A Survey of Factors Contributing to RBT Burnout in ABA Clinics

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A Survey of Factors Contributing to Direct Care Staff Burnout in ABA Clinics

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ABSTRACT

Direct care staff turnover can have significant negative effects on organizations delivering applied behavior analysis (ABA) therapy. For example, direct care staff turnover can hinder quality of services, damage therapeutic relationships, and compromise company resources and infrastructure. Previous research has shown that direct care staff burnout can contribute to staff turnover in ABA organizations. However, little research has focused on burnout with direct care staff, including Registered Behavior Technicians (RBTs), who provide direct ABA services to clients. Information on factors contributing to burnout with direct care staff would be helpful to reduce burnout with the staff working with clients. This, in turn, can inform policies that lead to improved service availability and quality for clients. Therefore, the purpose of this study was to survey practicing direct care staff delivering ABA services to clients to identify contributing factors to burnout. A total of 59 respondents reported job factors, clinical factors, and their level of burnout. Over 50% of respondents agreed with being burnt out at their current job. Over 50% also reported looking for a job elsewhere. Implications for the field and suggestions for changes in employer practices are discussed.

Keywords: *applied behavior analysis, autism, burnout, registered behavior technician, direct care staff*

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A Survey of Factors Contributing to RBT Burnout in ABA Clinics

Applied behavior analysis (ABA) is the application of principles of behavior to problems of social significance (Cooper et al. 2019). ABA is implemented with the goal of understanding why behaviors occur and how to change behaviors to create a positive impact on the recipient's quality of life. Per Baer, Wolf, and Risley (1968), "Applied Behavior Analysis is the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree, and to demonstrate that the interventions employed are responsible for the improvement in behavior" (see Cooper et al. 2019, p. 16).

Seven Dimensions of ABA

ABA has seven core dimensions or characteristics which were first outlined by Baer, Wolfe, and Risley in 1968. Those seven characteristics are: applied, analytic, behavioral, conceptually systematic, effective, technological, and generality. Applied refers to behavior analysis being used on problems of social significance. Behavioral means that behavior analysts use principles that are objective and measurable while focusing on data. ABA is analytic when the experimenter has demonstrated a functional relationship between the independent variable and dependent variables. This is how the experimenter demonstrates control of behavior change. Technological refers to identifying and describing procedures clearly and sufficiently. Conceptually systematic means that procedures or interventions for behavior change must be explained in terms of basic ABA principles. Effective ABA must produce socially significant behavior change. Generality means that behavior change lasts over time, occurs in other environments apart from where it was trained, and enables other behaviors which were not trained. A

behavior change that is maintained after the treatment intervention is no longer in place has generality. These seven core characteristics are important when evaluating what constitutes ABA services. It can also help to identify which interventions are evidence-based versus pseudoscience (non-behavior analytic).

ABA as a Treatment for Autism

ABA has been applied in a variety of contexts such as business, education, and mental health, it is best known as a treatment for symptoms of autism spectrum disorder (ASD). There are decades of research demonstrating the effectiveness of ABA for the treatment of ASD and other neurodevelopmental disorders. Ferster and DeMyer (1962) were one of the first to describe the use of operant principles to treatment symptoms of ASD. In their experiment, three participants with ASD were treated with behavior analytic principles. These participants were young children with ASD who shared common characteristics such as very narrow behavior repertoires. The purpose of this study was to develop a strong reinforcer that would expand the children's behavior repertoires to be more complex. The researchers found one area in each child's current behavioral repertoire to expand using reinforcement for exhibiting these new behaviors. Using conditioned reinforcement, the behavior of all children improved and their behavior repertoires became more complex, not as complex as typically developing children, but closer than before. The results of this study demonstrated the possibility of using techniques of operant reinforcement to maintain and expand the behavior repertoire of children with ASD. The study also showed how close control over environmental variables could be used to change the behavior of children.

ABA became more well known as a treatment for individuals with ASD when Lovaas published his seminal study on the use of intense ABA to treat symptoms of ASD in 1987. In Lovaas's study, 47% of clients who received intensive ABA therapy achieved typical intellectual functioning and succeeded in first grade as opposed to 2% in the control group. Lovaas conducted many other studies during his time researching and applying ABA principles with individuals with autism. "His studies indicated that many children who received early intensive ABA made dramatic gains in development" (Smith & Eikeseth, 2011). ABA continues to generate improvements with behavior change for individuals with autism. Since Lovaas's initial study on the use of intensive ABA for treating symptoms of ASD, several meta-analyses have demonstrated the effectiveness of ABA for ASD (citation here).

Since ABA has been established as an effective treatment for ASD, ABA service delivery has expanded to the point it is now a regulated therapy. The Behavior Analyst Certification Board (BACB) is the national board that regulates the practice of ABA as a profession. BACB certified practitioners are called Board Certified Behavior Analysts® (BCBA). A BCBA is a certified practitioner who has graduate training in the use of ABA. BCBAs are required to obtain a master's degree, gain 1500-2000 hours of supervised experience, and pass a nationally standardized test to receive certification. Several states also have certifications and licensure laws that are used to credential behavior analysts practicing in their jurisdiction. The BACB and state boards protect the public be developing ethical guidelines, investigating complaints, and responding to practice needs.

