

Positive Behavior Supports

Functional Behavior Assessment



Guidance for Providers Implementing Positive Behavior Supports

February 2023, V.1

This document was developed as guidance to assist the DDS community to implement Positive Behavior Supports, does not constitute legal advice, and it is not a substitute for a thorough

Functional Behavioral Assessment

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FUNCTIONAL BEHAVIORAL ASSESSMENT

I. INTRODUCTION

In moving to Positive Behavior Supports, one task will be to identify individuals needing the more rigorous assessment and treatment work done via the Functional Behavior Assessment (FBA) and the resultant Intensive Positive Behavior Support Plan (I-PBSP).

The FBA is an essential part of recognizing all aspects of a person's history and current condition. The FBA provides the information necessary for conducting a comprehensive evaluation of the issues and identifies the direction of intervention to improve an individual's function leading to greater personal freedom and happiness.

DDS expects all individuals with an I-PBSP to have had an FBA prior to the implementation of an I-PBSP. Restrictive procedures can only be included in an I-PBSP as defined by 115 CMR 5.14

Providers have the option of using their own template for a Functional Behavior Assessment **provided that all required elements identified in 115 CMR 5.14 (7) are met.** When an individual's history is well documented, it is permissible to reference, or attach other assessments that may be referenced in the FBA or available in the individual's record. Required elements in the FBA are discussed in this Guidance.

The definition of Functional Behavior Assessment is stated below:

115 CMR 5.14 (7) Functional Behavior Assessment

- a) Functional behavior assessment (FBA) is the process of gathering and analyzing information about an individual's behavior in order to determine the purpose or intent of the actions. FBA should include an assessment of the antecedents and consequences, and consider the individual's history, paying special attention to factors that may have contributed to the behavior(s). As part of the initial steps in FBA, consideration of explanations for the behavior(s), including medical, medication, or psychiatric issues is required.*
- b) FBA looks beyond the behavior itself for the cause of the behavior (the function). FBA seeks to understand what the individual is trying to communicate through his or her behavior, and what function the behavior is in the environmental context in which it occurs.*
- c) An FBA should include the elements consistent with guidance provided by the Department.*

II. FBA COMPONENTS AVAILABLE FOR THE ASSESSOR IN THE RECORD

A. Identifying Information: REQUIRED

- Name of individual:
- Date of birth:
- Height: Weight:
- Home address: (home address, even if concerns occur in other location).
- Contact information: (how to contact individual: directly, through guardian, specified support, etc.). OPTIONAL

B. Competency status and consent: REQUIRED

- Competency status: specify level of guardianship, if any; name of guardian; and contact information.
- Describe how informed consent for assessment was obtained and by whom.
- Identify persons with formal protective roles (e.g., Health Care Agent or Rep Payee).

C. Reason for referral and source: REQUIRED

- Reason for referral and who referred individual.
- Describe behavioral, environmental, medical, etc. issues.

D. PBS Qualified Clinician who completed the FBA: REQUIRED

- Name:
- Degree:
- Contact information: provider affiliation, address, phone number, email.
- Date FBA completed:

E. Background Information - Information available in record: REQUIRED

Life history

Brief introduction including:

- developmental history and diagnoses (historical), including:
 - significant life events, moves, history of service settings, and supports.
 - cultural, religious, and other individual differences,
 - current living and work/ day supports,
 - history of sexual development, sexual preferences, and opportunities to engage in sexual experiences.

Personal strengths

- Describe personal accomplishments such as awards, events that reveal personal interests, motivators, and skills.
- list key relationships such as family, close friends, and communities/groups (such as churches, social networks, etc.),
- list names of individuals active in life planning, other significant relations and supports, and
- identify coping strategies, relaxation techniques, etc. acquired.

F. Specific History: REQUIRED (All three sections)

Physical health history

- Describe medical history, including current health concerns and diagnoses
- state if there are no current concerns
- identify potentially contributory family history
- list adaptive equipment used
- list current health providers
- describe treatment history as well as reasons for and outcomes related to prescribed treatments
- list current medications with reason and date prescribed, prescriber, dosing, and medication side effects that may pertain to challenging behavior
- state if reasons for medication is not known and should be pursued

Mental health history.

