

# Practical Functional Assessment and Treatment Notebook (Revised: March, 2018)

by Gregory P. Hanley, Ph.D., BCBA-D

(for notes)

Relevant abbreviations:	
<b>IISCA:</b> Interview-informed, synthesized contingency analysis	
<b>BCBA:</b> Board Certified Behavior Analyst	
<b>EO:</b> Establishing operation	<b>SR:</b> Synthesized reinforcement
<b>BL:</b> Baseline	<b>EXT:</b> Extinction
<b>FCT:</b> Functional communication training	<b>FCR:</b> Functional communicative response
<b>TR:</b> Tolerance response	<b>CAB:</b> Contextually appropriate behavior
<b>TBPD:</b> Time-based progressive delay	<b>CBPD:</b> Contingency-based progressive delay
<b>SBT:</b> Skill-based treatment; consists of intermittent and unpredictable reinforcement of three life skills (communication, toleration, and contextually appropriate behavior [also referred to as compliance])	

## Tips for conducting open-ended caregiver interview

Use the interview available below. All questions need not (and probably should not) be asked of every caregiver. Several examples of questions that might yield similar information are listed together; analysts may choose versions they feel comfortable with, and might consider asking different versions of the same question if the original question does not yield sufficient information. Analysts should stop asking a particular type of question when they have gathered enough information to design an IISCA.

The open-ended interview meeting may also be used to familiarize new clients with general service guidelines and procedures. The interview itself, however, rarely takes more than 45 minutes and can take as few as 10.

Here are 10 tips to increase the odds of a successful interview:

1. Always remember the 3-part mission with interview in order to stay on task:
  - Identify and define most severe problem behavior and associated non-dangerous behaviors,
  - Identify EOs that are most challenging and convenient to replicate (list materials needed),
  - Identify reinforcers and precise forms of delivery (list materials needed).
2. Interview people who spend most time with child/client.
3. Interview people together when possible and facilitate consensus.
4. First ask them to vividly recount two recent serious problem behavior episodes.
  - Listen for and document response class members, EO specifics, and reinforcers.
  - Then ask probe questions.
5. After listening to and taking notes on the recent problem behavior (pb) episodes, be more direct and ask what happens to evoke problem behavior (triggers) or its precursors (see questions on interview).
6. Then ask how people respond to problem behavior (consequence, redirect; see questions on interview).
7. If the 3-part mission has not been completed at this point (i.e., you have not obtained enough information to design an analysis), ask some hypothetical questions like the ones below.
  - *For identifying precursors:* When do you call for staff backup? When do you become vigilant about yours or others safety? What does \_\_\_\_\_ do that gets your heart rate up because pb now seems inevitable?
  - *To identify possible reinforcers:* For a million dollars....what would you do to turn pb OFF in 10 seconds? What *would* you do to ensure pb does not occur?
  - *To identify possible reinforcers:* For a million dollars....can you turn pb ON in 10 seconds? What are the first things you tell new staff/teachers, or babysitters to *not* do around \_\_\_\_\_?
8. Be sure to find out what they love most about child/client and what the child/client most loves to do.
9. Be sure to walk the interviewees through the next steps, the analysis & treatment process.
10. Be sure to ask them what, if anything, they are worried about with the process and address concerns or modify process as needed.

## Open-Ended Functional Assessment Interview

Developed by Gregory P. Hanley, Ph.D., BCBA-D  
(Developed August, 2002; Revised: August, 2009)

Date of Interview: \_\_\_\_\_

Child/Client: \_\_\_\_\_

Respondent: \_\_\_\_\_

Respondent's relation to child/client: \_\_\_\_\_

Interviewer: \_\_\_\_\_

### RELEVANT BACKGROUND INFORMATION

1. His/her date of birth and current age: \_\_\_\_-\_\_\_\_-\_\_\_\_ yrs \_\_\_\_ mos Male/Female
2. Describe his/her language abilities.
3. Describe his/her play skills and preferred toys or leisure activities.
4. What else does he/she prefer?

### QUESTIONS TO INFORM THE DESIGN OF A FUNCTIONAL ANALYSIS

*To develop objective definitions of observable problem behaviors:*

5. What are the problem behaviors? What do they look like?

*To determine which problem behavior(s) will be targeted in the functional analysis:*

6. What is the single-most concerning problem behavior?
7. What are the top 3 most concerning problem behaviors? Are there other behaviors of concern?

*To determine the precautions required when conducting the functional analysis:*

8. Describe the range of intensities of the problem behaviors and the extent to which he/she or others may be hurt or injured from the problem behavior.

*To assist in identifying precursors to or behavioral indicators of dangerous problem behaviors that may be targeted in the functional analysis instead of more dangerous problem behaviors:*

9. Do the different types of problem behavior tend to occur in bursts or clusters and/or does any type of problem behavior typically precede another type of problem behavior (e.g., yells preceding hits)? Are there behaviors that seem to indicate that severe problem behavior is about to occur?

