

A Preliminary Evaluation of Stability in Behavioral Function

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INTRODUCTION

Functional analysis methodology is the gold standard for identification of variables maintaining problem behavior (Hanley, Iwata, & McCord, 2003). Some functional analysis researchers have identified ways to move from brief to more complex functional analysis procedures (Vollmer, Marcus, Ringdahl, & Roane, 1995) and clarify initially ambiguous functional analysis outcomes (Rooker, DeLeon, Borrero, Frank-Crawford, & Roscoe, 2015). Although research has explored stability in preference over time (Hanley, Iwata, & Roscoe, 2006), no known research has examined changes in behavioral function

The purpose of the current research was to evaluate stability of behavioral function using data, from archival records, for individuals that experienced 2 functional analyses.

over time.

METHOD

Participant and Data Selection

Ella: female diagnosed with autism, intellectual disability, and impulse control disorder.

Brian: male diagnosed with autism and intellectual disability.

Wally: male diagnosed with autism, intellectual disability, and impulse control disorder.

Calvert: male diagnosed with autism and intellectual disability.

Matthias: male diagnosed with autism, intellectual disability, and pica.

- Archival data from a residential treatment facility for the assessment and treatment of problem behavior were analyzed to identify participants exposed to at least 2 functional analyses.
- Data were included for analysis if (1) at least 2 functional analyses were conducted, with original graphs and protocols available, (2) the target behaviors in each functional analysis were identical, and (3) the functional analysis were conducted at least 3 months apart.

Dependent Variables and Data Analysis

Frequency data were collected on laptop computers using a computerized data collection system during all sessions.

Problem behaviors were selected and operationally defined on an individual basis and included aggression, self-injury, and property destruction.

Procedures

Functional Analysis: Various test (e.g., attention, escape, ignore, alone, tangible, and self-restraint) and control conditions were evaluated for each participant in a multielement design.

- Sessions were 10 min in duration with the exception of Brian, whose sessions were 5 min in duration during his second assessment. Sessions were conducted in an 8 x 8 ft session room or in the common area of the residential facility.
- Reinforcement during all test conditions was 15 to 30 s in duration.
- No consequences were provided for problem behavior during the ignore, alone, or control conditions.
- The average duration between assessments was 15 mos, with a range of 4 mos to 4 years

Participant	Age (at time of first assessment)	Target	Time Between Assessments	Initial Assessment Outcome	Follow-up Assessment Outcome
Brian	19 years old	Self-injurious Behavior	11 mos.	Automatic	Automatic
Wally	9 years old	Self-injurious Behavior	10 mos.	Self-restraint	Self-restraint
Ella	14 years old	Self-injurious Behavior	4 mos.	Automatic	Automatic
Calvert	16 yerars old	Aggression	4 yrs.	Tangible	Tangible
Matthias	13 years old	Combined Inappropriate	4 mos.	Tangible	Tangible

