RBT ONLINE TRAINING COURSE

RBT® Section B (Part 1): Assessments

The Starting Point of an Successful ABA Program- Assessments

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Autism Education for Parents, Teachers, and Therapists

RBT® Task List Item(s) Addressed

This training program is based on the RBT Task List (2nd ed.) and is designed to meet the 40-hour training requirement for RBT certification. The program is offered independent of the BACB.

RBT® Task List Item	Item Description
A-06	Describe the behavior and environment in observable and measurable terms.
B-01	Conduct preference assessments.
B-02	Assist with individualized assessment procedures (e.g. curriculum-based, developmental, social skills)
B-03	Assist with functional assessment procedures

Objectives & Learning Outcomes

This training program is based on the RBT Task List (2nd ed.) and is designed to meet the 40-hour training requirement for RBT certification. The program is offered independent of the BACB.

RBT® Task List Item	Item Description
A-06	Learn to identify and how to operationally define behavior
B-01	Discriminate between different preference assessments and learn how-to perform preference assessments
B-02	Differentiate individualized assessments and understand their purpose

Ultimate Learning Outcome (s)
➢ Proficiently describe and define objective behaviors and the environment
➢ Become familiar with common diagnoses and behaviors associated with certain diagnoses
➢ Become familiar with the process of obtaining ABA services and assessments
➢ Understand the role of an RBT® in the Assessment Process of ABA service delivery system

What is Behavior and the Environment?

Your Turn! Recap and Fluency Builder! ASR #1

- **What is Behavior?**

A. It is when someone engages in an action that results in damage to the person, others, property or animals.

B. The activity of living organisms (including anything a person, says, or does)

C. Anything a person feels, says, or thinks.

Behavior Targeting

To begin any assessment or program protocol we need to figure out what "behavior" we are targeting.

- *A behavior must include:*
  - ➢ **Operational Definition**
    - ▪ Describe exactly what the behavior looks like
    - ▪ Describes what the behavior doesn't look like (optional)
    - ▪ The Dead Man's Test
  - ➢ **Measurable**
    - ▪ What type of data can we take on the behavior?
  - ➢ **Agreed Upon**
    - ▪ Everyone can observe the beginning to end of the behavior
    - ▪ Everyone can measure the "same" behavior
  - ➢ **Demonstrated**

Operationally Defining Behavior

Incorrect	Correct
Hitting. *Would attempts count? Would using a finger, whole hand, right hand, left hand all count? Would hitting objects count?*	Hit any part of his hand against an object or another person or an attempt at hitting another person in the case that the other person moved away
Being Disruptive. *What would this look like?*	Yelling or crying and running around desk
Frustrated. *How do you know what they are feeling? How can you measure a feeling?*	Stop working and put head down or drawing on paper or ripping paper
Participation. *How would you measure?*	Raising hand and answering questions
Having a tantrum. *What does this look like? How would you measure?*	Screaming, Running, and Hitting

Defining the Environment

Environment is anything outside the organism performing a behavior.

- Who was/was not present
  - ➤ Teacher, parent, clinician, RBT®
- What was/was not present
  - ➤ Furniture, session materials
- What was said
- Where/location
  - ➤ Classroom, bedroom, kitchen, grocery mart
- When/time
- How did it look like
- Includes noise level, temperature, aromas/smells etc.
  - ➤ i.e 20°C, loud music playing, fans on, perfumes

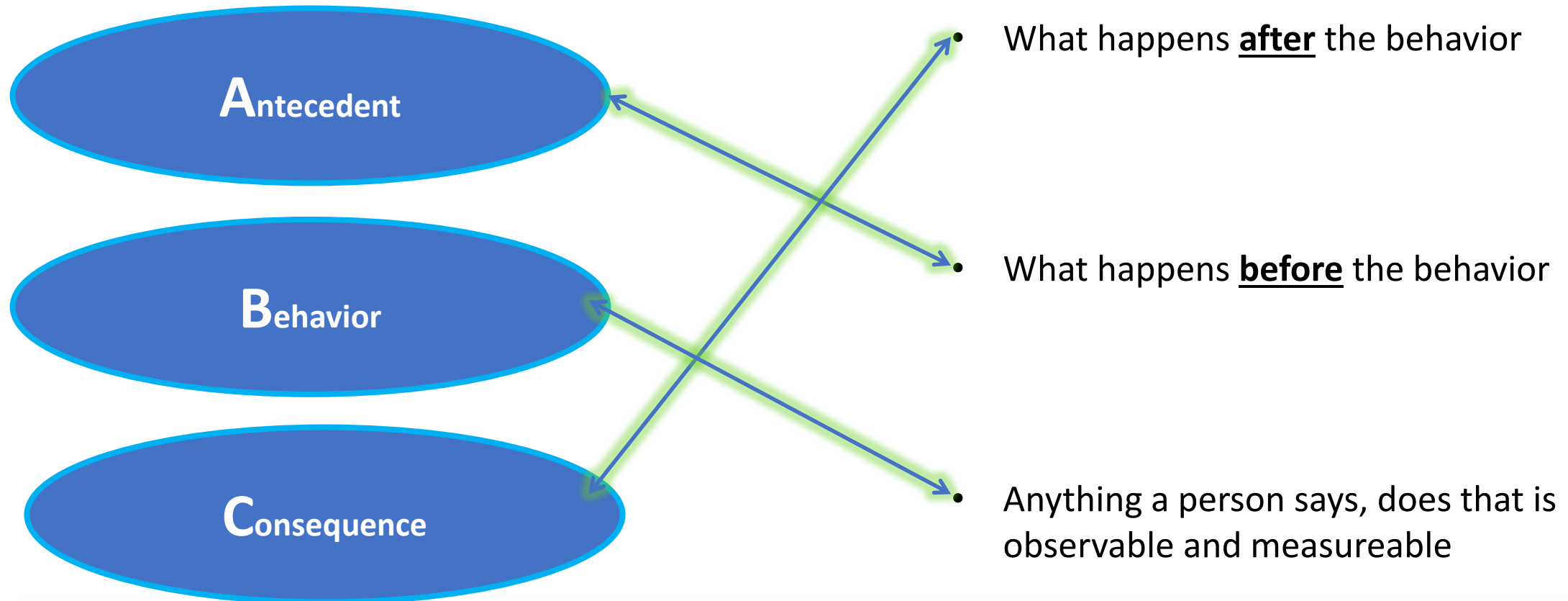**Behavior(s) do not happen in a vacuum!**

Environment Example

- **Example:**

  Tommy will complete his math worksheet in Mr. Johnson's classroom at his desk which should be placed close to board and away from the window. Distractions and noise should be kept to a minimum and the door should be kept closed to minimize hallway noise and other distractions.

Your Turn! Recap and Fluency Builder! ASR #2

- Match the correct terminology with the definition

Antecedent

Behavior

Consequence

- What happens **after** the behavior

- What happens **before** the behavior

- Anything a person says, does that is observable and measureable

Behavior and the Environment

Changes in our environment can lead us to make changes in our behavior.

- What's the Environment? *Hint: Antecedent/Before*
  - `If we see it is raining outside, we will take an umbrella when we leave home.
  - If a student sees a substitute teacher, they may become shy and not respond to questions.

Our environment may also provide consequences to our behavior. The differences in these consequences will shape our behavior.

- What's the Consequence? *Hint: After*
  - If a student begins telling jokes at the playground, other kids might laugh and want to play with him more.
  - If the student begins to tell jokes in the middle of a movie, he may get into trouble.

