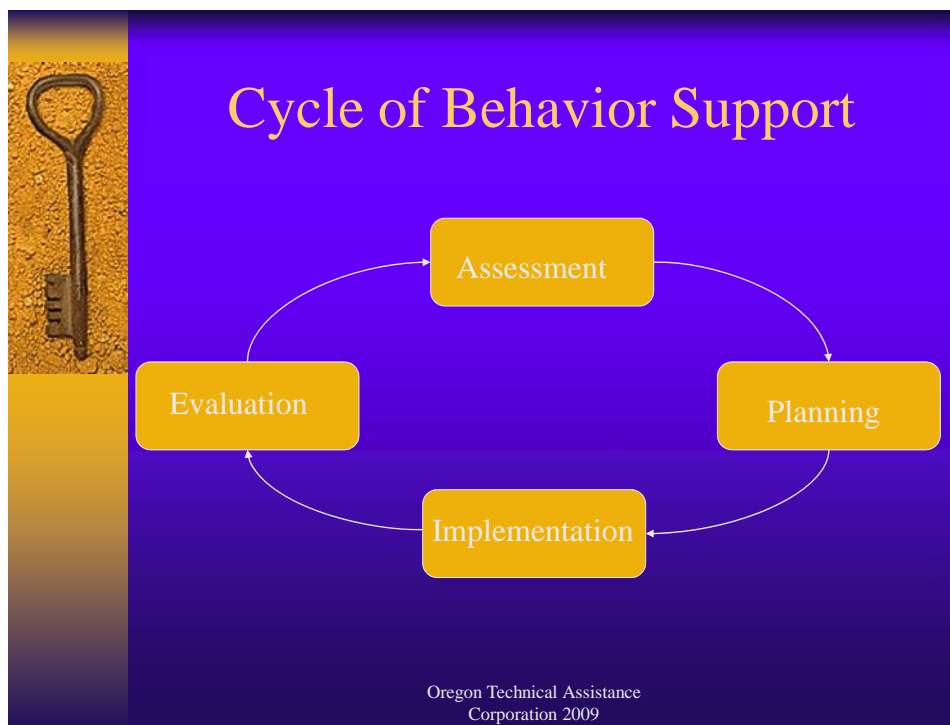


Functional Behavioral Assessment and Positive Behavior Support Plans

An Overview

Developing meaningful and effective plans of support require a four step process:

- **Step One-** Gather information through Person Centered Planning, Functional Assessment, or a combination of both (Assessment);
- **Step Two-** Develop a hypothesis or summary statement of what causes and maintains the behavior of concern (Planning);
- **Step Three-** Build a Positive Behavior Support Plan (Planning);
- **Step Four-** Implement the plan, evaluate the effectiveness of the plan, and modify the plan as necessary (Implementation and Evaluation).



STEP ONE: ASSESSMENT

What is a Functional Assessment or Functional Behavioral Assessment?

A functional behavioral assessment (FBA), often referred to as a functional assessment (FA), is a process of gathering information to assist in understanding what reliably predicts and maintains a person's challenging behavior. Functional assessment is not a tool or a form, but rather a method of asking the right questions of the right people to gain a better understanding of the communicative nature of the behavior of concern. Completing the functional assessment process and using the information gathered is a prerequisite to developing effective and efficient positive behavior supports.

Functional Analysis vs. Functional Assessment

It is important to briefly describe the difference between these two terms as their meanings are vastly different, but they are sometimes used interchangeably.

Functional Analysis is a scientific method that asks that we manipulate the variables we think might cause the behavior of concern in order to truly ascertain under what circumstances the behavior will occur and why. For example, if we thought that John may be likely to self harm in a warm environment, in a functional analysis, we would place him in a warm and then cool environment and observe the effects on his self harm behavior. As a scientific tool, this is difficult to do in community settings as we cannot control for all variables occurring in a natural setting. Additionally, arranging the circumstances for extreme challenging behavior TO occur is unethical by Oregon standards. Obviously, we rarely conduct this type of analysis. If it is utilized, we manipulate the variables to REMOVE the circumstances that we believe may be eliciting the challenging behavior. If there is a reduction in the behavior of concern, we ensure that all providers understand this link. If there is no reduction in challenging behavior, the hypothesis is assumed incorrect and there is a need to continue with the assessment process.

