**This Q & A article is from BDSRA’s “Ask An Expert” Facebook Chat in the BDSRA Closed Facebook group for parents and caregivers.**

**Please note: the information contained in this material is intended to provide basic information to Batten families and caregivers. It is not intended to be, nor is it, medical advice for individual children. Parents and caregivers should consult the patient’s physician prior to changing medication, medical treatment, or daily activities.**

**Functional Behavioral Assessment**

**Presented by: Heather Adams, Ph.D. University of Rochester Medical Center Batten Center and Daniel Mruzek, Ph.D., BCBA-D, Director, Human Behavior Assessment Unit, Strong Center for Developmental Disabilities, University of Rochester Medical Center.**

**May 23, 2016**

**Introduction**

Good afternoon, everyone. Heather Adams and Dan Mruzek here, from the University of Rochester Batten Center (URBC). Thank you for allowing us to join you tonight. Many of you already know Heather Adams, who is a neuropsychologist and Clinical Child Psychologist at the University of Rochester Batten Center. In addition to her clinical work for children with Batten disease and various other conditions, she is also a researcher who studies cognitive, behavioral and quality of life issues for children with Batten disease and their families. Dan Mruzek is also a Psychologist and behavior analyst who’s clinical and research expertise is in the area of developmental disabilities, including Autism Spectrum Disorders. We know that children with Batten disease are different from those with Autism, but both groups of children can have challenging behaviors. It is for this reason that Dr. Mruzek joins us today, because he is an expert on Functional Behavioral Assessment (FBA), which can be a very helpful tool for identifying and managing challenging behaviors.

We would like to ask a couple of questions to the Batten community, about challenging behaviors in children with Batten disease. First, what are the behaviors that cause the most difficulty for your affected child, you, and your family? Second, thinking of those most challenging behaviors, what are some examples of how the behavior(s) impact your affected child and others?

**Q: What is a Functional Behavioral Assessment (FBA)?
A:** An FBA is an evaluation of a child’s behavior patterns. It helps us to understand the factors that both influence a child’s behavior, and are influenced by a child’s behavior. An FBA uses a variety of techniques to understand what is happening before, during, and after a certain behavior occurs. The things that happen before might either trigger a behavior or might lower the chance of the behavior occurring.

As a very basic example, think about a child who usually is very happy to pick up their toys when asked, but occasionally has a tantrum when this request is made. Perhaps the triggers for the tantrum have to do with being tired or hungry, or feeling angry already because they just had an argument with a friend or sibling about something else. The FBA would help look at the patterns of these triggers, and then come up with suggestions for how to deal with them. In this example, perhaps one possible solution would be to make sure the child has a snack when they come home from school, before they are asked to clean up their toys.

The other piece of the FBA is to look at how to what raises or lowers the chance of a behavior continuing (e.g., the “during” piece) and what happens after. For example, does talking to the child during their tantrum help, or does it add fuel to the fire? Every good parent’s first instinct is to step in when their child is struggling or upset. But during a tantrum, it might be helpful to let it run its course (assuming that there are no safety concerns) and then talk about it afterwards. The ‘after’ piece is important too – does the outcome or response make it more or less likely that the same behavior will happen again another time?

At the end of the FBA (the assessment), there should be a written plan for what to do when certain behaviors occur, or to prevent certain behaviors. Usually, these plans emphasize (1) changing the child’s environment in some meaningful way; (2) using rewards to “shape” desired behavior that replaces the “function” (or purpose) of the challenging behavior; and (3) making sure the child has the proper supports (e.g., adaptive or instructional supports, technology) to learn these new adaptive skills and use them at the right times. Then, those using the plan (teachers or parents, for example) should have some training in how to use the plan. The adults should also collect information on how the plan is working, and the FBA specialist should be able to adjust the plan if necessary.

**Q: Often parents will talk about their child's inability to deal with transitions and a lack of structure may increase their meltdowns and tantrums. Can you talk about how to help kids with Batten disease, especially vision loss cope better with transitions?**

This is Dr. Dan....Wow! You've noted a common theme in challenging behavior - difficulties during transitions! In fact, in my school-based consultation, transitions are often the reason why I am asked to visit with a school team....

I won't claim to have the final word with transitions but preparation is one of the keys. That is, thinking ahead of time on HOW to make a transition from one activity to another as smooth as possible.

