Conducting a Functional Behavior Assessment
Current thinking regarding challenging behavior recognizes the success of an intervention depends on understanding why a person responds in a certain way, and teaching the person a more suitable method of getting that same need met. The process of uncovering why a person responds in a particular way is called a functional behavior assessment, or FBA. Conducting a functional behavior assessment is the first step when starting to create a behavior support plan, and it helps the team understand what factors in the environment influence behavior. Information that is collected will usually include:

- An understanding of events which occur immediately before the behavior (antecedents or stress triggers).
- An understanding of what happens right after the behavior (consequences).
- Previously used treatment efforts and their relative effect or impact on the behavior.
- Potential effects of the physical environment, including:
    - noise levels
    - brightness
    - furniture arrangements
    - potential crowding factors such as the size of the room and the number of people in the immediate vicinity
- Any possible health or medical factors which may influence the person.
- Where the behavior tends to occur most often, as well as least often.

This information typically is gathered through direct observations of the person across various environments, as well as through a review of the person's records. After reviewing the information and observing the person, it is necessary for the team to develop a hypothesis regarding what they consider to be the reason(s) for the behavior. The most frequent possibilities include seeking attention, task or social avoidance, sensory input, physical illness, and/or mental health concerns.

Fundamental Components of FBA's
One fundamental component of the FBA process is an A-B-C analysis, where "A" stands for antecedent events, "B" for the precisely defined behavior, and "C" for any consequences following the behavior. Most often, every time the behavior occurs, a parent or other caregiver will complete a data sheet on which information is detailed about these three factors.

A: *Antecedents*. These are events that seem to reliably predict the occurrence of the behavior. These might be relatively complex things such as requests to complete work assignments, changes in lighting or noise levels within a setting, the onset of a headache or other physical illness, or an increase in screaming by peers within an environment. Sometimes antecedents can be seemingly simple events, such as flipping a light switch, changing directions in a car, or even physical affection.

B: *Behavior*. The behavior of concern must be defined in detail so that all persons involved can reliably measure it when it occurs. Simply recording "aggression" is not good enough – what kind of aggression? Verbal? Physical? Against property or others? Hitting, kicking, spitting, biting, slapping, or all of the above? Precise definitions allow the team to know the data is reliable, thus promoting good treatment decisions.

C: *Consequences*. These are events which occur immediately after the behavior and the goal is to identify the specific activities, food items, forms of attention, and/or other reinforcing events that help maintain the behavior. Once identified, these reinforcers can often be rearranged to help

teach appropriate replacement behaviors and minimize the occurrence of the challenging behavior.

It is important remember that the function of a behavior can change over time. Though initially a behavior may serve to avoid an unpleasant task or request, later that same behavior might serve to gain attention from peers or other caregivers. Consequently, it is helpful to continue the assessment process even after starting a treatment intervention, as this allows the team to understand any changes in the behavior that might occur, and make changes in the support plan based on a function that might change.

Another helpful component is the scatterplot analysis, which provides temporal details about challenging behaviors over the course of each day. Scatterplot analyses help uncover whether specific behaviors occur around predictable periods of time. If this is the case, changes in routines or schedules should occur in order to prevent these situations. A portion of a sample scatterplot is shown below:

Behavior: self-injury (slapping face with open hand which causes redness)

Date / Time	1	2	3	4	5	6	7	8	9	10
0600-0630		✔				✔	✔			
0630-0700		✔	✔		✔	✔			✔	✔
0700-0730					✔					
0730-0800					✔					
0800-0830	✔	✔				✔	✔		✔	
0830-0900					✔					
0900-0930					✔					
0930-1000				✔						
1000-1030					✔					
1030-1100					✔		✔			

In this example, it is reasonable for the person's team to first look at the events occurring around the 0600-0700 time periods. Perhaps this is when the person is first waking – is there a need for a change in wake-up routine? If this is breakfast time, additional information can be collected to assist in understanding what might be happening and where changes might be in order. Similarly, from 0800-0830 there also are a number of self-injury incidents – what is happening during this time period? What can be changed? The 5th day of this month is also a day with a number of incidents of self-injury – what happened this day? Was the person ill? Was a favored caregiver absent? What happened that might explain the behavior? When multiple days are viewed this way, patterns often times can be seen, and plans can be changed to help support the person through difficult times.

Additional tools are interview forms, which ask questions to assist the team in understanding what function a behavior might serve. A popular tool is the Functional Analysis Screening Tool, or the FAST. Another is the Motivation Assessment Scale, or MAS. The FAST is available from Dr. Brian Iwata at the Florida Center on Self Injury, while the MAS can easily be accessed and completed online at: http://www.monacoassociates.com/mas/MAS.html

Sample Functional Behavior Assessment Interview Questions

Name _____   Date of Birth _____ Sex: M   F

Interviewer _____   Respondent(s) _____

Date of Interview _____

DIAGNOSES: Please list all current known diagnoses, including psychiatric

_____

_____

_____

_____

DESCRIBE THE BEHAVIOR/S: What behaviors are of concern?

