

# Functional Assessment of Behaviour of Need

## Behaviour Hair pulling

### a. Description of the issue and operational definition

#### Description.

What specifically is the behaviour of need  
Write down the performance without using ambiguous language. What does the person look like, sound like, smell like?  
Describe what else the person does or says when acting this way.

#### Definitions.

**Start definition.** What defines the start of the behaviour for recording purposes?  
What behaviour does the person do, or not do, to indicate that the behaviour has started?

**Stop definition.** What defines the end of the behaviour for recording purposes?  
What does the person have to do, or not do to indicate that the behaviour has ended?

#### Course.

Describe the course of the behaviour.  
Does it begin gradually. Does it build gradually? Are there early behaviours (precursors) that signal that the behaviour is likely to occur? Are there any behaviours that indicate that the behaviour is likely to have finished? Describe a recent incident.

Hair pulling is defined as closing one or both hands around any part of the hair on another person's head. It usually also includes 1) Sid holding on to the other person's hair after a request to release it. 2) pulling down on the on the hair so that the person's head moves forward or backward. 3) biting or attempting to bite the person's face or head.

Start of hair pulling is signalled by gripping the person's hair by closing one or both hands around any part of the hair on another person's head.

Stop is signalled by Sid releasing his grip without trying to re-engage the grip within in 5 seconds.

The incidence and duration of hair pulling and the other behaviours( scratching parts of a person's face with his nails, poking the person's eyes with one or more fingers, gripping and pulling the person's nose/ mouth and /or tongue) are intervention dependent, since ongoing effort is made to prevent the behaviours and every effort is made to stop them once they are observed to occur.

*A recent incident:* Sid was lying on his desk looking around the room. Another boy, Tim, was carrying work from the shelf to his own work table. Sid followed Tim, until Tim, backing away, was in a corner. Sid first curled his hands to his mouth and shook them once. Then facing Tim, and pressing him into the corner with his body, Sid grabbed the hair on the back of Tim's head with both hands, pulled Tim's head towards his and mouthed/bit Tim's forehead and nose. He began giggling only after gripping Tim's hair and continued to giggle and curl his hands towards his mouth after a staff

**Frequency**

How often has the behaviour occurred per hour, day, week, month, year? What is the baseline of the behaviour?

**Duration**

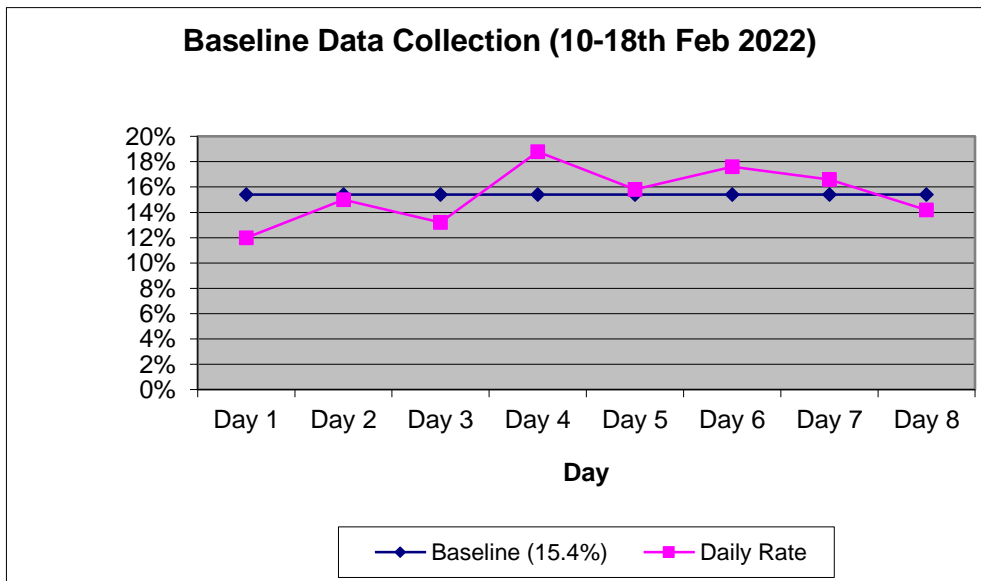
How long does the behaviour go on per hour, day, month, year?

**Severity**

What impact does the behaviour currently have on the person, or others, on the environment?

member released Tim from his grip.
A 10-minute interval recording schedule was used, in school and at home. Total observation period over 8 days was 89 hours and 50 minutes. The baseline is 15.4% of 10-minute intervals. (The behaviour occurs in 15.4% of 10-minute intervals)
The duration of the behaviour is intervention dependent, in that the behaviour is always stopped.
The children in the room do not spend time with or approach Sid. Sid's placement in the room is under review. Level 1: A child cries Level 2: Some strands (1-2) of Hair can be found in Sid's fingers Level 3: 5 or more strands of hair are in Sid's hands, on release.

**Graph of the behaviour**



## b. History of the issue

When did the issue 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 issue?

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 issues that might have influenced the issue behaviour?

Sid has about 8 myoclonic seizures each year. Attacks are preceded by blank staring spells, elevated 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?

Gross motor activity, outdoor activity, swimming, playing in a car. In the morning time.

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

Someone approaches Sid or comes close to him.

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

During 1:1 play time, early morning, when rested,

### Trigger Summary Table

<b>More likely (increase)</b>	<b>Less likely (decrease)</b>	<b>No impact</b>
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

<p>The last time the behaviour occurred, what was done?</p>	<p>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.</p>								
<p>What reactions do people have when the behaviour occurs?</p>	<p>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.</p>								
<p>What do parents or staff do when the behaviours occur?</p>	<p>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.</p>								
<p>What do others usually do when the behaviour occurs?</p>	<p>As above.</p>								
<p>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?</p>	<table border="1"> <thead> <tr> <th data-bbox="790 981 981 1052">Intervention</th> <th data-bbox="981 981 1173 1052">Short Term Effect</th> <th data-bbox="1173 981 1359 1052">Long term effect</th> </tr> </thead> <tbody> <tr> <td data-bbox="790 1052 981 1420">Told/signed 'bad'</td> <td data-bbox="981 1052 1173 1420">Hands released  Redirected to another activity</td> <td data-bbox="1173 1052 1359 1420">No change, the behaviour will still occur.</td> </tr> </tbody> </table>	Intervention	Short Term Effect	Long term effect	Told/signed 'bad'	Hands released  Redirected to another activity	No change, the behaviour will still occur.		
Intervention	Short Term Effect	Long term effect							
Told/signed 'bad'	Hands released  Redirected to another activity	No change, the behaviour will still occur.							
<p>What effect does the behaviour have on others?</p>	<p>Other children avoid Sid. Staff and parents anticipate Sid's behaviour so are careful when in close proximity.</p>								
<p>What actions seem to improve the behaviour when it occurs?</p>	<p>Sid sits on his teacher's 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.</p>								
<p>What relieves the situation?</p>	<p>Staff engage Sid in an activity and join in with him.</p>								

### 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.

### Hypotheses regarding the function of the behaviour.

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 ideas may help.

<b>What the person wants to say or do</b>	<b>How he or she might say it or do it more effectively</b>	<b>What might help?</b>
'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		
<b>Total</b>	<b>5 = 20%</b>	<b>17 = 68%</b>	<b>3 = 12%</b>	<b>0 = 0%</b>