

RBT Quick Reference Card

Clinical & ethical essentials, session-ready.

FREE RESOURCE
E.M.O. Behavior Lab

A · MEASUREMENT

Dimensions at a Glance

Frequency	Count of discrete behaviors
Rate	Frequency ÷ time (e.g., 3 per min)
Duration	How long ONE behavior lasts
Latency	Time from SD to response onset
IRT	Time BETWEEN two occurrences

A · DISCONTINUOUS

Interval Recording

Partial-interval	Behavior at ANY point in interval = full interval. Overestimates.
Whole-interval	Behavior for ENTIRE interval. Underestimates.
Momentary	Behavior at END of interval. Can go either way.

B · PRINCIPLES OF BEHAVIOR

Reinforcement & Punishment Matrix

	ADD A STIMULUS (+)	REMOVE A STIMULUS (-)
BEHAVIOR INCREASES REINFORCEMENT	Positive Reinforcement Behavior followed by a stimulus added → behavior increases. (Praise, token, preferred item.)	Negative Reinforcement Behavior followed by a stimulus removed → behavior increases. (Escape/avoidance of demand.)
BEHAVIOR DECREASES PUNISHMENT	Positive Punishment Behavior followed by a stimulus added → behavior decreases. (Reprimand — use with caution.)	Negative Punishment Behavior followed by a stimulus removed → behavior decreases. (Response cost, time-out from reinforcement.)

C · SKILL ACQUISITION

Teaching Formats & Prompts

DTT — SD → response → consequence → ITI. Structured, maximizes trials.

NET — target skills in natural routines/motivation. Promotes generalization.

Shaping — differential reinforcement of successive approximations of ONE response.

Chaining — task-analyzed sequence: forward · backward · total-task.

Prompts — physical > model > verbal > gesture > visual > textual > independent. Fade to natural SD.

B · ASSESSMENT

Preference Assessments

Single-stim — one item presented at a time. Used when scanning is limited.

Paired-stim — two at a time; every combo. Rank-orders items.

MSWO — multiple items at once; selected item is REMOVED from subsequent trials.

Free-operant — items freely available; record engagement duration.

Preference predicts. Reinforcer assessment confirms.

B · DATA COLLECTION

ABC Data — The Foundation

ANTECEDENT	BEHAVIOR	CONSEQUENCE
What happened immediately BEFORE? (Who, where, task, demand, transition, denied access, etc.)	What did the client do? Objective + measurable — operational definition. No labels ("tantrum"), no inference.	What happened immediately AFTER? (Attention given, demand removed, item granted, ignored.)

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D · BEHAVIOR REDUCTION

Differential Reinforcement

DRA — reinforce a functionally equivalent ALTERNATIVE response (e.g., ask for break instead of hit).

DRI — reinforce a topographically INCOMPATIBLE response (e.g., hands in pockets vs. hitting).

DRO — reinforce the ABSENCE of the target behavior for an interval.

DRL — reinforce LOWER rates (some occurrence is acceptable).

D · BEHAVIOR REDUCTION

Extinction & Its Side Effects

Extinction — withhold reinforcement that previously maintained the behavior.

Extinction Burst — temporary INCREASE in rate/intensity/variability. Expected. Stay the course (with BCBA support).

Spontaneous Recovery — behavior REAPPEARS after it had decreased.

Resurgence — previously extinguished behavior RETURNS when the new alternative is put on extinction.

D · BEHAVIOR REDUCTION

Antecedent Strategies

Prevention > reaction. Common antecedent tools: **visual schedules, priming, pre-teaching, offering choices, embedded instructions, MO manipulation (satiation/deprivation), errorless teaching, noncontingent reinforcement (NCR), high-probability request sequences.** All are low-intrusion and should be tried before more intrusive procedures.

E · DOCUMENTATION

Session Notes — Gold Standard

- **Objective** — describe, don't interpret.
- **Specific** — who, what, when, where, how long, how often.
- **Measurable** — numbers over adjectives.
- **Timely** — complete same-day per your ethics code.
- **Accurate** — no fabrication, no omission.
- **HIPAA-compliant** — secure EHR only. No texts. No personal email.

F · ETHICS

RBT Scope of Practice

- Implement BIP as written by the BCBA.
- Collect data objectively.
- Report changes/concerns to supervisor — **do not modify plans.**
- ≥5% ABA service hours supervised monthly; ≥2 real-time contacts per month.
- No dual relationships with clients or families.
- Maintain confidentiality (HIPAA) everywhere — clinic, home, online.

SAFETY FIRST — Never ignore SIB, aggression that poses injury risk, or medical emergencies. Follow your crisis protocol, protect the client, call 911 when warranted, notify your BCBA and family ASAP. RBTs are **mandated reporters** — if you suspect child abuse/neglect, follow your state's reporting law AND inform your BCBA. Do not investigate.

PRE-SESSION CHECKLIST

Before You Walk In

- Review BIP & programs
- Gather materials & preferred items
- Confirm preference hierarchy
- Check data sheet setup
- Confirm crisis protocol steps
- Check PPE / safety gear
- Review supervisor's last notes
- Know today's acquisition targets
- Identify antecedent strategies
- HIPAA — secure environment

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