

OCTH 6260-Spring- Assessment Rating Form

I. General Information

Title of the test: Functional Behavioral Profile

Author: Carolyn Baum, Dorothy Edwards, Nancy Morrow-Howell

Publisher: Washington University, St. Louis, MO

Time required to administer: 15 minutes

Cost of the Test: Free at site below

<http://www.rehabmeasures.org/Lists/RehabMeasures/DispForm.aspx?ID=941>

II. Description of Test

Type/Purpose of Test: The FBP provides caregivers with a method of describing the impaired person's *capabilities* in performing tasks, interacting with others, and solving problems. It is designed to assist in treatment planning, documenting change, and identifying helpful community resources.

Description: The FBP consists of 27 items relating to performance of daily activities by the cognitively impaired subject. The items are divided into three areas: Task Performance, Problem Solving, and Social Interaction. Each item is rated from 0 (never) to 4 (always) according to the subject's behavior over the past week. The checklist may be completed by the therapist by interviewing the primary caregiver or by the caregiver independently. Administration requires 15 minutes. The FBP yields three scores for the factors of Task Performance, Problem Solving, and Social Interaction. An institutional version of the profile is available for residents of facilities.

Population: Adults with senile dementia of the Alzheimer's type (SDAT; sample of 106 older adults living in the community with a caregiver); also used with adults following stroke (Baum & Edwards, 2000).

Focus of measurement:

Organic systems Abilities Participation/life habits Environmental Factors

III. Practical Administration

Ease of Administration: Easy

Clarity of Directions: Simple

Scoring Procedures: Total those marked according to the key on the side (defines the factors) You can use the task performance, social interaction, and problem solving scales separately or use a total score.

Interpretation: Lower scores indicate poorer performance. The authors suggest using the three scales independently to guide treatment, and they offer some intervention strategies.

Examiner Qualification & Training: None

IV. Technical Considerations

Standardization: Norms Criterion Referenced Other N/A

Reliability: Not discussed. The authors stated that the FBP should accurately reflect the caregiver's perceptions of the subject's capabilities in the three areas.

Validity: The FBP was developed with input from families of SDAT patients. Factor analysis supported the creation of the three composite scales from the 27 items. Internal consistency of items was demonstrated for Task performance (0.96), Socialization (0.94), and Problem Solving (0.95). The three scales correlated with Short Portable mental Status Questionnaire, Katz ADL Index, Zarit Memory and Behavior Problem Checklist, and Blessed Dementia Scale. Five problem-solving items were found to differentiate between the questionable and mild stages of the disease.

Manual: Excellent Adequate Poor

What is (are) the setting/s that you would anticipate using this assessment?

Inpatient, outpatient, community. Populations: Dementia, Stroke, MS

Summary of strengths and weaknesses:

Weakness: Relies on the opinion of the caregiver, can be skewed based on caregiver bias, it is not performance based.

Strength: Quick to administer, gives insight into cognition related to daily activities. Identifies areas of capability, rather than areas of disability.