

# Competency Assessment Study Guide

This study guide breaks down all 20 task items that are on the Initial Competency Assessment. Review the materials, as well as the competency assessment role play cards that align with each task on the Initial Competency Assessment. Each task item is scored as pass/fail. The BCBA conducting the competency assessment will determine if you have met criteria to pass.

**Please Note:** Not all competency assessments will look the same. Variations can occur based on the patient you are working with and the BCBA conducting the assessment. They may require you to demonstrate a task item with a client, role-play, or ask you an interview style question. It is highly recommended to be prepared in all three assessment types. Please speak with your center’s Leadership Team regarding particular questions you have about what competency assessments look like in your location.

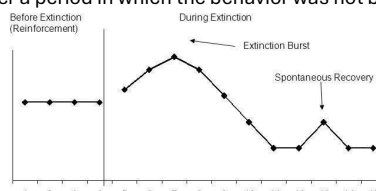
Measurement (Tasks 1-3)		
1	<p><b>Continuous Measurement:</b> Implement continuous measurement (e.g., frequency, duration, latency, IRT)</p> <p>Can be assessed by:</p> <ul style="list-style-type: none"> <li>• With a client</li> <li>• Role-Play</li> </ul>	<p><b>Continuous Measurement:</b> Measurement consisting of recording EVERY time a behavior occurs. These are the most common measurement types used in Hopebridge centers.</p> <p><b>Frequency:</b> the number of times the behavior occurs. <i>Example: Patient hit the therapist 4 times.</i></p> <p><b>Duration:</b> the time between the start and end of a behavior <i>Example: Patient cried for 3 minutes and 45 seconds.</i></p> <p><b>Latency:</b> The time between the SD or instruction and response or behavior. <i>Example: Patient took 6 seconds to put the puzzle piece on the puzzle after the SD "Complete the puzzle" was presented.</i></p> <p><b>Inter-Response Time (IRT):</b> the time between the end of one behavior to the beginning of the next occurrence of the same behavior. <i>Example: 13 seconds passed in between two instances of screaming.</i></p>
2	<p><b>Discontinuous Measurement:</b> Implement discontinuous measurement procedures (e.g., partial and whole interval, momentary time sampling)</p> <p>Can be assessed by:</p> <ul style="list-style-type: none"> <li>• With a client</li> <li>• Role-Play</li> </ul>	<p><b>Discontinuous Measurement:</b> checking on a behavior only some of the time, instead of watching and recording it the whole time. It gives us a “snapshot” or estimate of how often something happens, instead of an exact count.</p> <p><b>Partial Interval:</b> the target behavior is recorded as occurring if it occurs at any point during the interval. <i>Example: You are collecting partial interval data on a child’s tantrum behavior. Each interval is 10 seconds. During a 10 second interval, the child tantrums for six seconds. This is recorded as an occurrence (+). In the next interval, 0 seconds of tantrum behavior occurs. This is recorded as no occurrence (-).</i></p> <p><b>Whole Interval:</b> the target behavior is recorded as occurring only if it occurred throughout the ENTIRE interval. <i>Example: You are collecting whole interval data on a child’s tantrum behavior. Each interval is 10 seconds. During a 10 second interval, the child tantrums for six seconds. This is recorded as no occurrence (-). In the next interval, 10 seconds of tantrum behavior occurs. This is recorded as an occurrence (+).</i></p> <p><b>Momentary Time Sampling:</b> the behavior is observed at the moment the interval ends. If the behavior occurs at the end of the interval, then an occurrence is recorded. If the behavior does not occur at the end of the interval, it is not recorded.</p>

