Ethics of Sexuality Education & Competency of Behavior Analysts

Sarah Campau, M.A., BCBA

Karly Cordova, Ed.D., BCBA-D, LABA (she|her)

Shane T. Spiker, Ph.D., BCBA-D (he/him)

SEXABA

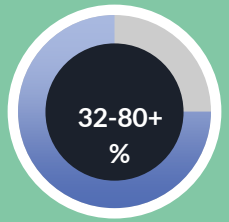
January 27, 2024

Some caveats...

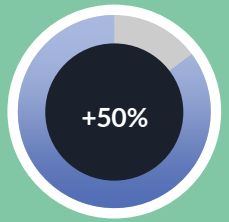
- **We are very funny, but if you don't laugh at our jokes, we'll find that hurtful and it will make us question whether we're in the right career.**
- **Much of what we are discussing isn't going to be a surprise (all you smart folks here). Instead, please look at this as a "call to action" and "resource share" of sorts.**
- **Participate (please?). It will make this discussion so much fun.**
- **Please read all of our work. All of us have some really rad publications that will aid in this very discussion.**

Setting the Stage

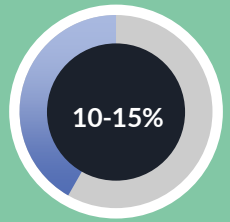
By now in the conference, you should be totally convinced this is important… but just in case



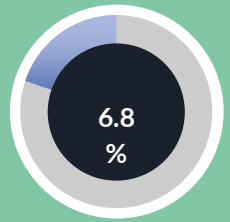
RISK OF ABUSE



INCREASED RISK OF UNSAFE SEX



SEX OFFENDING STATUS

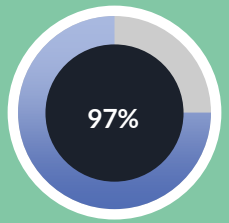


STIS

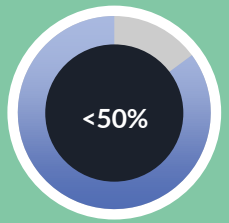
Persona 01

Who is getting sex ed?

Stats about Sex Ed for everyone and sex ed for our peeps

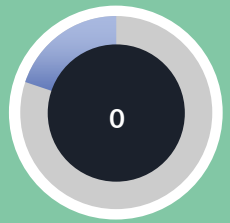


TEENS BEFORE 18



ID/DD DIAGNOSIS

STATES THAT REQUIRE ABSTINENCE IN SEX EDUCATION



BEHAVIOR ANALYSIS PROGRAMS

What does the ethics code say about competency and sex ed?

- G.P. 2 — Treat Others with Compassion, Dignity, and Respect
- 1.05 — Practicing within Scope of Competence
- 1.07 — Cultural Responsiveness and Diversity
- 1.08 — Non-Discrimination
- 1.09 — Non-Harassment
- 2.15 — Minimizing Risk of Behavior-Change Interventions
- 3.01 — Responsibility to Clients
- 3.12 — Advocating for Appropriate Services

CEU CODE

BEYOND

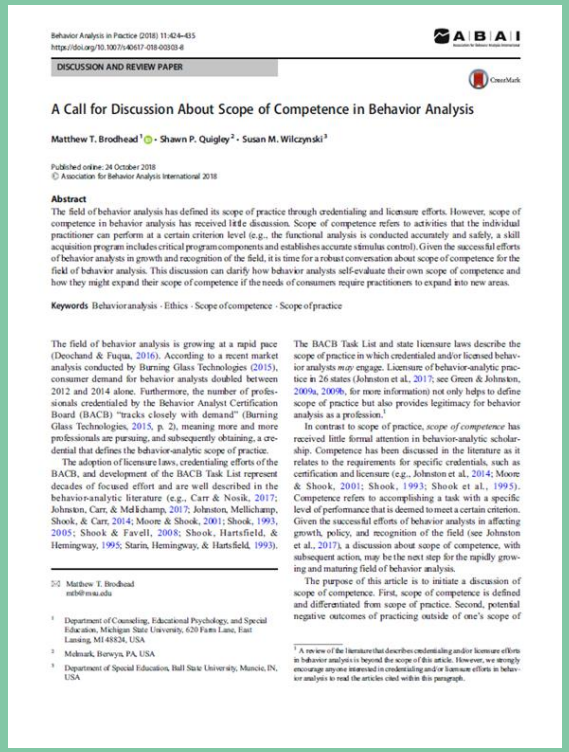
Scope of Competence vs. Scope of Practice

Can behavior analysis work in this space? Absolutely.

- Scope of PRACTICE

Can EVERY behavior analyst work in this space? Absolutely not.

- Scope of COMPETENCE



Behavior Analysis in Practice (2018) 11:424–435
https://doi.org/10.1007/s40617-018-00303-8

DISCUSSION AND REVIEW PAPER

A Call for Discussion About Scope of Competence in Behavior Analysis

Matthew T. Brodhead[1] · Shawn P. Quigley[2] · Susan M. Wilczynski[3]

Published online: 24 October 2018
© Association for Behavior Analysis International 2018

Abstract
The field of behavior analysis has defined its scope of practice through credentialing and licensure efforts. However, scope of competence in behavior analysis has received little discussion. Scope of competence refers to activities that the individual practitioner can perform at a certain criterion level (e.g., the functional analysis is conducted accurately and safely, a skill acquisition program includes critical program components and establishes accurate stimulus control). Given the successful efforts of behavior analysts in growth and recognition of the field, it is time for a robust conversation about scope of competence for the field of behavior analysis. This discussion can clarify how behavior analysts self-evaluate their own scope of competence and how they might expand their scope of competence if the needs of consumers require practitioners to expand into new areas.

Keywords Behavior analysis · Ethics · Scope of competence · Scope of practice

The field of behavior analysis is growing at a rapid pace (Deochand & Fuqua, 2016). According to a recent market analysis conducted by Burning Glass Technologies (2015), consumer demand for behavior analysts doubled between 2012 and 2014 alone. Furthermore, the number of professionals credentialed by the Behavior Analyst Certification Board (BACB) "tracks closely with demand" (Burning Glass Technologies, 2015, p. 2), meaning more and more professionals are pursuing, and subsequently obtaining, a credential that defines the behavior-analytic scope of practice.

The adoption of licensure laws, credentialing efforts of the BACB, and development of the BACB Task List represent decades of focused effort and are well described in the behavior-analytic literature (e.g., Carr & Nosik, 2017; Johnston, Carr, & Mellichamp, 2017; Johnston, Mellichamp, Shook, & Carr, 2014; Moore & Shook, 2001; Shook, 1993, 2005; Shook & Favell, 2008; Shook, Hartsfield, & Hemingway, 1995; Starin, Hemingway, & Hartsfield, 1993).

The BACB Task List and state licensure laws describe the scope of practice in which credentialed and/or licensed behavior analysts *may* engage. Licensure of behavior-analytic practice in 26 states (Johnston et al., 2017; see Green & Johnston, 2009a, 2009b, for more information) not only helps to define scope of practice but also provides legitimacy for behavior analysis as a profession.[1]

In contrast to scope of practice, *scope of competence* has received little formal attention in behavior-analytic scholarship. Competence has been discussed in the literature as it relates to the requirements for specific credentials, such as certification and licensure (e.g., Johnston et al., 2014; Moore & Shook, 2001; Shook, 1993; Shook et al., 1995). Competence refers to accomplishing a task with a specific level of performance that is deemed to meet a certain criterion. Given the successful efforts of behavior analysts in affecting growth, policy, and recognition of the field (see Johnston et al., 2017), a discussion about scope of competence, with subsequent action, may be the next step for the rapidly growing and maturing field of behavior analysis.

The purpose of this article is to initiate a discussion of scope of competence. First, scope of competence is defined and differentiated from scope of practice. Second, potential negative outcomes of practicing outside of one's scope of

✉ Matthew T. Brodhead
mtb8@msu.edu

[1] Department of Counseling, Educational Psychology, and Special Education, Michigan State University, 620 Farm Lane, East Lansing, MI 48824, USA

[2] Melmark, Berwyn, PA, USA

[3] Department of Special Education, Ball State University, Muncie, IN, USA

[1] A review of the literature that describes credentialing and/or licensure efforts in behavior analysis is beyond the scope of this article. However, we strongly encourage anyone interested in credentialing and/or licensure efforts in behavior analysis to read the articles cited within this paragraph.

Table 1 Competence and Confidence Checklist

Questions		Answers				Pursue Additional Supervision or PD?	
Question 1. Given the current behavioral problem, what is my level of competence in							
	(a) procedures and strategies?	High	Medium	Low	Unknown	Yes	No
	(b) populations?	High	Medium	Low	Unknown	Yes	No
	(c) settings?	High	Medium	Low	Unknown	Yes	No
Question 2. What is my level of confidence in treatment success, based on my							
	(a) past experiences?	High	Medium	Low	Unknown	Yes	No
	(b) familiarity with literature?	High	Medium	Low	Unknown	Yes	No
	(c) available resources?	High	Medium	Low	Unknown	Yes	No
Question 3. How similar is the current behavioral problem and the context in which services are delivered to							
	(a) my past experiences?	High	Medium	Low	Unknown	Yes	No
	(b) my previously available resources?	High	Medium	Low	Unknown	Yes	No
	(c) the characteristics of participants in relevant research?	High	Medium	Low	Unknown	Yes	No
	(d) the conditions described in relevant research literature?	High	Medium	Low	Unknown	Yes	No
Question 4. What is my overall level of competence, based on my answers to Questions 1, 2, and 3?		High	Medium	Low			

Note. PD = professional development. Depending on the presenting problem, questions and scores may be weighed differently. Scores of *low* or *unknown* may warrant additional supervision or PD

Examples of Other Competency Measures

Table 1 TGNC-Affirming Clinical Skills Self-Assessment Tool

Ethics

Y / N 1. I do not knowingly engage in behavior that is harassing or demeaning to persons based on their gender identity, gender expression, or gendered preferences, interests, or behaviors.