This is called Audience Control- knowing who, where, and when you can engage in specific behavior.

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Behavior and the Environment (Cont.)

- Typically developing children will learn the connection between their environment (including the people within their environment) and change their behavior accordingly, instinctively.

- Children and adults with autism and social skills delays need to be taught to look for cues in their environment and make changes to their behavior based on reinforcement and consequences, along with social scripts or social rules.

Common Diagnoses of Clients/Students Receiving ABA Services

What is a Diagnosis

- A diagnosis is a global and systematic way for practitioners to classify a group of behaviors, cognition levels, illnesses, and/or areas of deficits.

- Only certain type of doctors, nurses, and therapist can "diagnosis" an individual.
  - ➢ Pediatricians, M.D, Doctors, Psychologists etc.

- Behavior Analysts and RBT®s **can not** diagnosis.

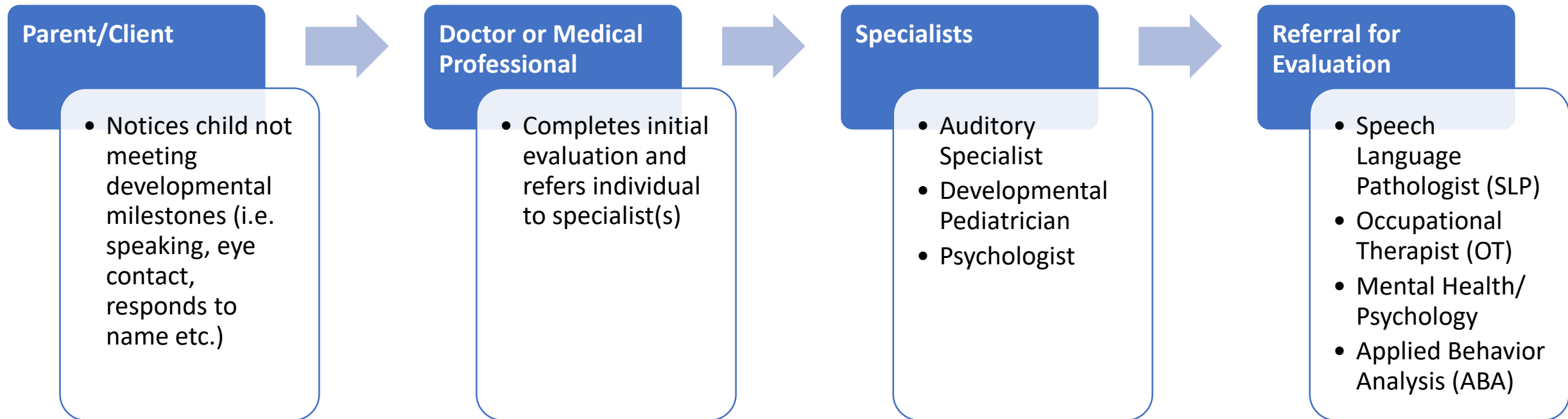- Always use person 1st language when communicating about an individual and their diagnosis(es).

Correct	Incorrect
✓A child with autism	✗The autistic child
✓An individual with a developmental delay	✗ The retarded guy

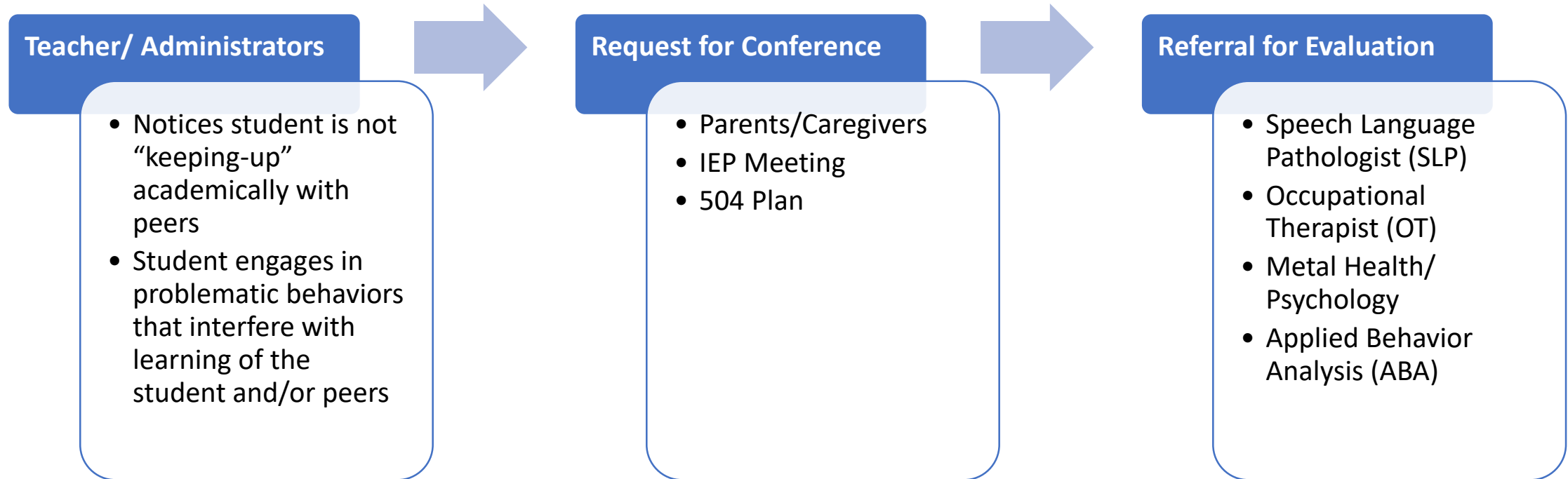- A diagnosis **NEVER** defines a person!

The Diagnosis to Treatment Process

- Seeking a diagnosis typically occurs due to one of the following:

    1. Pregnancy/Delivery complications or birth defects

    2. Long-term illness

    3. Child is not meeting developmental milestones

    4. Traumatic event

    5. Brain or body Injury

    6. Problematic behaviors

- Doctors et al. will complete assessments and medically determine if the individual falls within the definition of a particular diagnosis.

- The individual or family will then seek treatment (ABA, Speech, Occupational, Medication, etc.)

The Diagnosis to Treatment Process Recap (Clinic Setting)

Parent/Client

- Notices child not meeting developmental milestones (i.e. speaking, eye contact, responds to name etc.)

Doctor or Medical Professional

- Completes initial evaluation and refers individual to specialist(s)

Specialists

- Auditory Specialist
- Developmental Pediatrician
- Psychologist

Referral for Evaluation

- Speech Language Pathologist (SLP)
- Occupational Therapist (OT)
- Mental Health/ Psychology
- Applied Behavior Analysis (ABA)

The Diagnosis to Treatment Process Recap (School Setting)

Teacher/ Administrators

- Notices student is not "keeping-up" academically with peers
- Student engages in problematic behaviors that interfere with learning of the student and/or peers

Request for Conference

- Parents/Caregivers
- IEP Meeting
- 504 Plan

Referral for Evaluation

- Speech Language Pathologist (SLP)
- Occupational Therapist (OT)
- Metal Health/ Psychology
- Applied Behavior Analysis (ABA)

Diagnoses and ABA Services

- Diagnoses generally fall into at least 1 of 3 categories:
  - Medical
  - Substance-Induced
  - Psychological

- In ABA, we always must rule-out any medical conditions that have under-pinnings to behavior(s) first!

