IBHS Refresher:
Core Assessment
&
Treatment Planning
Skills

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MAGELLAN BEHAVIORAL HEALTH OF PA

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Agenda

Assessment

- Choosing behavioral targets for assessment

- Setting specific assessments

- Methods of assessment

- Functional assessment

- Identifying barriers

- Tracking meaningful indicators of change

Treatment Planning

- Using Assessment results to prioritize treatment goals

- Writing Goals and Objectives that describe observable behaviors

- Linking decisions about treatment interventions to assessment results

- Remediating Skill Deficits

- Writing Parent goals that reflect specific skills to be transferred.

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Conceptual Framework: Achieving a Good Fit
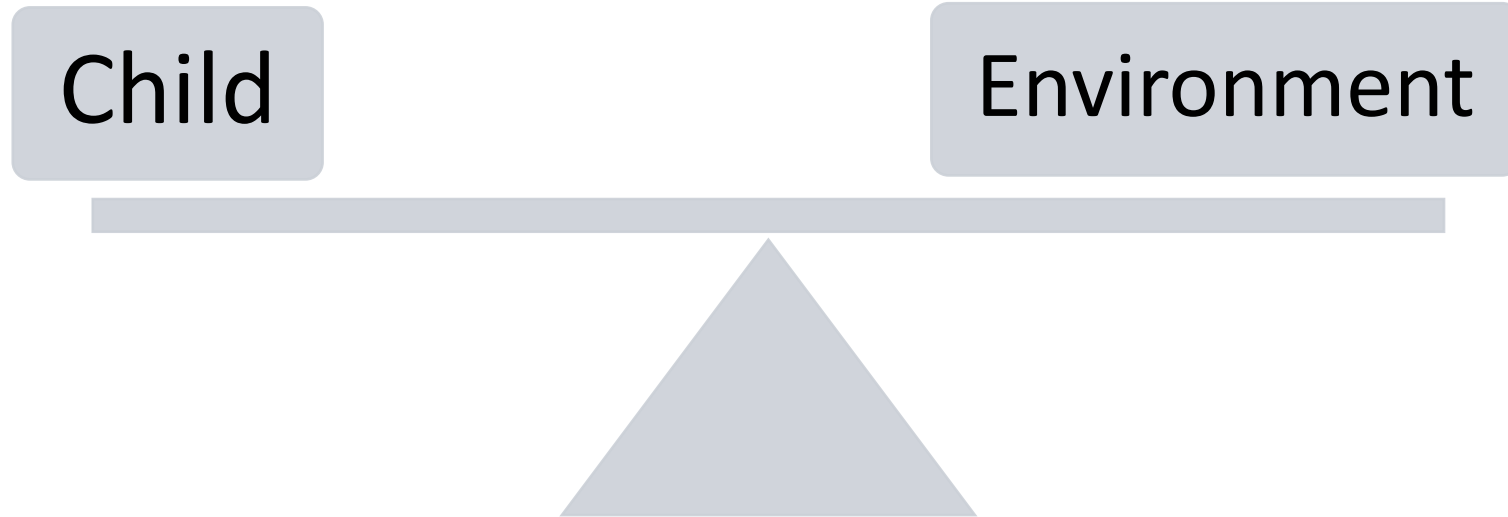
What is Assessment?
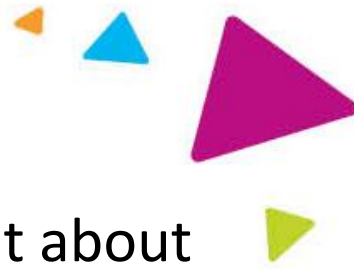
According to Merriam Webster, "the action or an instance of making a judgement about something; the act of assessing something".

- Actions consist of measuring, observing, documenting, interviewing, probing, etc.

- Judgement consists of forming an opinion by "discerning or comparing".

Clinical Assessment involves the evaluation of a person's functioning in multiple areas to inform and facilitate treatment decisions intended to improve functioning (Encyclopedia of Mental Health, 2nd Ed. 2016).

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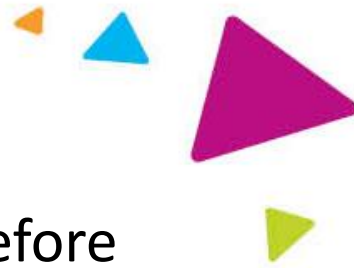
Why Assessment?

- BACB Ethics Code 2.13 Selecting, Designing, and Implementing Assessments Before selecting or designing behavior-change interventions behavior analysts select and design assessments that are conceptually consistent with behavioral principles; that are based on scientific evidence; and that best meet the diverse needs, context, and resources of the client and stakeholders. They select, design, and implement assessments with a focus on maximizing benefits and minimizing risk of harm to the client and stakeholders. They summarize the procedures and results in writing.

- APA Ethical Principals of Psychologists and Code of Conduct (2017) Section 9: Assessment

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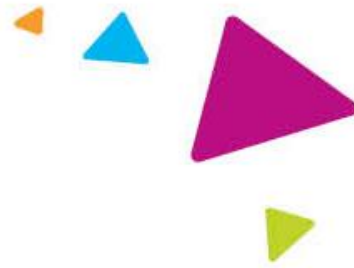
Why Assessment?

It's required by regulation!

•A face-to-face assessment has been completed by an individual qualified to provide behavior consultation services or mobile therapy services within 15 days of the initiation of individual services and prior to completing the ITP in accordance with § 5240.21 (relating to assessment) or a face-to-face assessment has been reviewed and updated within 12 months of the previous face-to-face assessment.

•A face-to-face assessment has been completed by an individual qualified to provide behavior analytic services or behavior consultation-ABA services within 30 days of the initiation of ABA services and prior to completing the ITP in accordance with § 5240.85 (relating to assessment) or a face-to-face assessment has been reviewed and updated within 12 months of the previous face-to-face assessment.

•A face-to-face assessment has been completed by a graduate-level professional within 15 days of the initiation of group services and prior to completing the ITP in accordance with § 5240.95 (relating to assessment) or a face-to-face assessment has been reviewed and updated within 12 months of the previous face-to-face assessment.

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Indirect Assessment
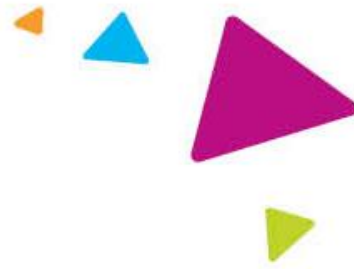
- Indirect – information obtained from external sources.
    - Record Review
        - Medical
        - Educational
        - Prior Treatment History
        - Medication Management
        - Other Systems Involvement
    - Interview
    - Questionnaires
    - Rating Scales

