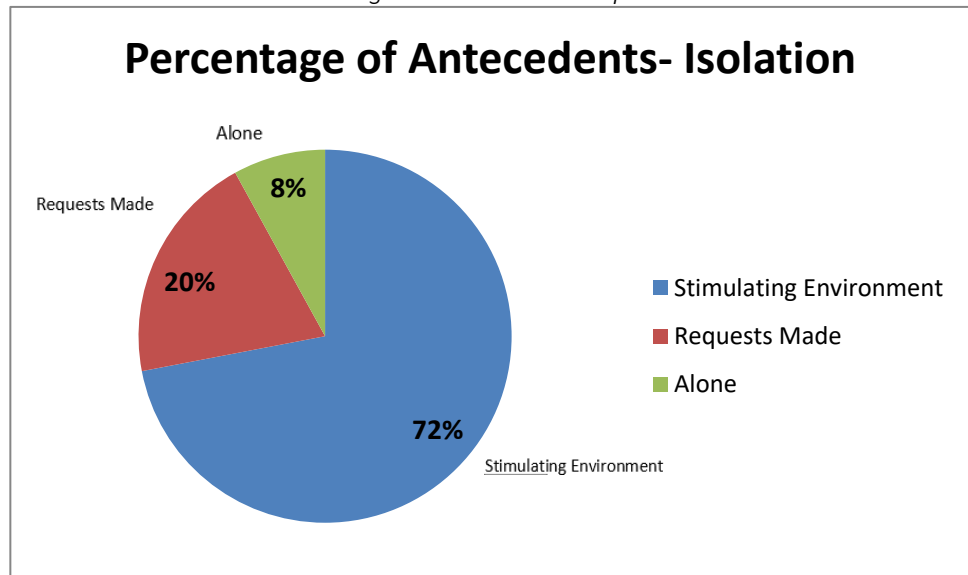


Figure 2: Location of Behaviors

Summary of Location of Behaviors

Figure 2: Data indicated that the behavioral incidents primarily occurred while Katherine was in her home either in the kitchen or living room, specifically.

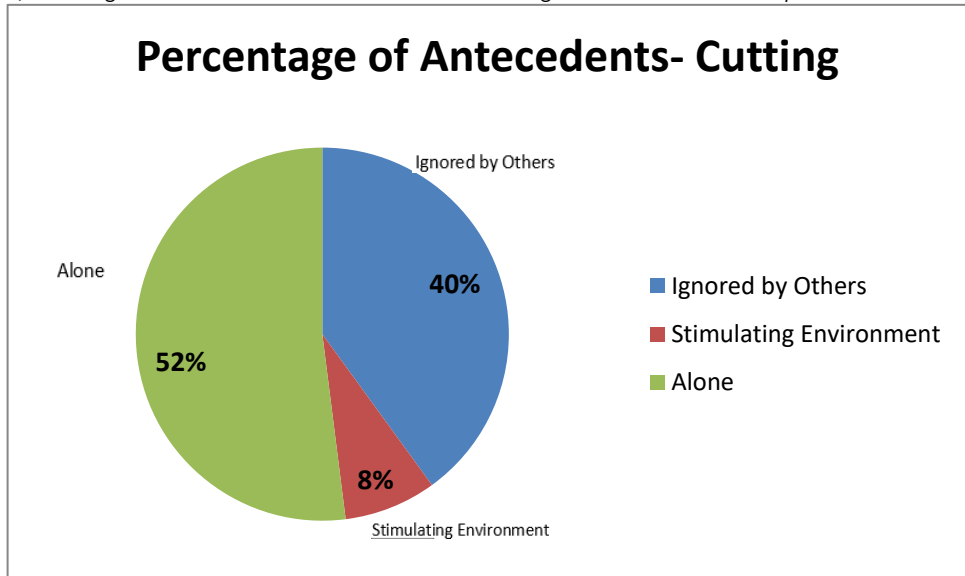
The chart below (Figure 3a) highlights the percentages of antecedents for isolation behaviors that were observed during the data collection period.



Summary of Antecedents

Figure 3a: The data indicate that 72% of the antecedents preceding the behavior(s) is in an overstimulating setting.

