

BCBA SUPERVISION WEBINAR TRAINING SERIES

Developing Essential Foundational Repertoires in Supervisees

www.special-learning.con

Dr. Noor Syed, BCBA-D Tuesday, November 13, 2018

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Housekeeping

- 1. Post questions. At an appropriate time, one of our moderators will select the questions to present to Dr. Syed and our panelists. If we are not able to address your questions during the webinar, please send your email to kchung@special-learning.com. If possible, we will provide you with a response.
- 2. If you experience technical issues during the webinar, contact GotoWebinar directly by calling (877) 582-7011.
- 3. There will be 2 5-minute breaks during this webinar.
- 4. You will receive 30-day access to the recorded webinar, which will be available in 7 to 10 days after the live event. You will receive an eMail with login instructions.
- 5. This webinar is eligible for 3 Supervision or Type II CEUs.
- 6. Please complete the survey after the webinar to obtain your CEU certificate.

Supervision Webinar Project Scope

Supervision Curriculum

- Creating a 45-hour supervision curriculum, presented via webinar series
- Following completion of the 45-hour curriculum, final examination and a competency assessment, BCBAs will be issued a Supervision Certification through Special Learning, Inc.

Supervision Study

- Conducting a study to evaluate characteristics of quality BCBA supervision, as well as most efficient and effective supervisory practices
- Seeking volunteers to watch a series of 5 supervision webinars and complete a survey following each webinar
- Participants will be given free access to the 5 webinars and 2 Type II or Supervision CEUs per webinar

Learning Outcomes

- Participants will be able to identify and define 6 critical competencies required to become exceptional BCBAs.
- Participants will be able to distinguish between 1st order (foundational) and higher order (advanced) skills.
- Participants will learn how to develop these following skills in supervisees.
 - Clinical Competency
 - Critical Thinking
 - Commitment to Ethics
 - Cultural competency
 - Collaboration skills
 - Knowledge of how to create leverage (via virtual and/or group supervision)

Presenter



Noor Syed, Ph.D., BCBA-D, NYS LBA

Clinical Director & Professor of Practice for Lehigh University Autism Services

Dr. Syed possesses over 10 years experience in the fields of applied behavior analysis, special education, autism, and developmental disabilities as a classroom teacher, Special Education Itinerant Teacher, ABA home-based therapist, behavioral supervisor, and staff trainer.

Worked in early intervention, preschool, school-aged, and with adults.

Director of International Partnerships and Top Tier International Partnership Discovery Fellow with the Global Autism Project, a nonprofit organization that provides training for local international practitioners in the utilization of evidence-based practices when working with people with intellectual and developmental disabilities.

Subject Matter Expert



Dr. Jon Bailey, PhD, BCAB-D received his PhD from the University of Kansas and is currently Professor Emeritus of Psychology at Florida State University, where he was a member of the graduate faculty for 38-years and produced a record 63 PhDs. He is currently Director of the FSU Panama City Masters Program in Applied Behavior Analysis.

Dr. Bailey is a Board Certified Behavior Analyst. He is Secretary/Treasurer and Media Coordinator of the Florida Association for Behavior Analysis, which he founded in 1980.

Dr. Bailey has published over 100 peer-reviewed research articles, is a past editor of the Journal of Applied Behavior Analysis, and is co-author of Research Methods in Applied Behavior Analysis, How Dogs Learn, Ethics for Behavior Analysts, 3rd Edition, How to Think Like a Behavior Analyst, and 25 Essential Skills and Strategies for Professional Behavior Analysts, all co-authored with Dr. Mary Burch.

Subject Matter Expert



Bobby Newman, PhD, BCBA-D

Bobby Newman is a Board Certified Behavior Analyst, Licensed Behavior Analyst, and Licensed Psychologist. Affectionately known as the Dark Overlord of ABA, Bobby is the first author on 13 books regarding applied behavior analysis, the philosophy of behaviorism, autism spectrum disorders, and utopian literature. He has published over two dozen articles in professional journals, as well as numerous popular magazine articles, and has hosted two series of radio call-in shows.

Bobby is the Past-President of the Association for Science in Autism Treatment and the New York State Association for Behavior Analysis. A popular speaker, Bobby also provides direct treatment, staff training, and consultation around the world, and has been honored for this work by several parent and professional groups. He is the director of Room to Grow. Bobby is also a certified personal trainer and marathoner and is an Ambassador for the Great Sportsmanship Programme. In addition to his other clinical work, Bobby teaches non-violent crisis intervention philosophy and techniques for agencies and families and is an instructor for the Our Whole Lives Sex Education curriculum.

