Functional Behavior Assessment for Persons with Intellectual or Developmental Disabilities and Mental Illness

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Purpose of PSCoP

Provide training and technical assistance on the requirements in 9544 & 245D regarding positive support, emergency use of manual restraint and the creation of positive support transition plans
How to submit questions

Submit questions to the Q&A Panel
Additional training opportunities

Person-Centered Thinking and Planning Training:
http://rtc.umn.edu/pctp/training/

PBS Intensive Training:
http://rtc.umn.edu/cpcsd/positivebehaviorsupports/

Information training on person-centered/positive behavior supports training opportunities; Email the university at contact listed at: rtc.umn.edu/
Resources

- eDocs
- Minnesota Rules, Chapter 9544
- Disability Services Division Training Handouts Archive page
- DSD E-lists – Instruction to subscribe
Functional Behavior Assessment

• What the behavior is
• Why the behavior occurs
• If the behavior is:
  An attempt to communicate, or
  the result of a medical condition

Often completed with interview and supported by observation and data collection
A four component model of behavior

• Setting events alter the reinforcing or aversive properties of potential antecedents. They explain WHY the antecedent can be a bigger deal some days than others

• Antecedents immediately precede Problem Behavior and trigger problem behaviors

• Problem Behavior serves a function for the individual

• Consequences reward the problem behavior
Setting Events and Antecedents

• Setting events do not trigger problem behaviors by themselves
• Setting events increase the likelihood that an antecedent event (demand, reprimand, etc.) will trigger problem behavior
• Setting events include environmental, social or physiological factors
• Have you ever supported someone, and you just knew that the person was in a bad mood and the slightest thing might set the person off?

• There probably was a setting event at play

• Sometimes you might know what it is; other times...
Something Sets Me Up...

And then something Sets Me Off!
Environment Examples

• Environmental setting events may occur when a person’s routine is disrupted and h/she may be unable to predict upcoming events or a person’s worksite might be unusually loud, putting the person in a bad mood
Social Examples

• Social setting events may include being left alone for a period of time, or fighting with a family member or roommate
Physiological Examples

• Illness, pain, sleep deprivation, hunger and medication changes are a few examples of internal factors that may increase the likelihood of Problem Behavior
Mental Illness as a Setting Event
Clinical Examples: Anxiety

• An individual with an anxiety disorder may experience typical life events as more anxiety provoking.

• When the person experiencing anxious thoughts and feelings is confronted by a typically neutral stimulus, h/she may experience this as highly aversive, and respond with problem behavior.

Mental wellness factors are relevant here as well!!!
Depression

• Things that used to be highly reinforcing suddenly are not. Motivation can disappear.

• “Hey, why doesn’t this behavior support plan using natural rewards work anymore?”
PTSD

• Certain events which seem commonplace to anybody else can cause extreme levels of avoidant behavior which can be misinterpreted as different mental health disorders or socially motivated aggression

• They can differ from day to day
Four Components of Behavior

- Setting
- Event(s)
- Trigger(s)
- or Antec.
- Problem
- Behavior
- Maintaining
- Consequence/
  Function
<table>
<thead>
<tr>
<th>Depression</th>
<th>Cued regarding going to work</th>
<th>Ignore cue and become aggressive</th>
<th>Avoid going to work. Work and paycheck used to be an incentive, but due to depression formerly preferred events are not preferred</th>
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</thead>
<tbody>
<tr>
<td>Low coping skills</td>
<td>Not that interested in work</td>
<td>Just got dumped by boyfriend</td>
<td></td>
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<tr>
<td>Bipolar cycling into manic phase</td>
<td>Want to continue activity for many hours into night</td>
<td>Began to scream and wake rest of house</td>
<td>Staff allows to return to activity since it is quieter than screaming</td>
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<tr>
<td>Not always a good sleeper</td>
<td>Staff interrupt activity</td>
<td></td>
<td></td>
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<tr>
<td>Not a lot of friends</td>
<td></td>
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<tr>
<td>Autism Generalized Anxiety Disorder (GAD)</td>
<td>Family member interrupts routine</td>
<td>Strip</td>
<td>Allowed to return to routine</td>
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<td>Low tolerance for frustration</td>
<td></td>
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<td>History of conflict with family</td>
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<tr>
<td>Borderline personality disorder</td>
<td>Staff arguing at work site</td>
<td>Split staff</td>
<td>Get to watch the drama</td>
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<tr>
<td>Lots of staff turnover</td>
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<td>Wants to be in charge</td>
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<td>New manager creates conflict on team</td>
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Implications: Assessment

• The FBA process can yield information about the relationship between biopsychosocial variables influencing an individual and the environmental events experienced.

• Particularly valuable for individuals with cognitive disability because of problems with communication and self report

• The FBA process helps to identify clinical features and FBA strategies use this information to improve support
Implications: Intervention

- In common clinical practice, psychiatric and behavioral interventions are managed separately.
- By viewing mental illness as a setting event, these two approaches can inform and strengthen each other.
In Summary

• The behavior of persons with IDD & MI is often interpreted by others as random or incomprehensible

• The process of FBA can reveal the relationship between setting events (symptoms of mental illness) and events in the environment

• The function of problem behavior can be understood and effective interventions identified
Recommendations

• Secure a psychiatric diagnosis form a clinician familiar with DD prior to completing a functional assessment

• Complete an FBA that includes consideration of any relevant psychiatric disorder as a setting event

• Develop a plan of treatment that addresses both psychiatric and behavior analytic components of problem behavior
Recommendations

- Plans should include attention to lifestyle/wellness factors
- Use FBA data to identify times and situations that are associated with higher probabilities of problem behavior and setting events and antecedents.
- Plans should consider that behavior initially maintained by physiological influences may be maintained by social attention once the illness has abated.