

EXAM CONTENT OUTLINE

CERTIFIED PROGRESSIVE BEHAVIOR ANALYST- AUTISM SUPERVISOR™





EXAM CONTENT



The development of valid assessments begins with an analysis of practice that identifies the major domains of responsibility and associated tasks, as well as the knowledge, skills, and abilities (KSAs) needed for competent job performance. Experts in the field of progressive ABA methodologies that are used in the treatment of individuals diagnosed with ASD delineated and validated these essential domains, tasks, and KSAs and developed a comprehensive assessment content outline (also known as the test blueprint). The assessment content outline resulting from the analysis of practice is organized into seven major domains and documents the essential tasks which are evaluated in the assessments. The process used to develop the written assessment blueprint and the performance assessment rubric includes input and perspectives from practitioners, trainers, and educators who represent a diverse range of practice settings and geographical locations.

The seven domains and the percentage of questions allocated to each area of the AS Multiple-Choice Assessment are shown below:

The seven domains and the percentage of questions allocated to each area that are included in the examination are as follows:

Domains and Tasks

01	Performs initial and ongoing assessments in collaboration with clients and other relevant stakeholders (10% of assessment)			
	01.01	Evaluates client records, reports, and inputs that comprise a comprehensive case history.		
	01.02	Conducts client interviews when possible, interviews other care providers and caregivers, and directly observes clients to gather history and programmatic preferences.		
	01.03	Selects assessments using relevant factors such as setting, case history, current assessment information, client characteristics, best practices, and relevant research.		
	01.04	Conducts a variety of direct and indirect assessments to identify areas for improvement, areas of strength, and a comprehensive overview of the client.		
	01.05	Uses assessments and client preferences to inform a starting point for intervention plans and modifies those plans based on in-the-moment analysis and clinical judgment.		

02	Desigr	ns and modifies intervention plans (19% of assessment)
	02.01	Designs short and long-term interventions that are effective, compassionate, culturally responsive, and socially significant based upon relevant, evidence-based research and assessment results.
	02.02	Evaluates the necessity of intervention modification.
	02.03	Modifies interventions based upon relevant information (e.g., objective data, in-the-moment analysis, client and caregiver preferences).
	02.04	Plans for and implements procedures to promote maintenance and generalization in a variety of contexts.
	02.05	Creates graphical representations of data to help inform intervention decisions.
	02.06	Selects efficient and effective data collection practices.
03	Super	vises cases (19% of assessment)
	03.01	Analyzes client data to determine progress, regression, lack of progress, and variability.
	03.02	Directly observes the intervention team to ensure client progress and implementation fidelity.
	03.03	Provides guidance and feedback to ensure the intervention team is implementing the curriculum as designed and progressing toward terminal goals.
	03.04	Communicates and documents assessment results, updates to the intervention plan, and progress toward terminal goals.
	03.05	Ensures the curriculum is progressing toward and is aligned with intervention plan goals.
	03.06	Participates in collaborative consultation with caregivers and other allied professionals to address various challenges and ensure quality of care.
04	Delive	rs intervention when necessary (10% of assessment)
	04.01	Implements effective, compassionate, culturally responsive, socially significant, and evidence-based behavioral strategies.
	04.02	Interprets data and graphs within and across sessions to inform intervention decisions.
05	Trains	staff delivering behavioral interventions (18% of assessment)
	05.01	Evaluates and documents professional development needs (e.g., implementation of procedures, intervention plans, soft skills, understanding of ASD) by identifying and prioritizing targets for skill refinement through direct and indirect observation of staff.
	05.02	Evaluates and develops the clinical judgment of staff.
	05.03	Develops training plans and procedures that are effective, compassionate, culturally responsive, scientifically supported, and evidenced-based.
	05.04	Provides training for staff across behavioral and instructional programming.
	05.05	Provides feedback to staff to enhance intervention effectiveness while taking into consideration the staff's preferred feedback style.

05	Adjusts training plan and procedures based on rele data, in-the-moment analysis, input from trainee) im procedures.	
06 Tra	nd collaborates with others (12% of assessment)	
06	Collaborates and coordinates with clients in the sele desired outcomes.	ection of goals and procedures to reach
06	Collaborates, coordinates, and trains caregivers and a comprehensive, quality intervention program.	d family members to provide each client
06	Collaborates, coordinates, and trains other allied p provide each client a comprehensive, quality interve	o ,
06	Collaborates, coordinates, and trains other behavior	analysts.
06	Participates in collaborative consultations to addre a comprehensive, quality intervention program.	ess intervention barriers and to ensure
07. De	trates Professionalism (12% of assessment)	
07	Maintains relevant PBAAC certification(s).	
07	Participates in the advancement of the profession committee(s), the community, and other opportunitie	
07	Operates within the scope of practice of a CPBA-AS	S.
07	Operates within one's own area(s) of competence a when appropriate.	and refers out to qualified professionals
07	Acknowledges, validates, and collaboratively consid	lers the expertise of others.
07	Engages in ethical and responsible behavior consist	tent with the CPBA-AS Code of Ethics.
07	Demonstrates professionalism during feedback excl	hanges.
07	Engages in socially valid and culturally responsive when interacting with others across contexts.	behaviors (e.g., statements, practices)
07	Engages in ethical decision making by analyzir employing effective problem solving.	ng relevant contextual variables and



