# Welcome to February RBT Training

In this training we will review:

- 1. Elicit feedback on RBT outings
- 2. The new RBT pay increase policy
- 3. Signing up for the Quarterly Review
- 4. Writing Accurate Session Notes
- 5. Answer questions/concerns.
- 6. RBT Website!!

# **RBT** Outings



These will continue to be planned and facilitated by Lead RBTs. What will make these more accessible to you? (Time, general location, day, etc.) Any ideas for locations/activities for potential future outings?

# Newly Effective Pay Increase Policy

Above and Beyond Therapy Registered Behavior Technician Pay Increase Policy

### **Eligibility:**

All Registered Behavior Technician's that have worked for the company for one full year will be eligible for an hourly pay increase. The increase will be given on the quarter's end following the year anniversary of their employment.

After one full year of employment, an hourly pay increase will be given after the fourth quarter (December) review of each year.

### Pay increase amount will be performance based with the following areas being considered:

- No areas of focus have been identified over the reviewed quarterly evaluations, if areas of focus are identified, they are resolved by the successive quarterly evaluation.
- The RBT has completed the 12-hour Safety Care Training.
- At least 80% (10/12) of the monthly trainings have been attended.
- RBT attendance is at an average of 90% session conversion over 12 months.

# **Quarterly Review Sign-Up**

These will be held via Zoom.

Whenever possible your supervising BCBA will also be present for the review.

If you haven't signed up yet, scan this QR code! The sooner in advance you sign up,the more likely your supervising BCBA will be able to accommodate the time!





# Join at slido.com #448584

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# SESSION NOTE REQUIREMENTS

Above and Beyond Therapy





What are some words that come to mind when you think of writing a sufficient session note?

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# What Should Be in a Session Summary

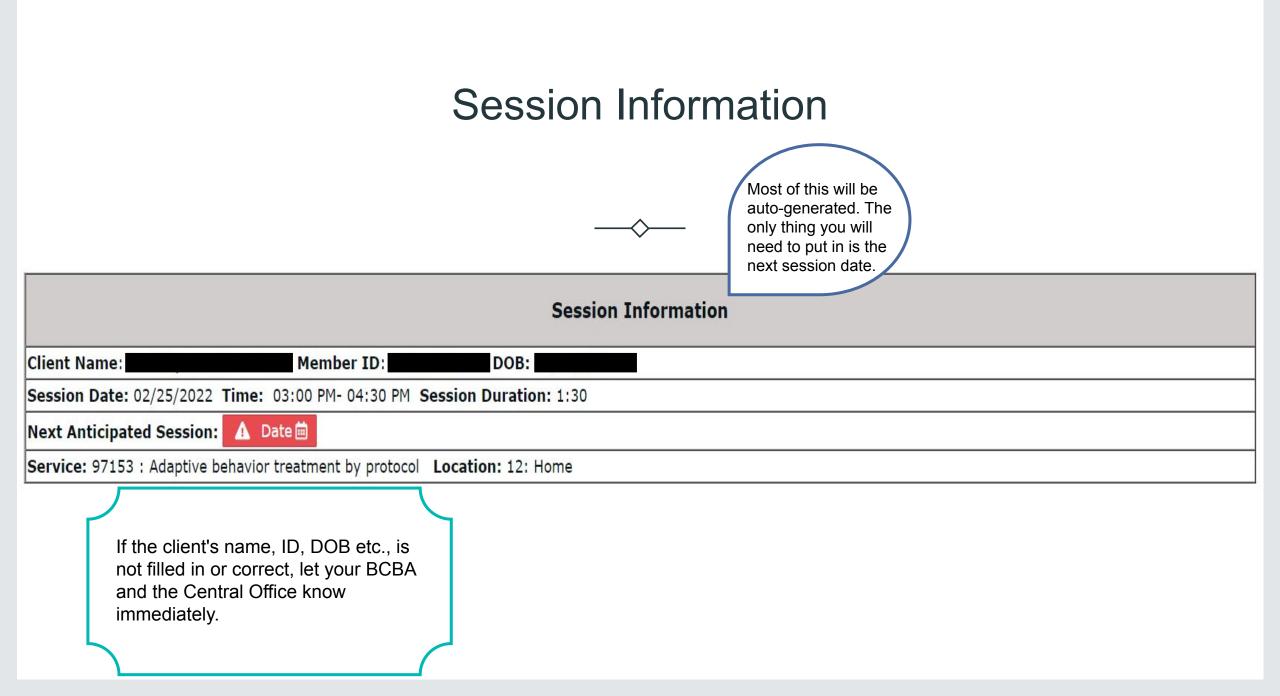
- Objectivity!!
- Times the session began and ended
- Descriptions of any barriers and/or behaviors that were present during session
- What was effective for reinforcement during the session
- A brief synopsis of the targets that were worked on during the session
- If anyone else joined the session (BCBA, parent, sibling, etc.) and what their role was in the session

