RBT Study Guide

Free BCBA-Reviewed Exam Prep · 2026 Edition

Covers all six RBT Task List domains
Measurement · Assessment · Skill Acquisition · Behavior Reduction · Documentation · Professional Conduct & Ethics

Includes three ready-to-use study plans
4-week intensive · 6-week balanced · 8-week extended

Content reviewed by James Fuller, BCBA
Aligned to BACB RBT Task List (3rd Edition)
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Table of Contents

01 · About this Study Guide

Welcome to The RBT Practice Test Study Guide for the 2026 BACB Registered Behavior Technician (RBT) certification exam. This guide is organized around the six domains of the RBT Task List (3rd Edition) and is designed to be used alongside the free practice exams and topic quizzes at therbtpracticetest.com.

Whether you are 4 weeks or 8 weeks away from your test date, this guide gives you a structured path through every domain on the exam, three ready-to-use study plans, and the most common mistakes that delay candidates from passing on the first attempt.

What's in this guide

- **The 6 RBT Task List domains** with key concepts, common procedures, and exam focus points for each.
- **Three study plans** (4-week intensive, 6-week balanced, 8-week extended) to fit any schedule.
- **A 4-step study methodology** used by candidates who consistently pass on their first attempt.
- **5 common study mistakes** that delay or derail candidates, with how to avoid them.
- **A quick reference glossary** of key terms tested on the exam.

> **Important:** This study guide is independent and is not affiliated with the BACB or Pearson VUE. For official exam policies, registration, and the current task list, visit bacb.com. Practice questions and content here are written and reviewed by a BCBA to mirror the style and difficulty of real exam items but are not from the BACB question bank.

02 · The RBT Exam at a Glance

Exam facts

Fact	Value
Total questions on the real exam	85
Scored questions	75
Unscored pilot questions	10
Time limit	90 minutes
Pass benchmark	~80% (≈60 of 75 scored)
Format	Multiple choice, 4 options per question
Domains tested	6
Delivery	Pearson VUE test centers + remote proctoring

Domain weights (what % of the exam each domain covers)

The six domains are not weighted equally. Skill Acquisition is the largest section by far. Plan your study time proportionally — most candidates fail because they over-study Measurement and under-study Skill Acquisition.

Domain	% of Exam	Approx. # Questions
C · Skill Acquisition	32%	24
A · Measurement (Data Collection & Graphing)	17%	13
D · Behavior Reduction	17%	13
B · Behavior Assessment	13%	10
E · Documentation & Reporting	13%	10
F · Professional Conduct & Ethics	8%	6

Why 75 scored questions matters: The real exam has 85 questions, but only 75 count toward your score. The BACB does not tell you which 10 are unscored — so treat every question as if it counts. The unscored items are used to test future exam questions.

03 · Domain A — Measurement

Exam weight: 17% (~13 questions) · Study time: 6–10 hours

Measurement is the foundation of RBT work. RBTs use measurement procedures every session to record behavior accurately so the supervising BCBA can evaluate progress. The exam tests whether you can choose the right method, implement it correctly, and recognize the strengths and limitations of each.

Key concepts to know

Continuous measurement records every instance of behavior. Includes:

• **Frequency** — a count of how often behavior occurs

• **Rate** — frequency divided by time (e.g., 25 occurrences ÷ 50 min = 0.5/min)

• **Duration** — how long each instance lasts (end time – start time)

• **Latency** — time from antecedent (SD) to start of response

• **Inter-response time (IRT)** — time between successive instances

Discontinuous measurement samples behavior in intervals. Less precise, but useful when continuous observation isn't possible:

• **Partial-interval recording** — score behavior if it occurred at any point. Tends to OVERESTIMATE behavior.

• **Whole-interval recording** — score only if behavior occurred for the ENTIRE interval. Tends to UNDERESTIMATE behavior.

• **Momentary time sampling** — score behavior only at the END of the interval. Best when continuous observation isn't possible.

Other measurement methods

Permanent product recording measures the lasting effect of behavior (worksheets completed, items assembled). Requires the product to be intact and reviewable.

Percent of opportunity = correct responses ÷ total opportunities × 100. Best when opportunities are discrete and controlled (e.g., DTT trials).

Magnitude / intensity measures the force or loudness of a behavior, usually with a rating scale from the supervisor.

