

## The FBA Profiler

**Name:** Peter (example)

**Age:** 10 **Grade:** 4

**School:** Johnson School

**Date:** 4/19/2009

Ratings:	Target Behavior norm-referenced t-scores mean=50, SD=10										
	composites		internalizing				externalizing				validity
mother	74	92	74	51	74	64	80	99	90	79	valid
Smith	70	82	78	58	70	45	80	82	68	82	valid
Jones	77	85	64	72	90	57	83	82	75	82	valid
	Total Internalized	Total Externalized	Off-Task Avoidance	Social Withdrawal	Passive Aggression	Somatic Issues	Disruption	Delinquency	Active Aggression	Defiance	

Target Behaviors m=mother t1=Smith t2=Jones									
Clinically Significant	internalizing					externalizing			
	80+	m t1	t2	m t1	t2	m t1 t2	m t1 t2	m	t1 t2
At Risk	60-70	t2			m			t1	
Mild	55-60		t1		t2				
Low	<55		m		t1				
Level of Significance	t-score range	Off-Task Avoidance	Social withdrawal	Passive Aggression	Somatic Issues	Disruption	Delinquency	Active Aggression	Defiance

  

Hypothesized Functions of Behavior m=mother t1=Smith t2=Jones										
Clinically Significant	m		m				m t2			
	t1 t2	t1 t2	t1 t2	t1 t2	m t1 t2	t1	m t1	t2	m t1	
At Risk								m t1	t2	
Mild				m t1 t2	t1 t2			t2	m t1	
Low					m					
Level of Significance	Attention Seeking	Social Status	Escape/Avoidance	Anxiety Reduction	Self-Indulgence	Defensive Reaction	Power/Control	Revenge		

  

Mental Health Screening m=mother t1=Smith t2=Jones										
Clinically Significant	m t1 t2		t1		t1 t2				m t2 *	
	t1 t2	t1 t2	m t2	m t2	t2	m t1	t2	t1	m t2 *	
At Risk				m t1 t2	m	t1 t2	m t1	t2	t1 *	
Normal Range					m		t2	t1		
DSM Criteria	ADHD Inattentive	ADHD Hyperactive	Conduct Disorder	Oppositional Defiant	Depression	Anxiety Disorder	Obsessive-Compulsive	Thought Disorder	Autism Spectrum	

\* ASD concern may be triggered by heightened social anxiety, obsessive-compulsive tendencies, or an excessively independent personality.

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The FBA Profiler is a norm-referenced and criterion-referenced behavior rating scale designed to identify problem or 'target' behaviors, suggest hypothesized functions of behavior, and provide a screening of possible mental health issues. Behavioral concerns which are noted to be 'at-risk' are those that fall just outside of the average or normal range and represent moderate or emerging behavioral difficulties. Behavioral concerns which are rated as 'clinically significant' are those that fall significantly beyond the average or normal range and represent behaviors which are severely discrepant from the general population.

### Target Behaviors

Target behaviors are specific and observable areas of behavioral concern which can be identified for possible intervention. Based upon all available ratings the following 'at risk' or 'clinically significant' target behaviors are suggested:

**Broad Internalizing Concerns** (clinically significant - mother, Smith, Jones) - Peter demonstrates behaviors which are often associated with internalized issues such as stress, anxiety, or depression.

**Broad Externalizing Concerns** (clinically significant - mother, Smith, Jones) - Peter demonstrates 'acting out' behaviors which are often associated with anger-management difficulties and/or poor impulse control.

**Task Avoidance/Off-Task** (clinically significant - mother, Smith, at risk - Jones) - Peter may tend to avoid, ignore, or otherwise fail to accomplish required or expected tasks including homework, daily chores, etc.

**Social Withdrawal** (clinically significant - Jones) - Peter may be somewhat socially isolated and avoid situations in which social interaction is expected or required.

**Passive Aggression** (clinically significant - mother, Smith, Jones) - Peter may attempt to assert control or 'get back at others' through indirect means such as tattling, writing threatening notes, spreading rumors, defacing property, etc.

**Somatic Issues** (at risk - mother) - Peter may complain of physical symptoms or 'ailments' such as headaches, nausea, body aches, minor injuries, etc.

**Disruption** (clinically significant - mother, Smith, Jones) - Peter may engage in behavior which disturbs, interrupts, or draws others 'off-task'.

