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Functional Behaviour Assessment – fundamental skills for disability professionals supporting people with *behaviours of concern*

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*Supporting people
to achieve dignity
without restraints*

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Today's Workshop

- (1) Briefly review what we know about behaviour assessment and behaviour support planning
- (2) Discuss the evidence-based role of *Functional Behaviour Assessment*
- (3) Consider a case study and apply *FBA*
- (4) Plan how *FBA* can be included in our every day work practices

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What is behaviour?

"Any muscular, glandular or electrical activity of an organism"

(Martin & Pear, 2005; p. 3.)

- Overt or Covert
- Adaptive or Maladaptive
- A means of Communication

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What is a 'behaviour of concern'?

"Culturally abnormal behaviours of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit the use of, or result in the person being denied access to ordinary community facilities"

(Emerson, 2001; p. 3.)

"behaviour' that:

- *is a barrier to a person participating in, and contributing to their community (including both active and passive behaviours);*
- *undermines, directly or indirectly, a person's rights, dignity or quality of life; and*
- *poses a risk to the health and safety of a person and those with whom they live and work".*

(McVilly, 2002/07; p. 7).

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What do we know is important when supporting people who show *behaviours of concern*

Behaviour Serves A Purpose;

We need to develop positive, non-aversive, person-centered strategies to:

- (1) address deficient environmental conditions (e.g., physical access; staffing issues, including staff training; activity schedules; engagement techniques; choice making opportunities); and
- (2) address deficient behavioural repertoires of the person (e.g., communication; self-management; activities of daily living; and social skills, etc).

(cf Carr, 2007)

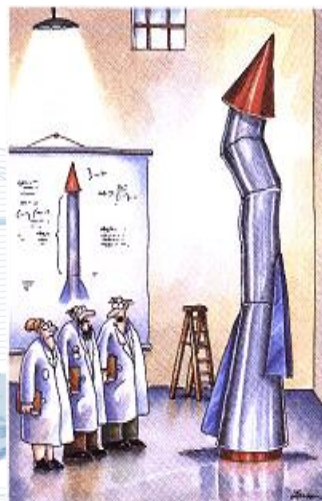
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Professionalism in Behaviour Support

Supporting people with disabilities IS *rocket science*.

We need to take it seriously, professionally and be committed to doing it well.

Poorly conducted or limited assessments give rise to poorly constructed programmes with limited (if any) effect.



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Comprehensive Assessment is Essential

A Bio-Psycho-Social Approach to Assessment:

- A comprehensive personal history
- A review of the person's social & physical environment
- A review of organisational policies, procedures & practices
- Medical review
- Skills assessment

Functional Behaviour Assessment (FBA)

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Why Bother with Functional Assessment?

Functional analysis demonstrated to be both more effective and efficient than traditional 'trial and error' or standardised / formulaic treatment approaches – Duran & Crimmins, 1991

The success rate for interventions (using a 90% reduction criteria) for interventions based on prior Functional Assessment (FA) has been found to be almost twice that obtained when FA was not conducted – Carr et al., 1999

Behavioural techniques are more effective when preceded by a functional assessment – Kahng et al., 2002

The use of Functional Assessment has been shown to decrease the likelihood that treatment procedures will incorporate on punishment – Campbell, 2003

Experimental Functional Analysis has been demonstrated to improve outcomes and give rise to larger effect sizes when treatments are evaluated, over the use of indirect or purely descriptive Functional Analysis – Didden et al., 2006

The evidence supports multi-component intervention approaches that include as an essential component skill replacement strategies based on the results of a Functional Assessment, in addition to including environmental and systems strategies – Harvey, et al., 2009

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Functional Assessment

Ascertain the *function of the behaviour from the person's perspective*

Understand the person

Develop strategies that meet people's needs

Implement strategies directly related to the function or purpose of the behaviour of concern

*Why does the person use this behaviour;
What purpose or meaning does it have for the person?*

What makes it likely to occur and to escalate?

What sustains it?

Why and under what circumstances does it come to an end and not reoccur?

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How to Conduct a Professional Functional Assessment

(1) Define the behaviour;

(2) Describe the relationship between the occurrence (and non-occurrence) of the target behaviour and identified environmental events or bio-behavioural states (typically using the collection of observation-based / incident data); and

(3) Generate an hypotheses concerning events which precede the occurrence of the behaviour (establishing operations and discriminative stimuli), contingencies maintaining the behaviour (e.g., available reinforcers / rewards) and the profile or organisational aspects (i.e., the topography) of the behaviour.

(1) Describe the behaviour so everyone knows what it is.

(2) Find out when it happens and when it doesn't happen.

(3) Say why you think, from the person's perspective, the behaviour is happening.