Content Areas, Categories, and Knowledge/Skills



01.01Basic Concept01.01.01Dimensions of ABA.01.01.02Basic elements of behavioral contingencies (e.g., antecedent, behavior, consenquence).01.01.03Basic principles of behavior analysis (e.g., reinforcement, extinction, stimulus control).01.01.04Major components of social and experimental validity and how they relate to clinical practice.01.01.05Major distinctions between behavior analysis and other fields of psychology (e.g., gestalt psychology, cognitive psychology, Freudian psychology).01.02.01Foundations of behaviorism (e.g., Jones, Skinner, Thorndike).01.02.02Major contributions of the founders of behaviorism.01.03.01Major contributions of the founders of ABA (e.g., Baer, Sulzer-Azaroff, Wolf).01.03.02Foundational and pertinent literature as it relates to the development of ABA-based
01.01.02Basic elements of behavioral contingencies (e.g., antecedent, behavior, consenquence).01.01.03Basic principles of behavior analysis (e.g., reinforcement, extinction, stimulus control).01.01.03Major components of social and experimental validity and how they relate to clinical practice.01.01.04Major components of social and experimental validity and how they relate to clinical practice.01.01.05Major distinctions between behavior analysis and other fields of psychology (e.g., gestalt psychology, cognitive psychology, Freudian psychology).01.02.01Foundations of behaviorism (e.g., Jones, Skinner, Thorndike).01.02.02Major contributions of the founders of behaviorism.01.03.01Major contributions of the founders of ABA (e.g., Baer, Sulzer-Azaroff, Wolf).
consenquence). 01.01.03 Basic principles of behavior analysis (e.g., reinforcement, extinction, stimulus control). 01.01.04 Major components of social and experimental validity and how they relate to clinical practice. 01.01.05 Major distinctions between behavior analysis and other fields of psychology (e.g., gestalt psychology, cognitive psychology, Freudian psychology). 01.02 Foundations Behaviorism (e.g., Jones, Skinner, Thorndike). 01.02.02 Major contributions of the founders of behaviorism. 01.03 Foundations of the founders of ABA (e.g., Baer, Sulzer-Azaroff, Wolf).
stimulus control). 01.01.04 Major components of social and experimental validity and how they relate to clinical practice. 01.01.05 Major distinctions between behavior analysis and other fields of psychology (e.g., gestalt psychology, cognitive psychology, Freudian psychology). 01.02.05 Foundations of Behaviorism 01.02.01 Founders of behaviorism (e.g., Jones, Skinner, Thorndike). 01.02.02 Major contributions of the founders of behaviorism. 01.03.01 Major contributions of the founders of ABA (e.g., Baer, Sulzer-Azaroff, Wolf).
practice. practice. 01.01.05 Major distinctions between behavior analysis and other fields of psychology (e.g., gestalt psychology, cognitive psychology, Freudian psychology). 01.02. Foundations of Behaviorism 01.02.01 Founders of behaviorism (e.g., Jones, Skinner, Thorndike). 01.02.02 Major contributions of the founders of behaviorism. 01.03.01 Major contributions of the founders of ABA (e.g., Baer, Sulzer-Azaroff, Wolf).
(e.g., gestalt psychology, cognitive psychology, Freudian psychology). 01.02. Foundations of Behaviorism 01.02.01 Founders of behaviorism (e.g., Jones, Skinner, Thorndike). 01.02.02 Major contributions of the founders of behaviorism. 01.03.01 Foundations of the founders of ABA (e.g., Baer, Sulzer-Azaroff, Wolf).
01.02.01 Founders of behaviorism (e.g., Jones, Skinner, Thorndike). 01.02.02 Major contributions of the founders of behaviorism. 01.03.01 Foundations - Applied Behavior Analysis 01.03.01 Major contributions of the founders of ABA (e.g., Baer, Sulzer-Azaroff, Wolf).
01.02.02Major contributions of the founders of behaviorism.01.03.Foundations of Applied Behavior Analysis01.03.01Major contributions of the founders of ABA (e.g., Baer, Sulzer-Azaroff, Wolf).
01.03. Foundations of Applied Behavior Analysis 01.03.01 Major contributions of the founders of ABA (e.g., Baer, Sulzer-Azaroff, Wolf).
01.03.01 Major contributions of the founders of ABA (e.g., Baer, Sulzer-Azaroff, Wolf).
01.03.02 Foundational and pertinent literature as it relates to the development of $\Delta R \Delta_{-}$ based
methods and procedures.
02 Content Area 2: Foundational knowledge of autism and interventions
02.01. Diagnostic and Statistical Manual of Mental Disorders and Diagnosis
02.01.01 Diagnostic criteria for ASD according to the current Diagnostic and Statistical Manual of Mental Disorders/International Classification of Diseases and comparison of ASD with other developmental disabilities.
02.01.02 Methods to supervise and adjust programming based on comorbidity.
02.01.03 Diagnostic and behavioral differences between sexes, genders, and age across the autism spectrum.
02.02. Etiology and Seminal Studies in Autism
02.02.01 Major evidence and non-evidence-based theories of ASD etiology.

