An Investigation of the use of Organizational Behavior Management Interventions by Practicing
Behavior Analysts

by

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Abstract

As applied behavior analysis (ABA) continues to grow as a field to meet the need of consumers, it is important that supervisors use evidence-based supervisor methods help improve the skills of supervisees to help provide better outcomes for their clients. Organizational behavior management (OBM) is an approach to performance management that uses principles of learning and behavior modification to improve employee and organizational performance (Wilder et. al., 2009). Recent research, however, has indicated that the use of evidence based OBM supervision procedures is lacking in ABA organizations (Reed & Henley, 2015). This is an issue because the quality of training and supervision the direct care staff received directly impact services delivered to the client and can result in suboptimal treatment outcomes. Thus, the purpose of the current study was to survey practicing behavior analysts to assess what specific OBM supervision strategies are commonly used, the extent to which these strategies are implemented in practice, identify characteristics of those who use them, and identify barriers to their implementation. Results of the study indicated that behavior analysts do not use most of the OBM assessments and interventions. The results of the current study are beneficial to the field of applied behavior analysis in that it they allow behavior analysts identify supervision and training related needs. Lack of time and lack of paid indirect time were the most common barriers reported. Limitations and directions for future research are discussed.

Keywords: applied behavior analysis, autism, organizational behavior management, PIC/NIC, survey

Table of Contents

An Investigation of the Use of Organizational Behavior Management Interventions by Practicing

Behavior Analysts

Autism spectrum disorder (ASD) is a neurodevelopmental disorder that can impact an

individual's social abilities, communication skills, and behavior (Center for Disease Control

[CDC], 2020). Individuals diagnosed often exhibit symptoms such as communication deficits,

trouble making eye contact, difficulty adapting to new routines, and intense interests in specific

items (Frith & Happé, 2005). ASD is known as a "spectrum disorder" because there are many

possible characteristics and severities of symptoms experienced by those diagnosed. To date,

there is no treatment that can cure ASD permanently, however, there are intervention strategies

that may reduce some of the symptoms and facilitate greater independence of someone

diagnosed with ASD (Autism Speaks, 2021). Some of these interventions according to the

Center for Disease Control and Prevention, include occupational therapy, social skills training,

speech therapy and applied behavior analysis (ABA) therapy (2019). To date, ABA therapy is

the treatment with the most empirical data of its effectiveness for treating symptoms of ASD

(Tiura et. al., 2017).

The Role of ABA in the Treatment of Autism Spectrum Disorder

ABA itself is the application of principles of learning and conditioning to improve

problems of social significance (Cooper et. al., 2019). ABA takes a novel approach in the field of

psychology to explain why we behave the way we do. It has also developed a therapeutic

technique and has successfully applied it to change or reduce behaviors that can become a

problem for the individual, those around them, or even a larger problem in the community

(Autism Speaks, 2021). The history of behaviorism itself began with American psychologist

John B. Watson, who is credited as the founder of behaviorism. He explained that, in his view,

psychology was not a state of mind or mental process but is observable behavior (Watson, 1913). Behaviorism focuses on the study of behavior in an observable and measurable way. Watson argued that it is observable behavior that is the proper concern for psychology, not mental processes, and states (1913). Behavior analysis uses experimentation to develop technologically sound ways to change behavior. These changes are made through the manipulation of variables such as environmental stimuli that have elicited behavior or reinforced the behavior in the past (Cooper et. al., 2019). As the field was being formed, it was common for these studies to take place on nonhuman subjects until the 1950s and early 1960s. Around this time, researchers began to apply principles discovered in the laboratory with humans in organizational and clinical settings (Cooper et. al., 2019). Since this time, ABA has flourished as a field and continues to grow globally. Today, ABA is most used with individuals who have a diagnosed developmental disorder such as ASD. Practitioners use interventions tailored to each individual to make socially significant change in the lives of those they service.

ABA Service Delivery System

Unlike other fields of psychology, professionals who adhere to ABA hold that environmental variables are the causes of all behavior, public and private. In treatment settings, these environmental variables are manipulated and modified to produce behavior change for client betterment. For instance, the use of contingent reinforcement for clinically indicated behavior(s) increases the likelihood of that behavior's reoccurrence in the future. When teaching clients, a new skill, ABA uses reinforcement strategies to increase the chance that the behavior happens again. As the learner performs the skill with greater independence, the reinforcement is faded out so the behavior can be generalized to occur in the natural environment under natural conditions (Cooper et. al., 2019). There are a variety of ABA interventions such as shaping,

chaining, and discrete trial training (DTT) that are delivered to the client by the direct-care staff that works under supervision of a licensed behavior analyst.

ABA is also unique within the behavioral healthcare field in that unlicensed professionals deliver the bulk of therapy instead of the licensed practitioner. These supervisees work under the direction of the licensed behavior analyst and implement treatment plan goals and behavioral interventions. This allows for the licensed behavior analyst to oversee more cases than they would be able to if they provided the direct services themselves. Several certifications exist for these direct care staff working under their direction to ensure minimum competence for doing so. The direct care staff that carry out the interventions are typically certified as one of the following: Qualified Autism Services Practitioner (QASP), Applied Behavior Analysis Technicians (ABAT), Registered Behavior Technician (RBT), and/or graduate student/interns pursuing fieldwork hours for their future certification as a behavior analyst. To gain one of these certifications, the direct care staff typically must complete the training and supervision requirements necessary for the specific certification prior to taking an exam to receive proper credentialing. The licensed supervisors who oversee the delivery of these services are commonly Board Certified Behavior Analysts (BCBAs), who are independent practitioners certified to practice ABA by the Behavior Analyst Certification Board (BACB). BCBAs typically supervise individuals with an RBT or graduate interns who are seeking their BACB certification. Similar to the BCBA, QASPs are over seen by individuals who are certified as Qualified Behavior Analysts (QBAs) through the Qualified Applied Behavior Analysis Credentialing board.

In ABA therapy, data on progress is collected daily by technicians on the performance of the clients on these goals to document progress. This data is in turn used by licensed behavior analysts and supervisors to monitor the individual's progress and make modifications to the

treatment when necessary (Autism Speaks, 2021). To identify the supervision behaviors of

behavior analysts, the current study focused solely on investigating only one kind of credential,

that being the BCBA. During typical treatment, supervisors make visits with clients on their

caseload and evaluate data, provide feedback to technicians, modify goals, and guide the overall

direction of treatment (Dixon et. al., 2016). This makes effective supervision by BCBAs critical

in ABA service delivery. If the BCBA is not analyzing the integrity and consistency of the direct

care staff's service delivery, they are not able to provide the error correction and feedback to the

direct care staff. In turn, if the direct care staff implemented the skill acquisition program or

behavior intervention plan incorrectly or was inconsistent with their teaching method, the client

outcomes can be suboptimal when used in the natural environment making proper supervision

critical to the client's overall progress.

Research in Supervision

Past research has demonstrated that there is a need for more training on the effectiveness

of supervision. Staff such as behavior analysts need effective strategies that promote the success

of the individual providing the services to the client. In a recent study, a majority of respondents

reported they only receive feedback once a month or less by a supervisor (Reed & Henley,

2015). The quality and consistency of training an organization provides to its staff is directly

reflected in the quality of services that is provided to the client (Reed & Henley, 2015). Another

similar survey was conducted by Luiselli and colleagues (2017). In their study, about a third of

the participants "identified several relative training weaknesses and activities they were not

confident in implementing". These included tasks such as "identifying essential components of a

written skill acquisition plan" (Luiselli et. al., 2017, p. 307). When the direct care staff is not

familiar with the key components of the interventions, this can result in poor outcomes or

individuals inadvertently practicing outside of their scope of competence. Practicing outside of

one's competence is a violation of the ethical standards for behavior analysis (Behavior Analyst

Certification Board, 2022). Having direct care staff that is not competent in the interventions

they are using to teach skills can cause poor response to treatment and compromise the integrity

of the treatment. Additionally, in a review of the direct care staff's treatment integrity, Brand et.

al., reported that errors in treatment integrity produce unpredictable outcomes for the client

(2019). Thus, it is critical that supervisors who are overseeing them deliver of ABA interventions

by direct care staff utilize effective supervision and training methods to ensure high quality

service delivery as well as maximize client outcomes.

