

## FOCUSED RBI FOR FUNCTIONAL BEHAVIOR ASSESSMENT

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### PURPOSE

The Focused Routines-Based Interview is designed to determine the function of challenging behaviors in the contexts in which they appear. The “function” of behaviors—why they occur—is the condition that sustains these behaviors, usually an antecedent that triggers the behavior, a consequence that reinforces a behavior, or a combination of the two. Sometimes the challenging behavior is maintained because simply doing it is reinforcing to the individual, so it is sometimes called automatic reinforcement. Challenging behaviors are persistent behaviors that interfere with the individual’s life or the lives of those around the individual (e.g., family, classmates). They can range from mildly irritating behaviors to self-injurious behaviors. All behavior occurs in context—in a setting, at a time of day. Context is everything. Through the Focused RBI we find out the contextual demands and support. To organize the assessment, we think of context in terms of daily routines, defined as the different times of day, labeled by the major activity of each routine. In homes, common routines are waking up, toileting, breakfast, lunch, dinner, dinner preparation, and bath, for example. In classrooms, common routines are circle, free play, outside, meals, and so on. Focusing on routines for this interactive assessment (a) makes caregiver participation easy (i.e., they can tell us about their everyday experiences), (b) tells us the social and physical context (who’s there, who’s not, where does it take place, what materials are there), and (c) is relevant for planning interventions in relevant contexts.

The Focused RBI follows much of the format of a regular RBI. The main difference is that the questions about functioning in routines are about the child’s desired and undesired behaviors, rather than about the child’s functioning as a whole. On the other hand, to understand child engagement, which is mutually exclusive from problematic behavior, we often have to know about the child’s interests, abilities, independence, and social relationships, so the difference between a Focused RBI and a regular one is somewhat mitigated. One important difference is that, by the end of the interview, we should have a good idea about the antecedents and consequences surrounding the problematic behaviors and about the nature, frequency, and intensity of those behaviors. The structure of the Focused RBI is similar to the regular RBI.

## MAIN CONCERNS

The first question is, “What are your main concerns?” It is fine to get general answers to this question, such as “His aggression.” We always reassure the family we will get more information about this as we proceed through the conversation.

If the caregiver mentions a service as the main concern, such as, “I want to make sure he gets ABA,” follow that up with questions about why and what they hope ABA will result in.

## WITHIN ROUTINES

We ask the caregiver to go through a typical day, but the level of detail is unlike most typical-day questions. It might take 10 minutes to discuss the routine.

### GENERAL DESCRIPTION

The discussion about a routine begins with the caregiver<sup>1</sup> giving a general description. The interviewer’s question might be, “How does toileting time go?” Some caregivers give long, articulate descriptions. Others give short, uncoherent descriptions. The structure of the interview does not change, regardless of the volubility of the caregiver, but the number of follow-up questions does change.

### WHAT’S EVERYONE ELSE DOING?

Follow-up questions include finding out what everyone in the house is doing during that time. This helps the interviewer find out about the type of support the caregiver has during that routine and what the demands of the environment are. For example, in a home routine, if just the mother and child are there, and the child requires many hands on, that will have an impact on her ability to have the routine go the way she wants it to. In a classroom routine, if 14 children are all sitting at the table, it indicates this is the conventional behavior for this time of day. This information helps understand the demands of the routine—what is expected to occur.



1. Main Concerns
2. Within Routines
  - 2.1. General Description
  - 2.2. What’s everyone else doing?
  - 2.3. Engagement
  - 2.4. Problem behaviors?
    - 2.4.1. Description
      - 2.4.1.1. Frequency within routine
      - 2.4.1.2. Intensity
      - 2.4.1.3. Antecedents
      - 2.4.1.4. Consequences
    - 2.5. Communication
3. Goals
4. Priority Order
  - 4.1. Priority Order




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<sup>1</sup> The Focused RBI can be conducted with home or classroom routines, so “caregiver” refers to an adult who is responsible for the child, such as a parent or a teacher.

## ENGAGEMENT

To find out how the child participates in the routine, we find out about his or her engagement. At this point we are focusing in on the problem behaviors.

