

BEHAVIORAL PROGRAMMING SPECIALIST I

Work in this class involves coordinating the individual behavior programming portion of the total rehabilitation plan for approximately 50 residents in a division or from central Psychology Services of a mental retardation center, and taking charge of less complex programs within the Division, such as the Token Economy System. The individual programming responsibilities are very similar to the functions of the Behavioral Programming Specialist II, except the employee in this class will not develop initial restrictive programs and will spend less than 50% of the time in this; a Specialist II or psychologist will develop such programs. Employees function as liaison with the treatment team and have input into habilitation planning. All work is done under the close supervision of a divisional or central services staff psychologist.

I. DIFFICULTY OF WORK:

Complexity - Based on referral, employees assess the adaptive, developmental, and/or social behavioral levels of residents referred for their functioning level, except where restrictive programs are anticipated. Assessments are accomplished through the use of standardized instruments of measurement, staff interviews, and direct observation. Employees devise a data collection system and train staff in data collection. The base line data is compiled, analyzed, and interpreted. From all of the information gathered, employees develop a program with specific goals and objectives (which may incorporate several behaviors) in consultation with and under the close supervision of, the psychologist before they begin staff training and implementation. All pertinent staff members (non-professional, paraprofessional, and professional) are trained in the implementation and documentation of the behavioral program. Employees provide further inservice training as needed. Employees monitor the program, including restrictive ones, and directly participate in some. Employees decide when to modify or phase out a program in coordination with the supervising psychologist and/ or treatment team. Detailed notes and perhaps graphic representation of the program are kept. Employees serve on interdisciplinary teams in the planning of the residents' habilitation, and may provide consultation and resources to staff and family members. Residents in these divisions and their programs are relatively stable and long term. More than half of the time is spent in the management of a less complex program, such as the Token Economy System.

Guidelines - Guidelines and resources include the mental retardation center's policies and procedures. Intermediate Care Facility (ICF) regulations, psychological services handbook, behavioral assessment and instruments, professional journals, and textbooks. Application of these varies with each resident's needs.

II. RESPONSIBILITY:

Accountability - Employees work with residents in the mental retardation center along with other human services non-professionals, paraprofessionals, and professionals. Employees have occasional contact with family members.

Consequence of Action - Work affects the residents' overall habilitation. Error in assessment of a behavioral problem can result in ineffective training or treatment programs and prevent improvement in the client's habilitation. Error in staff training or consultation can inhibit a resident's progress.

Review - Programs are reviewed closely by the supervising psychologist, and possibly the interdisciplinary team, before implementation and phasing out. (Restrictive programs

are coordinated by a higher level professional.) Oral and general instructions are received when work assignments are made; thereafter, the psychologist's advice is sought for unusual or significant problems.

III. INTERPERSONAL COMMUNICATIONS:

Subject Matter - Residents are mentally retarded, and perhaps multi-handicapped, which may limit their understanding. Contact with professional and supportive staff includes the communication of specific behavioral management concepts and techniques that may not be easily understood.

Purpose - Work with residents includes observation and monitoring for specific behaviors, and some direct behavior modification training. With professional and supportive staff communications are for the assessment of a resident's current status, providing consultation, conducting staff training, and monitoring the implementation of programs.

IV. WORK ENVIRONMENT:

Nature of Working Conditions - Work is done within a living unit division of the Mental Retardation Center or in an office setting.

Nature and Potential of Personal Hazards - Employees could suffer bodily injury due to aggressive behavior of residents.

V. RECRUITMENT STANDARDS:

Knowledges, Skills, and Abilities - Working knowledge of learning theory and behavior modification and application of these to the population served. Working knowledge of tests and measurements needed in developing behavior modification programs, and practical application of adaptive, developmental, and social behavior assessments, goal writing, and program implementation. Working knowledge of the principles and techniques of working with the mentally retarded. Working knowledge of federal, state, and local provisions, regulations, and standards regarding behavior programming processes. Skill in observing, recording, and evaluating adaptive, social, and/or developmental behavior among population served, its causation and effects. Skill in instructing. Ability to plan, implement and monitor a behavior modification treatment program. Ability to establish and maintain effective working relationships with all levels of staff. Ability to organize and prepare accurate records, charts, and reports and to analyze such information. Ability to communicate effectively in oral and written form. Ability to plan and supervise the work of subordinate employees when required.

Minimum Education and Experience - Graduation from a four-year college or university with a degree in psychology including coursework in behavior modification; or graduation from a four-year college or university with a degree in child development, social work, education, nursing, or closely related degree, including coursework in behavior modification and six months of experience in a mental retardation or developmental disability setting; or completion of an associate degree program in human services area and two years of experience providing assessment of adaptive developmental and social behavior, goal writing, collecting and interpreting behavioral data, and developing and implementing behavior modification programs; or an equivalent combination of education and experience.