Y / N 2. I work within my boundaries of competence, and seek appropriate consultation, supervision, training, and study when working with TGNC clients, or clients with gender-nonconforming preferences, interests, expressions, or behaviors.

Y / N 3. I arrange the environment to promote truthful and honest behavior in others, including truthful and honest behaviors about gender identity, gender expression, and gendered preferences or interests.

Y / N 4. I operate in the best interests of my primary client, with reliance on scientific knowledge regarding best health and happiness outcomes for TGNC clients.

Y / N 5. If a client expresses interest in medical knowledge regarding gender or gender transition, I recommend seeking medical consultation and have a referral network of affirming providers.

Y / N 6. I promote an ethical behavior-analytic culture by disseminating my commitment to TGNC-affirming practices, as well as steps for TGNC-affirming practices.

Y / N 7. I promote an ethical behavior-analytic culture by implementing TGNC-affirming practices with my colleagues and when representing my field.

Y / N 8. If I conduct research, I conduct competently and with due concern for the dignity and welfare of participants, by taking care not to exclude TGNC participants (e.g., by using inclusion criteria language like "men and women" that may leave out people who do not fall into either category) unless there is a specific reason to do so.

Y / N 9. If I conduct research, I conduct competently and with due concern for the dignity and welfare of participants, by making sure to accurately provide participant-identified information on gender.

Y / N 10. If I conduct research, I conduct competently and with due concern for the dignity and welfare of participants, by making sure to use the correct pronouns selected by the participant for use through the entire paper and when presenting data in any modality.

Y / N 11. If I conduct research, I conduct competently and with due concern for the dignity and welfare of participants, by assessing social validity in an ongoing manner, and adjusting the study based on participant feedback whenever possible.

Environment Arrangement

Y / N 12. Intake documents, employee contracts, demographic forms, and any other paperwork documenting gender offer fill-in-the-blank options for gender, personal pronouns, and honorifics.

Y / N 13. Intake documents, employee contracts, demographic forms, and all other paperwork have a space for a person's used name, and a separate space for a legal name.

Y / N 14. On intake forms and during intake sessions, as well as on employee or supervision contracts and in interviews, it is made clear that we will use whatever name is provided by the individual, and that their legal name will only be accessible to those involved with billing, payroll, or human resources.

Y / N 15. On our website and in print material it is made clear that the organization does not discriminate on the basis of gender, gender identity, or gender expression.

Y / N 16. In marketing material, a wide variety of genders is represented.

Y / N 17. The organization has an all-gender bathroom, or a written statement that anyone may use the bathroom that aligns with their identity, or both.

Y / N 18. The organization clearly displays stimuli that indicate a commitment to TGNC-affirmation, like safe zone stickers, or compatible signs, pronoun pins or stickers, and personal pronouns listed in employee e-mail signatures.

Behavior Arrangement

Y / N 19. Until someone shares gendered pronouns with me, I take care to use gender-neutral language and pronouns for them.

Y / N 20. When addressing groups, I use gender-neutral language, like "Hello, everyone," or "How are you all?" instead of "Hello, gentlemen," or "How are you ladies?"

Y / N 21. When meeting someone new, I share my name and personal pronouns.

Y / N 22. I do not engage in any practice or intervention that attempts to use behavior-analytic techniques to change a client's gender identity, or to punish or extinguish behaviors that do not align with the gender they were assigned at birth.

Y / N 23. When conducting preference assessments or reinforcer assessments, I make a wide variety of items typically associated with all genders available for all clients, regardless of gender.

Y / N 24. When working with groups, I make a wide variety of potentially reinforcing items are available to all, not only items typically associated with a person's perceived gender.

Y / N 25. In teaching materials I use or create, as well as in scenarios or instruction I present, a wide variety of genders are presented engaging in a wide variety of activities or occupations, not only ones typically associated with a specific gender.

Y / N 26. When teaching body parts, I use accurate terminology like "penis" and "vulva" instead of gendered terms like "boy parts" and "girl parts", and do not rely on topographical assumptions or gendered stereotypes to teach stimulus discrimination between genders like male, female, and other genders.

Y / N 27. When conducting parent or staff training, I teach and model skills of inclusion and gender affirmation.

Y / N 28. I assess the social validity of my practices as a provider, educator, employer, supervisor, and/or researcher in an ongoing manner by asking if there is anything I can do to be more affirming, and I implement changes based on feedback.

Exhibit 3–1: Sample of a Self-Assessment Format for Competencies

Directions: For each competency and each associated behavioral indicator, rate yourself on how well you believe you can demonstrate the behaviors linked to the competencies. When you finish your assessment, forward it to the appropriate people in your organization according to the instructions they give you.

How well do you feel that you can demonstrate the following behaviors linked to the competencies?

Competencies/Behaviors	Rating				
Competency: Writing skills	0 Not Applicable	1 Not Very Well	2 Not Well	3 Well	Outsta
1. Effectively organizes written material					
2. Uses effective grammar					
3. Spells properly					
4. Gears the language to the appropriate level of the audience					

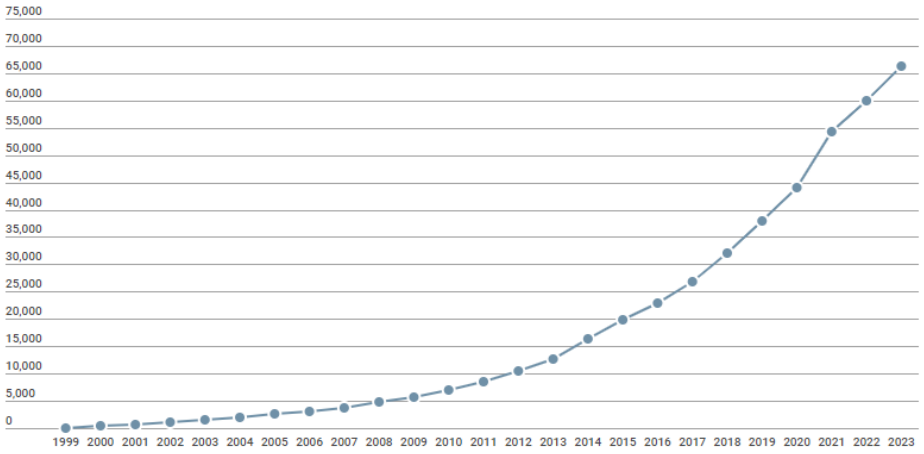
Note: Most are self-report

ENB characteristic 2:	Specialist skills, knowledge & expertise: promoting personal hygiene						
The newly qualified nurse is able to:		1	2	3	4	5	N/A
2.68 Demonstrate the ability to carry out bed bath, shower and full bath	Expected on Qualification						
	8 weeks						
2.69 Demonstrate the ability to perform oral hygiene & clean dentures	Expected on Qualification						
	8 weeks						
2.70 Demonstrate the ability to perform eye care	Expected on Qualification						
	8 weeks						
2.71 Demonstrate the ability to provide care for finger & toe nails	Expected on Qualification						
	8 weeks						
2.72 Demonstrate the ability to wash hair whilst patient on bed rest	Expected on Qualification						
	8 weeks						
2.73 Demonstrate the ability to offer & remove a bedpan & urinal, & assist patient with use of commode	Expected on Qualification						
	8 weeks						
2.74 Demonstrate the ability to make an occupied bed	Expected on Qualification						
	8 weeks						
	Expected on Qualification						
	8 weeks						
	Expected on Qualification						
	8 weeks						
	Expected on Qualification						
	8 weeks						
	Expected on Qualification						
	8 weeks						

Speaking of Scope of Practice…

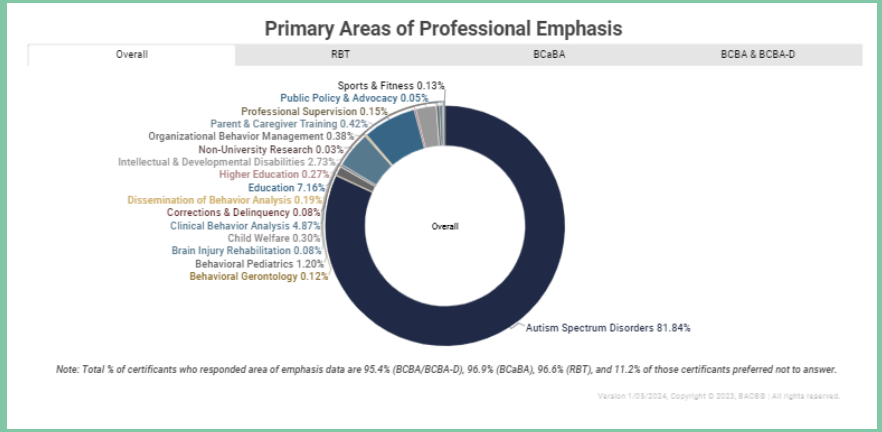
As of **January 02, 2024**, the number of individuals holding BACB certification are as follows:

BCBA	BCaBA	RBT
66,339	5,414	160,041



Some Current BACB subspecialty areas:

- Behavioral Treatment of ASD and other Developmental Disabilities
- Organizational Behavior Management (OBM)
- Behavior Analysis in Brain Injury Rehab.
- Behavioral Gerontology
- Clinical Behavior Analysis
- Behavioral Pediatrics
- Behavioral Sport Psychology
    - And Behavior Analysis in Health and Fitness



NATIONAL SEX EDUCATION STANDARDS

CORE CONTENT AND SKILLS, K-12

SECOND EDITION

FoSE
Future of Sex Education

FoSE, a collaboration of Advocates for Youth, Answer, and SIECUS: Sex Ed for Social Change, aims to champion sex education and create conditions that prioritize and protect the wellbeing of all young people. FoSE aspires to build a national foundation that empowers policymakers, school administrators, and educators to implement and sustain sex education and cultivate supportive learning environments.