	02.02.03	Results, claims, limitations, ethical concerns, and harm of false claims (e.g., vaccines, psychogenic theories, epidural) as they relate to autism.
02.03.	Assessments	
	02.03.01	Assessment types (e.g., norm- or criterion-referenced, anecdotal, function-based) and content areas (e.g., intellectual, cognitive, behavioral, social) that are most appropriate for use with each client.
	02.03.02	Qualities that make an assessment appropriate for a given context (e.g., validity, reliability, age appropriateness).
	02.03.03	Assessment results that are most appropriate to inform the intervention of behavior for each client.
02.04.	Intervention E	valuation
	02.04.01	Differences between scientific, pseudoscientific, and antiscientific procedures currently available as intervention alternatives.
	02.04.02	Processes to promote the most effective, efficient, and ethical practices for the benefit of the client.
	02.04.03	Ethical processes when non-evidence-based procedures are included in an intervention plan.
	02.04.04	Variables impacting individualized intervention intensity (i.e., dosage).
	02.04.05	Quality of evidence that is used to inform the selection of the most supported intervention.
02.05.	Caregivers and	d Siblings
	02.05.01	Advantages and disadvantages of the major roles family members and caregivers could play within the course of ABA-based intervention.
	02.05.02	Common outcomes of caregivers (e.g., financial, family dynamics, understanding and connecting with beneficial resources).
	02.05.03	Common outcomes of siblings (e.g., resilience, self-competence, isolation).
02.06.	Quality Learnin	ng Environments
	02.06.01	Key elements of successfully collaborating across multiple learning environments (e.g., creating a behavioral culture, developing collaborative relationship, being an active listener).
	02.06.02	Key components of a quality learning environment (e.g., high rates of reinforcement, meaningful curriculum, ongoing supervision and training).
	02.06.03	Key attributes of quality teaching (e.g., systematic, adaptable, collaborative).
	02.06.04	Challenges with implementing a progressive approach to ABA and services when collaborating across multiple learning environments.



02.06.0		le challenges that professionals in multiple learning environments face as it relates to ased intervention (e.g., policies, assigned staff, existing culture).
03	Content Area 2	2: Foundational knowledge of autism and interventions
03.01.	Basic Concept	ts
	03.01.01	Components of respondent conditioning.
	03.01.02	Possible operant and respondent variables controlling behavior.
	03.01.03	Respondent procedure(s) that should be implemented based upon relevant contextual variables.
03.02.	Acquisition an	nd Extinction
	03.02.01	Components of respondent acquisition.
	03.02.02	Components of respondent extinction.
	03.02.03	Application of respondent acquisition.
	03.02.04	Application of respondent extinction.
03.03.	3. Respondent Conditioning Procedures	
	03.03.01	Components and steps of respondent conditioning procedures (e.g., graduated exposure, systematic desensitization, flooding).
	03.03.02	Application of respondent conditioning procedures (e.g., graduated exposure, systematic desensitization, flooding).
	03.03.03	Conditions under which respondent conditioning procedures may be more preferred or appropriate.
03.04.	Generalization	1
	03.04.01	Characteristics of respondent generalization.
	03.04.02	Application of respondent generalization.
04	Content Area 4	4: Operant behavior and contingency arrangement
04.01.	Basic Concept	ts
	04.01.01	Components of operant conditioning.
	04.01.02	Variables that contribute to the effectiveness of reinforcement-based procedures (e.g., motivating operations, timing, response effort).
	04.01.03	Major considerations in providing putative reinforcement (e.g., age, individually determined, consistent) and why they are important.
04.02.	Identifying Rei	inforcers
	04.02.01	Methods of progressive (e.g., in-the-moment reinforcer analysis) and conventional approaches (e.g., multiple stimulus without replacement, paired stimulus preference assessment) to identifying possible reinforcers.