		<p><i>Example: You are collecting momentary time sampling data on a child's tantrum behavior. Each interval is 10 seconds. During a 10 second interval, the child begins tantrum at the 5<sup>th</sup> second and continues tantruming into the second interval and stops 4 seconds into the second interval and does not occur again. The first interval would be recorded as an occurrence (+) (the behavior was occurring at the 10 second mark) and would be recorded as not occurring in the second interval (-).</i></p>
3	<p><b>Data and Graphs:</b> Enter data and update graphs</p> <p>Can be assessed by:</p> <ul style="list-style-type: none"> <li>With a client</li> <li>Role-Play</li> </ul>	<p><b>Important Notes About ReThink Data Collection</b></p> <ul style="list-style-type: none"> <li>Data is collected in ReThink in real time throughout the entire session</li> <li>Data must be synced at the end of the session for the data to appear on the patient's graphs</li> <li>It is required that RBTs have their tablets on them at all times throughout the session. If an RBT's tablet is malfunctioning or otherwise not working, it is the RBT's responsibility to notify the BCBA and request a paper data sheet for the remainder of the session.</li> <li><b>Recording Correct and Incorrect Responding:</b> +/- buttons (+ for independent responses, - for any type of prompt or incorrect response)</li> <li><b>Recording Prompt Level Used:</b> Prompt levels (I=independence, G=gestural, M=model, PP=partial physical, FP=full physical, V=verbal, PV=partial verbal)</li> </ul> <p><b>Graph Components</b></p> <ul style="list-style-type: none"> <li><b>X-Axis:</b> horizontal axis that usually represents time</li> <li><b>Y-Axis:</b> vertical axis that usually represents the method of measurement</li> <li><b>Condition Change Lines:</b> vertical lines indicating when an intervention is added or removed</li> <li><b>Condition Labels:</b> description of what is being tracked in each section</li> <li><b>Data Points:</b> representations of data collected</li> <li><b>Baseline:</b> data collected before an intervention is put in place.</li> </ul> <p><b>Visually Analyzing Graphs</b></p> <p>Graph Trend: direction of data path</p> <ul style="list-style-type: none"> <li>Ascending -&gt; increasing data path</li> <li>Descending -&gt; decreasing data path</li> <li>No Trend -&gt; data path is steady and not trending up or down</li> </ul> <p>Graph Variability: range or distances between data points</p> <ul style="list-style-type: none"> <li>Variable -&gt; significant distance between data points.</li> <li>Stable -&gt; little to no variations in the data points</li> </ul>
<b>Assessment (Tasks 4-5)</b>		
4	<p><b>Preference Assessments:</b> Conduct preference assessments</p> <p>Can be assessed by:</p> <ul style="list-style-type: none"> <li>With a client</li> </ul>	<p><b>Preference Assessments:</b> observations that allow practitioners to determine a preference hierarchy. A preference hierarchy helps rank which items are most highly-preferred to least highly-preferred.</p> <p><b>Free Operant:</b> observe what the patient gravitates to and engages in within an unrestricted area. Record how long the learner engages with each item. The item the learner engages with the longest total duration is the most preferred.</p>