Graphs and data interpretation

RBTs must read basic line graphs of behavioral data. Key terms:

- **Trend** — the systematic direction of data points over time (increasing, decreasing, stable).
- **Level** — the average y-value (how much behavior is occurring).
- **Variability** — how much the data points jump around. Low variability = stable; high variability = inconsistent.

Cumulative graphs add each new response to the running total. A flat slope on a cumulative graph means few or no responses are being added — NOT regression (the graph cannot decrease).

Inter-Observer Agreement (IOA)

IOA measures how reliably two observers record the same behavior. **Total count IOA** = smaller count ÷ larger count × 100. Example: Observer 1 records 12, Observer 2 records 15. IOA = 12 ÷ 15 × 100 = 80%.

Common exam traps in Measurement

Trap 1: Confusing partial-interval (overestimates) with whole-interval (underestimates).
Trap 2: Asked for rate, candidate reports frequency. Rate ALWAYS includes time.
Trap 3: Misreading a cumulative graph's flat slope as regression. It means zero new responses, not lost responses.
Trap 4: Forgetting that whole-interval requires the behavior the ENTIRE interval (even 25/30 seconds = non-occurrence).

04 · Domain B — Behavior Assessment

Exam weight: 13% (~10 questions) · Study time: 5–8 hours

Behavior assessment helps the BCBA understand WHY a behavior occurs. RBTs implement and document assessments — they do not design or interpret them. Your job is to follow the protocol exactly and record observations objectively.

Preference assessments

Preference assessments identify what the client likes. Common methods:

- **Single stimulus** — present one item at a time. Used for learners who cannot make choices.
- **Paired stimulus (forced choice)** — present two items, learner picks one. Most reliable for strict ranking.
- **MSWO (Multiple Stimulus Without Replacement)** — present 5+ items, remove what is chosen, repeat. Fast and useful but watch for position bias.
- **Free-operant** — give free access, measure engagement duration. For learners who won't select in a structured array.

> **Critical distinction:** Preference ≠ Reinforcer. Preference assessments identify what the client likes; reinforcer assessments test whether the preferred item actually INCREASES behavior. Many preferred items don't function as reinforcers in all contexts.

Functional assessment

Indirect assessment (FAST, MAS questionnaires) = interview/questionnaire with people who know the client. Generates hypotheses about function but doesn't directly observe behavior.

Descriptive (direct) assessment = ABC observation. RBT records antecedents, behavior, and consequences in natural settings. Must use OBJECTIVE language — no inferences about internal states ('angry,' 'frustrated').

Experimental functional analysis (FA) = systematically manipulating conditions (attention, demand, alone, tangible) to identify function. RBT assists per BCBA's protocol.

Scatter plots

Scatter plots show WHEN behavior occurs across time. Useful for identifying time-of-day patterns. A consistent time pattern is a starting point for investigation — not evidence of function.

Common exam traps in Assessment

Trap 1: Treating preference assessment results as proof of reinforcement.
Trap 2: Using subjective language in ABC entries ('client was angry') instead of observable behaviors ('client crossed arms, said no, turned away').
Trap 3: Forgetting to rotate item positions in MSWO, allowing position bias to invalidate results.
Trap 4: Assuming scatter plot data tells you WHY behavior occurs (it only tells you WHEN).

05 · Domain C — Skill Acquisition

Exam weight: 32% (~24 questions) · Study time: 10–15 hours

Skill Acquisition is the LARGEST section of the exam. Expect many scenario-based questions about teaching procedures. Strategy: focus your study time here proportionally — about 1/3 of your total prep should be on this domain alone.

Teaching formats

Discrete-Trial Teaching (DTT) — Structured teaching at a table. Each trial has 4 parts: SD (discriminative stimulus) → Response → Consequence (reinforcement or correction) → ITI (inter-trial interval). DTT is structured and best for new skills.

Naturalistic Environment Teaching (NET) — Teaching embedded in play or natural routines. Uses the learner's motivation. Best when learner has low motivation at the table.

Prompting strategies

Prompts help the learner respond correctly. They must be FADED so the learner responds independently to the SD alone.

- **Response prompts** — added to the learner's response (physical guidance, verbal prompt, model, gestural cue).
- **Stimulus prompts** — modify the SD itself (making correct option larger, brighter, or in a known position).
- **Most-to-least** — start with the strongest prompt (physical), fade to less intrusive over trials.
- **Least-to-most** — start with no prompt, add prompts only if learner makes an error.
- **Constant time delay** — wait a fixed time (e.g., 4 seconds) before prompting. Same delay across all trials.
- **Progressive time delay** — start at 0 seconds, gradually INCREASE the delay across trials. Different from constant time delay.
- **Errorless learning** — use immediate prompts so the learner never errors, then fade.