	04.02.02	Critical variables that influence the selection of possible reinforcers.
	04.02.03	Components of methods designed to identify possible reinforcers (e.g., observing vocal and non-vocal behavior, providing opportunities to sample a variety of stimuli).
	04.02.04	Conditions under which a specific reinforcer identification method may be more preferred or appropriate.
04.03.	Conditioning I	Reinforcement
	04.03.01	Importance of conditioning new, novel, and a variety of reinforcers.
	04.03.02	Components of conditioning stimuli to potentially function as reinforcers (e.g., engaging in favorable affect, demonstrating novel ways to interact with the stimuli, incorporating individual preferences).
	04.03.03	Application of conditioning procedures (e.g., engaging in favorable affect demonstrating novel ways to interact with the stimuli, incorporating individua preferences).
	04.03.04	Conditions under which a specific conditioning method may be more preferred or appropriate.
04.04.	Graduated Re	inforcement
	04.04.01	Components of graduated reinforcement procedures (e.g., quality, quantity intensity).
	04.04.02	Application of graduated reinforcement procedures (e.g., quality, quantity, intensity)
	04.04.03	Progressive and conventional approaches to the use of graduated reinforcement.
	04.04.04	Conditions under which a specific graduated reinforcement procedure may be more preferred or appropriate.
04.05.	Schedules of	Reinforcement
	04.05.01	Schedules of reinforcement (e.g., fixed, variable, mixed).
	04.05.02	Application of schedules of reinforcement (e.g., interval, compound, concurrent).
	04.05.03	Ways to thin schedules of reinforcement, shift control to naturally available reinforcers, and fade the use of supplemental reinforcement.
	04.05.04	Behavioral patterns of different schedules of reinforcement.
	04.05.05	Conditions under which a specific schedule of reinforcement may be more preferred or appropriate.
04.06.	Punishment	
	04.06.01	Considerations in the use of punishment-based procedures (e.g., immediacy consistency, intensity).
		Range (i.e., low- to high-intensity) of possible punishers based on relevan



	04.06.03	Aversive procedures (e.g., corporal punishment versus non-corporal punishment) and the controversy surrounding their use (e.g., push to eliminate punishment in practice).
	04.06.04	Punishment-based procedure implementation that is documented, effective, ethical, and designed to minimize negative side effects.
	04.06.05	Implementation of punishment-based procedures based on established guidelines (e.g., immediacy, contingent, intensity).
	04.06.06	Current perspectives on the use of punishment-based procedures.
04.07.	Contingency S	Systems
	04.07.01	Contingency systems (e.g., level system, token economy, response cost).
	04.07.02	Components of contingency systems.
	04.07.03	Application of contingency systems.
	04.07.04	Progressive and conventional approaches to the use of contingency systems.
	04.07.05	Conditions under which a specific contingency system may be more preferred or appropriate.
05	Content Area §	5: Principles and dynamic application of behavioral tools
05.01.	General Teach	ling
	05.01.01	Interventions that ensure maximum learning opportunities.
		interventions that ensure maximum rearning opportunities.
	05.01.02	Methods used to break skills down into their contextually relevant and necessary component parts.
		Methods used to break skills down into their contextually relevant and necessary
	05.01.02	Methods used to break skills down into their contextually relevant and necessary component parts.
05.02.	05.01.02 05.01.03 05.01.04	Methods used to break skills down into their contextually relevant and necessary component parts. Systematic development of skills.
05.02.	05.01.02 05.01.03 05.01.04	Methods used to break skills down into their contextually relevant and necessary component parts. Systematic development of skills. Methods to promote generalization of acquired skills/behaviors.
05.02.	05.01.02 05.01.03 05.01.04 Prompting and	Methods used to break skills down into their contextually relevant and necessary component parts. Systematic development of skills. Methods to promote generalization of acquired skills/behaviors. d Flexible Prompt Fading Prompting systems (e.g., flexible prompt fading, most-to-least, constant time delay)
05.02.	05.01.02 05.01.03 05.01.04 Prompting and 05.02.01	Methods used to break skills down into their contextually relevant and necessary component parts. Systematic development of skills. Methods to promote generalization of acquired skills/behaviors. d Flexible Prompt Fading Prompting systems (e.g., flexible prompt fading, most-to-least, constant time delay) as they relate to ABA-based intervention. Prompt types (e.g., model, positional, physical) as they relate to ABA-based
05.02.	05.01.02 05.01.03 05.01.04 Prompting and 05.02.01	Methods used to break skills down into their contextually relevant and necessary component parts. Systematic development of skills. Methods to promote generalization of acquired skills/behaviors. d Flexible Prompt Fading Prompting systems (e.g., flexible prompt fading, most-to-least, constant time delay) as they relate to ABA-based intervention. Prompt types (e.g., model, positional, physical) as they relate to ABA-based intervention.
05.02.	05.01.02 05.01.03 05.01.04 Prompting and 05.02.01 05.02.02	Methods used to break skills down into their contextually relevant and necessary component parts. Systematic development of skills. Methods to promote generalization of acquired skills/behaviors. d Flexible Prompt Fading Prompting systems (e.g., flexible prompt fading, most-to-least, constant time delay) as they relate to ABA-based intervention. Prompt types (e.g., model, positional, physical) as they relate to ABA-based intervention. Challenges and methods to minimize prompt dependency.
05.02.	05.01.02 05.01.03 05.01.04 Prompting and 05.02.01 05.02.02	Methods used to break skills down into their contextually relevant and necessary component parts. Systematic development of skills. Methods to promote generalization of acquired skills/behaviors. d Flexible Prompt Fading Prompting systems (e.g., flexible prompt fading, most-to-least, constant time delay) as they relate to ABA-based intervention. Prompt types (e.g., model, positional, physical) as they relate to ABA-based intervention. Challenges and methods to minimize prompt dependency. Inadvertent prompts and their potential negative impact.
05.02.	05.01.02 05.01.03 05.01.04 Prompting and 05.02.01 05.02.02 05.02.03 05.02.04 05.02.05	 Methods used to break skills down into their contextually relevant and necessary component parts. Systematic development of skills. Methods to promote generalization of acquired skills/behaviors. d Flexible Prompt Fading Prompting systems (e.g., flexible prompt fading, most-to-least, constant time delay) as they relate to ABA-based intervention. Prompt types (e.g., model, positional, physical) as they relate to ABA-based intervention. Challenges and methods to minimize prompt dependency. Inadvertent prompts and their potential negative impact. Application of prompting systems. Progressive (i.e., flexible prompt fading) and conventional (e.g., most-to-least)

