

**APPENDIX P**

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Applied Behavior Analysis Technician (ABAT)



**June 2012**

## Introduction

Innovative Learning LLC and the Qualified Applied Behavior Analysis Certification board (QABA) conducted a large scale job analysis to identify and confirm the competency areas of the paraprofessional delivering Applied Behavior Analysis treatment and support to those individuals diagnosed with Autism and related disorders. This process began informally in 2008 and continued through January 2012. In January 2012, formal surveys of candidates and subject matter experts were conducted and continue to the present (April 2014). The information in this report is based on the data from 2012 to present. In conducting this study, the QABA's goal was to define the competency areas, knowledge and skills which needed to be assessed and demonstrated by the paraprofessional who was delivering ABA Treatment and support.

Although there have been several job analyses on the behavioral health paraprofessional workforce including the direct support professional workforce supporting those individuals with a wide-range of intellectual and developmental disabilities, this is the first one specifically looking at the paraprofessional providing Applied Behavior Analysis treatment and support to individuals diagnosed with Autism. In conducting the study, the QABA chose methods that adhered to established standards in conducting a job analysis study. These principles and procedures outlined in federal regulation (Uniform Guidelines on Employee Selection Procedures) and those of the National Commission for Certifying Agencies (NCCA, 2010) were used through this job analysis study.

This job analysis study will provide the basis for content validity as the primary process for identifying and confirming existing research on the competency areas needed for proficient performance as an Applied Behavior Analysis Technician (ABAT). This job analysis documents a sound linkage between the professional knowledge and the critical responsibilities and tasks of the ABAT.

This job analysis consisted of the following steps:

1. Initial Development and Validation: The identified QABA team researched previous related job analysis with the human services sector to confirm and refine the core competencies of the ABAT. This research focused on studies of the standardization of specific core competencies of the direct support professional within the human services field. The following were the areas of research:
  - a. The Direct Support Professional (DSP) within the Intellectual and Developmental Disabilities Sector
  - b. The DSP within the Behavioral Health Sector
  - c. Best practice guidelines for Individuals with Autism
  - d. Best practice guidelines for providing Applied Behavior Analysis Treatment and Support
2. Validation Study: A qualified and representative sample of published professionals who have expertise in Autism, Applied Behavior Analysis and Service Providers. (Certified Behavior Analysts, Licensed Psychologists, Educators) reviewed and validated the competency areas for

the ABAT defined by the QABA's initial development and validation based on the research of established competencies.

- a. Re-Validation of the Competencies with Subject Matter Experts and Practitioners:  
In March 2014, a survey again was sent out to 10 subject matter experts and practitioners to re-validate the competency areas needed for the job of the ABAT.
3. Development of Competency Areas: Based on the ratings and confirmation gathered from the 10 professionals, the competency areas were refined and aligned with the current established best practices. Within each core competency area, specific domain competencies were identified and confirmed.
4. Validation of Competency Areas: Using the defined core and domain competency areas test items were developed (See QABA Technical Report). An examination was developed and administered to over 7000 Candidates and then these candidates were surveyed.

#### STEP 1: Initial Development and Validation:

The Qualified Applied Behavior Analyst (QABA) mission is to support the advancement of an individual's professional potential by providing quality, comprehensive credentialing programs that promote improved service delivery systems within the human services sector.

The QABA credentialing process focuses on improving accessibility, accountability and coordination among paraprofessionals, professionals and agencies with a view to maximize the quality of life of those individuals diagnosed with Autism Spectrum Disorder and related disabilities.

Our highest value is placed on certificants, our staff and people whose lives we can assist to improve. With this in mind, our four core values are:

- To work with a spirit of cooperation and collaboration.
- To act ethically and honestly toward our certificants, colleagues and community.
- To recognize and appreciate people's similarities and differences.
- To aspire to deliver quality and excellence in all we do.

With the increase in the prevalence of Autism Spectrum Disorder, the Applied Behavior Analyst Technician (ABAT) provides initial recognition to individuals who have demonstrated entry-level knowledge, skill, and experience in Autism and Applied Behavior analysis. The ABAT also provides a mechanism for all stakeholders including families, providers, funding sources to ensure those providing direct services to individuals diagnosed with Autism have demonstrated competency in those areas meeting applicable educational, ethical, and supervision requirements for professional certification.

According to the Direct Support Professional Work Group Report in 2007, one of the main outcomes was to improve direct support professional competence by increasing the percentage of workers that have achieved credential or certification.

In support of this mission, the ABAT:

- Upholds National Autism Center’s standards for educational preparation for entry into the Human Services Sector for those paraprofessionals providing behavioral health treatment and implements services pursuant to a treatment plan
- Ensures alignment with research ABA-based interventions as defined by the National Autism Center's National Standard's conclusions and findings
- Adopts the philosophy that those providing services at the paraprofessional level under the supervision of an authorized autism provider understand, support, and utilize applied behavior analysis and other evidence based behavior intervention programs that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism.
- Adheres to the ABAT Credential Code of Ethics

### **Review of Literature:**

The first step in the process of developing the Standards and the competency areas within each standard for the Applied Behavior Analysis Technician was completing an extensive review of current best practices and established competency areas. It is important to note that the ABAT in the broad sense is an entry level job (often referred to as a direct support professional or paraprofessional) and the individuals that perform this job are typically the least educated and least paid, experience high turnover and yet play a vital role in the lives of individuals with intellectual and developmental disabilities. The direct support professional (DSP) are responsible for ensuring that individual support plans, care plans, treatment plans, and interventions are implemented correctly and competently ensuring that the intended outcomes are achieved.