	<ul style="list-style-type: none"> <li>• Role-Play</li> </ul>	<p><b>Single Stimulus:</b> one item is presented at a time and the response to each item is recorded. Record how long the learner engages with the single item. The item the learner engages with the longest is the most preferred.</p> <p><b>Paired Stimulus/Forced Choice:</b> two items are presented and the patient is asked to choose one. The item the learner chooses is more preferred than the second item they did not choose.</p> <p><b>Multiple Stimulus With Replacement (MSW):</b> 3 or more items are presented at one time in an array. The item chosen remains in the array and all other items that were not selected are replaced by other items. The item chosen most frequently is the most preferred.</p> <p><b>Multiple Stimulus Without Replacement (MSWO):</b> 3 or more items are presented at one time in an array. The item chosen is taken out of the array and the number of items diminishes each round. The item chosen first is the most preferred.</p>
5	<p><b>ABC Data:</b> Collect ABC data.</p> <p>Can be assessed by:</p> <ul style="list-style-type: none"> <li>• With a client</li> <li>• Role-Play</li> </ul>	<p><b>ABC Data</b></p> <ul style="list-style-type: none"> <li>• Provides clues as to why a behavior occurs or under what conditions we can expect the behavior to occur under in the future</li> <li>• Can be used as a part of a functional assessment</li> <li>• Can be used to inform treatment components</li> <li>• Refer to your observation forms where you practiced collecting ABC data.</li> </ul> <p><b>Antecedent:</b> What happens just before a behavior</p> <p><b>Behavior:</b> What the learner does. Must be measurable, observable and objective.</p> <p><b>Consequence:</b> what happened after the behavior. This will influence whether the behavior occurs again in the future or not.</p>
<p><b>Skill Acquisition and Behavior Reduction (Tasks 6-15)</b> Three of tasks 6-15 must be demonstrated with a client.</p>		
6	<p><b>Discrete-Trial Training:</b> Implement discrete-trial teaching procedures.</p> <p>Can be assessed by:</p> <ul style="list-style-type: none"> <li>• With a client</li> <li>• Role-Play</li> </ul>	<p><b>Discrete Trial Teaching (DTT)</b> is a method of teaching that uses repeated, clearly defined trials. DTT is all about teaching skills in a systematic and structured setting.</p> <p>Typically, it consists of an RBT giving the learner a clear instruction, the learner response, and the RBT immediately provides feedback: reinforcement for correct responses or a prompt or error correction for errors. The process is repeated several times in a structured way, with data recorded on each trial.</p> <p><i>Example: running a session at a table for a child with an FI2 and placing the demands “match” and “show me arms up”</i></p>
7	<p><b>Naturalistic Teaching:</b> Implement naturalistic teaching procedures (e.g., incidental teaching)</p> <p>Can be assessed by:</p> <ul style="list-style-type: none"> <li>• With a client</li> <li>• Role-Play</li> </ul>	<p><b>Natural Environment Teaching (NET):</b> Teaching skills during play and daily activities by following the learner’s motivation and embedding learning opportunities in the natural environment.</p> <p><i>Example: During play, the RBT notices the learner reaching for bubbles. She holds the bubbles and waits, prompting if needed: “Say bubbles.” When the learner says “bubbles,” the RBT immediately gives them the bubbles and praises. Teaching continues naturally within play and routines, guided by the child’s motivation.</i></p> <p><b>Incidental Teaching:</b> a type of NET where the RBT deliberately sets up the environment to create opportunities for the learner to initiate communication or practice a skill.</p>

