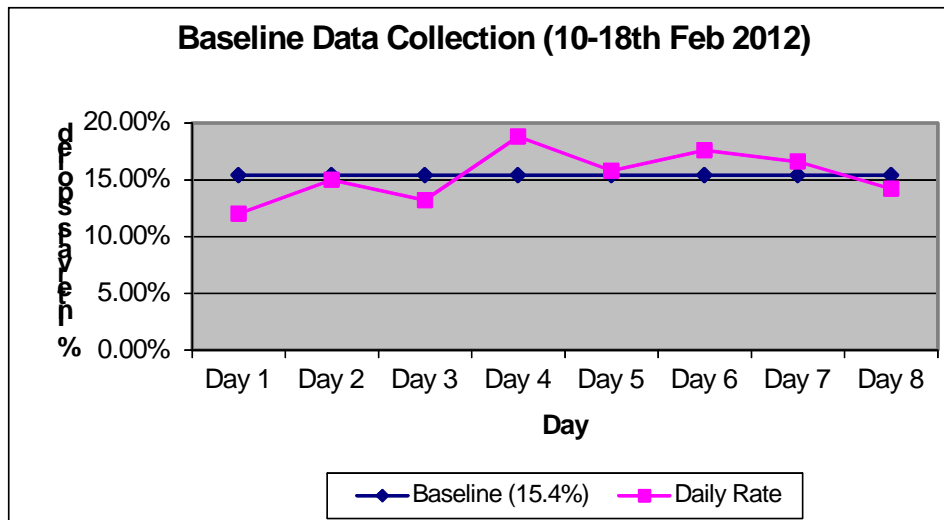


Graph of the behaviour



b. History of the problem

When did the problem first appear?

The behaviour was present when Sid was 3 years old.

Describe the course of the behaviour over the past several days, weeks, months, years.

All the above behaviours (hair pulling +) were present. Biting is a new –started to occur last year.

Has the behaviour increased or decreased recently?

Biting has increased in the last two months.

Have there been any family events, unique upsetting experiences that may have affected the problem?

No. There is no indication from historical documents or interviews that the frequency or severity of the behaviour has fluctuated in any significant way since Sid was very young.

Does the behaviour have any cyclical qualities, repeated increases or decreases in the rate over the behaviour over hours, days, weeks, months, years?

NO.

Have there been any recent medical problems that might have influenced the problem behaviour?

Sid has 8 myoclonic seizures each year. Attacks are preceded by blank staring spells, high temperature and dry retching. The behaviour may increase two days before a seizure, however an increase in behaviour does not imply an attack is imminent.

c. Trigger analysis

In what settings, situations, places does the behaviour occur. Does it occur more often at home, at work, at school, in public, etc.?

More likely to occur at school.

In what settings, situations, places, does the behaviour not occur at all, or less often?

Less at home, activities are more structured, adult to child ratio is higher at home.

With what people does the behaviour occur or become worse?

Sister's, sister's friends, other children, parents, grandfather, teaching staff, uncles, anyone who approaches Sid in a playful manner.

With what people does the behaviour not occur at all, or occur less frequently?

Class teacher (whom Sid likes)

During what time of day, week, month does the behaviour occur?

During academic activity, group activity, unstructured time, sitting and watching others. Last hour of school day.

When does the behaviour not occur at all or occur less frequently or less intensely?

What usually happens right before the behaviour? What in particular seems to start or set off the behaviour (people, things being said, noises, criticism)?

Under what conditions does the behaviour cease or become less frequent or less intense?

Gross motor activity, outdoor activity, swimming, playing in a car. In the morning time.
Someone approaches Sid or comes close to him.
During 1:1 play time, early morning, when rested,

Trigger Summary Table

Briefly summarise the events that result in an increase or decrease in the behaviour

More likely (increase)	Less likely (decrease)	No impact
At school	At home	
Children, teaching staff, parents, grandfather, uncles	Teacher	
Table top/sitting and watching activities	Moving and doing activities	
Tired/irritable in the afternoon	Rested and early morning	
Unstructured activities	Structured activities	
Low adult to child ratio.	High adult to child ratio	

D. Consequence analysis

The last time the behaviour occurred, what was done?

