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Evidence-Based Interventions to Address Elopement in Children with Autism Spectrum Disorder

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EVIDENCE-BASED INTERVENTIONS TO ADDRESS ELOPEMENT IN CHILDREN WITH AUTISM SPECTRUM DISORDERS

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Abstract

Elopement is a concerning behavior among autistic children. This thesis focused on evidence-based strategies and interventions used to treat elopement for children with Autism Spectrum Disorders. Response blocking occurs immediately after a child elopes to protect them, but is not an effective intervention (Call et al., 2011, and Marle et al., 2020). Research data utilized Functional Behavior Assessments to determine the function of elopement and focused on strategies that decreased or eliminated elopement behavior (Kamlowsky et al., 2021, and Stockall et al., 2015). Studies were limited due to small sample sizes (Call et al., 2017, and Scheithauer et al., 2020). The information gained from this research was synthesized to create a systematic process for a special education team to identify, document, and address eloping behaviors.

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Chapter 1: Introduction

Children running away. Children wandering off. Merle et al. (2020) described elopement as a serious behavior problem. Elopement behavior is defined as bolting, running, or even absconding that requires intensive and effective intervention to maintain safety for the child. There are a number of ways to define elopement behaviors. The bottom line is that elopement is common for individuals with autism. As an ASD teacher, five out of nine students on my caseload exhibited elopement behaviors throughout the school year. Seeing how prevalent the behavior was in my classroom raised my level of concern. I worked directly with the school behavior intervention specialist (BIS) to develop supportive intervention plans for each of these students. Even with the support of the BIS, there seemed to be a lack of knowledge on how to specifically address these needs. Thus, I began researching for successful, evidence-based interventions. As I dove into research on the topic of elopement behaviors I learned that elopement is a common behavior for toddlers (Anderson et al., (2012). Researchers have focused on elopement behaviors that occurred after the age of four and what happened when a child was deemed missing after elopement transpired. Additionally, families participating in the Anderson et al. (2012) survey shared there was a lack of professional support in the area of preventing elopement. Through this literature review, my goal is to compile evidence-based interventions that support educators who work directly with autistic children who exhibit elopement behaviors.

Elopement behaviors cause great concern for families, because children are at greater risk of dangerous situations, including getting lost, being struck by an automobile, or drowning (Call et al., 2017). Statistics show that accidents like these are the leading cause of premature death in this population and raise the level of concern to develop effective interventions. Some immediate reactions caregivers have towards elopement include blocking (Call et al., 2011) and chasing

(Blowers et al., 2020). Both of these interventions are effective in protecting the child from harm but do not teach the child safe long-term responses to the cause of the elopement. Sometimes the child who eloped was seeking the attention provided by being blocked or chased, which only fed into what maintained the behavior rather than teaching the child alternative behaviors, communicational skills, or functional. According to Perrin et al. (2008), in addition to elopement behavior posing a threat to dangerous situations in community settings, elopement behaviors cause an increase in missed instruction in the school setting. If elopement behaviors remain unaddressed in both settings students may need to be located to more restrictive home or school environments.

Stockall et al. (2015) stated over half of the children with autism engage in elopement behaviors, creating a concern for parents, educators, and administrators. Not only are students missing out on core instructional time, they are also likely disrupting the learning of peers. It has been found that completing a Functional Behavior Assessment (FBA) to determine the antecedent, or cause of behavior, helps educators predict the pattern of the problem behaviors and develop Behavior Intervention Plans (BIP). As an educator, I find it important to find ways to support children in the least restrictive learning environment. This means working closely with caregivers and classroom teachers to determine how best to support children who exhibit elopement behaviors. Independent Education Plan (IEP) team members, work collaboratively to develop plans that provide the greatest chance for the student to succeed. When a student elopes, teachers often react quickly, leaving students unattended or stopping instruction abruptly. “The majority of research teams have used function-based strategies to address elopement. That is, strategies are selected that teach conventional responses (e.g., asking for a break, following a directive) that help students access reinforcement more effectively” (Pennington et al., 2012, p.

3). By developing specific strategies and carrying out response plans students will be able to remain in their classrooms for longer periods of time and less instructional time will be missed. My concern for student safety and increased learning needs lead me to consider the following question that guides my thesis: What interventions have been successful in supporting children with autism who have elopement behaviors?

Definition of Terms

Autism spectrum disorder (ASD) is a development disorder that ranges from mild to severe difficulties in the areas of social interactions, restrictive or repetitive patterns of behavior.

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder that causes one to have a hard time with concentration, impulsive behaviors, and excessive activity.

Elopement behaviors (EB) happen when a child bolts, runs, wanders, or leaves a safe space/environment.

Applied behavior analysis (ABA) is a scientific approach to interpreting behavior and focuses on how behaviors change based on a students own environment.

Functional analysis (FA) is a way to study behavior and the antecedents that maintain the behavior. A brief functional analysis (BFA) is the same process compressed to be completed over a shortened period of time.

Functional behavior assessment (FBA) is a process that schools use to determine the antecedent of challenging behaviors.

Antecedent is an activity or behavior that occurs before the target behavior.

Response blocking (RB) is the physical response by caregivers to prevent an unwanted behavior.

Differential reinforcement of other behavior (DRO) is reinforcements that are provided for all responses except the target behavior.

D**ifferential reinforcement of alternative behavior (DRA)** is reinforcement that is provided for a behavior that is serves to replace the target behavior.

Functionally equivalent replacement behaviors (FERB) are alternative behaviors that provide access to the same outcome as the problem behavior.

Multiple-stimulus-without-replacement (MSWO) is a way for participants to rank a variety of reinforcements that are highly preferred and include an inventory of options.

Functional communication training (FCT) is the process of teaching individuals alternative responses or a functional communication response (FCR) as a way to eliminate a target behavior.

Noncontingent reinforcement (NCR) is when participants are provided with access to positive reinforcements so that they no longer exhibit the problem behavior in order to gain access to that reinforcer.

A **behavior intervention plan (BIP)** is a plan based on the results of an FBA. The BIP is a list of preventative measures, new skills to be taught, and reinforcement that are used to decrease or eliminate problem behaviors.

Chapter 2: Literature Review

To locate the literature for this thesis, searches of Educator's Reference Complete, Expanded Academic ASAP, Education Journals, ERIC, JSTOR Arts & Sciences VI Archive Collection, ECO, Academic Search Complete, and EBSCO MegaFILE were conducted for publications from 2000 to 2022. This list was narrowed by only reviewing published empirical studies articles from peer-reviewed journals that focused on elopement, children with autism, and interventions found in journals that addressed the guiding questions. The keywords that were used in these searches were "autism students eloping from the classroom," "children with autism and elopement," "interventions to prevent elopement," "elopement interventions," and "childhood elopement." The structure of this chapter is to review the literature on elopement in four sections in this order: Concerns for Elopement, Elopement Treatment in Outpatient Settings, Clinical Studies on Elopement, and Elopement in the School Setting.

Concerns for Elopement

Solomon and Lawlor (2013) looked into the inequities in access to services provided to white families compared to African American families who had children diagnosed with autism. There was a difference in healthcare and economic equity that affected children with autism. One mother reported that her African American second-grade son who had been diagnosed with autism was discriminated against for his disability and secluded with two other students who were also autistic, in the back of the classroom. There exists a societal disconnection and injustice faced by so many families. The data collected through surveys showed that many families had to work hard to gain support from their healthcare providers and other services to help their child with autism. In this study, Solomon and Lawlor (2013) utilized interviews, home observations, clinical and community settings, and documentation reviews to collect data.

Participants were selected and contacted via postal mail based on meeting the following criteria: aged four to 10, diagnosed with autism, and in need of services or interventions. All parents of participants self-identified as African American, but the socioeconomic status was left open. Data was collected through narrative meetings where families were interviewed and shared details about their experiences and family life with a child diagnosed with autism. Of the 25 children participating in the study, nine children showed a history of concern for wandering and elopement behaviors. Both narrative and thematic analysis were used to find patterns within the data. Families did not know researchers were focused on the theme of elopement, which gave them an opportunity to paint a picture of their experiences while Solomon and Lawlor (2013) discovered patterns across family stories. Collectively mothers showed fear and concern for why their children eloped. They put themselves in their child's shoes to try to understand. Practitioners seemed to lack supportive information as to why a child eloped or displayed negative behaviors, and were more focused on the dosage of a medication. When families sought services for their children, professionals lacked knowledge regarding the severity of elopement, as if didn't happen frequently enough to be a pattern behavior or a problem at all. This indicated an unfortunate gap between practitioner and family perspectives. In other instances service providers offered families supportive services after an encounter with the concerning behavior, showing that sometimes the professional understanding of the child's home life was important and could contribute to how they responded to concerns of elopement. This study illustrated how elopement and wandering tended to be undervalued concerns highlighting the lack of services provided to families in order to diminish elopement behavior (Solomon and Lawlor, 2013).

In this study, Anderson et al. (2012), focused on the parent-reported frequency of elopement and risk factors among children with autism. There were a high number of reports

from families who had children with autism who put themselves in danger by eloping or wandering. This study used data from the Interactive Autism Network (IAN), an online research database comprised of families who had a child medically diagnosed with Autism Spectrum Disorder. The elopement survey was sent to families with a child between the ages of four to 17. Incentives were provided to families who reported their child had eloped, yet all other families were asked to participate with no incentive provided. Anderson et al. (2012) noted a larger discrepancy in the race of participants who completed the survey. Only 7% of the incentivized group and 4% of the non-incentivized group identified as African Americans. The study used a Social Communication Questionnaire (SCQ), to screen participants who were considered at high risk for ASD. The at-risk score ranged from 0 to 39 with 12 serving as the cut-off. Any participants who scored below 12 were removed from the study sample (Anderson et al., 2012).

When analyzing the results of the survey, Anderson et al. (2012) focused primarily on eloping behaviors. Elopement can be common in toddlers, therefore the study looked at first-time elopement that happened after the age of four and whether it occurred, or had never occurred. The secondary focus was on what happened when a child was deemed missing after elopement transpired. Participants were asked about the locations from which their child eloped, the age of the child, and how frequently they eloped. They also checked through a list of descriptors and selected what they believed was the antecedent for the elopement, and the child's experience/behavior while eloping. Additionally, parents were asked to rank their level of stress when the child eloped. Results showed that 49% of participants reported their child eloped at least once after the age of four. When compared to non-autistic siblings they were more likely to elope. Fifty-three percent of children who showed elopement behavior were labeled as gone missing and caused concern. Common locations where children eloped were their homes, stores,

or school classrooms. Families reported that 29% of children attempted to elope multiple times each day. The common reasons for elopement were: the child enjoyed running, attempting to go to a preferred location, and escaping an anxious situation or uncomfortable sensory stimuli. Families reported high levels of concern when the child frequently eloped, including a lack of sleep, and not being able to enjoy activities outside the home. Elopement behavior caused the most stress compared to other behaviors. Fifty percent of parents reported that they had never received support in the area of preventing elopement (Anderson et al., 2012).

In the past studies often grouped elopement under the larger category of challenging behaviors, making it difficult to pinpoint the risk factors, determine possible consequences, and develop interventions. The results of this study showed that elopement happened across community settings, put children at risk for dangerous outcomes, and caused a great amount of stress within families. The greater the autism severity, the more likely a child would elope. Among those who eloped, half went missing for a long enough period of time that caused families to seek additional support to find the child. Eloping concerns made it difficult for families to keep children with ASD safe, which lead to accusations of parental neglect. It was emphasized that future studies should focus on determining if there are differences in the types of elopement behaviors and how to best support families (Anderson et al., 2012).

According to Allen et al. (2019), elopement behaviors (EB) occur when someone leaves a supervised and safe space. This behavior is common with individuals who have autism. Children with ASD who elope are at greater risk for traffic accidents and drowning. Unfortunately, limited guidance is available in the literature for families and caregivers on how to address eloping behaviors. Most focus has been on the use of applied behavior analysis (ABA) for a small population of children with ASD. Although ABA has not been well-established in terms of

experimental design, it has proven to be effective and shows promising results with functional behavioral interventions. It was clear that EB was difficult to study, as in a clinical setting eloping required retrieval of the client, potentially eliminating the natural consequences of EB. Additionally, infrequent EB could be challenging to track during outpatient visits. The National Autism Association has made a comprehensive safety plan available to families with a child who elopes called the "Big Red Safety Toolkit" (National Autism Association 2014). Although families can utilize inexpensive interventions such as door alarms, ID tags, visual prompts, and swimming lessons, there is not enough evidence to show that these are effective interventions. Currently, there are no FDA-approved medications to prevent EB, but some families consult health care providers about other medications to address underlying disorders that potentially reduce the frequency of EB. Underlying disorders include but are not limited to, impulsive behavior seen in someone with Attention-Deficit/Hyperactivity Disorder (ADHD), or anxiety which can cause an attempt to elope from stressful situations. Currently, there are not any studies that directly correlate the use of medications to decrease elopement behaviors (Allen et al., 2019).