Essential Content and Skills

- Consent and Healthy Relationships (CHR)
- Anatomy and Physiology (AP)
- Puberty and Adolescent Sexual Development (PD)
- Gender Identity and Expression (GI)
- Sexual Orientation and Identity (SO)
- Sexual Health (SH)
- Interpersonal Violence (IV)

Grade

K–2
3–5
6–8
9–10
11-12

Topic

Professional Learning Standards for Sex Education (PLSSE)

DOMAIN #1: CONTENT FOR SEX EDUCATION

TOPIC 1: Sex education in schools

DOMAIN #1: CONTENT FOR SEX EDUCATION

Indicator	How would you rate your CAPABILITY to do this?	What is your COMFORT level in doing this?	Do you need a refresher in this area?
1.1 – Describe three health (physical,social, and/or emotional) and/ or academic benefits of sex education for young people.	☐ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
1.2 – Describe state and/or district laws, policies and standards that relate to sex education where one teaches.	☐ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No

DOMAIN #1: CONTENT FOR SEX EDUCATION

DOMAIN #2: PROFESSIONAL DISPOSITION

TOPIC 2.1: Values

TOPIC 2.2: Conscious and unconscious bias about race, ethnicity, and culture

TOPIC 2.3: Disclosure

DOMAIN #2: PROFESSIONAL DISPOSITION

Indicator	How would you rate your CAPABILITY to do this?	What is your COMFORT level in doing this?	Do you need a refresher in this area?
2.1.4 – Define conscious and unconscious bias and explain how they could influence one's teaching of sex education.	☐ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No

DOMAIN #2: PROFESSIONAL DISPOSITION

DOMAIN #3: BEST PRACTICES FOR SEX EDUCATION

TOPIC 3.1: Racial and reproductive justice

TOPIC 3.2: Creating an inclusive and affirming learning environment

TOPIC 3.3: Effective teaching strategies

TOPIC 3.4: Responding to challenging questions

DOMAIN #3: BEST PRACTICES FOR SEX EDUCATION

3.1.3 – Describe three ways power, privilege, prejudice, discrimination, and stereotypes related to age, race, ethnicity, sexual orientation, gender, gender identity, socioeconomic status, immigration status, and/or physical or intellectual ability can impact sexual health and reproductive justice.		High Moderate Low

DOMAIN #3: BEST PRACTICES FOR SEX EDUCATION

DOMAIN #4: KEY CONTENT AREAS

TOPIC 4.1: Healthy relationships

TOPIC 4.2: Consent, interpersonal and sexual violence

TOPIC 4.3: LGBQ+ identities

TOPIC 4.4: Transgender and gender expansive identities

TOPIC 4.5: Puberty and adolescent development

TOPIC 4.6: Sexual and reproductive anatomy and physiology

TOPIC 4.7: Contraception, pregnancy, and reproduction

TOPIC 4.8: HIV and other sexually transmitted diseases/infections

DOMAIN #4: KEY CONTENT AREAS

Standards by Topic Area

CONSENT & HEALTHY RELATIONSHIPS

	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:								
	Describe characteristics of a friend **CHR.2.CC.1**			Demonstrate how to communicate personal boundaries and show respect for someone else's personal boundaries **CHR.2.IC.1**			Identify healthy ways for friends to express feelings, both physically and verbally **CHR.2.SM.1**	
	Define bodily autonomy and personal boundaries **CHR.2.CC.2**			Explain why it is important to show respect for different kinds of families (e.g., nuclear, single parent, blended, intergenerational, cohabitating, adoptive, foster, same-gender, interracial) **CHR.2.IC.2**				
	Define consent **CHR.2.CC.3**							
	Identify different kinds of families (e.g., nuclear, single parent, blended, intergenerational, cohabitating, adoptive, foster, same-gender, interracial) **CHR.2.CC.4**							

Standards by Grade Level

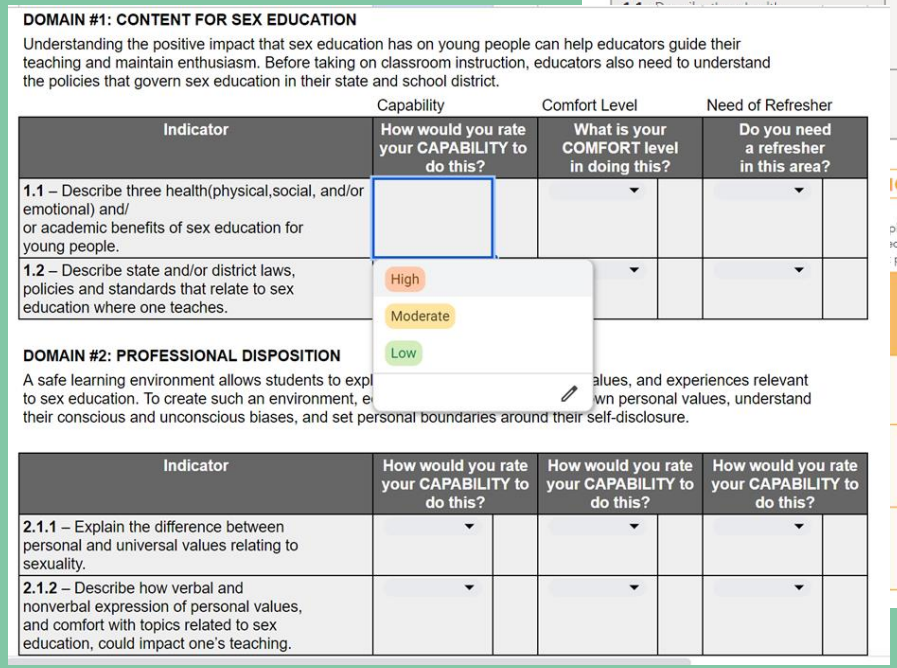
GRADES K–2

	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
CONSENT & HEALTHY RELATIONSHIPS								
By the end of the 2nd grade, students should be able to:	Describe characteristics of a friend **CHR.2.CC.1**			Demonstrate how to communicate personal boundaries and show respect for someone else's personal boundaries **CHR.2.IC.1**			Identify healthy ways for friends to express feelings, both physically and verbally **CHR.2.SM.1**	
	Define bodily autonomy and personal boundaries **CHR.2.CC.2**			Explain why it is important to show respect for different kinds of families (e.g., nuclear, single parent, blended, intergenerational, cohabitating, adoptive, foster, same-gender, interracial) **CHR.2.IC.2**				
	Define consent **CHR.2.CC.3**							
	Identify different kinds of families (e.g., nuclear, single parent, blended, intergenerational, cohabitating, adoptive, foster, same-gender, interracial) **CHR.2.CC.4**							

Assessment

Professional

PLSSE Self-Graphing Assessment



DOMAIN #1: CONTENT FOR SEX EDUCATION

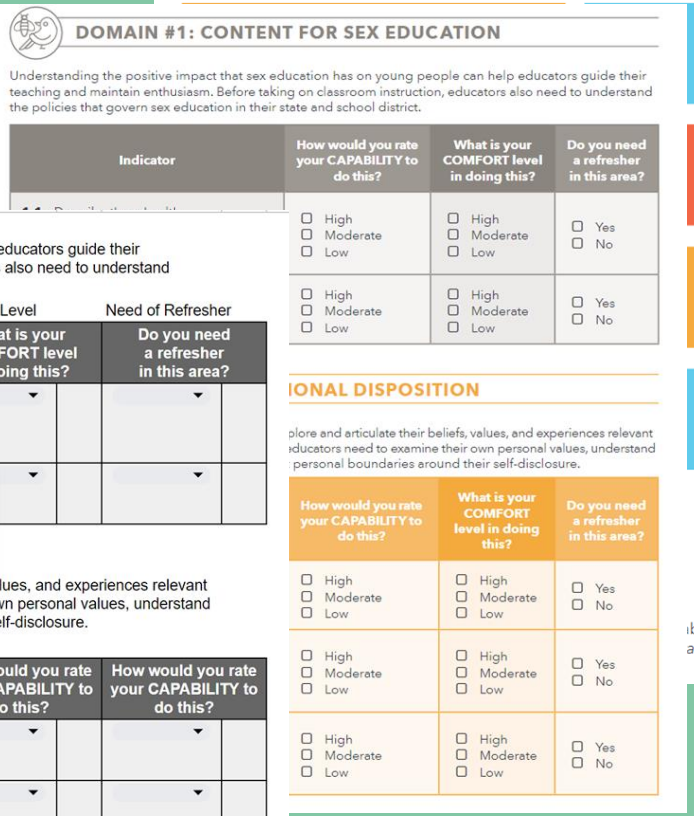
Understanding the positive impact that sex education has on young people can help educators guide their teaching and maintain enthusiasm. Before taking on classroom instruction, educators also need to understand the policies that govern sex education in their state and school district.

Indicator	Capability: How would you rate your CAPABILITY to do this?	Comfort Level: What is your COMFORT level in doing this?	Need of Refresher: Do you need a refresher in this area?
1.1 – Describe three health(physical,social, and/or emotional) and/ or academic benefits of sex education for young people.	High / Moderate / Low		
1.2 – Describe state and/or district laws, policies and standards that relate to sex education where one teaches.			