*To determine the antecedent conditions that may be incorporated into the functional analysis test conditions:*

10. Under what conditions or situations are the problem behaviors most likely to occur?
11. Do the problem behaviors reliably occur during any particular activities?
12. What seems to trigger the problem behavior?
13. Does problem behavior occur when you break routines or interrupt activities? If so, describe.
14. Does the problem behavior occur when it appears that he/she won't get his/her way? If so, describe the things that the child often attempts to control.

*To determine the test condition(s) that should be conducted and the specific type(s) of consequences that may be incorporated into the test condition(s):*

15. How do you and others react or respond to the problem behavior?
16. What do you and others do to calm him/her down once he/she engaged in the problem behavior?
17. What do you and others do to distract him/her from engaging in the problem behavior?

*In addition to the above information, to assist in developing a hunch as to why problem behavior is occurring and to assist in determining the test condition(s) to be conducted:*

18. What do you think he/she is trying to communicate with his/her problem behavior, if anything?
19. Do you think this problem behavior is a form of self stimulation? If so, what gives you that impression?
20. Why do you think he/she is engaging in the problem behavior?

Mission: Identify (a) co-occurring non-dangerous and dangerous topographies of problem behavior to reinforce in analysis, (b) specific materials/events/interactions that appear to routinely evoke problem behavior to use as the establishing operations in analysis test condition (c) specific materials/events/interactions that follow problem behavior and are reported to stop it to use as consequences in test condition and to be continuously programmed in the control condition.

## Task analysis for Practical Functional Assessment and Skill-Based Treatment

Once the open-ended functional assessment interview is complete, use the form below to design an IISCA and a skill-based treatment.

Pseudonym and age:	
Language abilities:	

<p>1. <b>Describe the problem behaviors and their precursors and behavioral indicators</b> (i.e., all of the responses that will yield the reinforcers in the test condition).</p>
<p>2. <b>Describe the reinforcers to be synthesized.</b> (These are provided [a] following problem behavior and their reported precursors in the test condition and [b] continuously in the control condition.)</p>
<p>3. <b>Describe the synthesized establishing operation.</b> (This situation is presented at the beginning or the test session and intermittently during the test session, e.g., after 30 seconds of synthesized reinforcement).</p>
<p>4. <b>Relying on the information above, describe your IISCA.</b></p> <p><i>Who:</i>                      <i>Where:</i>                      <i>Materials:</i></p> <p>Test:</p> <p>Control:</p>

**IISCA Data Sheet****Date:** \_\_\_\_\_**Data Collector:** \_\_\_\_\_**Session#:** \_\_\_\_\_**Prim/Reli (circle one)****Student:** \_\_\_\_\_**Therapist:** \_\_\_\_\_**Condition: Test or Control***Behaviors to be scored (and consequated):***Dangerous Problem Behavior: R1:****Non-Dangerous Problem Behavior: R2:***Count per interval***Min 0-1****R1:EO/ SR****R2:EO/ SR**

1-10				
11-20				
21-30				
31-40				
41-50				
51-1:00				

**Min 3-4****R1:EO/ SR****R2:EO / SR**

3:01-3:10				
3:11- 3:20				
3:21-3:30				
3:31-3:40				
3:41-3:50				
3:51-4:00				

**Min 1-2****R1:EO/ SR****R2:EO/ SR**

1:01-1:10				
1:11- 1:20				
1:21- 1:30				
1:31-1:40				
1:41-1:50				
1:51-2:00				

**Min 4-5****R1:EO/ SR****R2:EO / SR**

4:01-4:10				
4:11-4:20				
4:21-4:30				
4:31-4:40				
4:41-4:50				
4:51-5:00				

**Min 2-3****R1:EO/ SR****R2:EO/ SR**

2:01-2:10				
2:11- 2:20				
2:21-2:30				
2:31-2:40				
2:41-2:50				
2:51-3:00				

*Session notes:*


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## Tips for Designing and Conducting a Successful IISCA

[Success being defined as: (a) zero or near-zero problem behavior in the control sessions as well as during the reinforcement intervals of the test sessions, (b) a short latency to problem behavior stopping following the presentation of the synthesized reinforcers, (c) a short latency to problem behavior being evoked in the test sessions when the establishing operation is presented, (d) no escalation of problem behavior within sessions or across sessions (in fact, the form and intensity of problem behavior should deescalate both within and across sessions), (e) no persistent emotional responding (e.g., crying) throughout a session or analysis, (f) no emergency procedures implemented, termination criteria reached, or medical staff involvement. Conducting a redesigned analysis is warranted if any of these conditions are not met.]