In the study, participants from the Interactive Autism Network (IAN) were invited to complete a questionnaire about their child's elopement behaviors. The IAN was able to reach a much larger scale of participants than in previous studies. At the time of this study, more than 55,000 individuals were registered. Families who had a child with ASD aged four and older were invited to complete the survey, eliminating the younger population where EB was naturally more prevalent. The elopement prevention questionnaire was sent to a total of 9832 active IAN participants who met the age criteria and had a diagnosis of ASD. The questionnaire used two screening questions that asked participants if their child had challenges with EB within the last

two years and if they implemented interventions within the last two years. If respondents answered yes to either question, they were directed to complete the remaining questions. Participants were asked questions about the frequency of elopement attempts and the number of successful times the child eloped from a safe space. Participants were asked about the location elopement was likely to occur, motivations for EB, environments where elopement occurred, and the style of elopement (sneaky/run/etc). Participants provided information about 35 different interventions to prevent EB, including the use of gates/locks, alarms/security systems, the use of ID tags or tracking devices, behavioral specialists, increased exercise, sleep routines, and social stories. For each intervention participants stated if they tried it, and rated the effectiveness and burden of the intervention. Participants also answered questions about the use of up to 43 different medications. They rated whether the medication was used specifically or partially for the reduction of EB and rated medication side effects (Allen et al., 2019).

The study began with 906 registrants who responded to the survey. After removing incomplete surveys and duplicate entries, 867 respondents remained. A total of 39% of participants reported no EB in the last two years with no interventions used. They were ineligible to complete the remainder of the questions. Among the remaining participants, 45% reported their child had ongoing EB with or without intervention within the last two years, and 16% reported their child did not have ongoing EB concerns but parents continued to use interventions, leaving 526 viable participants. The results of the questionnaire showed the most common areas of EB concern were in the home, parks/outdoor space, stores/banks, and the classroom. The least common areas were work areas, day programs, summer camps, and school grounds. The most common motivation for eloping included escaping an anxious situation, enjoyment of running and exploring, overstimulation, transitions, and social interests. The least common motivations

were preferred foods, favored person, or seeking attention. Crowded areas, stressful situations, and noisy environments tended to be the most common causes of elopement whereas dark and quiet environments were the least common. The most frequent type of EB included bolting, walking, running, and sneaking. The least common manor was tip-toeing. Almost all participants used at least one of the interventions listed and rated at least one as good or very good. The overall effectiveness of the EB interventions were good or very good 75% of the time. The most common interventions were deadbolts, door latches, behavioral specialists, social stories, and the use of an individual behavioral aide. The least common interventions used were service animals, Project Lifesaver bracelets, GPS trackers, and custom temporary tattoos that included contact information. Interventions that had the highest-reported effectiveness and lowest level of burden included window locks, physical fencing, and individual behavioral aides. Of the 526 participants, 48% had taken or took psychiatric medications. The most common medications were antipsychotics, antidepressants, and ADHD medications. Only 16% had taken medication for the specific or partial purpose to decrease EB. No medications were rated as highly successful in decreasing elopement behaviors. Overall the results of the study showed that nearly all families were able to find an effective intervention or used multiple interventions to decrease EB. Some interventions stood out as more favorable than others due to their burden, costs, and effectiveness. In contrast, interventions with more favorable profiles were found to be used less frequently likely due to varying reasons, including a lack of knowledge of the intervention (Allen et al., 2019).

Elopement Treatment in Outpatient Settings

Roane et al. (2014) addressed concerns about increases in new behaviors when another concerning behavior was eliminated. In the study Sam, a seven-year-old, received treatment

through an outpatient program for elopement behavior that ultimately resulted in an increase in dropping behavior. Dropping occurs when an individual falls or completely stops supporting their own weight. Sam was able to communicate using two to three-word phrases and showed basic self-help skills. All of Sam's treatment sessions occurred in a hallway or the indoor or outdoor playgrounds of an outpatient treatment he attended the center three days a week for approximately 90 minutes. Frequency data were collected targeting elopement, elopement attempted, dropping, and dropping attempts at a rate per minute. A functional analysis (FA) determined that Sam's elopement was maintained by access to attention, and dropping was not observed during the FA. During baseline assessment, the therapist took Sam for a walk. If elopement occurred, Sam was allowed to leave the therapist's side and was provided attention for twenty seconds. After the 20-second reinforcement interval, the therapist prompted Sam to walk with them again. Following baseline, response blocking (RB) and differential reinforcement of other behavior (DRO) were used to conduct sessions similar to the baseline sessions. The therapist held onto Sam's hand during the walks and prevented him from eloping (RB). If Sam did not elope within a 40-second interval he was provided with reinforcements which included 20 seconds of attention and a tortilla chip. Dropping occurred after the first session, which resulted in a second treatment session. During the second baseline collection, RB was utilized. Following the baseline phase, DRO and RB were used to treat both elopement and dropping synchronously. This effectively reduced elopement but did not reduce dropping. In order to modify the procedure, Roane et al. (2014), included a multiple-stimulus-without-replacement (MSWO) so that Sam could choose a preferred item to receive during the DRO component. As Sam's dropping and elopement behavior decreased, therapists gradually increased the interval lengths. The results of the study showed that when DRO and RB were used, Sam's elopement

decreased, while the dropping increased. During the second part of the study using DRO, RB, and MSWO, therapists saw decreases in both elopement and dropping behaviors. Roane et al. (2014) noted that it was possible that the RB to prevent elopement caused an increase in the secondary response-dropping. By alternating the reinforcement quality, researchers observed decreases in the secondary dropping behavior. The purpose of this study was not focused on the reinforcement variation. It would be essential to complete further research in this area to determine the effectiveness of using a variety of reinforcements during interventions (Roane et al., 2014).

Elopement can be a cause for concern for parents and caregivers of children with Autism. Call et al. (2011) noticed that blocking was a common intervention used to prevent elopement while other interventions had also proven effective. Blocking was not always possible. The 2011 study evaluated the role of blocking during interventions to prevent elopement with a singular child with autism. A five-year-old child named Jimmy began a day-treatment program after his parents expressed concern. He was a nonverbal child who used limited sign language to communicate. Jimmy often requested water, as it was what he preferred. Following an incident where he eloped from his family and went into a lake seeking water, though he could not swim, his parents shared their concern for his safety and wellbeing (Call et al., 2011).

Call et al. (2011) used a qualitative research method to track the frequency at which Jimmy eloped from the treatment sessions within 10-second intervals. As baseline data, researchers conducted a modified functional behavior analysis (FBA). To complete this study, they set up two rooms across from each other and used furniture to prevent Jimmy from going anywhere besides Room A and Room B. Once he eloped from Room A, Jimmy was returned to Room B after 20 seconds. Jimmy was able to use a preferred item in Room B for two minutes,

before being brought into Room A with non-preferred items for 10 minutes. Thus, his sessions began. During each session, verbals, models, and physical prompts were used to redirect, but the response of elopement was a 20-second break from non-preferred tasks. Additionally, researchers alternated which room was used for Room A and Room B each session. “After the functional analysis, a treatment evaluation was conducted using a reversal design to compare the occurrence of elopement during baseline and two treatment conditions that consisted of resetting differential reinforcement of other behavior (DRO) with and without blocking” (Call et al., 2011, p. 904). During baseline, DRO without blocking, and DRO plus variable-ratio, the number of times Jimmy eloped was similar. However, during DRO with blocking the frequency of elopement decreased. Overall, it was evident that blocking was an important intervention to prevent elopement, but with elopement characteristics, this was not always possible.

Research has shown that interventions without blocking have lacked success in decreasing elopement. Blocking is defined as the action of obstructing someone's path or preventing them from leaving a space. Boyle et al. (2019) stated that very little research has been conducted utilizing a different class of interventions focused on the use of rules to evoke behaviors, also known as rule-governed behavior. The research team assessed a 6-year-old girl who had been diagnosed with ASD and developed a treatment plan that did not include blocking. The plan was to be conducted in a large hallway of a university office building. Although blocking was not used, safety precautions were in place to prevent the child from leaving the experimental setting. In this study, researchers defined elopement as the child exceeding one meter of distance between herself and the therapist without explicit permission. An observer collected data during each session. The Functional Analysis Screening Tool was used to interview the child’s mother before the functional analysis (FA) was conducted. The therapist

evaluated four conditions: attention, demand, ignore, and play. During the attention condition, the child received access to the preferred items while the therapist completed work. If the child eloped during this time, she was chased, giving the child attention. During the demand condition, the child was directed with three-step prompting to put pencils in a box, since children frequently eloped during clean-up times. If the child complied she received praise and a new task. If she eloped she was given a break with no attention until the next interval began followed by a return to the expectation. In the ignore condition, the child did not have access to any items and no consequences were provided. The therapist continued prompting the child to stay near at 30 s intervals. Lastly, in the play condition, the child had access to highly preferred toys and received constant attention (Boyle et al., 2019).

Before treatment began, baseline data was collected. During this time the child was not chased and did not have access to any materials, additionally, blocking was not used during the trial. During the FA the child eloped during three out of four conditions. She did not elope during play. During baseline, the child was given the directive “stay by me”. When treatment began she was given the rule “stay by me and then you can run”. Baseline data showed she could make it to 8 or 12 s without eloping before being told she could run. During treatment, the therapist evaluated her at various intervals of time as she was successful. She was successful in waiting during the first two interval times but during the third time interval, she eloped twice before being told she could run. This caused the therapist to return to the previously mastered time interval. When the subject demonstrated success the time interval increased by a small amount. The last two sessions were located in areas the child had previously eloped for the purpose of generalizing the skills. In the last two sessions, the subject was successful in waiting for elapsed

time. Overall, this study successfully used an FA focused on elopement behavior to decrease elopement using a rule without blocking (Boyle et al., 2019).

Blowers et al. (2020) stated that elopement was a concerning behavior that often puts a child at risk, which meant caregivers frequently chased after their children to protect them from harm. Sometimes the child who eloped was seeking the attention provided by being chased, which created another layer of concern for caregivers. In 2020, a study had not yet been conducted that solely focused on the role of being chased during elopement. In this study, the participant, Peter, an 8-year-old male diagnosed with autism with concerns about elopement behavior was the subject. The setting for the sessions took place in a 60-meter hallway divided into three sections. Peter was instructed to stay in the middle 10-meter section. This was marked by a sheet of construction paper extending from wall to wall. An indoor and outdoor playground was used for the pre-session chase and treatment extension. A reversal design was used to evaluate the effectiveness of interventions. When using chase as the retrieval method, Peter was given a rule that if he ran, the therapist would chase him. During trials, if elopement, elopement plus a functional communication response (FCR), FCR, wandering occurred, or if Peter stayed in the expected area for more than 30 seconds, the trial would start over and Peter would be guided back to the start area. When evaluating the reinforcement component, Peter was told to stay put, but if he asked to be chased the therapist would chase him. When evaluating the extinction component, Peter was directed to stay in place and told that if he ran or asked to be chased the therapist would not chase him. Blowers et al. (2020) increased the extinction component to 120 s sessions and added an additional component of placing Peter in a basket hold if he ran. During the first phase of the trial, elopement was high and Peter only stayed in the expected space for 20% of the sessions. By the end of the third phase of extinction trials, the frequency of

elopement and wandering decreased to zero, and Peter stayed in his expected space for 100% of the sessions. Pre-session chases benefited the results by decreasing the amount of time Peter spent running during sessions. During the fourth phase when Blowers et al. (2020) increased the duration from 30 s to 120s, elopement and wandering began to increase again and did not produce the same desired outcome. During the seventh phase, Peter was expected to stay put for 60 s. He did this successfully during 100% of the sessions. The outcomes of the Blowers et al. (2020) study showed that elopement can be maintained by retrieval and chase. It is important that chase is not considered a reinforcement for an elopement, as parents often chase their children immediately after they elope. It may be difficult to maintain treatment outcomes in a general education environment if the child is seeking to be chased.

According to Jessel et al. (2018) studies demonstrating proven interventions for problem behaviors that were created based on a functional analysis have been successful, therefore the same procedures should be implemented with eloping behaviors. Often during a functional analysis researchers will measure the rate of behavior occurrence. When measuring the rate of elopement from an expected area the child will need to be retrieved and brought back to the expected area, which provides the child with attention. To avoid this, researchers started conducting single response sessions and measuring the latency from the first response rather than the rate. Jessel et al. (2018) believed that latency-based functional analysis may improve accurately pinpointing the antecedent of the problem behavior: elopement. Based on the findings, Jessel et al. (2018) conducted a study focused on two boys diagnosed with autism using the latency-based functional analysis prior to implementing treatment. One of the participants was a four-year-old named Steve, who was non-verbal and used picture cards to communicate. The second participant was a 10-year-old named Zane, who also had attention-deficit/hyperactivity

disorder (ADHD) and could speak in full fluent sentences. The duration of each session started at three minutes and progressively increased to a maximum of 20 minutes. In the room where sessions took place, one side contained preferred items according to parental reports, while the other had no items. In this study, elopement occurred when the participant walked or ran away more than one meter from the therapist without permission, or if they were more than one meter outside the expected area. A timer measured the latency from the start of the session to when the participant attempted to elope or successfully eloped. If elopement did not occur during the session, no response was recorded. The two participants were scored on three functional communication responses (FCRs) based on their specific needs. Steve utilized picture cards while Zane was able to communicate verbally (Jessel et al., 2018).