9 January 2024

	05.02.09	Conditions under which a prompt type or system may be more preferred or appropriate.
05.03	. Shaping	
	05.03.01	Components of a progressive approach to shaping (e.g., identifying next targets, increasing variability, expanding response classes).
	05.03.02	Application of shaping (e.g., identifying next targets, increasing variability, expanding response classes).
	05.03.03	Progressive and conventional approaches to shaping.
	05.03.04	Conditions under which shaping may be more preferred or appropriate.
05.04	. Task Analysis	
	05.04.01	Components of a task analysis for a given skill (e.g., self-help, daily living, social).
	05.04.02	Application of task analyses.
	05.04.03	Methods to create a task analysis (e.g., watch an expert, complete task yourself)
05.05	. Chaining Proc	cedures
	05.05.01	Types of chaining procedures (e.g., forward, backward, whole task).
	05.05.02	Application of chaining procedures.
	05.05.03	Conditions under which a specific chaining procedure may be more preferred or appropriate.
06.	Content Area 6	6: Progressive teaching procedures and approaches
06. 06.01		6: Progressive teaching procedures and approaches Teaching (DTT)
	Discrete Trial	Teaching (DTT) Components of a progressive approach to DTT (e.g., varied language/instructions,
	Discrete Trial	Teaching (DTT) Components of a progressive approach to DTT (e.g., varied language/instructions, flexible rotation of stimuli, shaping attending).
	Discrete Trial	Teaching (DTT) Components of a progressive approach to DTT (e.g., varied language/instructions, flexible rotation of stimuli, shaping attending). Application of progressive and conventional approaches to DTT. Data collection procedures when implementing DTT based on relevant contextual
	 Discrete Trial 06.01.01 06.01.02 06.01.03 	Teaching (DTT) Components of a progressive approach to DTT (e.g., varied language/instructions, flexible rotation of stimuli, shaping attending). Application of progressive and conventional approaches to DTT. Data collection procedures when implementing DTT based on relevant contextual variables. Rationales for the components of a progressive approach to DTT (e.g., instructive
	 Discrete Trial 06.01.01 06.01.02 06.01.03 06.01.04 06.01.05 	Teaching (DTT)Components of a progressive approach to DTT (e.g., varied language/instructions, flexible rotation of stimuli, shaping attending).Application of progressive and conventional approaches to DTT.Data collection procedures when implementing DTT based on relevant contextual variables.Rationales for the components of a progressive approach to DTT (e.g., instructive feedback, flexible prompt fading).Successive targets within the instructional period based on observation of current
06.01	 Discrete Trial 06.01.01 06.01.02 06.01.03 06.01.04 06.01.05 	Teaching (DTT) Components of a progressive approach to DTT (e.g., varied language/instructions, flexible rotation of stimuli, shaping attending). Application of progressive and conventional approaches to DTT. Data collection procedures when implementing DTT based on relevant contextual variables. Rationales for the components of a progressive approach to DTT (e.g., instructive feedback, flexible prompt fading). Successive targets within the instructional period based on observation of current performance (e.g., success rate, attending, novelty).
06.01	 Discrete Trial 06.01.01 06.01.02 06.01.03 06.01.04 06.01.05 Cool versus N 	Teaching (DTT) Components of a progressive approach to DTT (e.g., varied language/instructions, flexible rotation of stimuli, shaping attending). Application of progressive and conventional approaches to DTT. Data collection procedures when implementing DTT based on relevant contextual variables. Rationales for the components of a progressive approach to DTT (e.g., instructive feedback, flexible prompt fading). Successive targets within the instructional period based on observation of current performance (e.g., success rate, attending, novelty). Iot Cool (CNC) Procedure Components of the CNC procedure (e.g., correct and incorrect demonstrations,

