

For those families who are interested in hiring a Senior Therapist, the following information may prove helpful:

Senior Therapist¹ Evaluation – draft 2009

Ethical Knowledge and Application

- Familiar with BCBA and/or ONTABA ethical guidelines/code of conduct
- Follows ethical guidelines
- Obtains necessary/desirable Release of Information forms

Education and Experience

- BA in psychology or a related field
- MA in Psychology or a related field
- BCBA certification
- Other education, e.g., workshops, conferences
- and/or
- Direct clinical IBI experience in programs for children with autism (in years)

Safety Consciousness

- Knowledge of emergency procedures (e.g., fire evacuation plans)
- Emergency contact telephone numbers posted
- Current CPR and first aid
- Current CPI or other appropriate non-violent crisis intervention
- Health information regarding the child is readily accessible
- Knowledge of WSIB policies, procedures and resources
- Familiarity with Workplace Hazardous Material Information Systems (WHMIS)
- Requires police checks of employees, including the sex offender registry

Curriculum-based assessment

- Appropriate use of curriculum-based pre-school assessment (e.g., ABLLS-R, VB-MAPP, HELP, etc.)
- Appropriate assessment with respect to school curriculum for school-aged children
- Has developed a well-rounded picture of the child's strengths and needs

ABA Instructional Competence

- As per Provincial IT Evaluation, and/or
- As per Carbone Clinic NET Evaluation and Carbone Clinic Manding Evaluation (Vocal or Signing)

Supervisory Competence¹ (e.g., as in The seven steps to effective performance management, Reid & Parsons, 1995. See also www.dr-carbone.net/pdf/part1and2.pdf)

1. Specify work skills
2. Provide staff with a checklist description of work skills
3. Describe the work skills
4. Model the work skill behaviors (Specify frequency)
5. Observe staff practice the work skills
6. Provide feedback
7. Continue process until staff person is competent.

Acceptance and Use of Clinical Supervision

- Accepts that the Clinical Supervisor is in charge of the child's IBI program
- Incorporates into the child's IBI program Clinical Supervisor's suggestions
- Keeps the Clinical Supervisor updated of any changes relevant to the child or his/her program (e.g., health of child or family members, involvement of other professionals, etc.)

Program Design

- Based on the curriculum-based assessment , the child's identified needs, and the family's priorities
- The child's needs and the family's priorities are specifically addressed in the ISP²
- As per Ministry of Education IEP guidelines (e.g., basic identifying information, strengths and needs, current level of achievement in all relevant areas, current teaching targets and how their achievement will be measured, provision for functionality and maintenance of the behaviours being learned) plus IBI-program-required transition-from-IBI planning, i.e., addressing what the child needs for participation in the regular school system without IBI
- Fluency-based objectives are used where appropriate
- Appears to be applying thought to the program design task (as opposed to just following a script), e.g., the number of objectives might ordinarily be about 20, but some instructor-child combinations may only be able to handle five or six at a time.
- Embedded generalization of teaching targets
- Transition planning, as per MCYS guidelines

¹ This needs to be direct supervision of the Instructor Therapists and is one of the most common weaknesses observed in Senior Therapists.

² Even when it is not appropriate to include the identified child's needs and/or the family's priorities among current teaching targets, the ISP should acknowledge them and indicate when and/or how they will be addressed.

Program Organization and Management

- Organization/management of the IBI program
- Organization/management of the IBI program setting(s)
- Ensures all necessary programs are in place
- Monitoring of IBI program (see Monitoring Checklist)
- Seeks consultation/support when appropriate

Functional Behaviour Analysis

- Committed to understanding the functional basis of client behaviour
- Behavioural basis of dysfunctional behaviours explored through data collection and analysis
- Written plans for behaviour programs
- Appropriate application of FBA procedures
- Capable of experimental analysis of inappropriate behaviours

Data Collection, Graphing, and Use

- Data collection (probe or trial-by-trial as appropriate)
- Achievements are being graphed/displayed in readily understandable form³
- Celeration charting is used where appropriate
- The child's achievement is satisfactory or program is being revised

IT Training

- ITs are receiving the necessary training, e.g., through direct instruction, modeling of the Senior Therapist (providing DTT, NET, Direct Instruction, implementation of token economies, graphing, implementation of behaviour reduction protocols, etc.), feedback and coaching, etc.
- IT evaluations are done at least yearly
- IT learning plans are documented
- IT personal objectives (in addition to task objectives) are encouraged

IT Supervision/Management

- Relationship with ITs is satisfactory
- ST ensures ITs used in the program are competent
- ITs are receiving as much supervision as needed to ensure that each IT's program delivery is satisfactory, e.g., provides active supervision to each IT for at least one hour per week.

³ The best simple introduction to graphing that I know of is the #5 DVD in the Maximum Potential Kids ABA course. RMR

- ST nurtures the ITs

Parent training

- Parents understand the curriculum-based assessment
- Parents are being trained in ABA
- Parents are being assisted/supervised in their application of ABA principles in their interactions with their child
- Parents have participated in development of ISP objectives
- Parents goals for the child are targeted when appropriate
- Parents are kept informed of the child's progress and its significance
- Parents concerns are addressed in team meetings

Relationships with other professionals

- Relationships with other professionals are:
poor ___ good ___ excellent ___
- Relationships with other professionals inform transition plans

Personal Functioning and Development

- Has a plan for his/her own performance development

ⁱ According to the Program Guidelines for Regional Intensive Early Intervention Programs for Children with Autism, published by the Integrated Services for Children Division of the Ontario Ministry of Community and Social Services (2000):

“Senior Therapists should have or be working towards a master's level graduate degree in psychology or related field, and six months to a year of direct clinical experience in an intensive behavioural intervention program for children with autism. Alternative combinations of extensive clinical experience in intensive behavioural intervention programs with children with autism and other educational backgrounds might also be appropriate for Senior Therapists” – in the case of IBI service providers paid by families, “at the discretion of the Regional Program.”

In practice, it is the Senior Therapist who will most likely be the person who is responsible for assessing the child's current level of development across the various sections of the curriculum, for designing most of the program and writing the Individual Service Plan (under the direction of the Clinical Supervisor), and for providing most of the hands-on supervision for the Instructor Therapists; and he/she may very well be the person who carries most of the responsibility for transition planning and coordination. It is essential, therefore, that Senior

Therapists be thoroughly trained in ABA and the most effective teaching strategies currently in use in ABA programs.