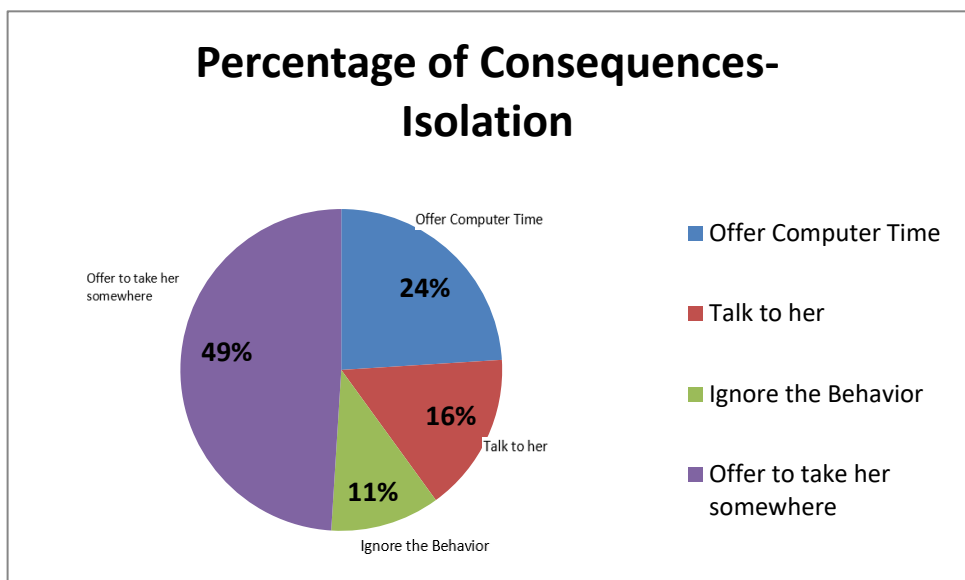
The chart below (Figure 3b) highlight the varying percentages of antecedents for self-harm/cutting behaviors that were observed during the data collection period. .



Summary of Antecedents

Figure 3b: The data indicate that 52% of the antecedents occurred when Katherine is ignored by others or alone.

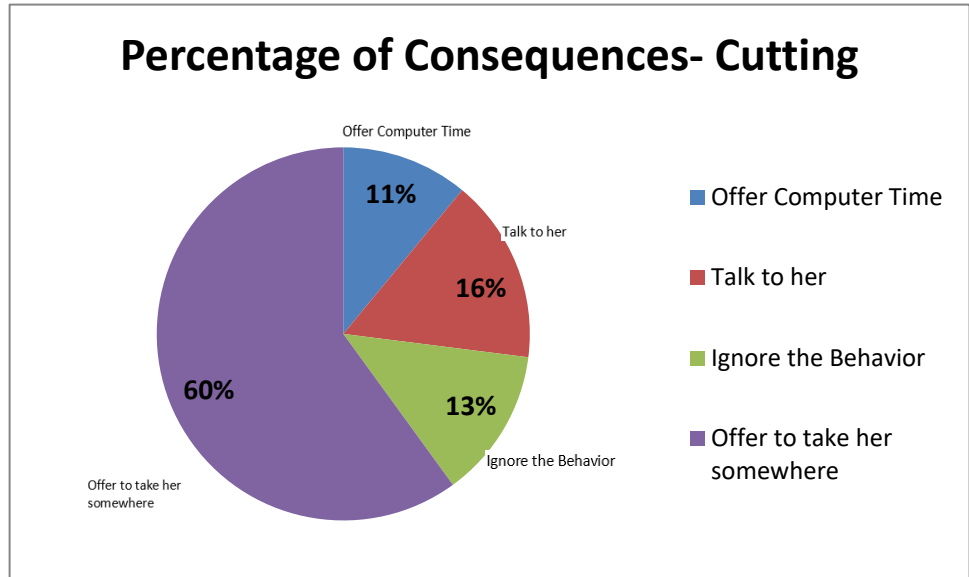
The chart below (Figure 4a) indicates the percentage of consequences that were observed for Isolation during the data collection period.



Summary of Consequences

Figure 4a: The primary response by staff and family members to a major behavioral incident of isolation was an attempt to offer to take her somewhere. The second most frequently occurring response to Katherine’s behavioral incidents was to offer her computer time.

The chart below (Figure 4b) indicates the percentage of consequences that were observed for Self-harm/ Cutting during the data collection period.



