Ethics for the Behavior Analyst in the Age of Licensure and Certification

William H. Ahearn, BCBA–D, LABA
Figure 2. Cumulative number of U.S. licensure laws enacted through 2016 ($N = 25$).

Note. The states are indicated below the x axis.

ABA Licensing

- Primary impetus
- 44+ states + DC/Virgin Is. (OK)
Licensure

- All 29 (TX and CT!) laws have BACB credentials as foundation
  - Identifies minimal competence
- Boards of Registry
  - Independent (18?)
  - Psychology (8)
  - Board of Medicine (1)
  - MISC (2)
- States where things are not exactly perfect
  - NC, NY, Ohio, AZ
Overview of State Laws to License or Otherwise Regulate Practitioners of Applied Behavior Analysis

This table indicates: (a) states that have adopted laws to regulate practitioners of applied behavior analysis to date; (b) credentials the state issues to practitioners in each category (see key below); (c) if individuals credentialed by the Behavior Analyst Certification Board (BACB) qualify for the state credential(s); (d) if others may qualify; (e) the regulatory board in each state (if any); and (f) the year the law was adopted. Question marks indicate uncertainties, e.g., because rules to implement laws have not been finalized or are ambiguous. For current requirements and other details, contact the state entity that issues the credential(s).

<table>
<thead>
<tr>
<th>State</th>
<th>Behavior Analyst (advanced degree)</th>
<th>Assoc Behavior Analyst (bachelors degree)</th>
<th>Technician</th>
<th>BACB certificates or registrants qualify</th>
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</table>

L = license; C = state certification; R = state registration; NA = Not applicable; state does not directly regulate individuals in this category. BACB = Behavior Analyst Licensing Board; Psych = Psychology Licensing Board; ESAH = Educational Sciences Regulatory Board; AMHSB = Allied Mental Health & Human Service Professionals Board; BACB = Board of Professional Counselors & Therapists.

1 Direct license issued by a state agency (e.g., Dept. of Commerce, Consumer Affairs, Health, Safety & Professional Services, Licensing & Regulation)
2 Board Certified Behavior Analyst with 1500 hrs supervised experience
3 Per a law adopted in 2017, starting January 1, 2018 the regulatory body in Nevada will be the Board of Applied Behavior Analysis.
MA – AMHHSP under DPL

- Grandfathering ended June 2017
  - BCBA or BCaBA coursework +5 years
- Post-grandfathering rules
  - BCBA or BCaBA (Option1) + exam plus
- Coursework related to behavior analysis
- Two bills for independent board
MA – AMHHSP Discipline

- Omnibus board
  - Chair
  - 2 reps each discipline
- Complaint process
  - Response
  - Infraction
  - Sanctions
- Continuing Education (always reviewed when complaint lodged; paper copies required)
ABA Licensing

- AMHHSP
  - Grandfathering = open door
  - Licenses ~2000
- Who needs to have a license?
  - All practicing App. Beh. Analysts
- Exemptions

applied behavior analysis if it is consistent with the accepted standards of their respective
professions or to an individual who implements applied behavior analysis services to an
individual served in a public or private school setting or service agency licensed or approved by
BA Licensing Law (262 CMR 10.00)

- Additional Requirements
  - Application + fee ($117/155)
  - Good moral character (M.G.L. 112, § 169)
BA Licensing Law (262 CMR 10.00)

- Assistant level – BCaBAs

- Reciprocity of Licensure
  - From MA to other states
  - From other states to MA
    - BACB-credentialed in good standing
Ethics/Standard of conduct (262 CMR 8.00)

- Guidelines for Responsible Conduct
- Professional and Ethical Compliance Code for Behavior Analysts (1/16)

- Standards of conduct (8.02)
  - Applicable to all MA AMHHSPs
  - Override BACB code IF there is a conflict
Standard of conduct (262 CMR 8.02)

- Records
  - Must maintain copy for minimum of 7 years → provide access to client or those they provide access to record
  - For minors, until 1 year after they reach 18 or for a minimum of 7 y
  - Information on records at TX onset
  - Decline only if adversely affects well being → still must provide summary
Standard of conduct (262 CMR 8.02)

- **Client Relationships**
  - **BACB definition of client**
    - service recipient, a parent or guardian of a service recipient, an organizational representative, a public or private organization, a firm, or a corporation.
  - **Maintain appropriate boundaries, avoid dual relationships, and**
  - **No family, romantic, social, supervisory, professional relationship**
  - **No romantic/sexual relations with clients, their family, partners**
Standard of conduct (262 CMR 8.02)

