Functional Behavioral Assessment

Use this form to document a Functional Behavioral Assessment as defined by MassHealth Managed Care Entities' performance specifications.   The form and manual have been adopted from material created by Jeffrey A. Miller, PhD, ABPP with permission. (http://mfba.net/, millerjeff@duq.edu).   Page two should be repeated as many times as necessary for additional behaviors, goals, and objectives.

Data Field	
Person's Name	Record the first name, last name, and middle initial of the person. Order of name is at agency discretion.
Record Number	Record your agency's established identification number for the person.
Person's DOB	Record the person's date of birth.
Organization Name	Record the name of the organization.
Date of Assessment	Records the date of the Functional Behavioral Assessment.
Data Field	**Data Source**
Data Source:	Indicate where information on the person's behavioral history came from by checking the appropriate box(es).
Data Field	**Behavior**
Description of Target Behavior	Record the specific behavior being addressed. **Example**: Person verbally argues with parents, swears, and at times, throws objects.
Setting(s) in which behavior occurs	Record where the behavior takes place. **Example**: Disruptive behavior most often occurs at home, in his room, living room, or in the back yard.
Frequency	Record the frequency of the behavior. **Example**: 2-3 times per week. More frequent on the weekends.
Intensity	Record the intensity of the behavior. **Example**: Most arguments are mild to moderate (3-4 on a 1-10 scale).
Duration	Record the duration of the behavior. **Example**: Most arguments last 3-7 minutes.
Describe previous interventions	Record previous interventions. **Example**: Person and parents report they have tried traditional therapy and one session with the family's clergy.
Impact (on person served, family, community, peers, others):	Record the impact of the behavior on the person served, the family, community, peers, and others. **Example**: Person gets agitated and can not concentrate as well in school. Parents trust in person decreases. Peers not effected other than not seeing person due to punishments.
Data Field	**Function: Setting Events**
Affective Regulation/Emotional Reactivity	Report the emotional factors; anxiety, depression, anger, poor self-concept; that play a role in organizing or directing problem behavior. **Example**: Person has a difficult time expressing his angry and hurt feelings appropriately, without yelling or throwing objects.

Cognitive Distortion	Report distorted thoughts; inaccurate attributions, negative self-statements, erroneous interpretations of events; that play a role in organizing or directing problem behavior. **Example**: Person believes that parents are out to get him, stop him from having fun.
Physiological/Constitutional	Report physiological and/or personality characteristics; developmental disabilities, temperament; that play a part in organizing and directing problem behavior. **Example:** Person is diagnosed with ADHD.
Family Issues	Report any family issues that play a part in organizing and directing problem behavior. **Example**: Parents are separated, a sibling has Autism
Modeling	Report the degree to which the behavior is copied, who the person is copying the behavior from, and why the person is copying the behavior. **Example**: Person reports that he learned this behavior from his father.
Other Environmental Conditions	Report any other components of the person's living situation or relationships that may contribute to organizing or directing the problem behavior **Example**: Person shares a bedroom with a sibling that keeps him awake at night
Data Field	**Function: Triggering Antecedents** Report whether the problem behavior is likely to occur during or immediately after any of the following events and conditions:
Reprimand/Correction	A parent or other authority reprimands, scolds, or tells the person he/she is doing something incorrectly. **Example:** Person hits their parent when told to stop playing at the dinner table
Demands	The person is told to do school work, chore, or some other non-preferred task Example: Person tantrums when told to do their homework
Unstructured Time	The person is not engaging in a directed or planned activity **Example**: Brothers get in fight while playing with various toys outdoors
Social Demands	The person is expected to engage in play or some other social interaction with others **Example**: Person tantrums when parent tells him to say hello to all relatives at a family gathering
Time with Peers/Siblings/Other Family Members	The person is in a group with other children or family members **Example**: Person becomes physically aggressive when playing with a group of three or more friends.
Being Denied Something	The person is not allowed to have an activity or item they want or an item or activity is taken away from him/her **Example**: Person screams and throws himself on the floor after his mom tells him he can't have the cookie he has asked for.
Data Field	**Function: Maintaining Consequence- Something Acquired** Report whether the person demonstrates the behavior in order to acquire any of the following:
Adult Attention	Attention or reaction from an adult that is either positive or negative, immediately following the behavior. **Example**: Person bangs hand on table and mother comes over, scolds him, and proceeds to ask him what is wrong
Peer Attention	Attention or reaction from another child, either positive or negative, immediately following the behavior. **Example**: Child pinches another child she is playing with in order to hear the child squeal
Preferred Activity	The person's problem behavior allows him/her to engage in something he/she wants to do. **Example:** Child screams and cries about wanting to watch television; father, who is tired of listening to her, lets her watch in order to have her calm down.