1. Design the test condition first (be sure to emulate the most challenging context from the interview that is convenient to replicate often), and then design the control condition from the test so the only difference between the two is the presence (test) or absence (control) of the synthesized reinforcement contingency.
2. Collect data live in the analysis on the data sheet provided in Appendix C but be sure to videotape all IISCA sessions in case the observational codes or operational definitions change during the analysis.
3. Ensure the same materials are available across all test and control sessions. Materials and interactions not specified in the contingency being tested are available noncontingently in all test and control sessions.
4. Sessions are usually 5 min in duration, and the typical sequence of sessions is control, test, control, test, test (a 25-min analysis), but allow the results of each session to alter the sequence as necessary (see 6-7 below).
5. Provide all suspected reinforcers noncontingently and continuously in the control condition (i.e., there should be no relevant establishing operations for any of the suspected reinforcers in the control sessions).
6. Always conduct a control session first. If problem behavior occurs, conduct another control session. If problem behavior occurs again, discuss what is missing from the control condition with present parents or teachers and redesign the condition. When problem behavior does not occur, proceed to a test session.
7. Provide the synthesized reinforcers *immediately* following *any* dangerous or associated non-dangerous problem behavior in the test sessions for about 30 s. Also, cue the learner about the prevailing condition by correlating, for example, different body positions with the EO (stand authoritatively) and the reinforcement interval (kneel while showing signs of acquiescence).
8. If a problem behavior occurs that is of a different topography than that specified in the behavior definitions and it appears to be in response to the presentation of the EO, provide the putative reinforcers for this behavior in the test sessions, then adjust the observational code, and rescore sessions from videos later.
9. Conduct a second or third test session if problem behavior does not occur at all or reliably in the test session(s), or occurs with long latency from the presentation of the EO. If problem behavior does not occur after 2 or 3 test sessions (or occurs unreliably or only after long latencies from the EO), discuss what is missing from the test condition with present parents or teachers and redesign the condition. Consider also having parents or teachers conduct the analysis with coaching from the analyst.
10. For children who are overly reactive to the analysis (e.g., comment often on what you just did, are about to do, or why you are doing what you are doing) or who are likely to be so, consider: (a) making the reinforcement interval longer and more variable (e.g., 45 s-2 min), (b) conducting the analysis in a typical context (i.e., not a session room), and having a person relevant to the child/client conduct the analysis.

*Once the IISCA is complete (control over problem behavior has been shown), use the form below to design a skill-based treatment that will strengthen the life skills of communication, toleration, and compliance via intermittent and unpredictable reinforcement of each.*

**5. Describe the initial, intermediate, and then more complex communication response (i.e., the better mand) to produce the reinforcers; also describe how you will teach that behavior.**

Simple functional communication response (FCR):

Intermediate FCR:

Complex FCR:

*Teaching procedures:*

**6. Describe which denial/delay signals you will use, which tolerance response(s) you will teach, and how you will teach the tolerance response.**

Delay/Denial signals:

Tolerance response (TR):

*Teaching procedures:*

**7. In general, describe the contextually appropriate behaviors (CABs) you would like the child to do when they cannot have their reinforcers. These are the behaviors that will be instructed or expected during the delay and strengthened via the termination of the delay.**

8. Now be more specific: List the amount and type of contextually appropriate behaviors (CABs) that will be expected while the expected amount of CABs are progressively increased.

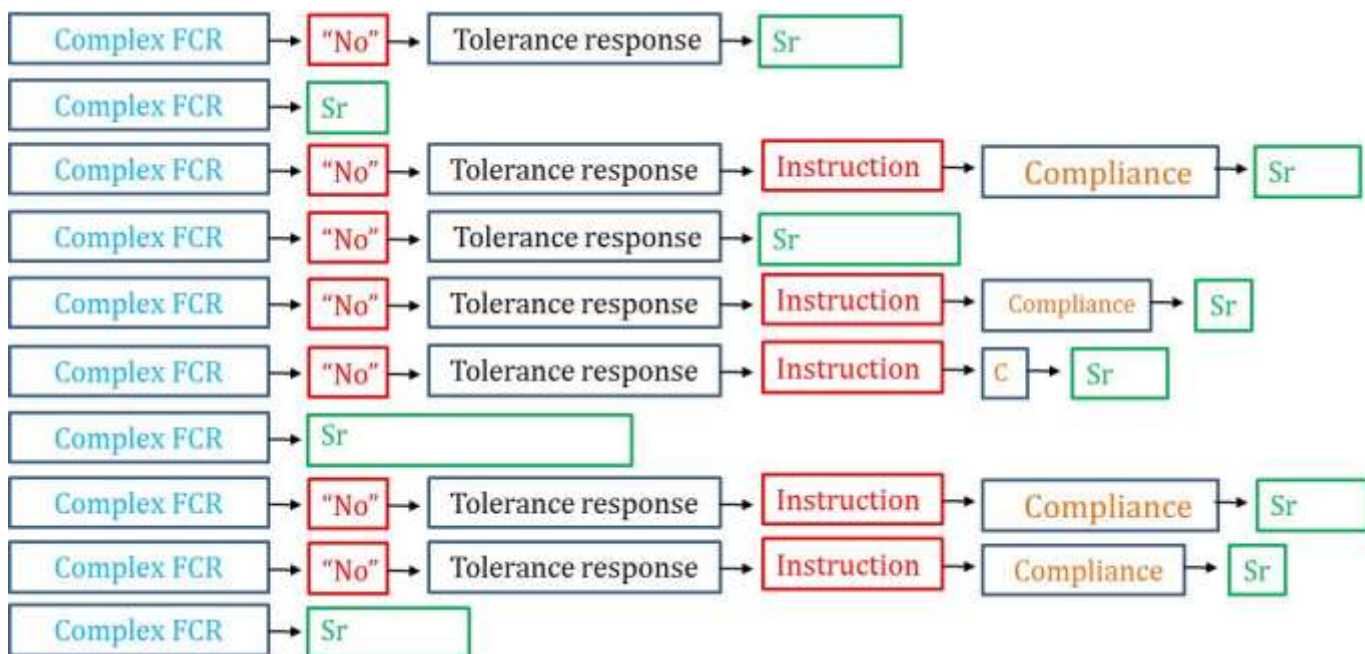
*Tip: We usually start by expecting very little and easy behavior and make initially small than larger advances over time. The final set of contextually appropriate behaviors should be related to the goals of the child, parent, and teacher.*