		<i>Example: A child sees a toy car on a shelf and reaches for it. The RBT notices and says "What do you want?" prompting the child to respond. When the child says "car," the RBT expands, "I want the red car, please." The child repeats the full phrase, and the therapist gives the car right away. Teaching occurs naturally but the adult sets up the environment to create the opportunity.</i>
8	<b>Chaining:</b> Implement task analyzed chaining procedures.  Can be assessed by: <ul style="list-style-type: none"> <li>• With a client</li> <li>• Role-Play</li> </ul>	<b>Behavior Chain:</b> sequences of individual behaviors that when linked together form a complex behavior.
		<b>Task Analysis:</b> used to break complex steps into a sequence of smaller steps.
		<b>Forward Chaining:</b> teach beginning with the first step and then completely prompt the other steps in the chain. When mastery is shown by independently completing the beginning step, then you move on to teaching the next step. Continue this process until the learner can complete all steps in the chain independently.
		<b>Backward Chaining:</b> teach beginning with the last step. You completely prompt the entire chain except for the last step. When mastery is shown by independently completing the last step, move on to teaching the previous step. Continue this process until the learner can complete all steps in the chain independently.
		<b>Total Task Chaining:</b> teaching all the steps at a time, one step after another, providing least to most prompting as needed for the learner to complete each step. Allow for independence on all steps and help the child as needed.
9	<b>Shaping:</b> Implement shaping procedures  Can be assessed by: <ul style="list-style-type: none"> <li>• With a client</li> <li>• Role-Play</li> </ul>	<b>Shaping:</b> the process of reinforcing gradual changes (successive approximations) in a behavior so that the behavior begins to look like the target (desired) behavior.  <i>Example: At first, the child only says "b." The RBT reinforces this attempt with access to bubbles. Over time, the RBT raises the expectation to "ba" before giving bubbles. Next, the child must say "bubb" to receive bubbles. Finally, the full word "bubbles" is required to get bubbles.</i>
10	<b>Discrimination Training:</b> Implement discrimination training  Can be assessed by: <ul style="list-style-type: none"> <li>• With a client</li> <li>• Role-Play</li> </ul>	<b>Discrimination Training:</b> Reinforcing occurrences of a behavior in the presence of one stimulus condition and not in the presence of another.  <i>Example: a child is reinforced when he sees a picture of his mother and he says "mom", but not in the presence of someone else's mother.</i>
11	<b>Prompting:</b> Implement prompt and prompt fading procedures  Can be assessed by: <ul style="list-style-type: none"> <li>• With a client</li> <li>• Role-Play</li> </ul>	<b>Prompts:</b> stimuli you add to increase the likelihood that a person will engage in or respond with the correct response or behavior.
		<b>Prompt fading</b> is crucial or we can inadvertently lead to prompt dependency and not achieve stimulus control from the prompt to the SD.
		<ul style="list-style-type: none"> <li>• Occurs when the prompt level required to gain the desired response is reduced to the next less intrusive prompt until the learner has reached an independent response</li> </ul>
		<b>Most-to-Least prompting hierarchy:</b> used in errorless teaching. <ul style="list-style-type: none"> <li>• Full physical -&gt; Partial physical -&gt; Model -&gt; Gestural -&gt; Verbal -&gt; Independent</li> </ul>
		<b>Least-to-Most prompting hierarchy:</b> used in error correction.

		<ul style="list-style-type: none"> <li>Independent -&gt; Verbal -&gt; Gestural -&gt; Model -&gt; Partial physical -&gt; Full physical</li> </ul>
12	<b>Token Systems:</b> Implement token systems  Can be assessed by: <ul style="list-style-type: none"> <li>With a client</li> <li>Role-Play</li> </ul>	<b>Token System:</b> consists of a learner earning tokens for desired behaviors and the learner then exchanges the tokens for a preferred item.
		<b>Making tokens into a generalized reinforcer:</b> Tokens are like play money that learners earn for following rules or responding correctly to targets. To make tokens really powerful, they have to be exchanged for lots of different rewards, not just one. For example if you can trade your tokens for extra play time, a snack, or picking a game, then the tokens become valuable to everyone. When tokens can be used to “buy” many different rewards, they become a generalized reinforcer. That means the learner will keep working for them, because no matter what they want – games, snack, free time, or toys – the tokens can get it.
		<b>Importance of a backup reinforcer:</b> A backup reinforcer is the actual prize, activity, or reward the tokens can be traded for. Tokens by themselves don’t mean much (you can’t eat them, play with them – usually, or have fun with them alone. What makes tokens powerful is knowing they can be exchanged for something you really want. If there isn’t a backup reinforcer, the tokens lose their value.
		<b>Basic steps of implementing a Token System</b> 1. Learner does not have any tokens and does not have access to preferred items or activities. 2. Learner engages in desired behaviors or “target behaviors.” Often correct responding to questions or other demands from an adult or following set rules or expectations. 3. Learner is given a tokens contingent on engaging in these target behaviors. 4. Once learner has been given the required number of tokens, they exchange the tokens with an adult/instructor/RBT for access to desirable items and/or activities.
13	<b>Crisis/Emergency:</b> Implement crisis/emergency procedures according to protocol  Can be assessed by: <ul style="list-style-type: none"> <li>With a client</li> <li>Role-Play</li> <li>Interview</li> </ul>	1. Immediately ensure safety for the patient, self, and others. 2. Follow the specific emergency or behavior intervention plan written by the BCBA while maintaining a neutral tone. 3. Call for help if additional support is needed. 4. After the patient is safe, check for injuries and notify the supervising BCBA if they have not been notified already. 5. Document the incident in your session note using objective descriptions and complete an incident report if warranted (if injuries occurred.)
14	<i>Demonstrate one of the following tasks:</i> <b>Antecedent Interventions:</b> Implement interventions based on modification of antecedents, such as motivating/establishing operations and discriminative stimuli  Can be assessed by:	<b>Antecedent Interventions</b> are designed to alter the environment before a behavior occurs to prevent or decrease the likelihood of that behavior happening. Examples: <ul style="list-style-type: none"> <li>Visual Schedules</li> <li>Premack Principle or First/Then Statements</li> <li>Token Economies</li> <li>Choices and Choice Boards</li> <li>Environmental Awareness/Modifications</li> <li>Priming or Warnings</li> <li>Functional Communication</li> </ul>

