Behavior Modification of Detroit

**Interviewer:** Laura James **Date:** June 5, 2019

**Respondent:** Connie Lake **Relationship to client:** Mother

### **Address:** 1445 S. Timberland Way, Detroit, Michigan

### **Telephone: Home:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell**: 313-711-2203

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##### Name of client: Jeffrey Lake Date of Birth: 10-1-2014 Gender: Male Age: 5-years

**Strengths of Client:** His attending skills are good for things of interest to him. He knows his alphabet and can count to 100. He has a very large vocabulary and often sounds like an adult when he talks about his interests. He can build elaborate cities out of Legos.

**Weaknesses/Deficits:** He does not enjoy an activity that takes him away from his favorite activities and toys. He wants his parents’ undivided attention and engages in his “tantrum” behavior when they must focus on things other than him.

**Behaviors of Concern: Jeffrey engages in tantrum behavior that can be described as follows:** When out in the community with parents, Jeffrey pulls on his parent’s shirt; screams, “I hate this place! I want to go home!” Then, Jeffrey drops to the floor and screams loud enough to be heard throughout the setting.

**What has been your usual response?** It is so embarrassing that we usually leave and go straight home.

**What typically occurs just prior to the behavior of concern?** The behavior seems to occur primarily when we are out in the community and his dad and I are focused on buying groceries or shopping for something for the home. He also engages in the behavior at home when we have invited guests.

**Have you noticed whether the behavior occurs more often in specific settings? Yes** X **No\_\_**

**If yes, list settings:** Typically, the behavior occurs when we go to restaurants; the mall; grocery store; and to the garden center.

**Does the behavior occur more in the presence of specific individuals? Yes \_\_\_ No** X

**In whose presence does the behavior occur most frequently?** N/A

**Are there certain times of day in which the behavior occurs more frequently? Yes \_\_\_ No** X

**If so, what times of day does the behavior occur most frequently?** N/A

**Antecedent variables: Does the behavior occur after the following? Please check all that apply.**

|  |  |  |  |
| --- | --- | --- | --- |
| **No Attention** | **Demand Made** | **Denied Access to Something Desired** | **Alone** |
| **X** |  |  |  |

**How frequently does the behavior occur each day/week?** Twice per week; but it happens whenever we are in a public place or when we have invited guests at the house.

**On average, how long does each occurrence of the behavior last?** It will last until we take Jeffrey home or until our guests leave.

**What are his/her interests/activities?** He loves talking with me and his dad and he really enjoys working in his alphabet and numbers books. He is crazy about Legos! And, he likes all books about dinosaurs.

**What are his/her favorite snacks/foods?** His favorite snacks are dried pineapple; hamburgers; and peanut butter crackers.

**What are his/her favorite toys?** He loves Legos and he likes to play Curious George games on the tablet.

**Would you be able to provide some reinforcers for use during therapy and for use in the intervention program?** Yes

**ABA therapy is most effective when the intervention can be implemented every day in all of the client’s environments. Would you be willing to be trained in the implementation of the Behavior Intervention Plan (BIP)? Yes** X **No \_\_\_\_ Would his dad? Yes** X **No \_\_\_\_**

**Thank you so much for your time. Our next step will be to schedule direct observations. Can we set up some times that are convenient for you?** Yes. You are more likely to see he behavior when we go out. Would you want to do that? We could schedule a visit to the mall and to a restaurant whenever it is good for you.

***All shared information is confidential and used only for diagnostic and treatment purposes.***