- For insurance coverage purposes, generally an individual receiving ABA services will have a diagnosis of any of the following neurodevelopmental disorders and/or mental health disorders:
  - Autism Spectrum Disorder (ASD)
  - Prader Willi Syndrome
  - Speech/ Communication Delays
  - Intellectual Developmental Disorder (IDD)
  - Conduct Disorder (CD)
  - Attention Deficit Hyperactivity Disorder (ADHD)
  - Down's Syndrome
  - Global Developmental Delay
  - Traumatic Brain Injury (TBI)
  - Cerebral Palsy (CP)
  - Oppositional Defiant Disorder (ODD)
  - Virtually any diagnosis in the DSM-V

Remember: Behavior is Behavior and ABA works with any organism regardless of Diagnosis!

Neurodevelopmental Disorder(s)
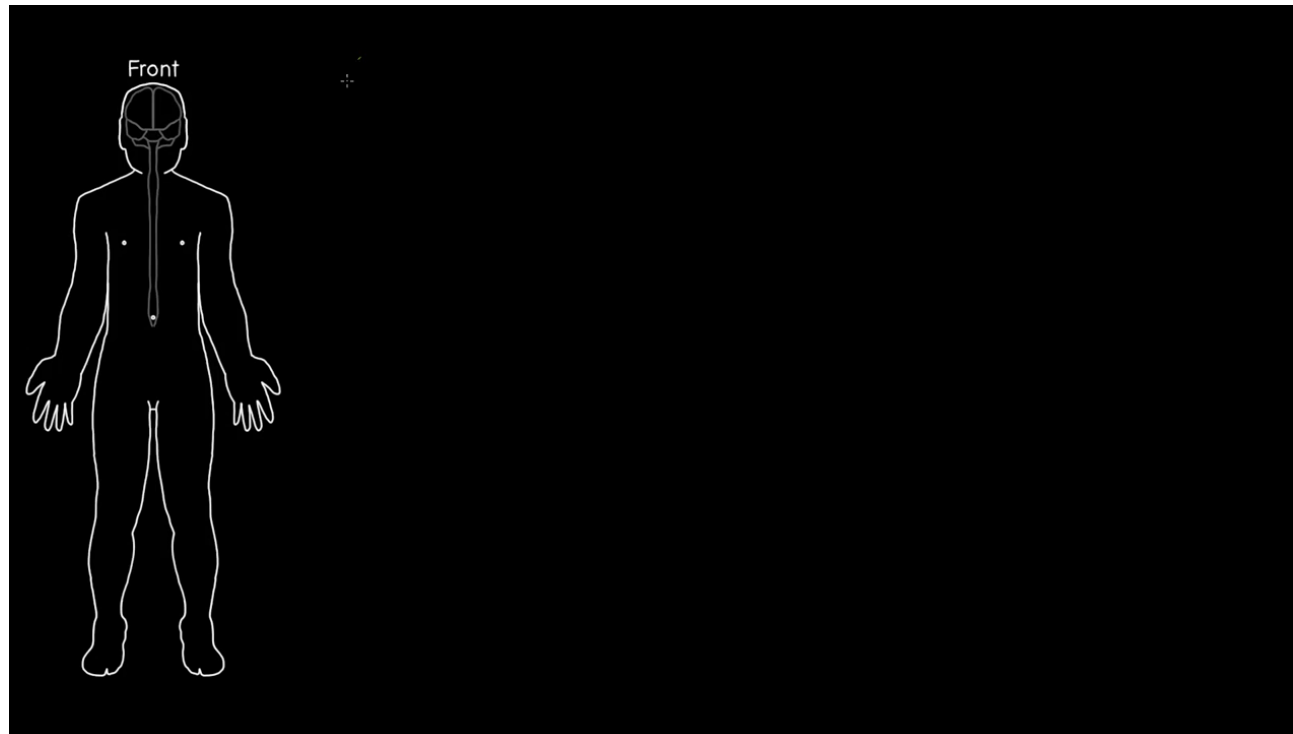
Common Early Learner Diagnoses

- Early Learner generally refers to infants, toddlers, and young school aged children (Ages from birth- 7)

- Neurodevelopmental Disorders

- Treatment: Early Intensive Behavior Intervention and/or Medication (Speech, Occupational, Physical, ABA etc.)

Diagnosis	Age Range of Diagnosis	Global Prevalence Rate
Down's Syndrome	Prenatal- Birth	1 in 700 (CDC 2017)
Cerebral Palsy	Birth- 5 years	1 in 323 (CDC 2018)
Autism Spectrum Disorder	18 months- adulthood	1 in 100 (CDC 2014)
Intellectual Disability	12 months- adulthood	1 in 77 (CDC 2010)
Attention Deficit (Hyperactivity) Disorder	2 years-adulthood	1 in 10 (CDC 2018)

Common Adolescence Comorbidity Diagnoses

- Adolescence generally refers to older school-aged kids, pre-teens, teenagers, and young adults
- Ages from 8-adulthood (22 years old in USA)
- Neurodevelopmental Disorders and Mental Health (Comorbidity)
- Treatment: School Support, Medication and/or therapy (Speech, Occupational, Physical, ABA etc.)

Early Learner Diagnosis	Neurodevelopmental	Mental Health Disorder
Down's Syndrome	ID, ADHD, ASD	Anxiety, Depression, OCD
Cerebral Palsy	ID, ASD	Depression, Anxiety
Autism Spectrum Disorder	ID, ADHD	Anxiety, Depression, OCD, ODD
Intellectual Disability	ASD, ADHD	Depression, Anxiety, Bi-polar, Schizophrenia
Attention Deficit (Hyperactivity) Disorder	ASD	Depression, Anxiety, Social Phobia, Bi-polar, Substance Abuse

Autism Spectrum Disorder (ASD)

