



Guidelines for Consumers of ABA Services

Revised Guidelines for Consumers of Applied Behavior Analysis Services to Individuals with Autism and Related Disorders

*Autism Special Interest Group (SIG)
Association for Behavior Analysis
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The Autism Special Interest Group (SIG) of the Association for Behavior Analysis asserts that all children and adults with autism and related disorders have the right to effective education and treatment based on the best available scientific evidence. Research has clearly documented the effectiveness of applied behavior analysis (ABA) methods in the education and treatment of people with autism (e.g., Matson et al., 1996; Smith, 1996; New York Department of Health, 1999; U.S. Surgeon General, 1999).

Planning, directing, and monitoring effective ABA programs for individuals with autism requires specific competencies. Individuals with autism, their families, and other consumers have the right to know whether persons who claim to be qualified to direct ABA programs actually have the necessary competencies. All consumers also have the right to hold those individuals accountable for providing quality services (e.g., to ask them to show how they use objective data to plan, implement, and evaluate the effectiveness of the interventions they use). Because of the diversity of needs of individuals in the autism spectrum and the array of specific competencies amongst the pool of potential service providers, consumers also need to focus on the match between their needs and the specific competencies of a particular provider.

Formal credentialing of professional behavior analysts through the Behavior Analyst Certification Board (BACB) can provide some safeguards for consumers, including a means of screening potential providers, and some recourse if incompetent or unethical practices are encountered. Unfortunately, there continues to exist a tremendous gap between the supply of qualified behavior analysts and the demand for ABA services. Nonetheless, as with any other credentialed professionals, consumers should exercise caution when working with individuals who have, or claim



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to have, credentials in behavior analysis. Although a formal credential in behavior analysis is evidence that a professional has met minimum competency standards, it does not guarantee that the individual has specific expertise in autism, nor that s/he can produce optimal treatment outcomes. Furthermore, the credentialing of professional behavior analysts has only been in place on an international level since 2000 and there may be some competent service providers who are still in the process of applying for BACB certification.

The Autism SIG recommends that consumers seek to determine if those who claim to be qualified to direct ABA programs for people with autism meet the following minimum standards:

I. Certification by the Behavior Analyst Certification Board as a Board Certified Behavior Analyst (BCBA), or documented evidence of equivalent education, professional training, and supervised experience in applied behavior analysis.

Standards for certification as a BCBA, which can be found at www.BACB.com (Consumer Information Section), include: at least a master's degree in behavior analysis or a related area; 225 hours of graduate level coursework in specific behavior analytic content areas (as of the deadline for Spring 2005 applications); 18 months of mentored experience or 9 months of supervised experience in designing and implementing applied behavior analysis interventions; and a passing score on a standardized examination. Consumers are urged to check the BACB website as these requirements may change from time to time. An individual's BACB certification status may be verified by going to www.BACB.com, clicking on "Consumer Information," and then clicking "Registry."

Note that there is also a lower level of BACB certification, Board Certified Associate Behavior Analyst (BCABA), for individuals who have a bachelor's degree, 135 hours of classroom instruction in behavior analysis (effective for Spring 2005 applications), 12 months of mentored experience or 6 months of supervised experience in implementing applied behavior analysis interventions, and a passing score on a standardized examination.

A complete list of skills and knowledge covered on the Behavior Analyst

Certification Board examinations is available at www.BACB.com. Both BCBA's and



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BCABAs must renew their BACB certification annually, participate in continuing education activities that must meet BACB standards, and adhere to the BACB's Guidelines for Responsible Conduct (also available at www.BACB.com).

With respect to BCABAs, the Behavior Analyst Certification Board explicitly states that

The BCABA designs and oversees interventions in familiar cases (e.g., similar to those encountered during their training) that are consistent with the dimensions of applied behavior analysis. The BCABA obtains technical direction from a BCBA for unfamiliar situations. The BCABA is able to teach others to carry out interventions once the BCABA has demonstrated competency with the procedures involved under the direct supervision of a BCBA. The BCABA may assist a BCBA with the design and delivery of introductory level instruction in behavior analysis. It is strongly recommended that the BCABA practice under the supervision of a BCBA, and that those governmental entities regulating BCABAs require this supervision.