DOMAIN #2: PROFESSIONAL DISPOSITION

A safe learning environment allows students to expl…alues, and experiences relevant to sex education. To create such an environment, e…wn personal values, understand their conscious and unconscious biases, and set personal boundaries around their self-disclosure.

Indicator	How would you rate your CAPABILITY to do this?	How would you rate your CAPABILITY to do this?	How would you rate your CAPABILITY to do this?
2.1.1 – Explain the difference between personal and universal values relating to sexuality.			
2.1.2 – Describe how verbal and nonverbal expression of personal values, and comfort with topics related to sex education, could impact one's teaching.			



DOMAIN #1: CONTENT FOR SEX EDUCATION

Understanding the positive impact that sex education has on young people can help educators guide their teaching and maintain enthusiasm. Before taking on classroom instruction, educators also need to understand the policies that govern sex education in their state and school district.

Indicator	How would you rate your CAPABILITY to do this?	What is your COMFORT level in doing this?	Do you need a refresher in this area?
	☐ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
	☐ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No

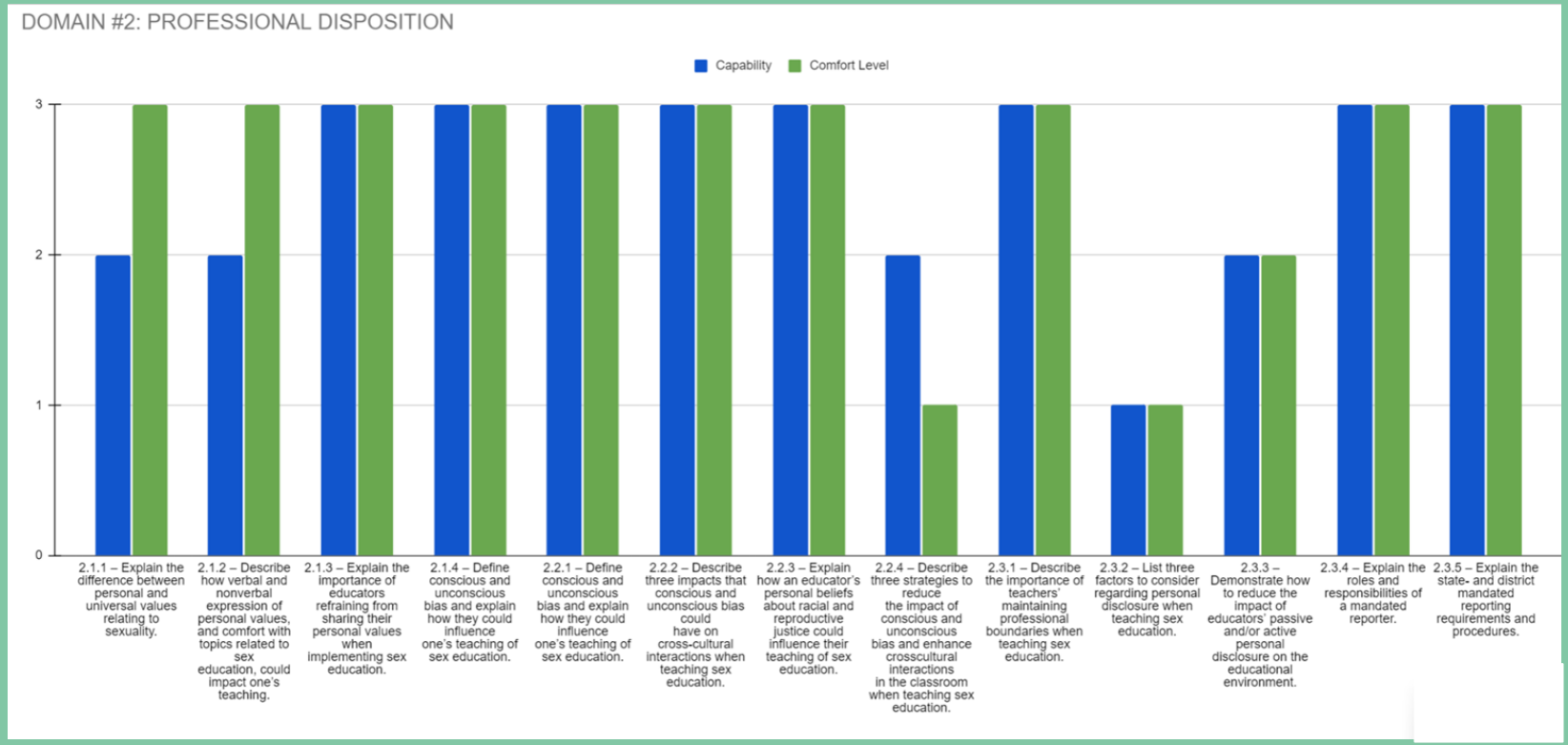
IONAL DISPOSITION

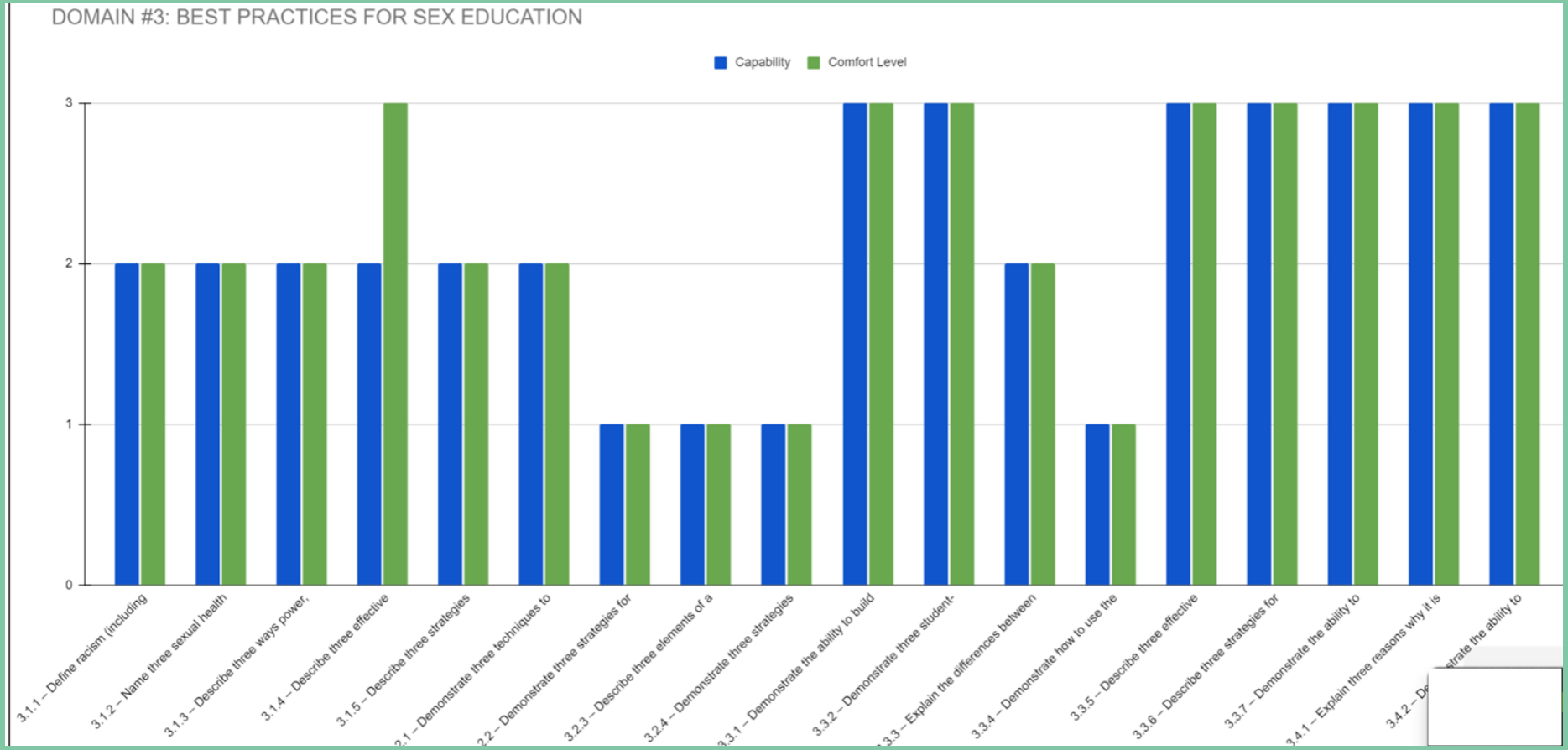
plore and articulate their beliefs, values, and experiences relevant educators need to examine their own personal values, understand personal boundaries around their self-disclosure.