Type of behavior		Amount <i>(suggested)</i> or Duration <i>(need to convert)</i>									
Easy:		1	2	3	4	5	6	7	10	13	20
Easy:		1	2	3	4	5	6	7	10	13	20
Hard:		1	2	3	4	5	6	7	10	13	20
Hard:		1	2	3	4	5	6	7	10	13	20
Hard:		1	2	3	4	5	6	7	10	13	20

General Treatment Integrity Check-in:

- Immediate sr for FCRs some of the time? \_\_\_\_ What %? \_\_\_\_
- Immediate sr for TRs some of the time? \_\_\_\_ What %? \_\_\_\_
- Delays end when expected amount of behavior occurs? \_\_\_\_
- No signals of exact amount of behavior required to end the delay? \_\_\_\_
- Variable durations of reinforcement? \_\_\_\_

When the treatment is fully developed, it is important to recognize that the amount of reinforcement per response is thinned to about 1:10, but due of the development of appropriate response chains, the schedule of reinforcement may also be considered a continuous reinforcement schedule, with no delay to the reinforcer. Here is an example treatment schematic emphasizing the chaining of the skills to the reinforcer:





## **Tips for Designing and Conducting the Treatment Process.**

The treatment design worksheet (above) will guide you through the important components of the process, the Figure (second to last page) will give you a perspective on the speed and commitments of the shaping process, and the Table (last page) may be useful for implementing the treatment because it provides some examples of randomization at the later treatment steps as well as criteria to advance to the next step in the process.

Some additional tips for consideration for the treatment process.

1. Design treatment around the most challenging (evocative) and convenient situation possible. This may facilitate generalization of skills to other, less evocative, situations.
2. Treat in sessions of 5 or 10 presentations of the synthesized establishing operation (EO).
3. A set of at least 4 sessions should be run at least 3 times per week. More frequent practice may lead to quicker progress, but it is probably crucial that integrity be high during the initial treatment process. Therefore, we recommend that an experienced BCBA or an effective teacher or parent under BCBA supervision conduct treatment until criteria for all phases have been met, even if this means fewer sessions per day/week. This is probably preferable to a team of caregivers/staff implementing the treatment more frequently but with varying integrity levels. We recommend that treatment extension to less-experienced caregivers take place after mastery of all skills (see Treatment Extension section below).
4. During the initial treatment process, we recommend that non-treating caregivers continue with their current procedures and, if the child/client is in crisis, provide the synthesized reinforcers identified in the analysis noncontingently during the challenging situations.
5. Select teaching procedures based on individual client needs. For example, some clients might benefit from Behavior Skills Training (BST; instructions, modeling, role play, feedback). Some clients might benefit from most-to-least prompting with deliberate prompt fading.
6. In all phases, withhold reinforcers contingent on problem behavior (i.e., continue with the presentation of the synthesized establishing operation). Deliver reinforcers contingent on the client emitting the FCR, tolerance response, or compliance only.
7. During the reinforcement interval, refrain from accidentally doing things that might evoke problem behavior (e.g., asking questions, correcting child's interaction with materials).
8. See Table at end of document for specific criteria to move between phases, and see below for typical procedures.
9. The general process described below involves differential reinforcement of which extinction is a part. Sometimes we use partial extinction to avoid escalation of problem behavior, which general involves allowing the child to escape for problem behavior but reserving the entire synthesized reinforcement to follow skills. We also sometimes implement the process without extinction in a format referred to as the full assent format.

