Abstract
• Center of Disease Control data indicate 1 in 68 children has a diagnosis of an autism spectrum disorder.
• Children are being diagnosed at younger ages, increasing early access to services.
• An Act Related to Insurance Coverage (ARICA) was enacted in 2010, requiring private insurance to cover therapy for children with autism.
• In October 2015, Managed Care Entities of MassHealth begin to cover ABA therapy for children with autism.

Introduction
Three Tiered Training Model using Positive Behavior Interventions and Supports (PBIS) Framework used to train direct therapists

Components of Effective Training Programs
• The BACB recently released guidelines for credentialing behavior technicians (paraprofessionals who provide direct service based on the principles of ABA)
• 40 hours of instruction on the principles of ABA
• Training may be didactic, experiential, or a combination

Difficulties in Developing Effective and Efficient Training Programs
• Distal centers throughout the country
  o Difficulty standardizing training and ensuring consistency
• Episodic hiring
  o Staff are trained in groups of 1-3 people
  o Difficulty standardizing even within the same trainer
• Didactic training conducted by senior clinicians, BCBAs and Ph.D.s, competes with other responsibilities
• Five hours of didactic instruction can cost up to $750 in lost revenue.

Online Training

Tertiary Training: Formatted plan for improving skills in areas of weakness
Secondary Training: Additional online training modules
Primary Training: Training on Applied Behavior Analysis: Online Core Curriculum

Results
• Compared test results following training with online learning modules for new staff. Sample included:
  o Teacher aides working in ABA-based school
  o Direct care staff working in a residential program
  o Direct therapists working in homes and public schools
• Training modules were customized to the needs of the program.

Results
• Examined last data for two areas fundamental to teaching new skills: Discrete trial training and Instructional control
• Compared scores on post-test for two groups
• TAU: Training as Usual: Staff completed typical training protocol, included at least 4 hours of didactic training and 40 hours of in vivo training in the field.
• TAU + Online: Staff completed TAU plus at least 10 hours of online training, including modules on instructional control and DTT.

Conclusion
• Pre and post tests scores showed that staff performed higher on the post-test across all modules within all training programs
• Staff who participated in online training acquired more knowledge in the area of DTT and instructional control than staff who participated in the typical training program
• Through online training, instruction was provided without direct intervention from a supervisor
• If supervisors were pulled from the field to provide training, it would have resulted in up to $5,000 in lost revenue per training for direct therapists.
• Training programs were able to be standardized across training centers
• Online modules allow trainers to make data-based decisions regarding training
• Trainers can monitor staff scores and appropriateness of modules
• Post-training, staff should participate in hands-on training, with in vivo coaching and feedback.
• Online training may be combined with experiential training opportunities