How would you rate your CAPABILITY to do this?	What is your COMFORT level in doing this?	Do you need a refresher in this area?
☐ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
☐ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No
☐ High ☐ Moderate ☐ Low	☐ High ☐ Moderate ☐ Low	☐ Yes ☐ No

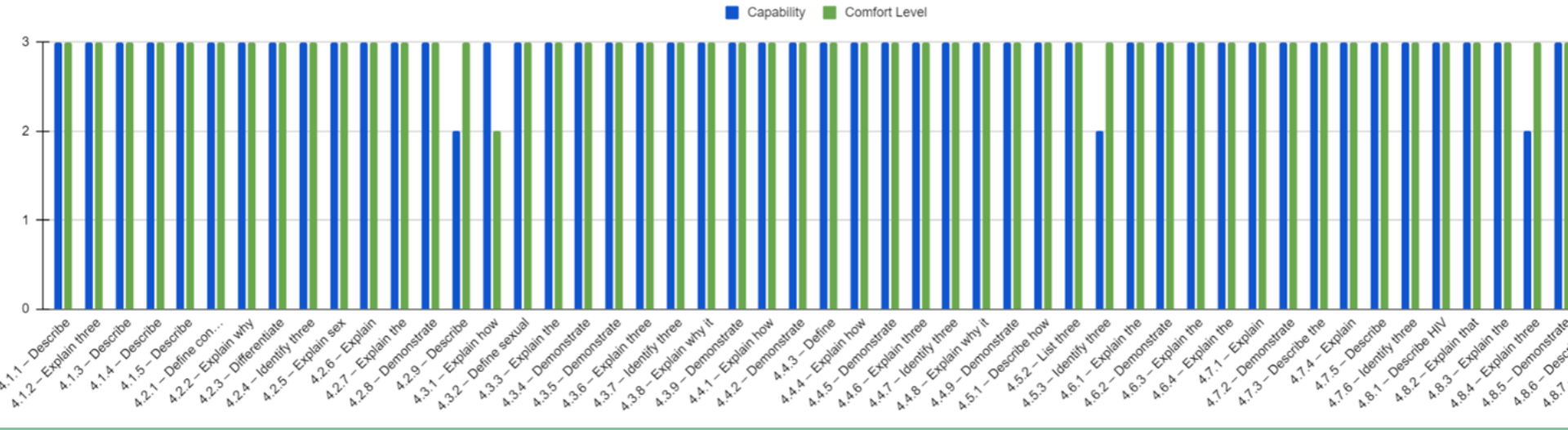
…borative …ative.org

How to Use Assessment Findings




DOMAIN #3: BEST PRACTICES FOR SEX EDUCATION
Capability
Comfort Level
3
2
1
0
3.1.1 – Define racism (including
3.1.2 – Name three sexual health
3.1.3 – Describe three ways power,
3.1.4 – Describe three effective
3.1.5 – Describe three strategies
2.1 – Demonstrate three techniques to
2.2 – Demonstrate three strategies for
3.2.3 – Describe three elements of a
3.2.4 – Demonstrate three strategies
3.3.1 – Demonstrate the ability to build
3.3.2 – Demonstrate three student-
3.3.3 – Explain the differences between
3.3.4 – Demonstrate how to use the
3.3.5 – Describe three effective
3.3.6 – Describe three strategies for
3.3.7 – Demonstrate the ability to
3.4.1 – Explain three reasons why it is
3.4.2 – D
strate the ability to

DOMAIN #4: KEY CONTENT AREAS



Role of Supervision

Mentorship

-BCBAs self-assess and

-ID areas of need

1st Year - BCBA

Prioritize areas of need within the ongoing supervision of new BCBAs

Fieldwork
(BCBA, BCaBA, QBA, QASP-S)

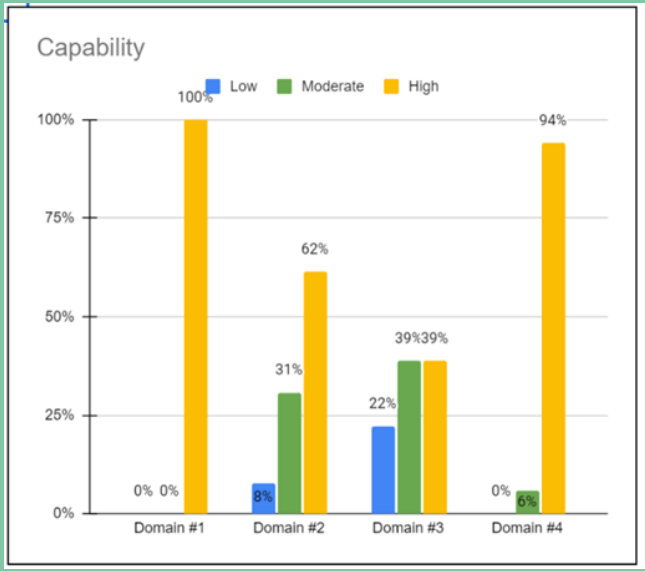
-Exposure

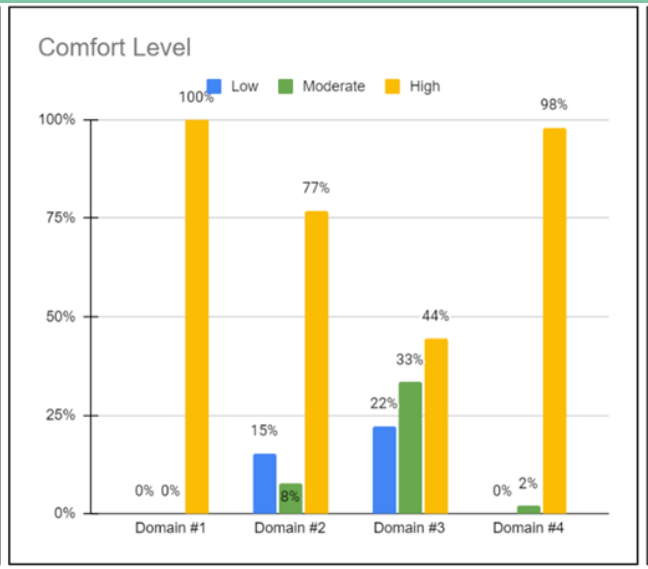
-Experience

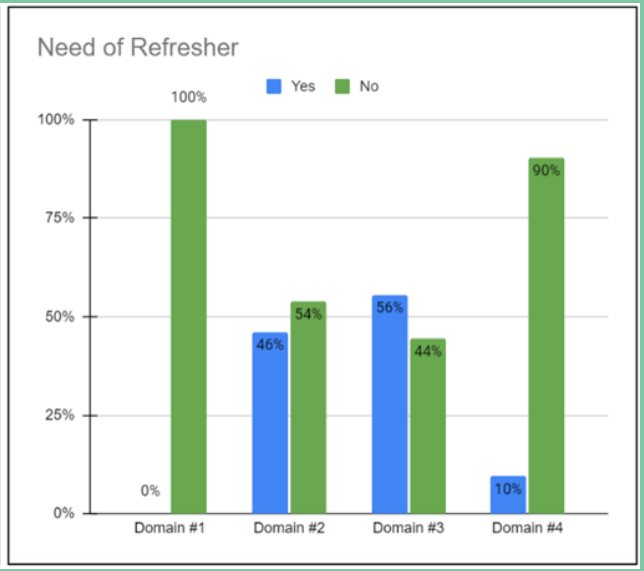
-Competency

RBT / ABAT

-Assess
-Pre-train
-Exposure
-Experience
-Competency

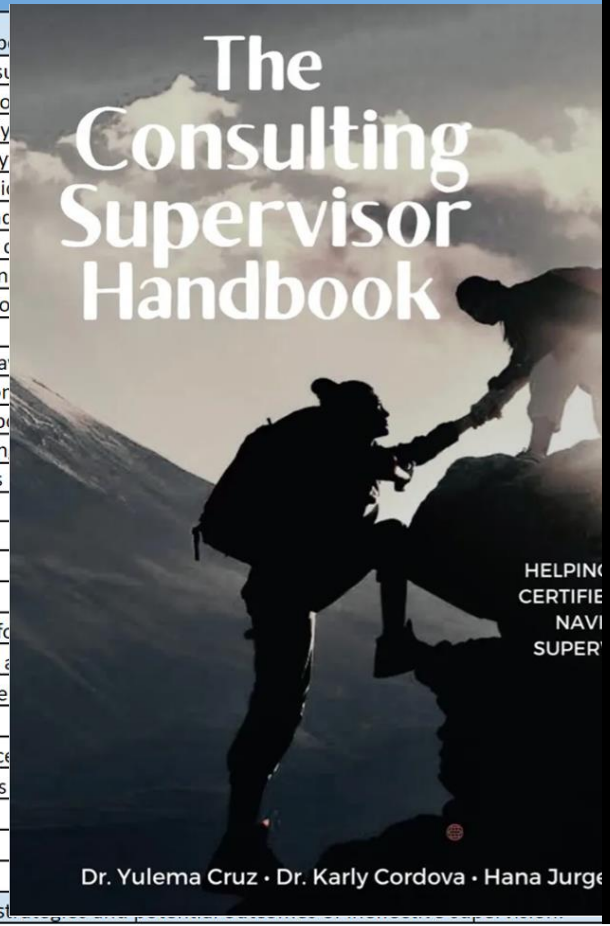

Capability
Low
Moderate
High
100%
75%
50%
25%
0%
0% 0%
8%
31%
62%
22%
39%
39%
0%
6%
94%
Domain #1
Domain #2
Domain #3
Domain #4