- Client Relationships
  - Do not enter into personal, professional, financial or other relationships with client, their family, or partners
  - Does not prohibit future professional relationships with agencies under which the client is served
  - Working with multiple clients, must establish relationship prior to TX
Standard of conduct (262 CMR 8.02)

- Confidential Communications
  - All communications confidential, including electronic
  - Email, social media
- Consultation/supervision and confidentiality → other licensees
  - Statement to client of confidentiality and that supervision/consultation may be sought prior to TX (maintain conf. still as consultation warrants)
Standard of conduct (262 CMR 8.02)

- Fees and billing
  - Must be accurate
  - Fraud
- Compliance with all other state and federal laws (51A)

Section 51A. (a) A mandated reporter who, in his professional capacity, has reasonable cause to believe that a child is suffering physical or emotional injury resulting from: (i) abuse inflicted upon him which causes harm or substantial risk of harm to the child’s health or welfare, including sexual abuse; (ii) neglect, including malnutrition; (iii) physical dependence upon an addictive drug at birth, shall immediately communicate with the department orally and, within 48 hours, shall file a written report with the department detailing the suspected abuse or neglect; or (iv) being a sexually exploited child; or (v) being a human trafficking victim as defined by section 20M of chapter 233.
Standard of conduct LABA (262 CMR 8.04)

- Evidence-based BA practices only
- No SI, FC, or other non evidence-based practice
- The integration of best peer-reviewed research evidence with clinical expertise and patient characteristics
- Pro bono is kosher but must have contract
Standard of conduct LABA (262 CMR 8.04)

- Do not abandon but may terminate services if they are no longer needed, client not benefitting, is harmed or for failure to pay for services
- 30 days notice for termination except where precluded by client conduct
Standard of conduct LABA (262 CMR 8.04)

- **Supervision**
  - L/BCaBA minimum 1hr/month, face-to-face in TX setting from LABA (BCBA)
  - LABA must approve TX plans of aBA
  - Document on form

- **LABA as supervisor**
  - Provide the type, frequency, and duration of supervision consistent with needs of client
  - Is responsible for oversight of all clients receiving services from aBA
Standard of conduct LABA (262 CMR 8.04)

- **Supervision or paraprofessionals**
  - CORI before hire
  - Responsible for clinical oversight of all clients receiving services from para
  - Provide the type, frequency, and duration of supervision consistent with needs of client
  - Document on form

- **Documentation of supervision**
  - Date, Duration, Format, Evaluation of performance, total experience hours obtained during supervision, breakout individual vs. group, signature of both partie
Conflicts with agencies/schools

If the demands of a funding agency with which a licensed applied behavior analyst or licensed assistant applied behavior analyst is contracted conflict with these regulations, the licensed applied behavior analyst or licensed assistant applied behavior analyst shall seek to resolve workplace conflict in a way that permits adherence to the regulations and shall document such efforts.
Disciplinary Action (262 CMR 6.00)

6.03 The Board may, by majority vote after a hearing conducted in accordance with M.G.L. c. 30A and 801 CMR 1.00, et seq., take disciplinary action against any individual who holds a license issued by the Board. Grounds for such disciplinary action shall include, but shall not be limited to:

- engaging in...or abetting fraud...
- misrepresentation of material facts, false or forged evidence, or bribery in connection with any application for any license
Standard of conduct LABA (262 CMR 6.00)

6.03 continued

- Competence, fraud, misconduct, expertise, negligence, impairment, adherence to law, aiding unlicensed practice, free of discipline in other states, false advertising (M.G.L. c. 112, §§ 61-65A & 163 through 172A)
- Failure to cooperate with investigation (of L or not)
- Failure to cooperate with Board orders/consent agreements
- Continuing to practice lapsed, suspended, revoked, without required CEs
Standard of conduct LABA (262 CMR 6.00)

- **6.03 continued**
  - **Sanctions**
    - Suspend, revoke, cancel, decline to renew
    - Reprimand
    - Assess penalties not to exceed $100 for a first; $500 for a second; $1,500 for a third; or $2,500 for a fourth or subsequent violation
    - Require CEs
    - Require supervision
    - Require rehabilitation
    - Or other reasonable sanctions
Continuing Education (262 CMR 7.00)

- Maintain appropriate CE
  - Licensees are required to complete a minimum of 30 CE Hours per licensure/renewal period (every two years).
  - These Contact Hours must be obtained from Board-recognized entities.
- Document the title, # of CEs, provider name, date, verification of attendance,
- Auditing
- Sponsors maintain records for attendees for at least 5 years
MA – AMHHSP Discipline

- Omnibus board
  - Chair
  - 2 reps each discipline
- Complaint process
  - Response
  - Infraction
  - Sanctions
- Continuing Education (always reviewed when complaint lodged; paper copies required)
Figure 1. Number of BACB certificants worldwide per year by certification type.