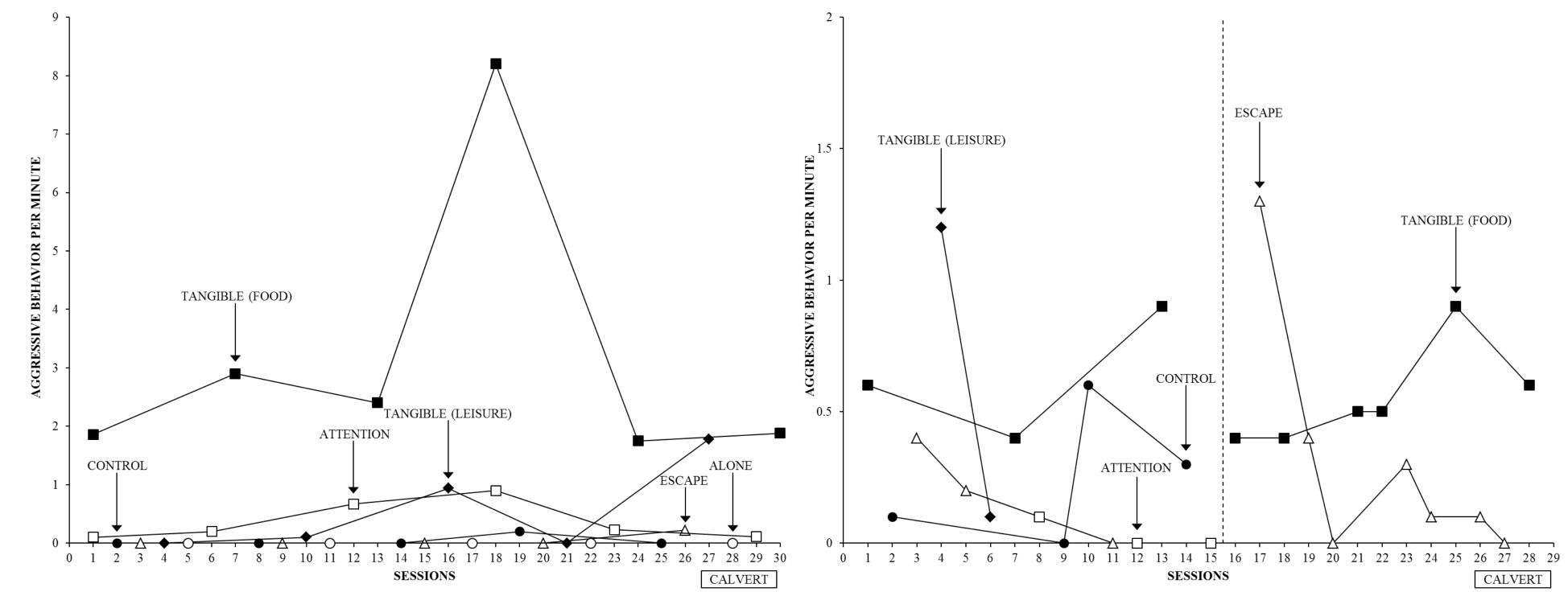


Figure 1 displays aggressive behavior per minute during the first (left panel) and second (right panel) functional analysis for Calvert.

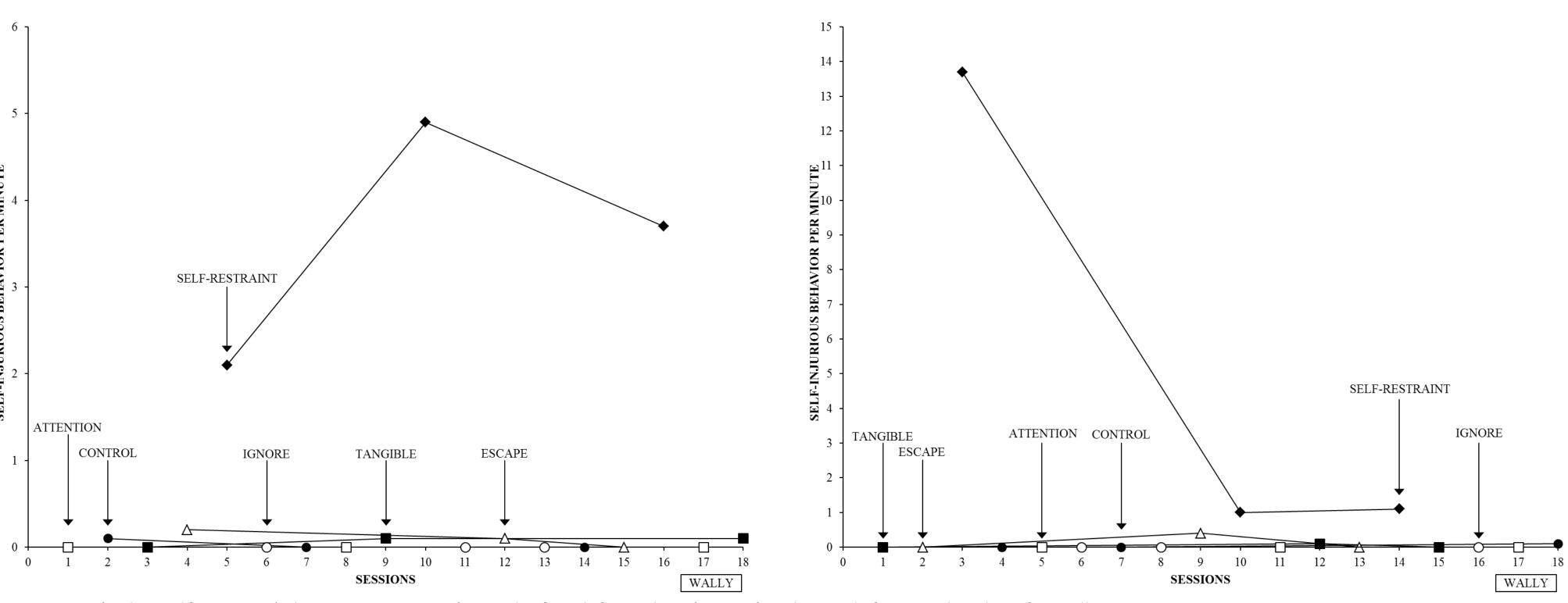


Figure 2 displays self-injurious behaviors per minute during the first (left panel) and second (right panel) functional analysis for Wally.

RESULTS AND DISCUSSION

- Two functional analyses were conducted for 5 participants, and the reason for re-assessment included (1) continued high rates of problem behavior, (2) re-emergence of previously reduced problem behavior was observed, or (3) a new treatment team was involved in the care of the individual.
- Functional analyses were conducted by different treatment teams in 4 of the 5 cases, and procedures varied slightly across assessments within and across participants.
- Functional analyses for all 5 participants remained stable and determined the same functions of behavior, even in the 4 cases that were conducted by different treatment teams.
- Although preliminary, these data suggest that frequent re-assessment of behavior function may not be necessary. Clinicians may be able to conduct less formal assessments to re-assess problem behavior when a clear functional analysis was previously obtained.
- Procedures should be replicated across additional participants to provide greater generality for these findings.

REFERENCES

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