

Hello trainer! Thank you so much for your commitment to training individuals who will be working with Learning ARTS as Registered Behavior Technicians. As someone who is interested in the field of Applied Behavior Analysis, I am sure that you are aware that training is a big part of what you will be doing. This is true whether you work with individuals on the Autism spectrum, work with school districts, or do organizational behavior management with fortune 500 companies. The Ability to train, model skills for others, and have them generalize to real world scenarios is vitally important to your growth in the field of Applied Behavior Analysis. Use your vast knowledge and own personal Learning history when conducting this training and remember to have fun!.- Mike Stephens

Remember this training is mainly focused on RBT skills. If there are questions about scheduling, pay rates etc... redirect them to the proper places (HR@learningarts.com, payroll@learningarts.com, Scheduling@learningarts.com etc...).

- Trainer: facilitate the trainee learning these questions. Make sure to greet them and get to know them with an ice breaker. They will have the trainee guide, which these questions correspond to. You go over these after they have completed the RBT online component. The questions in these two sections go along with what we are thinking they will learn in week one. Please provide Mike Stephens (mstephens@learningarts.com) with feedback as this is a work in progress.
- Greet with an ice breaker type activity, such as going around and introducing yourself and having everyone share a favorite movie or something (feel free to be creative).
- Please discuss these answers and share your knowledge and give examples! If you just go through the answers, you will be done very quickly, and be scrambling for things to do. So elaborate, share your knowledge. Do role playing where you perform some trials if you need some activities to do.
- Highlighted parts in the questions are blanks in the trainee guide.
- Materials needed for week one:
 - Set of stimuli picture cards. Any will do, just need enough to have at least 3 for every 2 trainees.
 - Pens
- Please note there is a section on the bottom (after the questions) that has scenarios to work through. Do these during the last 30 minutes of the day.



- **TRAINERS:** what to discuss or cover during the first week when it comes to trainees' responsibility out in the field or clinic, what is expected of them vs. the family, what the team looks like, what to expect during programming, etc. Below are some guideline and/or ideas, you may add your own sense and examples to this:
 - Behavior Technician/RBT Responsibility including but not limited to:
 - Attend all scheduled shifts.
 - Prepare session area before start of shift, including stimuli.
 - Lead client in discrete trial training and incidental teaching/play based instruction.
 - Take data and monitor progress of each target within the programs.
 - Lead and participate in peer play sessions.
 - Occasionally facilitate community based outings
 - Use positive behavior programming.
 - Generalize and maintain mastered skills.
 - Structure of the Team:
 - RBT-----Behavior Specialists/Program Managers/BCaBA-----
BCBA-----Regional Supervisor.
 - Staff Trainers: their responsibilities.
 - Working as a Team:
 - You will work as one of a team of (up to 4) Behavior Technicians/RBTS, doing one on one intervention with the patient
 - The team is managed by the Behavior Specialist or BCaBA or Program Managers, who are supervised by the BCBA
 - Team meetings are held once per month, overseen by the Behavior Specialist, Program Managers or Behavior Analyst.

- Flow of Intervention Daily:
 - Tech arrives roughly 10 minutes early.
 - Reads previous notes.
 - Sets up materials for program.
 - Implements programs as 1:1 tutor.
 - AT HOME SETTING: Give patient a 10-minute break every 50 minutes. This is the time for you to prepare for the next 50 minutes of intervention.
 - Be sure to let the responsible adult in the home know when the patient is during a 10-minute break.
 - RBTs are responsible for the patient during the times they're implementing intervention/therapy
 - AT HOME SETTING Be sure the responsible adult is in the home setting the whole time during your shift. **YOU CAN'T BE LEFT ALONE** with the patient even if it is for a few minutes (e.g., even if the caregiver/parent/responsible adult says they need to go to the store for 10 minutes and will be right back).
 - IN CLINIC SETTING: you are responsible for the patient or need to be with him/her the whole time during your shift. If you need to take a break, please let the supervisor or office coordinator know to watch the patient for you.
 - AT HOME SETTING: anytime the patient needs to be cleaned, is hungry, need diaper changed, etc. Please let the responsible adult (i.e., caregiver, parent, etc.) know.
 - AT THE CLINIC SETTING: Please let a supervisor in charge know if you encounter any issues (e.g., if the patient need to be changed, needs first-aid for any reason, etc.).
 - Write final notes of the and Cleans up material.
 - Leaves roughly 10-30 minutes after shift.
 - BEFORE you leave the home, make sure you let the responsible adult know that you are leaving and that they hear you, don't just assume they know you left and leave the patient unattended (e.g., if the person is in the backyard or bedroom).
 - Within 24 hours of receiving notes – BCBA and/or Specialists reviews and comments on daily notes.