Note. Data were obtained in November 2016. BACB = Behavior Analyst Certification Board; BCBA = Board Certified Behavior Analyst; BCaBA = Board Certified Assistant Behavior Analyst; RBT = Registered Behavior Technician.

BACB Credentials

- Coursework requirements
  - Changes
- Experiential requirements
  - Were weak
  - Changes closer to or exceed other Ps
- Exam
  - Passage rates (13–58%; 14–60%; 15–65%)
  - 2016 – 28% of programs with first time test takers had 80% or greater pass
Table 1

*BACB® Credentials (Option 1)*

<table>
<thead>
<tr>
<th>Credential</th>
<th>Degree</th>
<th>ABA Coursework</th>
<th>Additional Requirements</th>
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<tbody>
<tr>
<td>BCBA</td>
<td>Masters degree or higher in Behavior Analysis, Psychology, or Education</td>
<td>45 hrs Ethics, 45 hrs Behavior Analysis, 45 hrs Research Methods, 30 hrs Discretionary, 105 hrs ABA</td>
<td>Supervised experience by a BACB-approved supervisor, Passing the BCBA exam</td>
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<tr>
<td>BCaBA</td>
<td>Bachelors degree or higher in any discipline</td>
<td>15 hrs Ethics, 45 hrs Behavior Analysis, 15 hrs Research Methods, 15 hrs Discretionary, 90 hrs ABA</td>
<td>Supervised experience by a BACB-approved supervisor, Passing the BCaBA exam</td>
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<td>RBT</td>
<td>High School degree or equivalent</td>
<td>No specific coursework</td>
<td>40 hours of training by a BACB certificant, Passing the RBT competency assessment post-training, Passing a criminal background check, Passing RBT exam</td>
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BACB Credentials changes

- 5th Edition of the Task List
  - Started process in 2015
  - Changes approved by BACB BoD 2016
  - Implemented in 2020 (exams in 2022)

- Changes coursework
  - BCBA from 270–315
  - BCaBA from 180–225
  - OBM and Behaviorism course hours added
ABA Licensing in Massachusetts

- **Primary impetus?**
  - Prior to insurance reform many BCBAs were practicing (PS&Insur.)

- **ARICA passes**
  - Insurance industry rebuff
  - Competency
  - Exemptions
  - Oversight
“Applied Behavior Analysis”, a set of techniques derived from basic and clinical research in the psychology of learning. The techniques are employed therapeutically in an effort to control or reduce abnormal and maladaptive behaviors in specific populations, predominately children with severe developmental disabilities and autism, consistent with the psychological principles of operant conditioning and learning.

–Rep. Balser (Newton, MA); Licensed Psychologist who knows nothing about ABA
What are THEY really doing?

Right to practice
What can a LPsych do?
Who is a Psychologist?
Behavior Analysis, small sub-field of psychology?
BA Licensing Law

WHAT DOES THAT EVEN MEAN?
A critical moment
What is our argument?

Our right to practice
Is a license necessary?
Who is a Behavior Analyst?
Behavior Analysis, an independent discipline!
What is our argument?

BA → RB, distinct from PSY
Skinner in 1930s; ExpPsy
Why JEAB in 1958?
ABA in 1950s
Bijou, KU (Human Dev.)
JABA in 1968
the disciplinary title most closely paired with skinnerian science has been *behavior analysis*. Unfortunately, it is not a clean pairing. A number of people call themselves “behavior analysts” and apply what they state is “behavior analysis”. Yet what is ascribed to Skinner may resemble little of Skinner’s science and may even be quite critical of it, stating that its methodology is “atavistic” and disavowing even one of Skinner’s greatest accomplishments, his analysis of verbal behavior. During such hullabaloo the profession of “behavior analysis” emerged, propelled primarily by Jerry Shook’s successful efforts to set up a Credentialing Board for behavior analysts. Regardless of their disciplinary background, the Board’s mission was to ensure the quality of the repertoires of those behavior analysts delivering services to the public. It effectively removed “behavior analysis” from being paired with any current disciplinary program, especially psychology. “Behavior analysis” became an engineering profession. E.A. Vargas (personal communication)
Do you have 5 minutes so I can share the words of B.F. Skinner with you?
A good starting point for ethical guidelines