...for some kids, knowing a couple of minutes ahead of time, prior to a transition, is often useful. For children with autism, we use visual supports. Now that might not be a match for children with Batten disease, however simple clear cut supports, perhaps verbal reminders about expectations, or good things that the kids can look forward to that are coming up, may be helpful. You might also think about "sensory" cues such as tactile cues (e.g., handing a child a furry favorite stuffed bear to cue the transition to bedtime if the child always has that stuffed bear with them in bed).

...and it might be helpful to have those cues be logically linked with the activity or task that the child is transitioning to. LIke, if you are transitioning a child to a snack time, perhaps handing them a bottle of water or offering a sip of juice, to cue them that snack time is about to begin... or if there is a game or activity that the child always plays during car rides, getting that ready to go at the time of heading to the car, so the child links the two things in time and space.

...Becky also asks about using songs to cue kids - like the "clean up" song. We think that is a GREAT idea! Music is a wonderful way to help a child (or adult!) transition.

Dan here again. With all of our kids, one of the nice things we can do is when we have a successful transition, is to praise our kids for transitioning nicely. For kids with Batten disease who have a short attention span, we want to keep that praise very positive but also very short & sweet, such as, "nice work! I loved how you followed directions!" In the world of functional assessment, we call this "positive reinforcement" -- compliments and praise from parents as a consequence of good transitioning is often very powerful.

Becky mentioned to us that some families have concerns about serious behaviors that could impact the child's safety, such as hitting their head against the wall. In those cases, the first step is always to call the child's medical doctor to make sure the child is safe and make sure there are no injuries....

....but the other related question is what are some of the behaviors that parents should be concerned about, where we would expect to have a consultation with a physician over the phone, or even go to the emergency room to seek immediate help....

 ....Heather and Dan together.... this is going to be different for every child but of course the principle deciding factor will always be what parents feel they can and can't safely manage. A child who is small/young and being aggressive might be able to be safely held by a parent, but for a teenager, parents might want to call in extra help. Every parent will make the best decision for their child and their environment in terms of what can be safely handled, but they can always call upon their child's doctors, the BDSRA, and the Batten Centers for guidance whenever there are questions!

...This topic raises a very important point to be made - and that is, in a functional assessment, it is often very important to first consider whether there are medical reasons as to why a child engages in challenging behaviors. A child who is nonverbal and in pain (e.g., a toothache) may exhibit challenging behaviors that will resolve once the source of the pain is dealt with. This leads to another question/answer we have which is, when is it appropriate to consider a functional assessment...

**Q: When is it appropriate to consider an FBA? What types of kids / what types of challenging behaviors can be helped through an FBA?**

Functional assessments can be conducted with any child – or adult, for that matter, for whom a challenging behavior is a concern. And, we can look at wide-range of challenging behaviors. In my practice, I regularly encounter children who engage in tantrums, screaming, disrobing, elopement (i.e. running away), aggression, and noncompliance, among other challenging behaviors. My job as the clinician is to identify those factors prior to the behavior and following the behavior that may cause the behavior to occur. Sometimes these causes are obvious (e.g., tantrums because a favorite toy is taken away). On other occasions, these causes are much harder to identify (e.g., a nonverbal child might tantrum because they have a toothache). In all cases, though, once we’ve identified those factors responsible for maintaining the challenging behavior, we are informed with regard to how to manage the challenging behavior. This typically occurs when we develop a “behavior support plan”.

I don’t know why you aren’t getting many questions, but for us, we have "settled" into how she is and how to minimize extreme behaviors with food, schedules, routines, and getting her as much sleep as her body will allow. Oh, i have \_\_\_\_, 11, juvenile, she has had significant behaviors since age 4. Oh, and we try and stay away from people or places that will cause too much stimulation or cause sensory overload, as you can imagine, that makes life around here a bit boring from time to time because we don’t go do things "typical" families would so we don’t cause unnecessary meltdowns when keeping her home is her "happy" place.

Sometimes, though, nothing helps and she just has to cry it out.

A: \_\_\_\_, first, it is wonderful that you provide a sanctuary for \_\_\_\_\_ at your home, as her "happy" place. But we realize it can be tough when this limits the amount and type of things you can do outside the house as a family. We all have times when we need to just cry it out but we also know that for some kids with Batten disease, it is hard for them to calm down from these episodes -- they have such a hard time regulating their mood and need a lot more time than expected to calm down.