Organizational Behavior Management

While primarily used with individuals diagnosed with ASD, ABA has also been used in

many other fields such as education, gerontology, and organizational consulting. ABA

interventions have a long history of application to improve the performance of employees and

staff in a subfield call organizational behavior management (OBM). OBM is a discipline within

ABA that uses principles of learning and behavior modification in the work environment to

analyze and manipulate environmental variables affecting employee performance (Luke et. al.,

2018). OBM first appeared when Fredrick Taylor "recommended using the scientific method to

improve employee and organizational performance" (Wilder et. al., 2009, p. 203). Since then, the

use of behavior analytic principles has been shown to be an effective way to improve the

performance of employees in a variety of organizational settings. Since OBM uses the same

conceptual foundation as ABA used with children, clinicians can use similar strategies and

principles used with their client to "create a workplace that brings out the best in people while

generating the highest value for the organization" (Daniels & Bailey, 2014, p. 14)

In general, there are two classifications of OBM interventions: antecedent-based interventions and consequence-based interventions (Wilder et. al., 2009). Antecedent-based interventions made modifications to the environmental factors that occur prior to the behavior's occurrence. A few examples of these interventions are goal setting, training the individual on proper implementation, and modifying equipment that is used. Conversely, consequence-based interventions focused on modifying the environmental factors that occur after the behavior occurs. Examples of consequences include providing feedback, reinforcement for correct responses or positive behavior, and punishment for behaviors that need to decrease (Daniels & Bailey, 2014).

OBM Research Examples

As mentioned, there is a large amount of research demonstrating the effectiveness of OBM interventions to improve employee performance. For example, in a restaurant setting, researchers used the Performance Diagnostic Checklist (PDC), a type of OBM assessment, to develop an intervention for the completion of closing-tasks. The study resulted in increased completion from 75% completion of tasks to 90% completion with the use of graphic feedback (Austin et. al., 2005). In another study, researchers looked to "reduce employee errors using voice-assisted technology that provided immediate feedback" within this study, they used OBM feedback techniques in a distribution warehouse (Berger & Ludwig, 2007). The technology used provided the employee with immediate feedback when an error was made. In addition to organizational setting, OBM techniques have been successfully applied in physical therapy (Gravina et. al., 2008), pharmaceutical businesses (Fante et. al., 2013), animal shelters (Howard & Digennaro, 2015), among others.

OBM Used in ABA Organizations

A recent study by Maguire and colleagues (2022) used behavioral skills training and checklists to teach the proper implementation of COVID-19 protocols to direct care staff in a private residential school. The participants were trained using written procedural description, diagrams, and pictures of performing the steps, video demonstrations, role-play, praise, corrective feedback and mastery criteria of which are components of behavioral skills training. Immediately following the training, the participants were given a post-training quiz which required 100% accuracy before moving on to the next skill. One-month after the training had taken place, the skills were reassessed and found to have maintained the skills learned through the training (Maguire et. al., 2022). In another recent study by Fisher and colleagues, a virtual telehealth training program that utilized behavioral skills training techniques to deliver parent-trainings to the parents of children with ASD with no prior experience with ABA (2020). This study aimed to expand the accessibility of parent trainings to geographically isolated areas. The virtual trainings consisted of learning modules, in-vivo/ video modeling, role-play, praise, corrective feedback, and mastery criteria. The researchers found that the parents who received this training improved on their skills where those who did not receive the training showed small or no change in their skills. OBM procedures such as the PDC-HS were used by Wilder and colleagues (2018) to identify factors that contribute to employee performance problems. The PDC-HS was used to identify what was contributing to infrequent teaching of verbal operants and irregular use of a timer by therapists teaching skill acquisition. The results showed that the highest number of deficits in the performance consequences, effort, and competition domain of the PDC-HS. The researchers stated that "data suggest that the tool (PDC-HS) is useful at identifying interventions to improve staff performance" (Wilder et. al., 2018, p. 136). In a study

to improve the cleaning habits that direct care staff use in client treatment rooms, Carr and colleagues (2013), used the Performance Diagnostic Checklist-Human Services (PDC-HS). This study interviewed BCBAs using the PDC-HS to determine the factors that could be contributing to the poor cleaning habits of the direct care staff. They found that there was a lack of training of proper cleaning as well as need for more performance feedback contribute to the problems with the employee cleaning habits.

Barriers to OBM Implementation

Although OBM procedures have been used successfully in ABA clinics, recently research has shown that such procedures are "not used regularly by organizations that hire behavior analysts" (Novak et. al., 2019, p. 967). Reed and Henley (2015) surveyed individuals who were currently certified behavior analysts or were seeking certification and found that found that only 55% of the participants had received initial training, which is often referred to as the onboarding process. This step is critical for the staff to be effective when working independently. Direct care staff who are not equipped with the proper training can initiate many issues and potentially negative outcomes for the client. Reed and Henley state "insufficient or nonexistent staff training and low-quality treatment may compromise a consumer's right to effective behavioral treatment" (Reed & Henley, 2015, p. 21). The researchers also found that much of the training reported consisted of verbal or written feedback which past research has shown to not produce desired changes in performance alone (Reed & Henley, 2015; Fixsen et. al., 2009).

While the onboarding training is important to the staff, the behavior analyst and organization must continue to provide the training necessary to maintain behavior analyst's competency of such assessments and interventions. Reed and Henley also found that respondents reported a lack of ongoing training received in organizations. Only 40% of the respondents in

their study reported that their supervisor observed them working with the client. Without direct

overlap with technicians, it is unclear how the supervisor knows if the direct care staff is

implementing treatments correctly. Additional barriers identified in their study included a lack of

training, lack of organizational support, time to use such procedures, and/or lack of paid time to

develop such interventions, ongoing staff training can be "cost-prohibitive" (Reed & Henley,

2015, p. 22).

Training and Organizational Support

Working with individuals who have intellectual disabilities such as ASD requires training

and understanding of how to implement intervention procedures. Just like many other

professions, having the appropriate training and knowledge to ensure employees are

accomplishing the intended task is crucial for success. This extends beyond the success of the

individual and includes the success of the organization they are working for. However, OBM has

many different types of interventions and lengthy assessments that can require training for the

behavior analyst to correctly implement and score the performance of the direct care staff that

works with the client (Novak et. al., 2019). In a survey of behavior analysts, Reed and Henley

found that only 33% of the participants had received formal training on how to implement

evidence-based supervision practices in an effective way (2015). This means two thirds of three

behavior analysts report they had not been given the knowledge and skills necessary to provide

effective feedback and training to the direct care staff that they supervise. Several barriers to the

use of OBM based procedures exist and include the length of time to complete them and lack of

paid time to do so.

Length of Time to Complete

Behavior analysts have many responsibilities which take up considerable time and effort. A recent study found that behavior analysts often have a caseload of 6 to 16 clients (Dixon et. al., 2016). OBM procedures often require development and/or assessment to determine which interventions are indicated. Further, data collection and analysis are necessary to evaluate the effectiveness of these interventions. The time taken to complete these tasks for each of the direct care staff under their supervision could make attending to the clients difficult. The goal of ABA service is to "improve the functioning, independence and quality of life for the consumer and their families" (Gravina et. al., 2018, p. 1). In turn, the time it takes for the OBM assessment to be conducted could be construed as taking away from the behavior analyst time focusing on the clients' wellbeing and acquisition of new skills. Though, the completion of such assessments is an investment that improves the direct care staff's performance and subsequent outcomes for the client.

