**Tips for conducting the open-ended interview** (G. P. Hanley, August 2018)

Use the open-ended interview available on the website: practicalfunctionalassessment.com.

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 the most concerning problem behavior and co-occurring, less-dangerous responses,
   * Identify co-occurring EOs that are most challenging and convenient to replicate (list materials needed),
   * Identify co-occurring 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, facilitate consensus but it is not required to proceed to an analysis.
4. First ask interviewees 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 (consequate, 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/co-occurring responses:* 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? What are the first things you tell new staff/teachers, or babysitters to *not* do around \_\_\_\_\_\_\_\_?
   * *To identify possible reinforcers:* For a million dollars….can you turn pb ON in 10 seconds?
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.