

PSYC 532

Written Assignment 1

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My current scope of practice covers providing adequate one to one ABA therapy to my clients. I should follow the direction of BCBA, apply the treatment by using strategies and also objectively record data. I also confidentially protect all of the information for the clients. I am now a registered behavior technician, and I have the responsibility to renew the license annually. I also work hard in the ABA master course to gain more systematic knowledge. My current competency has enough interpersonal skills to communicate with BCBA and caregivers.

Furthermore, worked as a Registered Behavioral Technician in the ABA center, I gained some concrete experiences in identifying the challenging behavior and providing suitable services for a specific population. One of my clients who is a Chinese living in Maryland had severe tantrum behavior. The parents found that giving candy to the client was able to stop the challenging behavior for a while, but the effective time is brief. After a few pairing sessions, I noticed the reason the client was crying and screaming for candy is because the client wanted to gain attention. However, the parents and the therapists who can not understand Mandarin ignored his needs. Before I joined the clinical group, they had tried to teach the children to use sign language to facilitate communication. Unfortunately, the treatment time was not enough for him to remember the sign language and his parents did not use it at home, so he had a lot of frustrated. Therefore, I suggested the BCBA to separate the tantrum data collection to “tantrum for food” and “tantrum for attention”. The data showed that the “tantrum for food” is not as significant as the “tantrum for attention”. We started to transfer our treatment plan and

encourage parents to spend more time interacting with the client. I, the new RBT used his home language, Mandarin to talk with him in the session. After a month, both parents and our work members delightedly found the amount of “tantrum for attention” significantly decreased, and it proves that the variation of treatment plan is correct.

After joining a master's program, I realized the scope of practice that I had from previous experience is very limited. Applied behavior analysis is a fast-growing field and many ongoing research findings will facilitate the treatment plan. Therefore, I will check the Journal of Applied Behavior Analysis frequently, read the literature to ensure I am top of advanced techniques.

On the way to become a BCBA, I want to improve my competence in several fields. I had a client who had Down’s syndrome mixed with autism, and a client who only speaks Mandarin (mentioned above). Therefore, I want to learn what kind of information I should gain before I design a treatment plan for the specific population, “how to assess preferences for activity and schedule opportunity for positive reinforcement” (p. 429). As I learned in the ethics class, giving a piece of advice for medication is not a scope of a BCBA’s competence, but we can search the side effect of medicine and tried to protect the client during the session. As a register behavior technician, I did not have much experience in designing a treatment plan. Thus, not only learning from the master courses, I will also gain confidence from observing how a qualified BCBA works on a case and getting helpful supervision from her. Organizing past experiences and having a good connection with the former supervisor is also beneficial for becoming competence.

## Reference

Brodhead, Matthew & Quigley, Shawn & Wilczynski, Susan. (2018). A Call for Discussion About Scope of Competence in Behavior Analysis. Behavior Analysis in Practice. 11. 10.1007/s40617-018-00303-8.