Unpaid Time

In addition to the issues with the length of time needed for completing OBM procedures, time that is not directed for the benefit of the client is not paid by many insurance funders (Association for Behavior Analysis International, 2019). For instance, the current procedural terminology (CPT) code for direction of technicians by supervisors specifically states that it occurs "face to face" (Association for Behavior Analysis International, 2019). Simply put, the time that these assessments take the behavior analyst to complete is not billable. This means that if a behavior analyst would like to perform an assessment, review records, or developing training protocols for staff without the client present the time spent is not reimbursable from insurance. Presumably this cost falls on the supervising behavior analyst and the business they work for. If

the organization that the individual is working for does not cover the indirect time that it takes

for the OBM interventions to take place with the direct-care staff, the behavior analyst is then not

being paid for such assessments to take place. To meet billable requirements for salary purposes

behavior analysts who take their own time to complete these OBM-related tasks may have to

reschedule appointments or work late hours to meet requirements of their caseload.

Statement of the Problem

Throughout coursework and fieldwork training, behavior analysts are taught about the

use of evidence-based supervision procedures such as feedback techniques and how to be an

ethical supervisor to direct care staff. A necessary condition for the success of the direct care

staff working with the client and the client themselves is proper training and implementation of

intervention procedures. Without effective supervision that ensures treatment is being delivered

correctly, client outcomes may be negatively affected. While behavior analysts have knowledge

to some extent of how to manage and assess the performance of their clients, it is unclear if these

key features are utilized by practitioners in their supervision activities. As mentioned, research is

limited on identifying how prevalent these evidence-based strategies are in practice. Information

on the prevalence of these strategies would be beneficial for clinicians and policy makers. Thus,

the purpose of this study was to survey practicing Board Certified Behavior Analysts (BCBAs)

to assess the reported use of evidence based OBM assessments and interventions during

supervision with technicians providing services under their direction.

Method

Participants

The respondents in the current study included 56 individuals. Recruitment of respondents

was conducted through social media platforms such as, Facebook (https://www.facebook.com/)

and Reddit (https://www.reddit.com/) on popular ABA pages. In each group, a post with an

invitation to complete an anonymous survey was made by the researcher. When clicked, the

respondent was directed to the online survey. The survey itself and the current study was

approved by the Youngstown State University Institutional Review Board (Protocol Number

2022-32) Those who chose to participate gave consent by clicking continue on the opening

screen of the survey. If a respondent did not consent, the survey ended.

Materials

The survey was hosted through Qualtrics Survey Site hosted by Youngstown State

University (https://qualtrics.com). The survey consisted of 26 total questions split up into five

subcategories. The first section contained eight demographic questions including certification

status, years of experience in the field, their primary position in practice, the number of

supervisees under their direction, and the size of the organization they work for. These questions

were followed by four items about the respondents training and supervision while completing

their coursework for BACB certification. The third section included four more items regarding

the individuals training on how to use OBM interventions in supervision. Following those were 5

questions about the OBM interventions the respondent uses when providing supervision to the

supervisees under their direction. The remaining six survey items assessed opinion on the

procedures. The individual survey items can be found in Table 1.

Procedure

Each of the respondents was required to verify that they were a certified behavior analyst

at the bachelor's (BCaBA), master's (BCBA), or doctoral level (BCBA-D) through the BACB.

Respondents who indicated that they were not a BCaBA, BCBA, or BCBA-D were directed to

the end of the survey. Questions were presented sequentially in order as listed in Table 1 with

certain exceptions. Respondents were routed to certain follow up questions based on their responses to previous ones. For example, individuals who responded "Yes" to "Do you feel as if there are any barriers to your use of Organizational Behavior Management interventions with your technicians during your supervision?" were given the follow up question "What do you believe to be the largest barrier to your use of organizational behavior management interventions with your technicians during your supervision? (*Select all that apply).* On some questions, respondents were required to select the best answer from several selections in response to the question. On others, they were able to select multiple responses to the question. The respondents had access to the survey for two weeks and were only able to complete the survey once using the link that was provided in the social media post. This was done to prevent an individual from submitting multiple responses to the survey.

The personal experience section and the personal training section both included items which respondents could respond several answers by selecting all that applied to their experience and training. For example, Q9 - Which of the following assessments did your supervisor(s) utilize when providing you supervision while you were completing your coursework and/or fieldwork hours for BACB certification? (Select all that apply). These items also included a "None" option. When the "none" option was selected, the survey was calibrated so that the respondent was unable to also select additional responses. In the third section of the survey, respondents reported use of OBM assessments and interventions in their own practice. For these items, the respondent rated each of the given assessments and interventions based on approximately how many times they had utilized each in the past 6 months. These ratings were based on a seven-point Likert Scale with the following selections: "Never", "1-2 times", "3-4 times", "5-6 times", "7-8 times", "9-10 times" and "10+". The Fourth section of the survey

consisted of questions in which the respondents reported their opinion using different Likert-scale selections or answering "yes" or "no".

Research Design

The current study utilized a custom-made survey based on an analysis of previous research to help develop questions about supervision practices by ABA supervisors in organizations. Data was analyzed by examining the percentages of respondents who endorsed individual response options on given items.

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Results

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Demographic Information Results

Of those who started the survey, 44 of the respondents completed the survey and could therefore be included in the data analysis. In total, 37 (84%) respondents reported holding the BCBA credential, 3 (6.8%) reported holding the BCBA-D credential, and 4 (9%) reported holding the BCaBA credential as seen in Figure 1. When asked about years practicing in the field, a total of 2 (2.3%) respondents reported working less than 1 year, 4 (9%) reported working 1-2 years, 12 (27.3%) reported working 3-5 years, 17 (38.6%) reported working 6-10 years, and 10 (22.7%) reported working more than 10 years (see Figure 2). Respondents were from all regions in the United States including (12) 27.3% from the West and Northeast regions, (9) 20.5% from the Midwest, (8) 18.18% from the Southeast, and (3) 6.8% from the Southwest.

When asked which of the following best described the respondents current primary position, 24 (54.6%) reported they were a BCBA or BCBA-D supervising the direct delivery of therapeutic ABA services to clients in an ABA service organization, 6 (13.6%) reported being the owner of an ABA service organization, 4 (9%) reported being a BCBA or BCBA-D working in an administrative position in an ABA service organization not supervision direct service

delivery to clients, 2 (2.3%) reported being a BCBA or BCBA-D working in organization

behavior management or industrial settings, 1 (2.3%) indicated working in a university setting,

and 7 (16%) selected "other".

When the respondents were asked to indicate which type of direct care staff they

primarily supervise, 18 (40.9%) indicated they supervise RBTs not pursuing fieldwork hours,

and 12 (27.3%) indicated supervising uncertified/unregistered staff not pursuing fieldwork hours,

9 (20.5%) graduate students pursuing fieldwork hours, 4 (9%) individuals certified beyond RBT,

1 (2.3%) ABATs. When asked about their current supervisory load, 13 (30%) reported 1 to 3

supervisees, 8 (18.2%) reported 4 to 6 supervisees, 8 (18.2%) reported 7 to 9 supervisees, 5

(11.4%) reported more than 12 supervisees, 3 (6.8%) reported 10 to 12 supervisees, and 7 (16%)

reported having no supervisees under their supervision. The most common organizational size

indicated was more than 80 employees as indicated by 18 (48.6%) of the respondents followed

by 11 (29.7%) an organization of 0 to 20 employees, 4 (10.8%) had 60 to 80 employees, 2

(5.4%) had 21 to 40 employees, and 2 (5.4%) indicated 61 to 80 employees.

Personal Experience Questions

Of the 44 respondents, 7 (16%) indicated they did not have any supervisees under their

direction. In total, this left 37 (66%) respondents' data available for analysis on the specific

survey questions about the use of OBM procedures. When asked to select all the types of

assessment(s) the individual's supervisor used while they were completing their coursework and

hours for BACB certification, 15 (42.9%) indicated the supervisor used descriptive assessments

such as ABC data and records review with them. A total of 14 (40%) of the respondents

indicated their supervisor did not use any of the listed assessments while they were completing

their coursework and hours for BACB certification all remaining responses can be seen below in

Figure 3. The most common OBM intervention that was used by supervisors while the

respondents were completing their coursework and hours for BACB certification was verbal

feedback (85.7%). A total of 22 (62.8%) respondents indicated that their supervisor used

individual goal setting and 19 (54.3%) responses for behavioral skills training (BST; see Figure

4).