There have been several national work studies on the Direct Support Workforce issues and challenges. While DSP’s provide the overwhelming majority of services and support to individuals with developmental disabilities, substance abuse challenges, and serious and persistent mental health issues, they have little professional recognition. (Direct Support Professional Work Group Report 2007).

Training for DSPs are typically provided by the employer and focus on regulatory procedures rather than the person-centered knowledge and skills identified as key professional competencies that lead to positive outcomes (Taylor, Warren and Bradley, 1996).

The Direct Support Professional Work Group looked at a comparison of Core Competencies for direct support workers across three service areas: Substance Abuse/Behavioral Health; Community Human Services (Intellectual and Developmental Disabilities and Mental Health – 167 Competencies); and Aging (88 Competencies). While there were a number of common competencies that are relevant across all three service types, there were many differences. The Community Support Skill Standards (CSSS) are a comprehensive job analysis conducted by the U.S. Department of Labor (Taylor, Warren and Bradley, 1996). The CSSS identifies 12 competency areas and 144 skills required of entry level community human service practitioners. The National Alliance for Direct Support Professionals has also articulated competencies and skills required of direct support professionals. Their standards identify 15 broad competency areas and 167 specific skills (NADSP 2007). Within the development disabilities field, a community support model is the dominant philosophical orientation. This model is based on the

premise that individuals with disabilities (including Autism) should have lives that are rich with friendship, inclusion in all aspects of community life and are self-determined.

Based on the national job analyses completed the following core competencies were identified:

- Professional and ethical responsibilities, professional role competencies
- Client, family, and community education
- Participant Empowerment
- Documentation
- Providing Person Centered supports
- Assessment
- Communication
- Supporting Health and Wellness
- Advocacy
- Education, training and self-development
- Crisis Intervention
- Service Coordination

The National Alliance of Direct Support Professionals has identified 15 core competencies were based on the Community Support Skills Standards (CSSS) that were created to define the essence of the work of the direct support professional.

### **Area 1: Participant Empowerment**

The direct support professional enhances the ability of the participant to lead a self-determining life by providing the support and information necessary to build self-esteem and assertiveness to make decisions.

#### *Skill Statements*

- The competent DSP assists and supports the participant to develop strategies, make informed choices, follow through on responsibilities, and take risks.
- The competent DSP promotes participant partnership in the design of support services, consulting the person and involving him or her in the support process.
- The competent DSP provides opportunities for the participant to be a self-advocate by increasing awareness of self-advocacy methods and techniques, encouraging and assisting the participant to speak on his or her own behalf, and providing information on peer support and self-advocacy groups.
- The competent DSP provides information about human, legal, civil rights and other resources facilitates access to such information and assists the participant to use information for self-advocacy and decision making about living, work, and social relationships.

### **Area 2: Communication**

The direct support professional should be knowledgeable about the range of effective communication strategies and skills necessary to establish a collaborative relationship with the participant.

#### *Skill Statements*

- The competent DSP uses effective, sensitive communication skills to build rapport and channels of communication by recognizing and adapting to the range of participant communication styles.

- The competent DSP has knowledge of and uses modes of communication that are appropriate to the communication needs of participants.
- The skilled DSP learns and uses terminology appropriately, explaining as necessary to ensure participant understanding.

### **Area 3: Assessment**

The direct support professional should be knowledgeable about formal and informal assessment practices in order to respond to the needs, desires and interests of the participants.

#### *Skill Statements*

- The competent DSP initiates or assists in the initiation of an assessment process by gathering information (e.g., participant's self-assessment and history, prior records, test results, additional evaluation) and informing the participant about what to expect throughout the assessment process.
- The competent DSP conducts or arranges for assessments to determine the needs, preferences, and capabilities of the participants using appropriate assessment tools and strategies, reviewing the process for inconsistencies, and making corrections as necessary.
- The competent DSP discusses findings and recommendations with the participant in a clear and understandable manner, following up on results and reevaluating the findings as necessary.

### **Area 4: Community and Service Networking**

The direct support professional should be knowledgeable about the formal and informal supports available in his or her community and skilled in assisting the participant to identify and gain access to such supports.

#### *Skill Statements*

- The competent DSP helps to identify the needs of the participant for community supports, working with the participant's informal support system, and assisting with or initiating identified community connections.
- The competent DSP researches, develops, and maintains information on community and other resources relevant to the needs of participants.
- The competent DSP ensures participant access to needed and available community resources, coordinating supports across agencies.
- The competent DSP participates in outreach to potential participants.

### **Area 5: Facilitation of Services**

The direct support professional is knowledgeable about a range of participatory planning techniques and is skilled in implementing plans in a collaborative and expeditious manner.

#### *Skill Statements*

- The competent DSP maintains collaborative professional relationships with the participant and all support team members (including family/friends), follows ethical standards of practice (e.g., confidentiality, informed consent, etc.), and recognizes his or her own personal limitations.
- The competent DSP assists and/or facilitates the development of an individualized plan based on participant preferences, needs, and interests.
- The competent DSP assists and/or facilitates the implementation of an individualized plan to achieve specific outcomes derived from participants' preferences, needs and interests.

- The competent DSP assists and/or facilitates the review of the achievement of individual participant outcomes.

### **Area 6: Community Living Skills & Supports**

The direct support professional has the ability to match specific supports and interventions to the unique needs of individual participants and recognizes the importance of friends, family and community relationships.

#### *Skill Statements*

- The competent DSP assists the participant to meet his or her physical (e.g., health, grooming, toileting, eating) and personal management needs (e.g., human development, human sexuality), by teaching skills, providing supports, and building on individual strengths and capabilities.
- The competent DSP assists the participant with household management (e.g., meal prep, laundry, cleaning, decorating) and with transportation needs to maximize his or her skills, abilities and independence.
- The competent DSP assists with identifying, securing and using needed equipment (e.g., adaptive equipment) and therapies (e.g., physical, occupational and communication).
- The competent DSP supports the participant in the development of friendships and other relationships.
- The competent community-based support worker assists the participant to recruit and train service providers as needed.