Subject Matter Expert



Jacob Sadavoy, MSc, BCBA, LBA Director of Clinical Services Global Autism Project

Jacob has over 15 years of experience applying the principles of applied behaviour analysis in home programs, clinical and school-based setting as an ASD classroom teacher, educational consultant, and special education itinerant teacher.

With the Global Autism Project, he oversees the clinical integrity of fifteen partner sites around the world with an international Telehealth supervisory model that is individualized to meet the learning needs of each partner site. To date, Jacob has travelled to thirteen different countries to collaborate with local clinicians to develop culturally-informed, socially significant, behaviour analytic strategies based on their local environment.

Through these collaborations coupled with the need to monitor each partner's current level of achievement, internal assessments have been created to measure the effectiveness of Telehealth supervision and the skills of the overall centre or school to ensure that partnership is progressing and that local teachers are applying and independently utilizing the principles of applied behaviour analysis for their learners. The ethical challenges of disseminating ABA effectively throughout the world culminated in Understanding Ethics in Applied Behavior Analysis: Practical Applications which is currently in print and will be available in 2019. Jacob's key areas of interest are ethics, supervision,

sustainable dissemination, and services across the lifespan.

Purpose of SL Supervision Series

The Field of Behavior Analysis is at an inflection point. Behavior Analysis can become adopted globally or the field can lose it's hard won legitimacy.

Actions of ABA providers (practitioners and agencies) will determine the fate of the field of behavior analysis.

To maintain effectiveness of behavior analysis, ABA providers must possess:

- 1. Clinical Competency
- 2. Critical Thinking
- 3. Commitment to Ethics
- 4. Cultural Competency
- 5. Ability to Collaborate
- 6. Ability to Create Leverage



Over the past 20 years, as the number of certified behavior analysts has escalated to double digits, the field of behavior analysis has witnessed a steady decline in quality.

The number of (unreported) ethics violations have been steadily increasing over that time.

A major contributing factor has been the decrease in quality of supervision.

SURVEY: Do you Agree? / Disagree?

Can we reverse this troubling trend by optimizing the supervision experience?

History of Supervision

Were BCBAs better qualified during the early formative years of the founding of the Behavior Analyst Certification Board (BACB)? Why?

Was the quality of supervision more effective in those early years? Why?

- Smaller universe of BCBAs; transparency and visibility
- More rigorous content?
- Quality of supervision?

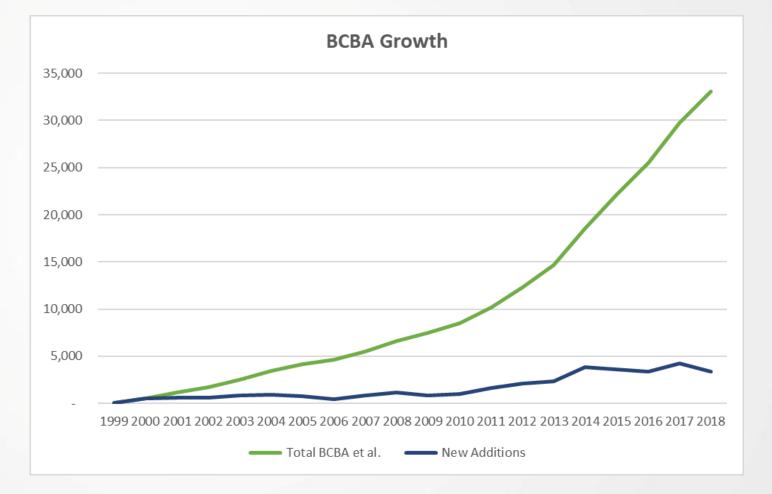
What are some conditions that are perpetuating this decline in quality?

- Internal Factors?
- External Factors?

How does ethics play into all this?