Personal Training Questions

A total of 24 (68.6%) of the respondents indicated that their graduate coursework in ABA

contained one or more classes on the use of OBM interventions to manage and assess the

performance of others. Figure 5 displays the type of assessments that individual's had formal

training on while being trained themselves. The most common OBM assessment that

respondents received formal training on was descriptive assessments such as ABC Data and

reviewing records 16 (45.7%). When asked to select the OBM interventions that the respondent

had received formal training on while completing their coursework for BACB certification, the

most common answer was verbal feedback which a total of 30 (85.7%) respondents hey were

trained on. A total of 22 (62.8%) also indicated being trained on individual goal setting, 19

(54.3%) indicated being trained on BST. The remaining responses are displayed in Figure 6.

Use of OBM Assessments and Interventions Questions

In the next section of the survey respondents were asked to give an approximation of how

many times they had used each assessment and intervention in the past six months. Table 1

displays the responses of respondents when asked how frequently they used specific assessments

in the past 6 months. Except for descriptive assessments methods, most respondents indicated

they "never" used the specific assessments on this survey over the past 6 months. The following

number of respondents reported to "never" have used the following assessments in the past six

months: PDC 20 (64.5%), PDC-HS 19 (61.3%), PDC-S 27 (87%), PIC/NIC Analysis 25

(80.7%), Behavior Systems Analysis 25 (77.4%), and Analogue or Experimental Assessment 24

(77.4%). Descriptive assessment methods were the most frequently reported, with only 7.6%

reporting "never" using this assessment in the previous six-month period. Conversely, 10 (38%)

reported using it 10+ times over the previous 6 months.

When asked to approximate how many times they utilized specific OBM intervention

over the past 6 months, 17 (54.8%) respondents reported using verbal feedback 10+ times, 16

(51.6%) reported using BST 10+ times, 13 (41.9%) reported using written feedback, 12 (38.7%)

reported using task clarification and in-vivo modeling. Several interventions were frequently

reported as being "never" used. A total of 20 (64.5%) reported never using group goal setting, ,

23 (74%) reported never using public posting on employee performance, 21 (67.7%) reported

never using a performance matrix, 23 (74%) reported never using individual monetary reward

system, 25 (80.6%) reported never using individual tangible reward systems, 25 (80.6%)

reported never using group monetary reward systems, 26 (83.9%) reported never using group

tangible reward systems, 25 (80.6%) reported never using lottery systems for meeting

performance goals, and 27 (87%) reported no use of piece wise/contingent pay for meeting

performance goals. Many reports of intervention usage were mixed. All remaining responses can

be seen in Table 2.

Respondent Opinion Questions

When asked how the respondent felt employee performance factors affect the ABA

organization the individual worked for, (14) 46.7% felt that they impact the organization in a

negative way as shown in Figure 7. There was 77% of the respondents indicated that they have a

system in place that allows their supervisees to access their records of supervision such as

reliability data and previous scores on treatment integrity. The respondents also indicated that

such records of supervision are in-turn used for employee performance reviews (66.7%). A total

of 23 respondents (76.7%) indicated that they felt there are barriers to their use of OBM

interventions with their technicians during supervision. Figure 8 displays the perceived barriers

reported by respondents. A total of, 14 (61%) felt there was a lack of paid indirect time to

complete portions of the procedures, and 13 (56.5%) of respondents felt a lack of organizational

support to use these procedures, 11 (47.8%) felt there was a lack of time to implement the

procedures, and 8 (35%) felt there was a lack of training on how to use the procedures.

Discussion

The current survey polled practicing behavior analysts to identify which OBM

procedures they use during supervision and their frequency of use. The respondents of the survey

were from all five regions of the United States making the results more generalizable across

different areas. The results of this survey indicated that there is a gap between prescribed best

practices and what respondents reported during their training and what they use regularly in their

practice. Only 42.8% of the respondents indicated that their supervisor used descriptive

assessments such as ABC data with them while they were completing their coursework and

fieldwork hours for BACB certification. Only 31.4% reported having more in-depth assessments

such as the PDC-HS, PDC, or PDC-S, completed during their supervision.

Respondents also indicated that verbal feedback was the most common OBM

intervention used during supervision while they were completing the coursework and fieldwork.

While verbal feedback is important for the implementation and skill acquisition, it is not

sufficient in and of itself for high quality supervision. Using other feedback methods such as

graphing the direct care staff's performance on a regular basis allows the individual to see their

progress for themselves and has also been shown to be effective. Giving the direct care staff

frequent and immediate verbal feedback can have positive impact on their performance (Wilder

et. al., 2009). In addition to feedback, training the individual through hands-on teaching methods

with interventions such as behavioral skills training allows them to practice the skill as well as

identify the areas that they need to improve on (Kirkpatrick et. al., 2019). Having your

supervisor present to walk you through the correct implementation and identify areas that need

more work would potentially reduce the errors in treatment integrity and performance. Those

supervisors who were not trained in other methods would presumably have to develop these

skills through other means such as obtaining additional training.

Only 45.7% of respondents reported being trained on how to properly conduct descriptive

assessments and 40.0% of the respondents had indicated that they had not received formal

training on any of the seven assessments. While there were a few OBM interventions that

respondents had some formal training on during their coursework, many of the interventions had

minimal respondents that were formally trained.

In addition to their own training, respondents were asked about their own supervisor

practices. When asked which assessments they had used in the past six months and how often,

many assessments were not implemented by a majority of respondents. As practitioners,

behavior analysts are ethically required to utilize evidence-based supervision methods and

document the effectiveness of their supervision. However, the only assessment that the behavior

analysts reported using frequently was descriptive assessments such as ABC data and records

review. Although some respondents reported using some other interventions a variable number

of times in the past six months, it is clear from the data obtained here that a variety of supervisor

procedures were not being utilized. This could be due to case overload, lack of paid time to

implement, deficiencies in organizational support or many additional barriers that have been identified in the literature. Still, behavior analysts need to be familiar with different systems of supervision so they can be sensitive to the needs of different staff.

Respondents reported that employee performance factors such as turnover rate, employee performance, and professionalism skills had a negative impact on the organization they work for. Ineffective supervision techniques have a direct impact on many crucial factors that lead to the success of the organization. When a supervisor is not providing the direct care staff with the necessary feedback and training to complete their job effectively, this leads to added stress and possible increase in burnout of the direct care staff. The idea of employee burnout in human service settings such as ABA Organizations has been an important topic for several decades, for instance Shinn and colleagues (1984) stated that staff burnout is "debilitating to workers, costly to agencies, and detrimental to clients" (p. 864). They found that the individuals that responded to the survey identified several possible strategies that organizations could use to reduce stress however, the actual use was minimal. More recently, Gravina and colleagues (2018), stated that organizations should need to focus more on making changes in the behavior of supervisors and managers rather than the direct care staff. The turnover rate of the direct care staff is a major barrier to providing effective services to the client. If direct care staff are constantly quitting, or taking time off, the client has to be placed with someone who may not be familiar with their particular needs. For instance, if an organization were to hire a new RBT and place them with a client and that RBT is not given the needed training and support, so they decide to find a new job, another individual has to be brought on to that client's case. If the treatment is inconsistent and RBTs are like a revolving door and constantly leaving, that relationship and rapport with the client is not strong and takes more time to establish.

More than 30% of the respondents felt that their training on how to implement OBM procedures was lacking. It is unrealistic to expect these individuals to use these OBM procedures when they, themselves, are not competent. This finding is consistent with past research as well (Luiselli et. al., 2017; Reed & Henley, 2015). It is possible that organizations providing practitioners with opportunities for professional development and training could reduce these uncertainties within the field. In conclusion, the present study exemplifies the need for ongoing training of behavior analysts as well as organizational support for the use of OBM procedures during supervision.