06.03.	Teaching Interaction Procedure (TIP)	
	06.03.01	Components of the TIP (e.g., rationale, correct and incorrect demonstrations, role-
	06.03.02	Application of the TIP.
	06.03.03	Conditions under which the TIP may be more preferred or appropriate.
06.04.	Incidental Tea	ching
	06.04.01	Components of incidental teaching (e.g., arranging the environment, following the client's lead, withholding access to potential reinforcers).
	06.04.02	Application of incidental teaching.
	06.04.03	Conditions under which incidental teaching may be more preferred or appropriate.
06.05.	Observational	Learning Method
	06.05.01	Components of observational learning methods (e.g., observing a peer, providing reinforcement for engaging in similar behavior, vicarious punishment).
	06.05.02	Application of observational learning methods.
	06.05.03	Observational learning methods compared to other similar interventions (e.g., behavioral skills training).
	06.05.04	Conditions under which observational learning methods may be more preferred or appropriate.
06.06.	Group Instruc	tion
06.06.	Group Instruct	tion Key components of providing effective group instruction.
06.06.	•	
06.06.	06.06.01	Key components of providing effective group instruction.
06.06.	06.06.01 06.06.02	Key components of providing effective group instruction. Application of group instruction.
06.06.	06.06.01 06.06.02 06.06.03	Key components of providing effective group instruction.Application of group instruction.Progressive and conventional approaches to group instruction.Roles (e.g., group leader, shadow support) and responsibilities (e.g., reinforcement,
06.06.	06.06.01 06.06.02 06.06.03 06.06.04	 Key components of providing effective group instruction. Application of group instruction. Progressive and conventional approaches to group instruction. Roles (e.g., group leader, shadow support) and responsibilities (e.g., reinforcement, prompting, teaching) when implementing group instruction. Teaching methods implemented within group instruction (e.g., choral responding,
06.06.	06.06.01 06.06.02 06.06.03 06.06.04 06.06.05	 Key components of providing effective group instruction. Application of group instruction. Progressive and conventional approaches to group instruction. Roles (e.g., group leader, shadow support) and responsibilities (e.g., reinforcement, prompting, teaching) when implementing group instruction. Teaching methods implemented within group instruction (e.g., choral responding, TIP, CNC procedure).
06.06.	06.06.01 06.06.02 06.06.03 06.06.04 06.06.05	 Key components of providing effective group instruction. Application of group instruction. Progressive and conventional approaches to group instruction. Roles (e.g., group leader, shadow support) and responsibilities (e.g., reinforcement, prompting, teaching) when implementing group instruction. Teaching methods implemented within group instruction (e.g., choral responding, TIP, CNC procedure). Application of group instruction. Conditions under which group instruction may be more preferred or appropriate.
	06.06.01 06.06.02 06.06.03 06.06.04 06.06.05 06.06.06 06.06.07	 Key components of providing effective group instruction. Application of group instruction. Progressive and conventional approaches to group instruction. Roles (e.g., group leader, shadow support) and responsibilities (e.g., reinforcement, prompting, teaching) when implementing group instruction. Teaching methods implemented within group instruction (e.g., choral responding, TIP, CNC procedure). Application of group instruction. Conditions under which group instruction may be more preferred or appropriate.
	06.06.01 06.06.02 06.06.03 06.06.04 06.06.05 06.06.06 06.06.07 Clinical Judgn	Key components of providing effective group instruction. Application of group instruction. Progressive and conventional approaches to group instruction. Roles (e.g., group leader, shadow support) and responsibilities (e.g., reinforcement, prompting, teaching) when implementing group instruction. Teaching methods implemented within group instruction (e.g., choral responding, TIP, CNC procedure). Application of group instruction. Conditions under which group instruction may be more preferred or appropriate.
	06.06.02 06.06.03 06.06.04 06.06.05 06.06.06 06.06.07 Clinical Judgm 06.07.01	Key components of providing effective group instruction.Application of group instruction.Progressive and conventional approaches to group instruction.Roles (e.g., group leader, shadow support) and responsibilities (e.g., reinforcement, prompting, teaching) when implementing group instruction.Teaching methods implemented within group instruction (e.g., choral responding, TIP, CNC procedure).Application of group instruction.Conditions under which group instruction may be more preferred or appropriate.nentComponents of a progressive approach to ABA.Procedures, results, limitations, and contributions of foundational and current pertinent literature on a progressive approach to ABA (e.g., Leaf et al., 2016;