BCBA Growth 56% of BCBAs have been added in the past 5 year!

| | Total BCBA | New | | |
|-----------|-----------------|------------|--------|--|
| Year | et al. | Additions | Growth | |
| 1999 | 30 | 30 | 10000% | |
| 2000 | 535 | 505 | 1683% | |
| 2001 | 1,127 | 592 | 111% | |
| 2002 | 1,721 | 594 | 53% | |
| 2003 | 2,537 | 816 | 47% | |
| 2004 | 3,432 | 895 | 35% | |
| 2005 | 4,176 | 744 | 22% | |
| 2006 | 4,640 | 464 | 11% | |
| 2007 | 5,466 | 826 | 18% | |
| 2008 | 6,636 | 1,170 | 21% | |
| 2009 | 7,518 | 882 | 13% | |
| 2010 | 8,510 | 992 | 13% | |
| 2011 | 10,179 | 1,669 | 20% | |
| 2012 | 12,293 | 2,114 | 21% | |
| 2013 | 14,654 | 2,361 | 19% | |
| 2014 | 18,527 | 3,873 | 26% | |
| 2015 | 22,122 | 3,595 | 19% | |
| 2016 | 25,492 | 3,370 | 15% | |
| 2017 | 29,717 | 4,225 | 17% | |
| 2018 | 33,070 | 3,353 | 11% | |
| NOTE: 201 | 18 data through | 11/13/2018 | | |

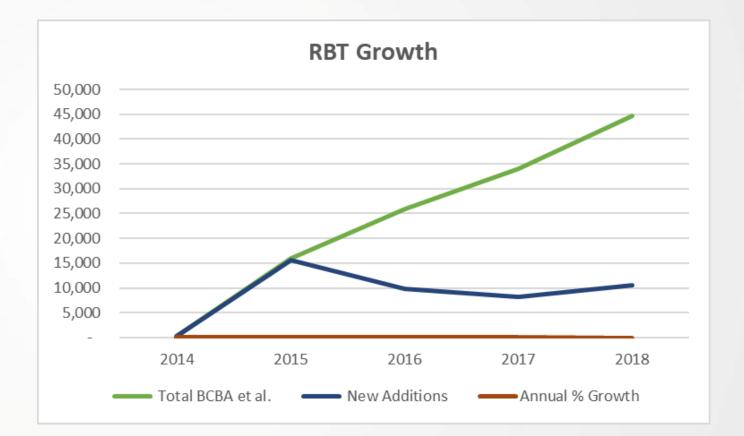


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Behavior Analyst Certification Board. (n.d). BACB certificant data. Retrieved from

RBT Growth

| | Total BCBA | New | Annual % | | | |
|-----------|------------------------------------|-----------|----------|--|--|--|
| Year | et al. | Additions | Growth | | | |
| 2014 | 328 | 328 | 100% | | | |
| 2015 | 15,995 | 15,667 | 4777% | | | |
| 2016 | 25,853 | 9,858 | 62% | | | |
| 2017 | 34,120 | 8,267 | 32% | | | |
| 2018 | 44,655 | 10,535 | 31% | | | |
| | | | | | | |
| NOTE: 201 | NOTE: 2018 data through 11/13/2018 | | | | | |



Minimum Viable Clinician (MVC)?

In Tech -- Minimum Viable Product (MVP) = product with just enough features to satisfy early customers, and to provide feedback for future product development

Do we need a similar standard? Minimum Viable Clinician (MVC) for behavior analysis? Definition of MVC = clinician who possesses minimum qualifications to be an effective ABA provider.

What would be the required 1st order (foundational) skills necessary to become a MVC?

- Minimum clinical competency
- Ability to think critically
- Unwavering commitment to ethics
- Cultural competency
- Commitment to collaboration
- Knowledge of how to achieve leverage

You Know You're Getting Good Supervision When...

- 1. Supervisor watches supervisee engaging in clinical work (with proper signed confidentiality agreement)
- 2. Supervisor provides behavior-specific feedback to supervisee regarding session
- 3. Supervisor demonstrates the use of the literature to research effective techniques
- 4. Working through scenarios in such a way that one is taught to critically analyze situation and understand the "why" behind the practice (e.g., ethical scenarios)
- 5. Analyzing classic articles together
- 6. Encouraging conferences/journals/keeping up on most current research/practice
- 7. Encouraging use of Least Restrictive Treatment model, as well as Right to Effective Treatment model.
- 8. Analyzing session data together to guide clinical decision making
- 9. Supervisor models and provides feedback regarding behavior treatment plan (skill acquisition and reduction) creation.
- 10. Introduce, model and provide practice opportunities and feedback regarding new techniques supervisor is introducing to supervisee.

You Know You're Getting Ineffective Supervision When...