Limitations and Future Research Recommendations

There were several limitations to the current study. First, the study was only available via social media post therefore there were a limited number of respondents. More research is necessary to determine if the results can be replicated with a larger population. Future research with a larger group of participants would be able to better ascertain the results of these underrepresented groups of certificants. The Novak et. al. study identified evidence-based practices that were intended to "bridge the research-to-practice gap" however, these practices require time, organizational support and, can be costly to implement (2019). Perhaps future research should examine the effects of having a designated individual in charge of training BCBAs on the use the of such strategies within ABA organizations. Conversely, structured training programs within companies that seek to teach BCBAs how to utilize some of these strategies would also be important. Does having individual whose job it is to design training opportunities for behavior analysts and direct care staff increase the use of such procedures in organizations?

Additionally, it is a core principle of behavior analysis to "ensure competence" (*Ethics Code,* 2022). Through this principle, behavior analysts are expected to stay up to date with the most current literature. This includes using the evidence-based practices and participating in professional development. Working within an individual expertise and scope of competence helps to ensure the best outcomes for the vulnerable population we often work with in ABA. As stated by Nastasi and colleagues "the heart of OBM is found in the lives and well-being of the people we impact with our interventions; it's time we gave that even more of our focus, effort and page space" (2020).

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Table 1

Respondents Use of OBM Assessments in the Past 6 Months

Assessment	Never	1-2 times	3-4 times	5-6 times	7-8 times	9-10 times	10+
PDC	20	9	0	1	0	0	1
PDC-HS	19	7	2	2	0	0	1
PDC-S	27	2	0	0	1	0	1
PIC/NIC Analysis	25	2	0	1	3	0	0
BSA	24	3	2	1	1	0	0
Descriptive Assessment	2	5	2	3	4	1	10
Experimental Assessment	24	4	0	2	0	1	0

Note: PDC=Performance Diagnostic Checklist; PDC-HS = Performance Diagnostic Checklist-Human Services; Performance Diagnostic Checklist- Safety; Positive, Immediate, Certain/ Negative, Immediate, Certain Analysis; Behavior Systems Analysis

Table 2

Participants Use of OBM Interventions in the Past 6 Months

Intervention	Never	1-2 times	3-4 times	5-6 times	7-8 times	9-10 times	10+
Piece Wise Pay	27	2	1	0	1	0	0
Group Tangible	26	2	0	1	1	0	1
Individual tangible	25	2	1	1	0	0	2
Group Monetary Reward	25	3	1	0	1	0	1
Lottery Systems	25	3	1	2	0	0	0
Individual Monetary Reward	23	3	3	1	0	0	1
Public Posting on Performance	23	4	1	0	2	0	1
Performance Matrix	21	3	0	2	1	1	3
Group Goal Setting	20	4	3	1	0	0	3
Remedial Job Training	12	6	2	2	3	0	6
Graphic Feedback	12	7	4	0	1	0	7
Video/In-Vivo Modeling	7	4	0	3	1	4	12
Self-Monitoring	6	8	7	3	1	1	5
Written Feedback	5	2	4	3	3	1	13
Individual Goal Setting	4	7	4	5	0	1	10
Task Clarification	1	4	4	7	1	2	12
Behavioral Skills Training	0	5	0	3	1	6	16
Verbal Feedback	0	3	1	3	4	3	17

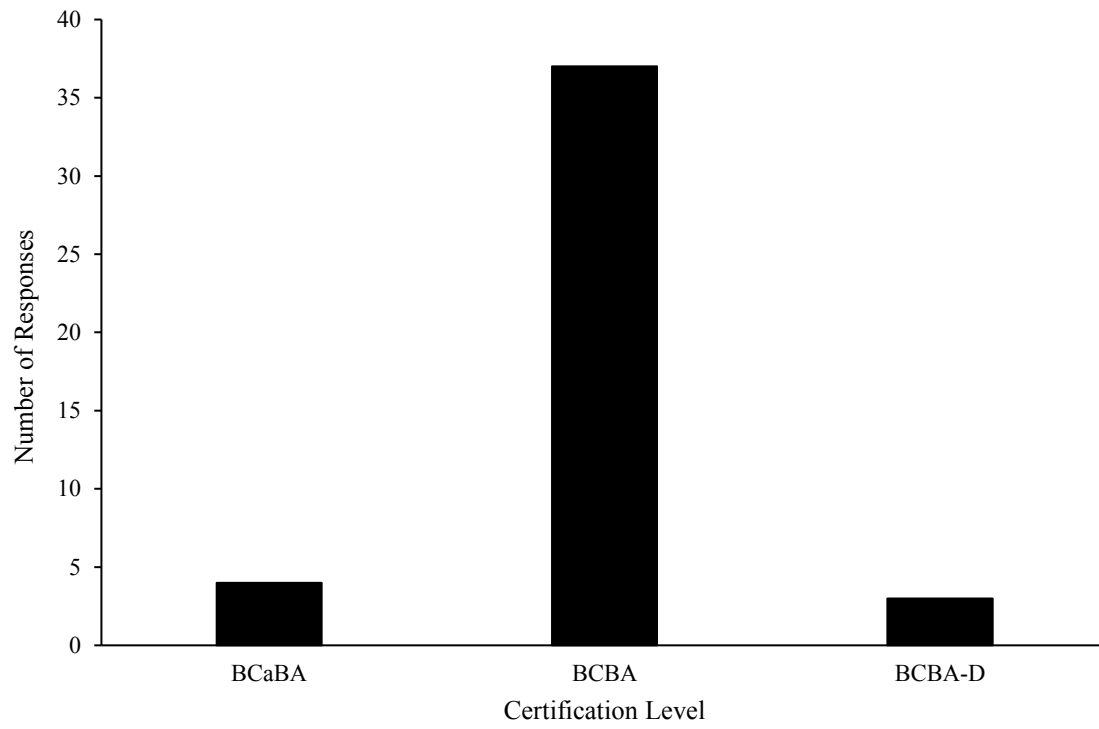**Figure 1**

Respondents by Certification Level

Figure 2
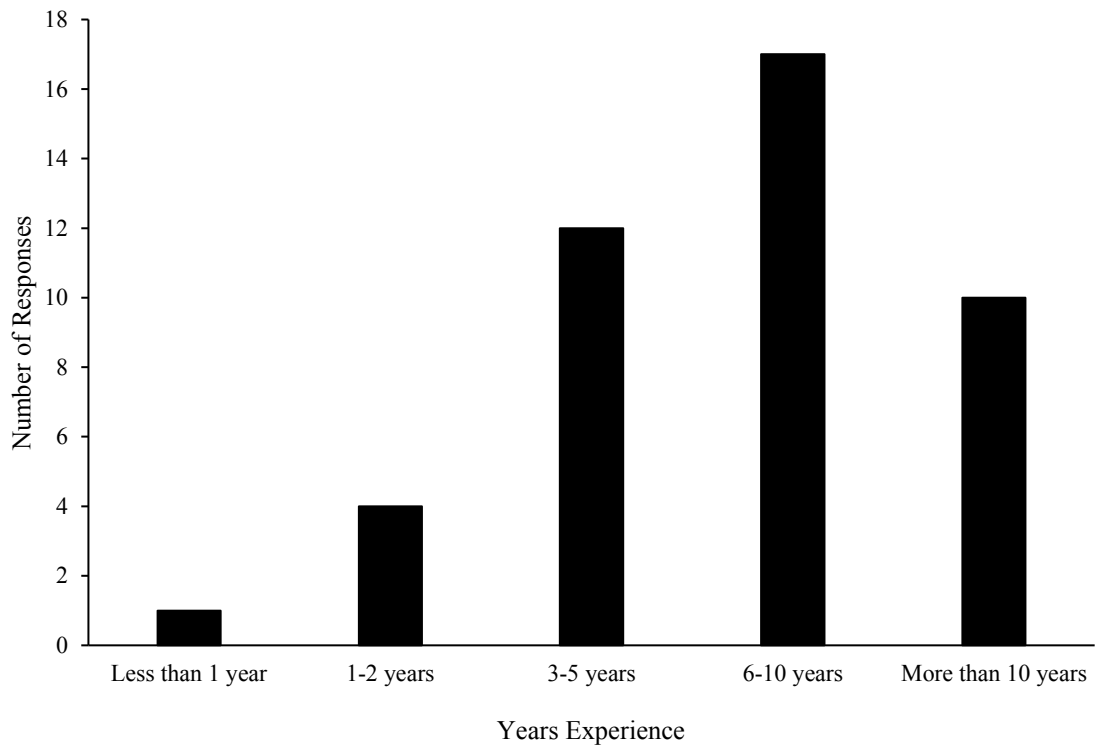
Respondents by Years Practicing ABA