### **Area 7: Education, Training & Self-Development**

The direct support professional should be able to identify areas for self improvement, pursue necessary educational/training resources, and share knowledge with others.

#### *Skill Statements*

- The competent DSP completes required training education/certification, continues professional development, and keeps abreast of relevant resources and information.
- The competent DSP educates participants, co-workers and community members about issues by providing information and support and facilitating training.

### **Area 8: Advocacy**

The direct support professional should be knowledgeable about the diverse challenges facing participants (e.g., human rights, legal, administrative and financial) and should be able to identify and use effective advocacy strategies to overcome such challenges.

#### *Skill Statements*

- The competent DSP and the participant identify advocacy issues by gathering information and reviewing and analyzing all aspects of the issue.
- The competent DSP has current knowledge of laws, services, and community resources to assist and educate participants to secure needed supports.
- The competent DSP facilitates, assists, and/or represents the participant when there are barriers to his or her service needs and lobbies decision makers when appropriate to overcome barriers to services.
- The competent DSP interacts with and educates community members and organizations (e.g., employer, landlord, civic organization) when relevant to participant's needs or services.

### **Area 9: Vocational, Educational & Career Support**

The direct support professional should be knowledgeable about the career- and education-related concerns of the participant and should be able to mobilize the resources and support necessary to assist the participant to reach his or her goals.

#### *Skill Statements*

- The competent DSP explores with the participant his/her vocational interests and aptitudes, assist in preparing for job or school entry, and reviews opportunities for continued career growth.
- The competent DSP assists the participant in identifying job/training opportunities and marketing his/her capabilities and services.
- The competent DSP collaborates with employers and school personnel to support the participant, adapting the environment, and providing job retention supports.

### **Area 10: Crisis Prevention and Intervention**

The direct support professional should be knowledgeable about crisis prevention, intervention and resolution techniques and should match such techniques to particular circumstances and individuals.

#### *Skill Statements*

- The competent DSP identifies the crisis, defuses the situation, evaluates and determines an intervention strategy and contacts necessary supports.
- The competent DSP continues to monitor crisis situations, discussing the incident with authorized staff and participant(s), adjusting supports and the environment, and complying with regulations for reporting.

### **Area 11: Organizational Participation**

The direct support professional is familiar with the mission and practices of the support organization and participates in the life of the organization.

#### *Skill Statements*

- The competent DSP contributes to program evaluations and helps to set organizational priorities to ensure quality.
- The competent DSP incorporates sensitivity to cultural, religious, racial, disability, and gender issues into daily practices and interactions.
- The competent DSP provides and accepts co-worker support, participating in supportive supervision, performance evaluation, and contributing to the screening of potential employees.
- The competent DSP provides input into budget priorities, identifying ways to provide services in a more cost-effective manner.

### **Area 12: Documentation**

The direct support professional is aware of the requirements for documentation in his or her organization and is able to manage these requirements efficiently.

#### *Skill Statements*

- The competent DSP maintains accurate records, collecting, compiling and evaluating data, and submitting records to appropriate sources in a timely fashion.
- The competent DSP maintains standards of confidentiality and ethical practice.
- The competent DSP learns and remains current with appropriate documentation systems, setting priorities and developing a system to manage documentation.



### **Area 13: Building and Maintaining Friendships and Relationships**

Support the participant in the development of friendships and other relationships.

#### *Skill Statements*

- The competent DSP assists the individual as needed in planning for community activities and events (e.g., making reservation, staff needs, money, materials, and accessibility).
- The competent DSP assists the individual as needed in arranging transportation for community events.
- The competent DSP documents community activities and events.
- The competent DSP encourages and assists the individual as needed in facilitating friendships and peer interactions.
- The competent DSP encourages and assists the individual as needed in communication with parents/family (e.g., phone calls, visits, letters).
- The competent DSP implements individual supports regarding community activities.
- The competent DSP provides incentive or motivation for consumer involvement in community outings.
- The competent DSP assists the individual as needed in getting to know and interacting with his/her neighbors.
- The competent DSP encourages and assists the individual as needed in dating.
- The competent DSP encourages and assists the individual as needed in communicating with social workers and financial workers.

### **Area 14: Provide Person-Centered Supports**

#### *Skill Statements*

- The competent DSP provides support to people using a person-centered approach.
- The competent DSP modifies support programs and interventions to ensure they are person-centered.
- The competent DSP challenges co-workers and supervisors to use person-centered practices.
- The competent DSP is knowledgeable about person-centered planning techniques.
- The competent DSP assists individuals in developing person-centered plans.

### **Area 15: Supporting Health and Wellness**

The competent direct support professional promotes the health and wellness of all consumers.

#### *Skill Statements*

- Administers medications accurately and in accordance with agency policy and procedures.
- Observes and implements appropriate actions to promote healthy living and to prevent illness and accidents.
- Uses appropriate first aid/safety procedures when responding to emergencies.
- Assists individuals in scheduling, keeping, and following through on all health appointments.
- Assists individuals in completing personal care (e.g., hygiene and grooming) activities.
- Assists with identifying, securing and using needed adaptive equipment (i.e., adaptive equipment) and therapies (e.g., physical, occupational, speech, respiratory, psychological).
- Assists individuals in implementing health and medical treatments.
- Assists individuals to take an active role in their health care decisions.