Indirect Assessment
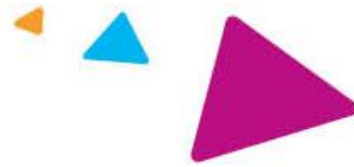
Domain	Examples of Assessment Tools
Adaptive Functioning	Strengths and Difficulties Questionnaire (SDQ); Vineland – 3 (Parent/ Caregiver or Teacher forms); Adaptive Behavior Assessment System 3rd Ed. (ABAS-3, Parent/ Caregiver or Teacher forms);
Behavior Scales (Parent & Teacher)	Child Behavior Checklist & Teacher Rating Form; Conners 3rd Ed.; NICHQ Vanderbilt; Behavior Assessment Scale for Children 3rd Ed. (BASC-3)
Autism	Child Autism Rating Scale 2nd Ed. (CARS-2); Gilliam Autism Rating Scale 3rd Ed. (GARS-3
Depression	Patient Health Questionnaire (PHQ); Children's Depression Inventory 2nd Ed.(CDI-2)
Anxiety	Screen for Child Anxiety Related Disorders (SCARED); Patient Health Questionnaire (PHQ), Multidimensional Anxiety Scale for Children 2nd Ed. (MASC-2)
Substance Abuse	Drug Abuse Screening Test (DAST-10)
Social Skills	Social Responsiveness Scale 2nd Ed. (SRS-2); Social Communication Questionnaire (SCQ)
Trauma	Children's Impact of Event Scale-13 (CRIED-13); Trauma Symptom Checklist (TSCC)
ABA Questionnaires	Functional Analysis Screening Tool (FAST); Questions About Behavioral Function (QABF); Motivation Assessment Scale (MAS)

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A word about Adaptive Functioning
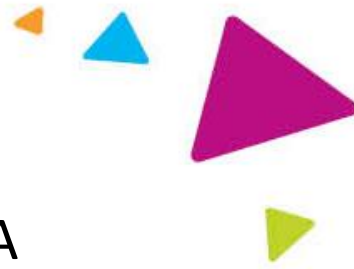
- Assessment of Adaptive Functioning (Vineland or ABAS-3) is required for IBHS-ABA

- Important to remind respondents to "*Keep in 100*" do not give credit for skills not observed.

- Consider <u>where</u> services are being delivered when choosing respondents (if BHT is recommended in school, teacher should complete Vineland/ABAS too.)

- Ideal if both parent and teacher complete the Vineland/ABAS

- WHY?
  - Compare perspectives on Mbr behavior across settings.
  - Increase confidence in assessment in areas of agreement.
  - Find out about setting specific needs

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3 commonly used ABA Questionnaires

Motivation Assessment Scale

https://thebubblybehaviorist.files.wordpress.com/2018/01/motivationassessmentscale.pdf

MOTIVATION ASSESSMENT SCALE

Name:_____ Rater:_____ Date:_____

Description of Behavior (be specific):_____
_____

Instructors: The MAS is a questionnaire designed to identify those situations where an individual is likely to behave in specific ways. From this information, more informed decisions can be made about the selections of appropriate replacement behaviors. To complete the MAS, select one behavior of specific interest. Be specific about the behavior. For example "is aggressive" is not as good a description as "hits other people." Once you have specified the behavior to be rated, read each question carefully and circle the one number that best describes your observations of this behavior.

Questions	Never 0	Almost Never 1	Seldom 2	Half the Time 3	Usually 4	Almost Always 5	Always 6
1. Would the behavior occur continuously if this person was left alone for long periods of time?							
2. Does the behavior occur following a request to perform a difficult task?							
3. Does the behavior seem to occur in response to your talking to other persons in the room/area?							
4. Does the behavior ever occur to get a toy, food, or an activity that this person has been told he/she can't have?							
5. Would the behavior occur repeatedly, in the same way, for long periods of time if the person was alone? (e.g. rocking back and forth for over an hour.)							
6. Does the behavior occur when any request is made of this person?							
7. Does the behavior occur whenever you stop attending to this person?							
8. Does the behavior occur when you take away a favorite food, toy or activity?							
9. Does it appear to you that the person enjoys doing the behavior? (It feels, tastes, looks, smells, sounds pleasing).							
10. Does this person seem to do the behavior to upset or annoy you when you are trying to get him/her to do what you ask?							

Go to next page

Questions About Behavioral Function

https://arbss.org/wp-content/uploads/2021/05/Questions-about-Behavioral-Function-QABF-Google-Docs.pdf

Questions about Behavioral Function (QABF)
Paclawskyj et al (2000)

Rate how often the student demonstrates the behaviors in situations where they might occur. Be sure to rate how often each behavior occurs, not what you think a good answer would be.

X = Doesn't Apply   0 = Never   1 = Rarely   2 = Some   3 = Often

Score	Number	Behavior
	1.	Engages in the behavior to get attention.
	2.	Engages in the behavior to escape work or learning situations.
	3.	Engages in the behavior as a form of "self-stimulation."
	4.	Engages in the behavior because he/she is in pain.
	5.	Engages in the behavior to get access to items such as preferred toys, food, or beverages.
	6.	Engages in the behavior because he/she likes to be reprimanded.
	7.	Engages in the behavior when asked to do something (get dressed, brush teeth, work, etc.)
	8.	Engages in the behavior even if he/she thinks no one is in the room.
	9.	Engages in the behavior more frequently when he/she is ill.
	10.	Engages in the behavior when you take something away from him/her.
	11.	Engages in the behavior to draw attention to him/herself.
	12.	Engages in the behavior when he/she does not want to do something.
	13.	Engages in the behavior because there is nothing else to do.
	14.	Engages in the behavior when there is something bothering him/her physically.
	15.	Engages in the behavior when you have something that he/she wants.
	16.	Engages in the behavior to try to get a reaction from you.
	17.	Engages in the behavior to try to get people to leave him/her alone.
	18.	Engages in the behavior in a highly repetitive manner, ignoring his/her surroundings.
	19.	Engages in the behavior because he/she is physically uncomfortable.
	20.	Engages in the behavior when a peer has something that he/she wants.
	21.	Does he/she seem to be saying, "come see me" or "look at me" when engaging in the behavior?
	22.	Does he/she seem to be saying, "leave me alone" or "stop asking me to do this" when engaging in the behavior?
	23.	Does he/she seem to enjoy the behavior, even if no one is around?
	24.	Does the behavior seem to indicate to you that he/she is not feeling well?
	25.	Does he/she seem to be saying, "give me that (toy, food, item)" when engaging in the behavior?

Attention	Escape	Non-Social	Physical	Tangible
1. Attention	2. Escape	3. Self-stim	4. In pain	5. Access to items
6. Reprimand	7. Do something	8. Thinks alone	9. When ill	10. Takes away
11. Draws	12. Not do	13. Nothing to do	14. Physical problem	15. You have
16. Reaction	17. Alone	18. Repetitive	19. Uncomfortable	20. Peer has
21. "Come see"	22. "Leave alone"	23. Enjoy by self	24. Not feeling well	25. "Give me that"

Functional Assessment Screening Tool

https://www.cmhcm.org/userfiles/filemanager/961/

FUNCTIONAL ASSESSMENT SCREENING TOOL (FAST)

Name:_____ Age:_____ Date:_____

Behavior Problem: _____

Informant: _____ Interviewer: _____

To the Interviewer: The Functional Analysis Screening Tool (FAST) is designed to identify a number of factors that may influence the occurrence of problem behaviors. It should be used only as an initial screening toll and as part of a comprehensive functional assessment or analysis of problem behavior. The FAST should be administered to several individuals who interact with the person frequently. Results should then be used as the basis for conducting direct observations in several contexts to verify likely behavioral functions, clarify ambiguous functions, and identify other relevant factors that may not have been included in this instrument.