- Review the standards of practice
  - Related professions
- What are the distinguishing characteristics of our field?
  - Skinner’s aversion to aversives, partly a reaction to defective control, partly an ethical objection
- The right to effective treatment
  - Van Houten, Axelrod, Bailey, Favell, Foxx, Iwata, & Lovaas (1988)
Our initial guiding principles

1. An Individual Has a Right to a Therapeutic Environment
2. An Individual Has a Right to Services Whose Overriding Goal is Personal Welfare
3. An Individual Has a Right to Treatment by a Competent Behavior Analyst
4. An Individual Has a Right to Programs That Teach Functional Skills
5. An Individual Has a Right to Behavioral Assessment and Ongoing Evaluation
6. An Individual Has a Right to the Most Effective Treatment Procedures Available
A brief history in ethical guidelines for behavior analysts

- 1988 ABA(I) → Adopted 1989
  - The Right to Effective Tx
  - Panel of experts (not 1–2 old white guys sitting in a dark room)
- Whither ethics???
  - 1976 Executive Council discussions
  - 1990 APA code adopted (problems w/APA?)
  - Late 1990s ABA Prof. Standards committee
  - John Jacobson → drafted ethics code
  - 2001 rejected by ABA EC, adopted by BACB
Where are we now with our field’s ethical guidelines?

- The bad old days of BMOD
  - Sunland Training Center in Miami (early 1970s)
- FABA code of ethics
  - Certifying behavior analysts in FL (MN)
  - Credentialing matures (BACB goes gangbusters)
- BACB’s Guidelines for Responsible Conduct (2001)
  - Discretionary
  - Professional Disciplinary and Ethical Standards
- BACB’s Professional and Ethical Compliance Code for Behavior Analysts (2016)
  - No longer discretionary (teeth added)
Mr. Punishment? A personal journey.
1. Is it ethically sound to treat food selectivity with aversive control?
Can we change all severe feeding problems w/ positive procedures?

- Total food refusal
  - Ahearn et al. (1996)
  - Reed, Piazza et al. (2004) – NCR
  - Patel, Piazza et al. (2002) – DRA
- Parents selecting Tx procedures (Ahearn et al., 1996)
  - Some parents may prefer more intrusive Txs
1. Escape prevention works; You have 2–3 weeks; SR+ has failed in outpatient treatment.

2.05 Rights and Prerogatives of Clients.

(a) The rights of the client are paramount and behavior analysts support clients’ legal rights and prerogatives.
What is a feeding problem?

- Refusal → Selectivity
  - Ahearn (2001)
- Most critical function of eating
  - Caloric intake
  - Growth and weight gain
- Children w/ ASDs may eat more than typical
  - (Raiten & Massaro, 1986)
- Food and texture selectivity
  - Early identification = hi prob. success
- Variables associated w/ Fdg problems
  - GI symptoms
Observing selective eating

- Limited exposure = restricted diet
  - Child refusal shapes parent behavior
  - Parent behavior fosters selectivity
- Diet records (Ahearn, 2001)
  - 218 records, autism/selective eaters
  - <20% prob. NP item (<50% acc)
Selective Eating

- Common problem (Kedesdy et al., 1998)
- Novel or new (e.g., Birch et al., 1982)
- Develops when? (Carruth et al., 2004)
  - As many as 50% of all toddlers
  - Selectivity increases w/ age
  - Typically meet nutritional requirements
- Transient? (Carruth & Skinner, 2000)
  - Severe traced to early eating history (Marchi & Cohen, 1990)
Step 1 – Structuring mealtimes

- Existing structure to meals
  Meal as routine
- Altering structure
  Eating environment
  Timing of access to food
  Discrete trial format
  Which items are presented
  How to present them
  Routines with items/plate
- From structure to exposure
What to do first?

- Diet record summary
- Select foods for exposure
  - Half of foods should be preferred
  - 1–3 target (new) items for each group
  - At least 1 item from each food group
  - Don’t choose bitter or smelly foods
Procedures

- Exposure program
  - 18 sessions (1 block)
  - Target item presented 6 times per block
  - Self-feeder presentation
  - No differential consequences
  - About 30 minutes before meal
Procedures

- Meals (session)
  - 2 accepted + 2 target items
  - 5 presentations of each item
  - Order of presentation quasi-randomized
  - Single-item on plate
  - "(Child’s name), take a bite"
  - 5–10 s to consume
  - Refusal = neutral removal
  - 30 s ITI
Participants

- **Mike**
  - 4, ASD
  - Moderately selective
  - Preferred starch, limited pro, no fruit/veg

- **Chris**
  - 2.5, ASD
  - Mildly selective
  - Preferred starch, limited pro/veg/fruit
  - Gagging/vomiting
First Block of Exposure Sessions

Second Block of Exposure Sessions

Third Block of Exposure Sessions

Mike
First Block of Exposure Sessions

Number of Target Bites

Sessions

Accept

Gagging

Chris
Results & Discussion

- Exposure = improved intake
  - All consumed target items
  - Results generalized to meals
- Selectivity shaped
  - Consistent presentation of variety
  - Exposure sessions like DTT
- Limited to mild feeding problems?
  - Novel foods in assessment
  - Good starting point!
2. Is imposing aversive control ever acceptable without assessment?