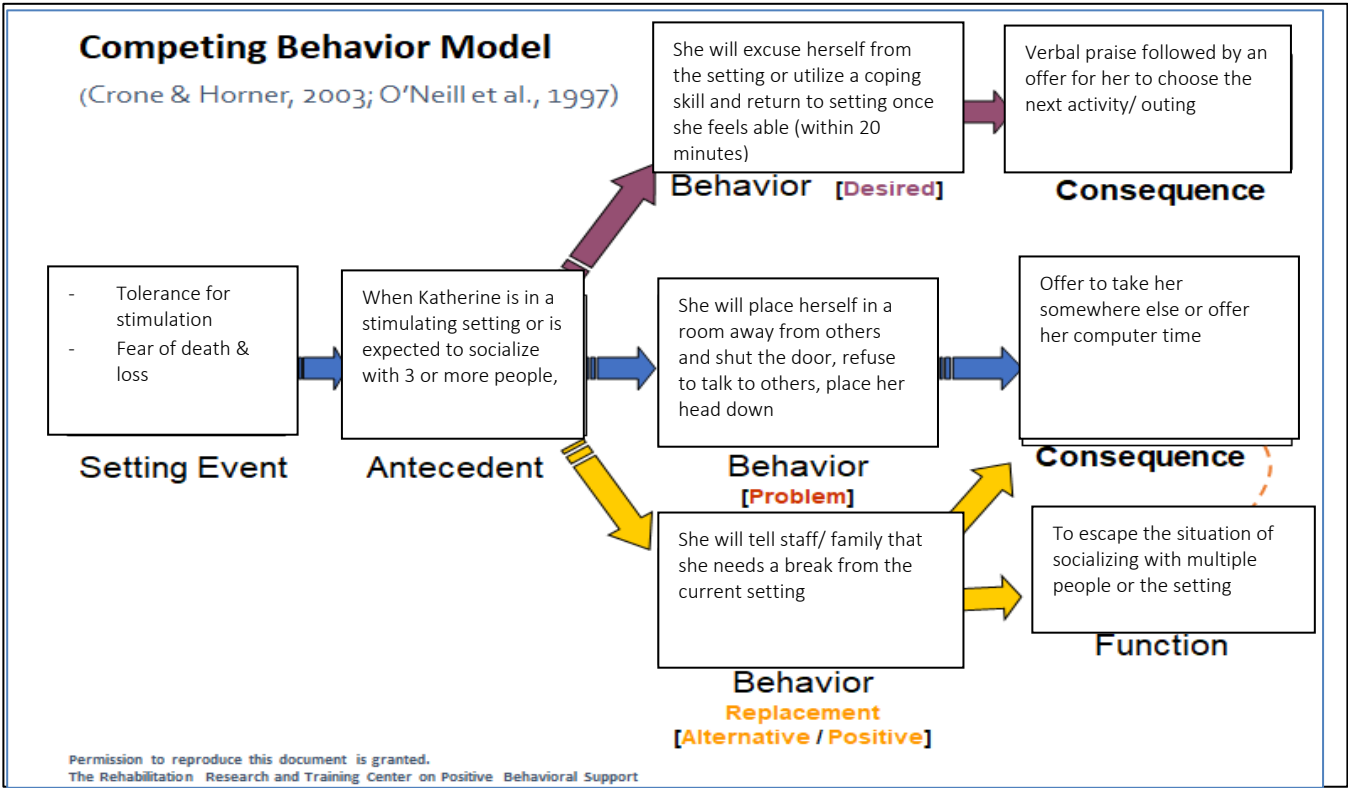
Summary of Consequences

Figure 4b: The primary response by staff and family members to a major behavioral incident of self-harm/ cutting was an attempt to offer to take her somewhere. The second most frequently occurring response to Katherine’s behavioral incidents was to talk to her about the behavior.