Figure 3

Assessments used by Respondent's Supervisor While Completing Hours for BACB Certification
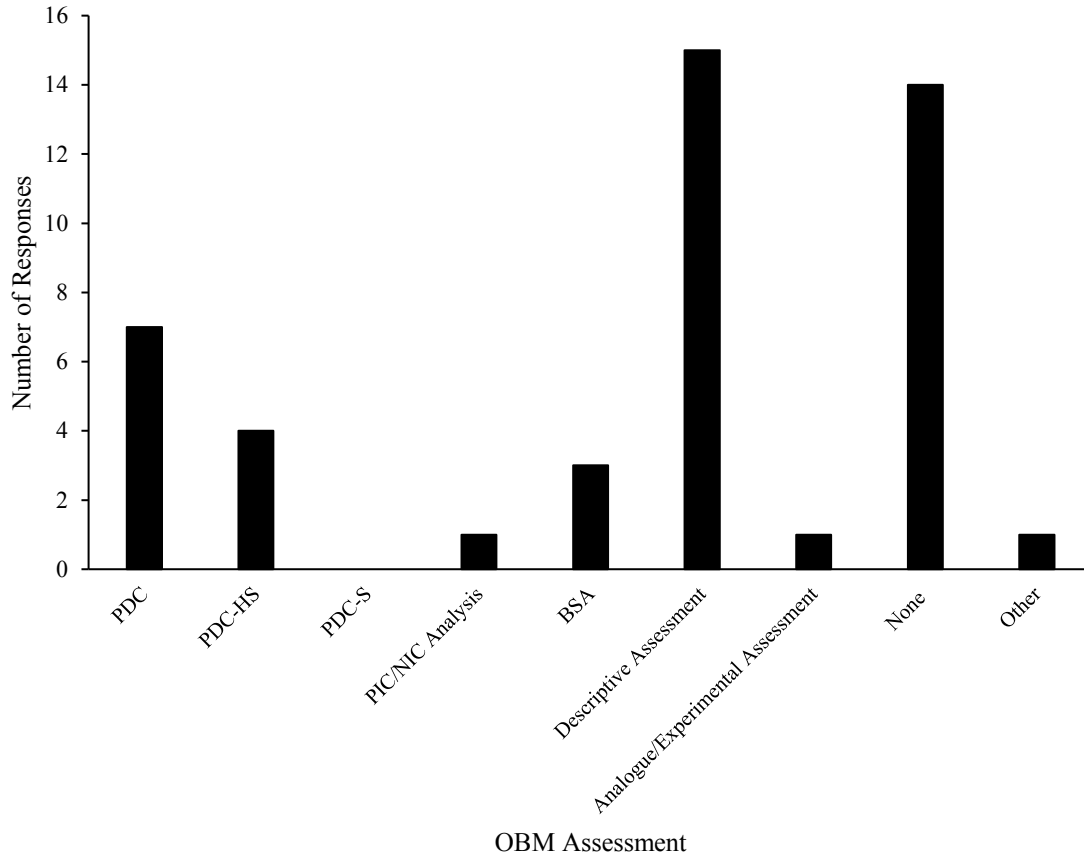
Figure 4

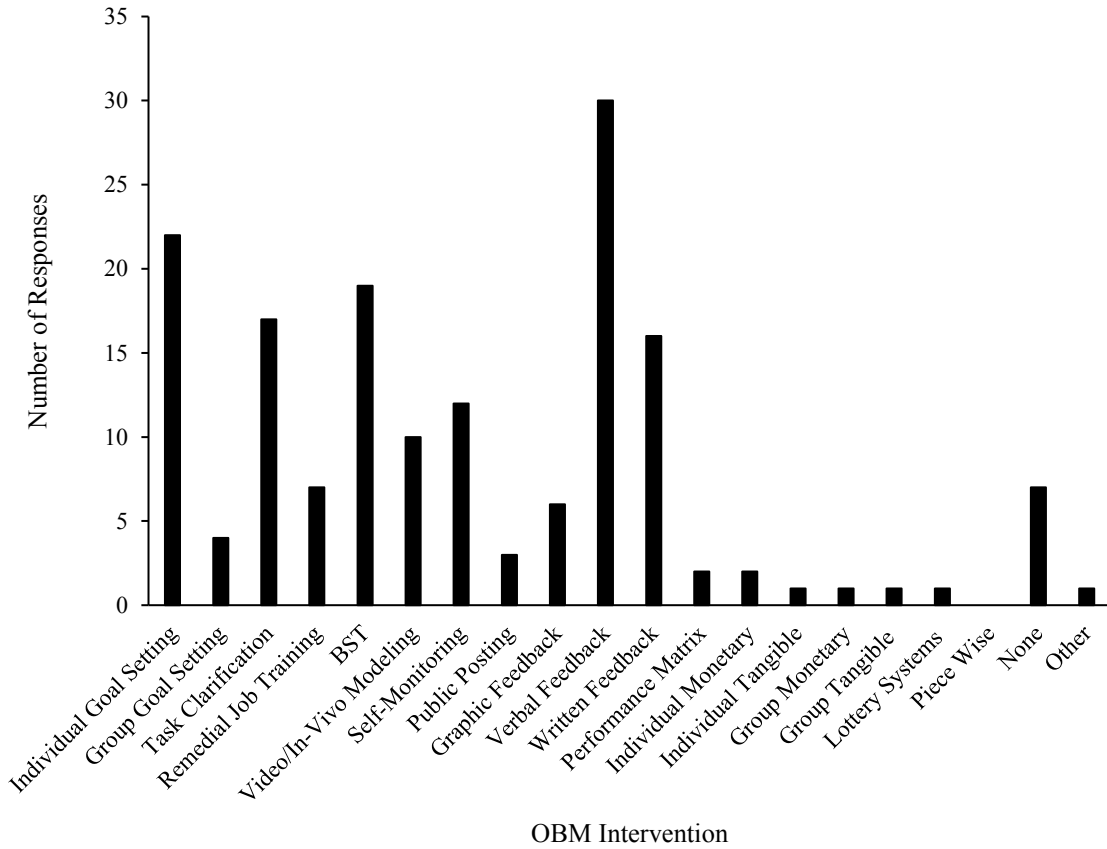*Interventions used by Respondent's Supervisor While Completing Hours for BACB Certification*