These core and domain competency areas were also supported through a research project to develop a comprehensive competency based program in Utah. This project was funded by the DSW National Resource Center, the U.S. Department of Health and Human Services, and the Centers on Medicaid and Medicare Services and the Research and Training Center on Community Living and U.S. Department of Education (Utah White Paper 2008)

To narrow the focus of the job of the DSP further we reviewed several federal and state regulations that have defined the competency areas for those direct support professional providing Applied Behavior Analysis to individuals with Autism (Medicaid, Michigan, Delaware, Virginia, California, Utah, North Carolina, Minnesota, and Oregon).

The Virginia Autism Council defined skill competencies for professionals and paraprofessional in Virginia supporting individuals with Autism across the lifespan. These competencies are based upon consistent findings from the research community. Decades of research have provided a number of evidenced-based strategies effective for the treatment, education, and support of individuals with autism in school and community-based settings. These competencies are based on the best and most promising practices that have been identified through research as critical to address the needs of individuals with autism. The competencies are specific and unique, and/or critical to successfully serving individuals with autism spectrum disorder. (Skill Competency Committee of the Virginia Autism Council, 2010).

The eight skill competency areas defined by the Virginia Autism Council are:

1. General Autism Competency Statements
  - a. Understands the characteristics and diagnosis of autism as defined by the most recent version of the Diagnostic and Statistical Manual
  - b. Understands the impact of common medical issues (ex: seizure disorders, chronic otitis media, chronic constipation or diarrhea) and treatments (ex. psychotropic medications and possible side effects, use of special diets) for persons with autism.
  - c. Understands the impact of common medical issues (ex: seizure disorders, chronic otitis media, chronic constipation or diarrhea) and treatments (ex. psychotropic medications and possible side effects, use of special diets) for persons with autism.
2. Environmental Structure and Visual Supports Competency Statements
  - a. Understands the importance of the environment and provides a setting that is safe, structured, and promotes independence.
  - b. Understands how to measure progress and evaluate the effectiveness of strategies.
3. Comprehensive Instructional Programming Competency Statements
  - a. Understands how to assess an individual's strengths and weaknesses and determine appropriate goals.
  - b. Understands and implements intervention strategies and supports to address the individual's goals.
  - c. Understands how to measure progress and evaluate the effectiveness of strategies and instruction.

- d. Understands the need and benefit of a team to develop programs.
- 4. Communication Competency Statements
  - a. Understands components of communication and its impact on the day-to-day experience of an individual with autism and how to assess skills for intervention planning
  - b. Understands a variety of strategies to increase an individual's communication abilities.
  - c. Understands how to measure progress and evaluate the effectiveness of strategies.
- 5. Social Skills Competency Statements
  - a. Understands social skill development and the unique social skill deficits and challenges associated with autism and how to assess skills for intervention planning.
  - b. Understands how to measure progress and evaluate the effectiveness of strategies.
- 6. Behavior Competency Statements
  - a. Understands factors that influence behavior and the components of behavior analysis (antecedents, behavior, and consequences) and how to provide positive behavior intervention.
  - b. Understands how to evaluate the effectiveness of a behavior plan reliably and effectively.
- 7. Sensory Motor Development Competency Statements
  - a. Understands the sensory systems, sensory processing, and sensory motor development.
  - b. Understands the implications or influences of sensory processing when developing a comprehensive plan.
  - c. Understands how to measure progress and evaluate the effectiveness of strategies.
- 8. Independence and Aptitude Competency Statements
  - a. Understands skills needed for short term and long term independence and how to assess skills for intervention planning.
  - b. Understands a variety of strategies to increase an individual's short term and long term independence in functional and life skills.
  - c. Understands a variety of strategies to increase an individual's cognitive and learning abilities.
  - d. Understands a variety of strategies to increase an individual's short term and long term independence in academic skills.
  - e. Understands how to measure progress and evaluate the effectiveness of strategies.

The Medicaid and related state funding care program for families and individuals with low income and resource have also identified comparable core and domain competencies and requirements for the ABA Aide/Technician/paraprofessional. These requirements include being at least 18 years of age, be able to prevent transmission of communicable disease, be able to communicate expressively and receptively, be able to report on activities performed, be in good standing with the law, be able to perform basic first aid procedures, and be trained in the child's plan of service. The ABA Aide must receive training and demonstrate competency in the following areas:

1. The principles of behavior
2. Behavioral measurement and data collection
3. Function of behaviors
4. Basic concepts of ABA

5. Generalization and its importance in sustainability of learned/acquired skills.
6. Medical conditions/illness that impact behaviors.

The ABA Aide must work under the supervision of a BCBA, LP, LLP or CMHP overseeing the ABA plan. (Michigan Department of Community Health 2012)

#### STEP 2: Validation Study:

The literature review was overwhelming in the sense that there was overlap in the core and domain competencies in each study of what job skills and competencies are needed to provide treatment and support for individuals with Autism and related disabilities. For the most part the two main sources of information regarding best practice and evidenced based treatment strategies for individuals with Autism was the National Autism Center. (2009). National standards report. Randolph, Massachusetts: National Autism Center and the National Professional Development Center on Autism Spectrum Disorders. (2010). Evidence-based practices for children and youth with autism spectrum disorders. U.S. Office of Special Education Programs.

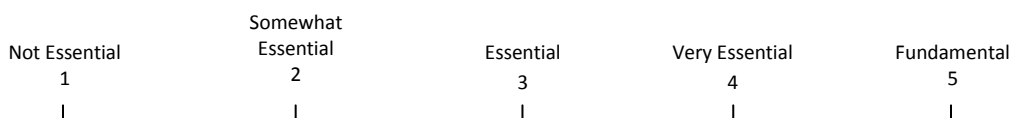
The QABA team initially identified 19 standards by mapping the general competency areas that are accepted as best practice for a direct support worker against those specific competency areas for those direct support workers providing applied behavior analysis treatment and support to individuals diagnosed with Autism and related disorders based on the above studies. Our panel of subject matter experts and practitioners reviewed our findings and our initial performance domains against the literature and accepted best practices for direct support workers providing ABA treatment and support for those individuals diagnosed with Autism and rated the importance of the competencies as well as made suggestions for consolidating several of the standards into more concise core competencies with more detailed domain competencies.