1. Supervisor advises/allows supervisee to engage in unethical practice (e.g., sign off on work you did not do, violate Least Restrictive Treatment)

- 2. Failure to observe supervisee engaging in clinical work
- 3. Allowing/encouraging the use of non-empirically validated techniques by supervisee.
- 4. Failing to analyze data collected during session with supervisee
- 5. Failure to model/encourage use of collected data to guide decision making.
- 6. Failure to call in others for consult when supervisor is not fully expert in a sub-area.
- 7. Failure to provide corrective feedback if ethical violations noted
- 8. Failure to model staying current on research literature/practice
- 9. Failure to acquaint supervisee with BACB practice guidelines

Role Play Picture of Quality Supervision

Role Play Picture of Ineffective Supervision

1st Level (Foundational) Skills

- 1. Clinical Competency
- 2. Critical Thinking
- 3. Commitment to Ethics
- 4. Cultural Competency
- 5. Ability to Collaborate
- 6. Ability to Create Leverage

What are the must have 1st order (foundational) clinical competencies?

Key Clinical Foundational Skills for Supervisees

Knowledge of how to set up the environment for success

- Building rapport
- Instructional control
- Creating establishing operations (EOs)
- Approvals
- Behavior specific praise
- Contingent reinforcement
- Rules
- Stakeholder buy-in

What are the must have 1st order (foundational) critical thinking skills?

What is Critical Thinking?



Critical thinking is the <u>objective analysis of facts to form a</u> <u>judgment</u>. It includes the rational, skeptical, unbiased analysis, or evaluation of factual evidence.

Critical thinking is self-directed, self-disciplined, self-monitored, and <u>self-corrective</u> thinking.

It presupposes assent to rigorous standards of excellence and mindful command to their use. It entails <u>effective</u> <u>communication</u> and <u>problem-solving abilities</u>, as well as a commitment to <u>overcome our native biases egocentrism and</u> <u>sociocentrism</u>.

How do you Develop Critical Thinking Skills?

- 1. Identify the problem or situation
- **2.** Evaluate information factually
- 3. Establish significance
- 4. Be open-minded and consider all points of view
- 5. Take time to reflect
- 6. Communicate your findings and results

Downloadable Tool: Critical Thinking Rubric

The Elements of Critical Thinking Rubric

Critical thinking underlies academic performance and success. It also encompasses how thoroughly we evaluate information and how we act based on our understanding. Critical thinking is at the heart of everyday living.

Critical thinking is defined as *thorough thinking*, and it involves six core elements: Communication, analysis, problem-solving, evaluation, synthesis, and reflection.

Element #1: Communication in critical thinking

Communication in critical thinking means **defining the main idea or problem in your own words**. It helps to provide several supporting details and examples. You will need to present the details and examples logically and clearly.

Step 1: Please read the following hypothetical scenario, which is titled Deer Overpopulation.

Scenario: Deer Overpopulation

Three teenagers were seriously injured in a car accident when swerving to avoid a deer in on a two-lane road near a small, rural town in Florida. The residents of the town have seen more and more deer enter the town's populated areas over recent years. Local law enforcement has been called numerous times this year to remove the animals from backyards and neighborhood streets, and one deer even caused considerable damage as it entered a restaurant in town. The mayor has been charged by the city leaders to keep the town residents safe. Local crops have even been damaged by the animals. Some longtime residents have requested that the hunting season and catch limits be extended in order to reduce the deer population. One city leader even proposed that the city purchase electronic devices to deter the deer from entering populated areas. Health concerns have recently been elevated as three deer carcasses were found at the edge of town and local law enforcement suspect that the animals had been poisoned.

Downloadable Tool: Critical Thinking Rubric

| Performance | Exemplary | Proficient | Developing | Emerging | Not Present | Score |
|---|--|--|--|---|-------------------------|--------------------|
| Element | (4) | (3) | (2) | (1) | (0) | |
| Communication | Identifies the | Identifies the | Identifies the | <u>Identifies</u> the | <u>Does not</u> | 4 3 2 1 0 |
| | main idea or | main idea or | main idea or | main idea or | identify the | 0 0 0 0 0 |
| Define problem in your own words. | problem with <u>numerous</u> supporting details and examples which are organized <u>logically</u> and coherently | problem with <u>some</u> supporting details and examples in an <u>organized</u> manner | problem with <u>few</u> details or examples in a <u>somewhat</u> organized manner | problem poorly with <u>few or no</u> <u>details</u> or states the main idea or problem <u>verbatim</u> from the text. | main idea or problem | N/A O Comments: |

Step 3: How did you do? Use the rubric below to assess your Communication element in critical thinking.