Comment: We struggle with anxiety, he wants to go to the movies or to eat or even Scouts, but getting out of the house is a whole other issue. We usually have a meltdown before we get out.
By meltdown, it’s a whole routine of get off me. We are just tiring to guide him. Or we get a million I needs before we can exit. We try to do fun things with him but he makes it so difficult.

A: But I think you have hit on something really important that being with you during those times is so important to her for her comfort. Also, you have perhaps identified some issues that could be targets of a functional assessment -- sensory overload and too much stimulation -- what are the types of things, settings, times of day, internal state (e.g., hunger, fatigue) that contribute to being overloaded and how can we address those? Behavior analysts call these "setting events". These are factors that contribute to behaviors such as the onset of behaviors such as crying.

She had an hour long meltdown just last week. Not much helps without meds, but sometimes our family dog will lay with her and it seems to speed up her recovery and if she lets me, I will lay with her and talk about how it is ok and she will feel better soon.

Becky also mentioned that one of the things you have found that helps \_\_\_\_\_ with his anxiety is to give him a headset he can listen to, so he can drown out excess noise/stimulation around him. We are wondering (Dan and Heather) if \_\_\_\_\_ has anxiety that is a bit "approach-avoidant" where he looks forward to doing something, but as he gets closer to the time of the event, it gets overwhelming for him.

Comment: We think that's what it is but we can't find a solution as of yet. We just have a meltdown and move on.

\_\_\_\_\_, that sounds like a wonderful comfort - for the dog to be with \_\_\_\_\_. We have heard of therapy dogs that are trained to actually lie across a child to help them to settle.

**Q: We talked earlier about sensory cues to help with transitions. We (Dan and Heather) are also wondering if there are sensory cues that help children to relax, such as certain calming songs, backrubs, soft stuffed animals, scents, etc.?**

Comment: That is very interesting about the therapy dogs trained to lay across the child to help them calm down. My daughter doesn't have behavior issues, but she does have a hard time relaxing and we end up holding her down to finally be able to sleep. She doesn't like massages and she has a lot of myoclonus.

Comment: We have a bag that goes everywhere with us. We have tried everything but additional meds.

A: Often with these transitions, especially when it comes to leading the house, having a very clear cut and consistent transition routine becomes very important, even for transitions that happen every day or every week. It may seem routine to us but for a child who has Batten disease it can still feel new or unsettling. It can be hard for them to integrate, in "real time" their prior knowledge about what to expect, and their emotions and energy in the moment.

A: For myoclonus we always suggest discussion with your child's neurologist! Your doctor is also always welcome to contact one of the neurologists at a Batten Center of Excellence for a consult.

Yes, we tried to get a support dog for a couple years and couldn’t find a way, so we got a family "pet" instead. He is pretty good with her, but he has his limitations. One question I do have now that i think about it is anxiety. As I see her disease progress, so does her anxiety, we are on a medication to help, but it only does so much. She used to love to do any and everything, she was so adventurous. Now, she is afraid to get into and out of our fishing boat, get up and down stairs, walk in unfamiliar places, etc... She goes into a panic. No amount of reassurance helps in these situations. **Q: Any suggestions that we could try with those types of things?**

Comment: We see Dr. Emily De Los Reyes. The myoclonus doesn't seem to bother her, so we let it be. Don't want to medicate her more just for movements.

Comment: We have a pretty tight routine and he knows what's expected. I know he doesn't like change and we can't rush. The more we rush the slower he moves!

Comment: \_\_\_\_\_\_ has extreme behaviors. Generally he is very mad and resorts to hitting himself in the head. He becomes very agitated easily and has been hospitalized. He is on a lot of meds but nothing seems to give relief. We are extremely nervous to fly to the conference as we were almost asked to get off a flight due to screaming. I have heard Lithium get thrown around, but his psych doesn't talk about it when I bring it up.

A: It sounds like all of these situations are times when \_\_\_\_\_\_ is put outside of her physical comfort zone, in terms of her balance or coordination or other issues. So I would start perhaps by talking with a physical therapist (who can look at the "built environment" as well as a child's physical limitations") as well as a behavior specialist to see how to both reduce those physical challenges in her environment as well as help her not see those situations as triggers for her fear or anxiety.