ABA Service Delivery Model

The service delivery model used in ABA therapy for ASD is unique. In ABA therapy programs, the BCBA is the certified practitioner who is responsible for the client's services. Although BCBAs are certified, they are typically not the individuals who provide the service to clients in their care. The delivery of direct services to the client in ABA therapy is usually carried out by a paraprofessional staff. The BACB also credentials these staff, called, Registered Behavior Technician® (RBT), who implement ABA under a BCBAs direction. The RBT is a paraprofessional/direct care staff who is responsible for working under the direction of a BCBA. The direct services delivered by the RBT are developed, monitored, and updated by the BCBA. The BCBA and RBT work together to deliver ABA therapy to the client. For the purposes of this review, RBTs and direct care staff will be collectively referred to "direct care staff".

Since RBTs are the individuals delivering the services to clients, training them is an essential part of effective service delivery. Per Leaf and colleagues (2017) "given that the RBTs will most likely be spending the majority of hours with a client, it would be important for them to have a basic understanding of various procedures so that they do not implement non-evidence-based procedures" (p. 158). The RBT or direct care staff is also responsible for working strictly in their role and understanding their role by adhering to the RBT Code of Ethics outlined by the BACB (BACB, 2021). RBTs are also responsible for graphing data, documenting progress in treatment with clients and are required to coordinate with other professionals and families of clients.

Ongoing Supervision for Direct Care Staff

The BCBA is responsible for providing the RBTs or other direct care staff with supervision to ensure that clients receive quality treatment as designed. For this reason, RBTs are required by the BACB to receive supervision on at least 5% of their monthly hours spent with clients. For example, if a direct care staff member worked 100 hours in a month with a client, they would need 5 hours of supervision with a BCBA. The supervision should aid the RBT with delivering ABA therapy as designed by the supervisor. Supervision is required to be documented by both the BCBA and RBT, and feedback from BCBAs should note progress in supervision for RBTs under their direction.

Quality of Supervision

As mentioned, it is important for BCBAs to provide supervision to direct care staff so the best services possible can be delivered to clients. The quality of supervision, however, is a major variable to consider when assessing the quality of services. The quality of supervision delivered to RBTs and/or direct care staff has been researched extensively by individuals to field of ABA. To examine the training experiences of ABA practitioners, DiGennaro and Henley (2015) conducted a survey of staff training and performance management. The purpose of this study was to inquire and document the various types of staff and supervisory training and performance management procedures offered to BACB certificants working in applied settings. This included individuals with master's degrees, doctoral degrees, BCBAs, ABA consultants, and direct care staff. Results indicated that approximately half of the respondents indicated that upon hire at their current place of employment they received an initial orientation or training before

working independently. This is concerning because nearly half did not receive an initial orientation or training before working independently. The authors also examined which type of training was reported by participants. These included instructions, verbal instruction, role-play or rehearsal instruction, and practice working with actual clients. The most reported training method was verbal instruction and the least reported training method was practice working with actual clients. This is also concerning because before working independently in the field providing services, one should have experience working with actual clients. Nearly 30% of respondents reported that their current place of employment did not offer ongoing training after the hiring process. While providing therapy in applied settings, ongoing training is essential to continually provide quality services. Ongoing training with performance feedback can shape the behavior of staff and ensure the clients are receiving the best therapy treatment.

A total of 75% of respondents reported that their current role within their company was to supervise other staff members. Of those, 66% did not receive training on effective supervision practices. The lack of supervisory training can create damage to the infrastructure of an organization providing therapy services to clients with ASD or other developmental disabilities. If supervisors are not adequately trained on supervision practices, then the supervisees receiving supervision are negatively impacted by less quality supervision. This less quality supervision leads to direct care staff providing less quality direct services.

Sellers and colleagues (2019) expanded the research on supervisory practices of trainees by conducting a survey on BCBA supervisory practices with trainees, barriers to implementing practices, and areas for improvement. The results of their study indicate

that BCBAs supervising trainees are implementing many practices associated with high-quality supervision, but there are areas for improvement. The authors indicated five main areas of success and five main areas for improvement of supervisory practice. The five areas of success included: using a contract, evaluating supervisory capacity, setting clear expectations for job responsibilities, employing a range of performance evaluation strategies, and incorporating ethics and previous literature. The five main areas for improvements included: setting clear expectations for receiving feedback, ongoing evaluation of the supervisory relationship, using competency-based evaluation and tracking outcomes, directly assessing, and teaching professionalism skills, and obtaining feedback from supervisees on supervisory practices. BCBAs are responsible for providing quality therapy for clients in applied settings but are also tasked with the responsibility to provide quality supervision to direct care staff.