Functional Assessment means gathering information about a person's behavior based on multiple information sources including a review of records, observation, interview with support providers and, of course, with the individual and individuals who know the person best. This is the type of evaluation we will conduct to develop a Behavior Support Plan.

How is the process of Functional Assessment Completed?

A variety of assessment tools are used to conduct a FA. Interviews with people who know the person well are usually a first step for gathering information. Observing the individual in his/her natural environment provides further evidence regarding the function of a problem behavior. The team working with the individual systematically observes the person in different settings to see if there are certain environmental variables triggering problem behavior. Additionally, teams may decide to change environmental stimuli to discovery if there is a connection between this stimuli and the need for the challenging behavior. Changing circumstances to reduce the occurrence of challenging behavior is considered "environmental manipulation" and not a formal functional analysis. Lastly, teams should develop and review data to confirm the hypothesis of why the behavior is occurring. A FA is considered complete when the following outcomes are accomplished:

- There is a clear description of the challenging behavior;
- Medical, psychological, physiological, or neurological conditions are described in how they might affect the behavior;
- The events, times, and situations that predict both the occurrence and nonoccurrence of problem behavior are identified;
- Events immediately following problem behaviors are identified;
- One or two summary statements of the function maintaining the challenging behavior are developed;
- Data confirming the function of the challenging behavior has been taken; and

- Brainstorming has occurred to develop strategies for rendering the challenging behavior irrelevant, inefficient, and ineffective.

A FA is not completed in the same way every time. The type of information that is collected varies depending upon the individual's challenging behavior, strengths, and needs. In some cases, specific data tools are needed in a FA to collect information about medications, sleeping patterns, or social and interactional skills. FA forms and data tools vary.

(Association for Positive Behavior Support, 2009)

How long is the functional assessment process?

The level of complexity needed to complete a FA varies. A practitioner may conduct a simple and time efficient FA to better understand a person's minor distracting or disruptive behaviors. However, an individual who engages in a complex array of serious aggression or self-injurious behaviors at home, at work or in school, and in the community may need higher levels of support from his support providers, teacher, parents, and other important people in his life. In this case, the FA may require more time and energy to complete. Even though the FA tools and level of intensity vary, the process remains the same. Best practice indicates a thorough and complete functional assessment may require ten to twenty hours of records review, data collection, interview, and observation.

(Rachel Freeman, University of Kansas, 2009; APBS 2009)

Common Misconceptions:

- **“Functional assessment is a form”.** Although many functional assessment forms do exist a true functional assessment is more than a form. Functional assessment is a **process** of discovery. The form leads the interviewer to ask certain questions. However it is up to the interviewer to understand the goal of the process- to truly understand the meaning of the challenging behavior. With the goal in mind, the practitioner must understand the form, tools, and methods for gathering the information that will provide clearer understanding of the individual's need to engage in the challenging behavior.
- **“I completed the functional assessment so I do not need to do it again”.** Functional assessment is a dynamic process. Meaning that a functional assessment will need to be reviewed and updated as the individual himself changes. Reviewing and updating the functional assessment and then the behavior support plan is necessary to ensure quality and effective support.
- **“I do not need to do a functional assessment. I just need to write the support plan”.** Functional assessment is written into the Oregon Administrative Rule (OAR) as a process for understanding a person's challenging behavior. If a team believes the person is engaging in risky or dangerous behaviors that reduce the person's quality of life and/or poses a health or safety risk, the OAR and/or ISP Risk Tracking Record specifies the process of functional assessment for further understanding of the behavior of concern. As support plans are based from the information gleaned in the process, FA is a mandatory prerequisite for developing any positive behavior support plan.
- **“After I complete a functional assessment, I have to complete a behavior support plan”.** Oftentimes it is true that once a functional assessment is completed, a formal behavior support plan will be necessary. However, there are individual cases where the functional

assessment reveals that the behavior does not truly diminish quality of life, is not a health or safety concern, and/or environmental changes or effective staff training will address the original concerns. If the team decides no formal positive behavior support plan is necessary, the effective environmental strategies and training should be written into a plan of support to ensure that these supports continue for the individual. The decision to develop a positive behavior support plan can be viewed as a more intrusive level of support. It would be necessary if the behavior of concern truly diminishes quality of life, the behavior of concern is a health or safety risk to the person or others, and support providers would like to teach a functional alternative behavior to the individual that is effective in reducing the need for the challenging behavior.