- Describe mental health history including, current mental health concerns and diagnoses
- state if there are no current mental health concerns
- identify potentially contributory family history (e.g., depression)
- list current related concerns, diagnoses, psychiatric supports if any (e.g., provider and medications)
- list current mental health providers
- list psychiatric supports, including hospitalizations
- describe treatment history as well as reasons for, course and outcomes of treatment (e.g., dates started and doses of medications as well as reasons for stopping),
- describe counseling, therapy, sensory therapies, or alternative medical treatments received, list dates, practitioners, and outcomes of current medications with reason and date prescribed, prescriber, dosing, and medication side effects that may pertain to challenging behavior

Communication history.

- Identify skills and preferred method of communication
- state if there are no current communication concerns
- identify assessments conducted and results of assessments

- describe physical limitations to speech
- list historical interventions and results of interventions
- describe what staff need to know and do to best support the person's communication

G. Functional Behavior Assessment: All Elements Required

Behavioral history

Describe

- History of behavioral challenges, including first reports of behavioral issues and previous interventions,
- current behavioral challenges with explanation of differences across important settings and contexts (e.g., with particular individuals or when with someone for the first time, etc.),
- known history of treatment,(s) and treatments currently receiving for behavioral purposes.
- describe Universal, Targeted and/or Intensive Interventions in place and other treatments such as cognitive behavior therapy or functional communication training

Challenging behavior

- List behavior or behavior class, with definitions in observable, and measurable terms include baseline and prior treatment data summaries (graphs preferred),
- Ensure labels for behavior should be age-appropriate and non-pejorative, but accurate,
- Ensure challenging behavior(s) are identified and operationally defined (easily observable and measurable). If more than one behavior is identified, it is clear which behavior(s) are/will be the focus of the FBA.
- Ensure there is a clear link between the challenging behavior identified, the definition and the hypothesis
- Ensure function of behavior is one identified in the literature
- Ensure baseline data on the problem behaviors are collected and detailed or summarized
- Ensure labels will be used in the FBA and the I-PBSP.

Indirect assessment procedures

List indirect assessment procedures used for FBA including:

- record review (name documents reviewed),
- caregiver interviews, including the names of persons consulted or interviewed for information used in this report, and their relationship to individual, and
- list other indirect assessment or survey tools used.

Direct assessment procedures

List direct assessment procedures used for FBA, including:

- a sufficient number of observation sessions in the settings where challenging behavior reportedly occurs (usually a minimum of three)
- a review of data collection, baseline data recording
- any other direct procedures used

Experimental functional assessment procedures

List experimental functional assessment procedures used (e.g., analogue conditions assessment, direct hypothesis testing, analytic manipulations of antecedents or consequences, etc.). If none used, provide rationale for not using these methods at this time.

Strengths assessment

- Describe strengths, personal characteristics that may be helpful in treating challenging behavior including solving skills, general interests, physical dexterity, communication ability, level of personal independence, etc.,
- suggest how strength(s) could bolster individual during times of stress,
- suggest how the strength(s) could replace the deficit of concern.

Skill deficit contributions

Describe how skill deficits may contribute to challenging behavior (e.g., difficulty with communication, cognitive rigidity, transitions, disappointments, novelty, etc.). This generally should lead to identification of alternatives that might be developed to replace/improve challenging behavior. Assessment of contributing skill deficits prepares for intervention designs that include the development of functional, adaptive behavior. The central role of skill development in behavior support planning cannot be overemphasized.

Contributing environmental factors and problematic routines

Describe barriers in daily settings or contextual factors that may contribute to occurrence of challenging behavior (e.g., too few opportunities for choice, problematic staff interactions, poor quality and/or unpredictability of routines, etc.)