Burnout in ABA

Direct care staff burnout and turnover is an issue for ABA organizations for a multitude of reasons. Direct care staff becoming burnt out can lead to turnover within ABA organizations. This, in turn, leads to less quality services, damage to therapeutic relationships with clients and stakeholders, and damages to the company's infrastructure. Staff turnover diminishes the quality of services because when a client abruptly loses their primary direct care staff, there may not be another available staff who knows the client well. Therefore, a new direct care staff must start fresh with this client. To develop a successful therapeutic relationship, the new direct care staff member must build a rapport with the client. This is done through pairing, a technique used in Applied Behavior Analysis (ABA) to help form and maintain rapport with a child by combining

(i.e., pairing) the learning environment and the staff with already established reinforcers (Autism Society of North Carolina, 2017). However, having to have a new staff pair repeatedly can cause reductions in the amount of time staff spend implementing treatment. This cycle of staff turnover can impair clients' progress in therapy.

Direct care staff turnover could also impact on the therapeutic relationship with the client's family. The family could become upset or frustrated due to a halt in the client's progress which is impacted by staff turnover. The family could lose faith or trust with the ABA organization or company servicing their child. Direct care staff turnover can also produce negative effects within the company's infrastructure. When direct care staff leave, they need to be replaced and this could cause the company to allocate more resources to train new staff. The company may be forced to shuffle staff around in order to accommodate client needs. If a client requires an experienced direct care staff, but the only replacement within the company at the time is an inexperienced staff member then the company may need to rearrange the staff and the clients they serve. Therefore, either the company replaces experienced staff with inexperienced staff, which could worsen the quality of services, or they rearrange staff which could negatively impact multiple cases at a time.

To reduce direct care staff turnover, it is important to understand what leads to it in the first place. "Given the challenging nature of the position, it is not surprising that researchers have found that BTs self-report high levels of job stress and burnout and low levels of job satisfaction and personal accomplishment, (Griffith et al., 2014; Hurt et al., 2013; Jennett et al., 2003), which have all been correlated with voluntary employee turnover in other professions" (see Billingsley, 2004). In 2015, Kazemi and colleagues

conducted research on predictors of intention to burnout in behavior technicians working with individuals with ASD. The authors identified company benefits/pay, job training, supervision, and hours scheduled as predictors for burnout by surveying 96 behavior technicians. The authors found that about 38% of participants reported that they were highly likely or somewhat likely to leave their job. Novak and Nixon (2019) also conducted research on predictors of burnout with behavior technicians working with individuals with ASD. The predictors outlined by Novak and Nixon were consistent with Kazemi et al. (2015) and included various employee variables and organizational variables. Employee variables included demographic variables, attitude towards ASD, self-efficacy, personality traits, etc. Organizational variables included pay, hours, benefits, job satisfaction, supervisory support, work demands, and training.

Identification of the Problem

ABA is unique because services are delivered by direct care staff under supervision of a BCBA. Previous research has shown that burnout can lead to staff shortages and negatively impact treatment. Identifying the contributing factors leading to burnout would be beneficial for practitioners and ABA organizations to help reduce burnout and staff turnover within their company. This could allow for clinicians and organizations to make changes that could reduce burnout and keep RBTs in the field of ABA. Therefore, the purpose of this study is to expand on previous research and identify the factors contributing to burnout in direct care staff providing ABA therapy to individuals with ASD.

Method

Participants

Participants were 59 direct care staff recruited through posts on various ABA-oriented social media pages. The survey was approved by Youngstown State University's Institutional Review Board (IRB #2023-154).

Materials

A survey created by the author was utilized to gain information used to answer the research question. The survey contained 44 total questions that were split into 5 sections. These sections were demographic questions, questions related to job factors, questions related to supervisory relationships, questions related to company benefits/factors, and questions related to job satisfaction and burnout. Question one of the survey is acquiring informed consent, where participants must select "Yes, I consent" to continue after reading a brief description about the survey. If participants did not consent, they would select "No, I do not consent" and the survey would close. The participants' information remained anonymous. There was no personal information collected from the participants. The remaining contents of the survey is 43 questions on various factors that apply to direct care staff working with individuals with ASD.

Procedure

The posts on each social media page were posted by the author and contained a link to the survey. When the respondent clicked the link, they were taken to the survey page hosted by Youngstown State University's Qualtrics website. On arrival, respondents were directed to a page where a brief description of the survey was provided. The respondents were asked if they consented to participate. If they clicked "no", the survey

ended. If the respondent clicked "yes", they were directed to the survey. Questions were presented 3-4 at a time, after which a new page appeared with 3-4 questions until all had been administered. The survey began by collecting demographic information then proceeded to ask about job factors, company benefits/factors, supervisory relationships, job satisfaction, and burnout. All questions were selection-based. Some questions were Likert scales (1-5) while others asked respondents to select one or more of the best answers for the question.

Data Analysis

Questions were scored based on the number of respondents who selected a response out of the total responses on each question. Data were compared across questions and summarized in bar graph form for ease of analysis.