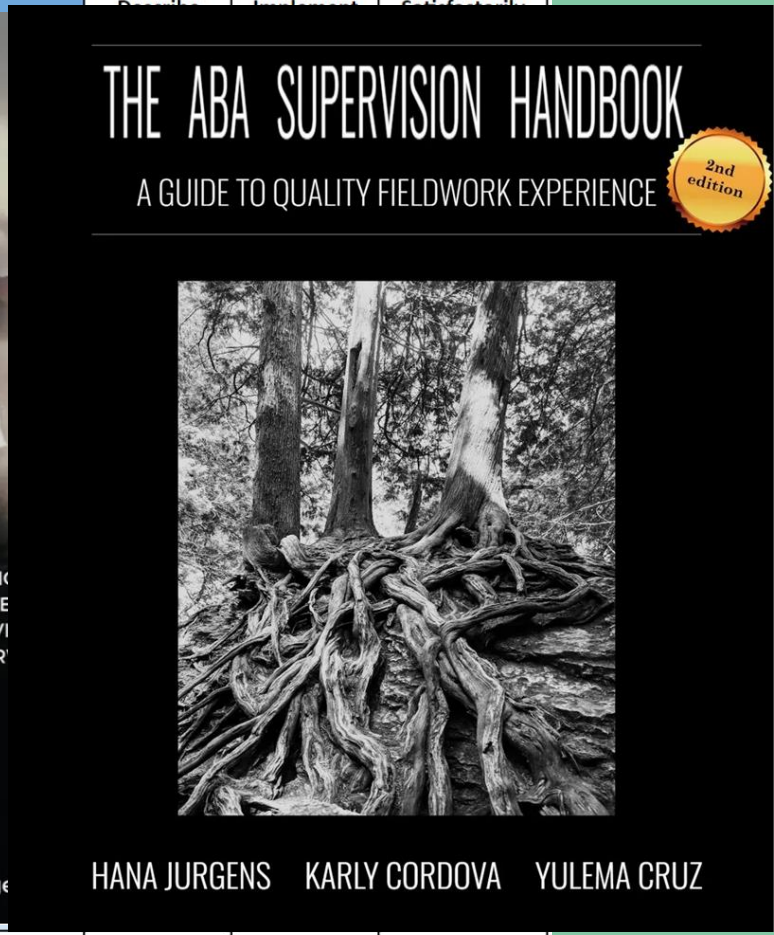

Comfort Level
Low
Moderate
High
100%
75%
50%
25%
0%
0% 0%
15%
8%
77%
22%
33%
44%
0%
2%
98%
Domain #1
Domain #2
Domain #3
Domain #4


Need of Refresher
Yes
No
100%
75%
50%
25%
0%
0%
100%
46%
54%
56%
44%
10%
90%
Domain #1
Domain #2
Domain #3
Domain #4

SUPERVISOR RESPONSIBILITIES

SUPERVISION OF ONGOING SERVICES	Describe	Implement	Complete Satisfactorily
1) The supervisor should be able to state the purp			
a) rovide high-quality services that resu			
i) Create context for clear co			
ii) Ensure procedural fidelity			
b) Develop and maintain behavior-analy			
i) RBT Task List and RBT Ethi			
ii) BCBA/BCaBA Task List and			
c) Teach conceptual skills using applied			
i) Philosophical underpinnin			
ii) Concepts and principles o			
d) Develop problem-solving skills			
i) Responding to novel beha			
ii) Addressing questions fro			
iii) Maximizing learning opp			
e) Monitor and evaluate decision-makin			
i) Professionalism decisions			
ii) Ethical decisions			
iii) Treatment decisions			
f) Model assistance-seeking skills			
i) Identifying problems			
ii) Providing opportunities f			
iii) Seeking assistance from a			
g) mprove and maintain beneficial repe			
i) Progress monitoring			
ii) Opportunities for advance			
h) Model effective supervision practices			
i) Professional behaviors			
ii) Ethical behaviors			
iii) Training behaviors			
2) The supervisor should be able to describe the st			





Role of Supervision

Mentorship

-BCBAs self-assess and

-ID areas of need

Fieldwork
(BCBA, BCaBA, QBA, QASP-S)

-Exposure

-Experience

-Competency

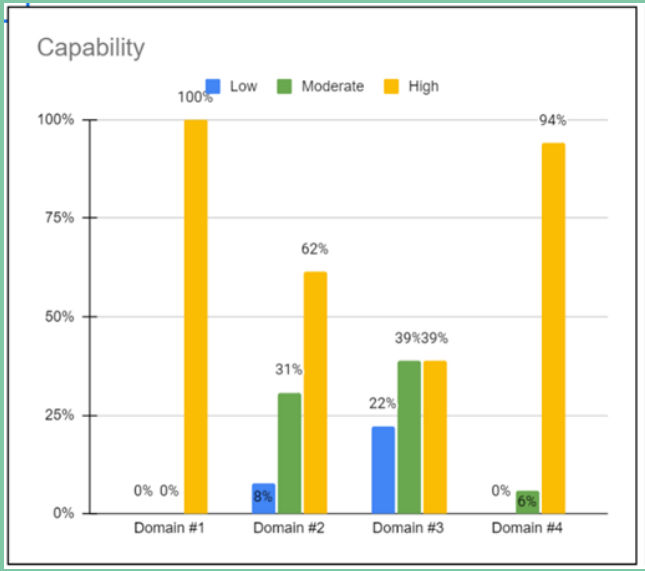
1st Year - BCBA

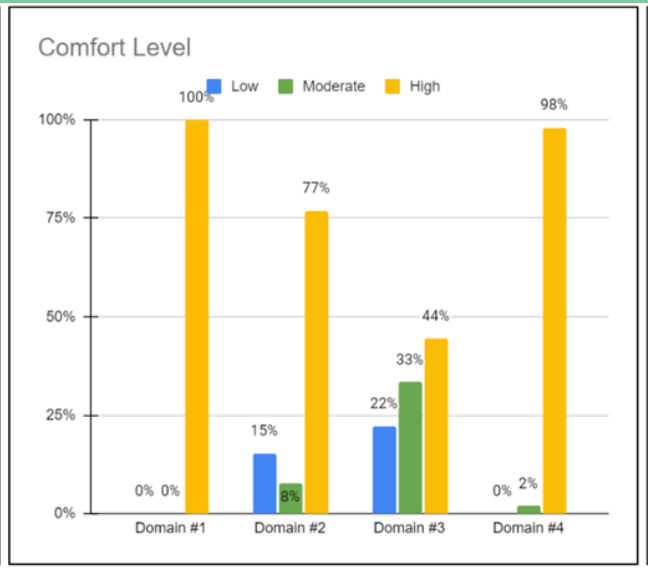
Prioritize areas of need within the ongoing supervision of new BCBAs

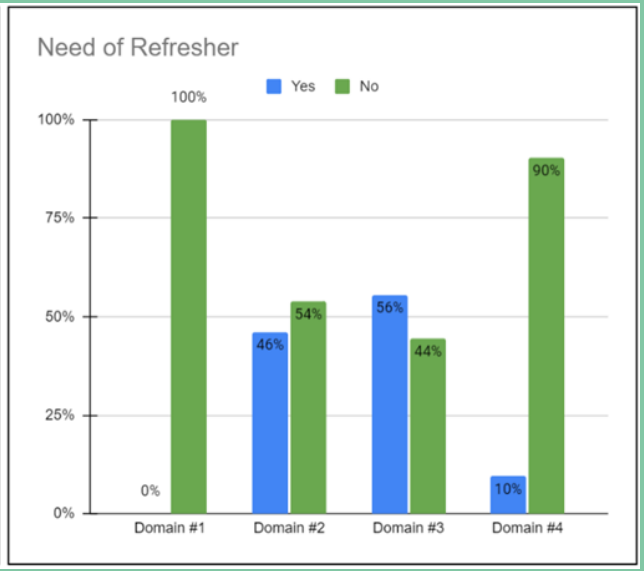
RBT/ ABAT

Lorem ipsum dolor sit amet, consectetur adipiscing.

SUPERVISOR RESPONSIBILITIES					
SUPERVISION OF ONGOING SERVICES				Describe	Implement	Complete Satisfactorily
6) The supervisor should be able to use behavioral skills training to improve supervisee or trainee performance.						
	a) Deliver clear, succinct, and detailed instructions					
		i) Describe rationale for why the target skills are to be trained				
		ii) Provide vocal and written descriptions of the target skills				
		iii) Use clear, concise, and simple instructions when describing the skill				
		iv) Require active participation from the learner				
	b) Model the required skills across all relevant contexts					
		i) Incorporate role play, in vivo, and video modeling				
		ii) Use role models, peers, and self-modeling				
		iii) Deliver instructions concurrently with the model				
	c) Find and create opportunities to rehearse skills					
		i) Use in vivo and role play scenarios				
		ii) Rehearse immediately after the skill is demonstrated				
		iii) Practice the skill in relevant settings				
	d) Deliver effective feedback to shape performance					
		i) Provide contingent, descriptive feedback immediately after skill rehearsal				
		ii) Correct errors using empathy statements and descriptive information on how to improve				
		iii) Provide vocal, written, modeled, video, and graphic feedback				
		iv) Deliver feedback individually and to a group				
		v) Deliver feedback using formal and informal methods				
		vi) Incorporate self-monitoring				
	e) Repeat behavioral skills training steps until skill reaches mastery					
		i) Set a predetermined mastery criterion for the skill				
		ii) Measure procedural fidelity with the skill				
		iii) Assess application and generalization of skill to new targets, clients, and settings				
		iv) Schedule follow-up competency checks				
	f) Train across skill areas that are relevant					
		i) Measurement, data displays, and interpretation				
		ii) Assessment and treatment procedures				
		iii) Professionalism				
	g) Describe the detrimental effects of withholding feedback					
		i) Poor quality control				


Capability
Low
Moderate
High
100%
75%
50%
25%
0%
0% 0%
8%
31%
62%
22%
39%
39%
0%
6%
94%
Domain #1
Domain #2
Domain #3
Domain #4


Comfort Level
Low
Moderate
High
100%
75%
50%
25%
0%
0% 0%
15%
8%
77%
22%
33%
44%
0%
2%
98%
Domain #1
Domain #2
Domain #3
Domain #4