Chaining procedures

Chaining teaches multi-step behaviors (handwashing, brushing teeth, getting dressed).

- **Forward chaining** — teach step 1 first to mastery, then add step 2, etc.
- **Backward chaining** — teach the LAST step first, assist with all earlier steps. Learner experiences task completion (and natural reinforcement) on every trial.
- **Total task chaining** — present the entire chain every trial, prompt only weak steps. Best when learner already has partial competence.

Shaping

Shaping reinforces SUCCESSIVE APPROXIMATIONS toward a target. Different from chaining: chaining is for multi-step behaviors; shaping refines a single response across attempts. Example: teaching 'water' — first 'w,' then 'wa,' then 'wah,' then 'water.'

Verbal behavior (Skinner's categories)

Verbal operants are categorized by what controls them, NOT by what the words sound like.

Operant	Controlled by	Example
Mand	Motivating operation (wanting)	Says 'cookie' to get cookie
Tact	Nonverbal stimulus + social reinf.	Sees cookie, says 'cookie,' gets praise
Echoic	Verbal model (point-to-point)	RBT says 'cookie,' learner says 'cookie'
Intraverbal	Verbal SD (no correspondence)	RBT asks 'what's brown?' learner says 'cookie'
Listener responding	Verbal SD → motor response	RBT says 'point to cookie,' learner points
Imitation	Motor model → motor response	RBT claps, learner claps

Same word, different operant: A learner saying 'cookie' can be a mand (if they want it), a tact (if they see it and get praise), an echoic (if repeating after the RBT), or an intraverbal (if answering a question). What matters is what CONTROLS the response.

Generalization and maintenance

Stimulus generalization = the response occurs across different stimuli (different instructors, settings, materials). Must be programmed deliberately.

Response generalization = different but functionally similar responses occur (e.g., learner uses different words to request the same item).

Maintenance = the skill persists over time without active teaching. Maintenance probes test this weeks/months after mastery.

Common exam traps in Skill Acquisition

Trap 1: Choosing the 'kind' answer (give the learner a break) over the procedurally correct answer (implement the plan as written).
Trap 2: Confusing forward vs backward chaining. Backward starts with the LAST step.
Trap 3: Modifying the SD wording to 'be more engaging.' RBTs must follow the plan as written.
Trap 4: Confusing shaping (refining one response) with chaining (multi-step behaviors).
Trap 5: Confusing the verbal operants — remember: same word, different controlling variable.

06 · Domain D — Behavior Reduction

Exam weight: 17% (~13 questions) · Study time: 6–10 hours

Behavior reduction targets behaviors that interfere with learning, safety, or quality of life. RBTs implement BIPs (Behavior Intervention Plans) designed by the BCBA. The most important skill: procedural fidelity. Implement the plan exactly as written, even when behavior gets worse temporarily.

Differential reinforcement procedures

Procedure	What's reinforced	Best for
DRA	Alternative behavior	Any appropriate replacement
DRI	Incompatible behavior	Behavior that can't co-occur
DRO	Absence of behavior	Reducing problem behavior
DRL	Lower rate of behavior	Appropriate behavior at too-high rate
DRH	Higher rate of behavior	Appropriate behavior at too-low rate

Extinction

Extinction = withholding the reinforcer that maintains a behavior. The behavior decreases over time, but two predictable patterns occur first:

- **Extinction burst** — temporary INCREASE in intensity, frequency, or duration when extinction starts. Expected, not failure. Implement the plan as written.
- **Spontaneous recovery** — the behavior reappears later after appearing extinguished. Normal pattern.

> **Critical:** Extinction is challenging for AUTOMATIC-function behaviors (sensory) because the reinforcer is produced by the behavior itself — it cannot be withheld externally. This is why function matters for treatment selection.

Other behavior reduction procedures

Response cost — removing an EARNED reinforcer (e.g., tokens) following problem behavior. A form of negative punishment.

Time-out from positive reinforcement — removing access to ALL reinforcement for a defined period. Must be paired with rich time-IN reinforcement.

Overcorrection — restitutional (restore environment to better-than-original) or positive practice (repeatedly perform correct behavior). Last resort, supervisor-designed.

