

# Considering a Functional Behavior Assessment

## Before a Functional Behavior Assessment (FBA)

Consider if there have been any recent changes to the person's situation that may be altering behavioral displays. When such things are or have been present, consider environmental modifications or strategies. Examples of changes include:

- A. Recent changes to residential setting, such as moving homes, getting a new roommate, new staff, or a new vocational setting.
- B. Anticipated or upcoming events, such as holidays or visits.
- C. Medical and/or health needs, such as injuries, earaches, toothaches, pain, sickness, or dementia-type diagnosis/behaviors.
- D. Death or anniversary of the death of significant persons or animals, such as a friend, family member, pet, close staff person, or caregiver.
- E. Requiring a level of support/supervision beyond their assessed level. For example, the team is considering an exception to funding request, then an FBA may be necessary.

## Determine Pre-Requisite Skills

When any of the following are checked, it is likely a habilitation program will meet the participant's need:

- Functional Communication:** There are no universal communication skills present (ways to make wants and needs known).
  - Focus on teaching an easy and effective way to communicate, interact, and make requests.
- Tolerance Skills/Coping Skills:** Limited or ineffective ways for the person to deal with or distract from undesirable events, activities, or responses within the environment.
  - Focus on engagement, leisure, interaction skills.
- Delayed gratification/Waiting:** Demonstrates limited ability to use active waiting skills when a desired item or outcome is unavailable.
  - Focus on active waiting skills. What are they able to/can do while they wait? How can they occupy the wait time?
- Social Skills:** Limited or ineffective communication, conversational skills, or relational skills, such as understanding the differences between strangers and friends.
  - Focus on boundary and interaction related skills.
- Accepting "No":** Unable to accept being told "no" or behaviors increase when "no" occurs, even when it is not verbally stated to them.
  - Focus on what can be done. Teach or help to identify other options.

## Consider Restrictions

When restrictions are present, a behavioral assessment, Behavior Support Plan (BSP), and Safety Plan are warranted to ensure their appropriate application, monitoring, and reduction plan. Refer to the BSP Checklist and Safety Plan Checklist.

# Behavioral Assessment Options

## Agency Provider FBA

The agency provider can complete an FBA when there is social significance and the behavior limits the participant's ability to, with or without assistance, improve the quality of their life, increase independence, function, or engage in the life of the community.

- A. Inability to work due to the behavior inhibiting job acquisition and/or retention.
- B. Inability to frequent community areas or activities, such as stores, restaurants, games, or theaters, lead to behaviors of concern.
- C. Unable to interact with others in a way that does not lead to the behavior of concern, such as physical aggression, property destruction, self-injurious behaviors, or elopement.
- D. Behavior intensity does not lead to frequent or consistent injury of self/others, law enforcement or emergency medical services (EMS) contact, or Emergency Safety Interventions (ESI) use.

## Applied Behavior Identification Assessment (ABAI)

An Applied Behavior Identification Assessment (ABAI) can be paid for by Medicaid, through the participant's Managed Care Organization (MCO). An ABAI should be considered when a behavior risk is present that affects the health or safety of the participant and/or those around them on a frequent and consistent basis.

- A. Behavior results in injury or very likely would result in injury when intervention does not occur.
- B. Behavior results in hospital visitation due to injury, self-injury, or mental health needs.
- C. Behavior results in contact with law enforcement due to civil or criminal actions, missing persons, or community persons contacted law enforcement for other behaviors.
- D. Behavior results in use of ESI.

## Clinical Team Referral

For adults and youth, the participant's team can make a referral to the DDA Clinical Team for assistance or guidance.

- A. The team should consider a referral when:
  - 1. The provider is seeking guidance or assistance with:
    - a. Behavioral assessment;
    - b. BSP development,
    - c. Data tracking;
    - d. Preventative, interaction, environmental, or behavior response strategies;
    - e. Safety planning, and
    - f. Training.
  - 2. There are imminent health and safety risks that implemented strategies have not mitigated.
  - 3. Medical or psychological inquiries for guidance or potential assessment/review.
- B. The provider will complete a Clinical Support Team (CST) Referral via the participant's Service Coordinator. When the Clinical team receives the CST Referral, they will determine the level of involvement needed.