(cf Crone et al., 2003; Enderby, 2004; O'Neill, et al., 1997; Umbreit, 2007)

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Potential approaches to Functional Assessment

- Ask the person
- Observe the person in real situations
 - Get people to keep records
 - Interview significant others
 - Review files
- Seek referral to, or the opinion of other, external experts

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Options for FBA Data Collection

Interviews

Semi-structured interviews

Structured interview / formal assessment
(e.g., MAS)

Observations

- Direct observation
 - > Structured
 - > Unstructured

- Reported observations
 - > ABC / STAR Charts
 - > Incident reports
 - > Analogue charts

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What information are we looking for? *The communications hypothesis – cf Durand & Crimmins*

All behaviour serves a purpose for the person.

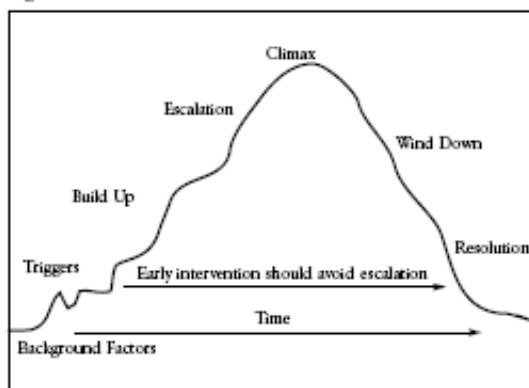
Behaviours communicate a message:

Behaviours, no matter how concerning or challenging, are often the most adaptive means the person has of dealing with their current circumstances

I Need / Want
I don't Need / Want
I think
I feel

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Figure 4. The Behaviour Curve



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Video

The Black Balloon

Scene 12 – ‘The Birthday Party’

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Group Work

- (1) Choose a few of the behaviours you consider to be the most important; write an objective description of each – what you see and hear.

**Who does What,
Where, & When?**

- (2) Use the ABC or STAR Chart to make notes about your observations of the key behaviours

**Antecedents /
Settings / Triggers
& the Consequences / Results**

- (3) Write down why you think the behaviour(s) occurred, from the person's point of view – what message(s) might they communicate?

**I Need / Want
I don't Need / Want
I think / I feel**

- (4) Think about some strategies you would recommend based on the functions of the behaviours

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Appendix 3.

Antecedents, Behaviours & Consequences (ABC) Chart for - (D.O.B.)

	<i>Antecedents</i>	<i>Behaviours</i>	<i>Consequences</i>
Record Date & Time of Observation & your initials.	Describe what was happening immediately prior to the incident; who was there (or had just left); what were they and others doing (or about to do)?	Describe what actually happened; what did the behaviour look like; sound like; feel like? Write it out like stage directions for a play so someone who has never seen it could accurately act it out.	Describe what was the outcome or what happened as a result of the behaviour; what did the person do; what did others do; how did the situation change from how it was before the incident?

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Appendix 4.

Setting, Triggers, Actions & Results (STAR) Chart for - (D.O.B.)

	<i>Setting</i>	<i>Triggers</i>	<i>Actions</i>	<i>Results</i>
Record Date & Time of Observation & your initials.	Describe where the incident took place or where had the person been; what were the expectations or plans at the time; what happened in the lead up; physically, socially, etc.	Describe who was there and what they were doing (or not doing) at the time the incident occurred.	Describe what happened; what did the behaviour look like; sound like; feel like? Write it out like stage directions for a play so someone who has never seen it could accurately act it out.	Describe the outcome; what did the person do; what did others do; how did the situation or expectations change from how it was before the incident?

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Selecting an approach to data collection

Consider a recording tool that reflects:

- The phase of the investigation
- The type the behaviour
- The topography of the behaviour
- The staff resources available

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Appendix 5.

Incident Record For -

(D.O.B.)

- This form is for recording specific incidents as and when they occur during a shift. The specific codes are listed opposite.
- Comments should be kept brief. They can be discussed further with a supervisor later or noted in the house diary at the end of the shift.
- If a *Serious Disruptive Incident* (SDI) occurs, it should be recorded on the sheet at that time and a full report completed at the end of the shift.
- A *Serious Disruptive Incident* (SDI) is defined as one in which harm or the potential for harm to either the person themselves or others present has been evident. Harm or the potential for harm may include both physical harm and psychological harm (e.g., behaviours experienced by others as threatening or intimidating; where people have felt scared).

The Incident Codes are :

- _____ -
- _____ -
- _____ -
- _____ -
- _____ -

Date	Time (from/to)	Incident Code	Location	People (who was there)	Comments (briefly what was happening before & after)	Initial



Looking for Information

www.aaid.org

www.assid.org.au

www.bild.org.uk

www.iassid.org

[www.dhs.vic.gov.au/disability/about the division/office of the senior practitioner](http://www.dhs.vic.gov.au/disability/about_the_division/office_of_the_senior_practitioner)



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