Need of Refresher
Yes
No
100%
75%
50%
25%
0%
0%
100%
46%
54%
56%
44%
10%
90%
Domain #1
Domain #2
Domain #3
Domain #4

vision- BCBA, BCaBA, QBA, QASP-S

FOUNDATIONAL SKILLS GRID

Task	Foundational Skills	Score	Task Name
B-4a		1. 2. 3.	Define and provide examples of positive reinforcement
B-4b			Define and provide examples of negative reinforcement
B-10		1. 2. 3.	Define and provide examples of stimulus
B-11a			
B-11b			
B-11c			
C-1			
C-3			
C-4			
C-7a			
C-10a			
C-10c			
C-11a			
E-0			
E-1.01			
E-1.08			
E-1.10			
F-4			
F-5			
F-6			
G-1			
G-2			
G-26			
G-28		1. 2. 3.	Use functional communication training

Supervisee Competency Assessment of Skills: Ethics

Task	Foundational Skills	Score	Task Name	Task Objective	Question	Example	Criteria
E-1	RBT 1.06	1. 2. 3. 4	1.05 Practicing within scope of competence	The supervisee only practices ABA within their scope of competence.	Does the supervisee only practice ABA within their identified scope of competence?	The supervisee only engages in DTT after having accessed and documented appropriate study, training, supervised experience, consultation, and/or co-treatment from professionals competent in DTT. Same goes for feeding, treating severe beahviors, etc. Otherwise, the supervisee refers or transitions services to an appropriate qualified professional.	1. Supervisee identifies potential ethical concern and corresponding code given the opportunity. 2. Supervisee sets up meeting and discusses with the person of interest directly given the opportunity. 3. Supervisee sets up meeting and discusses with the person of interest and create action plan given the opportunity. 4. Supervisee appropriately completes action plan and ethical concern resolved, or follow up scheduled, given the opportunity.
			1.06 Maintaining Competence	The supervisee engages in active professional development activities.	Does the supervisee actively engage in professional development activities?	The supervisee actively engages in one or more of the following activites: reading relevant literature; attending conferences and conventions; participating in workshops and other training opportunities; obtaining additional coursework; receiving coaching, consultation, supervision, or mentorship; and obtaining and maintaining appropriate professional credentials.	
	RBT 1.07		1.07 Cultural Responsiveness and Diversity	The supervisee engages in active professional development activities to acquire knowledge and skills related to cultural responsiveness and diversity.	Does the supervisee actively engage in professional development activities to acquire knowledge and skills related to culture responsiveness and diversity?	The supervisee evaluates their own biases and ability to address the needs of individuals with diverse needs/ backgrounds (e.g., age, disability, ethnicity, gender expression/identity, immigration status, marital/relationship status, national origin, race, religion, sexual orientation, socioeconomic status). They also evaluate biases of their supervisees and trainees, as well as their supervisees' and trainees' ability to address the needs of individuals with diverse needs/backgrounds.	1. Supervisee identifies potential ethical concern and corresponding code given the opportunity. 2. Supervisee sets up meeting and discusses with the person of interest directly given the opportunity. 3. Supervisee sets up meeting and discusses with the person of interest and create action plan given the opportunity. 4. Supervisee appropriately completes action plan and ethical concern resolved, or follow up scheduled, given the opportunity.
	RBT 1.08		1.08 Nondiscrimnation	The supervisees refrains from engaging in discrimination against others.	Does the supervisee refrain from engaging in discrimination against others?	The supervisee behaves toward others in an equitable and inclusive manner regardless of age, disability, ethnicity, gender expression/identity, immigration status, marital/relationship status, national origin, race, religion, sexual orientation, socioeconomic status, or any other basis proscribed by law.	
	RBT 1.08		1.09 Nonharassment	The supervisee refrains from engaging in behavior that is harassing or hostile toward others.	Does the supervisee refrain from engaging in behavior that is harassing or hostile toward others?	The supervisee refrains from engaging in persistent attacks toward others as well as persistent criticism that causes worry and distress. This may include attacks toward a person's weight, skin color, demeanor, etc.	
				The supervisee is aware of their own	Is the supervisee aware of their own	The supervisee maintains awareness of their own	

RBT / ABAT

RBT® Initial Competency Assessment: Form

Applicant Name: _____ Applicant BACB ID # (?): _____

Name of Organization Where Applicant is Employed: _____

Instructions: All task items (1–20) must be completed. For tasks where there are multiple assessment type options, one of the assessment types listed must be completed. Three of the tasks in the "Skill Acquisition and Behavior Reduction" section must be demonstrated with a client. Complete this form in its entirety for consideration. Incomplete documents will not be accepted.

Measurement

	Tasks 1–3	Initials	Assessment Type
1	**Continuous Measurement:** Implement continuous measurement (e.g., frequency, duration, latency, IRT).		☐ With a Client ☐ Role-Play ☐ Interview
2	**Discontinuous Measurement:** Implement discontinuous measurement procedures (e.g., partial and whole interval, momentary time sampling).		☐ With a Client ☐ Role-Play ☐ Interview
3	**Data and Graphs:** Enter data and update graphs.		☐ With a Client ☐ Role-Play ☐ Interview

Assessment

	Tasks 4–5	Initials	Assessment Type
4	**Preference Assessments:** Conduct preference assessments.		☐ With a Client ☐ Role-Play
5	**ABC Data:** Collect ABC data.		☐ With a Client ☐ Role-Play

Skill Acquisition and Behavior Reduction

Three of tasks 6-15 must be demonstrated ***with a client***.

	Tasks 6–15	Initials	Assessment Type
6	**Discrete-Trial Teaching:** Implement discrete-trial teaching procedures.		☐ With a Client ☐ Role-Play
7	**Naturalistic Teaching:** Implement naturalistic teaching procedures (e.g., incidental teaching).		☐ With a Client ☐ Role-Play
8	**Chaining:** Implement task analyzed chaining procedures.		☐ With a Client ☐ Role-Play
9	**Shaping:** Implement shaping procedures.		☐ With a Client ☐ Role-Play

ABAT Competency Assessment

ABAT Candidate Name_____

Instructions: For all competency areas, **assessors should initial to show they have observed the ABAT fully demonstrating competency in that area**. Additionally, the delivery method in which this competency was observed should be noted by a check mark.

Autism Core Knowledge	Assessor Initials	Assessment Delivery Methods
Candidate demonstrates understanding of the core aspects of ASD through response to questions or		☐Live with client ☐Role Play/video
initiates description related to a specific client or skill		

Legal and Ethical Considerations	Assessor Initials	Assessment Delivery Methods
Candidate acknowledges they have read and understand the QABA Code of Ethics; QABA policies and procedures; and candidate handbook		☐yes ☐no
Candidate can identify risks to confidentiality and privacy in intervention, record keeping, Supervision, tele-help, written materials, social media, etc. in a specific case/example		☐Live with client ☐Role Play/video
Candidate can identify risks to professional boundaries in a specific case/example		☐Live with client ☐Role Play/video

Core Principles of ABA	Assessor Initials	Assessment Delivery Methods
Candidate can identify antecedents, setting events, and consequences of a specific behavior		☐Live with client ☐Role Play/video
Candidate can describe a behavior in a measurable and objective manner		☐yes ☐no
Candidate can identify the MO in a specific example or situation		☐Live with client ☐Role Play/video

RBT COMPETE

	MEA	
RBT Competency Tasks 1-3		
1	Continuous Measurement: Implement continuous measuren	
2	Discontinuous Measurement: Implement discontinuous mea time sampling)	
3	Data and Graphs: Enter data and update graphs	
	AS	
Tasks 4-5		
4	Preference Assessments: Conduct preference assessments	
5	ABC Data: Collect ABC data	
	SKILL ACQUISITION	
Tasks 6-15		
6	Discrete Trial Teaching: Implement discrete trial teaching pro	
7	Naturalistic Teaching: Implement naturalistic teaching proced (e.g., incidental teaching)	
8	Chaining: Implement task analyzed chaining procedures	
9	Shaping: Implement shaping procedures	
10	Discrimination Training: Implement discrimination training	
11	Stimulus Control Transfer: Implement stimulus control transfer procedures	
12	Prompting: Implement prompt and prompt fading procedure	
13	Token Systems: Implement token systems	
14	Crisis/Emergency: Implement crisis/ emergency procedures a	
15	Antecedent Interventions: Implement interventions based or operations and discriminative stimuli	
	Differential Reinforcement: Implement differential reinforcer	
	Extinction: Implement extinction procedures	
	PROFESSIONALIS	
Tasks 16-20		
16	Session Notes: Generate objective session notes by describin	
17	Client Dignity: Provide examples of how to maintain client di	
18	Professional Boundaries: Provide examples of how to mainta	
19	Supervision Requirements: Describe BACB Supervision Stand	
20	Clinical Direction: Describe at least one situation in which you'd seek clinical direction from your supervisor	E-2