- **“A summary statement is unnecessary”.** A summary statement is the hypothesis or best guess as to what “sets up” the behavior, “sets off” the behavior, provides a clear definition of the behavior, and answers why the person is engaging in the behavior of concern. The summary statement narrows down all the assessment information gathered into one or two succinct statements that allow the practitioner to develop strategies based on these hypotheses. Without this analysis, the information cannot efficiently and effectively be used to develop strategies of support.

STEP TWO: DEVELOP A HYPOTHESIS

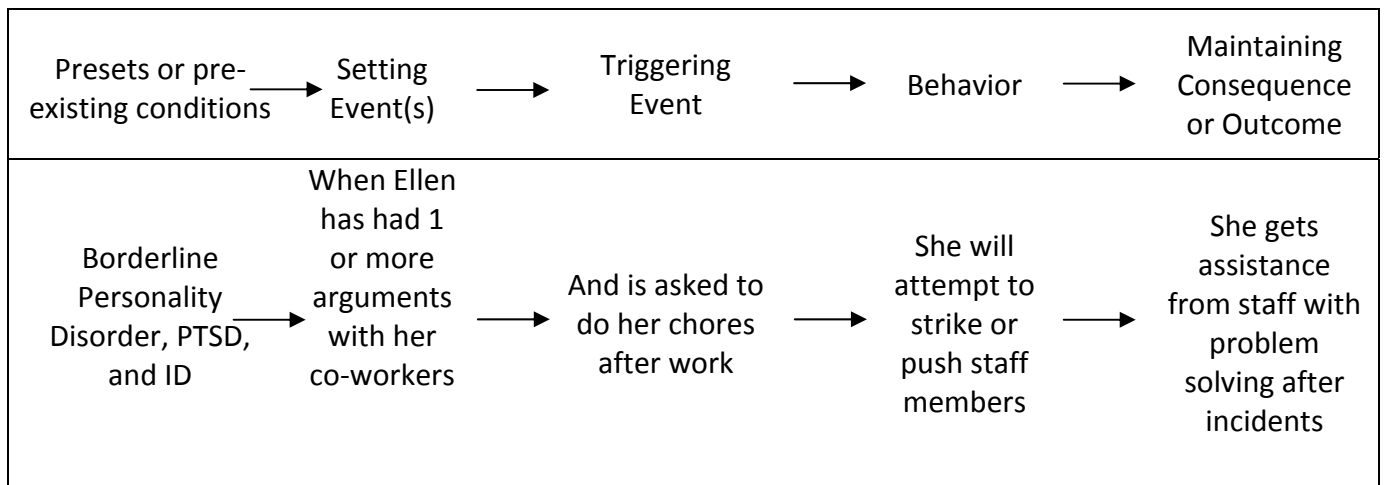
Hypothesis or Summary Statement

A hypothesis (sometimes referred to as a summary statement) is the synthesis of the information gathered through the FA process. A hypothesis is our best guess at the meaning of the challenging behavior for the individual based on the interviews, observations, records review, and data collection completed during the FA process. Summary statements should be observable, testable, and accurate. Observable meaning the behavior and its outcome can be seen, measured, recorded, or tracked. Testable meaning variables in the environment can be systematically removed to reduce the need for the challenging behavior. Accurate meaning the information has been gathered from as many sources as possible to be valid and is our best guess at the moment as a result of the information provided.

Oftentimes, the competing behavior pathway is utilized to assist in a more formal representation of the information gleaned from the FA process. The competing behavior pathway provides a visual method of tracking the summary statement (center line) the expected or desired behavior and its outcomes. Additionally, the competing behavior pathway allows for a team to brainstorm. The team will work to brainstorm:

- More interesting and reinforcing outcomes for the desired behavior,
- A functional alternative behavior that serves to meet the same function as the challenging behavior;
- And other strategies that will render the behavior irrelevant, inefficient, and ineffective.

