

# MENTAL HEALTH AND FUNCTIONAL BEHAVIORAL ASSESSMENT

## **The Law and Positive Behavioral Interventions and Support**

*Adapted from the OSEP Technical Assistance Center for Positive Behavioral Interventions and Support.<sup>5</sup>*

The Individuals With Disabilities Education Act (IDEA) mandated the use of Positive Behavioral Intervention and Supports (PBIS) with students beginning in 1997, and mandated that requirement in the 2004 reauthorization. Specifically, IDEA requires that:

- Individual Educational Program (IEP) teams consider the use of PBIS for any student whose behavior impedes his or her learning, or the learning of others.
- A Functional Behavioral Assessment (FBA) is conducted when a child who does not have a behavior intervention plan is removed from his/her current placement for more than 10 consecutive school days in a school year or a removal that cumulates to more than 10 school days and shows a pattern of removal constituting a change of placement (e.g., suspension) and it is determined that the behavior was a manifestation of his/her disability.
- An FBA be conducted, when appropriate, to address any behavior that results in removal to a 45-day interim alternative educational placement.<sup>1</sup>

An FBA can be helpful when working with a child who is exhibiting behaviors that are detrimental to the learning and/or safety of self and others. It assists teams in developing a hypothesis to answer two central questions:

1. Why is the student behaving in a certain way?
2. What interventions will help the student to display a more appropriate behavior?

While the process for answering these questions appears fairly straightforward, there are numerous factors for teams to consider. These factors can include anything from the student's sensory and communication needs to complex relationships, personalities, past and immediate experiences, confidence level evident within school and community, and mental illness. As a result, the process may either be overly simple or quite complicated.

For example, if a team's focus is too narrow in scope when considering the setting events that contribute to a student's behavior, it will likely miss relevant factors. Similarly, if a team designs interventions solely around the Antecedent-Behavior-Consequence (ABC) paradigm and fails to address the relevant setting events, the interventions are likely to result in minimal impact.

Relatively recent neuroscience breakthroughs have enhanced our understanding of the immediate and long-term effects of Adverse Childhood Experiences (ACEs), trauma, and toxic stress in a child's life. While teams should be cautious about narrowing their focus to include only these factors, they should nevertheless be prepared to consider them when conducting an FBA. In *The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success*, Wolpov et al.<sup>2</sup> point out that, "We now know that the irregular behaviors we see in our classrooms, from students who have experienced trauma, can be explained scientifically."

Following is a summary of what is known about the neurobiology of traumatic affect.

- Children with traumatic stress are often operating within the mode of "survival in the moment." Survival in the moment is governed by pathways in the brain that appraise threat, sacrifice context for speed of response, make decisions outside of consciousness, and mobilize the body for fight, flight, or freeze. When in survival in the moment, higher-order brain functions are temporarily put on hold. Verbal encoding stops. Actions and responses are generated at lower levels (limbic system) of the brain. The limbic part of our brain increases heart rate and blood pressure to increase the flow of blood to the muscles. Blood flow is selectively diverted to parts of the body necessary for survival. Pain is suppressed or ignored.
- The period between birth and adulthood is marked by progressive physical, behavioral, cognitive, and emotional development. Paralleling these changes are changes in brain maturation. The results of recent MRI studies of children affected by trauma provide a basis for understanding the effects of trauma on the brain. Exposure to stress early in life activates the stress response systems modifying their sensitivity leading to alternations in the patterns of brain development in the corpus callosum, hippocampus, prefrontal cortex, cerebellar vermis, visual cortex and auditory cortex.<sup>3</sup>

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The chart below outlines possible neurobiological effects of trauma on the brain.

*Adapted from The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success.<sup>4</sup>*