Include “recurrent, problematic routines that cannot be entirely avoided”—if these exist, they may be antecedents to challenging behavior and should become a focus of intervention (e.g., challenging behavior during ADLs, transportation, etc.).

Safety concerns

Describe safety concerns due to challenging behavior. Assess the need for immediate intervention to address concerns and need for development of a plan for safest management of challenging behavior. If immediate safety need is identified, refer for crisis intervention support and strategies in the approved CPRR. Otherwise, a clinician may develop a response plan for safer management of the challenging behavior. In many cases agencies will have a safe management method in place embedded in the provider's identified CPRR approved curriculum, which a clinician may reference.

Possible reinforcing stimuli

Describe preferred items or events, which may function as reinforcers for replacement behavior. Explain a range of items and the source of the information. Preference assessment is a best practice for establishing events or items that might function as reinforcers. Generally, the starting point is to ask people who know the individual, ask the individual, and some direct observation. If this is insufficient, then a structured preference assessment would be required.

The clinician should identify possible reinforcing stimuli before developing an intervention plan and explain the source for these selections. If a structured preference assessment was not done, this should be mentioned as it may suggest the need to conduct one in the future.

Findings

Describe findings for each identified challenging behavior including setting events, antecedents and maintaining consequences.

- setting events- describe events that set the stage for a higher likelihood of challenging behavior(s)
- antecedent events- immediate events that trigger challenging behavior and may be predictive of the occurrence of challenging behavior(s)
- antecedent events in which more appropriate behavior is likely to occur or challenging behavior less likely to occur

Integrate data (indirect, direct, and experimental) for each identified challenging behavior, and provide a hypothesis statement, that is, a statement of the apparent function(s) of the behavior (which may be refined over time). If individual history, general medical, neurological, or psychiatric conditions are believed to contribute to the challenging behavior, this should be integrated into the formulation as well. If certain environmental variables (the "ecology" of the settings, such as availability for choice, preferences, reinforcement, quality of staff interactions, etc.) are believed to contribute to the occurrence of the challenging behavior, these findings should be integrated into the formulation. If several behaviors are believed to serve the same function, they may be considered as one, if this helps the reader understand the behavior better.

Important Note: Rather than list hypotheses, explain the data that led to the conclusion. In short, explain why a particular function has been determined to be most likely. The data should include more than the narrow “indirect, direct, experimental” findings: what is known about the person’s history, medical problems, psychiatric conditions, and features of the settings where behavior problems are known to occur. This explanation helps readers judge the comprehensiveness of the formulation and the reasonableness of conclusions. This sort of detail helps the individual by allowing future clinicians to reconsider previous hypotheses if necessary. In addition, the detailed narrative helps a reader understand the rationale for interventions which will be proposed later.

Include a section on what has been “ruled out” i.e., initial competing hypotheses that were not supported by the assessment may be helpful. Within such a section it may be sensible to address how common physical health problems were ruled out. Many times, health issues have been found to be the root cause of presenting problems thought to be an operant behavior and/or mental health challenge).

H. Summary, Recommendations, and Closing

Formulation/summary

Provide brief narrative describing individual, assessment findings, and central concerns as well as desired outcome(s). The rate, intensity, and duration of challenging behaviors as well as the conditions under which such behaviors are more/less likely to occur should be described, i.e., which physical, social settings are associated with different likelihoods of the behavior(s). Also, antecedents (discriminative stimuli and establishing operations) and maintaining consequences should be identified. Information may be summarized in a table.

Recommendations

List recommendations for intervention. List includes: (a) specific adaptive, alternatives to replace the challenging behavior; (b) interventions for each challenging behavior, though a prioritization may be suggested as well; (c) recommendations for modifying environmental factors and problematic routines that may be contributing; and (d) recommendations for referrals to other specialists, if appropriate. This section may include a competing pathway(s) summary as a way of showing what the clinician would like to change. See Competing Pathways attachment.

