

ASSESSMENT OF BEHAVIORAL CUSPS HANDBOOK

Administration, Scoring, and
Interpretation Manual

ABC II



PIVOTAL SKILLS



MEANINGFUL
PROGRESS



FUNCTIONAL
OUTCOMES



CLINICAL
DECISION-MAKING



EVIDENCE-BASED
PRACTICE

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Assessment of Behavioral Cusps Handbook

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This assessment is intended for use by qualified professionals trained in applied behavior analysis. It is not a diagnostic tool and should not be used as the sole basis for clinical or educational decisions.



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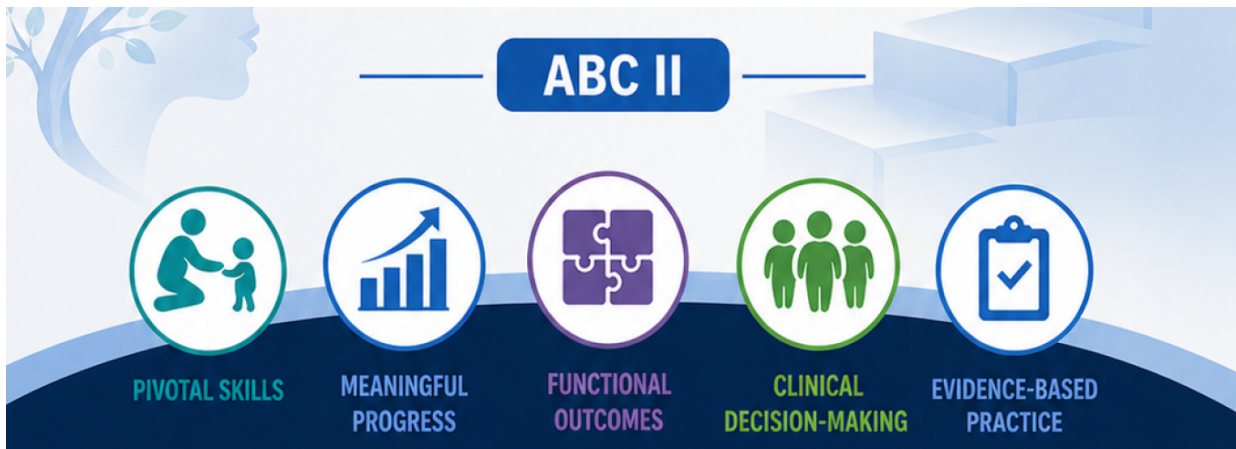
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1. Introduction

Purpose

The *Assessment of Behavioral Cusps (ABC)* is a criterion-referenced instrument designed to evaluate pivotal skills that provide access to new environments, contingencies, and reinforcement systems. The assessment is intended to identify a learner's current level of performance across key behavioral cusps and to highlight critical skill deficits that may represent high-priority targets for intervention (Cooper et al., 2020). The ABC is designed to complement existing assessment practices by focusing specifically on high-impact, generative skill repertoires.

Target Population

- Individuals with developmental disabilities
- Early learners through adolescence and beyond

Intended Users

- Clinical Psychologists
- Board Certified Behavior Analysts (BCBAs)
- Licensed Behavior Analysts
- Clinical supervisors
- Trained behavioral staff under supervision for a qualified examiner

Assessment Type

The *Assessment of Behavioral Cusps (ABC)* is a **criterion-referenced, skills-based assessment** designed for use in applied settings to evaluate pivotal behavioral repertoires.

- **Criterion-Referenced**
 - Performance is evaluated against clearly defined skill criteria. Scores reflect the extent to which a learner demonstrates specific behaviors, allowing for identification of mastered, emerging, and absent skills.
- **Skills-Based**
 - The assessment measures observable and functional behaviors across domains associated with behavioral cusps. Items are arranged in a progressive sequence to capture increasing levels of skill complexity.
- **Clinically Focused**
 - The ABC is intended to support clinical decision-making, including treatment planning and progress monitoring. Results should be interpreted in the context of direct observation and ongoing programming.

2. Conceptual Framework

Behavioral Cusps

A behavioral cusp is a behavior change that:

- Exposes the individual to new environments
- Expands access to reinforcement
- Enables new learning opportunities

Relation to ABA

This assessment is grounded in:

- Applied Behavior Analysis (Cooper et al., 2020)
- Skinner's analysis of verbal behavior (Skinner, 1957)
- Generalization and stimulus control theory (Cooper et al., 2020)

Clinical Significance of Targeting Behavioral Cusps

Targeting behavioral cusps is associated with meaningful and efficient skill development due to the broad impact these repertoires have on learning and access to reinforcement.

- **Faster Overall Development**

Acquisition of cusp behaviors often results in accelerated learning by increasing the learner's exposure to new environments, contingencies, and instructional opportunities. Once established, these skills can reduce the need for direct teaching of multiple related behaviors.

- **More Meaningful Skill Acquisition**

Behavioral cusps produce changes that extend beyond isolated tasks. Skills targeted through the ABC are selected for their functional relevance and their ability to support generalization across people, settings, and activities.

- **Greater Independence**

Many cusp behaviors enable learners to access reinforcement, communicate needs, navigate environments, and manage behavior with reduced reliance on prompts or adult support. This leads to increased autonomy in both structured and natural settings. (Bosch & Fuqua, 2001)

3. Structure of the Assessment

Organization of the Assessment

The *Assessment of Behavioral Cusps (ABC)* is organized to reflect a structured progression of skill development across key behavioral domains.