Area of the Brain	Function(s)	Possible Effect of Traumatic Stress
<b>Amygdala</b>	Part of the limbic system. Plays an important role in the control of emotional behavior. This section of the brain helps us to manage fear and panic. It helps us to assess how upsetting or dangerous a situation may be before we respond. Results from human MRI studies suggest that the amygdala is activated when reading threat words, during viewing masked fearful faces, and during conditioned fear acquisition.	Overstimulation of the amygdala and its associated neurotransmitter and neuroendocrine systems activates fear centers in the brain and results in behaviors consistent with anxiety, hyperarousal, and hypervigilance. Can result in an inability to calm down, meltdowns, or over-reactions to mistakes. MRI studies link pervasive exposure to stress with reduced amygdala volume.
<b>Hippocampus</b>	Plays an important role in the encoding and retrieval of information. Crucial to the capacity to consolidate short-term memory into long-term memory, especially verbal memory. Actively involved in time and spatial recall.	High levels of stress may result in forgetfulness and/or problems with retention of academic learning. MRIs of Vietnam combat veterans and women sexually abused in childhood have revealed decreased size of hippocampus directly proportional to PTSD symptoms.
<b>Corpus Callosum</b>	The two cerebral hemispheres of the brain are connected by this bridge of axons. Each side of the brain has its own specialized function, and the corpus callosum helps coordinate their work.	Decrease in size and function of the corpus callosum results in uncoordinated and, therefore, less effective brain activity, as well as problems learning academics. Decrease in size of this bridge is correlated with sleep disturbances in children, and PTSD in adults.
<b>Cerebellar Vermis</b>	The midline region of the posterior outgrowth of the brain, called the vermis, separates the two lateral cerebellar hemispheres from each other and sends output to the brain stem. This region helps regulate cognitive, linguistic, social-behavioral, and emotional activities.	Diminished cerebellar vermis activity due to stress may help to explain why children affected by trauma don't do well as "reading" a situation, paying attention to nuance, or changing their behavior when irritating others.
<b>Cerebral Cortex</b>	The "higher" or "thinking" part of the brain, which influences abilities such as language, abstract thinking, basic aspects of perception, movement, and adaptive responses to the outside world. The pre-frontal lobe of the cerebral cortex serves executive functioning such as planned behaviors, decision-making, working memory, and attention. It is activated during dangerous situations.	Severe stress and its associated activation of stress hormones can "turn off" this pre-frontal lobe inhibition of the limbic system, leading to poor judgment and impulsivity. One study of adolescents who had been maltreated in early childhood revealed substantially smaller left-cortical size of the hemisphere responsible for language development and reasoning.

### What Does This Look Like in the School Setting?

*Adapted from The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success.<sup>4</sup>*

Traumatic symptoms may manifest as hyperarousal, intrusion, and/or constriction.

- *Hyperarousal* may be characterized by a persistent expectation of danger, which may or may not actually be present. Victims with this symptom react to stimuli with an all-or-nothing response. They may demonstrate an impaired capacity to modulate the intensity of their responses, whether anxiety, anger, or intimacy. For example, a teacher who innocently raises his voice and bangs on his desk to dramatically make a point may trigger an intense (and seemingly inappropriate) response by a student who has been regularly exposed to violent outbreaks by an angry, intoxicated parent.
- *Intrusion* may manifest in trauma survivors as a re-enactment of the trauma scene, either unconsciously or in a disguised form. Victims with this symptom have recurring nightmares or may experience flashbacks while awake (“day-mares”). One theory is that some students who cut themselves do so in order to distract themselves from their day-mares. In the words of one student who burned herself with cigarettes, “The repeated images in my mind haunt me. I feel so much pain on the inside that it helps to feel the pain on the outside.” Whether the person doing harm to herself consciously intends it or not, the wounds provide a visible sign of the pain within.
- *Constriction* may result in an emotional state similar to that of an animal transfixed in the glare of oncoming headlights. The victim escapes from the real world by disconnecting or “disassociating” from the ordinary meanings of what is happening around him.

To develop a more comprehensive approach to the traditional FBA process, teams are encouraged to consider the following:

- Assess the setting conditions in the community and home. Is there evidence of ACEs, trauma, or ongoing exposure to toxic stress? Neurological implications of such conditions can be extreme and could logically explain the inappropriate behavior either by themselves or in connection with other setting conditions evident in the school or classroom.
- Consider the relevance of factors that may be occurring in the immediate environment experienced by the child and/or that have contributed to a pattern of behavior developing through past experiences. These factors could logically explain the inappropriate behavior either by themselves or in connection with setting conditions experienced by the student. Such factors may include:
  - ✓ Sensory needs
  - ✓ Communication needs
  - ✓ Attention-seeking behaviors