Response blocking — physically preventing dangerous behavior. Only when safety requires.

Non-contingent reinforcement (NCR) — delivering reinforcement on a time schedule, regardless of behavior. Reduces motivation for problem behavior.

Antecedent strategies

High-probability instructional sequence (behavioral momentum) — present 3 easy demands first, then the difficult one. Builds compliance momentum.

Matched stimulation — providing alternative sensory items that produce similar feedback as the target behavior. Useful for automatic-function behaviors.

Visual schedules — increase predictability, reduce uncertainty-related challenging behavior.

Common exam traps in Behavior Reduction

Trap 1: Discontinuing a plan during an extinction burst — that actually reinforces the more intense behavior.
Trap 2: Confusing response cost (remove earned reinforcer) with time-out (remove access to ALL reinforcement).
Trap 3: Adding 'supportive' verbal interaction during crisis procedures when the BIP specifies no verbal feedback — words can function as attention reinforcement.
Trap 4: Confusing DRO (reinforce ABSENCE) with DRL (reinforce LOWER rate). DRL is for appropriate behaviors occurring too often.

07 · Domain E — Documentation & Reporting

Exam weight: 13% (~10 questions) · Study time: 4–6 hours

Strong documentation supports every clinical decision the team makes. Session notes drive billing, treatment continuity, and legal protection. The exam tests whether you can document objectively, maintain HIPAA compliance, and handle incidents properly.

Objective vs subjective documentation

Documentation must use observable, measurable language. NO inferences about internal states.

Subjective (wrong)	Objective (right)
Client was angry at cleanup time.	When told to clean up, client crossed arms, said 'no,' and turned away fro
Client refused to work because tired.	Client completed 2 of 8 demands; engaged in 4 instances of verbal protes
Caregiver seemed frustrated.	Caregiver stated 'I don't know what else to try' and asked for a longer brea

Session note timing

Session notes must be completed PROMPTLY after the session while details are accurate. Many agencies require notes within 24 hours; some require same-day. Delayed documentation introduces errors and may violate billing/insurance requirements.

HIPAA basics

Protected Health Information (PHI) includes any information that could identify the client and is related to their care. RBTs must apply **reasonable safeguards**:

- Position laptops/screens away from view in shared spaces.
- Use privacy screens when available.
- Lock screens before stepping away from PHI.
- Never use personal email or unauthorized cloud storage for client information.
- Never discuss clients in public spaces (elevators, restaurants, etc.).

Incident reporting

Any unusual event — client injury, RBT injury, property damage, or behavioral crisis — requires immediate supervisor notification AND completion of the agency's incident report form. Document in session notes as well. Multiple records protect everyone involved.

Mandated reporting

RBTs are typically mandated reporters under their state's laws. Suspected abuse or neglect must be reported through proper channels — supervisor first, then state child or adult protective services as required. Do NOT wait for 'more proof' or 'one more session.'

Confidentiality with other professionals

Other professionals (speech therapists, teachers, doctors) may ask RBTs for client information for care coordination. WITHOUT a signed Release of Information, RBTs cannot share client information regardless of the requester's legitimate purpose. Direct them to obtain proper authorization first.

Common exam traps in Documentation

Trap 1: Subjective language slipping into session notes ('upset,' 'angry,' 'tired').
Trap 2: Sharing client information without a signed ROI to be 'helpful.'
Trap 3: Waiting to report suspected abuse — mandated reporting is immediate.
Trap 4: Documenting only the client's behavior and missing context (e.g., medication changes, schedule disruptions, environmental factors).

08 · Domain F — Professional Conduct & Ethics

Exam weight: 8% (~6 questions) · Study time: 3–5 hours

Don't underestimate this section just because it's the smallest. Ethics questions are scenario-based and tricky — they often present 'kind' answers that actually violate scope of practice. The right answer is almost always: implement protocol, document, escalate to BCBA.

Scope of practice

RBTs work UNDER the close supervision of a BCBA. They do not:

- Design behavior intervention plans (BCBA does)
- Modify procedures on their own (BCBA approves changes)
- Interpret assessment results (BCBA does)
- Provide ABA services without active supervision

Multiple (dual) relationships

RBTs must avoid relationships that could compromise objectivity. This includes:

- Romantic/sexual relationships with clients or caregivers
- Financial relationships (recommending family business products)
- Becoming personal friends outside the therapeutic relationship
- Working with family members or close personal contacts

Confidentiality and social media

RBTs must not share client information on personal social media — even with first names only, even anonymized, even with privacy settings. Within the RBT's social network, even initials can identify a client. Any social posting about clients should be through agency-authorized channels only.