Figure 5

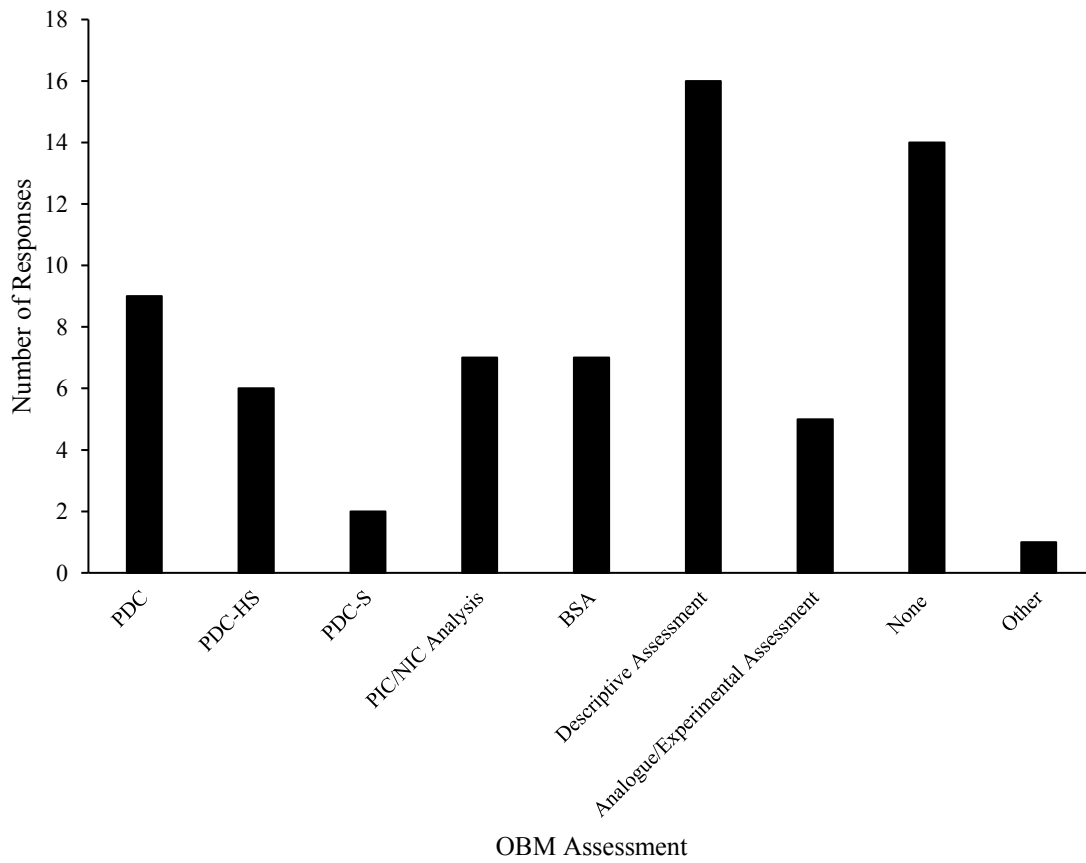*Assessments that Respondents were Trained on While Completing Hours for BACB Certification*

Figure 6

Interventions that Respondents were Trained on While Completing Hours for BACB
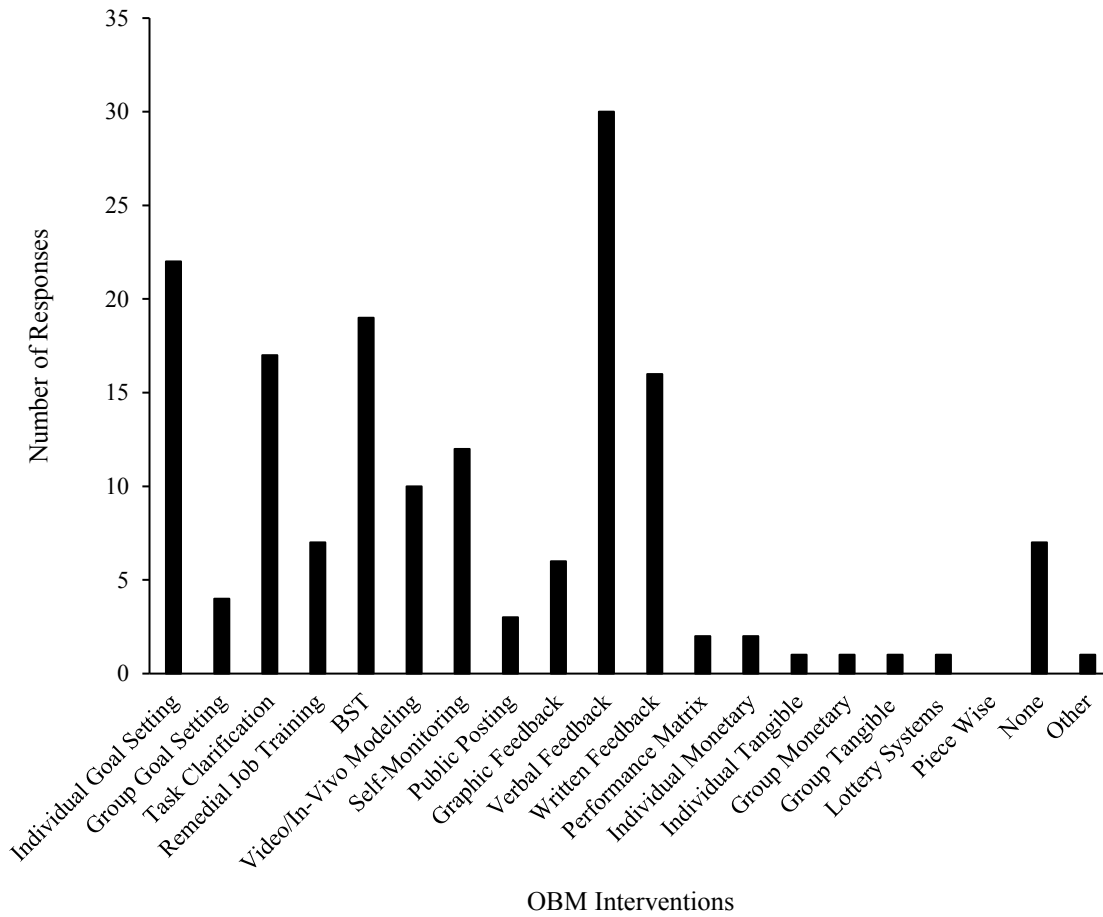
Certification

Figure 7

Respondents Opinion on How Employee Performance Factors Impact the Organization
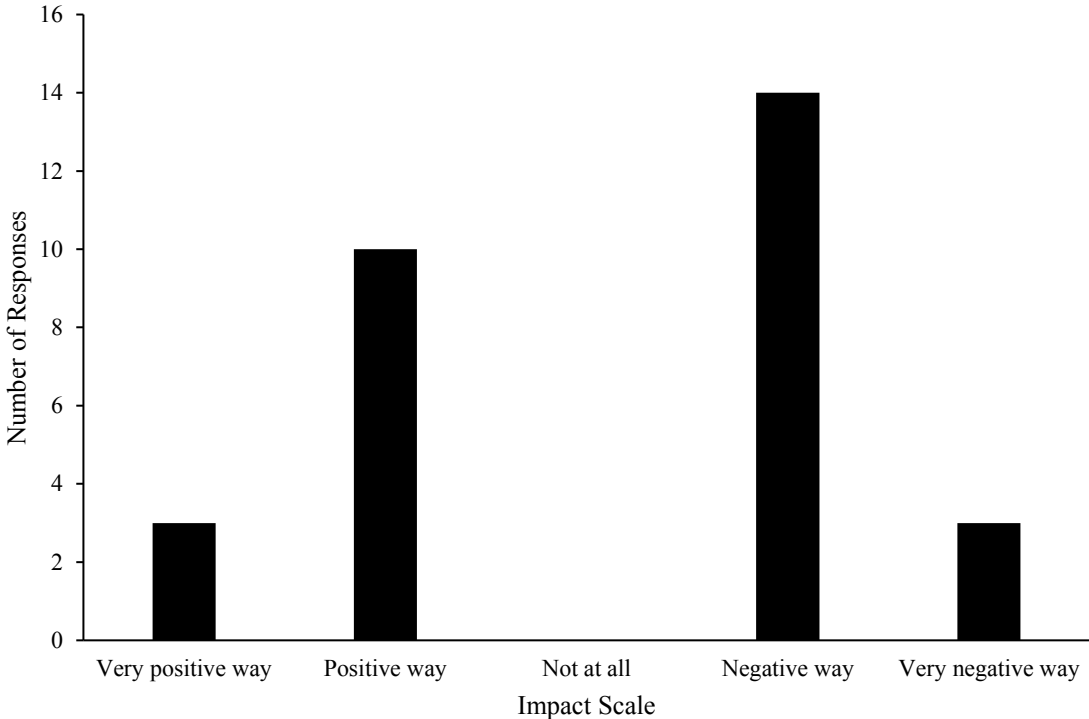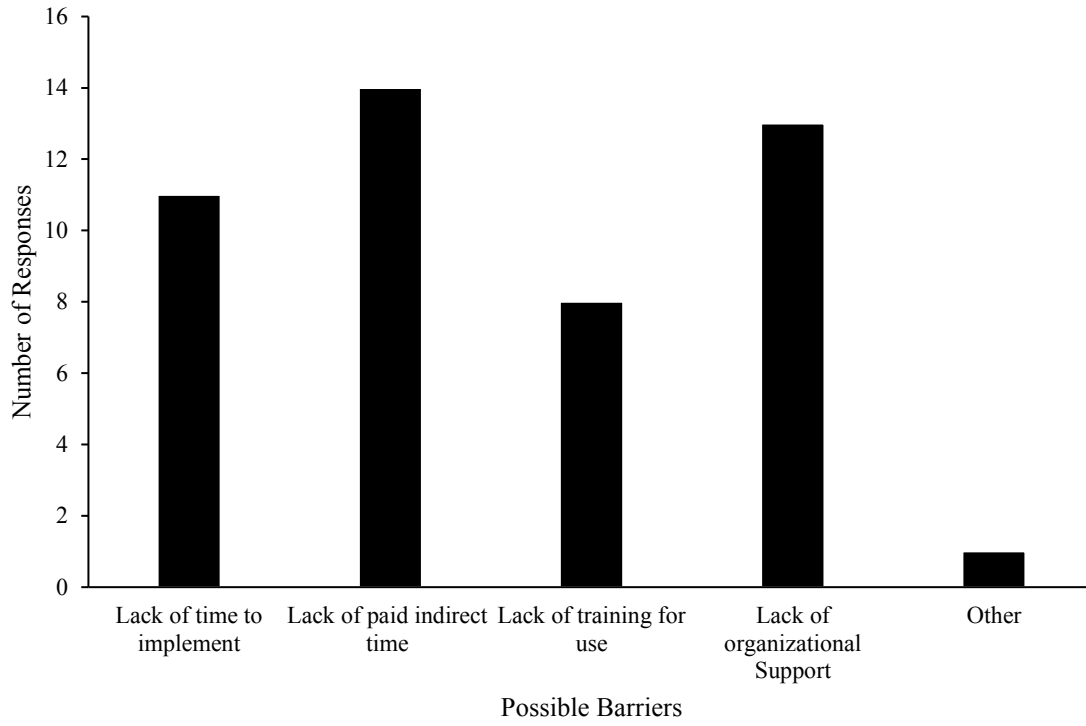
Figure 8