07	Content Area 7: Curriculum		
07.01.	Curriculum Kr	nowledge, Design, and Implementation	
	07.01.01	Curriculum priorities based on key considerations (e.g., areas of strength, areas of need, learner preferences).	
	07.01.02	Scope and sequence of curriculum and curriculum goals.	
	07.01.03	Staff skills needed to implement programs within a particular curriculum.	
	07.01.04	Social, cultural, and developmental norms when designing curriculum.	
	07.01.05	Conventional and progressive approaches to designing curriculum.	
	07.01.06	Rationales for short (e.g., micro, small picture) and long-term (e.g., macro, big picture) goals.	
	07.01.07	Methods to facilitate generalization of behavior change to new contexts.	
07.02.	Learning how	to learn	
	07.02.01	Key components and prerequisites of learning-how-to-learn programs (e.g., responsiveness to contingencies, attention, tolerance of adversity).	
	07.02.02	Conditions under which refinements are necessary to learning-how-to-learn programs.	
	07.02.03	Clients' current strength and weakness with respect to learning how to learn.	
07.03.	Academic		
	07.03.01	Key components and pre-requisites for academic programs.	
	07.03.02	Conditions under which refinements are necessary to academic skills programs.	
	07.03.03	Clients' current strength and weakness with respect to academic programs.	
07.04.	Language		
	07.04.01	Key components and prerequisites for language programs (e.g., expressive and receptive language, matching, non-verbal imitation)	
	07.04.02	Conditions under which refinements are necessary to language programs.	
	07.04.03	Clients' current strength and weakness with respect to language programs.	
07.05.	Self-Help/Daily	/ Living	
	07.05.01	Key components and pre-requisites of self-help/daily living programs (e.g., brushing teeth, making bed, showering).	
	07.05.02	Conditions under which refinements are necessary to self-help/daily living programs.	
	07.05.03	Clients' current strength and weakness with respect to self-help/daily living programs.	
07.06.	Social		
	07.06.01	Key components and prerequisites of social skills programs (e.g., sharing, turn-taking, inviting a peer to join an activity).	

	07.06.02	Conditions under which refinements are necessary to social skills programs.
	07.06.03	Clients' current strength and weakness with respect to social skills programs.
07.07.	Recreational a	and Leisure
	07.07.01	Key components and pre-requisites of recreational and leisure programs.
	07.07.02	Client preferences and skills necessary to make decisions about leisure activities.
	07.07.03	Developmental norms, age, and peer group appropriateness.
	07.07.04	Conditions under which refinements are necessary to recreation and leisure skills programs.
	07.07.05	Clients' current strength and weakness with respect to recreational and leisure programs.
07	Content Area	7: Curriculum
08.01.	Basic Concep	ts of Behavior Intervention and Support
	08.01.01	Proactive and reactive approaches to decreasing the probability of behavior.
	08.01.02	ABA-based procedures and methods consistent with the least restrictive, yet most effective and efficient intervention.
	08.01.03	Rationales for the importance of including restrictive programming options in the continuum of approaches to intervening with problem behavior (e.g., Bannerman et al., 1990).
08.02.	Functional Be	havior Assessment (FBA)
	08.02.01	Variables that can influence the occurrence of a behavior (e.g., escaping demands, gaining attention, unconditioned stimuli [respondent behavior]).
	08.02.02	Components of an FBA (e.g., interviews, observation, functional analysis).
	08.02.03	Approaches to functional analyses (e.g., Iwata et al. 1982/1994, practical functional assessment, brief functional analysis).
	08.02.04	Application of FBA (e.g., inform recommendations for behavior plan, determine functional replacement skills).
	08.02.05	Conditions under which different methods of FBAs and functional analyses are more appropriate or preferred.
08.03.	Functional Re	placement Skills
	08.03.01	Skill(s) to teach based upon behavior function and goals (e.g., functional communication training).
	08.03.02	Application of interventions designed to develop functional replacement skills.
08.04.	Antecedent-Ba	ased Procedures
	08.04.01	Antecedent-based procedures (e.g., restricting access, reducing demands, making accommodations).
	08.04.02	Application of antecedent-based procedures.



08.05. Differential Reinforcement Procedures

00.00.	Billorondarito		
	08.05.01	Components of differential reinforcement procedures (e.g., differential reinforcement of high rates of behavior [DRH], differential reinforcement of other behavior [DRO], differential reinforcement of alternative behavior [DRA]).	
	08.05.02	Application of differential reinforcement procedures (e.g., DRH, DRA, DRO).	
	08.05.03	Conditions under which specific differential reinforcement procedures are more appropriate or preferred.	
08.06.	Extinction		
	08.06.01	Components, advantages, and disadvantages of extinction-based procedures.	
	08.06.02	Application of extinction-based procedures.	
	08.06.03	Conditions under which to implement extinction-based procedures and methods to mitigate possible negative side effects.	
08.07.	Response Cost		
	08.07.01	Components, advantages, and disadvantages of response cost.	
	08.07.02	Application of response cost.	
	08.07.03	Conditions under which to implement response cost and methods to mitigate possible negative side effects.	
08.08.	Time-In		
	08.08.01	Components, advantages, and disadvantages of time-in procedures.	
	08.08.02	Application of time-in procedures.	
	08.08.03	Conditions under which to implement time-in and methods to mitigate possible negative side effects.	
08.09.	Time-Out		
	08.09.01	Components, advantages, and disadvantages of time-out procedures.	
	08.09.02	Application of time-out procedures.	
	08.09.03	Conditions under which to implement time-out and methods to mitigate possible negative side effects.	
08.10.	De-Escalation	Strategies	
	08.10.01	Phases of the escalation cycle.	
	08.10.02	Decision-making at each phase of the escalation cycle.	
	08.10.03	Conditions under which to implement de-escalation strategies.	
	08.10.04	Environmental factors that promote de-escalation.	
	08.10.05	Methods to evaluate the implementation of a de-escalation plan.	
	08.10.06	Communications needed when implementing de-escalation strategies.	
	08.10.07	Differentiates between interruptive and reductive procedures.	