An adult released Sid's hands from the other person's hair. Because Sid's muscle tone becomes quite stiffened, his grip is very secure and it can take an adult 30 seconds to prise Sid's hands open.

What reactions do people have when the behaviour occurs?

Sid's behaviour invariably causes pain, the person usually cries, shouts or runs away(in the case of children) or flinching/recoiling (in the case of adults) In fact some children have learned to anticipate Sid's behaviour and run away from him when he approaches.

What do parents or staff do when the behaviours occur?

Staff and parents give Sid verbal and signed feedback 'bold' and redirect him to another activity or redirect the child who has been hurt to another part of the room.

What do others usually do when the behaviour occurs?

As above.

What methods have been used in the past to manage the behaviour, and how have they worked in the short term and in the long term?

Intervention	Short Term Effect	Long term effect
Told/signed 'bold'	Hands released Redirected to another activity	No change, the behaviour will still occur.

What effect does the behaviour have on others?

Other children avoid Sid. Staff and parents anticipate Sid's behaviour so are careful when in close proximity.

What actions seem to improve the behaviour when it occurs?

Sid sits on his teachers knee, with her hands holding his to prevent the behaviour, for the duration of the lesson. At home, his mum has engaged Sid in an activity in the kitchen etc.

What relieves the situation?

Staff engage Sid in an activity and join in with him.

e. Impressions and analysis of meaning

Reiterate the significant themes from the background information section (cognitive profile, communication profile, life profile, environmental profile, health profile, motivational profile).

- Difficulty tolerating or communicating excitement and fun without hairpulling.
- Very sociable: enjoys social play, especially with adults. Enjoys novelty. Great sense of humour.
- Classroom activities do not suit him. Other children have a moderate level of learning disability. The emphasis is on table-top, academic style activities, instead of brief activities, movement communication and play.
- Epilepsy. Behaviour more likely in the four days prior to a seizure.
- Other behaviour of smearing seems to be related to boredom in the mornings in his bedroom.

Present hypotheses regarding the function of the behaviour. (Be specific; e.g. what is the behaviour communicating, in response to what person, place or event, under what condition with what effect? If different messages are part of the same theme, link them. If there are a number of hypotheses, prioritise).

Sid's behaviour can serve to communicate greeting and affection. It means that he is ready for social play activities which involve hugs and cuddles, or rough and tumble play. It represents a form of play that satisfies his intense curiosity for moving parts: noses, eyes and hair are like switches, buttons and levers, only better because you get all sorts of reactions when you press or pull or poke them.

The trigger analysis also indicates that the behaviour has a number of secondary functions including to communicate that he has had enough of an activity, for example academic work, particularly if the activity does not have enough adult involvement. A minor function is to communicate tiredness and irritability, which is caused by an impending episode of epilepsy.

Based on the above analyses, summarise intervention strategies. The following table may help.

What the person wants to say or do	How he or she might say it or do it more effectively	What might help?
'Hello', 'let's play'	Ask 'let's play'	Picture card
'I'm finished academic work'	Choice book- containing preferred activities Finished box	Pictures
'I'm tired, irritable'	Tiredness scale-	Schedule in rest time.

See Incident Analysis on following Page:

Incident Analysis Form

Date / Time	Sid was trying to say 'I'm finished'	Sid was trying to say 'Let's Play'	Sid was trying to say 'I'm tired'	Sid was trying to say something else (Please specify)
19 Feb 10am	X	X		
11.12am		X		
2.45pm		X		
4pm			X	
20 Feb 7am		X		
4.00pm		X		
5.50pm		X		
8.15pm		X		
21 Feb 10.am	X			
11.15am		X		
3pm			X	
4.40pm		X		
5.15pm		X		
5.30pm		X		
22 Feb 12pm	X			
3.15pm	X			
4.45pm		X		
7pm			X	
23 Feb 11am		X		
12.15pm		X		
12.30pm	X			
5.15pm		X		
8.30pm		X		
Total	5 = 20%	17 = 68%	3 = 12%	0 = 0%