Communication Need (Identify what the person served is trying to say through the problem behavior):	Person's problem behavior effectively communicates a need or desire to someone else

Example: Child loses a favorite toy; rather than simply asking her mother for help in finding the toy, she begins to tantrum; mother comes over immediately and discerns through asking questions of the crying child that the toy is missing and proceeds to find it. |
| **Money/Things** | An item that is desired or valued by the person is given to the person immediately after the behavior

Example: A child in the grocery store check-out line screams and cries until she is given candy |
| **Other things acquired** | Any other item or activity that is desired or valued by the child is granted |
| **Data Field** | **Function: Maintaining Consequence- Something Avoided**
Report whether the person demonstrates the behavior in order to avoid or escape any of the following: |
| **Tasks** | A non-preferred activity that the person does not want to do

Example: Child is asked to do a chore; child cries and complains; frustrated parent tells the child to, "just forget it" |
| **Reprimands** | Any scolding or admonishment from an adult

Example: Parent immediately ceases scolding a child when the child begins to hit herself in the head |
| **Peer Negatives** | An unpleasant and/or non-preferred interaction with a peer

Example: Two children are playing; child 1 taunts child 2; child 2 punches child 1 in retaliation for the taunting; child 1 leaves the play area |
| **Adult Attention** | Attention or reaction from an adult that is withdrawn immediately following the behavior.

Example: Parent sits down with child to give them some unwelcomed instruction about his/her homework. Child calls parent a derogatory name; parent gets up and walks away |
| **Physical Effort** | Any activity or task that requires physical exertion from the person

Example: Parent asks child to help with yard work; child rakes leaves in yard so slowly that almost no work is completed |
Other	Anything else not listed above that the person successfully avoids or escapes as a result of his/her problem behavior
Data Field	**Clinical Formulation - Interpretive Summary**
This Clinical Summary is Based Upon Information Provided By	Check the box(es) that apply. Note that this information should be based on the FBA sections above and any supporting documentation such as a behavior support plan worksheet.
Interpretive Summary	Do not duplicate the information provided earlier in this document. Instead, provide a brief narrative summary and analysis that blends the findings and opinions of the interviewer(s) and the preferences of the person/family into a concise synthesis. Briefly summarize the priority target behaviors to be addressed.

Describe the significance of the problem(s) in the person's cultural and developmental context. Summarize the person's motivation for treatment and support, readiness for change, potential barriers to change and preferred learning style(s). Finally, assess person's strengths and assets in the areas of personal qualities, daily living situation, financial assets and insurance coverage, work and education, social support, recreation/leisure skills, and spirituality/religion that can be leveraged to make progress toward the person's goals.

Follow agency policies and procedures to determine who should complete the Interpretive Summary. |

Prioritized Target Behaviors	Each of the identified Target Behaviors should be listed in this section. In some cases there may be high need areas that cannot be deferred without risk to the person and must stay on the list as a treatment need. These should be the exceptions to the person-centeredness of this negotiation. These identified needs will be considered the basis for subsequent treatment goals and/or objectives and all recommendations and needs will be geared toward improving the functioning of the person in life roles or reducing the symptoms of his/her illness. Assess all Recommendations/Needs as ACTIVE, PERSON DECLINED, DEFERRED, or REFERRED OUT. Include rationale for all Declined, Deferred and Referred Recommendations/Needs.
Person Declined/Deferred/Referred Out Rationale(s) (Explain why Person Declined to work on Need Area; List rationale(s) for why Need Area(s) is/are Deferred or Referred Out)	Describe reasoning behind worker's decisions to defer or refer out work on any assessed needs. Also provide reasoning behind decisions by person served to decline a recommendation at this time.

Data Field	Signature Instructions
Provider Name	**Legibly** print the provider's name and credentials.
Provider Signature/ Credentials	**Legibly record provider's** signature and date.
Supervisor Name	If required, **legibly** print name of supervisor and credentials.
Supervisor Signature/Credentials	If required, **legibly record supervisor's** signature and date.
Person's Signature and date	The person is given the option to sign the Assessment. If completing the assessment after the session and/or if using electronic notes, person can sign at next session.
Next Appointment	Indicate the date and time of the next scheduled appointment, if applicable.

Instructions to complete the Billing Strip:

Data Field	Billing Strip Completion Instructions
Date of Service	Date of session/service provided
Provider Number	Specify the individual staff member's "provider number" as defined by the individual agency.
Location Code	Identify Location Code of the service. Providers should refer to their agency's billing policies and procedures for determining which codes to use.
Procedure Code	Identify the procedure code that identifies the service provided and documented. Providers should refer to their agency's billing policies and procedures for determining which codes to use.

Modifier 1, 2, 3 and 4	Identify the appropriate modifier code to be used in each of the positions. Providers should refer to their agency's billing policies and procedures for determining which codes to use for Modifiers 1, 2 3 and/or 4.
Total Time	Record the total time.
Total Units	Record the total units.
Diagnostic Code	Use the numeric code for the primary diagnosis that is the focus of this session. Providers should use either ICD-9 or DSM code as determined by their agency's billing policies and procedures.