Behavior Assessment

Behavior analyst certification examination

8 tasks · 23 questions on the exam · BACB Test Content Outline (6th ed.)

This area covers assessment from the first file review to the choice of goals: records, cultural variables, skill assessments, preference assessments, descriptive assessments, functional analyses, and interpreting the results to decide on services, referral and priorities. Questions describe a case and ask which assessment to run next, what a set of results shows, or which goal should come first; the answers favor direct, function-based and least intrusive methods that will actually guide treatment.

You should be able to: Given a case, you should be able to say which records and cultural variables matter, design and evaluate skill, preference, descriptive and functional assessments, and turn the results into decisions about services, referral and priority goals.

Every task: the key point and the trap

F.1 Identify relevant sources of information in records (e.g., educational, medical, historical) at the outset of the case.

At the outset of a case, review existing records before planning assessment: educational (individualized education program, prior evaluations, report cards, discipline records), medical (diagnoses, medications, allergies, hearing and vision, sleep, seizures), and historical (developmental history, prior services and their results, previous behavior plans).

Trap: Records are a starting point for hypotheses, not a substitute for direct assessment, and medical causes should be ruled out before assuming a behavior is purely operant.

F.2 Identify and integrate relevant cultural variables in the assessment process.

Cultural variables include language, religion, family structure, values about independence and disability, child-rearing practices, communication styles, and beliefs about behavior and treatment.

Trap: Integrating culture means asking this family about their values and practices, not applying general assumptions about a cultural group.

F.3 Design and evaluate assessments of relevant skill strengths and areas of need.

Skill assessments identify what the person can and cannot yet do across relevant domains: communication, social, play, daily living, academic, vocational, and community skills.

Trap: Not doing a skill does not prove the person cannot do it; distinguish skill deficits from performance deficits before choosing a teaching or motivational intervention.

F.4 Design and evaluate preference assessments.

Indirect preference assessment asks the person or caregivers which items or activities are preferred, through interviews or checklists; it is quick but often inaccurate on its own.

Trap: A highly preferred item is a likely reinforcer, not a confirmed one; only increased responding under a contingency demonstrates a reinforcing effect.

F.5 Design and evaluate descriptive assessments.

Descriptive functional behavior assessment involves direct observation of behavior in natural settings without manipulating the environment.

Trap: A descriptive assessment cannot demonstrate function; a consequence that frequently follows a behavior is correlated with it, not proven to maintain it.

F.6 Design and evaluate functional analyses.

A functional analysis (FA) manipulates antecedents and consequences in test and control conditions to observe their effects on behavior, demonstrating function experimentally.

Trap: The play condition is the control condition, and a test condition shows function only if responding is clearly higher there than in play.

F.7 Interpret assessment data to determine the need for behavior-analytic services and/or referral to others.

Assessment data are used first to decide whether behavior-analytic services are needed: is there a socially significant behavior or skill deficit that behavior-analytic procedures can address, and how intensive should services be?

Trap: Not every behavior problem calls for behavior-analytic treatment first; data suggesting a medical or other cause call for referral, sometimes before services begin.

F.8 Interpret assessment data to identify and prioritize socially significant, client-informed, and culturally responsive behavior-change procedures and goals.

Socially significant goals improve the person's quality of life, independence, health, safety and access to reinforcement and to their community.

Trap: Prioritize the behaviors that matter most for safety and quality of life and that the client and family endorse, not the behaviors easiest to measure or change.

Key terms

Functional behavior assessment: The set of indirect, descriptive and experimental methods used to identify the function of behavior.

Indirect assessment: Information about behavior gathered from interviews, rating scales or checklists, not direct observation.

ABC recording: Direct observation of antecedents, behavior and consequences, narrative or in categories.

Scatterplot: A record of behavior by time interval across days to show temporal patterns.

Functional analysis: Experimental manipulation of antecedents and consequences to demonstrate the function of behavior.

MSWO: Multiple-stimulus without replacement preference assessment, producing a ranked hierarchy.

Paired-stimulus assessment: A preference assessment presenting items in pairs to rank them.

Reinforcer assessment: A test of whether contingent access to a stimulus increases a response.

Criterion-referenced assessment: Comparison of performance with a standard of mastery.

Norm-referenced assessment: Comparison of performance with that of a normative sample.

Behavioral cusp: A behavior change that opens access to new environments, reinforcers and learning.

Pivotal behavior: A behavior whose change produces changes in many other untrained behaviors.

Relevance of behavior rule: Target behaviors likely to be reinforced in the natural environment after intervention.

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