To the Informant: After completing the section on "Informant-Person Relationship," read each of the numbered items carefully. If a statement accurately describes the person's behavior problem, circle "Yes." If not, circle "No." If the behavior problem consists of either self-injurious behavior or "repetitive stereotyped behaviors," begin with Part I. However, if the problem consists of aggression or some other form of socially disruptive behavior, such as property destruction or tantrums, complete only Part II.

Informant-Person Relationship

Indicate your relationship to the person: ____Parent ____Teacher/Instructor ____Residential Staff ____Other

How long have you known the person? ____Years ____Months

Do you interact with the person on a daily basis? ____Yes ____No

If "Yes," how many hours per day?_____ If "No," how many hours per week? _____

In what situations do you typically observe the person? (Mark all that apply)

____Self-care routines ____Academic skills training ____Meals ____When (s)he has nothing to do
____Leisure activities ____Work/vocational training ____Evenings ____Other:_____

Part I. Social Influences on Behavior

1. The behavior usually occurs in your presence or in the presence of others — Yes No
2. The behavior usually occurs soon after you or others interact with him/her in some way, such as delivering an instruction or reprimand, walking away from (ignoring) the him/her, taking away a "preferred" item, requiring him/her to change activities, talking to someone else in his/her presence, etc. — Yes No
3. The behavior often is accompanied by other "emotional" responses, such as yelling or crying — Yes No

Complete Part II if you answered "Yes" to item 1, 2, or 3. Skip Part II if you answered "No" to all three items in Part I.

Part II. Social Reinforcement

4. The behavior often occurs when he/she has not received much attention — Yes No
5. When the behavior occurs, you or others usually respond by interacting with the him/her in some way (e.g., comforting statements, verbal correction or reprimand, response blocking, redirection) — Yes No
6. (S)he often engages in other annoying behaviors that produce attention — Yes No
7. (S)he frequently approaches you or others and/or initiates social interaction — Yes No
8. The behavior rarely occurs when you give him/her lots of attention — Yes No
9. The behavior often occurs when you take a particular item away from him/her or when you terminate a preferred leisure activity (If "Yes," identify:_____) — Yes No
10. The behavior often occurs when you inform the person that (s)he cannot have a certain item or cannot engage in a particular activity. (if "Yes," identify:_____) — Yes No
11. When the behavior occurs, you often respond by giving him/her a specific item, such as a favorite toy, food, or some other item. (If "Yes," identify:_____) — Yes No
12. (S)he often engages in other annoying behaviors that produce access to preferred items or activities. — Yes No
13. The behavior rarely occurs during training activities or when you place other types of demands on him/her. (If "Yes," identify the activities: ____self-care ____academic ____work ____other) — Yes No

A word about ABA Questionnaires
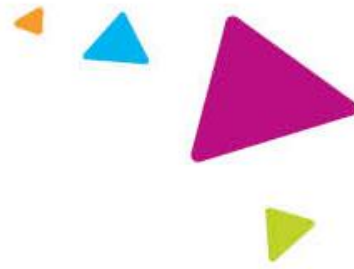
- Not just for IBHS-ABA

- Easy to use – can score and review results in session

- Please use 1 type of Questionnaire (i.e., QABF, FAST, MAS) with Caregiver(s)

- Use 1 Questionnaire in all settings where Mbr is receiving BHT (home, school/daycare)

- Do not use 1 type of questionnaire in one setting and a different type in another setting (example: teacher completes FAST, parent completes QABF)
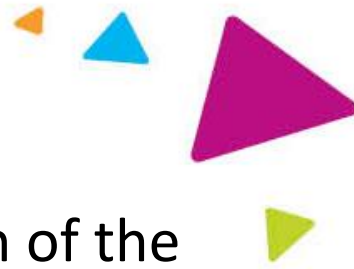
Direct Assessment – Part I: Direct Observation
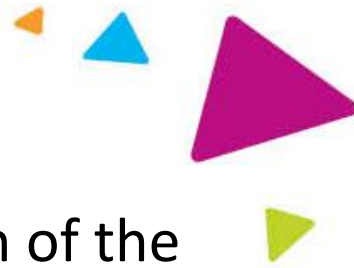
Information obtained from face-to-face interaction, testing, probing, observation of the member in the environment in which the problem occurs

- Functional Behavior Assessment
  - Functional Experimental Analysis (Confirmation of function through testing)
    - Brief FA
    - Trial Based FA
    - Synthesized FA (Hanley IISCA)
    - Latency Based FA
    - Precursor FA
  - Descriptive FBA (Hypothesized function based on data collected)
    - ABC Continuous Recording
    - ABC Narrative Recording – Most popular BUT seldom reported in published research….

Direct Assessment – Part II: Interactive Assessments

Information obtained from face-to-face interaction, testing, probing, observation of the member in the environment in which the problem occur

Mental Status Examination

Suicide Risk Assessment

Functional Communication

Skills Based Assessments

Ecological Assessment

A word about Suicide Risk Assessment
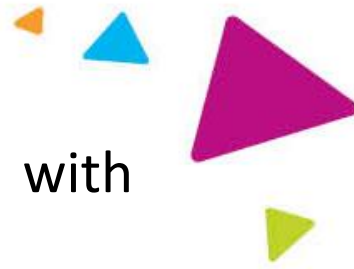
- Screening for suicide risk is necessary as part of initial and subsequent assessment with neurotypical and high functioning neurodiverse Mbr's

- Screening tool Columbia-Suicide Severity Risk Scale
  - Accessible
  - Assesses Ideation and Behavior
  - Guides decisions about next steps

- Responding to Suicidal Ideation – Take training seriously

- Suicidal Ideation requires the clinician to PIVOT and focus on reducing the suicide risk

- Use session tools (i.e., SUICIDE STATUS FORM–4) for ongoing assessment

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SUICIDE STATUS FORM–4 (SSF-4)

CAMS SUICIDE STATUS FORM–4 (SSF-4) INITIAL SESSION

Patient: _____ Clinician: _____ Date: _____ Time: _____

Section A (*Patient*):

Rate and fill out each item according to how you feel <u>right now</u>. Then rank in order of importance 1 to 5
Rank (1 = most important to 5 = least important)

_____	1) RATE PSYCHOLOGICAL PAIN (*hurt, anguish, or misery in your mind, <u>not</u> stress, <u>not</u> physical pain*): Low pain: 1 2 3 4 5 :High pain What I find most painful is: _____
_____	2) RATE STRESS (*your general feeling of being pressured or overwhelmed*): Low stress: 1 2 3 4 5 :High stress What I find most stressful is: _____
_____	3) RATE AGITATION (*emotional urgency; feeling that you need to take action; <u>not</u> irritation; <u>not</u> annoyance*): Low agitation: 1 2 3 4 5 :High agitation I most need to take action when: _____
_____	4) RATE HOPELESSNESS (*your expectation that things will not get better no matter what you do*): Low hopelessness: 1 2 3 4 5 :High hopelessness I am most hopeless about: _____
_____	5) RATE SELF-HATE (*your general feeling of disliking yourself; having no self-esteem; having no self-respect*): Low self-hate: 1 2 3 4 5 :High self-hate What I hate most about myself is: _____
N/A	6) RATE OVERALL RISK OF SUICIDE: Extremely low risk: 1 2 3 4 5 :Extremely high risk (will *not* kill self) (will kill self)

1) How much is being suicidal related to thoughts and feelings about <u>yourself</u>? Not at all: 1 2 3 4 5 : completely
2) How much is being suicidal related to thoughts and feeling about <u>others</u>? Not at all: 1 2 3 4 5 : completely

Please list your reasons for wanting to live and your reasons for wanting to die. Then rank in order of importance 1 to 5.