Results

Demographic Questions

Of the 61 respondents who clicked the survey link, 59 (96.7%) consented to the survey. For the question, "Are you currently working in the field of ABA", a total of 55 (93.2%) respondents indicated yes and 4 (6.7%) indicated no. Of the 59 respondents, 7 (11.8%) identified as a man, 49 (83%) identified as a woman, 2 (3.3%) identified as non-binary, and 1 (1.7%) declined to respond. No respondents reported identifying as transgender. When asked about their ethnicity, 40 (67.8%) respondents reported white/Caucasian, 8 (13.6%) were Hispanic, 6 (10.2%) were black/African American, 2 each (3.4%) were Asian/Pacific Islander and Alaskan Native, and 1 (1.7%) reported a different ethnicity. The largest age group reported was 25-34 years (N=34, 57.6%), followed by 18-24 years (N=16, 27.1%), and 35-44 years (n=6, 10.2%). Three (5.1%)

reported an age between 45-54 and no respondents reported an age greater than 55 years. When asked, “Which of the following credentials do you hold?”, Registered Behavior Technician was the most frequently endorsed endorsed option (N=49, 83.1%), followed by Applied Behavior Analysis Technician (N=1, 1.7%). A total of 5 respondents (8.5%) reported other, and 4 (6.8%) reported no specific credential, and zero respondents reported certification as a Board Certified Autism Technician. Table 1 displays results for the other demographic questions in the survey.

Job Factors Questions

For the question, “How many clients are you regularly scheduled (i.e., planned) to work with weekly?” a total of 8 (13.6%) respondents reported being regularly scheduled with 1 client each week, 18 (30.5%) indicated they are regularly scheduled with 2 clients each week, 10 (16.9%) reported being regularly scheduled with 3 clients each week, 9 (15.3%) reported being regularly scheduled with 4 clients each week, and lastly 14 (23.7%) reported being regularly scheduled with 5 or more clients each week. When asked, “What setting(s) do you provide ABA services to clients in?” 40 (67.8%) respondents selected clinic, 28 (47.5%) respondents selected home, 18 (30.5%) selected school, 6 (10.2%) reported working in the community, 1 (1.7%) respondent reported other and no respondents indicated working vocationally. Of the 59 respondents to the question, “How many hours are you scheduled each week?” 9 (15.3%) indicated working 10-20 hours per week, 13 (22%) reported 21-30 hours per week, 26 (44.1%) reported 31-39 hours per week, and 11 (18.6%) reported 40 hours or more. For the question, “Do you share a client with another direct care staff (i.e., switch throughout the day, switch throughout the week)?” 36 (61%) respondents indicated all of their cases are shared with

another technician, followed by 16 (27.1%) sharing some but not all cases with another technician (*n*=16, 27.1%), and 7 (11.9%) reported as the only technician working the client(s). When asked, “Do any of your clients you work with exhibit dangerous maladaptive behavior?” 13 (22%) reported all their clients exhibit dangerous maladaptive behavior, 38 (64.4%) reported some but not all clients exhibit dangerous maladaptive behavior, and 8 (13.6%) reported none of their clients exhibit any dangerous maladaptive behavior. When asked,” How often do you provide service to more than one client at the same time?” 37 (62.7%) indicated never working with two clients at once, 9 (15.3%) reported working with more than one client at a time less than once per week, 4 (6.8%) reported this occurring 1-2 days per week, 6 (10.2%) indicated 3-4 days per week, and 3 (5.1%) reported 5 or more days per week working with more than one client at once.

When asked, “To the best of your knowledge, which of the following describes the type or structure of the company you work most of your hours with currently?”, 14 (23.7%) respondents reported working for a chain or company with multiple sites, 16 (27.1%) reported working for a private company with multiple sites, 17 (28.8%) reported working for a private company with one site, 2 (3.4%) reported being unsure with the structure of the company, and 10 (16.9%) reported other. Of the 59 respondents asked “To the best of your knowledge, which of the following describes the ownership at the company you work most of your hours currently?”, 26 (44.1%) reported their company is owned by a BCBA or BCBA-D, 13 (22%) reported the company is owned by an individual(s) who are not a mental health professional, 8 (13.6%) reported the company is owned by a parent company or holding company, 6 (10.2%) reported being unsure about the ownership of the company, followed by 5 (8.5%) reporting other and 1(1.7%)

reporting working for a company owned by a psychologist or other mental health professional who is not a BCBA or BCBA-D.

Supervisory Relationship Questions

When asked “In hours, what is the total duration of time ALL your supervisors spend providing direct supervision to you on your case(s) per week?”, 12 (20.3%) reported receiving less than 1 hour per week of direct supervision, 5 (8.5%) reported 1 hour per week, 19 (32.2%) reported 2 hours per week, 9 (15.3%) reported 3 hours per week, and 14 (23.7%) reported 4 or more hours of direct supervision per week. When asked, “In total, how many times do ALL your supervisors meet with you to provide direct supervision while your client is NOT present each week (i.e., 1 on 1 supervisor meetings, group supervision meetings, etc.)”, 35 (59.3%) reported 0 visits per week, 13 (22%) reported 1 visit per week, 9 (15.3%) reported 2 visits per week, followed by 2 (3.4%) reported 3 visits per week, and no respondents indicated 4 or more visits per week. Of the 59 respondents to the question, “What type of feedback do you receive during supervision?”, 56 (94.9%) indicated verbal feedback, 32 (54.2%) indicated written feedback, 31 (52.5%) indicated feedback via modeling, 5 (8.5%) indicated graphic feedback, followed by 1 (1.7%) indicated mechanical feedback, and 2 (3.4%) indicated other types of feedback. When presented the statement, “I am given feedback on things I am doing correctly during supervision with my BCBA.”, 35 (59.3%) strongly agree, 16 (27.1%) somewhat agree, 2 (3.4%) neither agree nor disagree, 5 (8.5%) somewhat disagree, and 1 (1.7%) strongly disagree. When presented the statement, “My BCBA communicates with me regarding program changes and client updates.”, 26 (44.1%) strongly agree, 17 (28.8%) somewhat agree, 6 (10.2%) neither agree nor disagree, 7