**Q: How long does the chat go for? I have to pick up my daughter from school.**

A: This session goes until 5 p.m. but we are always happy to handle follow-up questions later on. The BDSRA will put up a link with the transcript in a few days, and you can go over that and see if there are any questions that you still have. Becky has offered to go over the transcript with you and see how to help you find follow-up information.

A: [**Becky Spies Hetteberg**](https://www.facebook.com/becky.hetteberg?fref=ufi)You can reach me at my direct office number: 614-973-6012.

Comment: Thank you

**Q: Is negative behavior just a part of Juvenile Batten disease, do they outgrow it? Or if they do, does that mean you have moved into a horrible different phase of this disease?**

Comment: Interesting i have never heard of built environment before.

**Q: Can you tell me a bit more about that? She is still very mobile, it seems all mental to me at this point, but i know that will change sometime in the future.**

A: Hi \_\_\_\_\_, we are sorry to hear about \_\_\_\_\_\_\_'s extreme behaviors and that he is hitting himself. It's really hard for us to say if one medication will work or not, because every child is different. A medicine that works well for one child may not work at all for another. If \_\_\_\_\_\_'s psychiatrist has expressed reluctance over Lithium, it would be important to ask him/her why they have reservations about this medicine for your child.

Because medications have not seemed to be helpful (those tried so far), this might be another situation where a functional assessment might add information to the management plan. There might be some preventative strategies that could be considered once a functional assessment has been conducted. This might be the work of a psychologist or a behavior analyst. We will now post some information and online resources regarding functional assessments.

A:  ...for behavior analysts, you can go to the behavior analyst board (website to follow). They do have an ability to look for practitioners in a given region....The website, the “Center for Effective Collaboration and Practice” has information about FBAs: [www.cecp.air.org/fba/](http://l.facebook.com/l.php?u=http%3A%2F%2Fwww.cecp.air.org%2Ffba%2F&h=wAQGSgQ7o)

The college of Education at the University of Oregon offers a nice resource on functional assessment that is available at:[http://pages.uoregon.edu/ttobin/Tobin-par-3.pdf](http://l.facebook.com/l.php?u=http%3A%2F%2Fpages.uoregon.edu%2Fttobin%2FTobin-par-3.pdf&h=tAQH6DYId)

Another nice resource can be found here:[http://www.greatschools.org/.../functional-assessment-a.../](http://l.facebook.com/l.php?u=http%3A%2F%2Fwww.greatschools.org%2Fgk%2Farticles%2Ffunctional-assessment-a-positive-approach-to-misbehavior-at-school%2F&h=kAQGeS-WM) This is an on-line article published by the Great Schools organization. A primary focus is looking at challenging behavior in the school setting; however, the principles apply to a variety of settings, including the home and other community locations

(Dan and Heather) also...

There are various places where you might be able to find FBA specialists - this will vary depending on your location:
• School district: Often, your child’s school district may have behavior specialists who are trained to conduct FBAs. The place to start would be to ask the special education team working with your child. This could be your child’s special education teachers, the school counselor/psychologist/social worker, or the Chairperson for the district’s Committee on Special Education.
• Community-based behavioral health center – ask if the center has child behavior specialists who conduct FBAs.
• Service organizations that provide services and case management for individuals (of any age) with developmental disabilities
• Service organizations that provide care for children with Autism Spectrum disorders
• Children’s hospital
• Psychiatric hospital with a child psychiatry program
• University based clinics, such as University Centers for Excellence in Developmental Disabilities (UCEDDs), located in many spots around the country.

Comment: \_\_\_\_\_\_ has self injurious behaviors it took a lot of working with meds and changing to get a combo that worked and was livable

A: For kids with especially challenging behaviors, we might recommend finding a specialist at a University-affiliated setting where there may be more resources and research ongoing to support family members with Developmental Disabilities. The University of Colorado, for example, has nice resources for families with members with developmental disabilities.

Comment: His behavior therapist has done all that. His psych is not opposed to it, but wants to exhaust the current meds we are on, which don’t help while he hurts himself and me. It just seems like talking to a brick wall sometimes with docs. It would be nice if we could get on board with a doc from a Batten Center for Excellence and Skype follow ups. Is that even thought of by anyone? These docs out here seem out of their element.