Rank	REASONS FOR LIVING	Rank	REASONS FOR DYING

I wish to live to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much
I wish to die to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much
The one thing that would help me no longer feel suicidal would be: _____

_____

Assessment – Case Scenario

You accept a referral for a new client, Dwight, who is 9 years old, diagnosed with ADHD. Parents report significant problem behaviors in the home and conflict with the older sibling. Parents report that in school, the teacher is frustrated with having to provide so much additional support for the client to pay attention. In addition to home and school, the client participates in Boys and Girls club once per week.
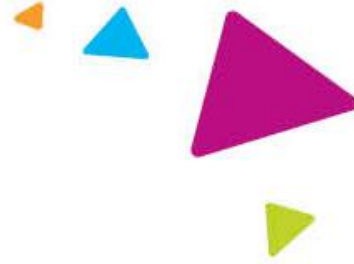
Step One: What resources/tools are needed to obtain information about the problem?

Based on what is described, determine what Assessment tools would be useful in obtaining additional information about the problem. Choose tools that "Match".

When would an FBA/FA NOT be used?
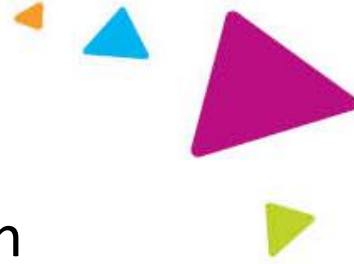
Step Two: What is the problem?

What is the problem?

Generate an operational description of the problem. An initial description based on indirect assessment information can be updated, revised or confirmed based on your direct assessment later in the process.

Non-compliance is when Dwight doesn't listen, is disrespectful, insists on doing things his way.

Non-compliance is when Dwight says "No", "Maybe later" when asked to answer questions by the teacher during group instruction. Noncompliance is when Dwight engages in any response that doesn't match the instruction given within 5 seconds.

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Avoid Vague Labels and Doing Too Much

FUNCTIONAL ASSESSMENT SCREENING TOOL (FAST)

Name: Dwight Schrute Jr.   Age: 9   Date: 4/15/22

Behavior Problem: Impulsivity (gets out of seat, calls out, leaves room without permission, talks back, hand flapping)

Informant: Ms. Enda Krabappel   Interviewer: Hazel Getzitrite

OR

FUNCTIONAL ASSESSMENT SCREENING TOOL (FAST)

Name: Dwight Schrute Jr.   Age: 9   Date: 4/15/22

Behavior Problem: Calls out, Annoys other students, Makes noises

Informant: Ms. Enda Krabappel   Interviewer: Hazel Getzitrite

Step Three: Why is it a problem?

Prioritize - "When everything is a priority, nothing is a priority."

Is it harmful to self or others?

Does it limit access to social opportunities/environments?

Does it impact the ability to remain in the least restrictive setting with least intrusive supports?

Whose problem is it?

Is the problem within your scope of competence/practice?

Is it likely that the problem will change?

HOW BiG iS MY PrObleM?

5	**EMERGENCY** Earthquake, Fire, Danger to yourself or others
4	**GIGANTIC PROBLEM** Fighting, Someone is hurt, Destruction to the Class
3	**BIG PROBLEM** Small accident (spilled something, fell down), Not feeling well, you are bleeding
2	**MEDIUM PROBLEM** Someone is bothering you, you need something.
1	**LITTLE PROBLEM** Runny nose, need to go to the bathroom, lost your supplies, having trouble on work
0	**GLITCH** Not getting called on, not getting the supply you wanted, losing in a game

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Step Four: Where/when does it present as a problem?

Go to where the problem is reported to be occurring, when it is reported to occur.

Let's look at some data from Dwight's teacher

FUNCTIONAL ASSESSMENT SCREENING TOOL (FAST)

Name: Dwight Schrute Jr.　　Age: 9　　Date: 4/15/22

Behavior Problem: Calls out, Annoys other students, Makes noises

Informant: Ms. Enda Krabappel　　Interviewer: Hazel Getzitrite

Part I. Social Influences on Behavior

1. The behavior usually occurs in your presence or in the presence of others — **Yes** / No

2. The behavior usually occurs soon after you or others interact with him/her in some way, such as delivering an instruction or reprimand, walking away from (ignoring) the him/her, taking away a "preferred" item, requiring him/her to change activities, talking to someone else in his/her presence, etc. — Yes / **No**

3. The behavior often is accompanied by other "emotional" responses, such as yelling or crying — Yes / **No**

   Complete Part II if you answered "Yes" to item 1, 2, or 3. Skip Part II if you answered "No" to all three items in Part I.

Part II. Social Reinforcement

4. The behavior often occurs when he/she has not received much attention — **Yes** / No

5. When the behavior occurs, you or others usually respond by interacting with the him/her in some way (e.g., comforting statements, verbal correction or reprimand, response blocking, redirection) — **Yes** / No

6. (S)he often engages in other annoying behaviors that produce attention — **Yes** / No

7. (S)he frequently approaches you or others and/or initiates social interaction — Yes / **No**

8. The behavior rarely occurs when you give him/her lots of attention — **Yes** / No

9. The behavior often occurs when you take a particular item away from him/her or when you terminate a preferred leisure activity (If "Yes," identify:_____) — Yes / **No**

10. The behavior often occurs when you inform the person that (s)he cannot have a certain item or cannot engage in a particular activity. (If "Yes," identify:_____) — Yes / **No**

11. When the behavior occurs, you often respond by giving him/her a specific item, such as a favorite toy, food, or some other item. (If "Yes," identify:_____) — Yes / **No**

12. (S)he often engages in other annoying behaviors that produce access to preferred items or activities. — Yes / **No**

13. The behavior rarely occurs during training activities or when you place other types of demands on him/her. (If "Yes," identify the activities: ____self-care　X academic　____work　____other) — **Yes** / No

14. The behavior often occurs during training activities or when asked to complete tasks. — **Yes** / No

15. (S)he often is noncompliant during training activities or when asked to complete tasks. — **Yes** / No

16. The behavior often occurs when the immediate environment is very noisy or crowed. — Yes / **No**

17. When the behavior occurs, you often respond by giving him/her brief "break from an ongoing task. — Yes / **No**

18. The behavior rarely occurs when you place few demands on him/her or when you leave him/her alone. — Yes / **No**

**Part III. Nonsocial (Automatic)Reinforcement**

19. The behavior occurs frequently when (s)he is alone or unoccupied — Yes / **No**

20. The behavior occurs at relatively high rates regardless of what is going on in his/her immediate surrounding environment — Yes / **No**

21. (S)he seems to have few known reinforcers or rarely engages in appropriate object manipulation or "play" behavior. — Yes / **No**

22. (S)he is generally unresponsive to social stimulation. — Yes / **No**

23. (S)he often engages in repetitive, stereotyped behaviors such as body rocking, hand or finger waving, object twirling, mouthing, etc. — Yes / **No**