(11.9%) somewhat disagree, and 3 (5.1%) strongly disagree. Of the 59 respondents presented with the statement "My supervisor asks me for feedback on their performance as a supervisor.", 9 (15.3%) reported often, 3 (5.1%) reported always, 14 (23.7%) reported sometimes, 14 (23.7%) reported rarely, and 19 (32.2%) reported this never occurs. When presented the statement, "My supervisor provides effective supervision that helps me develop my skills as a behavior technician.", 22 (37.3%) strongly agree, 20 (33.9%) somewhat agree, 7 (11.9%) neither agree nor disagree, 9 (15.3%) somewhat disagree, and 1 (1.7%) strongly disagree.

Company Benefits/Factors Questions

Of the 59 respondents to the question, "Do you have a non-compete clause at your current place of employment?", 4 (6.8%) reported yes, 39 (66.1%) reported not having a non-compete clause, and 16 (27.1%) reported not sure. When asked the question, "How are you paid currently?", 50 (84.7%) reported hourly pay and 9 (15.3%) reported salary pay. When asked the question, "What is your current pay rate?", 7 (11.9%) reported earning $26 or more per hour, 5 (8.5%) reported earning $24-$25.99 per hour, 13 (22%) reported earning $22-$23.99 per hour, 19 (32.2%) reported earning $20-$21.99 per hour, 4 (6.8%) reported earning $18-$19.99 per hour, 7 (11.9%) reported earning $16-$17.99 per hour, 4 (6.8%) reported earning $14-$15.99 per hour, and no respondents reported earning $13.99 or lower per hour. Of the 59 respondents asked the question, "How often are you paid?", 47 (79.7%) reported bi-weekly, 2 (3.4%) reported weekly, and 10 (16.9%) reported other. When asked the question, "How satisfied are you with your current pay?", 6 (10.2%) reported very satisfied, 17 (28.8%) reported satisfied, 11 (18.6%) reported neither satisfied nor dissatisfied, 21 (35.6%) reported dissatisfied, and 4

(6.8%) reported very dissatisfied. Of the 59 respondents to the question, “Does your company provide healthcare for behavior technicians?”, 29 (49.2%) reported full coverage, 19 (32.2%) reported partial coverage, and 11 (18.6%) reported no coverage. Of the 59 respondents asked the question, “Does your company provide paid time off (PTO) for behavior technicians?”, 47 (79.7%) indicated yes and 12 (20.3%) indicated no. For the question, “Does your company provide mental health days for behavior technicians?”, a total of 14 (23.7%) indicated yes and 45 (76.3%) indicated no. Of the 59 respondents asked the question, “Does your company offer 401k or retirement benefits for behavior technicians?”, 36 (61%) indicated yes and 23 (39%) indicated no. Of the 59 respondents asked the question, “Does your company offer tuition reimbursement for behavior technicians?”, 4 (6.8%) indicated full reimbursement, 9 (15.3%) indicated partial reimbursement, and 46 (77.9%) indicated no reimbursement.

Job Satisfaction and Burnout

When presented the statement, “I enjoy my job as a behavior technician.”, 26 (44.1%) strongly agree, 22 (37.3%) somewhat agree, 2 (3.4%) neither agree nor disagree, 6 (10.2%) somewhat disagree, and 3 (5.1%) strongly disagree. When presented the statement, “I feel my work has a positive impact on the clients I serve.”, 43 (72.9%) strongly agree, 13 (22%) somewhat agree, 1 (1.7%) reported neither agree nor disagree, 2 (3.4%) somewhat disagree, and no respondents strongly disagree. When presented the statement, “I feel the culture at my place of employment has a positive impact on my performance.”, 17 (28.8%) strongly agree, 15 (25.4%) somewhat agree, 9 (15.3%) neither agree nor disagree, 9 (15.3%) somewhat disagree, and 9 (15.3%) strongly disagree. When presented the statement, “I am appreciated by the caregivers and families of the clients I