Behavior	Typical Frequency	Typical Duration	Typical Severity
1.	1-5x/week ❑ 6-10x/week ❑ > 10x/week ❑	1-5 min per event ❑ 6-10 min per event ❑ >10 min per event ❑	Low ❑ Medium ❑ High ❑
2.	1-5x/week ❑ 6-10x/week ❑ > 10x/week ❑	1-5 min per event ❑ 6-10 min per event ❑ >10 min per event ❑	Low ❑ Medium ❑ High ❑
3.	1-5x/week ❑ 6-10x/week ❑ > 10x/week ❑	1-5 min per event ❑ 6-10 min per event ❑ >10 min per event ❑	Low ❑ Medium ❑ High ❑
4.	1-5x/week ❑ 6-10x/week ❑ > 10x/week ❑	1-5 min per event ❑ 6-10 min per event ❑ >10 min per event ❑	Low ❑ Medium ❑ High ❑
5.	1-5x/week ❑ 6-10x/week ❑ > 10x/week ❑	1-5 min per event ❑ 6-10 min per event ❑ >10 min per event ❑	Low ❑ Medium ❑ High ❑

DESCRIBE THE LIKELY FUNCTION OF THESE BEHAVIOR(S): Think of each of the behaviors listed above and describe what you think the person GETS or AVOIDS by displaying the behavior:

Behavior	What does s/he get?	What does s/he avoid?
1.		
2.		
3.		
4.		
5.		

CURRENT MEDICATIONS

Medication	Dose	Times Given	Reason

(Use reverse side if more space is needed) ❏

PREVIOUS MEDICATIONS

Medication	Dose	Dates used	Reason discontinued

HEALTH

What medical complications (if any) does the person experience that may affect his/her behavior (e.g., asthma, allergies, rashes, sinus problems, seizures, etc)?

_____

_____

_____

_____

SLEEP PATTERNS

Weekdays: To bed at: _____   Wakes at: _____

Weekends: To bed at: _____   Wakes at: _____

Does the person usually: Sleep through the night ❏   or   Wake often ❏?

If they wake, does s/he get out of bed? Yes ❏   No ❏

MEALS/DIET

Does the person have dietary restrictions? What are they? Please describe the diet and mealtime routines of the person and the extent to which you think these may impact behavior.

_____

_____

_____

ROUTINE

Detail the person's typical daily routine:

0500	1400
0600	1500
0700	1600
0800	1700
0900	1800
1000	1900
1100	2000
1200	2100
1300	2200

Describe the individual's behavioral response to the following situations:

Upset behavior is:

	More likely	Less likely	Not impacted	Comments
Given a difficult task to complete	❑	❑	❑	_____
A desired activity is interrupted	❑	❑	❑	_____
No interaction for 15 minutes or more	❑	❑	❑	_____
Changes in routine/schedule	❑	❑	❑	_____
Person cannot get something s/he wants	❑	❑	❑	_____
Person is left alone	❑	❑	❑	_____

COMMUNICATION SKILLS Please check each box that corresponds with how the person typically communicates.		Verbal				Sign			Gesture				Behavior		
		Full sentences	Multiple words	Single Words	Other:	Multiple signs	Single signs	Other:	Shakes head	Points	Leads	Other:			
Social Positive	Requesting attention or assistance														
	Requesting an object or activity														
Social Negative	Requesting escape or a break from something														
	Refusing an activity or a request to do a task														
Automatic Positive	Obtaining sensory input														
Automatic Negative	Indicating pain														

WHAT POSITIVE ALTERNATIVE BEHAVIORS ARE KNOWN BY THE PERSON?

What socially acceptable behaviors / skills does the person already do that could be ways of achieving the same function(s) as the behaviors of concern?

_____

_____

_____

HISTORY OF BEHAVIOR PROGRAM EFFORTS

Provide a history of the undesirable behaviors and the programs that have been attempted.

Behavior	How long has this been a problem?	Intervention efforts	Impact

ACTIVITY / REINFORCER PREFERENCES

Please use a scale of 1-5 (1 being the most enjoyable) to indicate the person's preferences below:

Activities and sports

Puzzles	___	Games	___	Books	___
Sensory toys	___	Musical instruments	___	Computer games	___
Action figures	___	Painting	___	Bowling	___
Play dough	___	Other:	___	Trampoline	___
Biking	___	Swing set	___	Slide	___
Amusement parks	___	Swimming	___	Other _____	___
Roller-skating	___	Skateboarding	___	Other _____	___

Television and video

Disney movies	___	Animated movies	___	Other _____	___
Animal videos	___	Cartoons	___	Other _____	___

Treats

Candy	___	Fruit	___	Pretzels	___
Crackers	___	Chips	___	Other _____	___
Ice cream	___	Cookies	___	Other _____	___

Beverages

Soda	___	Juice	___	Other _____	___
Milk	___	Water	___	Other _____	___

Reading items

Pop-up books	___	Picture books	___	Books with sound	___
Sensory books	___	Puzzle books	___	Coloring books	___
Sticker books	___	Magazines	___	Other _____	___

Animals

Cat	___	Dog	___	Rodent	___
Fish	___	Bird	___	Other _____	___

Computer

CD-Rom games	___	Internet surfing	___	Other _____	___

Music

Country	___	Rock	___	Oldies	___
Classical	___	Rap/Hip-hop	___	Other _____	___

Other (please list other preferences)

_____	___	_____	___	_____	___
_____	___	_____	___	_____	___
_____	___	_____	___	_____	___