SECTION ONE: RBT information

1. Discussion question one: why do you do what you do? What motivates you?
(give about 5 minutes to write down answer, at least 10 minutes for discussion-
if it's a quiet group, elaborate from your perspective)
 - Learner will write down their answer.
 - If you are in an area where you can talk about it aloud in a group do so.

2. What is an RBT?
 - **Paraprofessional** who practices under a BCBA, BCBA-D, BCaBA, or FL-CBA
 - Primarily responsible for the **direct implementation** of behavior-analytic services
 - Does NOT design intervention or assessment plans.

3. What are Behavior Analytic Services?
 - Broadly, it is the using the scientific based findings of the principles of behavior to everyday situations, targeting the increase of **desired** behaviors and the decrease of **undesirable** ones.
 - There are several providers of Behavior Analytic services
 - All of this falls under the umbrella of ABA or Applied Behavior Analysis, which is the scientific study of **behavior**.

4. What is the Behavior Analysis Certification Board?
 - They are the Board that certifies the **RBT**
 - The Behavior Analyst Certification Board®, Inc. (BACB®) is a nonprofit 501(c)(3) corporation established in 1998 to meet professional credentialing needs identified by behavior analysts, governments, and consumers of behavior analysis services.

5. What is the process?
 - 40-hour training, which provides you a certificate at the end.
 - Infield Competency exam (Contact a BCBA – Mike in Merced)
 - Register on the Board Website (if you have not done so already)
 - Then a test. Renewed yearly

6. What will an RBT be doing here at Learning ARTS?
 - You will be working 1:1 with individuals on the **Autism Spectrum**.

7. Discussion on how people learn, what is learning?
 - Lead a discussion based on what learning is. Doesn't need to be highly clinical...but rather discuss motivation, retention etc.



8. Supervision requirements of the RBT:

- Renew **yearly**
- Competency exam at renewal time
- Supervised monthly by a **BCBA**
- Complete SUPERVISION LOG
- Responsibility of the RBT to set up supervision
- Each RBT must obtain ongoing supervision for a *minimum* of **5%** of hours monthly of them implementing behavior analytic services
- Must include 2 face to face synchronous contacts (meaning meeting must be *interactive*)
- At least one of these meetings must involve BCBA **observing** you providing services
- May be done via web cameras/video conferencing
- In person preferred
- Small group supervision. Some supervision may be conducted in small groups of 2 to 10 people.

Section 2: introduction to data collection and Behavior Analytic principles

9. Introduction to ABC and data collection

- a. Antecedent- what occurs **before** the behavior
- b. Behavior- the **behavior** the person engaged in
- c. consequence – what happens immediately **after** the behavior

10. What is a discrete trial?

- a. Discrete trial training (DTT) – A method of quickly going through learning **trials**.
- b. DTT includes the following: instruction, a response, and feedback. *Antecedent, Behavior, consequence.*
 - i. The instruction is the **antecedent**
 - ii. The individual's response is the **behavior**
 - iii. The feedback given is the **consequence**
- c. ABA however is larger than this. With 40 plus years of research and studies to validate the principals of the approach.
- d. DTT is simply one methodology within ABA



11. Broadly we will be working on two skills: Expressive and receptive
 - a. **Receptive**- the Learner had to identify something/ choose the correct answer/ perform the requested response for a physical action (like clap hands). The learner does not have to say anything.
 - b. **Expressive**- The learner has to respond or ask by saying the correct answer. So if the RBT claps their hands and ask “what am I doing,” the learner has to verbalize “clapping hands.” This would be an expressive skill.

12. What is ABC data:
 - information collected on what was going on **before** the behavior, the actual behavior, and what happened **afterwards**.

13. What is data? Why do you think it would be important?
 - Information collected about some behavior or responses. It allows us to keep track of **progress** and how things are going.

14. What is narrative data?
 - This is an **objective** description of what occurred during the session. Include information that describes the session as a whole. Add any behaviors that occurred, targets that were mastered or probed, any targets that were difficult or are not moving forward on and specific reinforcement that was used including if it was effective.

15. Activity one:
 - Write down an objective description of what is going on around you right now.
 - Discuss this with the learner (if in an environment to do so)

16. What is a permanent product?
 - A permanent product is the **lasting** result/outcome of a behavior that can be observed after a behavior; where the observer can be confident that the behavior **occurred** even if they didn't see it. For example, if I you ask patient to complete a puzzle, and I had to walk out of the room to check on something and I came back and it was completed...the completed puzzle is a permanent product that the behavior occurred.