2.09 Treatment/Intervention Efficacy.

(a) Clients have a right to effective treatment (i.e., based on the research literature and adapted to the individual client). Behavior analysts always have the obligation to advocate for and educate the client about scientifically supported, most-effective treatment procedures. Effective treatment procedures have been validated as having both long-term and short-term benefits to clients and society.

3.01 Behavior-Analytic Assessment. RBT

(a) Behavior analysts conduct current assessments prior to making recommendations or developing behavior-change programs. The type of assessment used is determined by client's needs and consent, environmental parameters, and other contextual variables. When behavior analysts are developing a behavior-reduction program, they must first conduct a functional assessment.
“It seems likely that PhD-level behavior analysts are capable of interviewing a teacher or parent and accurately identifying functional relations, even without the use of a structured assessment tool.” (McIntosh, Borgmeier, Anderson, Horner, Rodriguez, & Tobin, 2008; JPBI – p. 43)

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Must we perform a FA of problem behavior before TX?

- Whenever we plan to use aversive Tx!
- Are there exceptions?
- But what kind of FA
- Are we able to identify functional relations without an analogue analysis?
What do we know about FA of self-injury? Automatically reinforced behavior?

- Function is idiosyncratic (Iwata et al., 1994)
- Is it possible that these % may vary across other problem behavior? Populations?
- How about stereotypy?
- Well over 93% Auto SR+
So what is a therapeutic environment?

- Persons w/ severe problem behavior have the right to functional assessment.

- Function-based intervention is our gold standard for identifying likely effective, least intrusive treatment.

- Functional analysis is associated with decreased reliance on aversive control for SIB/aggression.
  - Pelios, Morren, Tesch, & Axelrod (1999; JABA)
If we don’t conduct an FA what else can we do?

- Indirectly assess (at your great risk)
- Match Tx to function
  - (Kuhn, DeLeon, Fisher, & Wilke, 1999)
- Function-based approach for responses maintained by automatic reinforcement?
  - Response competition?
  - (Piazza, Adelinis et al., 2000)

4.09 Least Restrictive Procedures.

Behavior analysts review and appraise the restrictiveness of procedures and always recommend the least restrictive procedures likely to be effective.
8.5 & 8.6 A fair pair
Make recommendations to the client regarding behaviors that must be established, strengthened, and/or weakened to attain the stated intervention outcomes.

When a behavior is to be weakened, select an acceptable alternative behavior to be established or strengthened. (BACB Task List, 2005)

4.08 Considerations Regarding Punishment Procedures.
(a) Behavior analysts recommend reinforcement rather than punishment whenever possible.
(b) If punishment procedures are necessary, behavior analysts always include reinforcement procedures for alternative behavior in the behavior-change program.
Response Interruption + Redirection Baseline (Act naturally)
Pretend VS is not happening
Reinforce requesting/app speech

Contingent upon vocal stereotypy
Establish attention (eye contact)
Ask social questions (hi–p compliance)
Reinforce requesting/app speech
Percentage of intervals - Vocal Stereotypy

Session

BL | RI+RD | BL

Response interrupt + redirect (RI+RD)

Stereotypy

Session
So how does one determine minimal intrusiveness?

- Review the known literature
  - Should we only look at recent studies?
  - What if there are no reports of comparable situations?
- The right to effective treatment
  - Van Houten, Axelrod, Bailey, Favell, Foxx, Iwata, & Lovaas (1988)
3. Is contingent electric shock acceptable for severe SIB?
SIBIS

- Developed as a tool for TX of intractable self-injury
- Some behavior is not responsive to “positive” approaches, no matter how masterful the clinician
- Punishment/Contingent electric shock is typically effective immediately
- Device allows for automatic detection, delivery, and recording of self-injury
Evidence

- Linscheid, Iwata, Ricketts, Williams, & Griffin (1990; JABA)

- 5 case studies; severe SIB; unresponsive to other intrusive interventions

- SIBIS delivered contingent electric shock with no other TX in place

- TX was effective (all, 1 longer latency) and durable (4 of 5)
Figure 5. Head hits exhibited by Johnny during the experimental phase of his program.
Other related information

- Sometimes will lose effectiveness
  - Ricketts et al. (1993; JBTEP)
- Modifications may be necessary for long-term maintenance
  - Williams et al. (1994; RIDD)
- Sometimes positive side effects + long-term maintenance
  - Linscheid et al. (1994; RIDD)
- Other devices (TSD) similarly effective
  - Mudford et al. (1995; RIDD)
Status of evidence

- Evidence suggests SIBIS/contingent shock might produce lasting change
- Does it require immediacy of consequence?
- Must it be in place for the life span?
- Is it more effective than function-based interventions?
- Competence?