The initial 19 standards were as follows:

- Standard 1: Autism Core Knowledge
- Standard 2: Educational and Legislative Requirements
- Standard 3: Principles of ABA
- Standard 4: Instructional Interventions
- Standard 5: Principles of Working with Autism Effectively
- Standard 6: Treating Individuals with Challenging Behaviors
- Standard 7: Data Collection and Evaluation
- Standard 8: Positive Behavior Supports
- Standard 9: Discrete Trial Teaching
- Standard 10: Transitioning between Activities
- Standard 11: Functional Communication and Visual Supports
- Standard 12: Asperger's Syndrome and High Functioning Autism
- Standard 13 : Providing Behavioral Health Services
- Standard 14: Pivotal Response Treatment
- Standard 15: Person Centered Planning
- Standard 16: Functional Analysis
- Standard 17: Philosophy and Values, and Advocacy
- Standard 18: Advocacy
- Standard 19: Legal and Ethical Considerations

Having established validation of performance domains, a survey was conducted of professionals who rate whether they include each task in their day to day practice and to rate how essential the task is for effective practice. The rating is completed for each item 5 point scale with One (1) being “Not Essential for Effective Practice” and Five (5) being “Considered Fundamental to effective Practice” (see Figure 1). Respondents are also asked to provide a “1” or “0” rating as to whether they use a particular domain in their day to day practice where “1” represents “Yes” and “0” representing “No” (see Table 1). This process helps to provide a practical perspective with a view to further validate the job/practice duties.

**Figure 1: Scale of Task Importance**



Survey data highlighted that all of the items were included in day to day practice by all respondents (see Table 1). However, there were several suggestions to consolidate some of the competencies into core performance areas and then within the core competencies define more detailed domain performance areas.

**STEP 3: Development of Competency Areas:** Based on the ratings and confirmation gathered from the 10 professionals, the competency areas were refined and aligned with the current established best practices. Within each core competency area, specific domain competencies were identified and confirmed. There were 14 core competency areas with 87 domain competencies or skill sets identified.

<b>QABA STANDARDS PERFORMANCE DOMAINS</b>
<p><b>Standard 1: Autism Core Knowledge</b>            All candidates will comprehend, and demonstrate a working knowledge of, essential characteristics of Autism Spectrum Disorder (ASD).  <i><b>Rationale:</b> Understanding the essential characteristics of an individual diagnosed with an ASD provides the foundation for making informed decisions about how to apply Applied Behavior Analysis (ABA) most effectively.</i></p> <ol style="list-style-type: none"> <li>1.1 Describe why Autism is considered a spectrum disorder</li> <li>1.2 Identify the historical definitions of Autism</li> <li>1.3 Identify the currently accepted prevalence rates of Autism</li> <li>1.4 Identify what is meant by the triad of impairments</li> <li>1.5 Demonstrate an understanding of the possible causes of Autism</li> <li>1.6 Identify the common characteristics of Autism</li> <li>1.7 Demonstrate an understanding of all the aspects of Autism</li> </ol>
<p><b>Standard 2: Education, Training &amp; Self-Development</b>            All candidates will complete required training education/certification, continue professional development, and keep abreast of relevant resources and information including legislative and</p>

educational requirements as it relates to individuals with Autism.

**Rationale:** *Candidates who continue professional development, keep abreast of relevant recourses and information including legislative and education requirements can educate those receiving services, family members, co-workers and community members about issues by providing information and support and facilitating training. A working knowledge of current educational and legislative standards ensures practitioners develop and implement support and treatment plans that meet the legislative and educational.*

- 2.1 All candidates will comprehend, and demonstrate a working knowledge of, current educational and legislative requirements and best practices for those working with individuals who have been diagnosed with an ASD.
- 2.2 Candidate will complete a minimum number of continuing education units per year.

### **Standard 3: Principles of ABA**

All candidates will comprehend the principles of ABA and how these form the basis of the mechanisms for support and treatment of modern practice.

**Rationale:** *Candidates who understand the well researched mechanisms that form the basis of why behavior occurs and what increases and decreases the probability of reoccurrence of behavior is best prepared to develop effective support and treatment plans.*

- 3.1 Identify the common functions of Behavior
- 3.2 Identify the Main Causes of Behavior
- 3.3 Describe what is a Target Behavior
- 3.4 Describe what is an Observable and Measureable behavior
- 3.5 Identify the difference between Classical Conditioning and Operant Conditioning
- 3.6 Identify the difference between primary and secondary reinforcers.
- 3.7 What is meant by the three-part contingency. How ABC analysis can be applied.
- 3.8 Identify the two main types of behavior.

### **Standard 4: Instructional Interventions**

All candidates will comprehend, and demonstrate a working knowledge of, the mechanisms and strategies for effectively supporting people to learn new behaviors and skills.

**Rationale:** *By understanding and having the ability to support people to learn new skills and behaviors as well as supporting them to gain general and life skills, people are best placed to maximize self reliance and independence in order to increase overall quality of life and community involvement.*

- 4.1 Identify the difference between skill deficits and performance deficits
- 4.2 Implement strategies to overcome skill and performance deficits
- 4.3 Implement naturalistic teaching methods
- 4.4 Identify the steps for an ABAT in preparing for a session
- 4.5 Implement implementation strategies;
  - Task Analyzed chaining procedures
  - Discrimination training
  - Stimulus control transfer
  - Stimulus fading
  - Prompt and prompt fading

### **Standard 5: Principles of working with Autism Effectively**

All candidates will comprehend, and demonstrate a working knowledge of, the evidence based ways of how best to support and treat people diagnosed with an ASD.