# WNE Life Skills Clinic

## Parent Implemented Skill-Based Treatment Data Sheet

Data collector: \_\_\_\_\_ Date: \_\_\_\_\_ Session name: \_\_\_\_\_ Circle one: Primary IOA \_\_\_\_\_

Skill-Based Treatment	Context	Do:	Don't:
	<b>Child-led time</b>  <b>(Their way)</b>  <b>(Sr interval)</b>	A. _____ Be sure that many of your child's preferred items/activities are available B. _____ Be available to and engaged with your child (close in proximity, not distracted, and providing <i>high quality</i> attention in the manner your child prefers) C. _____ Honor all reasonable requests for items, your attention, or saying/doing things a particular way D. _____ Program 'child-led' for an appropriate amount of time (i.e., at least 20 s); it should not feel unnaturally short or long E. _____ If your child makes an unreasonable request, deny and re-direct to the items that are available	A. _____ Refrain from placing any demands, including instructions and questions (i.e., make it clear that you child is in charge and you will follow their lead) B. _____ Refrain from correcting your child (including providing feedback on past problem behavior) or the way they are engaging with an item/activity C. _____ Refrain from manipulating child's toys, unless following the child's lead D. _____ Refrain from reacting in any (obvious) way to ANY inappropriate behavior; do not attempt to redirect the child following inappropriate behavior, and refrain from offering choices or presenting different toys following inappropriate behavior
	<b>Adult-led time</b>  <b>(Your way)</b>  <b>(EO interval)</b>	F. _____ Make it clear that you are in control by delivering an instruction as you terminate Child-led time G. _____ Deliver clear, concise instructions to your child (e.g., put the blue ball in the bucket) H. _____ When delivering each instruction, use the 3-step prompting method: <i>Tell them what to do, (wait 3 seconds, show them what to do, (wait 3 seconds) help them do it.</i> I. _____ Only allow access to materials relevant to what your child is expected to do J. _____ Only provide attention relevant to what your child is expected to do (prompting within the 3-step method and praise for compliance)	E. _____ Do not <i>negotiate, argue, rationalize</i> or <i>cajole</i> ; it is best not to respond to anything your child says during this period to make it clear to him/her that they are not on "their way" and that the only behavior that will be rewarded is compliance with your instruction (or the skills of functional communication and toleration) F. _____ Do not comply with child attempts to lead instruction (e.g., "I want to clean up before I sit at the table") G. _____ Do not present demands as questions/options H. _____ Do not react in any (obvious) way to ANY inappropriate behavior, simply proceed with the 3-step prompting or agreed upon alternative I. _____ Do not change the demand contingent on problem behavior
	<b>Transition from adult-led time to child-led time</b>  <b>(the schedule)</b>  <b>(the unpredictable and intermittent contingency)</b>	K. _____ Moving from adult-led time to child-led time should only occur following one of these three skills: <i>functional communication, delay/denial toleration, or compliance with your instruction/expectation following denial</i> L. _____ It is important that each of the skills "payoff" some of the time. As such, always reward functional communication and toleration responses <i>some</i> of the time (1 out of every 5) M. _____ Similarly, sometimes surprise reward <i>very small chains</i> of compliance following a denial (i.e., 2 compliances; e.g., "go take a seat") N. _____ Prompt the communication or toleration skills if they are not occurring (i.e., if they are simply complying with all of your requests); wait at least 30 s between prompts	J. _____ Do not foreshadow which skills will be reinforced or how many demands will need to be completed prior to earning child led time (i.e., keep it unpredictable) K. _____ Do not change your plans in response to your child's inappropriate behavior; namely, do not make your expectation easier if problem behavior is occurring (e.g. if your plan was to ask your child to complete 5 tasks before "their way," do not change that plan to reward functional communication because they began to tantrum)