<u>Go.spcollege.edu</u>. (n.d.). Retrieved November 13, 2018, from <u>https://go.spcollege.edu/CriticalThinking/documents/SLSElementsofCriticalThinkingRLO.docx</u>

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Developing Critical Thinking: Clinical Context

- Visually analyze data to assess whether current teaching strategy is effective
- If teaching strategy is NOT effective, engage in strategic questioning including (but not limited to) to analyze within the context of the instructional trial

Developing Critical Thinking: Clinical Context

a. Is it a teacher error?

- i. Antecedent unclear?
- ii. Motivating operation is not in place?
- iii. Consequences are not delivered effectively
- b. Learner instructional history
 - i. Have prerequisite skills been addressed?
 - ii. Is there a competing history?
 - iii. Are these stimuli conditioned reinforcers?
 - iv. Is this a learning or performance task?

c. Learner phylogeny/ biology

- i. Is this response topography in repertoire?
- ii. Is skill developmentally appropriate?
- iii. Unconditioned MO
 - 1. Sick?
 - 2. Hungry?
 - 3. etc.

5-Minute Break

What is the profile of a clinician who has mastered 1st order (foundational) commitment to ethics?

Foundational Ethics Skills for Supervisees

- Knowledge of the Ethics Code (de minimis standard)
- Understand how to behave ethically across different situations
- Understand how to behavior ethically across different settings
- Knowledge of how to "triage"
- Understand the intent behind code
- Ability to apply the code in real life settings
- Understand the impact of decisions.

Developing Critical Thinking: Ethics

What's in the best interest of the client?

What's in the best interest of the field of behavior analysis?

Are there situations or circumstances when it would be unethical to **NOT** report an ethics violation?

What is the profile of a clinician who has mastered 1st order (foundational) cultural competency?

Cultural Competence

BOBBY'S DISCLAIMER

- By the nature of the discourse, we are going to be discussing topics of cultural diversity which includes: age, gender, race, national background, etc.
- Let's be honest. Such discussions make people uncomfortable.
- That's ok. That's why we're having this discussion, so we can explore this in an environment where good intentions are assumed and maybe even with a sense of humor

Cultural Competence

According to American Psychological Association

- **Definition:** Loosely defined as the ability to understand, appreciate and interact with people from cultures or belief systems different from one's own.
- Has been a key aspect of psychological thinking and practice for some 50 years.
- It's such an integral part of the field of psychology that it's listed as one of psychology's core competencies.
- The federal government views it as an important means of helping to eliminate racial, ethnic and socioeconomic disparities in health and mental health care.

Cultural Competence in ABA Terminology

"A scientific approach for discovering environmental variables that reliably influence **SOCIALLY SIGNIFICANT** behavior & for developing a technology of behavior change that is practical & applicable."¹

What does this mean? How does this work in practice

Cultural Competency in Action

What has been considered appropriate has changed over time and will continue to change...

- Irwin Yalom's *Love's Executioner* was a best seller in the psychotherapy world the year I finished my undergraduate work in psychology.
- A reading from Chapter 3, entitled "The Fat Lady"...
- Saturday morning cartoon called Fat Albert. Could you get away with a character like that today?
- Don't get me started on early Disney movies or the fight to have Valerie be the smart one on Josie and the Pussycats.
- MR? Homosexuality in the DSM?

Cultural Competency in Action: Case Study

Bobby's First-hand Experience

- I was asked to go to Tokyo to train the Japanese police force regarding interactions with people diagnosed with ASD. I was not off the plane for 30 seconds before I created an international incident by hugging my translator who was sent to greet me.
- I also presented to 200 of the toughest guys in Tokyo while wearing Grandma slippers.
- During my early work in Northern Ireland, I had to learn to speak the language. Thankfully, this led to comedy rather than offense.
 - "It worked a treat!"
 - "At the end of the day, he's not talking!"

5-Minute Break

What is the profile of a clinician who has mastered the 1st order (foundational) skill of Collaboration?

What is the profile of a clinician who has mastered the 1st order (foundational) skill of creating leverage?

- How can you scale supervision without diminishing quality?
- What are some models of effective virtual supervision?
- How do you work around real constraints (distance, time, technology, culture, religion)

Higher (Advanced) Order Skills

Clinical Competency

Critical Thinking

Commitment to Ethics

Cultural Competency

Collaboration

Ability to Create Leverage



The Foundation for Critical Thinking https://www.criticalthinking.org/pages/defining-critical-thinking/766

Downloadable Resources

The Elements of Critical Thinking

Thank You!

Thank you to the wonderful Special Learning team members without whom our experience would be greatly diminished (or just plain disorganized!)

- Krystal Larsen, BCaBA, RBT Program Manager (Clinical Moderator)
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