**Rationale:** *By understanding those influences that affect a person diagnosed with an ASD, a practitioner is best able to understand what aspects can be manipulated in order to achieve the best outcomes and*

*improve communication and quality of life.*

- 5.1 Identify the different sources of sensory information.
- 5.2 Explain the impact of different sensory challenges for people with Autism.
- 5.3 Identify events that can increase anxiety for people with Autism, and techniques they can use to manage this.
- 5.4 Define restrictive problem solving.
- 5.5 Evaluate the validity of different biomedical approaches to mitigate the effects of Autism.
- 5.6 Identify appropriate indicators to use to signify transitioning.
- 5.7 Identify ways to enable smoother transitions between activities.
- 5.8 Explain what visual supports are, and how they are used.
- 5.9 Demonstrate understanding of the goal of visual supports.
- 5.10 Identify the different types of cards that can be used, and the purpose of each.
- 5.11 Recall what you need to remember when creating visuals

#### **Standard 6: Treating Individuals with Challenging Behaviors**

**Rationale:** *All candidates will comprehend, and demonstrate a working knowledge of, how to apply ABA practice to support and treat people who exhibit challenging behavior. By understanding how to analyze the meaning of a behavior and the purpose it serves, a practitioner can implement those ABA treatment options that will best provide an individual with alternative ways of communicating his/her needs in appropriate, non-challenging ways*

- 6.0 Identify and evaluate the concepts of Proactive and Reactive Models of Behavior Support
- 6.1 Identify the Phases of Behavior
- 6.2 Describe the role of the ABAT during any of the Phases Of Behavior
- 6.3 Explain the concept of Episodic Severity and apply these skills to a scenario
- 6.4 Identify primary and secondary reinforcers
- 6.5 Demonstrate a understanding on how to implement different types of Reinforcement
- 6.6 Demonstrate an understanding of a 3-Part Contingency

#### **Standard 7: Data Collection and Evaluation**

All candidates will comprehend, and demonstrate a working knowledge of, data collection and evaluation methods specifically related to behavior analysis.

**Rationale:** *Data collection and evaluation is critical for establishing baseline rates of responding and forms the basis for evaluating the effects of treatment and intervention plans. Effective data evaluation allows for continuous modification of treatment plans in order that they can be most effective.*

- 7.1 Demonstrate an understanding on how to prepare for data collection
- 7.2 Analyze the reliability of data that is gathered.
- 7.3 Explain how to collect and utilize data in effective and reliable ways.
- 7.4 Demonstrate how graphs can be used in behavioral support.
- 7.5 Identify why we gather data about challenging behaviors
- 7.6 Explain the methods used to gather information about challenging behaviors.
- 7.7 Implement continuous measurement procedures
- 7.8 Implement discontinuous measurement procedures

#### **Standard 8: Positive Behavior Supports**

All candidates will comprehend, and demonstrate a working knowledge of, how to apply the principles of non-aversive treatment models ahead of aversive options.

**Rationale:** *It is important in terms of social validity and to ensure respect and dignity, to maximize an individual's social and personal value by developing and implementing positive, non-aversive treatment options before considering aversive alternatives.*

- 8.1 Describe what Positive Behavior Support (PBS) is
- 8.2 Identify what makes up the foundation of PBS

- 8.3 Explain A-B-C relationships
- 8.4 Identify the function of behavior
- 8.5 Identify proactive, teaching, and reactive strategies used in PBS

### **Standard 9: Discrete Trial Teaching**

All candidates will comprehend, and demonstrate a working knowledge of, how to use DTT when teaching individuals new skills, behaviors and competencies.

**Rationale:** *DTT is an evidence based approach to working with individuals diagnosed with a range of developmental disabilities including ASD's. DTT is a proven method for teaching a range of skills, behavior and competencies.*

- 9.1 Identify the purpose of Discrete Trial Teaching.
- 9.2 Explain how Discrete Trial Teaching is conducted.
- 9.3 Compare and contrast the benefits and limitations of Discrete Trial Teaching
- 9.4 Recall how to deliver appropriate consequences.
- 9.5 Identify the different types of prompts, and explain the hierarchy of prompts.

### **Standard 10 Pivotal Response Treatment (PRT)**

All candidates will comprehend, and demonstrate a working knowledge of, how to use PRT as an integral part of a multi-elemented ABA treatment plan.

**Rationale:** *PRT is one of the best studied and validated behavioral treatments for autism. PRT is play based and child initiated. Its goals include the development of communication, language and positive social behaviors and relief from disruptive self-stimulatory behaviors. The use of PRT as an integral part of a multi-elemented ABA treatment plan and can better assure improved outcomes.*

- 10.1 List and describe the components of Pivotal Response Treatment that target motivation.
- 10.2 Describe what a pivotal behavior is.
- 10.3 Identify the four empirically supported pivotal behaviors?
- 10.4 Distinguish between good and poor examples of the components of PRT
- 10.5 Identify and describe the three main prompting strategies used in PRT.

### **Standard 11: Person Centered Planning**

All candidates will comprehend, and demonstrate a working knowledge of, how to develop treatment plans using a person centered approach.