Scoring: N/A if not applicable

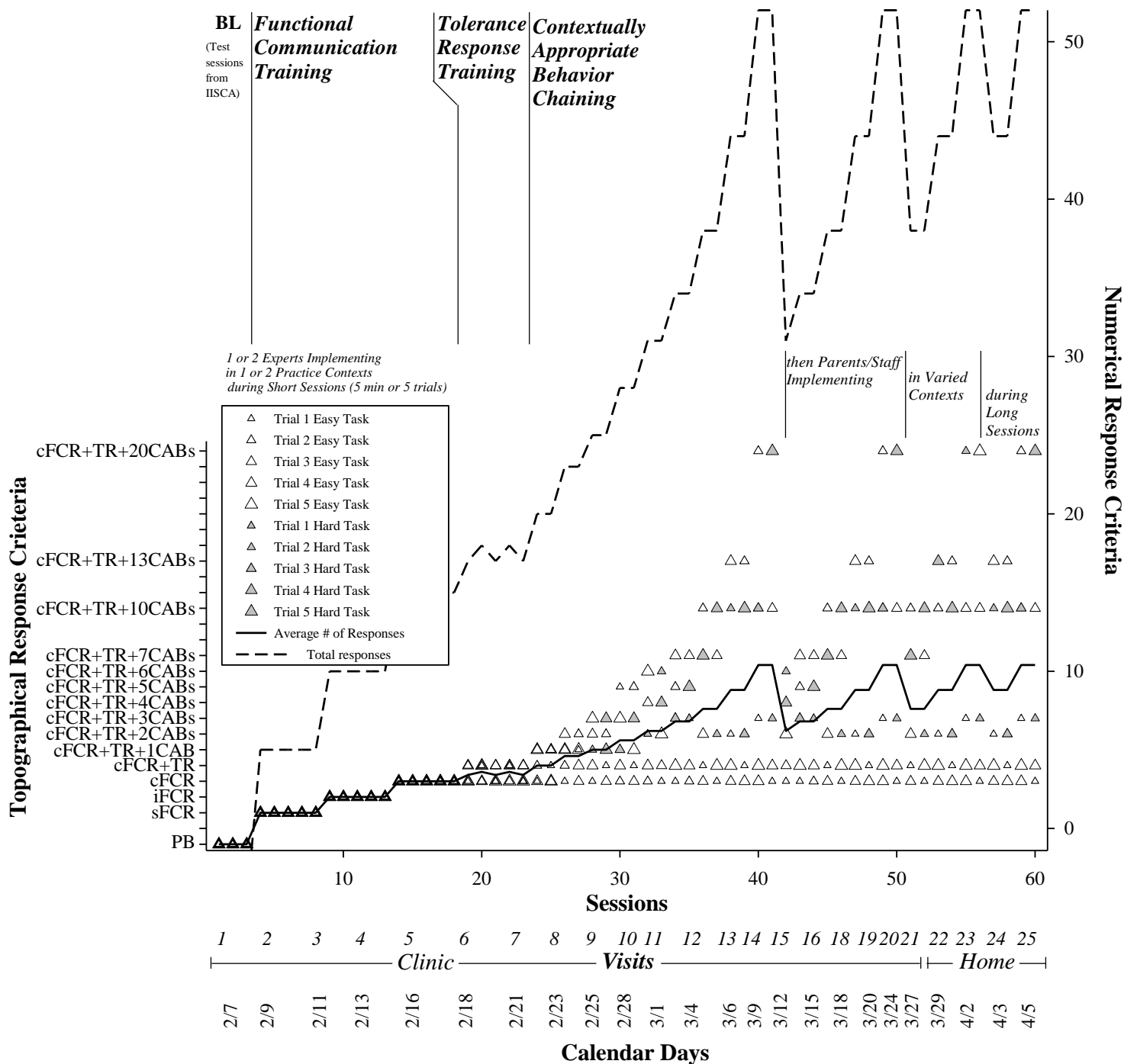
Place a checkmark if analysts/caregiver interacted correctly given every opportunity (100%),

Place an 'X' if analyst/caregiver did not interact correctly on all opportunities (<100%)

% of items with checks: Child-led time: \_\_\_\_\_ Adult-led time: \_\_\_\_\_ Transition: \_\_\_\_\_

Notes:

Skill-Based Treatment	Context	Do:	Don't:
	Child-led time  (Their way)  (Sr interval)	A. _____ _____ _____ B. _____ _____ _____ C. _____ _____ _____ D. _____ _____ _____ E. _____ _____ _____ _____	A. _____ _____ _____ B. _____ _____ _____ C. _____ _____ _____ D. _____ _____ _____ _____
	Adult-led time  (Your way)  (EO interval)	F. _____ _____ _____ G. _____ _____ _____ H. _____ _____ _____ I. _____ _____ _____ J. _____ _____ _____ _____	E. _____ _____ _____ F. _____ _____ _____ G. _____ _____ _____ H. _____ _____ _____ I. _____ _____ _____ _____
	Transition from adult-led time to child-led time  (the schedule)  (the unpredictable and intermittent contingency)	K. _____ _____ _____ L. _____ _____ _____ M. _____ _____ _____ N. _____ _____ _____ _____ _____ _____ _____	J. _____ _____ _____ K. _____ _____ _____ _____ _____ _____ _____



*Figure.* Depiction of process for treating severe problem behavior. The treatment relies on intermittent and unpredictable provision of synthesized reinforcers for progressively longer chains of responding, generally referred to as communication, toleration, and contextually appropriate behavior (or compliance). At the end of the process, parents or staff are implementing the treatment in homes and schools over extended time periods.