# Audit Requirement Overview

- All questions/sections need to be completed
- Notes should differ from session to session
  - DO NOT DUPLICATE NOTES!
- The next anticipated session should make sense to anticipated schedule
  - If a Friday, next session should be Monday (or next scheduled session), not just the next day
- . The session details are aligned to the client's performance (raw data)

Next we will go step-by-step through the process of writing an accurate and detailed session note.

Megan Kuehler These should auto-fill,
the date is correct.
97153: Adaptive behavior treatment by protocol
Show modifiers
#1 <b>1</b> #2 #3 #4
03:00 PM
Units of Service 6 Recalculate
Hrs     Mins     Miles       0     0     0
12: Home
Select
\$ Rate     \$ Drive     \$ Miles       0     0     0
B / ⊻ ≔ ≔ ⊡ ⊡
When the above is
filled out correctly, SATED DIRECT CARE (1/1) SIGNATURES
Click here!! required CLIENT SIGNATURE
SELECT EXISTING NOTE PROVIDER SIGNATURE



## **Provider Information**

Provider Information					
Organization Name: Above & Beyond Therapy	Provider Tax ID:				
Provider Name: Megan Kuehler	Supervising Clinician:	BCBA Name and Credentials			
Client Diagnosis: F84.0		Be sure to put the credential			
Who was present during session: Client Technician BCBA Caregiver Sibling(s) Peers Other Other // The technician and/or BCBA need to be present and checked to have a billable session Here you should check only the people that participate in the session, not those that are just present in the environment.		BCBA after you type your BCBA's name! Ex. Megan Kuehler, BCBA			





Next up is behavioral methodologies. If you have any questions about the methodologies listed (what they mean/look like/importance), please put them in the Q&A section NOW!

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# **Behavioral Methodology**

ABA Methodology Used				
Stimulus Prompts	Behavior Contract	Differential Reinforcement		
Social Skill Training	Timer	Functional Communication Training		
Role Play	Incidental Teaching	Uisual Aid		
Premack Principle	Self Management/Self-Monitor	Errorless Learning		
Prompt Fading		□ NET		
U Video Modeling	Antecedent Manipulation	Chaining		
	Environmental Modifications	Error Correction Procedures		
Shaping	Redirection	Behavior Momentum		
Schedules	Non-Contingent Reinforcement	Other Include strategy 🖋		

### Key Points

- At least 3 behavioral methodologies should be checked at each session
- Typically, we use at least one of the following in a session: DTT, NET, Incidental Teaching
- If you are not sure which of these you are using, reach out to your BCBA!

# **Inserting Data**

Goals: Select Session Summary

Don't forget to click here!