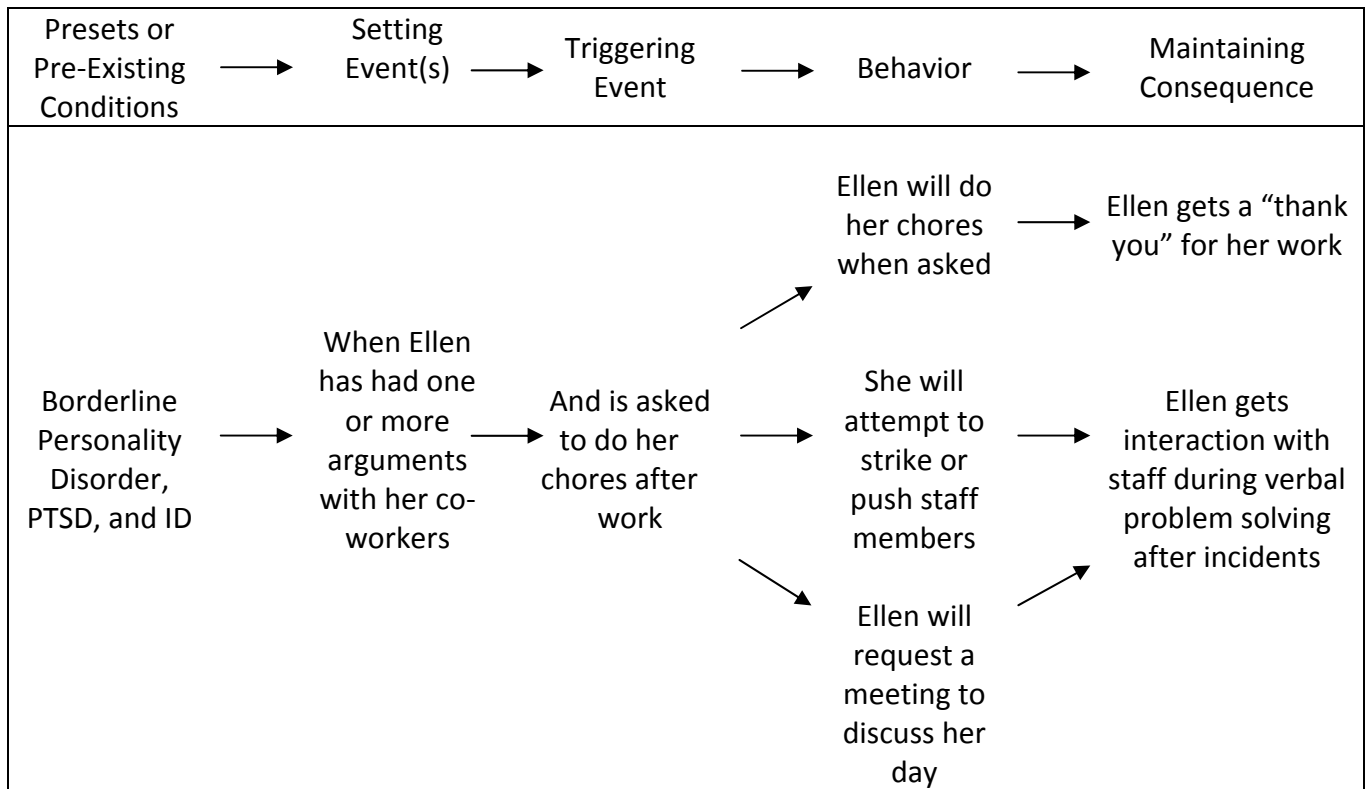
The first step is to review the summary statement(s) that were generated by the functional assessment. For example:



The *function* or *outcome* of the behavior is determined by looking at the *maintaining consequence*. In the example above, aggressive behavior has the function of gaining problem solving when demands are placed on Ellen after having a difficult day at work. When designing supports, you will develop one or more behaviors that the focus individual (Ellen) can use to accomplish the function of the problem behavior (problem solving and outlet for her stress) without resorting to the problem behavior (aggression to others). This is the *functional alternative behavior*. For Ellen, a functional alternative behavior might be to tell staff members that she had a difficult day, and to request a “meeting” when they arrive at home. This equivalent alternative gains her the same outcome (problem solving with staff, and possibly an outlet for her stress), and will depend on teaching Ellen when and how to perform the behavior, and ensuring that the people around her follow through on their end so that Ellen’s performance of the behavior results in her receiving the reinforcement.