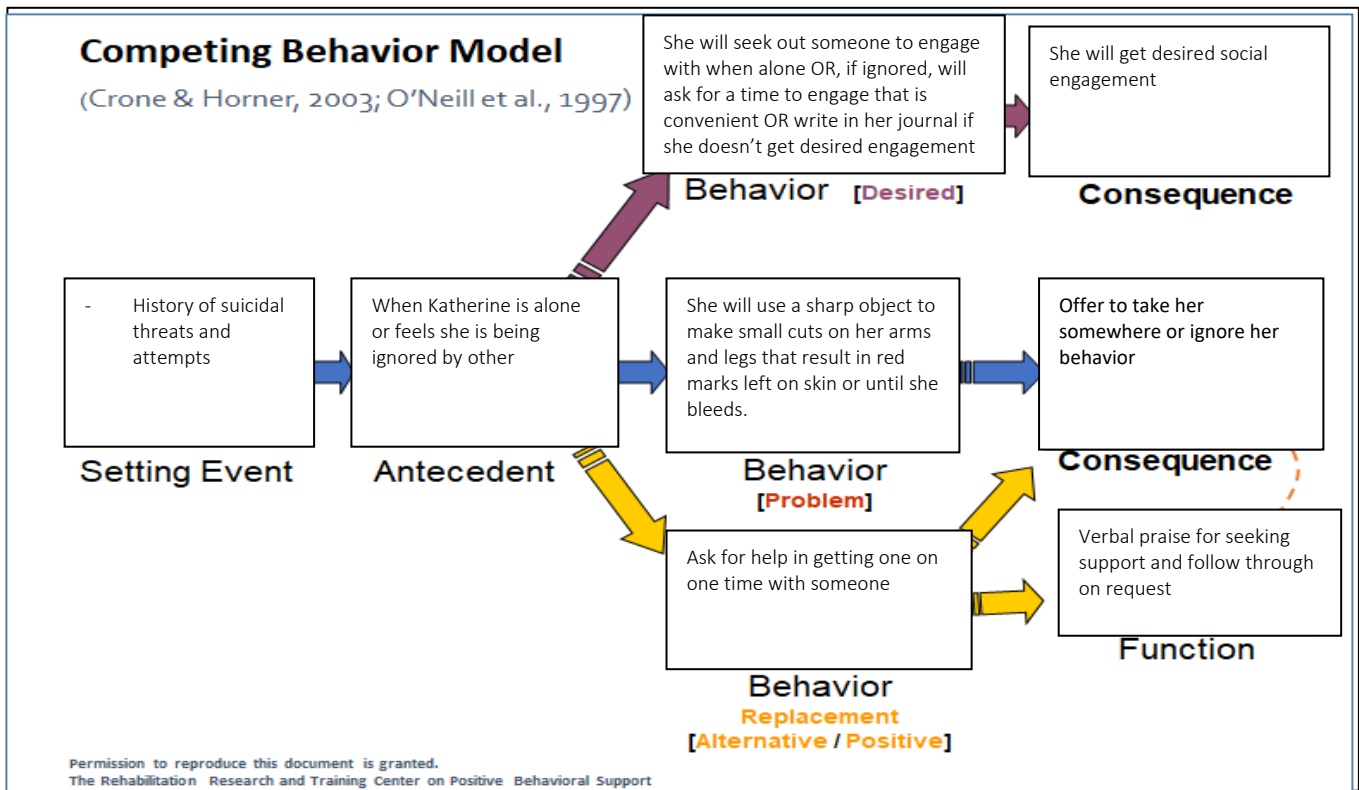
**COMPETING BEHAVIOR MODEL (CBM)**

Complete one full model per target behavior. By clicking on the outer border of the image below, you can copy and paste as many times as needed (e.g. if there are 3 target behaviors, there should be at least 3 CBMs)

The Competing Behavior Model below represents information pertaining to Katherine’s isolation behaviors.



***The Competing Behavior Model below represents information pertaining to Katherine's self-harm/cutting behaviors.***



<b>Hypothesis Statement(s)</b>		
<i>Develop one hypothesis statement per targeted behavior.</i>		
<b>Hypothesis 1: <i>Isolation</i></b>	<i>Condition</i>	When Katherine is in a stimulating setting or is expected to socialize with 3 or more people,
	<i>Behavior</i>	She will place herself in a room away from others and shut the door, or place her head down not responding when spoken to
	<i>Function</i>	To escape the situation of socializing with multiple people and/or over stimulating settings
<b>Hypothesis 2: <i>Cutting</i></b>	<i>Condition</i>	When Katherine is alone or feels she is being ignored,
	<i>Behavior</i>	She will use a sharp object to make small cuts on her arms and legs that result in red marks left on skin or until she bleeds.
	<i>Function</i>	To obtain wanted attention from others around her

## DATA BASED RECOMMENDATIONS

Using all information identified within this FBA Report, complete this chart as a guide to develop a Behavioral Support Plan. Add more bullets to each columns by hitting "return."