17. Discussion question 3. What are some ways your behavior leaves a permanent product?
- For example, if your shirt is buttoned up, then your behavior of buttoning a shirt left a permanent product:
18. What is the measure of frequency?
- a. The number of times something happens
 - b. If a patient hits the table 3 times in a session, the frequency of the behavior would be 3 times for that session
19. What is the measure of duration?
- a. The length of time that the behavior occurs
 - b. If a patient hits the table for 30 seconds, the duration of the table hitting behavior would be said to be 30 seconds.
20. What is the measure of magnitude?
- a. The strength/intensity of the behavior.
 - b. If a patient hits the table very softly; it would be said the table hitting behavior has a low magnitude. If every time they hit the table, it is hard enough to shake the table, it would be said to have a high magnitude.
 - c. May also be described as intensity.
21. Direct Observational recording
- a. Where we directly observe behavior/responses.
 - b. Can measure behavior in frequency, duration, magnitude.
 - c. Almost all of our notes will come from direct observation
22. Why do we take data?
- a. To keep track of progress over time
 - b. To know if what we are doing is working.
 - c. Allows us to make decisions based on what to do with programming.
23. What is ABA?
- a. It is a Science
 - b. Applied Behavior Analysis
 - c. Subfield of Psychology
 - d. Deals with the study of behavior.
24. What is a covert behavior?
- a. It is a behavior that we cannot observe with one of our senses.
 - b. For example: thinking/day dreaming is a covert behavior
 - c. We do not focus on these during intervention.



25. What is an overt behavior?
- It is a behavior that we *can observe* with one of our senses.
 - For example: asking for a cookie, kicking a ball.
 - We focus on these during intervention.
26. What is an antecedent:
- Occurs *before* the behavior
 - An instruction is an antecedent
27. What is a consequence?
- Occurs *after* the behavior
 - Reinforcement is a consequence
28. What are the 3 types of consequences?
- Reinforcement: *increases* the behavior in the future.
 - Punishment: *decreases* the behavior in the future
 - Extinction: behavior is ignored and eventually *decreases*. Behavior is given no reaction/allowed to not have an effect.

Scenarios/practice for week one:

Trainer: *Complete these with the trainees during the last 30 or so minutes of the session.*

Day one:

- Have the trainees do some trials with stimuli. Don't instruct them how to do it, just give them the cards and tell them to pick one of the cards randomly to "teach" to the other person. (Duration- 10 minutes)
- Have the trainees make a list of ways to be professional. This can be done on the back of the guide or a separate piece of paper. Discuss answers. (Duration- 10 minutes)

Day two:

- Overlapping with patients



Day three:

1. Have trainee list out 3 behaviors they do every day and the antecedent is to those behaviors. Then do the same for consequences. Discuss answers. (Duration- 15 minutes)
2. Have the trainees do some trials with stimuli. Instruct them how to do it, and start to provide with lite feedback. Don't use terms that you haven't gone over yet, but do highlight that the instruction is the antecedent and the consequence is whatever they do when the person responds . For example: "great work" or "good job" are consequences (Duration- 15 minutes) Emphasize that the term consequence is a neutral term and doesn't mean good or bad, just what happens after.

Day four.

1. Overlapping with patients

Day 5

1. Have trainees identify and write down 2 covert and 3 overt behaviors and discuss answers (10 minutes)
2. Have the trainees do some trials with stimuli. Instruct them how to do it, and start to provide with lite feedback. Don't use terms that you haven't gone over yet, but do highlight that the instruction is the antecedent and the consequence is whatever they do when the person responds . For example: "great work" or "good job" are consequences (Duration- 15 minutes)
3. Any left over time, review the topics from the week.

Infield Competency exam preparation

Do this when you have extra time. Remember this is the first week, so don't expect perfection, but help guide the trainees.

Trainer: explain that the infield competency exam is something that will occur at the end of this training, and is a way to assess competency in the areas they will be learning about. As a trainer, you will be going over the following during this first week:

Task 4: conduct preference assessments. *Have the trainees practice preference assessments with at least 3 items.*

Task 10 Implement crisis/emergency procedures according to protocol. *Go over what we need to put in an incident report and where to find them.*

Task 11: Generate objective session notes by describing what occurred during sessions. *Go over what objective notes look like and what to include.*