Certification maintenance

RBT renewal requires:

- Submit the BACB renewal application
- Document ongoing supervision per current BACB standards
- Pay the renewal fee

A new 40-hour training is NOT required for renewal — only at initial certification.

Reporting concerns about others

If an RBT observes unethical behavior by a colleague (harsh tone with clients, documentation fraud, scope violations), the BACB Ethics Code requires action: first try direct discussion if appropriate, then report to a supervisor with specific examples and dates. Failing to report makes the observing RBT complicit.

Self-care and competence

RBTs must maintain competent practice. Burnout, fatigue, or personal issues that compromise clinical quality are ethical issues — not just personal ones. Acknowledge with the supervisor and seek adjustments rather than 'pushing through.'

Cultural responsiveness (new BACB emphasis)

RBTs must learn the client's cultural context, respect family values and practices, and consult with the supervisor about culturally appropriate modifications to procedures. Treating everyone identically often means imposing one cultural framework on all clients.

Common exam traps in Ethics

Trap 1: Sharing client information with another professional 'for care coordination' without a signed ROI.
Trap 2: Modifying procedures based on caregiver requests instead of routing to BCBA.
Trap 3: Posting client wins on personal social media with 'just a first name.'
Trap 4: Continuing to work when burnout is affecting clinical quality.
Trap 5: Falsifying documentation under pressure from billing administrators or supervisors.

09 · Three Study Plans

Pick the plan that matches your available study time. All three cover the same six domains and end with full-length practice exams as readiness checks.

Plan 1 — 4-Week Intensive (10+ hours/week)

Best for: candidates studying full-time or immediately after the 40-hour training.

Week	Focus	Hours	Activities
1	Measurement + Assessment	12	Read both domain sections, take both topic quizzes, write notes on weak a
2	Skill Acquisition (the big one)	14	Deep study of Skill Acquisition, take topic quiz 2x, review verbal behavior
3	Behavior Reduction + Documentation + Ethics	12	Read all three sections, take topic quizzes, focus on differential reinforcem
4	Practice exams + review	10	Take 75-question exam 2x and 85-question exam 1x timed. Schedule real

Plan 2 — 6-Week Balanced (6–8 hours/week)

Best for: working candidates balancing job and study.

Week	Focus	Hours	Activities
1	Measurement	7	Domain section + topic quiz + 25-question diagnostic
2	Assessment	7	Domain section + topic quiz + ABC recording practice
3	Skill Acquisition (first half)	8	DTT, NET, prompting, chaining
4	Skill Acquisition (second half)	8	Verbal behavior, generalization, maintenance
5	Behavior Reduction + Documentation	8	Both domains + first full practice exam
6	Ethics + Practice + Review	8	Ethics + full 85-question practice exam timed

Plan 3 — 8-Week Extended (4–6 hours/week)

Best for: candidates with limited weekly study time or those who prefer slower pacing.

Week	Focus	Hours	Activities
1	Measurement basics	5	Read domain section + take topic quiz once
2	Measurement deeper + Assessment intro	6	Re-take Measurement quiz + start Assessment
3	Assessment full + diagnostic	6	Finish Assessment + 25-question beginner test
4	Skill Acquisition foundations	6	DTT, NET, prompting
5	Skill Acquisition advanced	6	Chaining, verbal behavior, generalization
6	Behavior Reduction	6	Domain section + topic quiz + DR practice
7	Documentation + Ethics	5	Both domains + topic quizzes
8	Full practice + readiness	6	75-question + 85-question exams + schedule test at 80%+

Tips for any plan:

• Include at least ONE full-length 75 or 85-question practice exam as your final readiness check
• Score 80%+ consistently before scheduling the real exam (not just one good session)
• Don't skip Ethics — small section, trickiest questions
• Revisit weak areas before moving on to the next domain

10 · How to Use This Study Guide

Step 1 — Read each domain section in order

Don't skip around. Start with Measurement (Domain A) because it underlies every other domain. Move through Assessment, Skill Acquisition, Behavior Reduction, Documentation, and Ethics in order. Each section builds on terminology and concepts from earlier ones.