2.01 Accepting Clients.

Behavior analysts accept as clients only those individuals or entities whose requested services are commensurate with the behavior analysts’ education, training, experience, available resources, and organizational policies. In lieu of these conditions, behavior analysts must function under the supervision of or in consultation with a behavior analyst whose credentials permit performing such services.
Should contingent electric shock be used?

- Literature suggests when other TXs (including intrusive) fail for SIB then this is justified as it might work.
- For other behavior???
- If federal or state laws prohibit, we are in a dilemma (BACB Code – 1.04D; 1.04E).

- The considerations of all involved parties affected by behavioral services must be considered.
  - The client
  - Caregivers (out placement)
  - Society
1.04 Integrity

(a) Behavior analysts are truthful and honest and arrange the environment to promote truthful and honest behavior in others.
(b) Behavior analysts do not implement contingencies that would cause others to engage in fraudulent, illegal, or unethical conduct.
(c) Behavior analysts follow through on obligations, and contractual and professional commitments with high quality work and refrain from making professional commitments they cannot keep.
(d) Behavior analysts’ behavior conforms to the legal and ethical codes of the social and professional community of which they are members. (See also, 10.02a Timely Responding, Reporting, and Updating of Information Provided to the BACB)
(e) If behavior analysts’ ethical responsibilities conflict with law or any policy of an organization with which they are affiliated, behavior analysts make known their commitment to this Code and take steps to resolve the conflict in a responsible manner in accordance with law.
“Coercion is not the root of all evil, but until we adopt other than coercive ways to control each other’s conduct, no method of physically improving our species will keep our survival timer from running out.” (Sidman, 1989, p. ix)
2b. The problem of escape-maintained and automatically negatively-reinforced behavior.
Going down the road feeling bad

- Aversive situations feel bad
  - What is escape extinction?

- Automatic Negative Reinforcement
  - Physiological
  - Conditioned (Both!)
    - Involves both operant and respondent behavior
    - Can be both public and/or private
Defining Anxiety

- Traditional views
  - Imprecise, essentialistic, dualistic (Friman et al., 1998)
  - Something you *have*, not something you *do*

- Behavioral view
  - Anxiety is behavior
  - Cluster of responses
    - Can involve both operant and respondent behavior
    - Can be both public and/or private
  - These responses occur when an upcoming aversive stimulus is signaled
To develop a preliminary method of behaviorally assessing anxiety in CWA with limited communication skills

To use the results of the assessment to guide treatment

Hypothesis: three general presentations

- Anxiety presenting only before the aversive event
- Anxiety presenting before the aversive event with problem behavior continuing during the event
- No anxiety (escape–maintained problem behavior)
Anxiety Assessment: General Procedures

- Multi-element Design
  - Compare responding across four phases of each session
    - No Interaction 1, Signal, Event, No Interaction 2
    - At least three sessions conducted for each aversive event
<table>
<thead>
<tr>
<th></th>
<th>Target Responses</th>
<th>Setting 1</th>
<th>Event 1</th>
<th>Setting 2</th>
<th>Event 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRH</td>
<td>Ritualistic communication, ear covering, whining</td>
<td>Research Room</td>
<td>Loud Noise</td>
<td>Research Room</td>
<td>No Condiments</td>
</tr>
<tr>
<td>LBW</td>
<td>Body stiffening, aggression, freezing, vocal protesting, staring</td>
<td>Research Room</td>
<td>Hairdryer</td>
<td>Locker Room</td>
<td>Hairdryer</td>
</tr>
<tr>
<td>OMM</td>
<td>Verbal protesting, verbal distress, non-compliance, crying</td>
<td>Research Room</td>
<td>Nurse</td>
<td>Research Room</td>
<td>Walk to exam room</td>
</tr>
<tr>
<td>LKN</td>
<td>Vocal distress, non-compliance, aggression</td>
<td>Research Room</td>
<td>Hair cut</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>ZAW</td>
<td>Freezing, posturing, startling</td>
<td>Research Room</td>
<td>Loud noise</td>
<td>Home</td>
<td>Loud Noise</td>
</tr>
</tbody>
</table>
Fig. 1. Average response rates across four loud noise tests and seven no condiments tests for TRH.
Caregiver Ratings