09	Content Area 9): Preparation Decision-Making and Analysis	
09.01.	General Application		
	09.01.01	Necessary methods to prepare for a successful teaching session (e.g., having all possible reinforcers, toys, and materials in working order, environmental set up conducive to learning).	
	09.01.02	Components of a successful teaching session (e.g., maximizing teaching time, balancing alternation of work and free time).	
	09.01.03	Teaching session analysis and necessary changes to maximize progress.	
09.02.	Data		
	09.02.01	Strengths and limitations of data collection procedures (e.g., discontinuous, continuous, estimation) and the conditions under which each may be preferred or appropriate.	
	09.02.02	Application of data collection procedures (e.g., discontinuous, continuous, estimation).	
10	Content Area 1	0: Training and Supervision	
10.01.	Training and S	Supervision	
	10.01.01	Potential training and supervision goals based on staff skill level and other relevant contextual variables.	
	10.01.02	Effective approaches to staff training and supervision (e.g., quality components of research-based models of adult learning, TIP, behavioral skills training).	
	10.01.03	Prescriptive and nonprescriptive models of staff training and supervision under varying circumstances.	
	10.01.04	Effective training and supervision tailored to a variety of instructional methods, client and staff demographics, and programming goals.	
	10.01.05	Methods to train and supervise others on the application of respondent conditioning procedures.	
	10.01.06	Methods to train and supervise others to implement contingency-focused and responsive procedures with clients.	
	10.01.07	Methods to train and supervise others to implement principles and dynamic application of basic behavioral tools.	
	10.01.08	Methods to train and supervise others to implement progressive teaching procedures.	
	10.01.09	Methods to train and supervise others to implement individualized behavior intervention plans.	
	10.01.10	Methods to evaluate if training of others is conducted in a manner that is culturally sensitive to the trainee and client.	

10	Content Area 11: Collaboration, Clinical Skills, Sensitivity, and Ethics		
11.01.	Ethics		
	11.01.01	Components of the Progressive Behavior Analyst Autism Council (PBAAC) Code of Ethics.	
	11.01.02	Signal detection (i.e., identify variables that contribute to ethical dilemmas) as it relates to ethical contexts.	
	11.01.03	Common ethical errors and appropriate remedies.	
	11.01.04	The role of a human rights committee.	
11.02.	Socially Valid	Outcomes	
	11.02.01	Characteristics of socially valid outcomes (e.g., meaningful, long lasting, improves quality life).	
	11.02.02	Methods for assessing the social validity of a program or procedure (e.g., survey, interviews, rating scales).	
	11.02.03	Curriculum design with selection of goals that are socially valid to the relevant stakeholders.	
	11.03.04	Procedures that are socially valid to the relevant stakeholders.	
11.03.	Cultural Resp	onsivity	
	11.03.01	Cultural diversity, responsivity, and sensitivity.	
	11.03.02	Differing cultural variables (e.g., nationality, age, socio-economic status) and how they affect intervention decisions and necessitate adjustments in clinical work.	
	11.03.03	Interactions consistent with cultural humility.	
	11.03.04	Cultural differences and how they might impact clinical decisions.	
	11.03.05	Implicit bias, its effects, and how to mitigate implicit bias.	
	11.03.06	Neurodiversity and challenges/concerns facing the autistic community.	
11.04.	Caregiver Support		
	11.04.01	Methods to discriminate among caregiver support, education, and training.	
	11.04.02	Components of caregiver support (e.g., affirmation, receptivity, follow-up questions).	
	11.04.03	Components of professional behavior (e.g., affect, punctuality, demeanor) that strengthen or weaken relationships with caregivers.	
	11.04.04	Methods to evaluate caregiver training (e.g., modeling, asking open ended questions, being clinically sensitive).	
	11.04.05	Methods to identify goals for caregivers outside of formal teaching, (e.g., collaborating with caregivers in the process of learning goal identification, direct observation).	
11.05.	Professional Collaboration		
	11.05.01	Components to develop successful professional collaborative relationships.	

	11.05.02	Application of professional collaboration.	
11.06.	Case Management		
	11.06.01	Components of successful case management.	
	11.06.02	Methods to evaluate success and areas for improvement within one's own case management.	
11.07.	Professionalism		
	11.07.01	Components of working professionally with others using clinical sensitivity.	
	11.07.02	Application of working professionally with others using clinical sensitivity.	
	11.07.03	Breadth and depth of scope of practice.	
	11.07.04	Areas of need or continued growth of staff and intervention team.	
	11.07.05	Areas of need or continued growth of self.	
	11.07.06	Alternative perspectives about behaviorism and behavior analysis.	