Step 2 — Take the matching topic quiz after each domain

After finishing a domain section, visit therbtpracticetest.com and take that domain's topic quiz. Don't move on until you score 80% or higher. Review every wrong answer's explanation.

Step 3 — Take a full practice exam at the halfway point

After 3 of the 6 domains, take a full 75-question practice exam at therbtpracticetest.com/rbt-practice-exam-75-questions/ as a mid-point check. This identifies which domains you've internalized and which need more time.

Step 4 — Final readiness check with the 85-question timed exam

After completing all 6 domains, take the full 85-question practice exam under timed conditions (90 minutes). Score 80%+? Schedule your real RBT exam within 2 weeks. Below 80%? Identify your two weakest domains, spend 5–7 days on each, then retake.

11 · 5 Common Study Mistakes

Mistake 1 — Trying to memorize the task list

The RBT exam tests application, not memorization. Memorizing task list items without understanding how they apply in clinical scenarios produces high study fatigue and low exam performance. Spend study time on scenario-based practice, not flashcard drilling.

Mistake 2 — Skipping the smallest domain (Ethics)

Professional Conduct & Ethics is only 8% of the exam, so candidates often deprioritize it. But Ethics questions are often the trickiest — they disguise scope-of-practice violations as kind-sounding choices. Spend at least 3–5 hours on Ethics and take the topic quiz multiple times.

Mistake 3 — Picking what 'feels right' instead of what's procedurally correct

Many wrong answers feel intuitively kind or supportive but actually violate the procedure as written. The exam rewards procedural fidelity — implementing the BIP exactly as the BCBA designed it. Train yourself to ask 'what does the procedure say?' before 'what feels right?'

Mistake 4 — Confusing similar procedures

The most common missed-question pattern: confusing similar procedures. Differential reinforcement variants are the biggest culprit (DRA vs DRI vs DRO vs DRL). Other frequent confusions: forward vs backward chaining, partial-interval vs whole-interval recording, and stimulus vs response prompts. Use topic quizzes to identify which pairs you confuse, then study the exact differentiator.

Mistake 5 — Stopping practice once you hit 70%

A 70% score on practice exams does NOT predict passing the real exam. The BACB pass benchmark is approximately 80%. Candidates who plateau at 70% and book the exam often fail. Keep practicing until you score 80%+ across MULTIPLE full-length attempts. Two extra weeks of study is worth not retaking the entire exam.

12 · Quick Reference Glossary

The most commonly tested terms on the RBT exam. Definitions are brief intentionally — for deeper study, visit the domain study guides at therbtpracticetest.com.

Term	Definition
ABA	Applied Behavior Analysis — the scientific discipline that applies behavior principles to socially significant prob
ABC recording	Observation method documenting Antecedent, Behavior, and Consequence.
Abolishing operation (AO)	An environmental change that DECREASES the value of a reinforcer (e.g., satiation).
BACB	Behavior Analyst Certification Board — the body that certifies RBTs, BCaBAs, BCBAs.
BCBA	Board Certified Behavior Analyst — supervises RBT work.
Behavior contract	Written agreement specifying target behavior, reinforcer, contingency, and signatures.
BIP	Behavior Intervention Plan — BCBA-designed plan for reducing problem behavior.
Chaining	Teaching multi-step behaviors (forward, backward, or total task).
CRF	Continuous Reinforcement — every response is reinforced.
DRA	Differential Reinforcement of Alternative behavior.
DRI	Differential Reinforcement of Incompatible behavior.
DRO	Differential Reinforcement of Other behavior (absence of target).
DRL	Differential Reinforcement of Low rates.
DTT	Discrete-Trial Teaching — structured teaching format (SD → Response → Consequence → ITI).
Echoic	Verbal operant controlled by a verbal model with point-to-point correspondence.
Establishing operation (EO)	Environmental change that INCREASES the value of a reinforcer (e.g., deprivation).
Extinction	Withholding the reinforcer that maintains a behavior.
Extinction burst	Temporary increase in behavior intensity when extinction begins.