During the functional analysis, Jessel et al. (2018) utilized an interview-informed synthesized contingency analysis and adjusted the way latency to elopement was measured, including both a parent interview and observation of the participant. Through the interview, it was determined that Steve was very interested in water. Researchers used this information to develop conditions that would evoke elopement during the unstructured observation. During the controlled condition, Steve was allowed access to a bucket of water, and elopement was ignored. During the test condition, Steve was positioned close to the therapist. If elopement to the bucket of water occurred, he was given 30 seconds of access before the session was terminated. During the control condition, Steve did not elope, however during the test condition, he eloped every time. During the interview with Zane's parents, it was determined that he often eloped toward preferred items or people when directed to do something and attention was turned away from him. When Zane knew his mother was nearby, she was often the target during elopement, so the researchers included Zane's mom in the analysis. During the controlled condition, Zane had

access to attention from his mother, but during the test condition, the therapist directed Zane to wait by the wall while his mom talked to an observer. If Zane eloped to the preferred items or his mom, he was allowed 30 seconds of access before the session was terminated. Similar to Steve, Zane did not elope during the control condition and eloped during each of the test sessions. During treatment, a therapist taught the target FCR. Testing began once the participant met the criteria for communicating independently and not attempting to elope 80% of the time during the following two sessions. Evaluation sessions started at three minutes and increased incrementally to 20 minutes while evaluating the participant's tolerance. Following the evaluation sessions, the therapists began reinforcement thinning. Steve's treatment resulted in the elimination of elopement as his FCR increased. During the process of reducing reinforcement, Steve's latency to elopement was relatively long and the rate of elopement was low. When Zane had FCTs introduced, his elopement was nearly eliminated and his communication skills increased. During the few sessions that elopement occurred, Zane's latency to elopement increased and the rate of elopement decreased throughout treatment and evaluation. Once treatment was complete, his parents filled out a short social validity questionnaire. Both families found the treatment helpful and were confident in their ability to continue using the same strategies outside of the session. They rated the treatment as highly acceptable. As a result of this study, Jessel et al. (2018) did not feel that focusing on the latency rather than the rate of elopement would lead researchers automatically to a more efficient analysis. This study showed that measuring latency was an effective functional analysis for developing functional-based treatment plans (Jessel et al., 2018).

Kamlowsky et al. (2021) conducted a study focused on using latency-based functional analysis (FA) for elopement and evaluating treatment for the participants using the results of the assessments compiled. Participants in this study included Wyatt, a 4-year-old male, Jacob, a

7-year-old male, and Clive, a 10-year-old male each diagnosed with ASD. Each session took place either in a therapy center room or in a room at the participant's home. The room was divided into two areas, area A and area B. Area A was associated with the non-contingent reinforcement while area B was associated with the test or extinction contingency. In area B the participant received no attention and no access to preferred items, while in area A participants received breaks as needed, access to preferred items, and continued attention. There was an opening between the wall and the divider through which the participant could move between areas. The study data were collected digitally, with the use of timers, and some sessions were videotaped. Observers collected data on the latency of the first elopement during baseline data and all controlled sessions. A second observer utilized the video footage to determine the latency. Kamlowsky et al. (2021) then developed a percentage based on these two times.

Results showed that during the attention and tangible condition Wyatt showed a 95% latency of the time for side A, while during the escape condition he showed a latency of 47% of the time to side A. Based on the FA, Wyatt was seeking access to preferred items, adult attention, and escaping from demands through elopement. Jacob did not escape to side A during both the tangible and escape conditions. During the attention condition, he eloped to side A 97% of the time. This proved that Jacob solely sought attention through elopement. Clive had a latency of 62% of the time to side A during the escape condition, showing that he was eloping to escape demands. During treatment, each participant decreased their average percentage of elopement to less than 4%. The evaluation determined that the function-based treatments for each participant were successful in decreasing elopement. The latency-based measure was a more practical and safe dependent variable to be used when assessing elopement and discovering which variable maintained elopement behavior. When using latency to elopement as the dependent variable,

researchers limited or eliminated the use of retrieval during a trial or session while maintaining participant safety. Although latency measurements may not serve as a successful tool to measure all forms of elopement, such as when the distance or duration of the elopement has great, a measure of duration may be required to accurately document the elopement behavior (Kamlowsky et al.,2021).

Rapp et al. (2005) focused on a 14-year-old girl with autism who often eloped or dropped when near a pool. The goal was to determine the effectiveness of interventions involving physical guidance and reinforcement when an individual displayed avoidance behaviors like elopement and dropping. After a scary swimming incident two years prior to the study, Amy the participant, was afraid of pools which resulted in elopement, dropping, face hitting, choking, and screaming when approaching a pool. Sessions occurred weekly over eight weeks at the same public swimming pool. Data were collected on each of the previously mentioned behaviors as they occurred within three-minute segments, except for screaming which was tracked as 10-second whole intervals. For example, if Amy screamed for 10 seconds straight it was scored as one occurrence. The pool depth where Amy spent the most time was also recorded at one-minute intervals throughout each session. Sessions began in the parking lot of the pool and interventions were implemented to keep Amy safe. Once she entered the pool a reinforcement was provided. During baseline observations, Amy's mother was told to use her typical techniques to get her into the pool. During the treatment phase, blocking and reinforcements were used as Amy approached and remained in the pool. During the next phase blocking and reinforcements were only used when Amy remained in the pool. As a result of interventions, Amy showed high levels of problem behaviors during sessions one and two, but when interventions were implemented during the walk to the pool and when Amy remained in the

pool, problem behaviors decreased to nearly zero. When therapists stopped providing reinforcement on the way to the pool problem behaviors increased, and quickly decreased when interventions were implemented as she entered the pool. During session six, Amy showed an increase in problem behaviors when the reinforcement schedule was thinned, but during session seven problem behaviors did not occur while the schedule was thinned. During sessions, eight and nine problem behaviors remained minimal as therapists switched from a food item reinforcement to a tangible item, a ball. Ten months later session 10 was conducted. Amy showed problem behaviors as she entered the pool area, but once in the pool receiving reinforcements, problem behaviors decreased to zero. During sessions 11 and 12, Amy was able to enter and remain in the pool with no interventions and zero problem behaviors. Additionally, three weeks later Amy went on a class trip to a pool and successfully entered the pool and remained in the pool longer than her peers. The results showed that the use of blocking and reinforcements was effective in eliminating pool avoidance and the problem behaviors: elopement, dropping, face hitting, choking, and screaming (Rapp et al., 2005).

Clinical Studies on Elopement

Elopement behaviors are prevalent in children with Autism Spectrum Disorder. The dangers of elopement can put children in unsafe situations, including getting lost, being struck by an automobile, or drowning. Statistics show that accidents like these are the leading cause of premature death in this population. According to Call et al. (2017), a clinical study targeting elopement has not been completed. Previous studies have focused on a singular subject after a functional behavior assessment had been conducted. “The purpose of this study was to perform this type of analysis by conducting a retrospective chart review of all cases of elopement treated

within a clinical setting specializing in the development of function-based treatments" (Call et al., 2017, p. 376), for those with autism.

For this study, Call et al., (2017) completed a comprehensive review of medical records to determine if potential participants met a list of criteria. The criteria included (a) elopement was the primary dependent variable, (b) treatment was based upon the results of a prior functional analysis that operationally defined elopement as leaving a caregiver or therapist's supervision, and (c) data sets were complete. Once participants were selected the clinical team met with caregivers to determine treatment goals, and if they would be acceptable and feasible. Additionally, observations of students in their typical environment occurred for functional analysis. All assessment treatment sessions were conducted by a team of therapists with experience in applied behavior analysis (ABA). During test sessions, participants were given the chance to elope from the testing room where tasks were present to another room that offered a break from the demands or even a preferred item. The sessions lasted approximately 10 minutes. The elopement rate for each test condition was compared to the elopement observed in a control condition that did not systematically manipulate the reinforcement (Call et al., 2017). Within the study, researchers narrowed the participants from a pool of possibilities to 11 children ranging from ages five to 12 years. After the functional assessment was completed, an individualized treatment plan was developed for each child. Differential reinforcement of other behavior (DRO) was the most common treatment plan, with differential reinforcement of alternative behavior (DRA) also being used for several participants. The treatment result outcome for participants had an overall average reduction of elopement by 86.19% (Call et al., 2017). Overall, it was determined that behavioral interventions effectively reduced the high rates of elopement for each participant in this study.

The trial completed by Scheithauer et al. (2020) used the Function Based Elopement Treatment (FBET) manual to conduct a functional analysis of elopement behaviors. The manual included instructions, decision trees, and guidance for selecting treatment plans and training parents. This study was conducted over a 12-week period and used random selection to determine subjects. Half of the participants were given treatment with FBET, while the other half were waitlisted. At week twelve the waitlisted were offered FBET. Participants were boys and girls ages four to 12 diagnosed with ASD and had a referral from a provider or were on the waitlist for treatment at an ABA clinic with concerns of elopement. Scheithauer et al. (2020) used the following measurements to collect data during baseline, midpoint, and endpoint: Aberrant Behavior Checklist (ABC); Parenting Stress Index–Short Form (PSI); Home Elopement Safety Checklist (HISC); Parent Target Problems (PTP); and Clinical Global Impression–Improvement Scale (CGI-I). The treatment took place over the course of 12 weeks with two-hour appointments in the home or a community setting. During the pre-interview parents were asked several questions about their child's elopement patterns. These results were analyzed by three Board Certified Behavior Analysts (BCBAs) to determine if the elopement was classified as bolting or wandering. The results which treatment protocol to utilize. The treatment plan could change throughout the 12 weeks when data collection from the functional analyst showed a clear function of behavior (a bolter) or a lack thereof (a wanderer), (Scheithauer et al., 2020).

The first two appointments are the same using both protocols. The first appointment focused on explaining the process and training the caregiver about antecedents, behaviors, and consequences and the use of data. The second appointment focused on the home elopement safety plan (HESP). If following the bolting protocol at appointments 3–4, caregivers were

taught how to utilize a trial-based functional analysis in common areas the child eloped from. Then at the appointment, five caregivers were coached on how to implement the behavior skills treatment, based on the functional analysis results. Lastly, during appointments 6–10, caregivers were observed while implementing the treatment, and adjustments were made to treatment as the child showed success. If families followed the wandering protocol, appointments 3–10 utilized reinforcements determined through an interview to coach caregivers on behavioral skills treatment. Both groups received homework to practice and collect the child's behavioral data. The results showed that children in the FBET group had a more significant decrease in the ABC-Hyperactivity subscale than those in the controlled group. The FBET groups reported that more items for safety measures were endorsed than those in the control group. Unfortunately, due to the small sample size, the results did not provide enough evidence to determine the efficacy of this intervention. A study with a larger group would be needed (Scheithauer et al. 2020).

Elopement in the School Setting

According to Perrin et al. (2008), elopement behavior poses a threat to dangerous situations in community settings or an increase in missed instruction in the school setting. If elopement behaviors remain unaddressed in both settings students may need to be located in a more restrictive environment. In 2008, limited studies on the use of functional analysis to support elopement behaviors existed and presented a need for more studies to be conducted in educational and outpatient settings. The results of previous studies supported the use of a brief functional analysis (BFA) utilizing multiple five-minute sessions to develop adequate interventions when the time was limited. Perrin et al. (2008) used the BFA to determine the function of elopement for two preschoolers, Brian and Gary. Both participants often eloped from

their classroom into other classrooms, the bathroom, or the hallway and disrupted the learning environment. Brian would elope more often during unstructured times, while Gary frequently eloped during academic instruction. Experimental sessions took place in a small room with a divider to create an A and B side of the room with a doorway in between. BFA and treatment sessions took place in the morning and afternoon over two days. During each session, observers collected data on eloping behaviors and the use of functional communication training (FCT). At the start of each 40-second time interval participants were guided to sit down in a chair on side A. If they eloped to side B the participant was guided back to side A to sit. If they were still on side A they were guided to sit back down or to sit in a new chair to keep the attention consistent across sessions (Perrin et al., 2008).

During BFA, Perrin et al. (2008) assessed the two participants using a control condition, toy play, and test condition. Any time elopement behaviors occurred, therapists ignored them. Since Brian often eloped during independent play, an ignore condition was utilized during his BFA. Based on the results of Brian's BFA, elopement was greater during the attention and tangible conditions. The therapists determined that noncontingent reinforcement (NCR) and extinction would be utilized for treatment. During baseline, access to a preferred toy and attention was provided on side B contingent on elopement. During NCR preferred toys and attention were available on both sides A and B. The results of the treatment sessions showed that elopement occurred at high rates during the control condition and at low rates during the NCR condition. Based on the results of Gary's BFA, elopement most frequently occurred during demand and tangible conditions. Therefore functional communication training (FCT) and extinction were utilized during his treatment. Before the assessment took place, Gary received training on how to use the FCT card. For both baseline and FCT conditions, Gary was provided

academic tasks. During baseline assessment, Gary received access to a preferred toy until the interval ended, while during treatment, elopement caused demands to continue, and access to the toy was not provided until the FCT card was exchanged. As a result of treatment, Gary showed low rates of elopement when a break and access to a preferred toy were provided following the use of the FCT card. The final results showed the use of a BFA to develop function-based interventions for students when the time was limited successfully decreased the rates of elopement for both participants. Each participant's assessment and treatment were completed over the course of two days for a total of fewer than three hours. One limitation of this study was the use of the BFA in an alternative classroom setting in order to avoid disruptions to the other students. Further research is needed to determine the best way to generalize interventions within the natural environment (Perrin et al., 2008).

