



## **OMHSAS BULLETIN**

**COMMONWEALTH OF PENNSYLVANIA \* *Department of Public Welfare***

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**SUBJECT:**

Guidance for Providing Functional Behavioral Assessments in the Development of Treatment Plans for Services Delivered to Children with Behavioral Health Needs Compounded by Developmental Disorders

**BY:**

**Joan L. Erney**  
**Deputy Secretary for the Office of Mental Health and Substance Abuse Services**

**SCOPE:**

This bulletin applies to Mental Health/Mental Retardation (MH/MR) Administrators, providers of behavioral health rehabilitation services, CASSP Coordinators, and Health Choices Behavioral Health Managed Care Organizations (BH-MCOs).

**PURPOSE:**

The purpose of this bulletin is to provide guidance for providing functional behavioral assessments that will be used in the development of treatment plans for services delivered to children with behavioral health needs compounded by developmental disorders, such as autistic disorder and other pervasive developmental disorders.

**BACKGROUND:**

The Department is setting standards to improve the quality of assessments and treatment for children with behavioral health needs compounded by developmental disorders, such as autistic disorder and other pervasive developmental disorders. As part of the overall training effort, the Bureau of Autism Services is providing training on the use of Functional Behavioral Assessment (FBA) on a regular basis. To support this process, OMHSAS is moving toward a requirement for all Behavior Specialist Consultants who serve children with Autism Spectrum Disorder to be trained in the use of FBA in developing individualized treatment/behavioral plans.

**DISCUSSION:**

FBA is a process that attempts to understand, from multiple perspectives, the variables that surround the reasons for the occurrence of behavior(s). FBA

includes indirect and direct methods of information gathering or data collection to identify these variables that may be maintaining, promoting, or increasing behavior:

- Indirect methods of data collection can include, but is not limited to, interviews with stakeholders (e.g. parents, teachers, daycare providers, etc.), questionnaires completed by stakeholders, and record reviews.
- Direct methods of data collection are typically done through direct observation and are:
  - important to confirm or deny information gathered by stakeholders,
  - integral in obtaining a baseline or starting point of the behavior, and
  - a way to monitor and evaluate the effect of the behavior support plan (BSP) or treatment plan on the behavior.

**\*\* Data should be collected using many sources (parents, teachers, etc.) and methods (interviews, questionnaires, etc.) across many settings and activities.**

Specifically, information gathered through an FBA process identifies:

- the setting events that may affect behavior (e.g., medication changes, fight with mom before leaving house, room too hot, etc.),
- the antecedents that may predict behavior (e.g., non-preferred activity, harsh tone of voice, abrupt change in schedule, etc.),
- a person's lack of necessary skills in particular environments (e.g., communication, pre-requisite writing skills, coping skills needed for waiting, etc.),
- consequences that may reinforce behavior (e.g., parents give him attention, staff remove her from the situation, etc), and
- the function or purpose of the behavior.

**\*\* Data should never solely be a frequency count of how often the behavior is occurring, this does not identify the above variables that are important to understanding the behavior.**

Above all, determining the function or the reason for the behavior provides the catalyst for the treatment plan. Research has proven that a majority of behavior serves one or both of these functions:

- to obtain something (attention, activity, sensory stimulation, etc.)
- escape something (attention, activity, sensory stimulation, etc.)

The end result of the FBA is analysis of the information gathered regarding the variables that surround the behavior in order to identify this function to ensure that the person gets this function met in a more appropriate, accepted, efficient, and effective manner. For instance, if a child is hitting his/her mother when they

are in the car, it is crucial to identify what it is about that car ride that seems to promote the behavior. A child may be engaging in this behavior to escape a non-preferred activity (riding in the car), but has no way of communicating that to the mother, or the car ride may be over stimulating for that child. Acknowledging that one behavior may serve several functions is also important to note. If this is indeed the case, addressing BOTH functions is important when developing the treatment plan.

At the heart of the treatment plan would be addressing how to support this child to get the function(s) met given what is known about this behavior and the variables supporting it. All of these components gathered through indirect and direct methods of information drive the treatment plan used by parents, caregivers, teachers, behavioral health staff, etc. to support the individual in a way that is respectful and dignified.

