Interviews

There is much to be gleaned from every member of the team. Thus, colleagues including teachers, paraprofessionals, school psychologists, and school social workers can provide insight and contributions that others might have missed or dismissed as being relevant to the problem. Likewise, and because of their shared history, Robert's parents conveyed another angle as to what potentially preempts and motivates his behaviors. After listening to a variety of concerns, we collectively identified the relevant stakeholders to interview, with the aim of determining the potential function of his problematic behavior, and who would bear responsibility for implementing his BIP. Using the functional assessment interview (FAI) format, Robert, his parents, paraprofessional, special education teacher, and general education teacher were interviewed. The findings from these inquiries are as follows:

Robert's parents, and school social worker reported that Robert was becoming increasingly more aware of "being different" resulting in Robert asking his parents, "Why do I take a different bus?" and, "What is autism?" Robert knew he was different. Although Robert lacked social acuity, he still desired social interaction and acceptance. However, Robert had few opportunities, and the means to attain it (Henault, 2006; Minahan & Rappaport, 2013). Unlike Robert's neuro-typical peers who were provided with multiple opportunities to socialize throughout their school day, Robert had fewer opportunities for peer engagement due to the restrictions put into place leaving him feeling left out and isolated (Davis, 2005). Moreover, Robert had a history of failed social experiences that included trying to initiate positive attention, or misinterpreting a social cue such as a wave of a hand, humor, sarcasm, or a smile. Unfortunately, a negative response is better than no response at all. Hence, Robert resorted to his aberrant deeds as it guaranteed him a reaction be it good, bad, or indifferent.

Robert's mother and father were deeply troubled by Robert's continued elopement from his classroom. It was not unusual for Robert to disappear for minutes on end, resulting in staff having to secure the building in order to determine his location. Robert's parents indicated that Robert would disrobe and self-stimulate in the home environment, but would never openly undress or masturbate when out in public. Because Robert could independently toilet, bathe, and groom himself, his parents would seldom observe his hygiene habits. Robert's parents suggested that his selfstimulatory behaviors observed at school might have resulted from having been assigned a new behavior analyst, and thus, having to experience yet another change.

During the functional assessment student interview, Robert stated he would become scared when having to relate with his peers. According to Robert, his anxiety would increase during whole group instruction, novel and unfamiliar situations, and being with peers with varied interests. Additionally, Robert confessed not knowing how to act around his friends. Antecedent-Behavior-Consequence (ABC) data supported Robert's statements. The data indicated that Robert would grab his genitals, make sexually explicit remarks, and even disrobe when having to interact with others suggesting an escape maintained contingency. Therefore, Robert's program needed to include a functional communication skills teaching component, along with healthy coping mechanisms that would endure across multiple settings, and over time.

Questions About Behavioral Function

The Questions about Behavioral Function (QABF) by Matson & Vollmer (1995) is a widely known indirect assessment tool designed to assist mental health practitioners in determining the function of problematic behaviors exhibited by individuals (Paclawskyj, Matson, Rush, Smalls, & Vollmer, 2000). Using a structured interview format, the QABF requires each responder to select an answer based on a five-point Likert-type rating scale (X = Does Not Apply, 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often). Based on the results of 25 items, the QABF produces a score in five distinct categories: attention, escape, physical, tangible, and non-social. The QABF is never used as a stand-alone assessment. Rather, it is an instrument that helps synthesize the other determinants used including ABC data collection analysis, ecological assessments examining the classroom and school-wide community environment, and interviews. While Robert's behavior served multiple functions, escape from aversive situations including non-preferred persons, places, or activities was determined to be the primary function of his aberrant behavior.

Direct Assessments

All three observations were conducted at his school. The first observation occurred during library science. Robert presented as a bright and inquisitive learner who loved reading and being in the library. He was observed looking through books related to science, and Minecraft. He beamed when he had the opportunity to speak about the game. Robert presented as curious and appeared to enjoy researching subjects of keen interest including astronomy, geography, and maps. He relished his time spent in the library, and on the computer. Robert was an excellent reader. During this observation, Robert did not engage in any of his identified problematic behaviors.

During the second observation, Robert presented as awkward and shy. His class was observed working in small groups scattered about his general education classroom. He required encouragement from his adult supports to initiate and engage with his peers. Once comfortable, Robert conversed willingly. Visually, Robert appeared to struggle when the group become overly chatty, noisy, and highly stimulated. As the children's excitement swelled, so too did the decibel levels. Initially, Robert 5 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage: www.igiglobal.com/chapter/teaching-individualized-sexualityeducation-to-a-young-boy-with-autism-spectrum-disorder-inthe-least-restrictive-environment/248624

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