Lang et al. (2010) completed research on the use of functional analysis in two relevant settings to help answer questions about the effectiveness of function-based interventions in a variety of settings. The participant in this study was a four-year-old boy named Joe. He frequently eloped by getting out of his seat, running towards the door, and turning away from the therapist. Data was collected in 10-second intervals noting the number of times the target behavior occurred and divided by the number of intervals in each session. Sessions alternated between two settings: Joe’s classroom and the resource room at his school. During the functional analysis, elopement was observed during 5-minute sessions in a variety of conditions, and neither blocking nor restraints were used. During each condition, Joe was gently guided back to his seat after each elopement, even though this provided a form of attention. Results from the functional analysis showed that getting someone's attention was the reinforcer that motivated Joe’s elopement in the resource room setting, while tangible reinforcement motivated the

elopement in the classroom setting. During baseline data collection the teacher reacted to Joe's elopement as she usually would with a reprimand and redirection. Two different interventions were implemented in each setting using noncontingent reinforcement (NCR) with reinforcers that were identified during the functional analysis. The first intervention was attention-based and included the teacher remaining in close proximity to Joe and keeping her body turned towards him during the full session. The second intervention was tangible-based and provided Joe with access to the DVD in his classroom without any other interactions. The teacher utilized both attention and tangible interventions. Results from the treatment analysis showed that elopement in the resource room decreased when attention-based interventions were used. While in the classroom the use of tangible-based interventions also reduced the rate of elopement. The results supported the general findings that a setting can influence the results of a functional analysis, which is an important component in developing interventions (Lang et al., 2010).

Pennington et al. (2012) addressed some major concerns when students elope from their classroom. It is challenging to find research on elopement within the public school setting. In this study, Pennington et al. (2012) focused on a seven-year-old with autism named Jackson within the public school setting using a differential reinforcement procedure to prevent elopement. The goal was to increase instruction for all students and create a safe learning environment. Each session was held during calendar time at approximately the same time of day for 6-9 minutes. The student expectation was to be seated with the class on the rug facing the teacher showing whole body listening. This study was conducted with a quantitative research design tracking the percentage of intervals in which elopement occurred. Each session was recorded with a video camera, and data were recorded in 20-second intervals, marking a '+' for any time Jackson showed eloping behaviors. After conducting and Functional Assessment Screening Tool (FAST),

it was noticed that “staff members consistently delivered verbal attention more frequently following occurrences of elopement than during appropriate behavior. Additionally, elopement occurred more frequently in situations where task demands were low.” (Pennington et al., 2012, p. 4). The experimenter hypothesized that Jackson continued elopement due to gaining teacher attention as positive reinforcement. During interventions, the teacher used differential reinforcement alternative behaviors. For example, when directed to sit on the carpet, if the student complied within five seconds, he received praise. If he did not comply, it was recorded as the problem behavior, once he joined the class on the rug he received praise. The teacher delivered praise “on a variable interval schedule (VI-40 sec; average interval length was 40 sec) for appropriate behavior (i.e., looking, pointing, sitting on the carpet, verbal responding)” (Pennington et al., 2012, p. 5). As a result of the use of DRA, or positive praise for appropriate behavior, “elopement decreased by 72% from baseline sessions” (Pennington et al., 2012, p. 5). Once the teacher withdrew the use of the DRA, there was an increase in eloping behaviors. Overall this study concluded that DRA could be successful in the public school setting, by using a functional behavior assessment and addressing the hypothesized function of the behavior with developed interventions.

According to Stockall et al. (2015) over half of the children with autism engage in elopement behaviors, creating concerns for parents, educators, and administrators. Not only are students missing out on core instructional time, but they are also likely disrupting the learning of peers. It has been found that completing a Functional Behavior Assessment (FBA) to determine the antecedent, or cause of behavior, helps educators predict patterns of the problem behavior necessary to develop a Behavior Intervention Plan (BIP). Creating a BIP for students has been shown to be a successful intervention that decreases the number of times a problem behavior

occurs. To develop a successful BIP, an FBA must first be completed. When completing an FBA, educators utilize indirect assessments and direct classroom observations to develop a hypothesis about the function or cause of elopement. Some indirect methods used to gather information about elopement can include formal and informal interviews with previous teachers, if available, or family members, as well as team discussions centered around the concerning behavior. The main purpose of the FBA is to collect data about the events that occur right before a child elopes, and the events that occur following the elopement (Stockall et al., 2015).

In addition to collecting data in the school setting, educators collaborated with student families to collect data. Stockall et al., (2015), painted a picture of how Esperanza's family reported eloping behaviors across settings, creating urgency for school staff and the family to develop interventions for Esperanza to prevent elopement. Through working with the family the team developed Spanish phrases that included praise, preferred toys, games, and snacks utilized as tangible reinforcements. Of primary importance when working with young autistic children and their families is using a team approach, that ensures that procedures developed within the BIP are carried out consistently and accurately across settings. To begin the process, the team hypothesized possible triggers or events that happened immediately before the target behavior. Once the behavior was defined, the team noted events that occurred after the behavior. Events following the target behavior could have served as positive reinforcement, which increased the likelihood that the behavior would occur again. It may also have been punishment, defined as anything that decreased the behavior. It is important to acknowledge that what might be considered a punishment for some students may actually be a reinforcement for other students. The team used the data collected from direct observation, indirect methods, and family/teacher interviews to assess the behavior pattern. The Stockall et al, (2015) study found that prior to

demonstrating elopement behaviors Esperanza was given a signal or a prompt to transition from the teacher or a paraeducator. Esperanza was reinforced by avoiding the transition and receiving attention when she was retrieved, as demonstrated by Esperanza exhibiting smiles, giggles, and hugging her teacher. This summary served as the guild for developing a BIP (Stockall et al., 2015).

The team developed a BIP based on the results of the FBA in accordance with the Individuals With Disabilities Education Improvement Act (IDEIA). The BIP included a behavioral goal, prevention strategies, teaching skills, and positive reinforcers. Additionally, it addressed a crisis plan for when the behavior occured. Interventions were developed to extinguish the behavior or make elopement irrelevant or ineffective. For example, Esperanza eloped when lining up for music. Following the behavior analysis, music was taught in the homeroom to eliminate the transition altogether. Other positive reinforcements, such as smiles and hugs, were only provided for expected behaviors like waiting instead of running. No matter the function of the behavior, the team continued to collect data, monitor progress, and collaborate to determine the effectiveness of interventions. Once the BIP was created, the team determined and taught appropriate replacement behaviors. It is also important to utilize the FBA data as a baseline and continue to monitor the behavior progress weekly. This BIP served as a proactive measure to support the student and to teach appropriate skills to prevent the behavior. Unfortunately, it is likely that even under the best circumstances, elopement may still occur. It is important for teachers and staff to know specific techniques to retrieve a student who might elope from either the classroom or the building. Key strategies to remember while retrieving a student include keeping emotions at bay while remembering the goal is to locate and return the student back to class or school safely. It is important to approach the child in a calm and positive

manner to prevent them from running again. Ms. Adkins utilized a Barbie doll to help get Esperanza back into the building and told her she could hold it once she was inside. Once in the music classroom, Esperanza was told she could have a break with the doll after music, so a picture of a Barbie doll was added to her picture schedule (Stockall et al., 2015). This great example demonstrated how to calmly and safely return a student to the building after an elopement, and provide Esperanza with positive reinforcement and a goal to work towards.

According to Gibson et al. (2010) up to 25% of preschool children exhibit challenging behaviors that may impede their functioning. Many preschool teachers do not have the appropriate tools to manage student behaviors which put students at risk for being expelled from state-funded programs. When behaviors are not addressed and interventions are not put into place when children are young, the students may become stuck in their ways and resistant to treatment. Programs that implemented the use of mental health services for students were less likely to expel students compared to programs that did not have access to mental health resources. Gibson et al. (2010) addressed one of the interventions that improved behavioral and academic outcomes: Functional Communication Training (FCT). Using a functional behavior assessment researchers determined the function of the problem behaviors and replaced the behaviors with a communicative responses that meet student needs. Unfortunately, limited research on the effectiveness of FCT for children with autism exists. Most research has been conducted with children who have profound intellectual disabilities. Most previous studies were conducted in a face-to-face format, but the Gibson et al. (2010) study used video conferencing during the intervention training.

As a way to eliminate some of the challenges experts faced, such as increased fees due to travel times to rural areas, reduction in frequency and duration of in-person visits, and inability

to receive on-demand support in a crisis, Gibson et al. (2010) studied ways to break down the barriers using desktop video conferencing. Video conferencing offered a wider range of accessibility to offsite locations, which may have increased the availability of educator support. However, in 2010, video conferencing used that was to support behavioral and academic outcomes for students received limited attention in the literature. The main purpose of this study was to determine the effectiveness of FCT for elopement when consultative support was provided via video conferencing. The participant in this study was a four-year-old male diagnosed with autism, Shane. He demonstrated limited communication skills and used grunts or other sounds to indicate emotions. The preschool teacher and teacher assistant also participated in the study. The consulting staff consisted of two behavioral consultants who conducted the FBA, developed interventions, trained the staff, provided feedback, and collected data. The setting for the intervention was Shane's preschool classroom where a camera was hung from the ceiling and focused on the circle time rug to maximize the viewing area. The consultants' office was located at a regional university approximately 1.5 hours away and Skype was used for the video conferencing. After the initial face-to-face visit and functional behavior assessment, the consultant and teacher agreed to meet via video conferencing to ensure a greater frequency of communication (Gibson et al., 2010).

After the initial meeting, it was determined that Shane left the learning area (eloped) in order to gain preferred items within the classroom. For the baseline collection, the teacher called all students over to the rug for calendar time and directed Shane to sit on his alphabet letter. If Shane left his assigned letter, the teacher and teacher assistant gave no response to Shane and continued teaching. Because the consultant selected FCT as the intervention to use with Shane, prior to starting the intervention the teacher recorded the items that Shane engaged with most

frequently. She removed those items from the learning environment and placed them in a basket to use during FCT. At the beginning of each session, the teacher assistant directed Shane to sit on his letter. Once seated he was prompted to raise his hand. If he followed the direction he was allowed to pick an item from the basket. If Shane left his assigned letter, the preferred item was removed and he was redirected back to his letter. The teacher assistant prompted Shane using visual cues to raise his hand. If he complied the basket was presented for him to choose an item. Any time Shane raised his hand during calendar time, the teacher assistant presented him with the basket so he could exchange his current item for a new one. The first baseline condition, using 20-second intervals resulted in elopement of 96%. After implementing the intervention the percentage of intervals with elopement decreased to 11%. When the baseline condition was reinstated, the elopement percentage increased drastically to 93%. After the second introduction of the intervention procedures, elopement was immediately reduced to 5%. Gibson et al. (2010) concluded that the use of FCT successfully reduced eloping behaviors for a child with autism by training preschool staff to implement interventions with fidelity using low-cost video conferencing. The teachers shared that their preference for video conferencing was due to increased and frequent contact compared to the face-to-face-only model.

Merle et al. (2020) described elopement as a serious behavior problem. Elopement behavior was defined as bolting, running, or even absconding that required intensive and effective intervention to maintain safety for the child. Within this study, researchers focused on developing practical and efficient interventions for reducing elopement behaviors. They developed a structured protocol called Flipping the Script (FTS) that integrated assessments and intervention plans into one 90-minute meeting. The FTS protocol was designed for educators and stripped away the behavioral analysis jargon difficult to understand and often evoked negative

responses from educators. The following elements were integrated into FTS: functional communication training; negative punishment, antecedent strategies, and differential reinforcement. Functional communication training teaches functionally equivalent replacement behaviors (FERB). The use of differential reinforcement can decrease elopement behaviors and increase socially acceptable ways to meet student needs. The use of negative reinforcement may be viewed as receiving a natural consequence for an action. The use of blocking in the general education classroom has been documented as inappropriate and can lead to seclusion or restraint linked to more harmful outcomes for students. Students who elope miss reinforcing experiences in the classroom which can serve as an effective negative punishment. The use of antecedent strategies helps to prevent the problem behavior. Determining likely events that cause problem behaviors and prompting students before a difficult event occurs is known as precorrection. Lastly, differential reinforcement of alternative behavior (DRA) has been documented as an effective strategy in altering a specific behavior to a more desirable behavior (Merle et al., 2020).