- **Domain Structure**

The assessment is divided into 14 domains, each representing a distinct behavioral cusp. Each domain targets a functional area of development that, when acquired, is expected to produce broad and meaningful changes in the learner's access to environments, learning opportunities, and reinforcement. All 14 domains should be utilized when using the Assessment of Behavioral Cusps.

- **Item Composition**

Each domain contains 20 individual skill items, for a total of 280 items across the assessment. Each item represents a specific, observable behavior that can be directly assessed through observation, structured probes, or caregiver report when appropriate.

- **Developmental Progression (“Ladder” Structure)**

Within each domain, items are arranged in a systematic progression of increasing complexity, creating a stepwise “ladder” of skill acquisition.

Lower-numbered items reflect foundational repertoires, while higher-numbered items represent more advanced, generalized, and independent performances.

- **Skill Progression**

Skills within each domain move from:

- Foundational behaviors (e.g., simple responses, prompted performance)
- To intermediate repertoires (e.g., increased independence, generalization)
- To advanced cusp-level behaviors (e.g., flexible, spontaneous, and functional use across environments)

- **Cusp-Level Outcomes**

The highest items within each domain represent cusp-level performances, indicating that the learner has acquired a repertoire likely to produce widespread and sustained changes in behavior and access to reinforcement.

- **Independent Domain Scoring**

Each domain is scored independently, allowing for detailed analysis of strengths and deficits across skill areas. Performance in one domain does not influence scoring in another, supporting precise identification of priority targets for intervention.

- **Clinical Use of Structure**

The organization of the assessment allows clinicians to:

- Quickly identify the learner’s current level within each domain
- Determine the next appropriate instructional targets
- Monitor progression over time within specific skill areas

- Prioritize intervention based on the presence or absence of cusp-level skills

Behavioral Cusp Domains

The Assessment of Behavioral Cusps currently has the following domains:

- Interverbal
- Communication with Others
- Tacting
- Emotions
- Gross Motor
- Imitation
- Social Play
- Travel
- Behavioral Excess
- Transitions
- Self-Advocacy
- Safety
- Social Initiations
- Independence / Self-Management

4. Administration Procedures

Setting

The assessment may be conducted in a clinic, home, or school environment, depending on the learner's typical context and availability.

- The environment should be familiar to the learner whenever possible to increase the likelihood of accurate responding and reduce the influence of novelty or anxiety.
- Distractions should be minimized (e.g., excess noise, competing materials, unnecessary people), while still allowing for naturalistic observation when appropriate.
- Seating and positioning should support clear observation and efficient delivery of instructions.
- When assessing skills that require generalization (e.g., social, safety, travel), portions of the assessment may be conducted across multiple settings.

Materials

The following materials are recommended for administration:

- Assessment protocol (item list for each domain)
- Data sheet or scoring form
- Reinforcers (identified based on learner preference)
- Toys or instructional materials relevant to the learner's age and skill level

Additional materials may be used as needed to evoke target behaviors (e.g., visual supports, play materials, everyday objects).

General Guidelines

- **Establish Rapport Prior to Assessment**
The assessor should spend time pairing with the learner and establishing instructional control before beginning formal probes. This may include engaging in preferred activities and delivering reinforcement.
- **Use a Combination of Naturalistic and Structured Probes**
Skills may be assessed through:
 - Direct observation in natural contexts

- Structured opportunities designed to evoke specific responses

A combination of both approaches is recommended to capture the most accurate representation of the learner's repertoire.
- **Reinforce Participation**

Reinforcement should be delivered for cooperation, attending, and responding throughout the assessment. The goal is to maintain engagement without artificially inflating performance. (Cooper et al., 2020)
- **Use Caregiver Support When Needed**

Caregivers or familiar adults may be utilized to assist with probing skills, particularly when the learner demonstrates resistance, avoidance, or reduced responding with the assessor.

In these cases, the caregiver may:

 - Deliver instructions
 - Present materials
 - Evoke natural responses

This approach helps ensure that the assessment reflects the learner's true capabilities, rather than limitations related to unfamiliarity with the assessor.
- **Prioritize Accurate Representation of Skills**

The primary goal of administration is to obtain the most accurate estimate of the learner's current functioning. Assessors should avoid rushing, prompting, or relying on a single opportunity to score a skill.

Assessment Methods

The *Assessment of Behavioral Cusps (ABC)* utilizes a combination of assessment methods to obtain an accurate representation of the learner's current skill repertoire. Selection of methods should be based on the nature of the skill being assessed and the learner's responsiveness.

- **Direct Observation**

Skills are evaluated through observation of the learner's behavior in natural contexts. This method is particularly useful for assessing:

 - Social interactions

- Play skills
- Emotional responses
- Communication
- Independence and self-management

Observations should occur across typical routines whenever possible to capture functional performance.

- **Structured Probes**

The assessor creates specific opportunities to evoke target behaviors under controlled conditions. Structured probes are recommended when:

- Skills do not occur frequently in the natural environment
- Clear demonstration of a behavior is required for scoring
- Consistency of responding needs to be verified
- Instructions and materials should be presented in a standardized manner to ensure reliability of measurement.

- **Caregiver Interview (When Appropriate)**

Caregiver input may be used to supplement direct assessment, particularly for:

- Low-frequency behaviors
- Skills that occur in specific settings not accessible during assessment
- Behaviors influenced by familiarity or routine

When using caregiver report, the assessor should:

- Ask for specific examples
- Clarify conditions under which the behavior occurs
- Confirm consistency of the behavior

Caregiver report should not replace direct observation when the skill can be directly assessed.

Use of Translators

- Allowed when needed
- Ensure accuracy of responses
- Document use of translation

Frequency of Assessment

- The typical frequency to run the Assessment of Behavioral Cusps is approximately every 6 months. Although more or less frequent applications may be appropriate for an individual, this assessment measures broad growth in Cusp areas that may not be present in less frequent applications.