### **USING FBA TO DEVELOP A TREATMENT PLAN**

As previously mentioned, the FBA drives the treatment plan. Understanding all variables (including function) that maintain, promote, or increase a behavior helps determine what components need to be eliminated, presented, or maintained to ensure positive behavior in the future. All treatment plans should include many components that address the short term and long term needs of the person:

- Setting event strategies are those variables that may be a bit more difficult to change, but warrant a close look to see what may be eliminated or added to the child or adolescent's day to decrease problem behavior. For instance, if the student consistently comes to school hungry, can the teacher give him/her a granola bar first thing in the morning?
- Antecedent strategies such as someone changing his/her tone of voice, providing choice of activities, using a schedule to prompt changes in daily activities, etc.
- Addressing the child's lack of necessary skills is of utmost importance. For instance, if the child is continually engaging in self-injurious behavior at school and we have identified that it is when they are sitting for more than a half an hour, how can we help them achieve a break in a manner that protects that person's safety and is acceptable in that environment? Teaching an alternative or replacement behavior that is just as effective, efficient, and relevant as the behavior is crucial. In this example, teaching the child to give a card that says "break" to his/her teacher when tired would be sufficient.
- Consequence strategies could include the way that someone responds to the behavior that may be reinforcing appropriate behaviors (e.g., replacement skills) and/or could include strategies that would decrease the inappropriate behavior (e.g., redirect the individual to use the replacement skill while ignoring the problem behavior).

- To ensure that the strategies developed in the treatment plan maintain throughout the child's daily life, specific strategies to sustain support should be developed. What will the team do to ensure that this plan will be used across settings and over time? How will new persons in the child's life know about and be able to use the treatment plan? The answer to these questions comes down to training and awareness. The team will need to identify responsible persons that will not only keep all stakeholders abreast of the present strategies and changes to the treatment plan, but also train all stakeholders on specific strategies to ensure consistent support across all settings.
- Finally, any lifestyle strategies that may increase the child's overall quality of life should also be included. Variables such as social networks, health and safety, self determination, inclusion, and satisfaction are just a few. Ask yourself are there ways to make this individual's life richer because research shows that students with a higher quality of life engage in fewer problem behaviors.

**\*\* Goals should be written that are clear as to: a) condition under which the appropriate behavior will occur, b) the definition of the appropriate and/or inappropriate behavior, and c) the criteria for mastery of the goal.**

**Goal:** Donnie will decrease his inappropriate comments (“you are the worst mother in the world”, “you need to get a life, old lady”, “I hate your \*\*\* guts!”, etc.) directed to his mother during times in which he needs his mother’s assistance (prior to getting dressed, prior to going to the bathroom, or prior to taking his medicine) or attention (when he is doing an activity independent of his mother) by using a schedule to predict attention or a cue card to ask for help. He will decrease this behavior from 20 per hour to 5 per hour this quarter.

Antecedent/Setting Event Strategies	Alternative Skills Instruction	Consequence Strategies	Maintaining Supports
When mom comes home from work, she will sit and talk about his day and develop nightly schedule  Schedule	Teach Donnie to ask for help: “I need you to help me _____” cue card)	Parents will ignore behavior  Parents will remind Donnie of scheduled activities  Respond to appropriate ways to ask for help (reinforcement)	Parents and Donnie will develop a contractual agreement that was amended to include: increased time alone, increase in novel activities,

## **WHAT IS A CRISIS INTERVENTION PLAN AND HOW DOES THAT APPLY TO THE TREATMENT PLAN?**

A crisis intervention plan is a part of the treatment plan that indicates what stakeholders should do in the event that the child engages in behavior that becomes a threat to the safety of themselves or others (including property damage). For instance, if a new TSS forgets that the child's treatment plan states that a verbal reminder of appropriate behaviors before getting in the car is needed and the child is already anxious that he/she has a new TSS, this may provoke behavior such as severe aggression to the driver while the car is in motion that cannot be stopped with verbal redirection and thus, may warrant a crisis intervention plan.

The following outlines the stages of a crisis intervention plan:

### **Before/planning for crisis**

Develop a plan to include the following:

- Determine and outline what will do done to ensure safety of all involved
- Determine and outline what procedures will deescalate the challenging behavior
- Determine and outline what procedures will require changes to the physical area (room clear, add pads, etc.)
- Determine and outline what precursor behaviors that will alert the staff to a potential crisis and prompt staff to use de-escalation techniques to avoid a crisis event
- Determine and outline the timing factors eliminate injury
- Determine and outline how many people will be needed to put the plan into play
- Determine and outline how staff will be signaled to assist other staff and how
- Determine and outline how will family, teachers, and staff know that the crisis event is over
- Determine and outline what behaviors will alert family, teachers, and staff that the individual is safe and the crisis is over

Determine need for training:

- General implementation of the crisis plan

### **During crisis event**

Determine "stage" of crisis event (escalation, peak, and recovery) and implement the crisis plan developed (following the guidelines above)

### **After the crisis event**

- Identify how the Participant resumes routine task/activities of the day and what supports are needed
- Identify the need for follow-up treatment be identified and who will ensure the follow-up occurs
  - Identify how crisis procedures will be documented
  - Identify how the response to the crisis will be evaluated
  - Identify when the Team will get together to revisit the Crisis Intervention Plan and Behavioral Plan in an effort to avoid crisis in the future (a crisis usually results in a change in the behavioral support plan)

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

Sherry Peters, [shepeters@state.pa.us](mailto:shepeters@state.pa.us), or 717-772-7855.