*Notes.* IISCA = interview-informed synthesized contingency analysis, PB = problem behavior (all forms reported to co-occur with most concerning and dangerous problem behavior), sFCR = simple functional communication response ("My way"), iFCR = intermediate FCR ("May I have my way please"), cFCR = complex FCR ("Excuse me, [...], May I have my way please"), TR = tolerance response, CABs = contextually appropriate behaviors

Created by Gregory P. Hanley (September, 2017)

**Detailed Description of the Skill-Based Treatment of Problem Behavior Process** (developed by G. P. Hanley, October, 2017)

Step	Objectives	Responses Reinforced	Sessions	Progressively Changing Response Requirements								Criteria to move on
				Tr 1 Sr:	Tr 2 Sr:	Tr 3 Sr:	Tr 4 Sr:	Tr 5 Sr:				
1	Verifying hunch / Building Trust	PB	1--3	PB	PB	PB	PB	PB				3 differentiated
2	Shifting to Appropriate / Building Trust	sFCR ("My way")	4--6	sFCR	sFCR	sFCR	sFCR	sFCR				3 w/ 0 pb & all indep Rs
3	Improving Form	iFCR ("May I have my way please")	7--8	iFCR	iFCR	iFCR	iFCR	iFCR				2 w/ 0 pb & all indep Rs
4	Improving Form	cFCR ("Excuse me" [...] "May I have my way please")	9--10	cFCR	cFCR	cFCR	cFCR	cFCR				2 w/ 0 pb & all indep Rs
5	Preparing for Inevitable Disappointment	cFCR/TR ("Okay, no problem")	11	cFCR	TR	cFCR	TR	cFCR				3 w/ 0 pb & all indep Rs
5	Preparing for Inevitable Disappointment	cFCR/TR	12	TR	cFCR	TR	cFCR	TR				
5	Preparing for Inevitable Disappointment	cFCR/TR	13	cFCR	cFCR	TR	TR	cFCR				
6	Preparing for Inevitable Ambiguity	cFCR/TR/eCAB (Adult expected work or play)	14	cFCR	TR	1eCAB	cFCR	1eCAB				2 w/ 0 pb & all indep Rs
6	Preparing for Inevitable Ambiguity	cFCR/TR/eCAB	15	TR	1eCAB	cFCR	1eCAB	cFCR				
7	Preparing for Inevitable Ambiguity	cFCR/TR/eCAB	16	cFCR	TR	1eCAB	2eCAB	1eCAB				2 w/ 0 pb & all indep Rs
7	Preparing for Inevitable Ambiguity	cFCR/TR/eCAB	17	1eCAB	2eCAB	cFCR	TR	1eCAB				
8	Building Stamina while Keeping Hope Alive	cFCR/TR/e&hCAB	18	cFCR	1hCAB	2eCAB	TR	3eCAB				2 w/ 0 pb & all indep Rs
8	Building Stamina while Keeping Hope Alive	cFCR/TR/e&hCAB	19	TR	2eCAB	cFCR	3hCAB	1hCAB				
9	Building Stamina while Keeping Hope Alive	cFCR/TR/e&hCAB	20	5eCAB	cFCR	1hCAB	TR	3eCAB				2 w/ 0 pb & all indep Rs
9	Building Stamina while Keeping Hope Alive	cFCR/TR/e&hCAB	21	TR	5eCAB	cFCR	3hCAB	1eCAB				
10	Building Stamina while Keeping Hope Alive	cFCR/TR/e&hCAB	22	2hCAB	cFCR	4eCAB	TR	6eCAB				2 w/ 0 pb & all indep Rs
10	Building Stamina while Keeping Hope Alive	cFCR/TR/e&hCAB	23	cFCR	6hCAB	TR	4hCAB	2eCAB				
11	Building Stamina while Keeping Hope Alive	cFCR/TR/e&hCAB	24	cFCR	5eCAB	3hCAB	7eCAB	TR				2 w/ 0 pb & all indep Rs
11	Building Stamina while Keeping Hope Alive	cFCR/TR/e&hCAB	25	3hCAB	cFCR	7eCAB	TR	5hCAB				
12	Building Stamina while Keeping Hope Alive	cFCR/TR/e&hCAB	26	TR	10eCAB	cFCR	2eCAB	7hCAB				2 w/ 0 pb & all indep Rs
12	Building Stamina while Keeping Hope Alive	cFCR/TR/e&hCAB	27	cFCR	2hCAB	7eCAB	10hCAB	TR				
13	Finding the Balance / Task Revaluing	cFCR/TR/e&hCAB	28	2eCAB	10hCAB	cFCR	13eCAB	TR				2 w/ 0 pb & all indep Rs
13	Finding the Balance / Task Revaluing	cFCR/TR/e&hCAB	29	TR	13eCAB	2hCAB	cFCR	10hCAB				
14	Finding the Balance / Task Revaluing	cFCR/TR/e&hCAB	30	3eCAB	10eCAB	20hCAB	cFCR	TR				2 w/ 0 pb & all indep Rs
14	Finding the Balance / Task Revaluing	cFCR/TR/e&hCAB	31	cFCR	3hCAB	10eCAB	TR	20hCAB				
15	Extending Effects to Relevant People	cFCR/TR/e&hCAB w/RP	32	cFCR	5eCAB	3hCAB	7eCAB	TR				2 w/ 0 pb & all indep Rs
15	Extending Effects to Relevant People	cFCR/TR/e&hCAB w/RP	33	3hCAB	cFCR	7eCAB	TR	5hCAB				
16	Extending Effects to Relevant People	cFCR/TR/e&hCAB w/RP	34	TR	1TR	cFCR	2eCAB	7hCAB				2 w/ 0 pb & all indep Rs
16	Extending Effects to Relevant People	cFCR/TR/e&hCAB w/RP	35	cFCR	2hCAB	7eCAB	10hCAB	TR				
17	Extending Effects to Relevant People	cFCR/TR/e&hCAB w/RP	36	2eCAB	10eCAB	cFCR	13eCAB	TR				2 w/ 0 pb & all indep Rs
17	Extending Effects to Relevant People	cFCR/TR/e&hCAB w/RP	37	TR	13eCAB	2hCAB	cFCR	10hCAB				
18	Extending Effects to Relevant People	cFCR/TR/e&hCAB w/RP	38	3eCAB	20eCAB	10hCAB	cFCR	TR				2 w/ 0 pb & all indep Rs
18	Extending Effects to Relevant People	cFCR/TR/e&hCAB w/RP	39	cFCR	3eCAB	10eCAB	TR	20hCAB				
19	Extending Effects to Relevant Contexts	cFCR/TR/e&hCAB w/RP in RC	40	TR	10eCAB	cFCR	2eCAB	7hCAB				2 w/ 0 pb & all indep Rs
19	Extending Effects to Relevant Contexts	cFCR/TR/e&hCAB w/RP in RC	41	cFCR	2hCAB	7eCAB	10hCAB	TR				
20	Extending Effects to Relevant Contexts	cFCR/TR/e&hCAB w/RP in RC	42	2eCAB	10eCAB	cFCR	13hCAB	TR				2 w/ 0 pb & all indep Rs
20	Extending Effects to Relevant Contexts	cFCR/TR/e&hCAB w/RP in RC	43	TR	13eCAB	2hCAB	cFCR	10hCAB				
21	Extending Effects to Relevant Contexts	cFCR/TR/e&hCAB w/RP in RC	44	3eCAB	20hCAB	10hCAB	cFCR	TR				2 w/ 0 pb & all indep Rs
21	Extending Effects to Relevant Contexts	cFCR/TR/e&hCAB w/RP in RC	45	cFCR	3hCAB	10eCAB	TR	20hCAB				
22	Extending Effects to Relevant Time Periods	cFCR/TR/e&hCAB w/RP in RC over RTP	46	TR	10eCAB	cFCR	2eCAB	13hCAB				2 w/ 0 pb & all indep Rs
22	Extending Effects to Relevant Time Periods	cFCR/TR/e&hCAB w/RP in RC over RTP	47	TR	13eCAB	2hCAB	cFCR	10hCAB				
23	Extending Effects to Relevant Time Periods	cFCR/TR/e&hCAB w/RP in RC over RTP	48	3eCAB	20hCAB	10hCAB	cFCR	TR				2 w/ 0 pb & all indep Rs
23	Extending Effects to Relevant Time Periods	cFCR/TR/e&hCAB w/RP in RC over RTP	49	cFCR	3hCAB	10eCAB	TR	20hCAB				

