

Functional Behavioral Assessment Inventory
(Adapted from the Florida Center on Self Injury)

General Information

Name: _____ Sex: M F Date of Birth: _____
Age: _____ Yrs _____ Mos Date of Interview: _____
Address: _____
City Zip
Interviewer: _____ Respondent(s): _____

Problem Behavior

What are the behaviors of concern? Describe in clear objective terms. (Example: Hits staff, throws personal objects against the wall. Avoid using terms like “is out of control.”) For each, define how it is performed, how often it occurs per day, week, or month, how long it lasts when it occurs, and the intensity in which it occurs (low, medium, high).

Behavior	How is it performed?	How often?	How long?	Intensity
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Dimensions of Problem Behavior

Do any of the behaviors occur together or in the same situations?

Please describe the behavior in terms of level of risk. **Mild** (disruptive but not immediately dangerous), **Moderate** (destructive to physical environment), **Severe** (poses immediate physical danger to individual or others). **For example, if self-injurious behavior consists of hand slapping and over time has resulted in chapped skin, but has not caused serious infection the behavior would be moderate.**

Critical Situations

Describe the situations in which problem behavior is MOST likely to occur.

Days / Times: _____ Setting: _____

Persons Present: _____ Activity: _____

What happens to the person right AFTER the problem behavior occurs?

Describe the situations in which the problem behavior is LEAST likely to occur.

Days / Times: _____ Setting: _____

Persons Present: _____ Activity: _____

Are there particular situations, events, etc. not listed above that “set off” the behaviors that cause concerns (particular demands, interruptions, transitions, delays, being ignored, etc.)?

What one thing could you do that would most likely make the problem behavior occur?

What one thing could you do that would make sure the problem behavior did not occur?

Potential Ecological Events

1. What medications does the individual take, and how do you think these may affect behavior?

2. What medical complication (if any) does the individual experience that may affect behavior (e.g., asthma, allergies, etc.)?

3. Describe the sleep cycles of the individual and the extent to which they may affect behavior.

4. Describe the eating routines and diet of the individual and the extent to which these routines may affect behavior.

Daily Schedule

Fill in the individual's daily schedule. For each time period indicate the setting, activity taking place, and whether problem behavior is likely or unlikely to occur. Please, list the number from the list above to indicate which behaviors are likely to occur during that time period.

Time	Setting	Activity	Behavior (Circle)	#
7:00	_____	_____	Likely / Unlikely	_____
8:00	_____	_____	Likely / Unlikely	_____
9:00	_____	_____	Likely / Unlikely	_____
10:00	_____	_____	Likely / Unlikely	_____
11:00	_____	_____	Likely / Unlikely	_____
12:00	_____	_____	Likely / Unlikely	_____
1:00	_____	_____	Likely / Unlikely	_____
2:00	_____	_____	Likely / Unlikely	_____
3:00	_____	_____	Likely / Unlikely	_____
4:00	_____	_____	Likely / Unlikely	_____
5:00	_____	_____	Likely / Unlikely	_____
6:00	_____	_____	Likely / Unlikely	_____
7:00	_____	_____	Likely / Unlikely	_____
8:00	_____	_____	Likely / Unlikely	_____
9:00	_____	_____	Likely / Unlikely	_____
10:00	_____	_____	Likely / Unlikely	_____
Later	_____	_____	Likely / Unlikely	_____

Does the problem behavior occur more / less often (circle) on weekends? If so, describe in detail.

Describe the extent to which you believe the activities that occur during the day are predictable for the individual. To what extent does the individual know what s/he will be doing and what will occur during the day (e.g., when to get up, when to eat breakfast, when to work/play)? How does the individual know this?

What choices does the individual get to make each day (e.g., food, toys, activities, jobs)?

Perceived Functions of Problem Behavior

Think of each behavior listed in the first section of this form. Define the function you think the behavior serves. (What does s/he get or avoid for doing the behavior?)

Behavior	What does s/he get?	<u>Or</u>	What does s/he avoid/escape?
1.	_____		_____
2.	_____		_____
3.	_____		_____
4.	_____		_____
5.	_____		_____
6.	_____		_____

Function Probes:

A. Positive Reinforcement – Access to Preferred Items or Attention

1. Does the person engage in this behavior when preferred games/toys/activities are taken away?
2. Does the person usually get preferred games/toys/activities when (s)he engages in this behavior?
3. Does the person engage in this behavior when (s)he is being ignored or when the caregiver is paying attention to someone else?
4. Is the person usually well behaved while (s)he is getting lots of attention or when (s)he has access to preferred toys/games/activities?

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- B. Negative Reinforcement – Escape from Task or Demands
 - 1. Is the person usually noncompliant when asked to perform a (difficult) task?
 - 2. Does the person frequently engage in this behavior when asked to perform a task?
 - 3. Is the person usually given a “break” from work when this behavior occurs?
 - 4. Is the person usually well behaved when there are no task requirements present?

- C. Automatic Reinforcement – Sensory Stimulation
 - 1. Does this behavior occur repeatedly (for long periods of time) and usually in the same way?
 - 2. Does the person engage in this behavior when no one is around or watching?
 - 3. Does the person engage in this behavior even though no one pays attention to it? (Do not mark this item if the person eventually gets attention for the behavior).
 - 4. Does it appear that this behavior provides some form of sensory stimulation?

- D. Automatic Reinforcement – Self-Soothing
 - 1. Does the person engage in this behavior more often when ill?
 - 2. If the person has medical problems and they are treated, does the behavior usually go away?

Crisis Assessment

Please indicate whether this individual has been involved with any of the following in the past 3 months

	Yes	No
1. The Judicial system	<input type="radio"/>	<input type="radio"/>
2. Social Services	<input type="radio"/>	<input type="radio"/>
3. Inpatient Mental Health Treatment	<input type="radio"/>	<input type="radio"/>

If yes to any of the above, please provide additional information.

Is reduction of medications a priority for this individual? Yes No

Has this individual ever been involved with the legal system? Yes No

If Yes, describe:

Communication Skills

Indicate the person’s primary form of communication.

___ Speech ___ Signs ___ Gestures ___ Other _____

How does the person communicate to others a want or need?

How does the person communicate a desire to stop an ongoing activity?

If the individual is trying to tell you something you don’t understand, what will the individual do? (Repeat vocalization? Modify vocalization?)

Pleas describe how the individual expresses the following functions

Functions	Grab & Reach	Give	Point	Lead	Gaze Shift	Move to You	Move Away from You	Head Nod/Shake	Facial Expression	Vocalize	Immediate Echo	Delayed Echo	Single Words	Multi Words	Simple Signs	Complex Signs	Self-Injury	Aggression	Tantrum	Cry/Whine	Other	None	
Requests Object																							
Requests Action																							
Protests/ Escapes																							
Requests Help																							
Requests Social Routine																							
Requests Comfort																							
Indicates Illness																							
Shows You Something																							

Notes:

Previous Interventions/Supports

Describe the things the individual really enjoys. What makes him/her happy? What might someone do/provide that makes the individual happy?

What kinds of things have you/providers done to try and change problem behaviors?

Please use additional pages as needed!