**Target Behavior: Isolation**

	Trigger(s)	Contributing Conditions	Missing Socially Significant Behavior(s)	Condition(s) Reinforcing Behavior
I C R	<ul style="list-style-type: none"> <li>Stimulating environment</li> <li>In a group of 3 or more people</li> <li>Expectation to socialize</li> </ul>	<ul style="list-style-type: none"> <li>History of loss of valued family members</li> <li>Long-term issues with focus and concentration</li> <li>Diagnosis of ADHD</li> </ul>	<ul style="list-style-type: none"> <li>To communicate she needs a break or space from others</li> </ul>	<ul style="list-style-type: none"> <li>Staff and family will leave her alone, remove expectation to socialize, and wait for her to return or choose something else to do</li> </ul>
STRATE	<ul style="list-style-type: none"> <li>Identify preferred people for her to engage</li> <li>Limit number of people</li> <li>Minimize distractions in environment</li> <li>Limit duration of engagement</li> </ul>	<ul style="list-style-type: none"> <li>Any other medical underpinnings not already identified?</li> <li>Build trust and rapport</li> </ul>	<ul style="list-style-type: none"> <li>Teach her how to ask for a break and what it means to take a break (e.g. where she can go, what she can do, how to re-engage when ready)</li> <li>Teach her social expectations in different settings where she isolates</li> <li>Teach staff to model "taking a break" after few minutes of engagement and before she becomes overwhelmed</li> </ul>	<ul style="list-style-type: none"> <li>Use consistent phrases when prompting her to take a break when feeling overwhelmed</li> <li>Take a break immediately after she asks for one (do not try to keep her engaged)</li> <li>If after 5 minutes she does not come back on her own, prompt to see if she is ready or offer a different preferred activity (and limit people even further if needed)</li> </ul>
<b>LIFESTYLE INTERVENTIONS</b>				
<ul style="list-style-type: none"> <li>Identify valued roles she has in her life and where/how those can be increased</li> <li>Volunteer or work in setting that will not serve as a trigger for her to isolate</li> <li>Identify common interests among Katherine and staff to increase/sustain rapport and relationship</li> <li>Grief Counseling</li> </ul>				

**Target Behavior: Self- Harm/Cutting**

	Trigger(s)	Contributing Conditions	Missing Socially Significant Behavior(s)	Condition(s) Reinforcing Behavior

I FACT	<ul style="list-style-type: none"> <li>Ignored by family or staff</li> <li>Alone, not engaged with motivating activity</li> </ul>	<ul style="list-style-type: none"> <li>History of suicidal threats and attempts</li> <li>Loss of valued family members</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate ways to indicate she desires to be around people</li> <li>Healthy coping skills</li> </ul>	<ul style="list-style-type: none"> <li>Unaware she has been alone for extended period</li> <li>After noticing she has cut, staff will engage/give attention and offer preferred activities; does not always acknowledge cutting</li> </ul>
STRATE	<ul style="list-style-type: none"> <li>Non-contingent attention- varied intervals and not solely link to Katherine's behavior</li> <li>Schedule meaningful day balancing Katherine's preferences</li> <li>Including her in conversations and decision making</li> </ul>	<ul style="list-style-type: none"> <li>Updated risk assessment to ensure safety</li> <li>Rapport and relationship based upon common interests and desires</li> </ul>	<ul style="list-style-type: none"> <li>Teach her how to initiate engagement with others</li> <li>Teach her activities to do on her own instead of cutting (writing in journal, drawing, computer)</li> <li>Teach her to use self-monitoring via mood rating scale</li> </ul>	<ul style="list-style-type: none"> <li>Seek medical treatment if cuts are significant</li> <li>Remind her of other things she can do or say</li> <li>Engage with her at more frequent intervals (to be determined by team)</li> <li>If she initiates, acknowledge, praise, and engage as requested</li> </ul>
<b>LIFESTYLE INTERVENTIONS</b>				
<ul style="list-style-type: none"> <li>Volunteer or work activities</li> <li>Peer Mentor Network</li> <li>Identify and plan highly preferred activities between Katherine and staff</li> <li>Grief Counseling</li> </ul>				