serve.”, 34 (57.6%) strongly agree, 14 (23.7%) somewhat agree, 9 (15.3%) neither agree nor disagree, 1 (1.7%) reported somewhat disagree and 1 (1.7%) reported strongly disagree. Of the 59 respondents presented the statement, “I am appreciated by my supervisors at my place of employment.”, 19 (32.2%) strongly agree, 26 (44.1%) somewhat agree, 5 (8.5%) neither agree nor disagree, 4 (6.8%) somewhat disagree, and 5 (8.5%) strongly disagree. When presented the statement, “I feel burnt out at my current job.”, 14 (23.7%) strongly agree, 17 (28.8%) somewhat agree, 10 (16.9%) neither agree nor disagree, 8 (13.6%) somewhat disagree, and 9 (15.3%) strongly disagree. Of the 59 respondents asked the question, “Are you currently looking for a new job?”, 19 (32.2%) reported yes looking for a new job within the field of ABA, 12 (20.3%) reported yes looking for a new job outside of the field of ABA, and 28 (47.5%) reported not looking for a new job.

Discussion

The purpose of the current survey was to build on previous research that identified contributing factors leading to burnout with BCBAs, by examining reports of RBTs and direct care staff in the field of ABA. A total of 52.5% of respondents reported burnout in their current position. Additionally, 52.5% of the participants reported looking for a new job (inside and outside of ABA). The percentage of participants who reported looking for a new job in this survey is higher than the 38% of participants who reported highly or somewhat likely to leave their jobs in the article published by Kazemi and colleagues (2015). Interestingly, only 20.3% of participants who reported looking for a new job indicated they were looking for a job outside the field of ABA. This could indicate participants feeling burnt out with their current position, organization, or case

load, but not necessarily burnt out with the field of ABA. Another related factor could be the high percentage of respondents who indicating they have at least some clients they serve engaging in dangerous maladaptive behavior (86.4%). Of these, 13 (22%) reported providing ABA services *strictly* to clients engaging in dangerous maladaptive behaviors.

A majority (61%) of respondents reported not being satisfied with their current pay. Providing services to clients with ASD engaging in dangerous maladaptive behaviors can be very stressful, and not being satisfied with pay could lower motivation in direct care staff leading to staff turnover. Staff turnover creates problems for organizations, including the possibility of reducing the quality of services provided to clients. One solution for organizations looking to lower the chances of direct care staff wanting to look for a new job is to provide mental health days and other supports to reduce stress. In the current survey, 76.3% indicated they received no mental health days as a benefit for their position as direct care staff. A total of 12 (20.3%) respondents reported the organization they currently work for does not offer PTO for direct care staff. This is concerning when understanding the stress that comes from working as direct care staff providing ABA services to clients with ASD. If direct care staff are given opportunities to take mental health days or time off without losing out on pay, this could reduce the chances of the effects of burn out and subsequently reduce staff searching for a new job.

There were other factors reported by the respondents that did not have to do with pay or paid time off. Almost half of the participants (45.8%) reported that the environment that they currently work in does not have a positive impact on their performance. This factor could be impacting the direct care staff and their decision to

look for a new job. The current survey did not poll respondents about what specific issues caused a poor working environment. However, these could be numerous and include supervisor relationships, coworker relationships, and poor organizational practices. Future research should investigate factors that contribute to a positive work culture that impacts the performance of direct care staff working in the field of ABA.

Although paid time off and mental health days are important benefits, they do not account for providing better support to technicians while working in their day-to-day work. About 29%. Of respondents indicated receiving two or less hours per week of supervision. This amount of supervision is likely insufficient for direct care staff who work with clients exhibiting significant maladaptive behaviors. Per BACB guidelines, this amount of supervision would be minimally sufficient for 20 hours of direct work per week. When asked if their supervising BCBA asks for feedback on their performance, over 50% reported this rarely or never occurs. When asked if their supervisor provided effective supervision that helped develop their skills as a behavior technician.", 17% disagreed. Clearly, supervision is an area that can be improved to reduce some of the perceived stress and burnout experienced by technicians working in ABA.

Limitations

This study's potential limitations first include the limited distribution on social media platforms. Future research should not only distribute survey research via social media, but inside ABA organizations directly. The limitation with distribution impacted the number of participants acquired, 59 participants, which was lower than previous survey research completed by Kazemi and colleagues (2015) who acquired 96 participants. The original number of participants acquired was 89, but 28 participants did

not complete the survey, so their results were not included in the study. Another possible limitation. Another limitation involves the lack of explanation for responses selected involving job satisfaction and burnout. These questions were scored on a Likert rating scale which forces participants to select from pre-designed choices. Future research could investigate gaining more specific information on the work experience of technicians that lead burnout and job stress. One major limitation of any survey is that they are based on self-reports and are not actual samples of behavior. This has the potential to limit the generality of findings. However, survey methods were appropriate given the research question. This is especially important with questions asked about staffs' opinion on supervisors' skills or programming. Direct care technicians may not always be aware of the clinical rationale for specific decisions made in programming.

Directions for Future Research

To date, several studies have been completed, in which direct care staff completes surveys on their training and supervisory experiences. Research in which the amount and quality of supervision could be correlated with actual data on staff attrition would be helpful to understanding what modalities of supervision work. Likewise, research on effective supervision practices should seek to report perceived burnout and attrition of staff as a measure of the quality of supervisory supports technicians receive during their work. Additional research on system wide support systems spread through organizations might also help companies that are looking to implement such strategies to scale them more quickly and implement them based on what has worked in the past. This, in turn, might help address the needs of technicians more quickly than having companies use trial and error to set up systems on their own.

