

ABILITY TO UNDERTAKE AN ASSESSMENT OF THE FUNCTION OF BEHAVIOURS

This section outlines competences required to assess the function of behaviours. These competences are for those with a core profession and/or those with sufficient and appropriate training.

Knowledge

An ability to draw on knowledge that an assessment of the function of behaviours aims to:

- understand behaviours that challenge or pose risk of harm
- generate hypotheses regarding the factors that are causing and maintaining the behaviour of concern
- inform the development of a positive behaviour support management plan*

An ability to draw on knowledge that an assessment of the function of behaviours aims to identify the 'ABC's, i.e.:

- the antecedents (A) of the behaviour such as key triggers, causes, location, time, and context
- the characteristics of the behaviour (B) such as the type, frequency, duration, and severity
- the consequences (C) of the behaviour such as responses from others which may act to reinforce the behaviour

An ability to draw on knowledge that the assessment should draw on several sources of information, including a collaborative assessment with the patient and their family and carers, systematic observations and completion of ABC charts, and reports from relevant staff

Planning

An ability to identify a specific focus for the assessment (for example, a particular behaviour, interaction, or event)

An ability to draw on information from the assessment to establish when, where and for how long observations should take place (for example, drawing on information about the settings or circumstances are most likely to elicit particular behaviours, or the frequency of a specific behaviour)

An ability to reflect on one's own perceptual or attitudinal biases and maintain an objective, open-minded stance

Where possible, an ability to obtain consent from the patient to carry any assessment of their behaviour

Ability to gather data

An ability to draw on knowledge that the main strategies to gather data for a functional assessment are naturalistic behavioural observation (including their strengths and weaknesses)

An ability to explain the rationale for, and procedures used in, behavioural observation (i.e. the need to gather accurate information about a behaviour to plan an intervention)

An ability to complete ABC charts of behaviour either in collaboration with the patient and their family and carers or by observation of the patient (if it is not possible to complete them collaboratively)

An ability accurately to record:

- the frequency of target behaviours
- the content of target behaviours
- environmental factors that may be temporally related to target behaviours

An ability to select the contexts and situations to be monitored, guided by knowledge of the contexts and people associated with a greater likelihood of the target behaviour occurring

An ability to engage other people in completing the chart, where required, offering appropriate training, and checking inter-rater reliability
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Ability to integrate systematic ABC charts into assessment and intervention

An ability to explain the function of structured ABC charts to the patient and to help them use the charts to monitor their behaviour, for example by explaining and demonstrating the use of:
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self-completed frequency charts (designed to record the frequency of target behaviours)

self-completed behavioural diaries (designed to record problematic or desired behaviours and their antecedents and consequences)
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An ability to review completed frequency charts and behaviour diaries with the patient to:
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understand their interpretation of the data

understand how easy (or difficult) it was for them to record information
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motivate them to carry out any further data collection
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An ability to use diary and chart information to help assess the frequency of problems, degree of distress caused, antecedents and patterns of behaviour, and consequences
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An ability to use gathered 'ABC' data to develop a formulation and inform a care plan/positive behaviour support plan