24. When (s)he engages in the behavior, you and others usually respond by doing nothing (i.e., you never or rarely attend to the behavior.) — Yes / **No**

25. The behavior seems to occur in cycles. During a "high" cycle, the behavior occurs frequently and is extremely difficult to interrupt. During a "low" cycle the behavior rarely occurs. — Yes / **No**

26. The behavior seems to occur more often when the person is ill. — Yes / **No**

27. (S)he has a history of recurrent illness (e.g., ear or sinus infections, allergies, dermatitis). — Yes / **No**

Scoring Summary

Circle the items answered "Yes." If you completed only Part II, also circle items 1, 2, and 3

Likely Maintaining Variable

①	2	3	**④**	**⑤**	**⑥**	7	**⑧**	Social Reinforcement (attention)
①	2	3	9	10	11	12	**⑬**	Social Reinforcement (access to specific activities/items)
①	2	3	**⑭**	**⑮**	16	17	18	Social Reinforcement (escape)
19	20	21	22	23	24			Automatic Reinforcement (sensory stimulation)
19	20	24	25	26	27			Automatic Reinforcement (pain attenuation)

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Let's look at some data from Mrs. Schrute
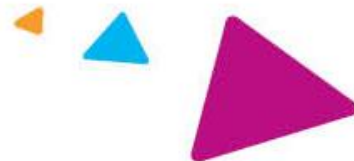
FUNCTIONAL ASSESSMENT SCREENING TOOL (FAST)

Name: Dwight Schrute Jr. Age: 9 Date: 4/15/22

Behavior Problem: Gets upset easily, teases siblings

Informant: Mrs. Schrute Interviewer: Hazel Getzitrite

Part I. Social Influences on Behavior

1. The behavior usually occurs in your presence or in the presence of others — **Yes** / No
2. The behavior usually occurs soon after you or others interact with him/her in some way, such as delivering an instruction or reprimand, walking away from (ignoring) the him/her, taking away a "preferred" item, requiring him/her to change activities, talking to someone else in his/her presence, etc. — Yes / **No**
3. The behavior often is accompanied by other "emotional" responses, such as yelling or crying — **Yes** / No

Complete Part II if you answered "Yes" to item 1, 2, or 3. Skip Part II if you answered "No" to all three items in Part I.

Part II. Social Reinforcement

4. The behavior often occurs when he/she has not received much attention — **Yes** / No
5. When the behavior occurs, you or others usually respond by interacting with the him/her in some way (e.g., comforting statements, verbal correction or reprimand, response blocking, redirection) — **Yes** / No
6. (S)he often engages in other annoying behaviors that produce attention — **Yes** / No
7. (S)he frequently approaches you or others and/or initiates social interaction — **Yes** / No
8. The behavior rarely occurs when you give him/her lots of attention — **Yes** / No
9. The behavior often occurs when you take a particular item away from him/her or when you terminate a preferred leisure activity (If "Yes," identify:_____) — Yes / **No**
10. The behavior often occurs when you inform the person that (s)he cannot have a certain item or cannot engage in a particular activity. (If "Yes," identify:_____) — Yes / **No**
11. When the behavior occurs, you often respond by giving him/her a specific item, such as a favorite toy, food, or some other item. (If "Yes," identify: When he gets upset, I give him my tablet to distract him) — **Yes** / No
12. (S)he often engages in other annoying behaviors that produce access to preferred items or activities. — Yes / **No**
13. The behavior rarely occurs during training activities or when you place other types of demands on him/her. (If "Yes," identify the activities: ____self-care ____academic ____work ____other) — Yes / **No**

14. The behavior often occurs during training activities or when asked to complete tasks. — Yes / **No**
15. (S)he often is noncompliant during training activities or when asked to complete tasks. — Yes / **No**
16. The behavior often occurs when the immediate environment is very noisy or crowed. — Yes / **No**
17. When the behavior occurs, you often respond by giving him/her brief "break from an ongoing task. — Yes / **No**
18. The behavior rarely occurs when you place few demands on him/her or when you leave him/her alone. — Yes / **No**

Part III. Nonsocial (Automatic)Reinforcement

19. The behavior occurs frequently when (s)he is alone or unoccupied — Yes / **No**
20. The behavior occurs at relatively high rates regardless of what is going on in his/her immediate surrounding environment — Yes / **No**
21. (S)he seems to have few known reinforcers or rarely engages in appropriate object manipulation or "play" behavior. — Yes / **No**
22. (S)he is generally unresponsive to social stimulation. — Yes / **No**
23. (S)he often engages in repetitive, stereotyped behaviors such as body rocking, hand or finger waving, object twirling, mouthing, etc. — Yes / **No**
24. When (s)he engages in the behavior, you and others usually respond by doing nothing (i.e., you never or rarely attend to the behavior.) — Yes / **No**
25. The behavior seems to occur in cycles. During a "high" cycle, the behavior occurs frequently and is extremely difficult to interrupt. During a "low" cycle the behavior rarely occurs. — Yes / **No**
26. The behavior seems to occur more often when the person is ill. — Yes / **No**
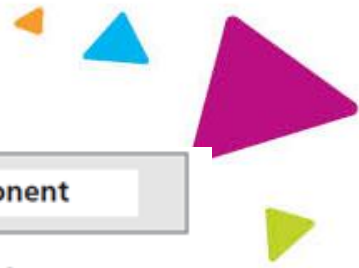27. (S)he has a history of recurrent illness (e.g., ear or sinus infections, allergies, dermatitis). — Yes / **No**

Scoring Summary

Circle the items answered "Yes." If you completed only Part II, also circle items 1, 2, and 3

Likely Maintaining Variable

Items	Likely Maintaining Variable
1 2 **3 4 5 6 7 8**	Social Reinforcement (attention)
1 2 **3** 9 10 **11** 12 13	Social Reinforcement (access to specific activities/items)
1 2 **3** 14 15 16 17 18	Social Reinforcement (escape)
19 20 21 22 23 24	Automatic Reinforcement (sensory stimulation)
19 20 24 25 26 27	Automatic Reinforcement (pain attenuation)

23

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The PTR FBA with Ms. Krabappel revealed Antecedents

PTR FUNCTIONAL BEHAVIOR ASSESSMENT CHECKLIST

Problem behavior: Peer Conflicts and Off Task   Person responding: Edna Krabappel   Student: Dwight Schrute Jr.

Appendix 4.1.
PTR Functional Behavior Assessment Checklist

Directions:

1. The following Prevent-Teach-Reinforce (PTR) functional behavioral assessment (FBA) has three sections—Prevent, Teach, and Reinforce—and is 6 pages in length.

2. Complete one FBA for each problem behavior targeted on the behavior rating scale (BRS). For example, if both hitting others and screaming are listed on the BRS, two FBAs will be completed.

3. Do not complete the assessment on any prosocial/desired behaviors targeted on the BRS.

4. List the problem behavior on the top of each assessment form to ensure responses are given for that behavior only.

5. Answer each question by checking all the appropriate areas that apply, or by writing the response(s) that best describe events related to the problem behavior specified.

PTR Functional Behavior Assessment	PREVENT Component

1a. Are there *times of the school day* when problem behavior is *most likely* to occur? If yes, what are they?