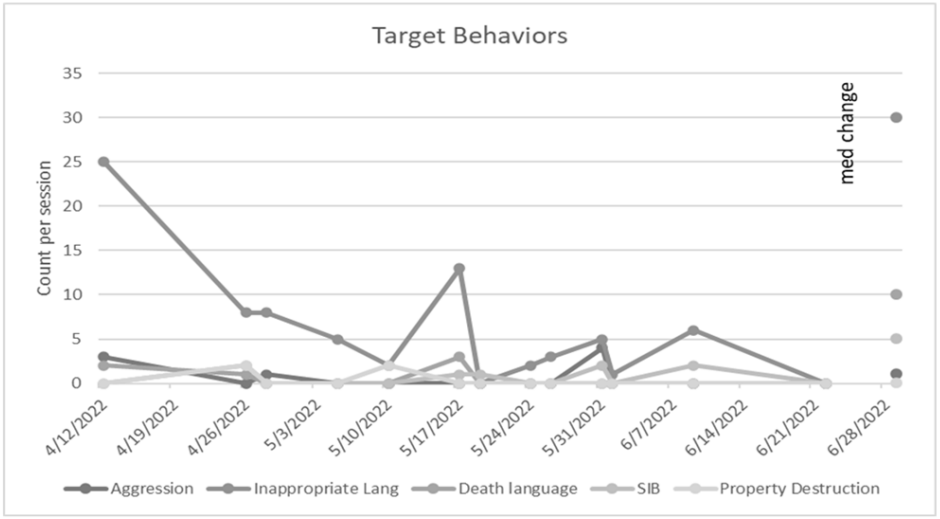
RBTs Guide to Effective Supervision

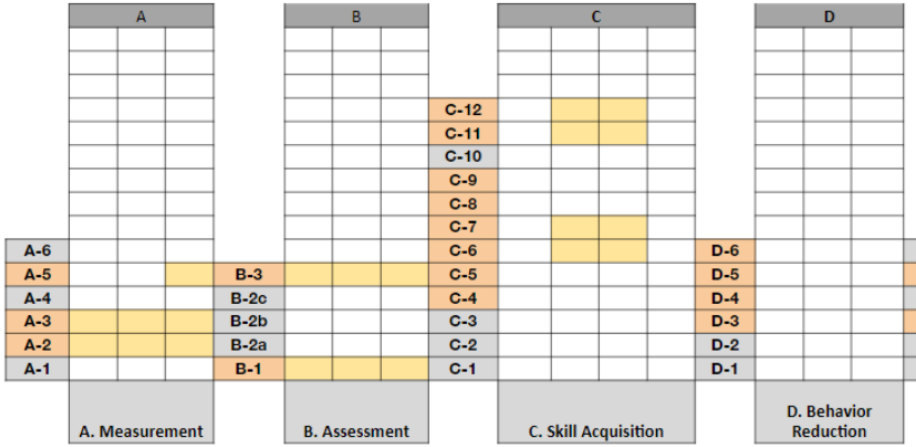
Dr. Karly Cordova

OMPETENCY TASK ITEMS

	RBTs Guide
e core aspects of ASD through response to questions or ABAT initiates description related to a	--
	RBTs Guide
understand the QABA Code of Ethics; QABA policies and procedures; and candidate	Ethics 0
and privacy in intervention, record keeping, supervision, tele-help, written materials, social	2.08, 2.09, 2.10 , E-5
	RBTs Guide
events, and consequences of a specific behavior	D-3
urable and objective manner	A-6
xample or situation	D-3
condary reinforcer in an example or situation	C-3a, C-3b
ule of reinforcement	C-3c, C-3d
behavior (mand, tact, echoic, IV) in a specific example	--
	RBTs Guide
existing positive behavior support plan, such as visual supports, FCT, etc.	C-1, D-1, D-3
	RBTs Guide
ing with a specific client	C-2, C-3
discrete trial sessions in a structured setting and in the natural environment	C-4
and prompt fading procedures	C-9a, b
	RBTs Guide
existing BIP as related to functions of behavior	D-1, D-2
of components an existing BIP (provides reinforcement in timely scheduled manner, ignores	C-6, 7, 8, 11, 12; D-4, 5, 6
	RBTs Guide
kill acquisition and Behaviors for reduction (duration, frequency)	A-2, A-3
	RBTs Guide
unication and skills to work as part of an interdisciplinary team	F-3
learn and utilize feedback	F-2
ntinuity of care may be compromised and a need to consult with a supervisor is needed (dual	E-2, F-4

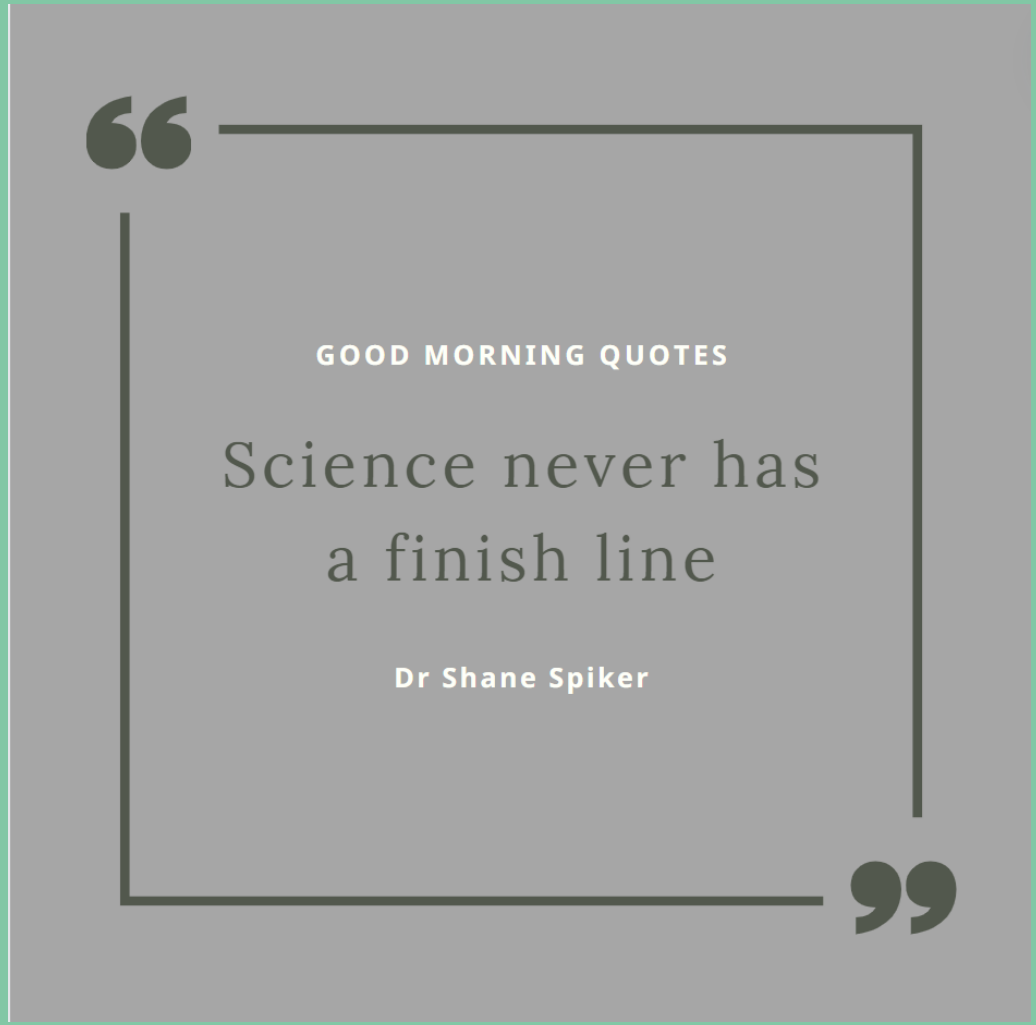
Matching Skills/Deficits





CEU CODE

LEARN


GOOD MORNING QUOTES
Science never has a finish line
Dr Shane Spiker

Call to Action...

- More research
  - Research lab coming soon!
- More supervision and mentorship opportunities
- More policy/advocacy to governing bodies
  - White papers, coalitions, subspecialties
  - Legislative advocacy and development
- More accessible resources
  - And IMPROVED resources
  - Affordable texts would be great, too
- Certification and specialization
  - SBA is setting a precedent
  - Emphasis on equitable practices

Questions or Thoughts?

References

Ability Central Projects. (2011). *Children with Disabilities & Sexual Abuse Fact Sheet*. file:///Users/sccampau/Downloads/FactSheet%20dd%20children%20abuse.pdf

Future of Sex Education Initiative. (2020). *National Sex Education Standards: Core Content and Skills, K–12 (Second Edition)* (Second Edition). https://siecus.org/wp-content/uploads/2020/03/NSES-2020-web-updated-1.pdf

Goldfarb, E. S., & Lieberman, L. D. (2021). Three Decades of Research: The Case for Comprehensive Sex Education. *Journal of Adolescent Health*, *68*(1), 13–27. https://doi.org/10.1016/j.jadohealth.2020.07.036

Hall, K. S., Sales, J. M., Komro, K. A., & Santelli, J. (2016). The State of Sex Education in the United States. *The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine*, *58*(6), 595–597. https://doi.org/10.1016/j.jadohealth.2016.03.032

Jurgens, H., Cordova, & Cruz, Y. (n.d.). *The Supervision Handbook: A Guide to Quality and Applied ABA Fieldwork Experience*. Lulu.

National Guidelines Task Force. (2004). *Guidelines for Comprehensive Sexuality Education*. SEICUS. https://siecus.org/wp-content/uploads/2018/07/Guidelines-CSE.pdf

Santelli, J. S., Bell, D. L., Trent, M., Klein, J. D., Grubb, L., Barondeau, J., Stager, M., & North, S. (2021). School-based Sex Education in the U.S. at a Crossroads: Taking the Right Path. *Journal of Adolescent Health*, *69*(6), 886–890. https://doi.org/10.1016/j.jadohealth.2021.09.007

Sex Education Collaborative. (2018). *Professional Learning Standards for Sex Education: Assessment Tool* (pp. 1–12) [Assessment Tool]. Sex Education Collaborative. https://sexeducationcollaborative.org/resources/plsse

Sexuality Information and Education Council of the United States [SEICUS]. (2022). *2022 Sex Ed State Law and Policy Chart* (pp. 1–26). https://siecus.org/wp-content/uploads/2021/09/2022-Sex-Ed-State-Law-and-Policy-Chart.pdf

Thank You!

Shane Spiker: STSpikerBehavior@gmail.com

Sarah Campau: sccampau@uark.edu

Karly Cordova: drkarly@khyaba.com