It’s advisable to diagram the alternative behaviors into the summary statements you are working with.

For example:



Considering the *competing behaviors* in this fashion will be an aid in the next step: brainstorming and selecting strategies for each part of the summary statement. The brainstorming is best completed with support staff and others who know the individual, circumstances, and setting. Brainstorming means that all individuals present have a voice and should provide options. One hard and fast rule to include in each brainstorming session is that people should voice the idea without judging it or judging other people's ideas. When judgment or negativity occurs in brainstorming it often serves to diminish the number of additional ideas and creativity. All thoughts and ideas can be provided, and at a later time the support selection process will occur.

Here's Ellen again as an example:

Presets or Pre-existing Conditions	Setting Event(s)	Triggering event	Behavior	Maintaining Consequence
Borderline Personality Disorder, PTSD, and ID	When Ellen has had 1 or more arguments with her co-workers	And is asked to do her chores after work	Ellen will do her chores when asked Ellen will attempt to strike or push staff members Ellen will request a meeting to discuss her day	Ellen gets a “thank you” for her work Ellen gets interaction with staff during problem solving after incidents
List Strategies that make the problem behavior irrelevant, ineffective, & inefficient				
<i>Understand her diagnoses</i> <i>Training for staff</i> <i>Therapy for Ellen</i>	<i>Rearrange work schedule so that Ellen works with co- workers she likes.</i> <i>Arrange communication with work so we know when things didn’t go well.</i>	<i>Schedule a “wind down” activity before requesting chores.</i> <i>Offer a choice of chores.</i> <i>Do chores with Ellen rather than asking her to do them alone.</i>	<i>Teach Ellen to:</i> <i>Use a feeling chart to identify and label her feelings.</i> <i>Ask for a meeting when she has things she wants to discuss.</i> <i>Ask for time to relax and listen to her meditation tape.</i> <i>DBT adaptations.</i>	<i>When Ellen finishes her chores by 4 pm staff will play Wii with her:</i> <i>“you were so fast today, we can play Wii for a half hour!”</i> <i>When Ellen requests a meeting, follow through providing enough opportunity to thoroughly debrief issues.</i>
Preset Strategies	Setting Event Strategies	Predictor Strategies	Teaching Strategies	Outcome Strategies

Begin supports selection by first considering setting event issues, then moving to predictor strategies, followed by teaching strategies (which will promote the functionally alternative behaviors), and finishing by considering consequence strategies.

Some considerations for the selection process:

- Consider the person for whom you are developing a plan. How much will they participate? Are the strategies you are selecting intrusive? Will the strategies preserve the person's dignity? How do the strategies relate to the person's goals and wishes? Has a person centered plan been developed? If so, have we included the person's interests, desires, needs, and goals?
- Consider the *efficiency* of the challenging behavior in relation to the alternative behaviors; i.e., how much effort is expended in performing each of the behaviors, how many times must the behavior be repeated before being reinforced, and what is the quality or strength of the reinforcer when received? Consider strategies that will make the alternative behaviors more reinforcing while also making them easier to perform (take into account both physical and mental effort). Consider ways to make the problem behavior less efficient. The objective is for the person to follow the functional alternative behavioral path, instead of the challenging behavioral path we would like to replace.
- Are the person's support providers willing and capable of carrying out the strategies? Is the plan a good fit for environment? Are there sufficient resources?

STEP THREE: PLANNING

Functional Assessment as it relates to Behavior Support Planning

Functional Assessment (FA) is the foundation of Behavior Support Plans (BSP). A behavior support plan is developed directly from the information learned in the functional assessment process and includes the supports brainstormed using the competing behavior pathway.

Developing good behavior support plans includes consideration of four broad areas:

1. Behavior support plans describe what we (support providers) will do differently, how environments will be rearranged, how curriculum or tasks will be altered, how schedules will be adjusted etc. It is through changing the way we do things that we will help those receiving support in changing their behavior.
2. Behavior support plans are built on the basis of the results of functional assessment.
3. Behavior plans are technically sound, i.e. utilize the basic principles of human behavior and learning. The comprehensive methods of the support plan should make the problematic behavior *irrelevant*, *inefficient*, and *ineffective*.
4. Behavior support plans should be practical and should be a good fit for the settings where they are implemented, and for the support agents (family, staff, teachers) that put the methods into action.