Term	Definition
Free-operant assessment	Preference assessment using free access and engagement duration.
Frequency	Count of how often a behavior occurs.
FR (Fixed Ratio)	Reinforcement after a fixed number of responses.
HIPAA	Health Insurance Portability and Accountability Act — protects client information.
Intraverbal	Verbal response controlled by a verbal SD without point-to-point correspondence.
IRT	Inter-Response Time — time between successive instances of a behavior.
IOA	Inter-Observer Agreement — measure of recording reliability.
Latency	Time from antecedent (SD) to start of response.
Listener responding	Verbal SD → motor response (e.g., pointing to named item).
Mand	Verbal operant controlled by a motivating operation (a request).
MO	Motivating Operation — anything that affects the value of a reinforcer.
MSWO	Multiple Stimulus Without Replacement — preference assessment method.
NCR	Non-Contingent Reinforcement — reinforcer delivered on time schedule regardless of behavior.
NET	Naturalistic Environment Teaching — teaching embedded in play or routines.
Pairing	Establishing the RBT as a conditioned reinforcer via repeated delivery of preferred items.
Partial-interval recording	Score occurrence if behavior happens at any point in the interval. Overestimates.
Permanent product	Lasting physical outcome of behavior (worksheets, items assembled).
Premack principle	High-probability behavior reinforces low-probability behavior.
Preference assessment	Identifies what items the client likes.
Procedural fidelity	Implementing a procedure exactly as written.
Rate	Frequency ÷ time (e.g., 25 occurrences ÷ 50 minutes = 0.5/min).
Reinforcer assessment	Tests whether a preferred item actually INCREASES behavior.

Term	Definition
Response cost	Removing an earned reinforcer following problem behavior.
Response generalization	Functionally similar but topographically different responses occur.
Shaping	Reinforcing successive approximations toward a target response.
Spontaneous recovery	Reappearance of an extinguished behavior after time has passed.
SD (discriminative stimulus)	Antecedent that signals reinforcement is available.
Stimulus generalization	The response occurs across different stimuli (settings, instructors, materials).
Tact	Verbal operant controlled by a nonverbal stimulus with social reinforcement.
Time-out	Removing access to ALL reinforcement for a defined period.
Token economy	System where tokens are earned and exchanged for backup reinforcers.
Trend	Systematic direction of data over time (increasing, decreasing, stable).
Total task chaining	Presenting the entire chain every trial with prompts on weak steps.
Variability	How much data points jump around (low = stable; high = inconsistent).
VR (Variable Ratio)	Reinforcement after an average number of responses (varies trial to trial).
Whole-interval recording	Score occurrence only if behavior occurs for ENTIRE interval. Underestimates.

13 · About the Reviewer

All content in this study guide is reviewed by **James Fuller, BCBA**, a Board Certified Behavior Analyst with clinical Applied Behavior Analysis experience including supervision of RBT candidates through the certification process.

James reviews study guide content, practice exam questions, and answer explanations for:

- Clinical accuracy and alignment to current BACB standards
- Alignment to the BACB RBT Task List (3rd Edition)
- Consistency with current BACB exam policies and ethical guidelines

Verify James Fuller's BCBA certification at the official BACB Certificant Registry: bacb.com/services/o.php?page=100155

> **Important disclaimer:** This study guide is independently created and is NOT affiliated with the Behavior Analyst Certification Board (BACB) or Pearson VUE. Practice questions and content are written to mirror exam style but are not actual BACB items. For official exam policies, registration, and the current Task List, please refer to bacb.com directly.

14 · More Free Resources

Continue your RBT exam prep with free resources at **therbtpracticetest.com**:

Practice exams

• **85-question full-length practice exam** — matches the total length of the real exam
therbtpracticetest.com/rbt-practice-exam-85-questions/

• **75-question practice exam** — matches the number of scored items on the real exam
therbtpracticetest.com/rbt-practice-exam-75-questions/

• **Pearson VUE-style mock exam** — realistic simulation of the testing experience
therbtpracticetest.com/pearson-rbt-practice-questions/

• **25-question beginner test** — short focused test for new learners
therbtpracticetest.com/beginner-rbt-practice-test-25-questions/

Topic quizzes (one per domain)

• Data Collection & Graphing
• Behavior Assessment
• Skill Acquisition
• Behavior Reduction
• Documentation & Reporting
• Professional Conduct & Ethics

Study guide subpages (one per domain)

Each subpage provides deeper content on a single domain with examples and a topic quiz. Find all six at:
therbtpracticetest.com/rbt-study-guide/

Good luck on your RBT exam!

Most candidates who follow a structured study approach with multiple practice exams pass on their first attempt. Trust the process: read each domain, take the topic quizzes, take full-length practice exams, and don't schedule until you consistently score 80%+ on timed practice. You've got this.