Not Anxious
0 1 2 3
Not Bored
0 1 2 3
Not Happy
0 1 2 3
Extremely Anxious
Extremely Bored
Extremely Happy

NI1,2 E S
E S NI1,2
NI2 S E NI1
Caregiver Ratings

- Not Anxious
  - 0: Not NI2, E NI1
  - 1: S
  - 2: Not Anxious
  - 3: Extremely Anxious

- Not Bored
  - 0: Not S
  - 1: S
  - 2: E, NI1,2
  - 3: Extremely Bored

- Not Happy
  - 0: S, E
  - 1: NI1,2
  - 2: Not Happy
  - 3: Extremely Happy
OMM Test 1 Averages (Nurse)
Caregiver Ratings

Not Anxious
0 1 2 3
Not Bored
0 1 2 3
Not Happy
0 1 2 3
Extremely Anxious
Extremely Bored
Extremely Happy
OMM Test 2 Averages (Exam Rm)
Caregiver Ratings

Not Anxious

Not Bored

Not Happy
LKN Test 1 Averages (Hair cut)

- Non-compliance (s)
- Vocal Distress (RPM)
- Aggression (RPM)

- No interaction
- Signal
- Hair Clippers
- No interaction
Caregiver Ratings

Not Anxious

Not Bored

Not Happy

Extremely Anxious

Extremely Bored

Extremely Happy

NI1, NI2, S

E

S

NI1 NI2
LKN Functional Analysis

Rate of Aggression vs. Sessions

Rate of Vocal Distress vs. Sessions
ZAW Test 1 Averages (Research Rm)
Caregiver Ratings

- Not Anxious
  - 0
  - NI2
  - NI1,S
  - E
  - Extremely Anxious

- Not Bored
  - 0
  - NI1,NI2,S,E
  - Extremely Bored

- Not Happy
  - 0
  - NI1,S,E NI2
  - Extremely Happy
ZAW Test 2 Averages (Home)
Caregiver Ratings

Not Anxious

Not Bored

Not Happy

Extremely Anxious

Extremely Bored

Extremely Happy
## Assessment Results Overview

<table>
<thead>
<tr>
<th>Anxiety?</th>
<th>Signal/Event</th>
<th>Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRH</td>
<td>Yes</td>
<td>Signal only</td>
</tr>
<tr>
<td>LBW</td>
<td>Yes</td>
<td>Signal only</td>
</tr>
<tr>
<td>OMM</td>
<td>Yes</td>
<td>Signal + Event</td>
</tr>
<tr>
<td>LKN</td>
<td>No</td>
<td>Event only</td>
</tr>
<tr>
<td>ZAW</td>
<td>Yes</td>
<td>Signal + Event</td>
</tr>
</tbody>
</table>
Treatment Rationale

- Assessment results used to guide treatment
- Topography and severity of responses
- Problem behavior in event

<table>
<thead>
<tr>
<th></th>
<th>Anxiety?</th>
<th>Signal/Event</th>
<th>Presentation</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRH</td>
<td>Yes</td>
<td>Signal only</td>
<td>Conditioned Activation</td>
<td>DRA</td>
</tr>
<tr>
<td>LBW</td>
<td>Yes</td>
<td>Signal only</td>
<td>Conditioned Suppression</td>
<td>N/A</td>
</tr>
<tr>
<td>OMM</td>
<td>Yes</td>
<td>Signal + Event</td>
<td>Conditioned Activation</td>
<td>Shaping + DRA</td>
</tr>
<tr>
<td>LKN</td>
<td>No</td>
<td>Event only</td>
<td>Escape-maintained PB</td>
<td>FCT</td>
</tr>
<tr>
<td>ZAW</td>
<td>Yes</td>
<td>Signal + Event</td>
<td>Conditioned Suppression</td>
<td>Shaping + DRA</td>
</tr>
</tbody>
</table>
Anxiety in Signal Only: Simple DRA (TRH)

- TRH taught to engage in simple picture schedule to “relax”
  - Forward chain, least-to-most prompt fading, verbal and edible reinforcement
  - Taught in absence of signal and event
  - Once mastered introduced in context of signal and event
Fig. 8. Treatment data during the signal of both tests for TRH.
OMM Event
Fig. 12. Treatment data during the signals of both tests for ZAW.
Jessica will not be miserable

- History of abuse
  - What justifies physical contact?