A: There was also a question about "do all children with juvenile Batten have challenging behaviors" and, whether these behaviors happen as a particular phase of the disease. Not all kids will experience the difficult behaviors, but it is also hard to know who will or won't. Sometimes kids may have had a difficult temperament from early on, but other times the difficult behaviors are new and not consistent with the child's earlier personality. In either case, a functional assessment might be appropriate to look at what sets the occasion for the challenging behavior and what consequences might maintain it. It doesn't mean that people or things in the environment are "causing" a child to have behavioral difficulties, but just that it can help to understand the "befores", "durings' and "afters" that contribute. We also know that functional behavioral assessment is not a cure-all, it's just one more tool in the toolbox to manage Batten disease

A: \_\_\_\_\_\_, the docs from any of the Centers of Excellence are always glad to be available to your child's doctors, for consultation. One of the things that is challenging (and frustrating for us too, as clinicians) is that we are limited in how we can provide direct clinical care or advice to a child who is not in the State where we are licensed to practice. This means that we can only provide direct care to families who visit our Centers (which we know is a challenge for the majority) or who live in the same State(s) where we are licensed to practice. However, we are always allowed to consult with your own doctor who provides direct care, so DO encourage them to call us, anytime! The BDSRA can also help link you to the Centers but we will post the specific University of Rochester contact information at the end of this session.

A: Just an FYI to everyone out there that we will have to wind down in about 5-10 minutes. But again, the transcript/link to this chat will be posted on the BDSRA website in the next few days and we are always happy to follow up if there are unanswered questions.

**Q: Do you have any info on Kufs?**

A: Becky reminds us that information can be shared between the BDSRA, Centers, and Schools (and other groups/organizations) providing there is a consent/permission form in place. Clinicians and schools in particular are limited in the information they can discuss about a child unless the parent has documented this consent. The BDSRA can help with getting those forms filled out.

A: Hi \_\_\_\_\_, as you probably suspect, a lot less is known about Kufs compared to the other NCLs/Batten disease forms, because it is the rarest of the rare. But we would approach the behavioral management challenges in the same way regardless of the underlying genetic cause - trying to understand what elements are related to the occurrence of challenging behaviors and how to develop a management plan.

Functional assessment is a process that is a match for a broad range of populations including adults with the more common adult forms of dementia (such as Alzheimer's disease), intellectual and developmental disability, or even adults who are in good health but need help improving their everyday behaviors - such as remembering to wear their seatbelt, or working on weight loss or smoking cessation. The principles remain the same.

A: There are a couple of general items we want to just post here before we run out of time....

**Q: Are there any children who an FBA is not helpful for?**

A: Great question! Our short answer: No, not really! If any individual is demonstrating a challenging behavior, we can use the functional assessment process to respond to the question “Why?”, as well as use our answers to that question to develop supports for the individual that may help him or her be more comfortable in their environment, as well as provide some relief to their family and others.

In one sense, we can view the functional assessment process as practicing the scientific method. That is, we observe the behavior and those events occurring before and after it. We use these observations to come up with “hunches” as to why the challenging behavior occurs, and we test these hunches by changing events in the child’s environment in our attempt at “treating” the challenging behavior.

Often, this includes using rewards carefully to promote more adaptive behaviors, as well as modifying their environment. Much of our treatment centers upon creative functional communication strategies – teaching our children how to communication their frustration, boredom, anger and desires in a way that is more effective for them and more tolerable for their friends, family and other caregivers.

**Children Do Well if They Can**We discussed this at the last Facebook chat that focused on behavior issues (with Heather Adams, Amy Vierhile, and Sara Defendorf), but it is worth repeating. We firmly believe that children do well if they can. That is, if a child has the skills and knowledge to do a certain task or behave a certain way, they will do so. Of course, children always have some skills that they have completely mastered, some that they are working on learning, and some they are not yet ready to try. We can see behavior issues in the zone where children are either asked to perform a skill that they are still working on (so perhaps they can only do it sometimes, or in certain situations), or when they are asked to use a skill that is too hard for them. With Batten disease, this is very tricky, because children are both gaining some skills and possibly losing ground on others, at the same time. That is, there are some skills that they used to be able to do very consistently (such as…pay attention, pick up toys, handle frustration, wait their turn, etc.) that it becomes hard to do. If conditions are absolutely optimal they might still be able to use the skill. But if not (feeling tired, hungry, had a seizure that day, upset about something, in a new environment, etc), then it might be harder for them.