Possible Barriers to the use of OBM Interventions during supervision

Appendix A

IRB Approval Letter

Feb 9, 2022 12:33:34 PM EST

Kris Brown
Psych Sciences and Counseling 141009, Psych Sciences and Counseling 140719

Re: Exempt - Initial - 2022-32 An Investigation of the use of Organizational Behavior Management Practices in ABA Organizations

Dear Dr. Kris Brown:

Youngstown State University Human Subjects Review Board has rendered the decision below for An Investigation of the use of Organizational Behavior Management Practices in ABA Organizations.

Decision: Exempt

Selected Category: Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

Any changes in your research activity should be promptly reported to the Institutional Review Board and may not be initiated without IRB approval except where necessary to eliminate hazard to human subjects. Any unanticipated problems involving risks to subjects should also be promptly
reported to the IRB.

Findings: The researchers are surveying the use of evidence-based organizational behavior management interventions by practicing behavior analysts in autism treatmentwith a 25 question survey that will be sent out electronically. No identifying information will be collected and only aggregate results will be reported.

The IRB would like to extend its best wishes to you in the conduct of this study.

Sincerely,
Youngstown State University Human Subjects Review Board

Appendix B

Informed Consent

The following study aims to assess the use of evidence-based organizational behavior management interventions by practicing behavior analysts in autism treatment. The survey contains 26 items that will take approximately 10 to 15 minutes to complete.

Your participation in this study will help to identify how organizational behavior management strategies are being taught or trained. Your participation will also help determine how often these strategies are used by practicing behavior analysts. These determinations will help advance training methods and feedback.

There are no anticipated risks for your participation. Some of the items ask you to answer yes or no. On others, you will be asked to select a response based on your experience and use of organizational behavior management interventions. Your participation in this study is voluntary. You may exit the survey at any time without penalty or harm. To exit, close the survey browser.

Your privacy is important, and the researchers will handle all information collected about you in a confidential manner. We will report the results of the project in a way that will not identify you (i.e., average scores). Your name and any other identifying information will not be collected.

If you have questions about this research project please contact Bailey Fields at bnfields@student.ysu.edu or Dr. Kris Brown at kjbrown@ysu.edu. If you have questions about your rights as a participant in a research project, you may contact the Office of Research Services, Compliance, and Initiatives at YSU (330-941-2377) or at YSUIRB@ysu.edu.

Do you consent to participate in this study?
        - Yes, I consent
        - No, I do not consent

Appendix C

Survey Items

Demographic Questions

Q1   I am a:

Q2   How long have you been practicing in the field of behavior analysis? __ years.

Q3   What region of the United States are you from?

Q4   Which of the following best describes your current primary position (80% or more of your time) in ABA service delivery?

Q5   In my current position, I primarily (80% or more of year time) supervise:

Q6   In total, how many supervisees are currently under your direction?

Q7   In total, how many client cases are currently under your supervision?

Q8   To the best of your knowledge, what is the size of your organization?

Personal Experience Questions

Q9   Which of the following assessments did your supervisor(s) utilize when providing you supervision while you were completing your coursework and/or field work hours for BACB certification? (*Select all that apply*)

Q10   Which of the following interventions did your supervisor(s) utilize when providing you supervision while you are completing your coursework and/ or field work hours for BACB certification? (*Select all that apply*)

Q11   Which of the following intervention did your supervisor(s) utilize when providing you supervision while you are completing your coursework and/ or field work hours for BACB certification? (*Select all that apply*)

Personal Training Questions

Q12   Did your graduate coursework and applied behavior analysis contain one or more classes on the use of organizational behavior management (OBM) interventions to manage and assess the performance of others (i.e., Organizational Behavior Management, Behavior Systems Analysis, Performance Management in Human Service Settings)?

Q13   Which of the following assessments did you receive formal training on from your supervisor(s) while completing your coursework and/or field work hours for BACB certification? (*Select all that apply*)

Q14   Which of the following interventions did you receive formal training on from your supervisor(s) while completing your coursework and/or hours for BACB certification? (*Select all that apply*)

Q15   Which of the following interventions did you receive formal training on from your supervisor(s) while completing your coursework and/or field work hours for BACB certification?

Use of OBM Interventions

Q16   Over the previous 6 months, how many times have you read literature (i.e., journal articles, books) on the application of organizational behavior management (OBM) interventions to improve staff performance in human services?

Q17	How familiar would you rate yourself with performance assessment measures from the OBM literature such as the PIC/NIC, Behavior Systems Analysis, and/or Performance Diagnostic Checklist?
Q18	Over the previous 6 months, how frequently have you utilized the following assessments in your supervision and management of the technicians providing ABA therapy under your supervision?
Q19	Over the previous 6 months, how frequently have you utilized the following interventions in your supervision and management of the technicians providing ABA therapy under your supervision?
Q20	Over the previous 6 months, how frequently have you utilized the following interventions in your supervision and management of the technicians providing ABA therapy under your supervision?

Ending Questions

Q21	In your opinion, how many employee performance factors (i.e., Employee performance, turnover/ retention, professionalism skills) are affecting the ABA organization you primarily work for?
Q22	I have a system in place to allow those I supervise to have access to records of supervision (i.e., previous scores on treatment integrity, reliability data, attendance, program completion, graphing accuracy, etc.)
Q23	The performance data I collect (i.e., scores on treatment integrity, reliability data, attendance, program completion, graphing accuracy, etc.) is used on formal performance reviews with staff in my organization (by yourself or by others).
Q24	How frequently do you use interventions other than feedback (written feedback, graphic feedback, video modeling, reinforcement for performance, etc.) during your supervision?
Q25	Do you feel as if there are any barriers to your use of Organizational Behavior Management interventions with your technicians during your supervision?
Q26	What do you believe to be the largest barrier to your use of organizational behavior management interventions with your technicians during your supervision? (*Select all that apply)*