## PROBLEM BEHAVIORS?

We ask whether the problem behaviors occur during this time of day. If the answer is yes, we find out more about them. If the answer is no, we still get the following information about the child's engagement:

- What does the child tend to do during this routine?
- What can the child do independently and what does he or she still need help with?
- What's the child's communication like?
- How well does the child get along with others?
- Is there anything the caregiver would like the child to be doing 6 months from now that he or she is not doing yet?

When the caregiver says problem behaviors do occur during this time of the day, additional information we need is as follows.

## DESCRIPTION

A clear description of the problem behaviors is needed. For example, if the caregiver says, "She hits me," find out whether it's with an open hand, a fist, an object in the hand, and so on. Almost always we need to know the *frequency during the routine*—even the day. For example, a caregiver might have described horrendous temper tantrums that had a significant impact on her emotional state, and then we find out these occur about once a day. This is likely to result in different interventions from a behavior that occurs 10 times a day. In addition to frequency during the routine, we ask about the *intensity* of the problem behaviors. For example, if, at lunch, the child throws food, we want to know whether it's a few small pieces of bread or it's whole handfuls of food scooped off the plate and flung.

## ANTECEDENTS

When the caregiver says a problem behavior does occur during the routine, we need to ask about the triggers or what tends to come before the problem behavior. It might be that changes to these antecedents can prevent the behaviors from occurring. For example, if the caregiver reports that the child tends to bother other children at circle time, especially after sitting without anyone interacting with her, we would understand that the "function" of the behavior might be to get attention. Another example would be a child who, on hearing that it's time to clean up, starts behaving aggressively. The function of this behavior might be to escape the clean up and the transition.

## CONSEQUENCES

What happens after the behavior is important. If any change in the environment results from the behavior, that change might be reinforcing the behavior. For example, if the child tries to run out the door during play time, eliciting a loud shout of “No!” from the caregiver, possibly accompanied by the caregiver running to the child to stop him or her, all that consequence could sustain the behavior. That means the likelihood of the child’s again trying to run out the door is heightened. Obviously, in a situation where the child’s safety is at stake, caregivers need to take action. But they should know the cost of that action. Similarly, when caregivers scold children immediately after an infraction, the adult attention, however aversive looking, might be reinforcing the behavior. It’s about control. Often children are unaware that this reinforcement mechanism is happening, but a behaviorist should be able to detect the link from child behavior to reaction to increased or maintained frequency of the child behavior. The supply of a contingent stimulus is basic to whether the behavior is likely to continue, occur more frequently, or occur less frequently. Furthermore, the absence of positive reinforcement (e.g., ignoring) can lead to a decrease in the behavior, which is sometimes what’s desired and sometimes what’s not desired.

#### COMMUNICATION

The connection between communication ability and appropriate behavior has long been understood. Therefore, in each routine, we need to determine how the child communicates—how effective the communication is.

#### GOALS

Once the whole day (and night, if appropriate) has been discussed, the interviewer makes a quick recap of the daily routines, mentioning both problem and good behaviors. It’s important to recap by routines not by behavior. The family then determines the goals, which are usually going to be engagement without the problem behaviors, but we need to know the key routines for each goal. For example, the family might want the child to follow directions without resisting, and this behavior was especially important at breakfast, getting ready to go out of the house, and at play time after dinner. Other problem behaviors might be identified also occurring in some of the same routines.

Goals are written for the replacement behavior but directly mentioning the problem behaviors and always mentioning the routine(s). Often the so-called replacement behavior is any number of appropriate behaviors. For example, if the family’s top priority is for the child not to hit the baby brother during play time, the number of things the child can do instead is large, so the goal would be for the child to play appropriately during play time, without hitting his brother. Any appropriate behavior is reinforced.

#### PRIORITY ORDER

Once the goals have been identified, we ask the family to put the routines within each goal into priority order of importance. This helps the family pick their battles.

### **DIFFERENCES BETWEEN THE FOCUSED RBI AND THE REGULAR RBI**

1. Whereas in the regular RBI the discussion is about all child functioning and family life within the routine, in the FBRI it is literally focused on the problem behaviors.
2. In the RBI, the family rates satisfaction with the routine, but not in the FBRI.
3. The FBRI does not include the time, change, and worry questions.
4. Goals from the RBI are for all child and family functioning, whereas in the FRBI they are aimed specifically at the problem behaviors.



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