- ☒ Morning   ☐ Before meals   ☐ During meals   ☐ After meals   ☐ Arrival
- ☒ Afternoon   ☐ Dismissal   Other:_____

1b. Are there *times of the school day* when problem behavior is *least likely* to occur? If yes, what are they?

- ☐ Morning   ☐ Before meals   ☒ During meals   ☐ After meals   ☐ Arrival
- ☐ Afternoon   ☒ Dismissal   Other:_____

2a. Are there *specific activities* when problem behavior is *very likely* to occur? If yes, what are they?

- ☐ Reading/LA   ☐ Writing   ☐ Math   ☐ Science
- ☐ Independent work   ☒ Small-group work   ☒ Large-group work   ☐ Riding the bus
- ☐ One-on-one   ☐ Computer   ☐ Recess   ☐ Lunch
- ☒ Free time   ☒ Peer/cooperative work   ☐ Centers   ☐ Discussions/Q&A
- ☐ Worksheets, seatwork   ☐ Specials (specify)   ☐ Transitions (specify)

Other: _____

2b. Are there *specific activities* when cooperative and prosocial behavior is *very likely* to occur? What are they?

- ☐ Reading/LA   ☐ Writing   ☐ Math   ☐ Science
- ☐ Independent work   ☐ Small-group work   ☐ Large-group work   ☐ Riding the bus
- ☒ One-on-one   ☐ Computer   ☐ Recess   ☐ Lunch
- ☐ Free time   ☐ Peer/cooperative work   ☐ Centers   ☐ Discussions/Q&A
- ☐ Worksheets, seatwork   ☐ Specials (specify)   ☐ Transitions (specify)

Other: _____

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More Antecedents

Prevent component (continued)

3a. Are there **specific classmates or adults** whose proximity is associated with a high likelihood of problem behavior? If so, who are they?

☐ Peers (specify) Bart Simpson, Nelson Muntz   ☐ Bus driver

☐ Teacher(s) (specify) Mr. Nye   ☐ Parent

☐ Paraprofessional(s) (specify) _____

☐ Other school staff (specify) Principal Skinner

☐ Other family member (specify) _____

Other: _____

3b. Are there **specific classmates or adults** whose proximity is associated with a high likelihood of cooperative and prosocial behavior? If so, who are they?

☒ Peers (specify) Ralph Wiggum   ☐ Bus driver

☒ Teacher(s) (specify) Ms. Hoover   ☐ Parent

☐ Paraprofessional(s) (specify) _____

☐ Other school staff (specify) _____

☐ Other family member (specify) _____

Other: _____

4. Are there **specific circumstances** that are associated with a high likelihood of problem behavior?

☐ Request to start task   ☐ Task too difficult   ☐ Transition

☐ Being told work is wrong   ☐ Task too long   ☐ Student is alone

☐ Reprimand or correction   ☒ End of preferred activity   ☒ Unstructured time

☐ Told "no"   ☐ Task is boring   ☐ Novel task

☒ Seated near specific peer   ☒ Peer teasing or comments   ☐ Change in schedule

☐ Task is repetitive (same task daily)   ☒ Removal of preferred item

☒ Start of nonpreferred activity   ☐ Down time (no task specified)

☐ Teacher is attending to other students

Other: _____

5. Are there conditions in the **physical environment** that are associated with a high likelihood of problem behavior? For example, too warm or too cold, too crowded, too much noise, too chaotic, weather conditions.....

☐ Yes (specify) _____

☒ No

6. Are there circumstances **unrelated to the school setting** that occur on some days and not other days that may make problem behavior more likely?

☐ Illness   ☒ No medication   ☐ Drug/alcohol abuse

☐ Allergies   ☐ Change in medication   ☐ Bus conflict

☐ Physical condition   ☐ Home conflict   ☐ Sleep deprivation

☐ Hunger   ☐ Fatigue   ☐ Parties or social event

☐ Change in diet   ☐ Change in routine   ☐ Parent not home

Skill deficits

PTR Functional Behavior Assessment — TEACH Component

1. Does the *problem behavior* seem to be exhibited in order to *gain attention from peers*?
   ☒ Yes *(list the specific peers)* N.M. and B.S.
   ☐ No

2. Does the *problem behavior* seem to be exhibited in order to *gain attention from adults*? If so, are there particular adults whose attention is solicited?
   ☒ Yes *(list the specific adults)* Ms. Krabappel
   ☐ No

3. Does the *problem behavior* seem to be exhibited in order to *obtain objects* (e.g., toys or games, materials, food) from peers or adults?
   ☐ Yes *(list the specific objects)*
   ☒ No

4. Does the *problem behavior* seem to be exhibited in order to *delay a transition* from a preferred activity to a nonpreferred activity?
   ☐ Yes *(list the specific transition)* Not sure
   ☐ No

5. Does the *problem behavior* seem to be exhibited in order to *terminate or delay* a nonpreferred (e.g., difficult, boring, repetitive) task or activity?
   ☒ Yes *(list the specific nonpreferred tasks or activities)* worksheets
   ☐ No

6. Does the *problem behavior* seem to be exhibited in order to *get away from* a nonpreferred classmate or adult?
   ☐ Yes *(list the specific peers or adults)*
   ☒ No

Teach component (continued)

7. What *social skill(s)* could the student learn in order to reduce the likelihood of the *problem behavior* occurring in the future?
   ☒ Peer interaction ☐ Sharing objects ☐ Taking turns
   ☐ Play skills ☐ Sharing attention ☐ Losing gracefully
   ☐ Joint or shared attention ☒ Conversation skills ☐ Making prosocial statements
   ☒ Waiting for reinforcement ☐ Accepting differences
   ☒ Getting attention appropriately
   Other: _____

8. What *problem-solving skill(s)* could the student learn in order to reduce the likelihood of the problem behavior occurring in the future?
   ☐ Recognizing need for help ☐ Note-taking strategies ☐ Staying engaged
   ☒ Asking for help ☐ Assignment management ☐ Working independently
   ☒ Ignoring peers ☐ Graphic organizers ☒ Working with a peer
   ☐ Making an outline ☒ Self-management
   ☐ Move ahead to easier items, then go back to difficult items
   ☐ Using visual supports to work independently
   ☐ Making choices from several appropriate options
   Other: _____

9. What *communication skill(s)* could the student learn in order to reduce the likelihood of the problem behavior occurring in the future?
   ☐ Asking for a break ☒ Raising hand for attention ☒ Asking for help
   ☐ Requesting information ☐ Requesting wants ☐ Rejecting
   ☐ Active listening ☐ Commenting ☒ Responding to others
   ☐ Expressing emotions (frustration, anger, hurt)
   Other: _____

What is reinforcing

PTR Functional Behavior Assessment	REINFORCE Component

1. What **consequence(s)** usually follow the student's *problem behavior*?

- ☐ Sent to time-out
- ☐ Chair time-out
- ☒ Sent to office
- ☒ Assistance given
- ☐ Activity changed
- ☒ Peer reaction
- ☐ Gave personal space
- ☒ Stated rules
- ☐ Sent home
- ☒ Verbal redirect
- ☐ Activity terminated
- ☐ Physical restraint
- ☒ Verbal reprimand
- ☒ Head down
- ☐ Calming/soothing
- ☒ Delay in activity
- ☐ Physical prompt
- ☐ Removal of reinforcers

- ☒ Sent to behavior specialist/counselor
- ☐ Natural consequences (specify) _____
- Other: _____

2. Does the student *enjoy praise* from teachers and other school staff? Does the student enjoy praise from some teachers more than others?