The Autism SIG does not consider BCABAs, or individuals with equivalent or less training and experience, to be qualified to independently design, direct, and guide behavior analytic programming for individuals with autism. They may deliver behavior analytic intervention, and may assist with program design, but should be adequately supervised by BCBA's or the equivalent. The Autism Special Interest Group encourages consumers to request the name and contact information of the BCABA's supervisor and check to see that the supervisor is a BCBA or equivalent, as well as the information about the amount and type of supervision he/she provides.

The Autism SIG asserts that certification as a BCBA or documented equivalent training and experience is a necessary but not sufficient qualification to direct programming for individuals with autism. Consumers should be aware that the discipline of applied behavior analysis is broad and varied, and that many individuals who hold certification as a BCBA have little to no experience directing or delivering ABA programming to individuals with autism. Therefore, the Autism SIG considers the following training and experience, in addition to certification as a BCBA or the equivalent, to be necessary to competently direct ABA programming for individuals with autism:

Ila. At least one full calendar year (full-time equivalent of 1000 clock hours [25 hrs/wk for 40 weeks]) of hands-on training in providing ABA services directly to children and/or adults with autism under the supervision of a Board Certified Behavior Analyst or the equivalent with at least 5 years of experience in ABA programming for individuals with autism.



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The training and supervision should assure competency in the following areas:

1. Experience in assuming the lead role in designing and implementing comprehensive ABA programming for individuals with autism. The experience should involve designing and implementing individualized programs to build skills and promote independent functioning in each of the following areas: "learning to learn" (e.g., observing, listening, following instructions, imitating); communication (vocal and nonvocal); social interaction; self-care; school readiness; academics; self-preservation; motor; play and leisure; community living; self-monitoring; and pre-vocational and vocational skills.
2. Providing ABA programming to at least 8 individuals with autism spectrum disorders who represent a range of repertoires and ages.
3. Employing an array of scientifically validated behavior analytic teaching procedures, including (but not limited to) discrete trial instruction, modeling, incidental teaching and other "naturalistic" teaching methods, small group instruction, activity-embedded instruction, task analysis, and chaining.
4. Incorporating the following techniques into skill-building programs: prompting; error correction; reinforcement and manipulation of motivational variables; stimulus control (including discrimination training); preference assessments; and choice procedures.
5. Employing a wide array of strategies to program for and assess both skill acquisition and skill generalization.
6. Modifying instructional programs based on frequent, systematic evaluation of direct observational data.
7. Conducting functional assessments (including functional analyses) of challenging behavior and becoming familiar with the array of considerations that would indicate certain assessment methods over others.
8. Designing and implementing programs to reduce stereotypic, disruptive, and destructive behavior based on systematic analysis of the variables that cause and maintain the behavior and matching treatment to the determined function(s) of the behavior.
9. Incorporating differential reinforcement of appropriate alternative responses into behavior reduction programs and efforts to teach replacement skills, based on the best available research evidence.
10. Modifying behavior reduction programs based on frequent, systematic evaluation of direct observational data.
11. Providing training in ABA methods and other support services to the families of at least 8 individuals with autism.
12. Providing training and supervision to at least 5 professionals, paraprofessionals, or college students providing ABA services to individuals with autism.
13. Collaborating effectively with professionals from other disciplines and with family members to promote consistent intervention and to maximize outcomes.

IIb. Additional training in directing and supervising ABA programs for individuals with autism that involves:

- ⑩ Formal training and/or self-study to develop knowledge of the best available scientific evidence about the characteristics of autism and related disorders, and implications of those characteristics for designing and implementing educational and treatment programs, including their impact on family and community life.
- ⑩ Formal training and/or self-study to develop knowledge of at least one curriculum for learners with autism consisting of: (a) a scope and sequence of skills based on normal developmental milestones, broken down into component skills based on research on teaching individuals with autism and related disorders; (b) prototype programs for teaching each skill in the curriculum, using behavior analytic methods; (c) data recording and tracking systems; and (d) accompanying materials.



