


Who ?


- ❑ 40 yr old female with cerebral palsy
- ❑ Developmental disability
- ❑ Legally Blind
 - wears corrective lenses
- ❑ Ambulatory
 - requires walker/wheelchair for transportation
- ❑ Lives in a <supported> residential setting

A stick figure is shown in profile, standing on its left leg with its right hand on its head and a question mark above it, indicating a state of confusion or deep thought.

Referral

Referred by Residential Supervisor for:

- ❑ Self injurious behaviour
- ❑ Physical & verbal aggression
- ❑ Non compliance

A stick figure is shown in a dynamic, somewhat chaotic pose, with its hands raised to its head and several lines radiating from the head area, suggesting self-harm or intense distress.

Community Behavioural Services

- ❑ Complete & review consents
 - client
 - family
 - agency (witness)
- ❑ Review C.B.S service provision
 - Short term/1 yr involvement
 - Mediator model
 - Consultation model with agency
- ❑ Complete a functional assessment
 - A-B-C data collection
 - File review
 - Informant interviews
 - Direct observations

The logo for Ongwanada is a green diamond shape with a white circle inside, and the text "Ongwanada" and "Support. Respect. Choice." below it.

A-B-C data collection

SETTING EVENTS : gives context to the behaviour

A = ANTECEDENT :events occurring immediately before the behaviour

B = BEHAVIOUR

C= CONSEQUENCE: events that follow behaviour
 > actions/Reactions of the person responding to the behaviour

A-B-C data collection

SETTING EVENTS : gives context to the behaviour
 > illness
 > medication changes
 > lack of sleep
 > pain/discomfort
 > unstructured time
 > the environment


A = ANTECEDENT :events occurring immediately before the behaviour
 > transition
 > a request is made
 > demand settings
 > non preferred activities
 > asked to wait, told no

B = BEHAVIOUR

C= CONSEQUENCE: events that follow behaviour
 > actions/Reactions of the person responding to the behaviour
 > redirection, ignoring, loss of privileges, attention, allowed to escape the situation, zero baseline
Changing Antecedents can decrease Challenging Behaviour

**Functional Assessment Considerations
(informant interviews/direct observations)**

- Attributions about behaviour
- Personalizing attributions
- Client perceptions




Responses & reactions can maintain challenging behaviour

BioPsychoSocial Approach

Understands behaviour does not occur in isolation

- ❖ Looks at behaviour in the context of the person and their interactions with their environment
- ❖ Considers **all** contributing factors that influence/trigger challenging behaviour that are beyond the control of the client
- ❖ Helps to identify supports and alter the conditions that influence externalized behaviour



BioPsychoSocial Approach

BIOLOGICAL	PSYCHOLOGICAL	SOCIAL
Dx	Personality	Housing
Psychiatric & medical	Coping skills	Relationships
Neurological factors	Developmental level	Support: access to services
Medication	Learning ability/style	Meaningful activities
Pain/illness	Communication Ability	Autonomy/choice/control
Physiological	Social skills (deficits/strengths)	Community Participation
•Vision	Frustration tolerance (short fuse/anger)	Likes/dislikes
•Hearing	Behaviour Phenotypes	
•Sleep		
•Diet		
•Exercise		
PMS/Menopause		

BIOPsychoSocial Approach

- ❑ Dx 
- ❑ Medications 
- ❑ Psychiatric
- ❑ PMS 

BioPsychoSocial Approach

- ▶ Personality
- ▶ Developmental level
- ▶ Communication ability
- ▶ Coping skills
- ▶ Social skills







BioPsychoSocial Approach

- ▶ Community residential home
- ▶ Family supports/visits
- ▶ Community volunteer
- ▶ Day programming



BioPsychoSocial Approach

Positive behavioural change occurs...

-  when there is a thorough understanding of the individual
-  when we modify/adapt the environment to best support the individual
-  when we change the way that we interact with that individual
-  when we stop trying to change the individual