Graphing

Graph Construction: Create a line graph in which:

- The horizontal axis (x-axis) represents the 14 domains
- The vertical axis (y-axis) represents domain scores
- Each assessment is plotted as a separate line

Baseline and Subsequent Assessments

- Plot the initial assessment (baseline) first
- Add each subsequent assessment to the same graph to allow for direct comparison over time
- Clearly label each line (e.g., dates of assessment)

Consistency of Measurement

Use the same scale and domain order across all graphing to ensure accurate visual comparison between time points.

Use of multiple methods to assess behavior is consistent with best practices in behavioral assessment (Cooper et al., 2020).

5. Scoring Procedures

Scoring System

Each item is scored as:

- 2 = Independent / Mastered
- 1 = Emerging / Partial (60%)
- 0 = Not Demonstrated

Definitions

- **Independent/Mastered:** Consistent, independent performance of a skill across multiple opportunities. To be considered mastered, the learner should demonstrate approximately 80% independent accuracy across relevant components of the skill. Mastery requires demonstration of the full skill concept, not isolated responses (e.g., 10+ personal information questions, not just one or two)..
- **Emerging:** Inconsistent independence with skill. Learner should be 60% of the way to mastery to score emerging on a skill.
- **Not Demonstrated:** Skill absent or inconsistent independence with skill.

Scoring Rules

The following rules are used to ensure consistent and accurate scoring across all domains of the *Assessment of Behavioral Cusps (ABC)*.

- **Base Scores on Direct Performance**
Scoring must be based on the learner's observed behavior during assessment (Cooper et al., 2020). Do not infer skills or rely on assumptions about the learner's abilities.
- **Do Not Guess—Probe When Needed**
If a skill is unclear or not observed, the assessor should arrange a structured probe to directly evaluate the learner's current level of performance. Scores

should only be assigned after sufficient opportunity has been provided for the learner to respond.

- **Use Multiple Opportunities**

When appropriate, provide more than one opportunity to demonstrate a skill to ensure accuracy. This is especially important for skills that may be influenced by motivation, attention, or environmental variables.

- **Score the Highest Level of Independent Performance**

For each domain, identify the highest skill level that the learner demonstrates independently and consistently, and record that level on the scoring sheet.

- **Scoring Emerging Skills (Partial Credit)**

If a learner demonstrates performance between two levels:

- Record the highest fully independent skill level. All other skills before the one scored should also be mastered.
- Add 0.5 to reflect emerging performance at the next level (e.g., Skill 13 = independent; Skill 14 = ~60% consistent → score = 13.5)

- **Whole Skill Requirement**

A skill should only be scored as mastered or emerging if the learner demonstrates the entire behavioral concept, not just isolated components.

For example, if a learner can answer two personal information questions (e.g., name and age) but cannot respond to other similar questions, the broader skill should not be scored as mastered or emerging.

- **Score Each Domain Independently**

This scoring process should be completed separately for each of the 14 domains. Performance in one domain does not influence scoring in another.

- **Prioritize Consistency Over Isolated Success**

A single correct response is not sufficient for scoring mastery. The learner should demonstrate the skill consistently across opportunities.

Prompting Rule

- **Prompted Responses Are Not Scored as Independent Skills**

If a response requires any form of prompting (e.g., verbal, gestural, model,

physical), the skill is considered not yet in the learner's independent repertoire and should be scored as 0.

- **Prompting may be used to:**
 - Assess learning potential
 - Maintain engagement
 - Clarify task expectationsHowever, prompted responses must not be used to assign credit toward independent skill mastery.

6. Interpretation of Results

Purpose

The purpose of interpretation is to translate assessment results into clear, actionable information that supports treatment planning and clinical decision-making.

Domain Analysis

For each of the 14 domains, the assessor should review performance and identify the following:

- **Strengths**
Domains in which the learner demonstrates higher levels of independent performance. These areas may support generalization, peer interaction, and acquisition of more complex skills.
- **Skill Deficits**
Domains or skill levels where performance is limited, inconsistent, or absent. These areas may indicate barriers to learning and should be considered for targeted intervention.

- **Missing Cusps**

Domains in which higher-level (cusp-level) skills have not yet been acquired. Missing cusps should be considered high-priority targets, as their acquisition may produce broad improvements across multiple areas of functioning. (Bosch & Fuqua, 2001)

Within-Domain Interpretation

In addition to overall domain scores, assessors should examine the learner's position within the skill progression:

- Identify the highest level of independent performance
- Note any emerging skills (partial credit levels)
- Determine whether the learner is:
 - Progressing sequentially
 - Demonstrating gaps in prerequisite skills
 - Showing inconsistent performance across levels

This analysis helps determine the next appropriate instructional targets.

Clinical Use of Results

Assessment results are intended to directly inform intervention. Specifically, results should be used to guide:

- **Goal Selection**

Targets should be selected based on the learner's current performance within each domain and the functional relevance of the skill.

- **Selection Criteria**

Targets should be selected based on:

- The learner's current level within each domain
- The presence of emerging skills (partial performance)
- The functional importance and clinical relevance of the skill

- **Next-Step Targeting Rule**

In most cases, instructional targets should be selected one level above the learner's highest independently demonstrated skill within a domain.

For example, if a learner scores an 8 or 8.5, the next target should typically be Skill 9.

- **Sequential Skill Progression**

Clinicians should prioritize sequential progression through the skill hierarchy.

Targeting skills significantly above the learner's current level may reduce learning efficiency and limit the learner's ability to successfully acquire the target behavior.