- Aka- ASD, Autism, Asperger's, The Spectrum, High-Functioning Autism
- Age of Diagnosis: 1 ½ years-18 years
- Neurodevelopmental Disorder
- Common Symptoms/Presentation of ASD:
  - Social: Refrain from eye contact and others (i.e. loaners); deficits with social cues
  - Cognition: Progress in structure, strict routines
  - Behavioral: "meltdowns" more often
  - Language: Deficits in language, speaking,
  - Comprehension: Deficits in understanding
  - Executive Function: Deficits in cause/effect relationships
  - Physical: Motor planning (deficits in gross & fine motor skills)
  - Repetitive Behaviors: line up items, stereotypy (stimming)
  - Sensory: over stimulated or under stimulated
- Treatment: Intensive Early Intervention and/or Medication
  - Speech Therapy
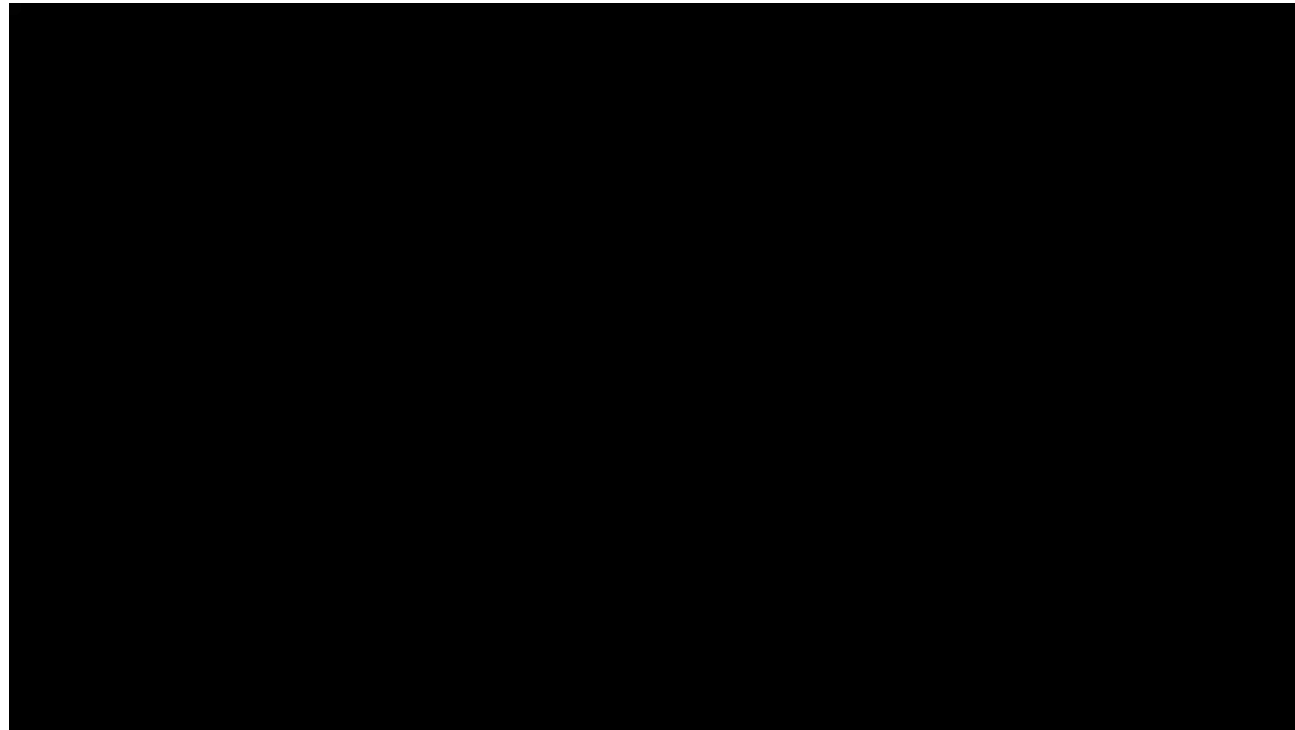 - ABA
  - Physical Therapy
  - Occupational Therapy

Autism Spectrum Disorder

Let's Meet Alexa!

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Attention Deficit (Hyperactivity) Disorder (ADHD)

- Aka- ADD, ADHD

- Age of Diagnosis: 3 years-10 years

- Neurodevelopmental Disorder

- Common Symptoms/Presentation of ADD/ADHD:
  - ➢ Social: interrupts conversations, easily distracted
  - ➢ Cognition: poor time management, appears disorderly and/or messy
  - ➢ Behavioral: difficulties with sustaining attention during lectures, often fidgets, runs/climbs in inappropriate settings
  - ➢ Language: talks excessively, blurts out answers
  - ➢ Comprehension: poor level of following directions

- Treatment: Intensive Early Intervention and/or Medication
  - Speech Therapy
  - ABA
  - Physical Therapy
  - Occupational Therapy

Let's Meet Chris!

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Down's Syndrome

- Aka- Down's

- Age of Diagnosis: during pregnancy or at birth

- Neurodevelopmental Disorder

- Symptoms/Presentation of Down's Syndrome:
  - ➤ Social: Deficits in adaptive functioning which can lead to isolation from the community
  - ➤ Cognition: Higher chance of loosing cognition with age (i.e. Alzheimer's)
  - ➤ Language: Speech sound disorders
  - ➤ Comprehension: deficits in reading, writing, and understanding spoken language
  - ➤ Physical Structure: nose cavity is not fully developed at birth, smaller stature

- Treatment: Intensive Early Intervention and/or Medication
  - Speech Therapy
  - ABA
  - Physical Therapy
  - Occupational Therapy
  - Specialized Medical Professions (Pulmonology, GI etc.)

Let's Meet the Down's Syndrome Advocacy Group!

https://www.youtube.com/watch?v=c_W27IIN3HM

Diagnoses Summary

- ABA works with any individual regardless of their diagnosis.

- Many early learners and adolescence who receive ABA services will have a neurodevelopmental disorder.

- There is a high probability that an RBT will work with different ages and different diagnoses. Some individual's will have dual-diagnoses (comorbidity).

- Always use person-first language.

- Regardless of someone's diagnosis, they can live fulfilling, happy, and independent lives!

- A person having a diagnosis is a person, just like you!

Overview of Assessments Used in Applied Behavior Analysis

The Assessment Process

Intake

- Info about ABA
- Intake form (application)
- Consent to Assessment
- Consent for release of confidential information
- Other information and consent is collected

Records Review and Interview(s)

- In-direct records review (medical, behavioral, mental health, educational)
- Interview of client and/or stakeholders
- Direct observation of client in environment
- Medical Rule-Out or Rule-In

Assessments

- Preference Assessment
- Functional Behavior Assessment
- Developmental
- Curriculum-Based
- Social Skills
- **DATA COLLECTED!**
- **RBTs Assist with Assessments under direct instruction of BCBA**

Recommendations and Behavior Plan

- BC(a)BA Determine if ABA services is necessitated
- BC(a)BA Analyze the data and create programs based on assessment results

What is the Purpose of Assessments

- Assessments are utilized to determine if a recommendation for ABA services are necessitated and obtain baseline.

- Not every individual that receives an assessment will have a recommendation for ABA services.

- Obtaining baseline information is critical to developing an accurate initial treatment or behavior plan. A baseline provides information about:
  - ➢ Skills the student already knows
  - ➢ Skills and prerequisite skills the student is missing
  - ➢ Identify barriers to treatment programs
  - ➢ Identify maladaptive behaviors that interfere with learning for the individual or others in their environment

Assessment Methods

- Assessments can be direct and/or in-direct
- It is best practice to have a mix of direct assessments (observation and formal testing)

Direct Assessments	Indirect Assessments
Observation of Client	**Client and/or Stakeholder Verbal Input**
• Social Skills • Play Skills • Maladaptive Behaviors • Adaptive Functioning	• Social Skills • Play Skills • Maladaptive Behaviors • Adaptive Functioning
Formal Testing with Observation	**Formal Valid Assessments without Observation**
• Presenting a specific SD (task) for client to complete • Important to utilize reinforcement schedules and/or visual supports the client typically uses in their daily life	• Systematic surveys • Important to obtain information and hypotheses of behaviors targeted for decrease/increase because behaviors were not observed during the assessment period.

Assessment Types

Preference Assessment	Functional Assessment
A preference assessment is a method of identifying potential reinforcers and can provide a hierarchy of preferred items	Identifies the relationships between the environment, behavior and consequence to determine the function of a behavior (A-B-C)

Skills Assessments

Developmental Assessment	Curriculum-Based Assessment	Social Skills Assessment
Based on decades of research of how a typically child develops and uses this knowledge as a way to compare the child to his/her typically developing peers	Uses developmental research and identifies area(s) where a child may be missing pre-requisites to increase independence. The programming typically following these "steps" of development	Uses developmental research to increase social skills similar to curriculum-based. It includes cooperation, playing with peers, turn taking, responding to one's name, language, toileting etc.