#### Goals:

Select Session Summaries to insert into the note.

ranch Name	Current Data Point	Current Phase	Phase Change	Added By
will initiate eye contact when greeting others		Intervention		Megan Kuehler
will maintain eye contact for 5 exchanges in a conversation		Intervention		Megan Kuehler
will converse about topics not of his choosing		I <mark>n</mark> tervention		Megan Kuehler
will accept changes in conversational topics by engaging in new topics to existing conversations		Intervention		Megan Kuehler
will compromise by coming to a midpoint between what he wants and what is offered by another when disagreeing with another person		Intervention		Megan Kuehler
will engage in self-calming techniques within 30 seconds when denied access to items and maintain the absence of maladaptive ors		Intervention		Megan Kuehler
will ask questions that will keep a conversation going.		Intervention		Megan Kuehler
will identify other's perspectives by analyzing body language and setting events.		Intervention		Megan Kuehler
will identify self advocacy strategies using social scenarios and roll play.		Intervention		Megan Kuehler

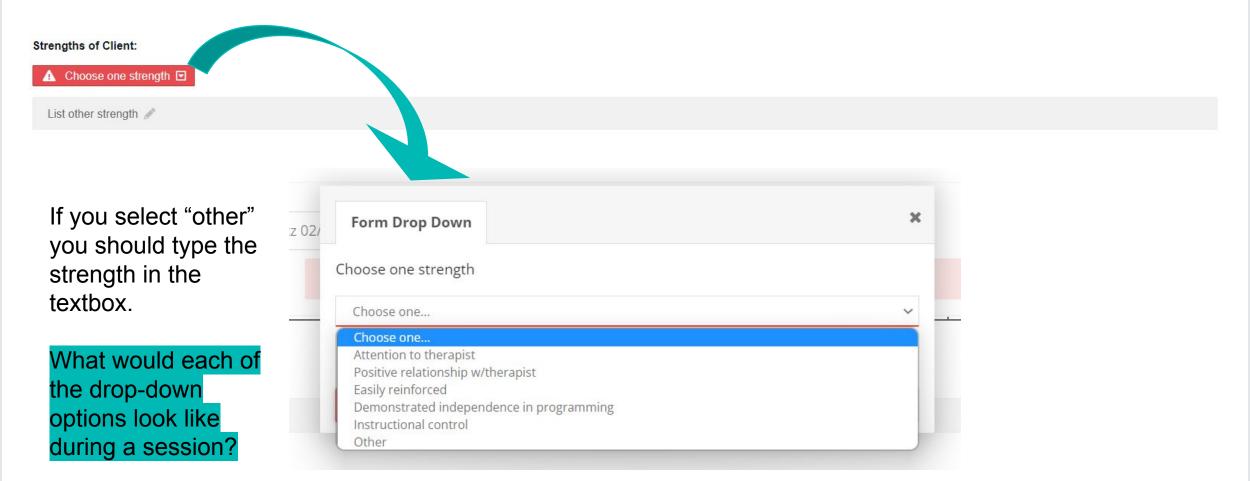
 When auditing, they check to ensure the amount of data listed is sufficient for the amount of time billed.

Our company would like a minimum of at least 3 programs ran per hour billed

 If there is a reason (new client, pairing after a break in services, FCT) identified by your BCBA that minimum may not occur, ask your BCBA to communicate that with Central Office.