- **Avoid Skipping Critical Steps**

Skipping intermediate skills may result in:

- Increased prompt dependence
- Reduced generalization
- Inconsistent performance

As a general rule, clinicians should avoid targeting skills beyond the next immediate level unless there is clear evidence that prerequisite components are already in the learner's repertoire.

- **Program Development**

Assessment data from the ABC should be used to develop individualized intervention programs that align with the learner's current level and target the next appropriate steps within each domain.

- **Link Assessment Results to Targets**

For each domain, identify the learner's highest independent skill and any emerging skills. Programs should be developed to:

- Target the next sequential skill in the domain
- Incorporate components of emerging skills when appropriate
- Prioritize skills with high functional impact (e.g., safety, communication)

- **Teaching Procedures**

Select teaching procedures based on the nature of the target skill:

- May consider using more **Discrete Trial Training (DTT)** for:
 - Early or foundational skills
 - Skills requiring repeated, structured practice
- May consider using more **Natural Environment Teaching (NET)** for:
 - Social, communication, and play skills
 - Skills requiring generalization across contexts
- Use a **combination of DTT and NET** when:
 - Skills require both acquisition and generalization (Cooper et al., 2020; Sundberg, 2008)

- **Prompting Strategies**

- Prompting should be aligned with the learner's current level and faded systematically:
- Select an appropriate **prompt hierarchy** (e.g., prompt delay, most-to-least, least-to-most, least intrusive successful prompt, etc.)
- Provide prompts to ensure successful responding during teaching
- Gradually fade prompts to promote independence
- Monitor for prompt dependence and adjust as needed

- **Reinforcement Systems**

Reinforcement should be individualized and directly tied to performance:

- Identify **high-preference reinforcers** prior to instruction
- Deliver reinforcement contingent on:

- Correct responding
- Effort and participation (as needed)
- Thin reinforcement schedules as independence increases
- Ensure reinforcement is **functionally meaningful** and supports generalization (Cooper et al., 2020)

- **Generalization Planning**

Programs should include strategies to promote generalization from the outset:

- Teach skills across:
 - Multiple people
 - Multiple settings
 - Multiple materials
 - Vary instructions and contexts to reduce stimulus control rigidity
 - Incorporate skills into natural routines and activities
 - Ensure the learner demonstrates performance beyond the teaching environment (Stokes & Baer, 1977; Cooper et al., 2020)

- **Ongoing Adjustment**

Programs should be continuously adjusted based on learner performance:

- Increase task difficulty as mastery is achieved
- Modify teaching procedures if progress is limited
- Reassess domains periodically to ensure alignment with current skill level

- **Treatment Prioritization**

When determining priorities, clinicians should consider:

- Safety-related skills

- Communication skills
- Missing cusp-level skills
- Skills that significantly impact access to learning or independence

Patterns Across Domains

Assessors should also review performance across domains to identify broader patterns, such as:

- Consistent strengths or deficits across multiple areas
- Skills that may support development in other domains
- Areas where lack of a cusp may be limiting progress elsewhere

This analysis supports coordinated and efficient treatment planning.

Visual Analysis

Use visual inspection of the graph to evaluate changes in performance across domains:

- **Progress Over Time**
Identify domains showing increases in scores, indicating skill acquisition and development
- **Areas of Limited Growth**
Identify domains with:
 - Minimal change
 - Flat trends
 - Decreases in performance
These areas may require adjustments to intervention or increased instructional focus
- **Patterns Across Domains**
Look for:
 - Consistent strengths across domains

- Clusters of deficits
- Domains that may be influencing performance in other areas

Clinical Application

Information obtained through visual analysis should be used to:

- Inform goal selection
- Adjust treatment priorities
- Modify programming strategies
- Monitor the effectiveness of intervention over time

Important Limitations

Scores obtained from the ABC should be interpreted within the context of the learner's environment and assessment conditions.

- Results do not represent standardized scores
- The assessment does not provide age equivalents or percentile rankings
- Scores should not be used as a proxy for cognitive ability (e.g., IQ)
- The ABC is not a diagnostic instrument

Interpretation should always be combined with:

- Direct observation
- Clinical judgment
- Ongoing data collection

7. Treatment Planning Applications

Linking Assessment to Treatment

- Low scores = priority targets
- Missing cusps = high-impact targets

Examples

- Communication deficits → Mand/tact training
- Social deficits → NET/social skills programs
- Safety deficits → direct instruction

Prioritization Strategy

Focus on:

1. Safety
2. Communication
3. Independence
4. Social access

(Bosch & Fuqua, 2001)

8. Progress Monitoring

Purpose

Progress monitoring is used to evaluate changes in performance over time and to determine the effectiveness of intervention. Ongoing assessment ensures that programming remains aligned with the learner's current level of functioning.

Reassessment

- The ABC should be re-administered approximately every 6 months, or more frequently when:
 - Significant changes in programming occur
 - Rapid skill acquisition is observed
 - Progress appears limited or inconsistent
- Reassessment should follow the same administration and scoring procedures to ensure consistency across time points.

Tracking

- Assessment results should be graphed following each administration to visually display changes in performance.
- Domain scores should be compared across time to evaluate:
 - Skill acquisition
 - Rate of progress
 - Areas of stagnation
- Graphs should maintain:
 - Consistent domain order
 - Consistent scoring scale
 - Clear labeling of assessment dates

Interpreting Change

Assessment results should be interpreted using visual analysis and clinical judgment. Visual analysis is a core component of behavior analytic decision-making (Cooper et al., 2020).