**Delinquency** (clinically significant - mother, Smith, Jones) - Peter may engage in negative or rebellious behavior with his peers.

**Active Aggression** (clinically significant - mother, Jones, at risk - Smith) - Peter may become angry and start physical fights or verbal arguments with others.

**Defiance** (clinically significant - mother, Smith, Jones) - Peter may deliberately break rules or otherwise challenge and/or defy authority.

### Functions of Behavior

Hypothesized functions of behavior are assumed underlying emotional needs or motivations which may result in certain predictable behavioral tendencies. Based upon all available ratings the following 'at risk' or 'clinically significant' hypothesized functions of (or emotional motivations for) observed or potential behaviors are suggested:

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**Attention Seeking** (clinically significant - mother, Smith, Jones) - Peter's behavior may allow him to gain attention from others. Typical behaviors may include teasing, complaining, interrupting, or otherwise disrupting those around him. Common 'behavioral triggers' include feeling ignored, negative peer influence or encouragement, or feeling unprepared or inadequate. Suggested interventions include:

1. Provide appropriate opportunities to gain positive attention from others.
2. Assign 'important' jobs around the house or classroom.
3. Give opportunities for him to help others with tasks or assignments.
4. Provide extra praise and/or encouragement.

**Social Status** (clinically significant - mother, Smith, Jones) - Peter's behavior may be intended to gain social acceptance or status and to 'save face' or avoid embarrassment among his peers. Typical behaviors may range from withdrawal or avoidance (to evade potentially embarrassing situations) to aggression or defiance (to impress or 'fit in with' certain peers). Common 'behavioral triggers' include negative peer influence, or being teased, criticized, or potentially embarrassed. Suggested interventions include:

1. Promote positive social connections (i.e. paired or team projects, etc.).
2. Avoid 'public' criticism, punishment, or embarrassment.
3. Provide a 'safe way out' of a difficult or embarrassing situation.
4. Help him to understand how his behavior may alienate others.

**Self Indulgence** (clinically significant - mother, Smith, Jones) - Peter's behavior may allow him to do as he pleases with little regard for the needs or desires of others. This can cause friction and relationship difficulties with both peers and adults. Typical behaviors such as task avoidance, delinquency, and defiance may occur when Peter is asked to do something which he finds difficult or unpleasant. Common 'behavioral triggers' include being asked to do something difficult or unpleasant, rigid external expectations, or perceived lack of freedom. Suggested interventions include:

1. Offer several acceptable choices rather than a single demand or expectation.
2. Help him to find the relevance in a given task or assignment (i.e. why should this matter to him?).
3. Develop a behavioral contract with mutually identified expectations, consequences, and rewards.
4. Help him to understand how his behavior impacts others.

**Defensive Reaction** (clinically significant - mother, Smith, Jones) - Peter's behavior may be related to a need to defend himself from a perceived threat, challenge, or rejection which may or may not have been intended. Typical behaviors of this nature include verbal or physical aggression and/or abrupt social withdrawal. This behavior can be the result of a somewhat paranoid perception of social situations and is often viewed by others as an unexpected overreaction to harmless teasing, meaningless comments, etc. Common 'behavioral triggers' include feeling challenged, teased, criticized, or potentially embarrassed. Suggested interventions include:

1. Help him to more accurately perceive social situations.
2. Help him to feel safe, accepted, and supported.
3. Intervene quickly when it appears he may feel criticized or potentially embarrassed.
4. Temper any potentially critical remarks in order to avoid a possible overreaction.

**Power/Control** (at risk - mother, Smith) - Peter's behavior may be intended to challenge authority and/or assert control over his own life or those around him. This can be related to feelings that others have been overly controlling or unfairly punitive. Typical behaviors may include task avoidance, delinquency, aggression, and/or defiance. Common 'behavioral triggers' include being told to do something undesirable, rigid external expectations, or a perception that rules/consequences are unfair. Suggested interventions include:

1. Choose your battles carefully - don't engage in power struggles over insignificant issues.
2. Don't back down on important issues.
3. Respect his need to make many of his own choices.
4. Allow him to experience the "natural consequences" of his choices and learn from his mistakes.