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- ⑩ Formal training and/or self-study to develop skills in using scientifically validated methods to assess and build vocal-verbal and nonverbal communication repertoires in people with autism, consistent with the principles and practices of behavior analysis. This includes augmentative and alternative communication systems for individuals with limited vocal repertoires that are matched to the individual needs of the learner.
- ⑩ Accrual of continuing education in the best available research from behavior analysis and other scientific disciplines as it informs autism treatment. The Autism SIG encourages consumers to ask prospective directors of ABA services for evidence that they have participated recently in continuing education activities relevant to the treatment of individuals with autism like those they will be serving (e.g., preschoolers, adults, individuals with limited vocal-verbal repertoires, etc.).

The Autism SIG urges consumers to ask prospective directors of ABA services (including those who use titles such as "consultant") to provide evidence of their qualifications in the form of:

- Certification as a Board Certified Behavior Analyst (BCBA), or documented equivalent qualifications;
- Information about the amount and type of supervision they provide to all those who deliver intervention directly to individuals with autism and monitoring of the level of involvement/responsibilities and certification status of their supervisees (i.e., BCABAs are not qualified to independently design, direct, and oversee programming);
- Membership in the Association for Behavior Analysis (ABA);
- Membership in an affiliated chapter of ABA (e.g., CalABA, NYSABA, TxABA, FABA, NJABA);
- Undergraduate, graduate, and post-graduate training in behavior analysis specifically, as differentiated from non-behavior analytic study in psychology, special education, education, or other disciplines;
- Letters of reference from employment supervisors and/or families for whom they have directed ABA programming for similar individuals with autism (with appropriate safeguards taken to ensure privacy and confidentiality); and
- Publications of behavior analytic research in peer-reviewed professional journals.

Consumers should be aware of the following:

1. Attending or giving some workshops, taking some courses, or getting brief hands-on experiences does NOT qualify an individual to practice applied behavior analysis effectively and ethically. Unfortunately, there may be some individuals who misrepresent themselves when describing their skills and experiences to consumers.
2. Evidence of attendance and active participation in professional meetings and conferences in behavior analysis (e.g., the annual meeting of the Association for Behavior Analysis) is certainly desirable. Such activities by themselves, however, do not constitute training in behavior analysis, and conference presentations are not equivalent to publications in peer-reviewed professional journals because conference presentations typically are not reviewed carefully by a number of other behavior analysts, and do not have to meet scientific standards. Therefore, it is important for consumers to differentiate presentations at conferences and workshops from publications in peer-reviewed journals.
3. Consumers who have concerns about the ethical behavior of individuals providing ABA services are strongly encouraged to contact the Behavior Analyst Certification Board in the case of a BCBA or BCABA, and discipline-specific licensing boards in the case of those holding professional licensure (such as psychologists, speech-language pathologists, physicians, social workers).



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DISCLAIMER: This document suggests guidelines for consumers to use in determining who may be qualified to direct applied behavior analysis programs for individuals with autism, as recommended by the Autism Special Interest Group of the Association for Behavior Analysis International. It does not represent the official policy, position, or opinions of the Association for Behavior Analysis, its members, or its Executive Council.

Selected Resources

Behavior Analyst Certification Board -www.BACB.com

Matson, J. L., Benavidez, D.A., Compton, L.S., Paclawskyj, T., & Baglio, C. (1996). Behavioral treatment of autistic persons: A review of research from 1980 to the present. *Research in Developmental Disabilities, 17*, 433-465.

New York State Department of Health Early Intervention Program (1999). *Clinical Practice Guideline Quick Reference Guide: Autism/Pervasive Developmental Disorders-- Assessment and Intervention for Young Children (Age 0-3 Years)*. Health Education Services, P.O. Box 7126, Albany, NY 12224 (1999 Publication No. 4216).

Smith, T. (1996). Are other treatments effective? In C. Maurice, G. Green, & S. Luce (Eds.), *Behavioral intervention for young children with autism: A manual for parents and professionals* (pp 45-59). Austin, TX: PRO-ED.

U.S. Surgeon General's Report on Mental Health - Autism Section (1999)



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