# Strengths of Client

### Even the roughest sessions contain a client strength!







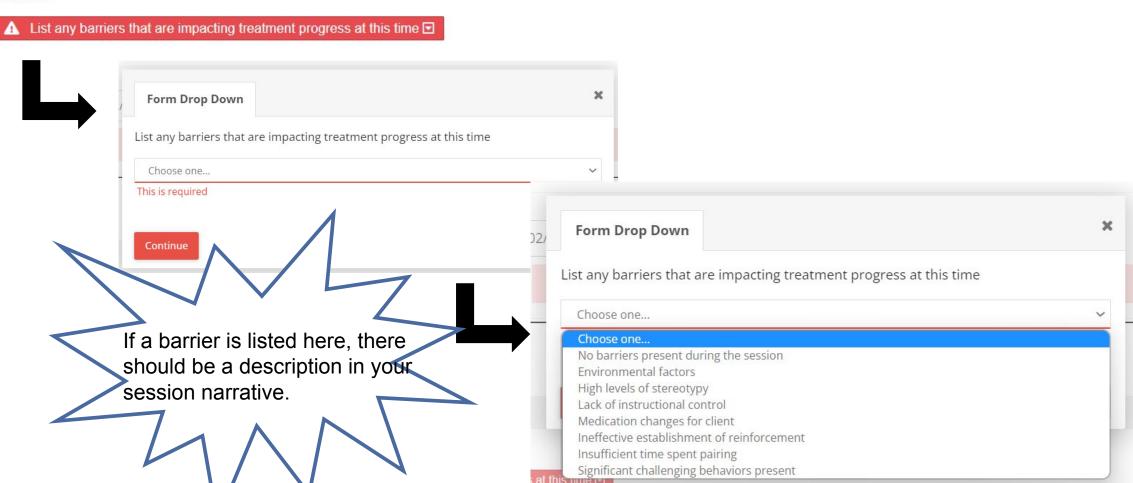
What are some other examples of client strengths you have used in the past that aren't part of the drop down?

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# Barriers

# Things that occurred that may have impacted the session, the client, and/or the client's responding

Barriers:





# What are some possible environmental factors when considering barriers?

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# Maladaptive Behaviors & Reinforcement

#### Maladaptive Behaviors Present during the Session:

No behaviors present during the session					
Target Behavior 🖋	Severity of Behavior 💌	What did the provider do as a result of the behavior $\mathscr{I}$			
Target Behavior 🖋	Severity of Behavior 💌	What did the provider do as a result of the behavior $\mathscr{I}$			
Target Behavior 🖋	Severity of Behavior 💌	What did the provider do as a result of the behavior $\mathscr{I}$			

### Reinforcement Used:

Tar	angible 🔲	Social Praise	Break	Token Board		Sensory Activity		Other	Other 🖉
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### Key Points

- Maladaptive behaviors listed here should typically be in the treatment plan as a behavior to decrease.
  - If it's a novel maladaptive behavior, be sure to note that in your session summary and inform your BCBA!
- If a maladaptive behavior is listed here, a description of the severity, reactive strategies, environmental factors, etc., should be noted in the session summary.
  - The entire field of ABA is based in reinforcement!!
  - There needs to be *at least* one reinforcement listed as being used during session.



# Audience Q&A Session

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Timothy I	se of Client: noose overall response to session Dalton 's responses <u>A</u> Client' CBA'S ONLY I	n ⊡ . nt's level of response compared to last session ⊡
2/ Form Drop Down Choose overall response to session Choose one	*	O2/       Form Drop Down         Client's level of response compared to last session         Cut       Choose one
B Continue	Cancel	In B Continue Cancel
Form Drop Down	×	12/ Form Drop Down
Choose overall response to session		Client's level of response compared to last session
Choose one Choose one Client struggled and minimal progress was noted with the targets. Client engaged in maladaptive behavior and therefore many targets yielded in Client made some progress with the targets implemented. Client made significant progress during the session. Client's level of responding yielded variable results.	nconclusive results.	Choose one  Choose one  Slightly differed from level of response of last session.  greatly differed from level of response of last session.  are similar to level of response from last session.  are acceptable since no previous sessions are available for comparison.
This selection should match your client's data Ex. If the data you insert into the session note is all 90 "client struggled" would not make sense to be selecte	0%-100%,	<ul> <li>This selection should not be arbitrary but related to the previous session.</li> <li>Ex. If one session was 50% and the other 100%, similar levels would not be appropriate.</li> </ul>

### **Session Summary**

#### Session Summary and Follow up Plan:

Using this area to describe the session summary as an anecdote. What activities or task were done while implementing the targets? What was the client's response? Was progress noted with individual goals? Any specific changes to the teaching techniques? If applicable include any follow up plan that needs to be related to BCBA, Caregiver or other servicing professionals *\** 