**Rationale:** *Person-centered planning is a unique, individually-focused approach to planning for persons who are in need of services and supports. It is an important vehicle for empowering individuals to have a voice in the planning process and to actively shape their futures. It is a structured way of organizing planning that focuses on the unique values, strengths, preferences, capacities, needs, and desired outcomes or goals of the individual.*

- 11.1 Describe how Person Centered Planning works to help to enable individuals with disabilities to increase their self-determination and independence.
- 11.2 Demonstrate the understanding of Self Determination
- 11.3 Identify how traditional models have disempowered individuals with disabilities
- 11.4 Explain why there is a need to move towards patterns that support individuals to have a more positive connection with their community.
- 11.5 Explain why self-determination is important to all individuals

### **Standard 12: Functional Analysis**

All candidates will comprehend, and demonstrate a working knowledge of, how to conduct effective functional analysis as an integral element of the behavior analysis process.

**Rationale:** *Functional analysis is employed to determine the reason, purpose or motivation for a particular behavior occurring. A functional analysis of behavior requires that data be collected on changes in behavior that occur as a result of the direct treatment intervention. By conducting an effective functional analysis, a practitioner can better ensure a treatment plan is meeting the individual's*



needs.

- 12.1 Define positive behavior supports.
- 12.2 Identify and explain strategies we can use to help address behavioral problems.
- 12.3 Define Functional behavioral assessment, and explain how this can help people with challenging behaviors.
- 12.3 List the techniques of Indirect and Direct Assessment.
- 12.4 Analyze given data.
- 12.5 Demonstrate an understanding of a hypothesis statement.
- 12.6 Explain why FBAs are conducted.

### **Standard 13: Philosophy, Values and Advocacy**

All candidates will understand current philosophies of treatment and the importance of adopting values based approach to developing support and treatment plans. All candidates will comprehend, and demonstrate a working knowledge of what advocacy is and is not.

**Rationale:** *Although applied behavior analysis as a science includes a variety of conceptual mechanisms that influence behavior, not all are appropriate within the context of treating people in the pure sense. By understanding socially valid philosophies and values, a practitioner can better assure human dignity and the value of people is preserved. By understanding what advocacy is and is not, a practitioner can be sure to be most effective and maintain professional boundaries while maximizing an individual's independence and self reliance.*

- 13.1 Identify the principles that underpin the philosophy and values of developmental disability support services.
- 13.3 Define professionalism.
- 13.3 Demonstrate an understanding of the responsibilities of the ABAT regarding professionalism
- 13.4 Contrast what advocacy *IS* and *IS NOT*

### **Standard 14: Legal and Ethical Considerations**

All candidates will comprehend, and demonstrate the ability to develop (as appropriate) and implement treatment plans accounting for legal requirements and are ethically robust.

**Rationale:** *By taking account of legal requirements and ensuring treatment is conducted within an ethically robust framework, practitioners and treatment plans will be legally safe and will better assure people in receipt of treatment are protected and valued.*

- 14.1 Demonstrate an understanding of the scope of practice. (Code of Ethics)
- 14.2 Demonstrate an understanding of the Health Insurance Portability and Accountability Act
- 14.3 Identify those conducts and acts which can be construed to be unprofessional by general ethical standard of practice for an ABAT.
- 14.4 Demonstrate an understanding of the objectives of HIPAA, in particular the Privacy Rule and the Security Rule
- 14.5 Summarize the legal and ethical requirements regarding client confidentiality.
- 14.6 Demonstrate an understanding of confidentiality in practice.
- 14.7 List exceptions to client confidentiality.
- 14.8 Explain ABATs obligations in regard to reporting suspected or known child, elder adult, and dependent adult abuse or neglect.
- 14.9 Define and compare the “duty to warn” and the “duty to protect”.
- 14.10 Demonstrate an understanding of unethical relationships and how those relationships may occur.

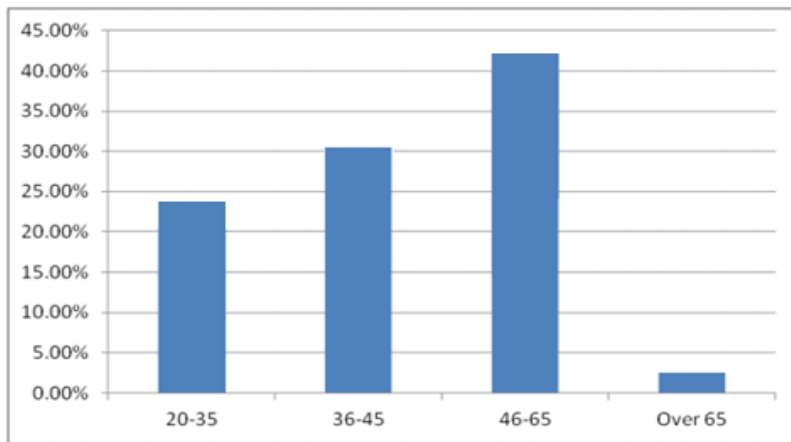
**STEP 4: Validation of Competency Areas:** Using the defined core and domain competency areas test items were developed (See QABA Technical Report). An examination was developed and administered to over 7000 Candidates and then these candidates were surveyed.

**QABA Job Analysis: Candidate Demographics**

**Total Candidate Numbers 1176**

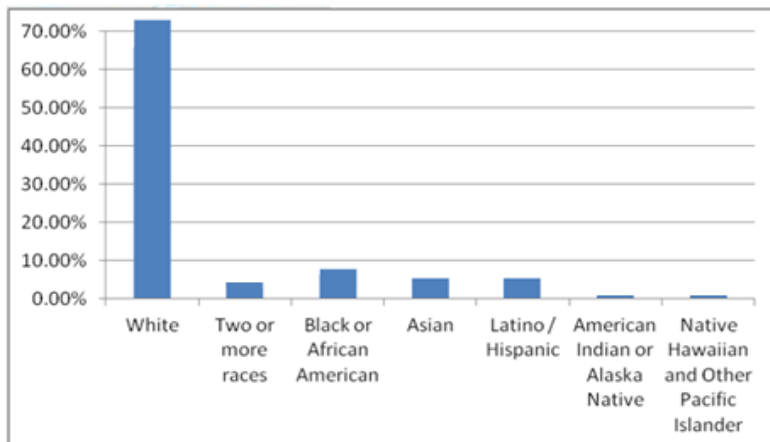
**Candidate Age**

18-35 24.52%  
 36-45 30.74%  
 46-65 42.32%  
 Over 65 2.42%



**Candidate Ethnicity**

White 75.56%  
 Two or more races 4.66%  
 Native Hawaiian and Other Pacific Islander 0.79%  
 Latino / Hispanic 5.63%  
 Black or African American 8.01%  
 Asian 4.83%  
 American Indian or Alaska Native 0.52%