- **Positive Progress**

Look for:

- Consistent increases in domain scores
- Movement into higher skill levels within domains
- Expansion of cusp-level behaviors

- **Limited or No Progress**

Domains showing little or no change may indicate:

- Ineffective teaching procedures
- Insufficient reinforcement
- Missing prerequisite skills
- Environmental or motivational variables

- **Decreases in Performance**

Declines in scores should be evaluated carefully and may reflect:

- Changes in environment or routines
- Reduced opportunities for skill use
- Inconsistent implementation of programming

Clinical Decision-Making

Progress monitoring data should be used to guide ongoing treatment adjustments:

- Continue programming when steady progress is observed
- Modify teaching procedures when progress is slow or inconsistent
- Re-evaluate targets when skills are not improving despite intervention
- Prioritize domains showing minimal growth or missing cusp-level skills

- If a domain shows no measurable improvement across two consecutive assessment periods, clinicians should review and modify intervention strategies.

Environmental Considerations

When interpreting results, assessors should consider variables that may influence performance, including:

- Changes in setting (home, school, clinic)
- Variability in staff or caregivers
- Motivation and reinforcement effectiveness
- Health, sleep, or other biological factors

9. Reliability and Validity

The *Assessment of Behavioral Cusps (ABC)* incorporates procedures grounded in established principles of applied behavior analysis and behavioral measurement (Cooper et al., 2020; Padilla et al., 2023). Ongoing research is being conducted to further evaluate the psychometric properties of the assessment.

Interobserver Agreement (IOA)

Interobserver agreement is recommended to evaluate the consistency of scoring across assessors (Cooper et al., 2020).

- Recommended methods include:
 - Point-by-point agreement for item-level scoring
 - ± 1 agreement for domain-level or scaled scores
- IOA should be calculated periodically, particularly:
 - During initial implementation

- When training new assessors
- When scoring discrepancies are observed

Test–Retest Reliability

Test–retest reliability refers to the stability of scores over time.

- Stability should be evaluated by:
 - Re-administering the assessment under similar conditions
 - Comparing domain scores across time points
- Consistent scores across administrations suggest stable measurement, assuming no significant changes in intervention or environmental conditions.

Validity

The ABC is designed to reflect meaningful and functional skill development based on established behavioral principles. (Padilla et al., 2023)

- Content Validity
Items are derived from core principles of applied behavior analysis and reflect skills that are functionally relevant to learning and independence.
- Construct Validity
The assessment is aligned with the concept of behavioral cusps, targeting repertoires that are expected to produce broad and generalized changes in behavior.

Limitations

- The ABC is not norm-referenced and does not provide standardized scores, percentile ranks, or age equivalents
- Interpretation should be based on clinical judgment and direct observation
- Continued data collection is necessary to further establish reliability and validity across populations and settings

Supporting Research

Preliminary evaluation of the reliability, validity, and sensitivity to change of the ABC is presented in:

Paul, J., Nowicki, J., Nowicki, R., & Johnson, R. A Preliminary Evaluation of the Reliability, Validity, and Sensitivity to Change of the Assessment of Behavioral Cusps.

Ongoing research efforts are expected to further refine and expand the psychometric evidence supporting the assessment. This section will be updated as additional data become available.

10. Ethical Considerations

The *Assessment of Behavioral Cusps (ABC)* should be administered and interpreted in accordance with ethical guidelines for applied behavior analysis. The following considerations are intended to promote responsible and appropriate use of the assessment. (Cooper et al., 2020)

Scope of Competence

The assessment should only be administered by individuals who are appropriately trained in applied behavior analysis and assessment procedures.

- Assessors must have the necessary skills to:
 - Administer and score the assessment accurately
 - Interpret results appropriately
 - Apply findings to treatment planning
- Individuals operating under supervision should receive:
 - Training in administration procedures
 - Ongoing supervision and feedback

Informed Consent

Informed consent must be obtained prior to administration of the assessment.

- Caregivers or legal guardians should be informed of:
 - The purpose of the assessment
 - How the results will be used
 - Any potential risks or limitations
- Consent should be documented in accordance with organizational and regulatory requirements.

Cultural and Linguistic Considerations

Assessment procedures and interpretation should account for the learner's cultural and linguistic background.

- Consider:
 - Primary language of the learner and family
 - Cultural norms related to communication, social interaction, and behavior
 - Use of interpreters when necessary
- Assessment results should not be interpreted without considering these contextual factors.

Appropriate Use of Results

Results from the ABC should be used solely for clinical and educational purposes.

- The assessment should:
 - Inform treatment planning
 - Support progress monitoring
 - Guide intervention decisions
- The assessment should not be used to:

- Make diagnostic determinations
- Assign labels unrelated to observed behavior
- Draw conclusions beyond the scope of the assessment

Avoiding Misuse

Assessors are responsible for ensuring that results are not misinterpreted or misapplied.

- Avoid:
 - Overgeneralizing results
 - Using scores outside of context
 - Making decisions without supporting data
- Interpretation should always include:
 - Direct observation
 - Clinical judgment
 - Ongoing data collection

11. Training Requirements

Administrator Qualifications

The *Assessment of Behavioral Cusps (ABC)* should be administered by individuals with appropriate training in applied behavior analysis.

- **The assessment may be administered by:**
 - Clinical Psychologist
 - A Board Certified Behavior Analyst (BCBA)

- Licensed Behavior Analyst, or
- Supervised staff (e.g., ABA Mid-Level Supervisors) who have received training in assessment procedures
- **Individuals administering the assessment must be able to:**
 - Follow standardized administration procedures
 - Accurately score responses
 - Use appropriate prompting and reinforcement strategies
 - Recognize when additional probes are needed
- **Supervised staff must:**
 - Receive direct training prior to administration
 - Be monitored for accuracy and consistency
 - Have access to ongoing supervision and feedback

Recommended Training

All assessors should be trained using Behavior Skills Training (BST) to ensure competency in administration and scoring. Behavior Skills Training is an evidence-based method for training staff in applied settings (Cooper et al., 2020).