#### **Provider Signature:**

#### 🔥 Megan Kuehler

Megan Kuehler, BCBA

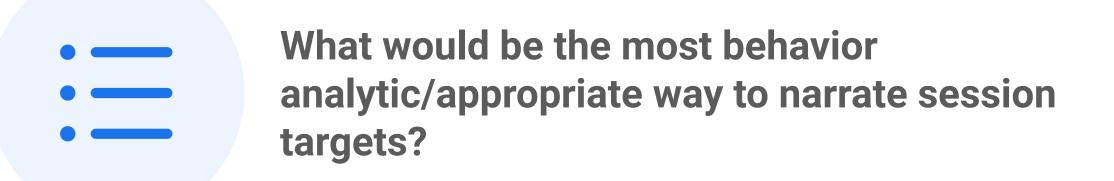
The summary should be an informal anecdote of what occurred during session. These notes should be objective. Only OBSERVABLE and MEASURABLE descriptions should be written. It will include a brief summary of what was done during session and the behaviors, barriers, or interventions that were used. Some BCBAs may recommend you include the time the session began and ended. Signatures of the RBT and the caregiver need to be added before submitting session notes! Signatures should be added **no more** than 5 minute before the end time of the session.



# What would be the most behavior analytic/appropriate description?

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### Soap note example (negative session):

Session began at 1:01pm where RBT greeted (clients initials) and found them hanging out in the living room with their mom. Mom reported in the beginning of the session that they did not sleep well the night before and have been "mad" all day. RBT then transitioned client into the work area and began pairing for five minutes. Programs run today were yes and no mands, intraverbal personal information, tacting common items, as well as sustained sitting. Through the session the client appeared to be tired, they were rubbing their eyes, yawning, and were often non-complaint when presented with an SD. Throughout the session the RBT used least to most prompting to guide the client through the trials being run. At 2:03 client began to engage in screaming, crying with tears, and was kicking their feet after the RBT had prompted the client to tell the RBT their name. RBT used the premack principle to reintroduce reinforcement to client. The client was very motivated to work for cotton balls, so the RBT displayed the cotton ball. The client continued to tantrum in this manner for about 8 minutes. As the client began to calm down the RBT reintroduced reinforcement and client sat up on his own. After two minutes, client sat at the table with verbal prompts given. Throughout the session the client used cotton balls, edibles, as well as social praise to reinforce the client. Next session RBT will continue to work on targeted programs and follow up with BCBA about noncompliance behavior when given SD's. Session ended at 4:03pm.

## Soap note template (positive session):

Session began at 4:00p, where RBT greeted client and transitioned them to the work area. Caregiver present was dad, however he appeared to be in a work meeting as RBT entered the home. Client appeared to be in a good mood, they were smiling, telling jokes, and laughing at RBT's jokes. Session began with RBT running receptive ID of colors, Tacting numbers, and receptive ID of animals. Then RBT gave client a 5-minute break. Client chose to do tickles and play with water beads on their break. After the break RBT redirected the client back to the work area, and the client accepted. For the next sit programs run were sustained sitting, response to name, as well as stacking and nesting. For this sit client appeared to be more restless as demonstrated by rocking body back and forth and laying head on the table and would often need to be given verbal prompts to sit up in an upright position. The client did comply with the SD's given by RBT, however would often put their head down after completing tasks. Session ended with the RBT allowing client to play Mario kart with a younger sibling. Throughout the session RBT utilized social praise, M&M's, as well as high fives for reinforcements. Next session RBT will follow up with targeted programs, as well as begin to probe the program rolling a ball. Session ended at 6:00pm

What questions, concerns, or comments to you have about session notes?

# **RBT** Website

The training team has been working hard to create a website specific to our RBTs.

It is a place you can go to get ideas, find reviewed information, and get access to company specific newsletters, documents, information, etc.

We really hope you like it! If there is anything additional you would like to see on the website, let a lead or Megan know and we will work on it!



What questions, concerns, or comments to you have about anything in general? What additional support can we give? This presentation was created by Megan Kuehler, M.Ed, BCBA for training purposes for Above and Beyond Therapy.