Assessment Tools

Common Assessment Tools:

- Preference Assessments

- Skill Acquisition Assessments

  ➢ ABLLS-R

  ➢ VB-MAPP

  ➢ Vineland-2

- Functional Behavior Assessments

- Language and Social Skills Assessments

Preference Assessments

What is the Purpose of Preference Assessments

- Preference assessments discovers potential reinforcers

  - Identify Potential Positive Reinforcement
    - *Prompt:* Positive= adding something to the environment
    - *Prompt:* Reinforcement= increases a behavior occurring in the future

  - Reinforcers can serve 2 purposes
    - Antecedent- Increases motivation to "work" and learn (i.e. you are more motivated to work when you earn a check)
    - Consequence- Increases independent responding of targeted behaviors for increase in the future (i.e. you continue to work when you earn a check)

  - Preference Assessments need to be ongoing (sometimes multiple times in 1 session)
    - What motivates someone today, may not motivate them tomorrow
    - *Prompt:* Satiation vs Deprivation

Preference Assessment Types

- **Single-stimulus (SS)**
  - ➢ Present 1 stimulus (item) at a time and observe consumer's response/behavior

- **Paired-choice (PC) or paired-stimulus (PS)**
  - ➢ Present 2 stimuli (items) at a time and observe consumer's response/behavior
  - ➢ Which stimulus does the consumer choose 1st?

- **Multiple-stimulus with replacement (MSW)**
  - ➢ Present multiple stimuli (items) at a time and observe consumer's response/behavior
  - ➢ When stimulus is selected, re-administer MSW and add a different item to "replace" the selected item.

- **Multiple-stimulus without replacement (MSWO)**
  - ➢ Present multiple stimuli (items) at a time and observe consumer's response/behavior
  - ➢ When stimulus is selected, re-administer MSWO and <u>DO NOT</u> add a different item after an item is selected.

- **Free operant (FO)**
  - ➢ Observe the consumer in their natural environment and document their response/behavior to include selected stimulus

- **Response restriction (RR)**
  - ➢ Observe the consumer in their natural environment and document their response/behavior to include selected stimulus, but the selected item is removed from the options

Single Stimulus (SS)

- A single stimulus consists of presenting one item at a time

- Present stimuli one at a time

- Best to use a variety of stimuli that crosses various sensory systems

Visual	Auditory	Olfactory	Tactile
Lights, bright colors	Sounds	Soft smells	Soft, fluffy, hairy
Video Games	Music	Harsh smells	Hard, rough, size
Videos/Tablets	Soft vs loud	lotions	Playdough, stress balls

- Each item should be presented several times and the order of presentation should be varied (random)

- Scoring- Record the learner's:
  - ➤ Define the behavior/reaction (did they take item, manipulate/play with the item)
  - ➤ Frequency of chosen item(s)
  - ➤ Duration they interacted with the item

- Cooper, J. O., Heron, T. E., & Heward, W. L. (2007). Applied Behavior Analysis(2nd Ed). Upper Saddle River, NJ: Merrill/Prentice Hall.

Single Stimulus Video Modeling

https://www.youtube.com/watch?v=CnBraS9rmz4&list=PLXFqaanf1VpTh49MU0w8q28Wpi8bNLAsB&index=5

Paired Choice (PC)

- AKA "forced choice" or "paired stimulus"

- In a paired-choice, participants choose from one of two options presented at the same time

- Assessor records which of the 2 items the learner chooses.

- Each stimulus must be matched with each other stimulus in random presentations.
  - ➢ This makes the assessment time consuming

- Scoring- Record the learner's:
  - ➢ Record which item was selected
  - ➢ Define the behavior/reaction (did they take item, manipulate/play with the item)
  - ➢ Duration they interacted with the item
  - ➢ Rank items (high, medium, and low preference)

- Cooper, J. O., Heron, T. E., & Heward, W. L. (2007). Applied Behavior Analysis(2nd Ed). Upper Saddle River, NJ: Merrill/Prentice Hall.
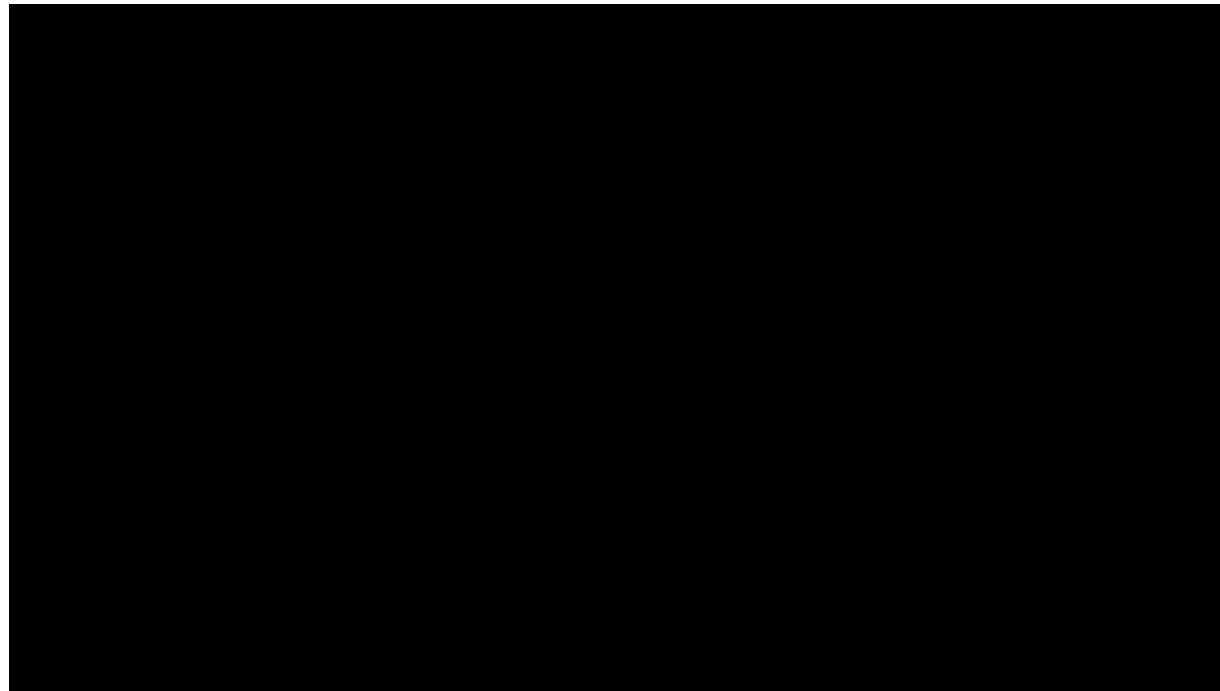
Paired Choice Video Modeling

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Multiple Stimulus with Replacement (MSW)

- In Multiple Stimulus **with** Replacement, you present multiple stimuli in an array of 3 or more

- Client chooses one item at a time

- Each time an object is chosen, the selected item is removed from the array and a new item **replaces it** in the array

- You will add the selected item into the next array of choices
  - ➢ If the array consists of 4 items, each presentation will always have 4 items

- Scoring- Record the learner's:
  - ➢ Record which item was selected from each of the array
  - ➢ Many times you will record which items were presented during each trial
  - ➢ Define the behavior/reaction (did they take item, manipulate/play with the item)