The focus of this study was to develop and evaluate a valid functional-based protocol that school staff could implement in a general education setting and to research elopement interventions. The Flipping the Script (FTS) protocol included a sequence of steps for educators to implement when addressing elopement behavior: teaching FERBs, DRA, precorrection as an antecedent strategy, and providing negative punishment as a response to elopement. Students were from two k-5 elementary schools with racial and economic diversity. The two schools housed most students who received special education services, but neither school had a self-contained program. One person at each school was designated to gather data on the daily occurrence of elopement behavior, leaving the classroom without permission. Three reactive sanctions in response to student elopement behavior were tracked: phone call home to be picked

up, school officer called, and physical restraint. An intervention fidelity rubric monitored and evaluated intervention fidelity (Merle et al., 2020).

After completing baseline data and implementing the FTS protocol, all five students decreased elopement behavior to an average of less than one time per week. While the treatment was successful, two students still showed occasions of elopement behavior during the interventions. During baseline collection, the school resource officer was called for three students on four occasions, but following the interventions, there was no need for their assistance. Additionally, during baseline, 19 phone calls were made home. Once interventions began, only three phone calls home were made. As for restraints, seven were used during baseline data collection, and only one was used once interventions began. Based on the data collected during this study, school teams need effective and socially appropriate intervention programming to address elopement behaviors. Executing full FBA recommendations is challenging to follow within a general education classroom. The FTS protocol included common practice elements that reduced elopement behaviors and decreased the number of potentially harmful interactions between students and adults as a response to elopement behaviors. Overall the fidelity of this study showed 85-100% across the five students. Acceptability scores were 8-9 points out of a total of nine across all five students. Raters scored the studies appropriateness 6-8 points out of a total of nine. The use of practical and efficient protocols within the general education setting is important for schools to develop appropriate function-based interventions that keep students and staff safe (Merle et al., 2020).

Quigley et al. (2020) completed a study that focused on the use of functional communication training (FCT) and scheduled thinning of reinforcements in order to reduce elopement behavior. The participant was an 11-year-old boy diagnosed with both ASD and a

severe intellectual disability named Kyle. Sessions took place in both the residential home and school setting, as Kyle often tried gaining access to light switches in the suite area, playroom, and school hallway. Generalization sessions took place in his bedroom, common living and dining areas, and the classroom. Kyle was exposed to the following five conditions during the FA: play, attention, no interaction, escape, and tangible. Play was used as a baseline condition for all other conditions. During this time Kyle was given a preferred item and was not given any other directive. During the attention condition, Kyle was told to complete work followed by the therapist turning away. If he eloped the therapist told him that it was not safe. When Kyle was retrieved the therapist did not make eye contact or provide any verbal attention. During the no interaction condition, the therapist turned away when Kyle participated in non-expected behavior such as elopement. During the escape condition, the therapist set higher demands for Kyle and provided prompting to complete the expected task. If Kyle eloped, the therapist acknowledged this and gave him a 30 s break from demands. Lastly, during the tangible condition, Kyle had access to a preferred item for one minute followed by removal from the therapist when the session began. If Kyle did not elope during the session he would receive 30 s with the preferred item (Quigley et al., 2020).

Throughout the Quigley et al. (2020) study multiple settings were used to determine the effectiveness of Functional Communication Training (FCT) and the use of multiple schedules of reinforcement. At the beginning of each session, both Kyle and the therapist were within 10 feet of a light switch. The therapist was stationed on the opposite side of Kyle from the light switch. A red/green board and an FCR icon were utilized during all sessions to teach Kyle to request walking to the light switch without eloping. When initially introduced, the therapist provided verbal cues and hand-over-hand supports followed by gradual release. Quigley et al. (2020)

slowly increased session durations from 5 s intervals to 600 s. Once successful in the trial setting, reinforcement was generalized to Kyle's daily activities. Results showed a decrease to nearly zero elopements to the light switch by session 20, session 22 in the school hallway, and in the clinical suite during session 33. The results of the Quigley et al. (2020) study showed that FCT was an effective intervention to decrease or eliminate elopement behavior. Researchers were able to effectively implement a multiple schedule arrangement during testing that generalized successfully to the participant's daily activities (Quigley et al., 2020).

Chapter 3: Application

While conducting this project, I read through many journal articles that focused on implementing treatment plans for children with Autism who presented elopement behaviors. Each study utilized a functional behavior analysis (FBA) and then experimented with a variety of response plans. I have created a Google Drive with six documents that will support teachers in completing an FBA and developing behavior intervention plans (BIP) and/or response plans specific to elopement. The first step in the FBA process is conducting interviews with the teacher, parent, and student. These forms can be found in Appendix A, Appendix B, and Appendix C. Appendix A shows the teacher questionnaire. The purpose is to get a better idea of how the child presents in the classroom. The FBA Teacher Questionnaire consists of five parts. Part one addresses the behaviors the teacher observes in the classroom, how long they've known the student, and a hypothesis about why the behaviors may be occurring. Part two focuses on the time of day the problem behavior occurs, along with what is happening immediately before and after the behavior. Part three addresses additional factors that may influence the student's behavior. In part four, the teacher will share the student's strengths and preferences. The final part is a Motivational Assessment Scale (MAS). This helps to determine if the student is motivated by sensory needs, escape of task/environment, attention, or tangible items. The FBA Parent/Guardian Questionnaire, seen in Appendix B, asks parents and guardians a similar set of questions with a focus on what the problem behavior looks like at home. Lastly, before collecting baseline data for the target behavior, the student is interviewed. This can be completed by a parent, teacher, or staff member. Part one asks the student to reflect on what they view as their areas of strength, and what challenges. Part two focuses on how the student spends time outside of school, while part three focuses on how the student feels at school. Part four asks the student

how they prefer to interact with others. During part five the student shares their likes and dislikes. Part six is a series of statements that helps the interviewer get a better idea of how the student views themself. Through these three forms, the Independent Education Plan (IEP) Team or Evaluation Team is able to gain valuable insight into a student. The team can hypothesize an antecedent to the elopement behavior and determine some possible motivators for the student. Once the interview process is complete, the team will conduct baseline data assessments and develop an intervention plan.

Similar to the academic journals I reviewed, the Google Drive I created, includes an Interval Observation tracking sheet (please see Appendix D). This form creates a way to track data on elopement behavior in 30-second intervals over a 20-minute observation period. In step one for each observation cycle, the observer will select a peer with typical classroom behavior to observe and compare to the student who exhibits elopement behaviors. For each interval, the observer will circle a plus symbol if the student and/or peer exhibited elopement behaviors, and a minus symbol if elopement behavior was not observed. The observer will also indicate what activity the students were doing during each interval. Once the observation is complete the observer will calculate the percentage of intervals in which elopement behaviors were observed and answer three follow-up questions. During the process of conducting an FBA, the student should be observed on at least ten separate occasions, but preferably once a day over the course of ten consecutive school days. Each observation will then be used to answer questions in the Google Form, see Appendix E for an example. Following ten observations data will be analyzed. This example can be seen in Appendix F. Utilizing the results of the FBA, the IEP or Eval team will develop an intervention or response plan to support the student. I have developed an example BIP specific for a student who exhibits elopement behavior. The BIP seen in Appendix

G, includes the target behavior, behaviors to increase, the probable cause of behavior, baseline data (collected through the FBA), preventative interventions, skills to teach, and reinforcement interventions. I compiled the list of interventions based on interventions used throughout the research studies within the academic journals I reviewed. Once a BIP is written, a response plan can be developed (see Appendix H). The response plan reviews the specific behaviors seen at three different levels and provides information about how the staff working with the student should respond. The example shows that when a student is on task, interactions with staff should be positive and incentives or rewards should be supplied. When the student starts to show subtle signs of anxiety, the student should be directed to a calming space to take a break. Finally, if the student elopes, or shows high-risk behaviors, interactions should be simple and direct and staff emotions should remain neutral. Once the student has returned to the classroom, they reflect and discuss their behavior with a staff member, and return to the original task whenever possible. Having a BIP and response plan specifically tailored to each student is important in being able to support individual needs, and teach the student appropriate behaviors.

Materials within a Google Drive have been created for educators and school staff. They will use the elopement behavior package when conducting an evaluation for a student or completing an FBA to determine the antecedent of behavior and develop a BIP to support the student exhibiting elopement behaviors. In order to complete the FBA, there are no additional costs to the IEP team, but it will take the support of the parents/guardians, the student's teacher(s), and other IEP team members. A staff member will need to be selected to observe the student. Depending on the building composition a variety of people could support this such as the special education building lead teacher or supervisor, the principal, the assistant principal, a behavior intervention specialist, or a paraprofessional. Once the data is collected, the IEP team

will meet to develop the BIP. This research-based application project can be used and adjusted over time as needed to support the student(s). The forms can be used with students of any age, communication level, and across different school settings. As new findings are discovered or new interventions are developed, it would be beneficial and important to those utilizing these forms to update them as needed.

Chapter 4: Conclusion

Throughout the research, I found common elements among studies. Each study utilized a functional analysis (FA), functional behavior assessment (FBA), or a brief functional analysis (BFA). The process includes interviewing caregivers and participants when utilized in an outpatient treatment setting, and the participant's teacher when the study took place in the educational setting. The FA, FBA, and BFA each served the same purpose-to determine the antecedent, or cause of the behavior and help educators predict the pattern of the problem behavior to develop a Behavior Intervention Plan (BIP) (Stockall et al., 2015). By determining the function of the problem behavior, educators can develop function-based intervention strategies that target elopement behavior. "The majority of research teams have used function-based strategies to address elopement. That is, strategies are selected that teach conventional responses (e.g., asking for a break, following a directive) that help students access reinforcement more effectively" (Pennington et al., 2012, p. 3). Each study used a variety of evidence-based interventions developed through the process of determining the function of the behavior. The most common interventions used were response blocking (RB), differential reinforcement of other behavior (DRO), differential reinforcement of alternative behavior (DRA), functionally equivalent replacement behaviors (FERB), functional communication training (FCT), and noncontingent reinforcement (NCR). The interventions looked slightly different from study to study due to the individual differences among participants and successfully provided the same results across settings. Within the BIP example (see Appendix G), I have compiled examples of how the interventions have successfully been used to prevent elopement, teach alternative behaviors, and reinforce positive behaviors in relation to elopement.

The documentation answered the guiding question of my research: What interventions have been successful in supporting children with autism who have elopement behaviors?

The set of forms I complied will support educators across districts in Minnesota and across the United States. As educators, we have many roles to fill, and sometimes it feels like not enough time in the day to complete each task. Compiling the forms and placing them in a single folder helps save time when educators prepare to complete an FBA for a student who is exhibiting elopement behaviors. During the FBA process, it is important to take the time to complete the interviews and review the information to develop a hypothesis about the antecedent to the behavior. Additionally, if conducting a full FBA it is important to have 10 separate 20-minute observations of the student, preferably over the course of 10 consecutive school days. Sometimes this isn't always possible, which is where a BFA is advantageous. The BFA can be conducted over a shortened period of time and may use fewer observations. Once the observations are complete, it is important to compile the observational data. With the increased use of technology, Google Forms is a great tool for educators to compile data and create graphs to present that data. Once the data collection is complete, it is important that the IEP team meets in order to develop a BIP to be used within the school setting. This is a legally important step that ensures all parties involved are on the same page and that they agree to the plan that will be implemented. It is the responsibility of the student's case manager to lead the meeting and listen to the ideas of each member. Once the meeting has commenced, the case manager will support the school staff in executing the plan. When the plan is in place, the work continues. It is important to consistently collect data and collaborate with IEP team members to ensure the plan is implemented and updated as needed.

When conducting research I used the following keywords: “autism students eloping from the classroom,” “children with autism and elopement,” “interventions to prevent elopement,” “elopement interventions,” and ”childhood elopement.” These phrases helped me locate journal articles specifically related to elopement. As I reviewed articles, I quickly eliminated articles not focused on children with autism from my research pool. Though the research would have likely been similar, I chose to remain focused on children with autism in order to keep the topic more specific. I was able to choose a few articles that didn’t include study trials, but rather qualitative data collected through interviews that painted the concerns many families faced when their child exhibited elopement behaviors. I found these to be great resources in developing my research that supported the reasons behind my guiding question. Another focus I had when selecting articles for my research pool was finding studies that utilized function-based interventions. I was able to find a variety of articles that focused on 3 or fewer participants. The area I struggled most with was finding clinical studies that contained a wide range of participants. I was only able to find two clinical studies on elopement. Each of these studies used similar techniques and produced similar results as the outpatient treatment and educational settings with fewer participants. As I began to research, I thought I would find more specific interventions utilized for elopement. I quickly realized that was not the case, and the interventions utilized have been used to treat other behaviors as well. Finding a treatment for elopement is less about finding a specific intervention, and more about determining the function of elopement, and what maintains that behavior. By learning more about the function of the behavior through the use of an FBA, educators will be able to utilize a range of interventions to support those functions. I feel that further research on clinical studies would benefit this topic. More notably, in-depth research on the function of problem behaviors and interventions used specifically related to specific

functions would be beneficial to educators. This would allow educators to quickly determine which types of interventions to utilize based solely on the function of the behavior. The research I conducted helped me compile a list of possible interventions for elopement, but knowing that the function is often different among children, the interventions will need to be adjusted based on the student's needs. I feel that this is a topic of growing interest and concern, which means more research will be conducted. As new research surfaces, it will be important to adjust the materials used and stay up-to-date with current findings.