**Candidate Highest Level of Education**

High School 14.10%  
 Some college 11.31%  
 Associate's degree 6.84%  
 Bachelors Degree 49.10%  
 Masters Degree 17.45%  
 Doctorate 1.56%

**Candidate Gender**

Female 67.58%  
 Male 32.42%

In sync = Competencies tested are in sync with the job duties and responsibilities

Correct Level Difficulty = Competencies tested covered the important tasks of an Applied Behavior Technician

Clearly laid out = Test items were clearly laid out and tested the competencies identified

System straight forward = Testing environment was straight forward and user friendly

Time Efficient = Scheduling , testing environment, and feedback on scores was efficient and clearly laid out

Would Recommend = Would recommend this assessment for all paraprofessionals providing ABA support and treatment to individuals diagnosed with Autism

Better than other options = This ABAT credential is better than other options to protect all stakeholders and recognize the experience, education, and skills of the paraprofessional providing ABA support and treatment to individual diagnosed with Autism

In Sync

Choices (Score)	Percentage
Strongly disagree (5)	2.55%
Disagree (4)	3.33%
Neither agree nor disagree (3)	5.99%
Agree (2)	33.74%
Strongly Agree (1)	54.38%
<b>Avg Score 1.7</b>	

Correct Level Difficulty

Choices (Score)	Percentage
Strongly disagree (5)	2.66%
Disagree (4)	2.66%
Neither agree nor disagree (3)	6.22%
Agree (2)	30.08%
Strongly Agree (1)	58.38%
<b>Avg Score 1.6</b>	

Better Than Other Options

Choices (Score)	Percentage
Strongly disagree (5)	2.77%
Disagree (4)	3.00%
Neither agree nor disagree (3)	10.10%
Agree (2)	21.09%
Strongly Agree (1)	63.04%
<b>Avg Score 1.6</b>	

System Straight Forward

Choices (Score)	Percentage
Strongly disagree (5)	2.22%
Disagree (4)	1.89%
Neither agree nor disagree (3)	2.89%
Agree (2)	22.64%
Strongly Agree (1)	70.37%
<b>Avg Score 1.4</b>	

Clearly Laid Out

Choices (Score)	Percentage
Strongly disagree (5)	2.00%
Disagree (4)	1.44%
Neither agree nor disagree (3)	3.66%
Agree (2)	23.31%
Strongly Agree (1)	69.59%
<b>Avg Score 1.4</b>	

Would Recommend

Choices (Score)	Percentage
Strongly disagree (5)	2.77%
Disagree (4)	2.33%
Neither agree nor disagree (3)	6.44%
Agree (2)	20.42%
Strongly Agree (1)	68.04%
<b>Avg Score 1.5</b>	

Time Efficient

Choices (Score)	Percentage
Strongly disagree (5)	3.55%
Disagree (4)	3.66%
Neither agree nor disagree (3)	7.88%
Agree (2)	19.31%
Strongly Agree (1)	65.59%
<b>Avg Score 1.6</b>	

Helped find job or might in the future?

Choices	Percentage
Definitely	43.81%
Not really	20.48%
Not sure	15.24%
Definitely not	11.90%
Somewhat	8.57%

Help advance career?

Choices	Percentage
Definitely	37.62%
Not really	21.43%
Somewhat	16.19%
Not sure	12.86%
Definitely not	11.90%

Helped keep you employed?

Choices	Percentage
Definitely	80.48%
Somewhat	8.10%
Not sure	5.24%
Not really	4.76%
Definitely not	1.43%

### Summary of Results:

The QABA job analysis for Applied Behavior Analysis Technicians was conducted to identify and confirm the competency areas of the paraprofessional delivering Applied Behavior Analysis treatment and support to those individuals diagnosed with Autism and related disorders. This process began informally in 2008 and continued through January 2012. In January 2012, formal surveys of candidates and subject matter experts were conducted and continue to the present (April 2014).

The process began with a comprehensive literature review to initially identify and validate the core competencies of the Applied Behavior Analysis Technician (ABAT). The initial competencies that were identified then were subject to a pilot survey and a large-scale validation survey, in order to assess the appropriateness of the various core and domain competencies and tasks to the ABAT.

The large-scale validation scale also captured validation for the test items, level of difficulty, efficiency of the process, testing environment, and the appropriateness of credentialing the paraprofessional who is delivering ABA support and treatment to individuals diagnosed with Autism.

The Applied Behavior Analyst Technician (ABAT) job analysis sets precedence for those direct support paraprofessionals in the emerging acknowledgement and practice of Applied Behavior Analysis in the Behavioral Health sector.

The job analysis has also highlighted the need for the development of industry standards. Development of industry standards provides a framework for ensuring unlicensed paraprofessionals, who are delivering more than 80% of the covered ABA benefits, are appropriately trained and credentialed.

The ABAT credentialing process creates a risk management mechanism for the protection of all stakeholders including the members, families, payors, community, providers, and practitioners.