- Cooper, J. O., Heron, T. E., & Heward, W. L. (2007). Applied Behavior Analysis(2nd Ed). Upper Saddle River, NJ: Merrill/Prentice Hall.
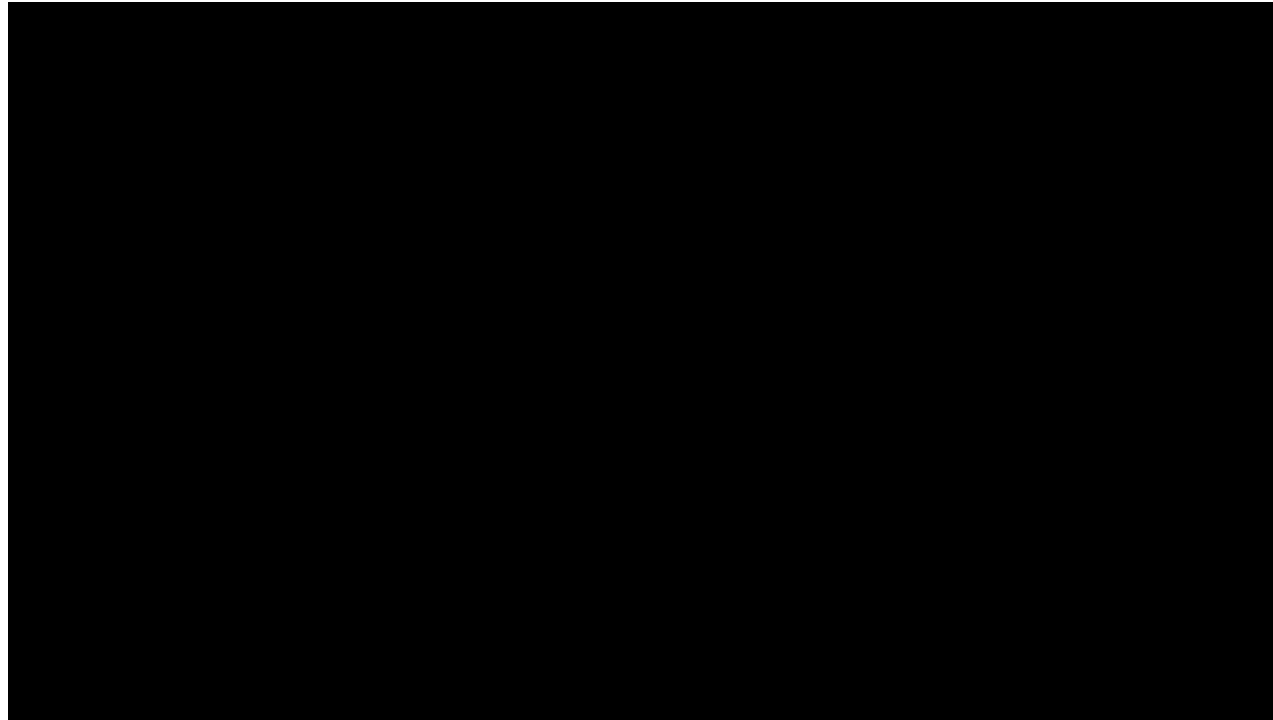
Multiple Stimulus with Replacement Video Modeling

Multiple Stimulus without Replacement (MSWO)

- In Multiple Stimulus **without** Replacement, you present multiple stimuli in an array of 3 or more
- Client chooses one item at a time
- Each time an object is chosen, the selected item is removed from the array
- The selected item **will not** be re-introduced into the array of items
- The array is then shuffled with one less item (stimulus)

  ➢ Start with 5 stimuli→Client selects 1 item→Shuffle remaining 4 stimuli and Re-administer MSWO→Client selects 1 item→ Shuffle remaining 3 stimuli and Re-administer MSWO→ Client selects 1 item→ Shuffle remaining 2 stimuli and Re-administer MSWO→ Client selects 1 item

➢ Scoring- Record the learner's:
  ➢ Record which item was selected from each array
  ➢ Record the location of the chosen item
    ▪ Left side, right side, middle, 2nd from left, 2nd from right etc.
  ➢ Define the behavior/reaction (did they take item, manipulate/play with the item)

- Cooper, J. O., Heron, T. E., & Heward, W. L. (2007). Applied Behavior Analysis(2nd Ed). Upper Saddle River, NJ: Merrill/Prentice Hall.

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Multiple Stimulus without Replacement Video Modeling

Free Operant (FO)

- In Free Operant assessment, you only observe and take data

- Client has "free reign" of their environment and can engage/manipulate one or multiple items for the entire duration of the assessment period

- Best utilized in NET

➢ Scoring- Record the learner's:
  ➢ Record which item or items the client engaged with
  ➢ Record the duration of engagement with each selected item
  ➢ Sometimes, the client will select multiple stimuli simultaneously
    ▪ Baby doll, bottle, and blanket (related objects)
    ▪ Book, bear, and edibles (setting up a scene)
    ▪ Pen, markers, and paper (functionally related objects to complete an activity)
    ▪ Car, book, swing (unrelated objects)

- Cooper, J. O., Heron, T. E., & Heward, W. L. (2007). Applied Behavior Analysis(2nd Ed). Upper Saddle River, NJ: Merrill/Prentice Hall.

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Free Operant Video Modeling

https://www.youtube.com/watch?v=4hRet6DcJ10&t=102s
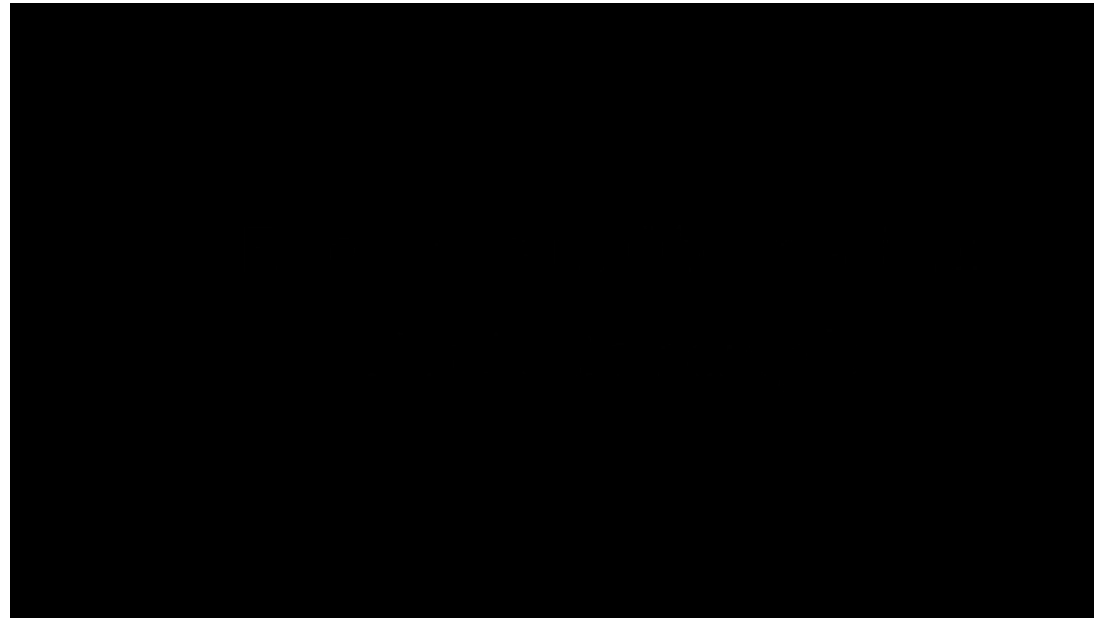
Response Restriction (RR)

- In Response Restriction assessment, you observe, take data, and remove selected items from the environment
- Client has "free reign" of their environment and can engage/manipulate one or multiple items
- Best utilized in NET
- Once the client selects the item and they put it down/throw it/ toss it→ you remove the item from the environment so the client can not access it again for the remaining duration of the assessment.
  - ➢ Many times, if the consumer has a large verbal repertoire they may stop engaging with other items and come to you and request for the item that was removed
  - ➢ This means that item is highly reinforcing for that session
  - ➢ This process increases motivation (deprivation)
- ➢ Scoring- Record the learner's:
  - ➢ Record which item or items the client engaged with
  - ➢ Record the duration of engagement with each selected item
  - ➢ Sometimes, the client will select multiple stimuli simultaneously
    - ▪ Baby doll, bottle, and blanket (related objects)
    - ▪ Book, bear, and edibles (setting up a scene)
    - ▪ Pen, markers, and paper (functionally related objects to complete an activity)
    - ▪ Car, book, swing (unrelated objects)

Cooper, J. O., Heron, T. E., & Heward, W. L. (2007). Applied Behavior Analysis(2nd Ed). Upper Saddle River, NJ: Merrill/Prentice Hall.