In conclusion, elopement behaviors are prevalent in many children with autism and cause grave concern for caregivers. The lack of knowledge on how to support children who exhibit elopement behaviors puts them at risk of getting lost, being struck by an automobile, or drowning (Call et al., 2017). Statistics show that accidents like these are the leading cause of premature death in this population and raise the need for effective interventions. Across studies, the most distinctive interventions used were response blocking (RB), differential reinforcement of other behavior (DRO), differential reinforcement of alternative behavior (DRA), functionally equivalent replacement behaviors (FERB), functional communication training (FCT), and noncontingent reinforcement (NCR). As seen in Appendix G, I have compiled a list of how these interventions may be utilized in a sample behavior intervention plan (BIP). Educators would not use every intervention listed, rather following the completion of an FBA, they will be able to determine which interventions from the pool of interventions would best support the target student.

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Appendix A

FBA TEACHER QUESTIONNAIRE

Student's Name:_____
Date:_____

Your Name:_____
Relationship to Student_____

The following information is being gathered as part of a Functional Behavior Assessment (FBA). An FBA looks at a behavior that is concerning during the student's day to better understand what is leading to the challenging behavior and what can be done to help the student be more successful. By answering each question below to the best of your ability, you will help the team to see as clear a picture of this student as possible.
Feel free to write additional comments if you find that helpful.

Target Behavior for FBA (from FBA Guide): <u>Elopement: leaving the expected area and/or leaving the classroom.</u>

PART ONE: *It is important to understand what the challenging behavior(s) looks like across teachers and school environments so that we can work together to plan future interventions.*	
a. Describe what the target behavior(s) looks like in your classroom:	
b. How long has the behavior been happening?	▢ 1-10 days ▢ 2-4 weeks ▢ 2-4 months ▢ 6 months-to a year ▢ 1 or more years
➔ How long have you worked with this student?	
c. Why do you think this behavior is occurring?	

PART TWO: *The goal of the FBA is to find patterns within a student's behavior so that we can better understand the function of challenging behavior(s) and plan future interventions to support success. Please answer the following questions to aid in identifying the patterns of behavior for this student.*	
a. Does the student engage in the challenging behavior during the following times of day? (mark all that apply)	▢ Morning ▢ Afternoon ▢ Before Meals ▢ During Meals ▢ After Meals ▢ Arrival ▢ Dismissal ▢ Instructional Time ▢ *If at <u>other times list them here</u>:*
b. Does the student engage in the challenging behavior during the	▢ On the bus ▢ Reading/ELA ▢ Writing ▢ Math ▢ Science ▢ Recess ▢ Lunch ▢ Independent work ▢ Small group work

following classes/activities? (mark all that apply)	▢ Large group work ▢ Computer work ▢ One-on-one ▢ Hallway ▢ Para or other adult directed group ▢ Peer/Cooperative work ▢ Discussions/Q&A ▢ Specials/Electives (specify): _____ ▢ Other academics (specify): _____ ▢ Transitions (specify - within the room activity or from one class to another): _____ _____ ▢ Other (list): _____
c. Is there anything that will ***reliably cause*** the challenging behavior to occur? (check all that apply)	▢ Request to start task ▢ Asking to correct work ▢ Told "no" ▢ Reprimand or correction ▢ Seated near specific peer ▢ Transition ▢ Peer teasing or comments ▢ Change in schedule ▢ Novel task ▢ Difficult task ▢ Lengthy task ▢ Task is repetitive (same task daily) ▢ Student is alone ▢ End of preferred activity ▢ Removal of preferred item ▢ Start of non-preferred activity ▢ Unstructured time ▢ Teacher is attending to other students ▢ Other (specify): _____
d. Are there ***observable signs*** that may be present before the target behavior? If yes, describe:	
e. How **frequently** does the behavior occur?	▢ Hourly ▢ At least once per day ▢ Once per week ▢ Several times per week ▢ *If specific frequency not listed above, describe here:* _____
f. How long does the challenging behavior usually last (**duration)**?	▢ 1 minute or less ▢ Up to 5 minutes ▢ 5-15 minutes ▢ 15-30 minutes ▢ Greater than 30 minutes

g. Usually, how much redirection does the behavior require (how **intense** is the behavior**)**?	▢ Not Observed ▢ Low: Staff redirection was needed that did not interrupt classroom routine/activity/instruction. ▢ Moderate: Staff redirection was needed that interrupted classroom routine/activity/instruction for <5 minutes ▢ High: Extended interruption of classroom routine/activity/instruction AND others support staff was required	
h. What happens ***after*** the challenging behavior occurs?	Adult Response: ▢ Ignore ▢ Redirect ▢ Offer a break ▢ Remove from Situation ▢ Other (specify):_____	Peer Response: ▢ Ignore ▢ Laugh; think it's funny ▢ They get irritated; may avoid student ▢ Copy the behavior ▢ Other (specify): _____
➔ How does the student react to the responses noted in question h?	▢ Target behavior continues ▢ Target behavior escalates ▢ Target behavior de-escalates ▢ Target behavior stops ▢ Student response was not seen by this observer	

PART THREE: *Please provide additional insight into other factors that may have an affect on the student's engagement in the problem behavior.*	
a. Are there conditions in the ***physical environment*** that are associated with a high likelihood of the challenging behavior? (check all that apply)	▢ Temperature ▢ Too crowded ▢ Weather Conditions ▢ Chaotic Environment ▢ Lighting(fluorescent/too bright) ▢ Smells ▢ Noise ▢ Other (describe):_____ ▢ No environmental factors noted
b. Are there circumstances ***unrelated to the school setting*** that occur on some days and not other days that may make challenging behavior more likely? (check all that apply)	▢ Illness ▢ Allergies ▢ Stomach ache ▢ Headache ▢ Hunger ▢ Change in medication ▢ No medication ▢ Trauma history ▢ Mental Health Condition ▢ Drug/alcohol abuse ▢ Bus Conflict ▢ Fatigue ▢ Sleep deprivation ▢ After weekend/break ▢ Change in routine ▢ Parent not home ▢ Home conflict ▢ Stayed with non-custodial parent ▢ Change in diet ▢ Sensitive to clothing or tactile materials ▢ Other (list): _____

c. Are there other challenges for this student in your learning environment (below grade level academic skills, etc)?	

PART FOUR: *Answer the following questions sharing your observations of this student's strengths and preferences. Knowing more about these areas may be helpful in planning future interventions aimed at decreasing the behavior(s) of concern and increasing positive replacement behaviors.*	
a. Describe times when the student is most successful and **DOES NOT** demonstrate the challenging behavior.	
b. Please list the student's strengths in the following areas:	Academics:
	Social Interactions:
	Other Activities:
c. What does the student prefer to do in his/her free time?	
d. What positive routines, responses, plans or incentives have you put in place or attempted, to prevent, or reduce the challenging behavior?	
➔ For what length of time did you try one of the above (1-2 weeks, 3-4 weeks, 5-6 weeks, or longer)?	
➔ Did you collect data? If yes, summarize: (or attach a copy of your data collection)	

PART FIVE: (Motivation Assessment Scale): Read each question and check the response that best describes your observations:	Never	Seldom	Half the Time	Usually	Always
a. Would the behavior occur continuously if the student were left alone for long periods of time	1	2	3	4	5

b. Does the behavior occur following a request to perform a difficult task	1	2	3	4	5
c. Does the behavior occur in response to you talking to other students in the room	1	2	3	4	5
d. Does the behavior occur to get a toy, food or activity the student has been told he/she can't have	1	2	3	4	5
e. Would the behavior occur repeatedly for long periods of time if no one were around	1	2	3	4	5
f. Does the behavior occur when any request is made of the student	1	2	3	4	5
g. Does the behavior occur whenever you stop attending to the student	1	2	3	4	5
h. Does the behavior occur when you take away a favorite toy, food or activity	1	2	3	4	5
i. Does it appear this student enjoys performing the behavior	1	2	3	4	5
j. Does the student engage in the behavior to upset or annoy you when you are trying to get him/her to do what you ask	1	2	3	4	5
k. Does the student engage in the behavior to upset or annoy you when you are not paying attention to him/her	1	2	3	4	5
l. Does the behavior stop occurring shortly after you give the student the toy, food or activity he/she requested	1	2	3	4	5
m. When the behavior is occurring does this student seem calm or unaware of anything else going on around him/her	1	2	3	4	5
n. Does the behavior cease shortly after you stop making demands of this student	1	2	3	4	5
o. Does this student seem to initiate this behavior in order to get you to spend time with him/her	1	2	3	4	5
p. Does the behavior seem to occur when this student has been told that he/she can't do something they wanted to do	1	2	3	4	5

If there is anything else you think would be helpful, please let us know here:_____

_____

Thanks for your information!

Below is for scoring purposes only (teacher need not complete)

Scoring: Transfer the numeric answer for each question to the blanks below: Scores are organized into columns by type of motivation. Add the total score and calculate the mean score for each motivation. Then determine the relative ranking by assigning the number "1" to the motivation with the highest score, then number "2" to the motivation with the second highest mean score and so forth.

MAS Scoring Summary

	Sensory	**Escape**	**Attention**	**Tangible**
	a.	b.	c.	d.
	e.	f	g.	h.
	i.	j.	k.	l.
	m.	n.	o.	p.
Total Score:				
Mean Score:				
Relative Ranking:				

Appendix B

FBA PARENT/GUARDIAN QUESTIONNAIRE

The following information is being gathered as part of a Functional Behavior Assessment (FBA). An FBA looks at a behavior that is concerning during a child's day to better understand what is leading to the challenging behavior and what can be done to help the child be more successful. By answering each question below to the best of your ability, you will help the team to see as clear a picture of your child as possible.
Feel free to write additional comments if you find that helpful.

Student Name: _____

Date: _____

Your Name: _____

Relationship to Student: _____

Target Behavior: **<u>Elopement: leaving expected area and/or leaving the classroom.</u>**

PART ONE: *It is important to understand what the challenging behavior(s) looks like for your child both at home and at school so that we can work together to plan future interventions.*	
a. Describe what the target behavior noted above looks like at home or in the child's current living situation:	
b. How long has the behavior been happening?	
c. Why do you think the challenging behavior is occurring?	

PART TWO: *The goal of the FBA is to find patterns within your child's behavior so that we can better understand the function of challenging behavior(s) and plan future interventions to support success. Please answer the following questions to aid in identifying the patterns of behavior for your child.*	
a. When do you most often see the challenging behavior?	▢ Morning ▢ Midday ▢ Evening ▢ Bedtime ▢ Mealtimes ▢ *If at other times list them here:*
b. Describe other factors that may trigger the challenging behavior.	Places:
	People:
	Activities:
c. Is there anything that you see that often causes the challenging behavior to occur? (check all that apply)	▢ Being told "no" ▢ A directive from an adult ▢ Changes in plans/routines ▢ Social Interaction with sibling or peer ▢ Ending a preferred activity ▢ Activity they do not like ▢ *Note additional factors:*_____
d. What are the observable signs that the challenging behavior is about to	▢ Clenching of fists/jaw/body ▢ Arguing/yelling ▢ Change in breathing pattern ▢ Reports of headache/Not feeling well

occur? (check all that apply)	▢ Shuts down ▢ Sweating ▢ I do not notice any warning signs ▢ *Include other signs here:*_____	
e. How often do you usually see the challenging behavior?	▢ Hourly ▢ At least once per day ▢ Once per week ▢ Several times per week ▢ *If specific frequency not listed above, describe here:*_____	
f. How long does the challenging behavior usually last?	▢ 1 minute or less ▢ Up to 5 minutes ▢ 5-15 minutes ▢ 15-30 minutes ▢ up to 1 hour ▢ Greater than 1 hour	
g. How does the challenging behavior impact the family routines?	▢ Little to no impact on the family ▢ Delays family routine for a short time (under an hour) ▢ Delays family routine for a long time (over one hour) ▢ Excessive (2-3 hours or more)	
➔ (Optional Response) Describe the impact:		
h. What is the response of others when the challenging behavior occurs?	Adults: ▢ Yell/Reprimand ▢ Ignore ▢ Send to room ▢ Take items away (ex ipad) ▢ Reduce technology time ▢ Remove/change expectation ▢ Other (list):	Other Children: ▢ Laugh ▢ Yell/Argue ▢ Ignore ▢ Appease ▢ Become physically aggressive ▢ Copy the behavior ▢ Other (list):
➔ How does your child react to the responses noted in question h?	▢ Behavior continues ▢ Behavior escalates ▢ Behavior de-escalates ▢ Behavior stops ▢ I do not see a pattern in my child's response to others	

PART THREE: *Please provide additional insight into other factors that may have an affect on your child's engagement in the problem behavior.*	
a. Think of your child's past experience. Describe anything that could be playing a part in the challenging behavior?	
b. Are there any physical or medical conditions that may influence your child's challenging behavior? (check all that apply)	▢ No ▢ Anxiety ▢ Depression ▢ Attention Deficit-Inattentive (ADD) ▢ Attention Deficit-Hyperactivity(ADHD) ▢ Oppositional Defiant Disorder ▢ Reactive Attachment Disorder ▢ Change in (or effect of) medication ▢ *Other areas of concern:* _____ _____ _____
c. Are there other challenges for your child that you would like us to be aware of?	