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Table 1

Demographics

	N	%
Are You Currently Working in the Field of ABA		
Yes	55	93.2
No	4	6.7%
What is Your Gender Identity?		
Man	7	11.8%
Woman	49	83.0%
Transgender	0	0.0%
Non-binary	2	3.3%
Other	0	0.0%
Prefer Not to Say	1	1.6%
What is Your Ethnicity?		
American Indian or Alaska Native	2	3.4%
Asian / Pacific Islander	2	3.4%
Hispanic	8	13.6%
Black / African American	6	10.2%
White / Caucasian	40	67.8%
Other	1	1.7%
Age Ranges		
18-24	16	27.1%
25-34	34	57.6%
35-44	6	10.2%
45-54	3	5.1%
55+	0	0%
Which of the following credentials do you hold?		
Registered Behavior Technician (RBT)	49	83.1%
Applied Behavior Analysis Technician	1	1.7%
Board Certified Autism Technician	0	0%
Other	5	8.5%
No specific credential other than direct care staff	4	6.8%
How long have you been working in the field of ABA as direct care staff?		
Less than 1 year	8	13.6%
1-2 years	19	32.2%
3-5 years	22	37.3%
6-8 years	8	13.6%
8-10 years	0	0%
More than 10 years	2	3.4%

Table 1 (continued)

Demographics

	N	%
What is your highest education level		
High School	2	3.4%
Some College	15	25.4%
Bachelor’s degree	28	47.5%
Master’s degree	14	23.7%
Doctoral degree	0	0%

Table 2

Job Factor Questions

	N	%
How many clients are you regularly scheduled to work with weekly?		
Regularly scheduled with 1 client each week	8	13.6%
Regularly scheduled with 2 clients each week	18	30.5%
Regularly scheduled with 3 clients each week	10	16.9%
Regularly scheduled with 4 clients each week	9	15.3%
Regularly scheduled with 5+ clients each week	14	23.7%
What setting(s) do you provide ABA services to clients in?		
Clinic	40	67.8%
School	28	47.5%
Home	18	30.5%
Community	6	10.2%
Other	1	1.7%
Vocational	0	0%
How many hours are you scheduled each week?		
10-20 hours	9	15.3%
21-30 hours	13	22%
31-39 hours	26	44.1%
40 hours or more	11	18.6%
Do you share a client with another direct care staff?		
All cases shared with another technician	36	61%
Some, but not all cases shared with another technician	16	27.1%
Only technician working the case	7	11.9%
Do any of your clients you work with exhibit dangerous maladaptive behavior?		
All clients exhibit dangerous maladaptive behaviors	13	22%
Some, but not all clients exhibit dangerous maladaptive behaviors	38	64.4%
None of the clients exhibit dangerous maladaptive behaviors	8	13.6%
How often do you provide service to more than one client at the same time?		
Never worked with 2 clients at once	37	62.7%
Less than once per week	9	15.3%
1-2 days per week	4	6.8%
3-4 days per week	6	10.2%
5 or more days per week	3	5.1%

Table 2 (continued)

Job Factor Questions

	N	%
Which describes ownership structure of the company you work for?		
Owned by BCBA or BCBA-D	26	44.1%
Individual(s) who are not mental health professionals	13	22%
Unsure about ownership	6	10.2%
Owned by a parent company or holding company	8	13.6%
Owned by a psychologist or mental health professional who is not a BCBA or BCBA-D	1	1.7%
Other	5	8.5%

Table 3

Supervisory Relationships

	N	%
In hours, what is the total duration of time ALL your supervisors spend providing direct supervision to you on your case(s) per week?		
Less than 1 hour	12	20.3%
1 hour per week	5	8.5%
2 hours per week	19	32.2%
3 hours per week	9	15.3%
4 hours or more per week	14	23.7%
In total, how many times do ALL your supervisors meet with you to provide direct supervision while your client is NOT present each week		
0 visits per week	35	59.3%
1 visit per week	13	22%
2 visits per week	9	15.3%
3 visits per week	2	3.4%
4 or more visits per week	0	0%
What type of feedback do you receive during supervision?		
Verbal Feedback	56	94.9%
Written Feedback	32	54.2%
Feedback via Modeling	31	52.5%
Graphic Feedback	5	8.5%
Mechanical Feedback	1	1.7%
Other	2	3.4%
I am given feedback on things I am doing correctly during supervision with my BCBA.		
Strongly Agree	35	59.3%
Somewhat Agree	16	27.1%
Neither agree nor disagree	2	3.4%
Somewhat Disagree	5	8.5%
Strongly Disagree	1	1.7%
My BCBA communicates with me regarding program changes and client updates.		
Strongly Agree	26	44.1%
Somewhat Agree	17	28.8%
Neither Agree nor Disagree	6	10.2%
Somewhat Disagree	7	11.9%
Strongly Disagree	3	5.1%
My supervisor asks me for feedback on their performance as a supervisor.		
Often	9	15.3%
Always	3	5.1%
Sometimes	14	23.7%
Rarely	14	23.7%
Never	19	32.2%