- Match the example with the correct Preference Assessment

> **A consumer is in the center-based and sitting at the table. You present a stimulus and record the behavioral observations of the consumer engaging with item (duration, frequency etc.). Next, you present another stimulus and record the observation**

> **A client is in the home-setting and sitting on the floor. You present 3 stimuli and record the behavioral operations of the consumer engaging with item (duration, frequency etc.). Next, you remove the selected item and present 2 stimuli and record the observation**

R R   **F O**   **P C**   **MSWO**   **MSW**   **S S**

- Match the example with the correct Preference Assessment

A student is in the school setting. You observe what stimuli the student is engaging with and record your observations(duration, frequency, item type etc.).

An individual is in the home setting and you bring her to the refrigerator and ask her "would you like milk or apple juice?" with the presentation of each drink. The individual selects milk and you document on the corresponding preference assessment data collection sheet

R R   **F O**   **P C**   **MSWO**   **MSW**   **S S**

Preference Assessments in Applied Settings

Preference Assessment- Which Assessment to Use

- There is not a criterion on how to select which Preference Assessment format will be most effective and should be determined considering an individual's (*prompt:* ABA is individualized):
  - Time allotted for Preference Assessment
    - Session is 1 hour in duration (set aside 5 minutes for preference assessment)
    - Session is 3-4 hours in duration (set aside 15 minutes for preference assessment)
  - Individual's ability to choose from several different items at one time
    - Can the individual select from only 1 option, 3 options, 20+ options
  - Visual and motor capabilities of the student
    - Does the individual run-around or requires to sit/crawl?
    - Does the individual only select items from the right side of an array?
  - Ability to "wait" appropriately
    - Does the individual just grab items quickly or can they accept delay in access to the item with the SD "wait" or "first this, then you can have _____"
  - Ability to give up preferred items readily without displaying challenging behaviors
    - Does the individual relinquish an item easily with the SD "give ____to me please" maybe paired with visual prompt?
  - Respond to simple commands, such as "pick one."
    - Does the individual select 2 items when they have two hands available?

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Preference Assessment- Which Stimuli to Use

- **Create a "Goodie Therapy Bag"** *(Reinforcer Tool Kit)*
  - ➢ Include items from each sensory category *(refer to beginning of this presentation)*
  - ➢ Toys, Edibles, balls, textures, videos (from cell phone/tablets), etc.
  - ➢ Your Goodie Therapy Bag will become a conditioned reinforcer if you have the "right stuff" in it!
  - ➢ Always grow your Goodie Therapy Bag and add items over time that your consumers find reinforcing

- **What "right stuff" to put in your Goodie Therapy Bag**
  - ➢ Questionnaires for caregivers and teachers
    - ➢ i.e., the Reinforcer Assessment for Individuals with Severe Disabilities (RAISD) (Fisher, Piazza, Bowman, & Amari, 1996).
  - ➢ Interviews
  - ➢ Observation
  - ➢ Familiarity
  - ➢ Preference Assessments over time ☺

Preference Assessment- The Set-Up and Documentation

- Gather the appropriate data collection sheets
- Operationally Define "selection" (selecting an item is a behavior!)
  - ➢ The individual walks up to the item
  - ➢ The individual picks up the item
  - ➢ The individual engages with the item
  - ➢ Include in the operational definition what is a selection and what is not a selection
- Document latency between "pick one" and the individual engaging in selecting behavior
- Document the duration the individual is engaging with the selected stimulus or stimuli
- Document the Inter-response time between selecting behavior of multiple stimuli
- Document the frequency of each particular stimulus being selected

Data Collection Sheet for Preference Assessment Examples

Single Stimulus (Duration)

Item	Approach	Did not approach	Engaged with	AR/PB	Duration of engagement
					_____ min, _____ s
					_____ min, _____ s
					_____ min, _____ s
					_____ min, _____ s
					_____ min, _____ s
					_____ min, _____ s
					_____ min, _____ s
					_____ min, _____ s
					_____ min, _____ s
					_____ min, _____ s

Date: _____ Teacher: _____ Child: _____

Item	Approach	Did not approach	Engaged with	AR/PB	Duration of engagement
					_____ min, _____ s
					_____ min, _____ s
					_____ min, _____ s
					_____ min, _____ s
					_____ min, _____ s
					_____ min, _____ s
					_____ min, _____ s
					_____ min, _____ s
					_____ min, _____ s
					_____ min, _____ s

Highest preferred items (approached frequently, engaged with for longest durations):

Moderately preferred items (approached, engaged with for shortest durations):

Low preferred items (not approached, or engaged in avoidant or problem behaviors):

*AR/PB = avoidant response or problem behavior

Paired Choice (Frequency/Opportunities)

Preference Assessment Data Sheet

Student: _____ Classroom: _____ Assessed by: _____

Date: _____ Time: _____

Stimulus Items:	Overall rank (largest percent is #1)
1.	
2.	
3.	
4.	
5.	

Record item with corresponding item number:

1.	2.	1	2	3	4	5	N
5.	4.	1	2	3	4	5	N
3.	1.	1	2	3	4	5	N
2.	4.	1	2	3	4	5	N
4.	5.	1	2	3	4	5	N
3.	2.	1	2	3	4	5	N
1.	5.	1	2	3	4	5	N
3.	4.	1	2	3	4	5	N
5.	1.	1	2	3	4	5	N
1.	4.	1	2	3	4	5	N
2.	3.	1	2	3	4	5	N
3.	5.	1	2	3	4	5	N
4.	2.	1	2	3	4	5	N
5.	2.	1	2	3	4	5	N
4.	3.	1	2	3	4	5	N
2.	5.	1	2	3	4	5	N
1.	3.	1	2	3	4	5	N
4.	1.	1	2	3	4	5	N
5.	3.	1	2	3	4	5	N
2.	1.	1	2	3	4	5	N

Times selected:

1. ___/___ x 100 = ___%
2. ___/___ x 100 = ___%
3. ___/___ x 100 = ___%
4. ___/___ x 100 = ___%
5. ___/___ x 100 = ___%

Multiple Stimulus with Replacement (MSW) Preference Assessment
(Up to 8 items)

Item A: _____
Item B: _____
Item C: _____
Item D: _____
Item E: _____
Item F: _____
Item G: _____
Item H: _____

Item A selected: _____ times
Item B selected: _____ times
Item C selected: _____ times
Item D selected: _____ times
Item E selected: _____ times
Item F selected: _____ times
Item G selected: _____ times
Item H selected: _____ times

MSW (Frequency)