- Safety and well being
  - Family and friends
  - Coming to a better place
3. Is aversive control ever acceptable when teaching skills?
We often have a dilemma whenever we reinforce or teach skills

- Errorless learning
  - Terrace (1963; 1963)
- Is errorless learning always the best
  - Does it foster prompt dependency?
- Any evidence that trial-and-error may be better?
  - Libby et al. (2008)
4. Is aversive control ever acceptable when teaching social skills?
How do we teach social skills?

- Social interaction
  - Is it unconditionally appetitive?
  - The wink
- Social distance
  - Social interaction must be reinforcing
  - But behavior must be sensitive to dynamic contingencies
    - Restricted/repetitive “interests”
5. Is aversive control ever acceptable when decelerating undesirable social behavior?
“If a scientific analysis can tell us how to change behavior, can it tell us what changes to make?” (Skinner, 1971, p. 103)
Whither value?

- Comparing the now to the future
  - From bad to better
  - Is there a better and a good?
- Control by positive reinforcement = good?
- All negative reinforcers = bad!
  - Punishment is typically achieved by applying negative reinforcers
- We also come to “feel” new goods and bads through respondent conditioning
So what is a value judgment?

“…not what man can do but what he ought to do…” (Skinner, 1971; p. 102)
- The fact of a behavioral relation
- The feeling engendered by a behavioral relation
- Does positive reinforcement feel good?
- Negative reinforcement feels bad
  - Again, punishment feels bad too
- Behavioral mechanism identifies the process of control and distinguishes a “thing from its reinforcing value” (p. 104)
Who can/should make value judgments?

- Science generally avoids VJ but (e.g., Skinner, 1971)
  - Asserts behavioral scientists can inform VJs

- Feeling vs. learning how to feel
- Candy is a positive reinforcer
  - But, is it good to eat candy?
- Ultimately, the behavioral scientist cannot make VJs in a vacuum
Standard of conduct LABA (262 CMR 8.04)

- **Supervision**
  - L/BCaBA minimum 1hr/month, face-to-face in TX setting from LABA (BCBA)
  - LABA must approve TX plans of aBA
  - Document on form

- **LABA as supervisor**
  - Provide the type, frequency, and duration of supervision consistent with needs of client
  - Is responsible for oversight of all clients receiving services from aBA
Standard of conduct LABA (262 CMR 8.04)

- **Supervision or paraprofessionals**
  - CORI before hire
  - Responsible for clinical oversight of all clients receiving services from para
  - Provide the type, frequency, and duration of supervision consistent with needs of client
  - Document on form

- **Documentation of supervision**
  - Date, Duration, Format, Evaluation of performance, total experience hours obtained during supervision, breakout individual vs. group, signature of both parties
Standard of conduct LABA (262 CMR 8.04)

- Conflicts with agencies/schools

If the demands of a funding agency with which a licensed applied behavior analyst or licensed assistant applied behavior analyst is contracted conflict with these regulations, the licensed applied behavior analyst or licensed assistant applied behavior analyst shall seek to resolve workplace conflict in a way that permits adherence to the regulations and shall document such efforts.
Disciplinary Action (262 CMR 6.00)

6.03 The Board may, by majority vote after a hearing conducted in accordance with M.G.L. c. 30A and 801 CMR 1.00, et seq., take disciplinary action against any individual who holds a license issued by the Board. Grounds for such disciplinary action shall include, but shall not be limited to:

- engaging in...or abetting fraud...
- misrepresentation of material facts, false or forged evidence, or bribery in connection with any application for any license
6.03 continued

- Competence, fraud, misconduct, expertise, negligence, impairment, adherence to law, aiding unlicensed practice, free of discipline in other states, false advertising (M.G.L. c. 112, §§ 61-65A & 163 through 172A)
- Failure to cooperate with investigation (of L or not)
- Failure to cooperate with Board orders/consent agreements
- Continuing to practice lapsed, suspended, revoked, without required CEs
6.03 continued

Sanctions

- Suspend, revoke, cancel, decline to renew
- Reprimand
- Assess penalties not to exceed $100 for a first; $500 for a second; $1,500 for a third; or $2,500 for a fourth or subsequent violation
- Require CEs
- Require supervision
- Require rehabilitation
- Or other reasonable sanctions
Continuing Education (262 CMR 7.00)

- Maintain appropriate CE
  - Licensees are required to complete a minimum of 30 CE Hours per licensure/renewal period (every two years).
  - These Contact Hours must be obtained from Board–recognized entities.
  - Document the title, # of CEs, provider name, date, verification of attendance,
  - Auditing
  - Sponsors maintain records for attendees for at least 5 years