PART FOUR: *Answer the following questions identifying your child's strengths and preferences. Knowing more about these areas may be helpful in planning future interventions aimed at decreasing the behavior(s) of concern and increasing positive replacement behaviors.*	
a. Describe times when your child is most successful and DOES NOT demonstrate the challenging behavior.	
b. Please list your child's strengths in the following areas:	Academics:
	Social Interactions:
	Other Activities:
c. What does your child prefer to do in his/her/their free time?	

d. What positive routines, responses, plans or incentives have you put in place or attempted, to prevent, or reduce the challenging behavior?	

PART FIVE: (Motivation Assessment Scale): Read each question and check the response that best describes your observations:	Never	Seldom	Half the Time	Usually	Always
a. Would the behavior occur continuously if the student were left alone for long periods of time	1	2	3	4	5
b. Does the behavior occur following a request to perform a difficult task	1	2	3	4	5
c. Does the behavior occur in response to you talking to other students in the room	1	2	3	4	5
d. Does the behavior occur to get a toy, food or activity the student has been told he/she can't have	1	2	3	4	5
e. Would the behavior occur repeatedly for long periods of time if no one were around	1	2	3	4	5
f. Does the behavior occur when any request is made of the student	1	2	3	4	5
g. Does the behavior occur whenever you stop attending to the student	1	2	3	4	5
h. Does the behavior occur when you take away a favorite toy, food or activity	1	2	3	4	5
i. Does it appear this student enjoys performing the behavior	1	2	3	4	5
j. Does the student engage in the behavior to upset or annoy you when you are trying to get him/her to do what you ask	1	2	3	4	5
k. Does the student engage in the behavior to upset or annoy you when you are not paying attention to him/her	1	2	3	4	5
l. Does the behavior stop occurring shortly after you give the student the toy, food or activity he/she requested	1	2	3	4	5
m. When the behavior is occurring does this student seem calm or unaware of anything else going on around him/her	1	2	3	4	5

n. Does the behavior cease shortly after you stop making demands of this student	1	2	3	4	5
o. Does this student seem to initiate this behavior in order to get you to spend time with him/her	1	2	3	4	5
p. Does the behavior seem to occur when this student has been told that he/she can't do something they wanted to do	1	2	3	4	5

Thank you for your time and input. Your insight is greatly valued. If we work together to learn about the behaviors, and know when and where challenging behaviors are likely to happen, we can plan proactive, positive strategies to teach new skills and ultimately reinforce positive behaviors.

Upon the completion of your child's special education evaluation, teachers and parents will come together for a meeting to review the evaluation and use the information from the FBA to plan positive behavioral interventions, identify the new skills to teach and make a plan focused on increasing your child's social, emotional and behavioral success.

Below is for scoring purposes only (teacher need not complete)

Scoring: Transfer the numeric answer for each question to the blanks below: Scores are organized into columns by type of motivation. Add the total score and calculate the mean score for each motivation. Then determine the relative ranking by assigning the number "1" to the motivation with the highest score, then number "2" to the motivation with the second highest mean score and so forth.

MAS Scoring Summary

	Sensory	**Escape**	**Attention**	**Tangible**
	a.	b.	c.	d.
	e.	f	g.	h.
	i.	j.	k.	l.
	m.	n.	o.	p.
Total Score:				
Mean Score:				
Relative Ranking:				

Appendix C

FBA Student QUESTIONNAIRE

Student's Name _____ Grade_____ Date_____

Name of person completing questionnaire _____

Relationship to Student _____

Target Behavior for FBA (from FBA Guide): <u>Elopement: leaving expected area and/or leaving the classroom.</u>

Interviewer Directions: Read the following questions to the student and document their responses. Questions can be rephrased or simplified if needed.

PART ONE: Today I want to learn more about you. We will talk about things that you struggle with as well as things you like and are going well for you.	
a. What are some strengths or things you are good at?	

b. I've been hearing that sometimes you have difficulty with (target behavior age-appropriately stated). Tell me about that:	

PART TWO: I want to learn more about your life outside of school. Tell me about:	
a. Who do you live with? (can include people and pets)	
b. What do you enjoy doing with your family members?	
c. What do you like to do at home or where you are living?	
d. What kind of responsibilities/chores do you have (how do you help at home)?	
e. Who takes you to appointments (like to the doctor if you are sick)?	
f. Have you moved? How often?	
g. Who makes the rules at home? Who enforces them?	
h. How does your family handle conflict?	
i. What are some things your family does to help or encourage you?	

PART THREE: Next, I want to learn more about you at school. Tell me about:	
a. How do you feel about school?	
b. What things are hard for you at school?	
c. Why do you think those things are hard for you?	

d. Do you think you focus well? (organization, planning, task completion, etc.)	
e. Describe things your teachers do that help or encourage you?	

PART FOUR: I want to learn more about you and how you prefer to interact with others.	
a. Tell me what a good friend looks like?	
b. Can you tell me about a friend that you have? What do you like to do together?	
c. Think of someone you don't like. Why don't you like that person?	
d. Who treats you as a special person?	
e. Who do you usually talk to when you are upset?	
f. Who do you feel safe with?	

PART FIVE: Tell me more about your likes and dislikes:	
a. Tell me about a time when you were happy.	
b. What kinds of events or things upset you?	
c. What are some of the goals you have for yourself (personal or academic) (What do you want to get better at?)	
d. What are some steps you need to take to reach this?	
e. If you could change something about yourself what would it be?	

PART SIX: *Now I'd like to read you some statements.*	Usually Not	Sometimes	Often

Please tell if they apply to you often, sometimes or usually not.			
a. I worry or get butterflies			
b. I make friends easily			
c. I get mad a lot			
d. I like being around lots of people			
e. I am messy			
f. I feel sad a lot			
g. I like to be the boss			
h. My feelings get really big			
i. I love to help others			
j. I keep promises			
k. I am active			
l. I dislike conflict with others			
m. I like excitement			
n. I get really scared easily			
o. Change is easy for me			

Closing Question:			
If you could wish for 3 things to happen, what would those 3 wishes be?	Wish 1:	Wish 2:	Wish 3:

Appendix D

FBA Interval Observation

Student Name: _____ Date: _____ Observer: _____

(TB) Target Behavior for Observation: Elopement: leaving expected area and/or leaving the classroom.

Class/Activity: _____ Teacher: _____ Observation Start TIme: _____

The **observation period is 20 minutes** (unless otherwise noted _____). Behavior is recorded at **30-second intervals**

Directions:

Step 1: Match this student with a peer who exhibits typical classroom behavior.

Step 2: At the end of each interval indicate the presence of the "target behavior" for both the Target Student and the Peer - circle + if TB was observed or - if TB was not.

Step 3: In the column marked "Activity Code" indicate the following:

L = Large group instruction	**I =** Independent Work	**A =** Adult having a specific individual interaction with the student
S = Small Group Instruction	**T =** Transition	

Step 4: Includes follow-up questions to be completed after the observation period (on page 2 of this document).

Interval	Activity Code	Target Student	Peer	Interval	Activity Code	Target Student	Peer	Interval	Activity Code	Target Student	Peer
1		+ --	+ --	16		+ --	+ --	31		+ --	+ --
2		+ --	+ --	17		+ --	+ --	32		+ --	+ --
3		+ --	+ --	18		+ --	+ --	33		+ --	+ --
4		+ --	+ --	19		+ --	+ --	34		+ --	+ --
5		+ --	+ --	20		+ --	+ --	35		+ --	+ --
6		+ --	+ --	21		+ --	+ --	36		+ --	+ --
7		+ --	+ --	22		+ --	+ --	37		+ --	+ --
8		+ --	+ --	23		+ --	+ --	38		+ --	+ --
9		+ --	+ --	24		+ --	+ --	39		+ --	+ --
10		+ --	+ --	25		+ --	+ --	40		+ --	+ --
11		+ --	+ --	26		+ --	+ --	* Notes:			
12		+ --	+ --	27		+ --	+ --				
13		+ --	+ --	28		+ --	+ --				
14		+ --	+ --	29		+ --	+ --				
15		+ --	+ --	30		+ --	+ --				

	Targeted Student	Peer
A. Total intervals during which target behavior occurred:		
B. Total intervals coded:		
→ Percentage of intervals during which the target behavior occurred (A/Bx100 = % of intervals):		

Step 4: The following questions are to be completed by the observer with the classroom teacher. This may be done through a conversation following the completion of the observation period or via a follow-up

email if an in-person conversation cannot occur. This information is to be included in the synthesis and write-up of the classroom observation.

- Was this typical? If not, why?

- If the behavior was not observed, why? When would be a good time to come back and observe?

- What supports or interventions did you put in place during the observation?

Appendix E

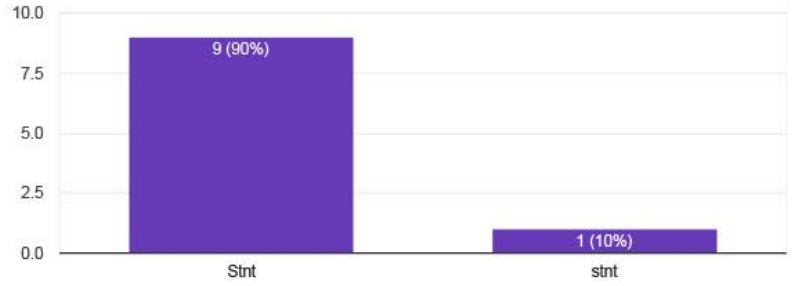
A-B-C Data Collection for Evaluation (FBA)

10 responses

Publish analytics

Student Name

10 responses



Date of Observation

10 responses

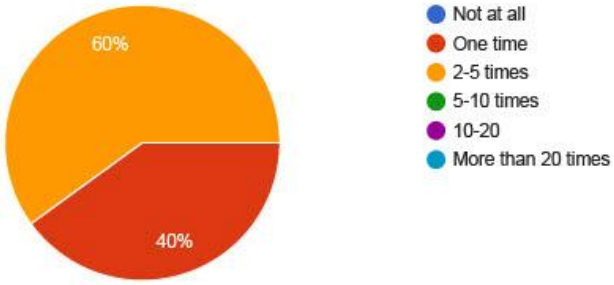
Start Time of Instructional Window

10 responses

12 : ___ AM	12:05 AM, 12:10 AM, 12:15 AM, 12:55 AM
03 : ___ AM	3:35 AM
08 : ___ AM	8:30 AM, 8:35 AM, 8:45 AM
03 : ___ PM	3:45 PM 2

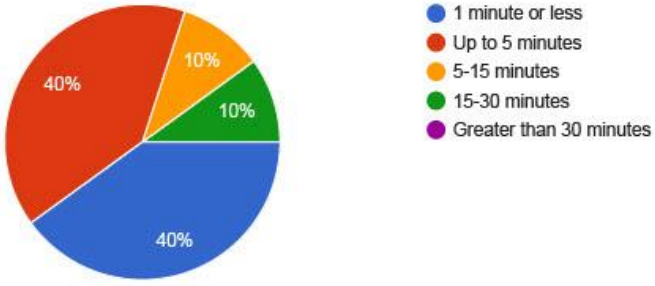
During the ENTIRE observation period, how frequently was the target behavior observed?

10 responses



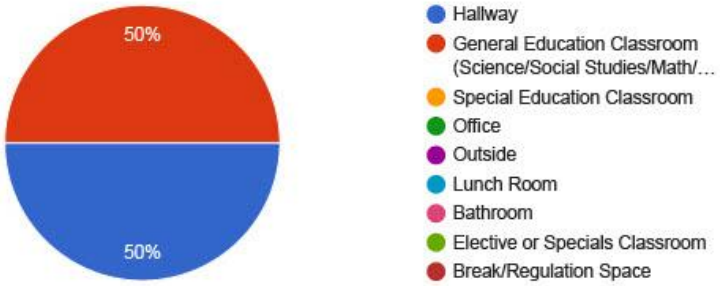
What is the average DURATION of the target behavior you observed?

10 responses



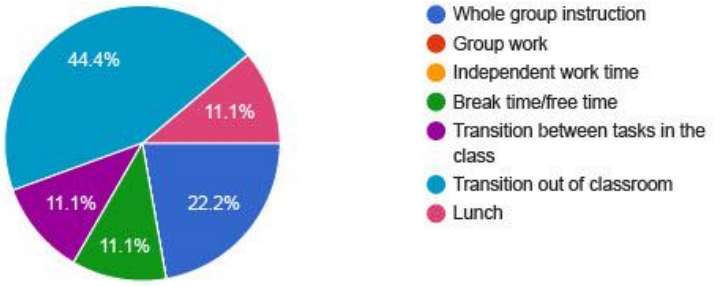
What was the LOCATION where the behavior occurred? (if more than one location is involved choose where target behavior started)

10 responses



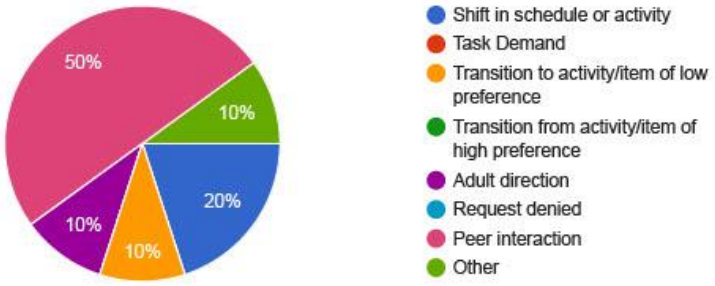
What was the activity at the ONSET of unexpected behavior?