Date:	
Child:	
Teacher:	
Trial #	**Items available (circle selected)**
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Date:	
Child:	
Teacher:	
Trial #	**Items available (circle selected)**
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Date:	
Child:	
Teacher:	
Trial #	**Items available (circle selected)**
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Highest preferred items (selected highest number of times):

Moderately preferred items (selected moderate number of times):

Lowest preferred items (selected fewest number of times):

MSWO for 8 items

Item A: _____
Item B: _____
Item C: _____
Item D: _____
Item E: _____
Item F: _____

Sum of trial #s for A: _____
Sum of trial #s for B: _____
Sum of trial #s for C: _____
Sum of trial #s for D: _____
Sum of trial #s for E: _____
Sum of trial #s for F: _____

MSWO (Frequency & 1st Selection)

Date:	
Child name:	
Teacher name:	
Trial #	**Item selected**	**Placement of item selected**
1		x x x x x x
2		x x x x x
3		x x x x
4		x x x
5		x x
6		x

Date:	
Child name:	
Teacher name:	
Trial #	**Item selected**	**Placement of item selected**
1		x x x x x x
2		x x x x x
3		x x x x
4		x x x
5		x x
6		x

Date:	
Child name:	
Teacher name:	
Trial #	**Item selected**	**Placement of item selected**
1		x x x x x x
2		x x x x x
3		x x x x
4		x x x
5		x x
6		x

Date:	
Child name:	
Teacher name:	
Trial #	**Item selected**	**Placement of item selected**
1		x x x x x x
2		x x x x x
3		x x x x
4		x x x
5		x x
6		x

Highest preferred items (lowest summed trial #s):

Moderately preferred items (moderate summed trial #s):

Lowest preferred items (highest summed trial #s):

Free Operant (Duration)

Date: _____ Location: _____ Teacher: _____ Child: _____

Item/Activity	Approached	Did not approach	Engaged with	Duration of engagement
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s

Highest preferred items (approached frequently, engaged with for longest durations):

Moderately preferred items (approached, engaged with for shortest durations):

Low preferred items (did not approach):

Response Restriction (Duration)

Item/Activity	Approached	Did not approach	Engaged with	Duration of engagement
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s
				_____ min, _____ s

Highest preferred items (approached frequently, engaged with for longest durations):

Moderately preferred items (approached, engaged with for shortest durations):

Low preferred items (did not approach):

Preference Assessment- Scoring the Results

- Items are scored as high-, moderate-, and low-preference but all items may serve as reinforcers.

- Utilizing moderate- and low-preference stimuli (as opposed to only the high-preference stimuli) may prevent satiation.

- Items can be used to teach new skills and to decrease unwanted behaviors

- Reassess over time

- *Fluency Question:* What type of measurement are all Preference Assessments?
  - ➢ **CONTINUOUS MEASUREMENT**

- *Fluency Question:* Which Preference Assessment utilizes Frequency measurement?
  - ➢ **PC, MSW, MSWO**
  - ➢ General Rule of thumb for scoring frequency measurement with Preference Assessment(s)
    - ▪ If a stimulus was selected more frequent, then it has higher reinforcing value= higher preference
    - ▪ If a stimulus was selected less frequent or not at all, then it is has a low reinforcing value= low preference

- *Fluency Question:* Which Preference Assessment utilizes Duration measurement?
  - ➢ **SS, FO, RR**
  - ➢ General Rule of thumb for scoring duration measurement with Preference Assessment(s)
    - ▪ If a stimulus was engaged with for longer duration, then it has higher reinforcing value= higher preference
    - ▪ If a stimulus was engaged with for shorter duration or not at all, then it is has a low reinforcing value= low preference

ABA Terminology and General Glossary

- Observation
- Behavior
- Environment
- Neurodevelopmental
- Intake
- Assessment
- Single Stimulus
- Paired Choice
- Multiple Stimulus with Replacement
- Multiple Stimulus without Replacement
- Free Operant
- Latency

- Response Restricted
- Antecedent
- Consequence
- Duration
- Frequency
- Fluency
- Video Modeling
- Preference Assessment
- Person 1st Language
- Functional Assessment
- Developmental Assessment
- Inter-response time

- Social Skills Assessment
- In-Direct Assessment
- Direct Assessment
- Early Learner
- Adolescence
- Stimulus
- Response
- Prompt
- Array
- Positive Reinforcement
- Reinforcer
- Continuous Measurement

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

- Behavior Analyst Certification Board. (2018). RBT task list (2nd ed.). Littleton, CO: Author.

- Ciccone, F. J., Graff, R. B., & Ahearn, W. H. (2006). Stimulus preference assessments and the utility of a moderate category. *Behavioral Interventions, 21,* 59-63.

- Chris. *I have ADHD . . .do you?* [Video file]. (2017, October 17). Retrieved February 15, 2018, from https://www.youtube.com/watch?v=x2hWVgZ8J4A

- Cooper, J.O., Heron, T.E., & Heward. W.L. (1987). Applied Behavior Analysis (1st Ed). Upper Saddle River, NJ: Merrill/Prentice Hall.

References

- Cooper, J. O., Heron, T. E., & Heward, W. L. (2007). Applied Behavior Analysis(2nd Ed). Upper Saddle River, NJ: Merrill/Prentice Hall.

- DeLeon, I.G. & Iwata, B.A. (1996). Evaluation of a multiple-stimulus presentation format for assessing reinforcer preferences. *Journal of Applied Behavior Analysis, 29,* 519-533.

- Fisher, W.W. Piazza, C.C., Bowman, L.G., & Amari, A. (1996). Integrating caregiver report with a systematic choice assessment. American Journal on Mental Retardation, 101, 15-25.

- Girard, A. *My Asperger's Story* [Video file]. (2017, July 21). Retrieved from https://www.youtube.com/watch?v=muBCB_rpccM

- Jenson, M.B. *Neurodevelopmental Disorders* [Video file]. (2014, November 27). Retrieved from https://www.youtube.com/watch?v=fkdGTc5OLtI

References

- National Down Syndrome Council (NDSC) [Video file]. (2011, March 17). Retrieved February 28, 2018, Retrieved from https://www.youtube.com/watch?v=c_W27IlN3HM

- Osmosis. *Autism - causes, symptoms, diagnosis, treatment, pathology* [Video file]. (2017, October 17). Retrieved February 15, 2018, Retrieved from https://www.youtube.com/watch?v=x2hWVgZ8J4A

- Vanderbilt EBIP. *Paired Choice Preference Assessment*[Video file]. (2011, March 17). Retrieved February 28, 2018, Retrieved from https://www.youtube.com/watch?v=c_W27IlN3HM

- Vanderbilt EBIP. *Preference Assessment: Free Operant Observation [Video* file]. (2012, July 10). Retrieved on August 16, 2018, Retrieved from https://www.youtube.com/watch?v=4hRet6DcJ10&t=102s

References

- Vanderbilt EBIP. *Preference Assessment with Food: Multiple Stimulus with Replacement (MSW)* [Video file]. (2015, October 14). Retrieved on January 28, 2018, from https://www.youtube.com/watch?v=3vOwIU-K-qk

- Weil. M. *Single Stimulus Preference Assessment*[Video file]. (2015, October 14). Retrieved March/April, 2018, Retrieved from https://www.youtube.com/watch?v=CnBraS9rmz4&list=PLXFqaanf1VpTh49MU0w8q28Wpi8bNLAsB&index=5

- WachusettABA. *MSWO* [Video file]. (2012, July 10). Retrieved on August 16, 2018, Retrieved from https://www.youtube.com/watch?v=4hRet6DcJ10&t=102s

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