Appendix A: Competing Pathways Diagram

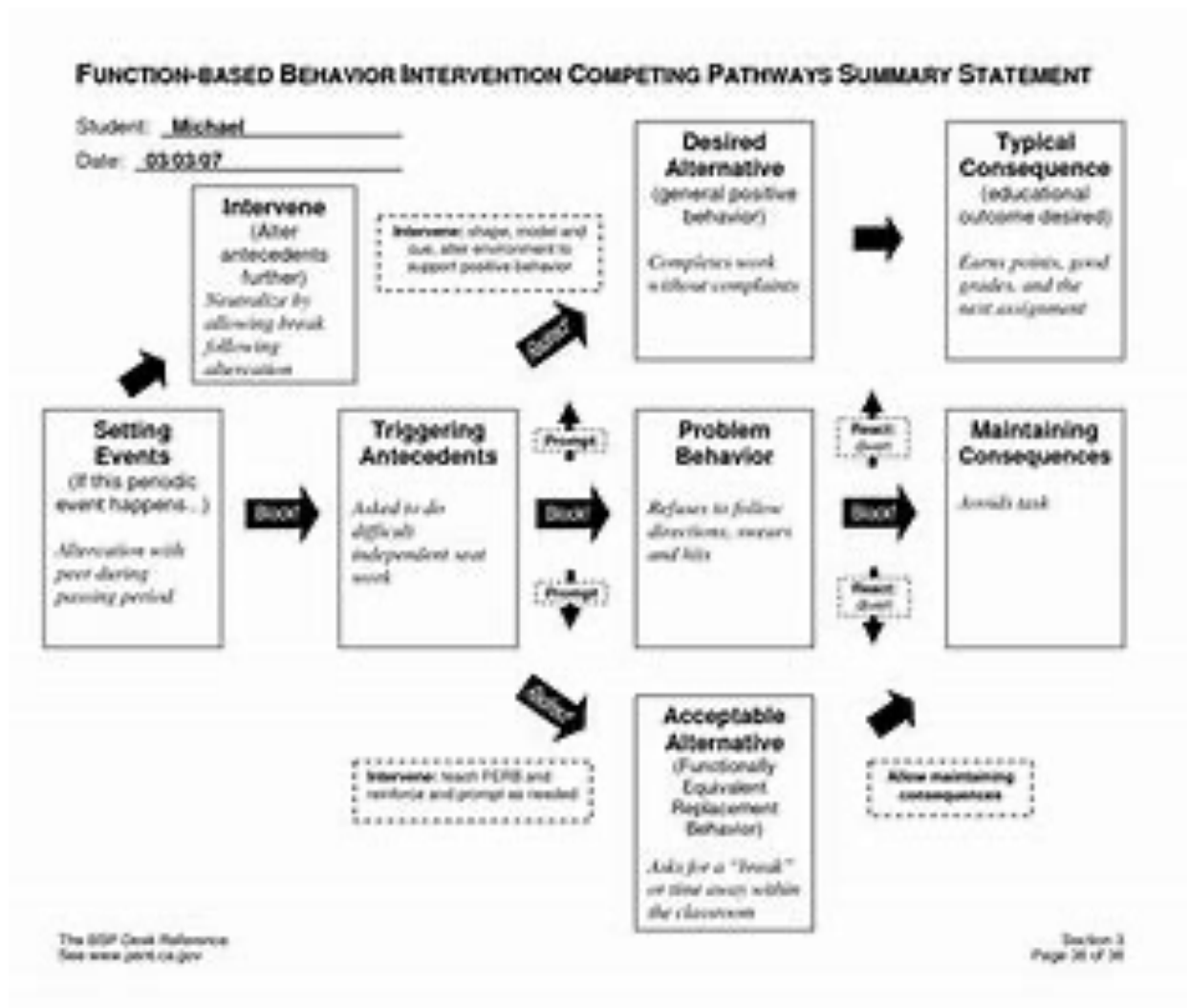


Diagram 1 BEHAVIOR SUPPORT PLAN: COMPETING BEHAVIOR PATHWAY