9 responses



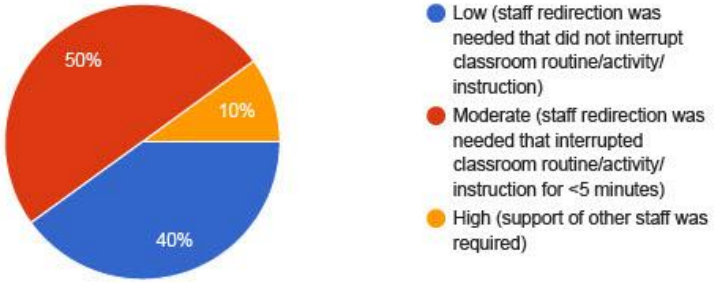
What was the TRIGGER to the target behavior? (Antecedent)

10 responses



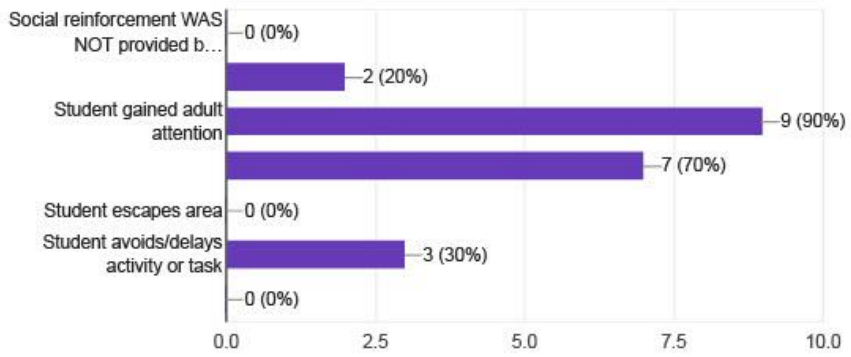
What was the INTENSITY level of the target behavior observed?

10 responses



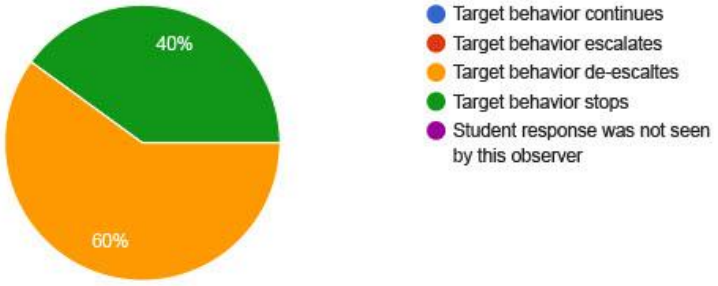
What happened AFTER the behavior occurred? (Consequence)

10 responses



What was the STUDENT'S RESPONSE to the consequence described above?

10 responses



The approximate END time of observation

10 responses

12 : ___ AM	12:10 AM, 12:14 AM, 12:20 AM
03 : ___ AM	3:37 AM
08 : ___ AM	8:35 AM, 8:45 AM, 8:47 AM
01 : ___ PM	1:10 PM
03 : ___ PM	3:56 PM
04 : ___ PM	4:00 PM

Did it appear there was a circumstance unrelated to the school setting that made the behavior more likely to occur? (Setting Event)

0 responses

No responses yet for this question.

Dahlby, S. (2020)

Appendix F

A-B-C DATA COLLECTION EXAMPLE

The educational team collected A-B-C data on Stnt's elopement. The ABC model is used to identify the antecedents (A) that set the stage for the problem behavior (B) to occur and the consequences (C) that appear to be maintaining the problem behavior. Data was collected by the ELA and math teachers. The following is a summary of 10 behavioral events over 10 school days.

5/8/20-5/22/20	**Data Summary:**
Time of Day	The majority of behaviors were documented between 12:05-1:00 (lunch/recess). 3 incidents were noted at the beginning and 3 at the end of the school day.
Frequency	60% of behavior was noted to happen 2-5 times per incident.
Duration	40% of the behaviors were 1 minute or less; 40% were up to 5 minutes.
Location	The behaviors occurred in the general education classroom or the hallway.
Activity	44% of the behaviors occurred during whole group instruction. 22% occurred as the class was transitioning out of the classroom.
Antecedent	50% of the antecedents were believed to be peer interaction. 20% were a shift in schedule or activity.
Intensity	50% of the events were low in intensity (staff redirection was needed that did not interrupt classroom routine/activity/instruction). Only 1 event was rated as high (support of other staff was required).
Consequence	The most prevalent consequence was "student gained adult attention" (90%) and gained peer attention (70%).
Student Response	60% target behavior de-escalates and 40% target behavior stops.
Setting Event(s)	**Arriving Late to School**

Stnt demonstrated the target behavior predominately mid-day. Although behaviors were noted at the beginning and the end of the school day as well. The grade level's scheduled lunch time is 12:05-12:35 and recess is 12:35-1:05. The most prevalent location and activity was in the general education classroom during whole group instruction. Peer interaction was the most likely antecedent or trigger for the target behavior. Most incidents were rated to be low in intensity. Low intensity is perceived to not be disruptive to the classroom instruction or routine. 1 event was determined to be high intensity and required the involvement of additional staff. It was reported the target behavior most likely resulted in adult and peer attention. The consequence resulted in the target behavior de-escalating 60% or stopping 40% of the time.

Appendix G

Sample Behavior Intervention Plan

Description of Target Behavior - write in measurable terms: behavior, intensity, frequency

staff define the behavior in this section with -

Student engages in elopement behavior demonstrated as

examples of elopement behavior:

leaving an assigned seat / wondering about the classroom

leaving the classroom / running in halls / or not running in halls

leaving the school building / leaving school grounds

Behaviors to Increase

skills to replace the behavior-

social skills needs

coping skills

a safe place to go for behaviors

Probable Causes/Functions/Disability Awareness

Student's Name has a diagnosis of_____. He/She has difficulties in the areas of work completion, not distracting others, and the ability to regulate his/her emotions and behavior in an appropriate manner. His/Her inability to self-regulate does have an impact on his/her present level of performance at school.

Baseline Measurement

During the dates, _____, (name of student) has engaged in (# of instances) (name target behavior) with the likely antecedent being (antecedent).

*Do this for each target behavior tracked that IS mentioned above in the target behaviors.

Data Collection and Data Management System

Data will be collected daily by special education staff and general education teachers and reviewed bi-weekly.

Detailed Description of Positive Interventions

PREVENT

If a new FBA is done you can use the recommendations from the FBA. If you are writing one without a new FBA still use the recommendations and add SPECIFIC DETAILS FOR THE CHILD for each recommendation

-Implement token economy (star chart) - deliver 1 star when in the expected location

-Remain seated behind the Student (within 3 feet)

-When approaching the door, point to the stop sign, say “stop”, and hold out your hand/arm for him/her to hold

-Non-contingent positive attention from the classroom teacher and staff to focus on relationship building

-Preferred activities for breaks

-Use simple visual and verbal prompts to signal upcoming transitions and expected behavior

-Reinforcement strategies to increase stamina for non-preferred tasks and impulse control

-Scheduled calming breaks through his/her day and/or staff-directed preemptive breaks prior to behavior escalation

-Visual schedule

-Positive behavior specific praise, "Great job raising your hand", "Thank you for sitting in your seat"

-Climate of Yes, to increase the number of positive responses. example: Say "Yes" as often as you can with a First, then or Yes when.

-Shorten tasks

-Offer choices in the order of tasks

-Provide Student with non-verbal queues and gestures to remind them of skills and reinforce positive choices (raise a hand, sit in their seat, thumbs up)

TEACH

-Visual schedule

-Scheduled visual break cards to access meaningful tangible reinforcement

-Direct instruction on self-control and impulse management/control

-Direct instruction on requesting and communication skills - Functional Communication Training (FCT)

-Social skills instructions: tolerating denials, expanding interests and leisure skills, coping skills, dealing with frustrations

-Seeking assistance in appropriate ways

-Regulating emotional response to things

-Calming and relaxation strategies to decrease anxiety

-Persistence with challenging tasks

-Social thinking

-Identifying triggers for frustration

REINFORCE

-Time out at calming desk 1-2 minutes

-If elopement behaviors are observed, the staff member will do the following: If the nest is locked/unavailable, say "(teachers name) room" one time and then nonverbally redirect to the room complete a think/fix it sheet and make a plan for the current expectation/task

-Offer behavior-specific verbal praise for both large and small accomplishments (i.e., when improvements from last time are observed)

-Reinforce expected/alternate behavior

-Use a reinforcement system that involves preferred activities, such as one to three tasks prior to a preferred activity, a daily point sheet/chart that earns meaningful reinforcement, and a weekly incentive when daily criteria are met

-Have a response plan in place to manage unexpected behavior that includes nonverbal redirection by staff near the classroom door

-Behavior-specific praise paired with token reinforcement system (duration map, "working for" board)

-Light switch on, when behavior is on task, the staff's facial expression is pleasant, voice is upbeat and positive, behavior-specific praise. Light switch off, when behavior is off task, staff use limited or NO verbals, no eye contact/body turned slightly away, neutral facial expression and tone, conveying boredom.

-Ignoring none preferred behaviors

-Response Blocking (RB)

-Differential Reinforcement of Other Behaviors (DRO)

-Differential Reinforcement of Alternative Behavior (DRA)

-List of student's preferred tangible items

Names and Titles of Persons Responsible for Implementation:

Case Manager, Special Education Teacher, BIS - Behavior Intervention Specialists, General Education Teachers, Specialists-media, phy-ed, art, inquiry/research, music

Dates for Review and Evaluation by the Team

Data will be collected daily on the effectiveness of Student's Behavior Intervention Plan and changes will be made as needed.

THIS IS NOT ADDED TO EVERY BIP, - respond "No" to each question regardless if a restrictive has been used. In the IEP meeting, or initial ESR discuss what would lead to this procedure and how it is a last resort.

Does the target behavior meet the requirements for using a restrictive procedure in an emergency (described as behavior which is a danger to self, danger to others, or serious property damage)? - If Yes, please answer the questions below, If No, then the following questions do not apply and need not be completed.

No

If the target behavior meets the requirements for using a restrictive procedure in an emergency (described as behavior which is a danger to self, danger to others, or serious property damage), staff will be trained to respond in the following manner. (Physical holding: Physical intervention intended to hold a child immobile or limit a child's movement.; Seclusion: Confining a child alone in a room from which egress is barred.; Both physical holding and/or seclusion may be used in an emergency.)

No

If the target behavior meets the requirements for using a restrictive procedure in an emergency (described as behavior which is a danger to self, danger to others, or serious property damage), please confirm that the following is true by answering Yes or No: Staff working with this student have been trained in CPI (Crisis Prevention Intervention) techniques.

No

If the target behavior meets the requirements for using a restrictive procedure in an emergency (described as behavior which is a danger to self, danger to others, or serious property damage), please confirm that the following is true by answering Yes or No: If staff use physical holding or seclusion, an Emergency Restrictive Procedure form will be completed and sent home to parents within 48 hours.

No

If the target behavior meets the requirements for using a restrictive procedure in an emergency (described as behavior which is a danger to self, danger to others, or serious property damage), please confirm that the following is true by answering Yes or No: If Restrictive Procedures have been used in an emergency twice within 30 calendar days, an IEP meeting will be held.

No

BEHAVIOR INTERVENTION PLAN SIGNATURES

Signers: Signature Date

Parents/Guardians:

Appendix H

Response Plan for Student 2021-2022 School Year

This response plan is to be used in conjunction with Student's Behavior Intervention Plan (BIP) and the Individual Education Program (IEP).

The student behavior may skip over items on the scale- the key is for adult responses to be consistent with how Student's behavior looks in each behavior/safety concern scale level!

Student Behavior/Safety Concern (scale of 1-5)	Adult response
1. Doing what's expected Initiating and persisting in expected location Using verbal or nonverbal behavior	➔ Implement token economy (star chart) ◆ Deliver 1 star when in expected location ➔ Remain seated behind Student (within 3 feet) ➔ When approaching the door, point the stop sign, say "stop", and hold out your hand/arm for him to hold
2. First signs of anxiety ➔ Flapping ➔ Jumping ➔ Non-word vocalizations ➔ Pushing (attention) ➔ Disrobing	➔ Time out at calming desk 1-2 minutes
3. Risk type behaviors which are continuing to escalate and present a potential injury to student or staff Elopement	If these behaviors are observed, the staff member will do the following: ➔ If the nest is locked/unavailable, say "Ms. Ek's room" one time and then nonverbally redirect to the room

These steps will all need to be done simultaneously- this is not a step by step process.

Reentry After a Behavior Crisis
Reset the environment.
Return to the original task whenever possible.
If applicable, complete a think/fix it sheet and make a plan for the current expectation/task.