Writing the plan: after support design is done, the plan is written in a format that is useful to those providing support.

Plans for changing challenging behaviors have at least four basic parts. These four components, developed from a functional assessment, are: **Proactive** or Skill Building; **Reactive** or Responsive; **Crisis Intervention**; and **Recovery**. These will be referred to as Plan A, Plan B, Plan C, and Plan D

Plan A, the **Proactive** plan, includes elements that are necessary in the individual's life in order for a successful day to occur and ways to increase the individual's *quality of life*. These elements may include addressing personal space issues, providing predictability through schedules or routines, environmental arrangement, and identifying and eliminating setting events and triggers. Elements of "person-centered thinking", like *things that must be* in the person's life, as well as those things that *must not* be in the person's life are included in this component. The proactive plan also addresses the identification of new skills to be learned. The proactive plan would include improving communication; skills needed for appropriate self-management such as self care, relaxation techniques, money handling, etc; and providing improvement in the individual's lifestyle by addressing skills needed to become an active member of the community.

An important part of the proactive plan describes the new behaviors to teach and reinforce that will *replace* problem behaviors. These are the functional alternatives discussed earlier. The alternative behavior must perform the same function (result in the same outcome) as the problem behavior, be more efficient than the problem behavior (meaning the new behavior requires less effort and results in reward more quickly and more reliably than the problem behavior). The person must learn how to perform the behavior, and we must make it worthwhile for the person.

The proactive plan is about identifying problem areas for the individual and changing these situations by taking something stressful away, adding something comforting to, or changing something already in the situation prior to the individual experiencing the problem.

Plan A should be built on the following "Foundations" that cut across all routines (Horner, et al; 1999-2000). These foundations will be addressed differently based upon the findings of the FA. Some individuals may require a larger focus on one area and lesser focus on others. The foundations are:

Health and Physiology- Addresses ensuring the person a safe and healthy environment as well as supports that address maintenance of health and improving physical conditions.

Communication- This portion provides information about the person's communication ability and how to communicate effectively to the person.

Mobility- this portion will address mobility (gross/fine motor skills) that will help with understanding adaptations that might be necessary and prepare support providers to work effectively with the individual.

Predictability- this portion provides information about the person's need for consistency, routine, structure, and information.

Control and Choice- this portion provides information about how the person will be provided choice throughout each day. Additionally, this portion may address skills to be trained and practice that will increase the person's ability to be more independent and autonomous in the future.

Social Relationships- As David Pitonyak says, "loneliness is the number 1 cause of challenging behavior". This section should serve to assist support providers in understanding how to interact with the individual, who the person enjoys spending time with, and how to ensure the individual has supports necessary to continue relationships.

Activity Patterns- this portion addresses the schedule and routines the individual enjoys. This portion ensures support staff understand the activities and supports necessary for the person to succeed independently in the activity.

Plan A is the primary plan. It should be used most of the time.

The **Reactive/Responsive** plan, or Plan B, is about making the needed changes when behaviors start to show "*early warning signs*" that often lead to challenging behavior. The reactive plan would include identifying early indicators in behavior such as changes in frequency, duration, and intensity; changes in facial expressions and body language; excesses and deficits from the individual's typical behavior. This component may employ such strategies as redirection; problem solving; staff changes; scheduling changes; altering the environment; removal of the trigger and diminishing the effects of the setting events; etc.

The primary objective of Plan B is to reduce the likelihood of further escalation and eventually allow the resuming of Plan A activities.