BST should include:

- **Instruction**
Review of assessment procedures, scoring rules, and administration guidelines as well as all domains and skills.
- **Modeling**
Demonstration of correct administration and scoring by a qualified trainer. This should be at minimum one entire assessment, or as needed depending on the skill acquisition of the trainee assessor.
- **Practice**
Opportunities for the trainee to administer the assessment in simulated (minimum

1-2 times completing entire assessment) and real scenarios applications (with trainer present to guide assessment as needed, minimum of 2 applications)

- **Feedback**

Immediate, specific feedback to improve accuracy and consistency

Training should continue until the assessor demonstrates reliable and accurate performance.

Competency Expectations

Assessors should demonstrate competency prior to independent administration, including:

- Accurate scoring across multiple domains
- Consistent application of prompting and scoring rules
- Ability to conduct both structured probes and naturalistic observation

Competency may be evaluated through:

- Direct observation
- Review of completed assessments
- Interobserver agreement (IOA) checks

Common Administration Errors

The following errors should be monitored and corrected during training and supervision:

- **Overprompting**
Providing prompts that artificially inflate performance and do not reflect independent skill levels
- **Inconsistent Scoring**
Applying scoring rules inconsistently across items or domains
- **Lack of Rapport**
Failing to establish engagement with the learner, resulting in reduced responding or inaccurate assessment outcomes

- **Insufficient Probing**

Failing to provide enough opportunities to accurately determine skill level, or accepting a skill level after just one or two examples of the skill are demonstrated.

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13. Appendices

Appendix A: Assessment Protocol

The following is all domains and skills in each domain listed in sequential order.

Domain 1: Interpersonal Communication / Conversation

1. No vocal or gestural response to speech
2. Looks toward speaker when spoken to
3. Makes vocalizations in response to speech
4. Uses gestures or approximations to respond
5. Fills in missing words in familiar phrases
6. Answers basic personal information
7. Responds to simple social comments
8. Answers basic WH-questions
9. Maintains topic for 1–2 exchanges
10. Maintains topic across 5 exchanges
11. Initiates and maintains conversation (2–3 minutes)
12. Asks questions to continue conversation
13. Maintains conversation about own interests
14. Maintains conversation about others' interests
15. Incorporates personal experiences into conversation
16. Shifts topics appropriately

17. Uses nonliteral language appropriately
18. Maintains reciprocal conversation (15+ minutes)
19. Engages in conversation with differing viewpoints
20. Navigates complex social conversations independently

Domain 2: Communication with Others

1. No functional communication
2. Uses crying/fussing to communicate
3. Uses gestures (pointing, leading)
4. Uses PECS/sign for basic needs
5. Expands PECS/sign repertoire
6. Uses PECS/sign in full phrases
7. Uses gestures functionally
8. Uses single-word verbal communication
9. Uses simple sentences
10. Uses short conversational phrases
11. Engages in brief exchanges
12. Uses complex verbal communication
13. Communicates about non-preferred topics
14. Uses figurative/complex language
15. Participates in group discussion
16. Repairs communication breakdowns
17. Adjusts communication to audience

18. Uses humor/sarcasm appropriately
19. Leads group communication
20. Communicates flexibly across environments

Domain 3: Tacting Language Skills

1. No tacting
2. Receptively identifies 1 item
3. Receptively identifies 10 items
4. Receptively identifies 25 items
5. Receptively identifies 100 items
6. Expressively tacts 1 item
7. Expressively tacts 10 items
8. Expressively tacts 25 items
9. Expressively tacts 100 items
10. Tacts actions, attributes, and prepositions
11. Tacts parts of objects
12. Tacts large vocabulary (600+)
13. Tacts common environmental stimuli
14. Tacts abstract concepts
15. Tacts emotional states
16. Tacts cause/effect relationships
17. Tacts perspective-taking statements
18. Tacts hypothetical situations

19. Uses figurative language
20. Demonstrates advanced descriptive language

Domain 4: Emotions

1. Minimal emotional expression
2. Displays basic emotional responses
3. Identifies one emotion receptively
4. Identifies basic emotions
5. Demonstrates emotions on request
6. Labels emotions expressively
7. Labels multiple emotions
8. Identifies emotions in others
9. Identifies complex emotions
10. Labels complex emotions in others
11. Identifies coping strategies
12. Responds to others' emotions appropriately
13. Identifies emotional triggers
14. Predicts emotional responses
15. Uses emotional language
16. Independently uses coping strategies
17. Demonstrates empathy
18. Resolves emotional conflict
19. Communicates nuanced emotions

20. Demonstrates advanced emotional regulation

Domain 5: Gross Motor

1. No movement
2. Rolls over
3. Stands independently
4. Walks
5. Runs
6. Jumps
7. Navigates uneven surfaces
8. Coordinates movements
9. Crosses midline
10. Navigates stairs
11. Imitates motor actions
12. Performs coordinated actions
13. Engages in complex motor activities
14. Participates in group physical play
15. Demonstrates spatial awareness
16. Participates in organized sports
17. Demonstrates endurance
18. Learns complex motor routines
19. Performs strategic motor actions
20. Demonstrates advanced motor coordination