<ul style="list-style-type: none"> <li>• With a client</li> <li>• Role-Play</li> </ul> <p><b>Differential Reinforcement:</b> Implement differential reinforcement procedures (e.g., DRA, DRO)</p> <p>Can be assessed by:</p> <ul style="list-style-type: none"> <li>• With a client</li> <li>• Role-Play</li> </ul>	<p><b>Differential Reinforcement:</b> means giving rewards for the right or better, while not rewarding the behavior we don't want to see. It's like shining a spotlight on the good choices so they happen more often. <i>Example: Learner is given reinforcement for any other behavior besides spitting every 3 minutes. If learner spits, they do not receive reinforcement.</i></p> <p><b>Differential Reinforcement of Other Behavior (DRO):</b> You give reinforcement when the learner does not do the problem behavior for a period of time</p> <p><b>Differential Reinforcement of Alternative Behavior (DRA):</b> You give reinforcement when the learner uses a different, positive behavior instead of the problem one. <i>Example: Learner is given reinforcement when greeting peers by waving instead of growling at them.</i></p> <p><b>Differential Reinforcement of Incompatible Behavior (DRI):</b> You give reinforcement if the learner does a behavior that they cannot do at the same time of the problem behavior. <i>Example: Learner is given reinforcement for clapping hands instead of holding on to the top of the trampoline net.</i></p> <p><b>Differential Reinforcement of High Rates of Behavior (DRH):</b> You give reinforcement if the learner does a desired behavior more often. <i>Example: Learner is provided with reinforcement when they raise their hand more than 2 times.</i></p> <p><b>Differential Reinforcement of Low Rates of Behavior (DRL):</b> You give reinforcement if the learner does the undesired behavior, but less often than before. <i>Example: Learner is provided with reinforcement for only washing hands once before a meal (decreased from 3 times).</i></p>
<p><b>Extinction:</b> Implement extinction procedures</p> <p>Can be assessed by:</p> <ul style="list-style-type: none"> <li>• With a client</li> <li>• Role-Play</li> </ul>	<p><b>Extinction:</b> withhold reinforcement from previously reinforced behaviors 100% of opportunities.</p> <p><b>Extinction Burst:</b> a temporary increase in the rate of a behavior following an extinction procedure.</p> <p><b>Spontaneous Recovery:</b> the reappearance of the "extinguished" behavior after a period in which the behavior was not being reinforced.</p> 
<p><b>Professionalism and Requirements (Tasks 16-20)</b></p>	
<p><b>15</b> <b>Session Notes:</b> Generate objective session notes by describing what occurred during the session.</p> <p>Can be assessed by:</p>	<p><b>Session notes are completed for every patient you are working with as the RBT for at least half or more of the learner's session.</b></p> <p><b>Be sure to include:</b></p> <ul style="list-style-type: none"> <li>• Include skill acquisition data relevant to that session along with the protocols used and targets addressed</li> </ul>