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- ✓ Unmet need for sense of value
- ✓ Social skills/character development issues
- ✓ Avoidance of persons, locations, and/or expectations perceived to be too high or too low
- ✓ Emotional regulation difficulties
- Assess setting conditions evident in the classroom. If setting conditions have a direct and substantial link to the behavior under scrutiny, they should be addressed prior to further inquiry into whether something is “wrong with a child.” For example, if a student is not responding to instruction, the team should ask questions such as: Is there strong classroom management? Do the academic and behavior curriculums represent best practice? Has the teacher been able to establish positive rapport with the child?
- Consider whether school-wide and general education prevention/intervention strategies have been appropriately designed and implemented with fidelity. For example, are school-wide behavior expectations clearly defined, taught, and reinforced as a part of an early attempt to prevent problem behaviors?
- Avoid pitfalls associated with harmful practices such as:
  - ✓ The assumption that the child is the problem.
  - ✓ Narrowing the investigative focus solely to traditional functions of behavior and ABC paradigm thinking.
  - ✓ Failure to assess setting conditions in all areas of a child’s life: school, home, and community.
  - ✓ Use of ineffective, harmful, or punitive practices.
  - ✓ Failure to implement interventions with fidelity and with enough time to determine their effectiveness.

When used appropriately, the FBA is a tool that can address an individual student’s needs and even initiate positive, systemic change that ultimately enhances a school’s climate. For an FBA and the resulting interventions to be successful, team members will need to:

- Broaden their investigation of setting events and other conditions, such as a history of trauma.
- Modify any setting events, antecedents, and consequences over which they have control.
- Identify ways to address setting events or other conditions for which they may not have direct control. This will likely require developing stronger home, school, and community partnerships.

## Common Elements of a Functional Behavioral Assessment (FBA)

1. Identify and clearly define the *target behavior*:
  - a. Topography, frequency, duration, and intensity.
  - b. Response chains; behaviors that occur together.
2. Identify the *setting events* that contribute to the behavior:
  - a. Medications, medical or physical conditions, sleep patterns, eating routines, etc.
  - b. Schedule of activities, predictability, choices, staffing patterns, other students or people present, noise levels, etc.
3. Identify the *antecedents* that trigger the behavior:
  - a. Day of the week, time, setting, people present, activity, instruction, etc.
4. Hypothesize the possible *function* of the behavior:
  - a. Access to and/or escape from attention, tangibles, and/or sensory stimulation.
5. Identify the consequences that *maintain* the behavior:
  - a. Positive and/or negative reinforcers.

The chart below may be utilized to help teams consider the impact of trauma as part of the functional assessment process.

Broadening the Scope of Assessment to Include Trauma		
Temporal	Setting	Trauma
Past	School	
	Home	
	Community	
Present	School	
	Home	
	Community	
Future (Anticipated)	School	
	Home	
	Community	

## References

- <sup>1</sup> OSEP Technical Assistance Center for Positive Behavioral Interventions and Support. (n.d.). PBIS and the law [Webpage]. Retrieved from <https://www.pbis.org/school/pbis-and-the-law>
- <sup>2</sup> Wolpov, R., Johnson, M. M., Hertel, R., & Kincaid, S. O. (2009). *The heart of learning and teaching: Compassion, resiliency, and academic success*. Washington, DC: Office of Superintendent of Public Instruction (OSPI) Compassionate Schools; p. 9.
- <sup>3</sup> State of Washington Office of Superintendent of Public Instruction. (n.d.). Compassionate schools: The heart of learning and teaching [Website]. Retrieved from <http://www.k12.wa.us/CompassionateSchools/default.aspx>; p. 10.
- <sup>4</sup> Wolpov et al., p. 8.
- <sup>5</sup> OSEP Technical Assistance Center for Positive Behavioral Interventions and Support.

## Resources

- **Building the Legacy: IDEA 2004** <http://idea.ed.gov/>
- **Kansas Special Education Process Handbook**  
<http://www.ksde.org/Agency/Division-of-Learning-Services/Early-Childhood-Special-Education-and-Title-Services/Special-Education/Legal-Special-Education/Kansas-Special-Education-Process-Handbook>
- **Project STAY (Supporting Teachers and Youth)**  
<http://www.projectstay.com/>
- **OSEP Technical Assistance Center for Positive Behavioral Interventions & Supports: PBIS and the Law**  
<http://www.pbis.org/school/pbis-and-the-law>
- **SAMHSA's National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint**  
<http://www.samhsa.gov/nctic>