Domain 6: Imitation

1. No imitation
2. Attempts imitation
3. Imitates one action
4. Imitates simple movements
5. Imitates everyday actions
6. Imitates fine motor movements
7. Imitates multi-step actions
8. Imitates peers
9. Imitates play sequences
10. Imitates complex play
11. Imitates structured skills
12. Imitates functional routines
13. Imitates social behaviors
14. Imitates problem-solving
15. Imitates group routines
16. Learns from models/videos
17. Adapts imitation across contexts
18. Selectively imitates role models
19. Uses imitation to learn new skills
20. Demonstrates flexible observational learning

Domain 7: Social Play

1. No interaction
2. Attends to stimuli
3. Aware of others
4. Demonstrates joint attention
5. Engages in parallel play
6. Shows shared enjoyment
7. Sustains proximity play
8. Shares materials
9. Engages in cooperative play
10. Participates in turn-taking games
11. Initiates social interaction
12. Engages in structured play
13. Sustains cooperative play
14. Participates in peer games
15. Organizes group play
16. Participates in community social events
17. Participates independently
18. Maintains group interaction
19. Adjusts to social norms
20. Initiates and leads social activities

Domain 8: Travel

1. Stays in one place
2. Moves within room
3. Navigates home
4. Follows directions
5. Moves with support outdoors
6. Moves independently with supervision
7. Follows safety rules
8. Uses transportation devices
9. Travels locally with supervision
10. Travels locally independently
11. Travels to familiar locations
12. Navigates new locations
13. Uses navigation tools
14. Uses public transportation
15. Uses transportation technology
16. Travels independently locally
17. Uses independent transport
18. Plans travel
19. Manages travel problems
20. Travels independently across environments

Domain 9: Behavioral Excess

1. Severe disruption

2. High disruption requiring intervention
3. Aggressive/restrictive behavior
4. Limits daily activities
5. Moderate restriction
6. Frequent disruption
7. Regular disruption
8. Occasional disruption
9. Redirectable behavior
10. Context-specific behavior
11. Mild behavior
12. Uses coping strategies
13. Identifies triggers
14. Uses coping independently
15. Rare maladaptive behavior
16. Regulates behavior
17. Models coping
18. Reflects on behavior
19. Maintains regulation
20. No maladaptive behavior

Domain 10: Transitions

1. No transitions
2. Full prompting required

3. Transitions with resistance
4. Transitions independently
5. Transitions with minimal resistance
6. Follows time limits
7. Negotiates transitions
8. Delays preferred access
9. Transitions to non-preferred tasks
10. Transitions without knowing return
11. Uses coping during transitions
12. Handles unexpected transitions
13. Prepares for transitions
14. Adjusts plans independently
15. Transitions across settings
16. Supports others
17. Reflects on transitions
18. Regulates emotional transitions
19. Manages long-term transitions
20. Demonstrates mastery across settings

Domain 11: Self-Advocacy

1. No advocacy
2. Cries/whines
3. Uses gestures

4. Seeks help physically
5. Uses nonverbal communication
6. Requests basic needs
7. Requests help
8. Uses problem-solving
9. Requests complex help
10. Asks for clarification
11. Requests help from unfamiliar people
12. Asserts needs
13. Advocates for safety/fairness
14. Requests accommodations
15. Advocates for well-being
16. Expresses disagreement
17. Engages in formal advocacy
18. Navigates systems independently
19. Advocates in high-stakes settings
20. Demonstrates consistent advocacy

Domain 12: Safety

1. No safety awareness
2. Avoids danger with prompts
3. Avoids some hazards
4. Avoids common hazards

5. Follows safety cues
6. Follows safety rules
7. Recognizes safety signs
8. Demonstrates water safety
9. Uses items safely
10. Identifies hazards
11. Avoids unsafe interactions
12. Identifies online risks
13. Identifies emergency contacts
14. Identifies safe adults
15. Resists unsafe peer pressure
16. Uses technology safely
17. Makes safe decisions
18. Advocates for safety
19. Understands consequences
20. Demonstrates full safety awareness

Domain 13: Social Initiations

1. No awareness of others
2. Aware but no initiation
3. Nonverbal initiation
4. Initiates with peers
5. Initiates with gestures

6. Verbally initiates
7. Asks social questions
8. Initiates conversations
9. Sustains conversation
10. Invites to activities
11. Initiates future plans
12. Initiates group play
13. Repairs social interactions
14. Provides emotional support
15. Initiates new friendships
16. Uses digital communication
17. Coordinates group plans
18. Initiates mature conversations
19. Provides peer support
20. Demonstrates adaptive initiation

Domain 14: Independence / Self-Management

1. No independent behavior
2. Communicates needs through behavior
3. Uses gestures for needs
4. Seeks help physically
5. Uses communication systems
6. Requests items verbally

7. Requests help
8. Requests clarification
9. Expresses preferences
10. Rejects unwanted actions
11. Initiates help across settings
12. Requests help from unfamiliar people
13. Expresses needs in context
14. Communicates environmental needs
15. Advocates for fairness
16. Advocates with authority figures
17. Requests formal supports
18. Manages services independently
19. Advocates in high-stakes situations
20. Demonstrates full independence and self-management

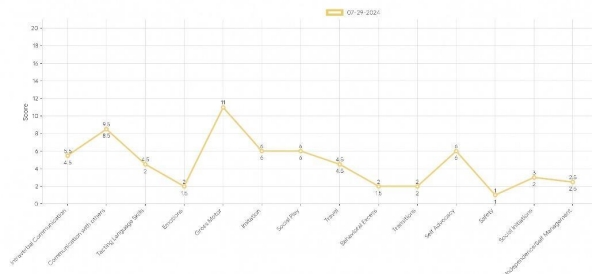
Appendix B: Scoring Sheets

Scoring sheets are maintained through the online portal for ease of use. You may recreate score sheets when not able to utilize the online version. You would select the skill the client is able to independently do (highlighted yellow). If the client is able to have 60% of the next skill independently, you would add a half point to acknowledge this. When selecting programming, the yellow line is where the client is independent and the line just below (one number more in the skill list) the yellow line is where clinicians should target for skill acquisition.