**Revenge** (at risk - Jones) - Peter's behavior may be intended to 'get back at' or put others 'in their place'. This can be related

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to feelings that others have been mean or unfair to him. Typical behaviors may include passive aggression, active aggression, or defiance. Common 'behavioral triggers' include feelings of persecution, harassment, or abuse, or a perception that expectations or consequences are excessive. Suggested interventions include:

1. Provide frequent and appropriate opportunities to vent anger or frustration.
2. Mediate quickly to resolve conflicts (don't let problems fester).
3. Encourage open communication so that he feels heard and understood.
4. Provide support when he is feeling "victimized".

### Mental Health Screening

This mental health screening is based upon current DSM criteria and is intended to help clarify or identify areas of potential mental health concern. Formal evaluation by a competent mental health professional should be considered whenever there are mental health concerns. Based upon all available ratings the following 'at risk' or 'clinically significant' mental health concerns are suggested:

**ADHD Inattentive** (clinically significant - mother, Smith, Jones) - Peter appears to display characteristics of an attention deficit hyperactivity disorder - inattentive type. Such characteristics may include difficulty focusing on or maintaining attention to tasks, difficulty with organization, carelessness, etc. ADHD requires a medical diagnosis (from a physician or psychiatrist) and can be treated through a variety of behavior management and/or medical interventions. ADHD may add volatility to behavioral actions and/or reactions.

**ADHD Hyperactive** (clinically significant - mother, Smith, Jones) - Peter appears to display characteristics of an attention deficit hyperactivity disorder - impulsive or hyperactive type. Such characteristics may include being generally 'fidgety', impulsive, active, disruptive, etc. ADHD requires a medical diagnosis (from a physician or psychiatrist) and can be treated through a variety of behavior management and/or medical interventions. ADHD may add significantly to the volatility of behavioral actions and/or reactions.

**Conduct Disorder** (at risk - mother, Smith, Jones) - Peter appears to display some characteristics of a conduct disorder. Such characteristics may include a combination of aggression, destruction of property, deceitfulness, and serious violation of rules. A conduct disorder is a very serious mental health condition which typically requires extensive behavior management, therapeutic, and sometimes legal/correctional intervention.

**Oppositional Defiant Disorder** (clinically significant - Smith, Jones, at risk - mother) - Peter appears to display characteristics of an oppositional-defiant disorder. Such characteristics may include generalized anger/resentment, vindictiveness, arguments with adults, rule violations, and difficulty accepting responsibility for his behavior. Oppositional-defiant behaviors are frequently observed in adolescents and typically involve a belief that rules/expectations are unfair or simply do not apply. Family counseling/therapy can be quite helpful in promoting objective, appropriate, and realistic behavioral expectations and consequences.

**Depressive Disorder** (at risk - Smith, Jones) - Peter appears to display some characteristics of depression. Such characteristics may include generalized sadness, feelings of guilt or worthlessness, lack of energy, sleep disturbance, significant weight loss or gain, thoughts of death or suicide, and a general loss of interest in most daily activity. Depression can be effectively treated through therapeutic and/or medical intervention.

**Anxiety Disorder** (clinically significant - Jones, at risk - mother, Smith) - Peter appears to display characteristics of an anxiety disorder. Such characteristics may include generalized tension, irritability, difficulty concentrating, sleep disturbance, lack of energy, etc. Anxiety disorders can be effectively treated through therapeutic and/or medical intervention.

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**Thought Disorder** (at risk - Jones) - Peter appears to display some characteristics of a thought disorder. Such characteristics may include delusions, hallucinations, extremely unusual or unpredictable behavior, and/or generalized lack of emotional response. A thought disorder is a very serious mental health condition typically requiring extensive therapeutic and medical intervention.

**Autism Spectrum Disorder** (clinically significant - mother, Jones, at risk - Smith) - Peter appears to display characteristics of an autism spectrum disorder. Such characteristics include qualitative impairment in social interaction along with impaired communication and/or restricted, repetitive, or stereo-typed patterns of behavior or interest. Although traditional emotional/behavioral strategies can be effective, individuals with ASD typically require very concrete and structured interventions focused on developing more effective communication of feelings along with appropriate social interaction. Medical intervention can also be helpful.

Cautionary note: ASD concern may be triggered by heightened social anxiety, obsessive-compulsive tendencies, or an excessively independent personality.