Notes:

Tr = trial; Sr = synthesized reinforcement; Rs = responses; PB = problem behavior; sFCR = simple functional communication response; iFCR = intermediate FCR; cFCR = complex FCR; TR = tolerance response; e&hCAB = [easy and hard] contextually appropriate behavior; indep Rs = independent responses; RP = relevant people; RC = relevant context; RTP = relevant time period

## **Consultee Progress Note**

Our goal is to assist you in achieving a socially valid outcome with respect to the problem behavior of an individual in your care. To achieve this goal, we will support you in designing and implementing:

- (a) Safe, efficient, and personalized analyses of problem behavior to inform treatment,
- (b) A treatment process to develop skills to replace problem behavior and prevent its resurgence, and
- (c) A process to transfer the treatment and its effects to other relevant people and contexts.

**Please schedule meetings in accordance with the consulting plan you selected at the beginning of the process or whenever you have a question about how to proceed with the assessment and treatment process.**

To allow for an efficient meeting and to document the collaborative process, **please complete and email this form to the consultant prior to the meeting.** Emailing any graphically depicted data or links to securely posted videos of the child/client while procedures are being implemented is also encouraged.

Consultee: Organization/School: Email:	Consultant: Email:
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Child/Client Pseudonym: Context: Home / School / _____	Date and time of Meeting:
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Describe the Relevant Establishing Operation:	Describe the Synthesized Reinforcers:
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Note the current step in the process (*see back for steps*) and any important modifications:

Note the number of dedicated practice sessions conducted since the last consult, broken down by number of sessions and days:  
(e.g., *Completed 15 sessions across 3 days since last consult, which was 11 days ago*)

Note your successes, things that went well, or obstacles that you overcame since the last meeting.

Note any challenges or problems you have encountered that you would like to discuss.

## **The development of this assessment and treatment process can be found in these articles:**

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