Plan C, or the **Crisis Intervention Plan** is employed when the individual is at risk of injuring themselves or others. This plan is used when other efforts have failed or have been less than effective. This plan will indicate who will keep people safe, and what techniques caregivers will employ. The plan may or may not incorporate protective physical intervention (PPI) to use in order to maintain health and safety. **Actual approved PPIs must be included in this section of the plan if the team believes these will occur in an effort to maintain safety. The objective of this plan is to prevent injury. This plan and the physical interventions prescribed within, must meet with current OAR regarding the training, use, and documentation of protective physical interventions.**

Plan D, or the **Recovery Plan** describes methods to be used after a crisis that will help the person recover from flight, fight, or freeze response, regain their balance and equilibrium and return to the supports described in the proactive plan – plan A. **The objective of this component of the plan is to provide the support necessary to reintegrate into the daily routine.**

The support plan should include the expected outcome of support efforts, including who will do what, when, and where; data and evaluation requirements; review criteria; etc. The plan should include specific strategies and specific staff responses to each expected behavior. The support plan should also include documentation that the least intrusive methods are being used to reduce

incidences of challenging and/or dangerous behavior, documentation that the plan is periodically reviewed, and that all team members agree with all the components of the plan.

STEP FOUR: IMPLEMENTATION AND EVALUATION

Behavior Support Plan Implementation

It is important to make sure that a plan meets the necessary Oregon Administrative Rule criterion, is person centered and is meaningful to the individual. In order to assure this, the support providers directly working with the individual and the Individual Support Plan team must approve the FA and BSP. Additionally, best practice is to have the support providers directly working with the individual review the FA and draft plan for their insight and to ensure the supports are doable within the environment it is designed.

Once the FA and BSP have been approved, training for the implementers of the supports should be scheduled. Training is often believed to be sufficient when staff has been provided copies of the FA and BSP. However, best practice would govern that the implementers need to know not only what supports have been put into the plan, but more importantly implement, use, and teach the individual the use of these supports.

Providers should be trained using a variety of methods including (but not limited to):

- reading the support documents;
- being able to ask questions for further understanding;
- opportunities to practice the skills and support techniques to be utilized;
- role playing situations;
- educated or knowledgeable providers can model the techniques for newer providers;
- And opportunities should be provided to practice using the data collection tools.

Behavior Support Plan Evaluation

The support documents and relevant data should be reviewed periodically to evaluate effectiveness. As per the OAR, teams should identify who will review and how often the effectiveness of the plan will be reviewed. Often times providers review the current data compared to baseline behavior data. This is a good practice, however additionally it is best practice to review whether the proactive supports are being utilized, how often, and compare this with the current and baseline data. Providers utilize many different types of behavior review formats, most however look to evaluate:

- Decreases in the focused challenging behavior;
- Increases in alternative behaviors and skills;
- Achievement of broader goals;
- Changes that have occurred since the last review (medical, social, occupation, etc);
- The consistency of implementation;

- And whether the change in behavior is durable (occurs across shifts, staff, settings, and over time).

How do we know how often to review a behavior support plan?

This is a very tricky question. There is no tried and true method that works for every single situation or every single team. However, best practice is to review more frequently when beginning any new formal behavior support plan and “weaning” the reviews as it becomes clear that the team understands how to implement and the data reveals a positive change in the behavior(s) of concern and an improved quality of life. All too often a new plan is written with review criterion of every six months to once a year. This schedule of review is much too lean for an initial plan and may not serve well individuals who have very complex behavioral issues. Oftentimes a more formal monthly review is recommended in addition to daily/weekly review of incident reports.

Who does the evaluation or review?

The team should very clearly identify one person to do the formal behavior review. This individual is oftentimes the behavior specialist, a house manager, lead staff, or quality assurance person. The individual chosen should know the individual, understand the behavioral supports, be knowledgeable in the applicable Oregon Administrative Rule, understand and use Positive Behavior Support philosophy and practice, is person centered in their approach, and best practice would recommend a person who is either an Oregon Intervention System (OIS) Instructor or currently OIS certified to an Oversight Level.

Any updates necessary should lead to updates in both the FA and BSP. These changes should be reviewed and approved by the support providers and ISP team. These changes and supports will then need to be trained to the implementers. And the cycle continues.....

(See the next section on Behavior Review Forms for Quality Assurance for examples of completed templates)

Resources and References:

www.pbis.org

www.specialconnections.org

www.apbs.org

Oregon Administrative Rule

Oregon Intervention System

Functional Assessment and Program Development for Problem Behavior: A Practical Handbook,

Second Edition (1997); Robert O’Neill, Robert Horner, Richard Albin, Jeffrey Sprague, Keith Storey,

and Stephen Newton. Brook/Cole Publishing Company