- ☒ Yes (*list specific people*) _____
- ☐ No

3. What is the likelihood of the student's **appropriate behavior** (e.g., on-task behavior, cooperation, successful performance) resulting in acknowledgment or praise from teachers or other school staff?

- ☒ Very likely   ☐ Sometimes   ☐ Seldom   ☐ Never

4. What is the likelihood of the student's **problem behavior** resulting in acknowledgment (e.g., reprimands, corrections) from teachers or other school staff?

- ☐ Very likely   ☐ Sometimes   ☒ Seldom   ☐ Never

5. What school-related items and activities are *most enjoyable* to the student? What items or activities could serve as special rewards?

- ☒ Social interaction with adults
- ☐ Social interaction with peers
- ☐ Playing a game
- ☒ Helping teacher
- ☐ Extra PE time
- ☒ Going to media center
- ☐ Sensory activity (specify) _____
- ☐ Food (specify) _____
- ☐ Objects (specify) _____
- ☐ Music
- ☐ Puzzles
- ☐ Going outside
- ☐ Going for a walk
- ☒ Line leader
- ☐ Extra free time
- ☐ Art activity
- ☐ Computer
- ☐ Video games
- ☐ Watching TV/video
- ☐ Reading

Step Five: Identify what is contributing to the problem.
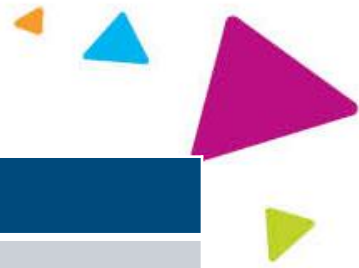
Context/Setting	Antecedents	Behavior	Consequences
School	Teacher or peer present Free Time Small Group Work Lg. Group Work Bart & Nelson Principal Skinner End of Preferred Task Start of non-preferred Seated near (Nelson or Bart) Peer Teasing Unstructured time Remove Preferred item	Calls out Annoys others Makes noises	Sent to Office Assistance given Peer reaction Sent to Behavior Consultant Stated rules Verbal redirect Delay in activity
Home	When parent or sibling is present	Get's upset easily Teases siblings	Parent interacts with Dwight Gets access to tablet

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Identifying Barriers

Per Merriam-Webster, "…a fence or other obstacle that prevents movement of access".

- Scheduling/availability

- Engagement/Participation

- Medical complications

- Resources

- Co-morbidities/Dual Diagnosis

- Social Determinants Of Health

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Tracking meaningful indicators of change
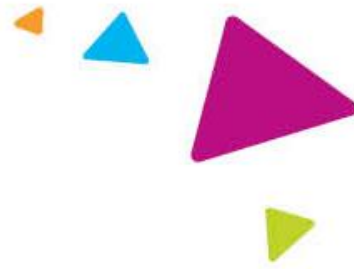
- Pre-test/Post-test; Reassessment using Criterion referenced tools[1]

- Check In/Check Out

- Self report
  - CORS & CSRS
  - Feelings Chart

- Direct measurement – Has to be qualified; when, where, under what conditions and how many times was data recorded to establish measure?
  - Frequency/rate
  - Duration
  - Intensity

- Sampling
  - Interval recording

[1]Criterion-referenced tests compare a person's skills against a predetermined standard

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Tools Supporting Engagement and Session Focus
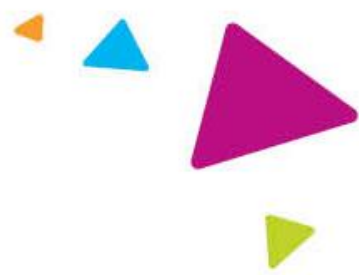
Child Outcome Rating Scale (CORS)

Name: _____ Age (Years): _____ Sex: ☐ M ☐ F

Session #: _____ Date:_____

Who is filling out this form? Please check one: ☐ Child ☐ Caretaker

If caretaker, what is your relationship to this child? _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. *If you are a caretaker filling out this form, please fill out according to how you think the child is doing.*

Me
(How am I doing?)

Family
(How are things in my family?)

School
(How am I doing at school?)

Everything
(How is everything going?)

Child Session Rating Scale (CSRS)

Name: _____ Age (Years): _____ Sex: ☐ M ☐ F

Session #: _____ Date:_____

How was our time together today? Please put a mark on the lines below to let us know how you feel.

Listening
_____ did not always listen to me. — _____ listened to me.

How Important
What we did and talked about was not really that important to me. — What we did and talked about were important to me.

What We Did
I did not like what we did today. — I liked what we did today.

Overall
I wish we could do something different. — I hope we do the same kind of things next time.

Choosing a Data Collection System

	Pros	Cons
Frequency	Easy to see behavior change	Time Consuming, Takes constant attention
Percent of Opportunities	Accurate picture of Prevalence	Time Consuming need to record non-occurrence as well
Momentary Time Sampling	Only need to take portions of day	Get smaller samples less accurate. May choose only when it is happening.
Percent of Intervals (whole/partial)	Only attend to an interval. Can make intervals as needed	Miss out on if once in interval vs. 100x
Duration	Provides information on intensity	Necessary to have timer accessible
Occurrence/Non-Occurrence	Quick and simple	More difficult to determine small behavior changes.

Using assessment results to prioritize treatment goals
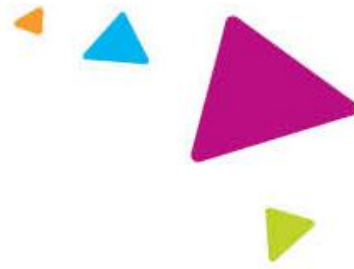
- Is it harmful to self or others?

- Does it limit access to social opportunities/environments?

- Does it impact the ability to remain in the least restrictive setting with least intrusive supports?

- Whose problem is it?

- Is the problem within your scope of competence/practice?

- Is it likely that the problem will change?

- Is the problem the problem, or an attempted solution to a problem?

Writing goals & objectives that describe observable behaviors

- Descriptive – Observable

- Measurable (can be reliably measured)

- Where, with what, when, or how the response is to occur

- An acceptable level of performance (Are we there yet?)

- Limit Goals to <u>distinct, separately occurring</u> behaviors

Think about what progress looks like

Inappropriate Behaviors	Appropriate Alternatives
Bill calls out answers	Bill raises his hand
Ann takes objects that do not belong to her	Ann requests permission to borrow items by using the owner's name, making her request, and saying "please."
Peter expresses his anger with peers by throwing breakable items	Peter counts to ten, and then asks a peer to discuss a problem
Mary cries each time she is given a teacher directive	Mary asks her teacher for clarification of the instructions.

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Baseline information (current levels)

- Collecting baseline data in all <u>quantifiable</u> relevant dimension(s):

- Frequency: how often?

- Intensity: impact? (depth, force, strength)

- Duration: how long?