Skills can be things like the “how to” stuff (like, how to tie your shoes, how to throw a ball”) or they can be the “process” stuff (such as: waiting your turn, sharing toys, keeping hands to self). If a child interrupts us when we’re on the phone, it does not help us fix it by just labeling the child as misbehaving, or giving them a punishment. But if we reframe it as, “this child lacks the skill to wait his or her turn” then we can think about ways to either teach the skill if it can.

Comment: Very interesting assessment. We are going thru quite a behavior spiral with our son \_\_\_\_\_\_, 12 w/ JNCL. He is currently being observed by a palliative care facility in an effort to assist us to get these new challenges (physical violence and multi hour/all night tantrums with myoclonic seizure activity). The first week he was there, the behavior we see day to day was not experienced by any staff. Unless we came to visit, including his 2y.o. & 5 y.o. sisters. Now he is having to share his personal space, toys, attention, etc. with other kids and it began to trigger some of the behavior he had been displaying at home. The more we go to visit the more his overall mood and interactions become increasingly frustrated. His doctors aren't consistent so he's been battling. It's like the more he is forced to interact outside his momentary comfort level the more exhausted he becomes. It's truly heartbreaking. Your explanation is right on the $.

A: If we reframe it as, “this child lacks the skill to wait his or her turn” then we can think about ways to either teach the skill if it can be learned, or accommodate the absence of the skill or the loss of the skill if it cannot.

This "children do well if they can" philosophy is promoted by psychologist Ross Greene, PhD who has a WONDERFUL website called:[livesinthebalance.org](http://l.facebook.com/l.php?u=http%3A%2F%2Flivesinthebalance.org%2F&h=sAQGH5kXs)

[](http://livesinthebalance.org/%22%20%5Ct%20%22_blank)

[Lives in the Balance and Dr. Greene's approach](http://l.facebook.com/l.php?u=http%3A%2F%2Flivesinthebalance.org%2F&h=4AQGKa8v8&enc=AZPhRS0r-r1YKfD1UMl0RGbOxiiR7FMXmxsrRP7DrWqhFMmSEy6Y6h3spyW6bkzRXcei_iYJt7ceG_IIR_MIUh7ENDOSFpeFD0xIeI1Ag339XuDJ6NYEHTvMX89DFv9jRbgDO-th8-itlBA1CSMlWiw0bC9hKIw_kAvFo-DUGlHNZA&s=1)

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A: So I think it is about time to wrap up. Once again, thank you so much to the BDSRA for hosting this Facebook Chat topic, “Functional Behavioral Assessment”. Thank you to everyone who posted questions and signed in to follow along. If we did not get to your question, or if there are additional questions later, please reach out to the BDSRA or contact us at the University of Rochester Batten Center. Our contact information is:[https://www.urmc.rochester.edu/.../batten-disease-center...](https://l.facebook.com/l.php?u=https%3A%2F%2Fwww.urmc.rochester.edu%2Fneurology%2Fbatten-disease-center.aspx&h=eAQGdPiiV) and[https://www.facebook.com/URMCBattenCenter](https://www.facebook.com/URMCBattenCenter?hc_location=ufi)

The UR Batten Center website also has a free handout – based on a talk that Dr. Adams presented at the 2009 BDSRA Conference. The full link to the handout (a PDF of a powerpoint slide show) is: [https://www.urmc.rochester.edu/.../BDSRA2009...](https://l.facebook.com/l.php?u=https%3A%2F%2Fwww.urmc.rochester.edu%2FMediaLibraries%2FURMCMedia%2Fneurology%2Fdocuments%2FBDSRA2009_behavioralandeducationstrategies.pdf&h=IAQHZ-97I) but the easy way to find it is to just navigate to our main website page, click on the “Education” tab on the left-hand side of the page, and then download the PDF.

Finally, thank you especially to Becky Hetteberg, the BDSRA Director of Family Support & Education, for organizing and helping to moderate this chat.

[](https://www.urmc.rochester.edu/neurology/batten-disease-center.aspx%22%20%5Ct%20%22_blank)

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Thanks to Dr. Heather Adams and a very special thank you to Dr. Dan Mruzek who joined us as our functional behavioral assessment expert!

Dr. Dan says, it's a pleasure and I wish all the families that we've had a chance to chat with today all the very best, and a wonderful summer! Good evening everyone.