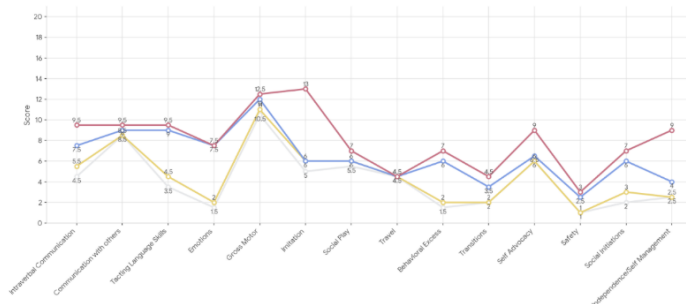
Pivotal Behavior 1	Pivotal Behavior 1: Intraverbal Communication / Conversation with Age Equivalents	Score
1.1	No vocal or gestural response to speech	1
1.2	Looks toward the speaker when spoken to	2
1.3	Makes vocalizations or babbling in response to speech	3
1.4	Attempts words or uses gestures to respond to speech	4
1.5	Fills in missing word in familiar song or phrase (1-word)	5
1.6	Answers basic personal information (e.g., name, age)	6
1.7	Responds to simple social comments (e.g., "How are you?")	7
1.8	Answers basic Wh- questions (who, what, where, why)	8
1.9	Stays on topic through 1-2 conversational turns	9
1.10	Stays on topic across a 5-turn conversation	10
1.11	Initiates and maintains a conversation for 2-3 minutes	11
1.12	Asks questions to continue a conversation	12
1.13	Maintains a conversation about own interests for 5 minutes	13
1.14	Maintains a conversation about another person's interests for 5 minutes	14
1.15	Brings personal experiences or stories into conversation	15
1.16	Switches topics appropriately in a conversation	16
1.17	Uses nonliteral language (e.g., jokes, sarcasm) appropriately	17
1.18	Maintains a reciprocal conversation for 15+ minutes	18
1.19	Engages in conversation with differing viewpoints	19
1.20	Navigates complex social conversations for 30+ minutes	20

Appendix C: Graphing Templates

- Example 1: Graphing first administration of the ABC:



- Example 2: Graphing 4 assessments over time



Appendix D: Operational Definitions

The following definitions are provided to support consistent scoring and interpretation across assessors. All behaviors are defined by observable and measurable actions.

- **Appropriate Greeting**
A socially acceptable acknowledgment of another individual (e.g., saying “hi,” waving).
- **Appropriate Refusal**
Declining an activity or demand using socially acceptable communication.
- **Boundary Adherence**
Remaining within designated physical or situational limits.
- **Communication Breakdown Repair**
Modification or repetition of communication when the listener does not understand.
- **Cooperative Play**
Engaging in shared activities with mutual participation.
- **Conversational Exchange**
A back-and-forth interaction consisting of at least two turns between individuals.
- **Coordinated Movement**
Controlled use of large muscle groups to perform functional actions (e.g., running, jumping, climbing).
- **Emotional Identification**
Labeling emotions in oneself or others based on observable cues.
- **Emotional Regulation**
Managing emotional responses to maintain appropriate behavior.
- **Emerging Skill**
A behavior demonstrated inconsistently or with minimal prompting, typically occurring in approximately 50–70% of opportunities.

- **Environmental Navigation**
Moving safely and appropriately within an environment.
- **Independent Response**
The learner emits the correct response without prompts within 3–5 seconds of the instruction or natural opportunity.
- **Independent Task Completion**
Completing a task without prompts or assistance.
- **Interverbal Response**
A verbal response evoked by another verbal stimulus without point-to-point correspondence (e.g., answering questions).
- **Mand (Request)**
A verbal or nonverbal behavior used to request access to items, activities, or assistance.
- **Mastery**
Consistent independent performance across multiple opportunities and settings.
- **Motor Imitation**
Replicating the actions of another individual following a model.
- **Observational Learning**
Acquisition of behavior through observing others without direct prompting.
- **Opportunity**
A naturally occurring or contrived situation in which the learner has the chance to demonstrate a specific behavior.
- **Parallel Play**
Playing near others without direct interaction.
- **Problem Behavior**
Any behavior that interferes with learning, safety, or social functioning.
- **Prompted Response**
Any response that occurs following a verbal, gestural, model, or physical prompt.
- **Replacement Behavior**
An appropriate behavior that serves the same function as a problem behavior.

- **Request for Assistance**
Asking for help when unable to complete a task independently.
- **Safety Awareness**
Recognition of environmental risks and potential hazards.
- **Self-Management**
Regulating behavior, following routines, and completing responsibilities independently.
- **Self-Monitoring**
Observing and evaluating one's own behavior.
- **Social Initiation**
Spontaneously starting an interaction with another individual.
- **Tact**
A verbal label emitted in the presence of a nonverbal stimulus (e.g., naming objects, actions, or features).
- **Transition**
Movement from one activity, location, or task to another.
- **Transition Compliance**
Following instructions to transition within 5–10 seconds without problem behavior.
- **Unsafe Behavior**
Any action that places the learner at risk of harm (e.g., elopement, climbing unsafe structures, entering restricted areas).

Notes on Use

- Definitions should be applied consistently across assessors
- When performance is unclear, additional observation or structured probing should be conducted
- Operational definitions should take precedence over subjective interpretation