	<ul style="list-style-type: none"> <li>• With a client</li> <li>• Role-Play</li> <li>• Interview</li> </ul>	<ul style="list-style-type: none"> <li>• Included maladaptive behavior data along with antecedent and consequence interventions</li> <li>• List names of any additional participants (BCBA, trainees, other RBTs who provided a break, etc.) and include their credentials, relationship to patient, time in and time out.</li> <li>• At least 5 sentences</li> <li>• Use behavior analytic terms</li> </ul> <p><b>Be sure to avoid:</b></p> <ul style="list-style-type: none"> <li>• HIPAA abbreviations</li> <li>• Any academic, OT, or speech related vocabulary</li> <li>• Any mention of “nap” or “sleep” unless the patient napped during the session</li> <li>• Copy/pasting from other session notes</li> </ul>
16	<p><b>Client Dignity:</b> Provide examples of how to maintain client dignity</p> <p>Can be assessed by:</p> <ul style="list-style-type: none"> <li>• Interview</li> </ul>	<p><b>Use respectful language:</b> always call the client by their name, not by their diagnosis or behavior.</p> <p><b>Offer choices:</b> give the client options whenever possible (like choosing a toy, activity, or snack)</p> <p><b>Protect privacy:</b> Don’t talk about the client’s behavior in front of others who don’t need to know</p> <p><b>Treat them with age-appropriateness:</b> Even if school aged and working on basic skills, use materials and language that fit their age.</p> <p><b>Mindful of Tone &amp; Body Language:</b> speak kindly, calmly and in a supportive way</p> <p><b>Respect Personal Space:</b> always ask before touching or moving a client’s belongings.</p>
17	<p><b>Professional Boundaries:</b> Provide examples of how to maintain professional boundaries</p> <p>Can be assessed by:</p> <ul style="list-style-type: none"> <li>• Interview</li> </ul>	<ol style="list-style-type: none"> <li>1. Avoid multiple relationships with patients, coworkers, and supervisors. There can only be the relationship of patient/family and RBT. RBTs cannot be related to or personal friends with families outside of the clinic, babysit patients, etc.</li> <li>2. RBTs can only accept gifts with a monetary value of less than \$10.</li> <li>3. Direct questions you cannot answer to the correct person (CM, BCBA, OT, etc.)- don’t try to answer them yourself or make up an answer.</li> <li>4. RBTs cannot have connections on social media with patients or their families.</li> <li>5. RBTs cannot share their personal information (phone number, email, etc.) or request patient/caregiver’s personal information.</li> </ol>
18	<p><b>Supervision Requirements:</b> Describe BACB Supervision Standards for RBTs</p> <p>Can be assessed by:</p> <ul style="list-style-type: none"> <li>• Interview</li> </ul>	<p>It is MANDATORY for an active RBT to be supervised by a BCBA or BCaBA (NOT CM, ACM, Trainer, Case Manager, etc.) for at least 5% of the hours you spend providing behavior-analytic services each calendar month.</p> <p>Each RBT must be supervised face to face at least two times per month. At least one must be individual (observation of direct services).</p> <p>RBTs must track their own hours each month on a tracking system, at Hopebridge we use the RBT Supervision tracker on Salesforce (also found via an app on your tablet)</p>
19	<p><b>Clinical Direction:</b> Descript at least one situation in which you</p>	<ol style="list-style-type: none"> <li>1. Parent requests a change in the schedule or asks you a question that you are unable to answer.</li> <li>2. Medication needs to be administered.</li> </ol>

<p>would seek clinical direction from your supervisor.</p> <p>Can be assessed by:</p> <ul style="list-style-type: none"><li>• Interview</li></ul>	<ol style="list-style-type: none"><li>3. New maladaptive behavior arises during a session.</li><li>4. Target/goal needs to be clarified or there are any questions related to a patient's protocols.</li><li>5. You have ideas for a program, notice things that don't appear to be working, or think there are too many/too few programs.</li></ol>
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