- Threshold and Range (i.e., elopement)
  - What is the minimum distance to count
  - What is the longest duration and/or farthest distance

Linking decisions about interventions to assessment results
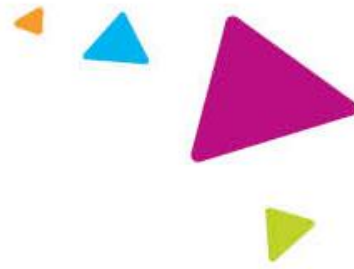
- What does the data tell us about the Member's needs?

- Are problem behaviors easily linked to missing skills

- Behavior is communication

- Intervention is about:
  - Controlling how people respond to the problem behaviors (prevent unintentional reinforcement)
  - Reinforcing /Teaching skills that provide the Member with an alternative response

What is a functional based intervention?

- Function-Based Intervention is an action plan that is developed by taking into consideration the information obtained from the Functional Behavior Assessment and must addresses the purpose that the behavior serves for the child.

- The Functionally Equivalent Replacement Behavior (FERB) is a positive alternative that allows the student to obtain the same outcome that the challenging behavior provided; that is, the student can <u>obtain or escape</u> something in their environment in an appropriate, acceptable way.

- To qualify as appropriate and acceptable, the FERB:
    1. Must serve the same function as the problem behavior.
    2. Is NOT the absence of the problem behavior nor the presence of general desired behavior (e.g., "student will comply with directions"; "student will complete work when asked").
    3. Allows the student to get desired outcome in a more adaptive and socially acceptable manner.
    4. Is something the student does (not done by staff or peer).
    5. Is in the student's repertoire or easily shaped, and represents the beginning point for teaching desired behavior.
    6. Is as efficient to perform as the problem behavior.
    7. Have good contextual fit with the setting and situation.
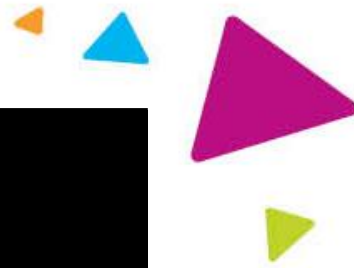
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If multiple, distinct functions were identified (e.g., escape AND tangible access), multiple FERBs must also be identified.

Example of Two Hypothesized Functions:

Hypothesized Function	FERB
Hypothesized Function #1: Escape from social situations/peer attention (e.g., crowded lunch area, assemblies, group activities, etc.).	*FERB #1*: request to leave area (e.g., "can I leave please?")
Hypothesized Function #2: Access to preferred tangible items (e.g., computer, iPad, listening to music).	*FERB #2*: request to access (e.g., pointing to the item desired, verbal request such as "listen to music?")

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Examples and Non-Examples: Escape

Hypothesized Function	FERB	Example or Non-Example?	Explanation
Escape	Teacher will reduce number of problems the student completes.	Non-Example Antecedent intervention	This is a good example of an antecedent intervention or environmental support, which reduces the likelihood the student will need to use challenging behavior to escape. However, it does not meet criteria 1-7 for a FERB as this is NOT a behavior that the student does themselves.
Escape	Student will complete work at their desk.	Non-Example General positive behavior	This is a general positive behavior that could be targeted for increase but does not have functional equivalence to the function of behavior (i.e., it does not allow the student to appropriately escape).
Escape	Student will request to stop doing the work/ assignment or to leave the work area.	**Example**	This meets criteria 1-7 for a FERB

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Examples and Non-Examples: Attention (from adults)

Hypothesized Function	FERB	Example or Non-Example?	Explanation
Attention (from adults)	Staff will provide non-contingent attention to the student.	Non-Example Not a behavior the student performs	This is not a behavior that the student engages in, rather, it is an example of an environmental support that the adult provides.
Attention (from adults)	Student will request a break.	Non-Example No Functional Equivalence	There is no direct connection or functional equivalence between the function and FERB. Function is to access attention, but by requesting a break, student will not receive the attention they desire.
Attention (from adults)	Student will request to play a game or to talk with an adult.	**Example**	This meets criteria 1-7 for a FERB

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Examples and Non-Examples: Attention (from adults)

Hypothesized Function	FERB	Example or Non-Example?	Explanation
Attention (from adults)	Staff will provide non-contingent attention to the student.	Non-Example Not a behavior the student performs	This is not a behavior that the student engages in, rather, it is an example of an environmental support that the adult provides.
Attention (from adults)	Student will request a break.	Non-Example No Functional Equivalence	There is no direct connection or functional equivalence between the function and FERB. Function is to access attention, but by requesting a break, student will not receive the attention they desire.
Attention (from adults)	Student will request to play a game or to talk with an adult.	**Example**	This meets criteria 1-7 for a FERB

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Remediating skill deficits

- What are essential skills that the Member does not seem to use?

- Does the Member know how to perform a particular skill, or must it be taught?

- Does the Member know **when** to perform a particular skill, or must it be taught?
    - When skills are present but not demonstrated or performed
    - Avoid excessive prompting
    - The Member's task is to recognize the context where the skill should be performed.

Writing Caregiver goals
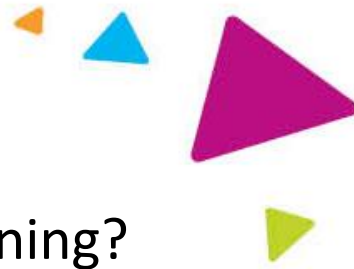
- What can parents/teachers learn to more consistently support the Member's learning?

- Teach the Caregiver to
  - Praise
  - Ignore
  - Request
  - Anticipate

- Don't Play the Blame Game.

- When a Caregiver does not use a skill we must ask why?

- What is interfering?
  - Do they know what to do?
  - Do they know when to do it?

- What is the function of the Caregiver behavior we want to change?

- What strategies can we try to increase motivation?

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Parent Goal Examples
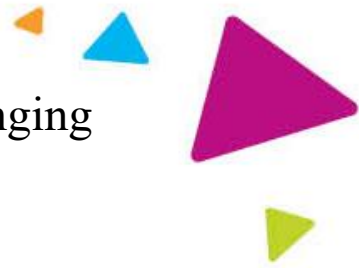
Goal 1: Caregiver will implement at least 2 antecedent strategies in Member's behavior plan to reduce challenging behaviors in 80% of measured opportunities.

- **Target Date:**
- **Mastery Criteria:** 80% of measured opportunities maintained across 3 cold probes.
- **Baseline Date:**
- **Baseline Data:** Per direct observation, parent implemented at least 2 antecedent strategies in 50% of measured opportunities.

Goal 2 : Caregiver will limit verbals and direct eye contact when Member is engaging in behaviors targeted for reduction in 80% of measured opportunities.

- **Target Date:**
- **Mastery Criteria:** 80% of measured opportunities maintained across 3 cold probes.
- **Baseline Date:**
- **Baseline Data:** Per direct observation, parent limited verbals and direct eye contact in 25% of measured opportunities.

Goal 3 : Caregiver will implement at least 2 discrete trial programs with Member to target language skills with him in 80% of measured opportunities.

- **Target Date:**
- **Mastery Criteria:** 80% of measured opportunities maintained across 3 cold probes.
- **Baseline Date:**
- **Baseline Data:** Per direct observation, parent implemented 2 discrete trial programs in 0% of measured opportunities.

THANK YOU!

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