Table 3 (continued)

Supervisory Relationships

	N	%
My supervisor provides effective supervision that helps me develop my skills as a behavior technician.		
Strongly Agree	22	37.3%
Somewhat Agree	20	33.9%
Neither Agree nor Disagree	7	11.9%
Somewhat Disagree	9	15.3%
Strongly Agree	1	1.7%

Table 4

Company Benefits/Factors Questions

	N	%
Do you have a non-compete clause at your current place of employment?		
Yes	4	6.8%
No	39	66.1%
Not Sure	16	27.1%
How are you paid currently?		
Hourly	50	84.7%
Salary	9	15.3%
What is your current pay rate?		
$26 or more per hour	7	11.9%
$24-$25.99 per hour	5	8.5%
$22-$23.99 per hour	13	22%
$20-$21.99 per hour	19	32.2%
$18-$19.99 per hour	4	6.8%
$16-$17.99 per hour	7	11.9%
$14-$15.99 per hour	4	6.8%
$13.99 or lower per hour	0	0%
How often are you paid?		
Weekly	2	3.4%
Bi-Weekly	47	79.7%
Other	10	16.9%
How satisfied are you with your current pay?		
Very Satisfied	6	10.2%
Satisfied	17	28.8%
Neither Agree nor Disagree	11	18.6%
Dissatisfied	21	35.6%
Very Dissatisfied	4	6.8%
Does your company provide healthcare for behavior technicians?		
Full coverage	29	49.2%
Partial coverage	19	32.2%
No coverage	11	18.6%
Does your company provide paid time off (PTO) for behavior technicians?		
Yes	47	79.7%
No	12	20.3%
Does your company provide mental health days for behavior technicians?		
Yes	14	23.7%
No	45	76.3%
Does your company offer 401k or retirement benefits for behavior technicians?		
Yes	36	61%
No	23	39%

Table 4 (continued)

Company Benefits/Factors Questions

	N	%
Does your company offer tuition reimbursement for behavior technicians?		
Full reimbursement	4	6.8%
Partial reimbursement	9	15/3%
No reimbursement	46	77.9%

Table 5

Job Satisfaction and Burnout

	N	%
I enjoy my job as a behavior technician.		
Strongly Agree	26	44.1%
Somewhat Agree	22	37.3%
Neither Agree nor Disagree	2	3.4%
Somewhat Disagree	6	10.2%
Strongly Disagree	3	5.1%
I feel my work has a positive impact on the clients I serve.		
Strongly Agree	43	72.9%
Somewhat Agree	13	22%
Neither Agree nor Disagree	1	1.7%
Somewhat Disagree	2	3.4%
Strongly Disagree	0	0%
I feel the culture at my place of employment has a positive impact on my performance.		
Strongly Agree	17	28.8%
Somewhat Agree	15	25.4%
Neither Agree nor Disagree	9	15.3%
Somewhat Disagree	9	15.3%
Strongly Disagree	9	15.3%
I am appreciated by the caregivers and families of the clients I serve.		
Strongly Agree	34	57.6%
Somewhat Agree	14	23.7%
Neither Agree nor Disagree	9	15.3%
Somewhat Disagree	1	1.7%
Strongly Disagree	1	1.7%
I am appreciated by my supervisors at my place of employment.		
Strongly Agree	19	32.2%
Somewhat Agree	26	44.1%
Neither Agree nor Disagree	5	8.5%
Somewhat Disagree	4	6.8%
Strongly Disagree	5	8.5%
I feel burnt out at my current job.		
Strongly Agree	14	23.7%
Somewhat Agree	17	28.8%
Neither Agree nor Disagree	10	16.9%
Somewhat Disagree	8	13.6%
Strongly Disagree	9	15.3%
Are you currently looking for a new job?		
Yes, within the field of ABA	19	32.2%
Yes, outside the field of ABA	12	20.3%
No	28	47.5%

APPENDIX A

Mar 7, 2023 2:37:12 PM EST

Kris Brown
Psych Sciences and Counseling 140719

Re: Modification - 2023-154 A Survey of Factors Contributing to RBT Burnout in ABA Clinics

Dear Dr. Kris Brown:

Youngstown State University Human Subjects Review Board has rendered the decision below for A Survey of Factors Contributing to RBT Burnout in ABA Clinics

Decision: Approved

Findings: This is a request to modify an approved protocol. Researchers changed gender to gender identity, broke down the hours worked in q10 to be more specific, turned to "ownership" question into two more specific questions, used the word direct care staff instead of RBT, added some headers to the specific survey blocks, specified that they report over the past 3 months so as to be more specific, updated the consent page, and a question to verify whether or not the person taking the survey had a credential (i.e., RBT, ABAT). These edits to the data collection will not change the level of risk for the participants. No other changes are being made to the original protocol. Request is approved.

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.

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