



**Recommendations for Clinical Supervisor Qualifications
in Applied Behaviour Analysis Programming for Children
and Youth with Autism Spectrum Disorder**

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Introduction

In June 2017, the Ontario Ministry of Children and Youth Services (MCYS) launched the Ontario Autism Program (OAP). This new program aims to provide consistent services for children and youth across the province, allow for flexibility and choice based on each child and youth's needs, and reassure families that they are receiving quality services¹. One important aspect of effective ABA services is ensuring parents have access to quality clinical supervision. As such, MCYS will be developing new clinical staffing requirements for the OAP. Historically, requirements for supervising government-funded ABA based programming have varied. With the Autism Intervention Program (AIP), developed in 1999, Intensive Behavioural Intervention (IBI) programs were required to have a regulated health practitioner, typically a psychologist, providing clinical supervision³. One possible reason for this requirement was related to capacity, as there a limited number Board Certified Behavior Analysts® (BCBA®) in Ontario at the time⁴. Since the number of BCBAs has increased significantly in Ontario, clinical supervision requirements for both the Applied Behaviour Analysis based services and supports implemented in 2011⁵ and the One-Time Direct Funding Option (i.e., 8K/10K funding allotments) for the Autism Intervention Program implemented in 2016⁶ included a BCBA® as an individual qualified to provide clinical supervision. The inclusion of BCBA®s as clinical supervisors puts Ontario in line with the 44 US states who require BCBA® certification or licensure to supervise ABA services for children and youth with ASD⁷.

The purpose of this document is to provide policy makers and service providers with information as to the general qualifications for individuals supervising ABA programs not only in the OAP, but for all clinicians supervising ABA programs for children and youth with Autism Spectrum Disorder (ASD). The term clinical supervisor in this document refers to a clinician whose responsibilities include all aspects of clinical direction and supervision¹⁶. Within clinical practice in Ontario, these titles may include Clinical Supervisor, Clinician-in-Charge, Clinical Director, or a similar variation.

The goals of this document are to provide:

- Recommendations in terms of qualifications for clinical supervisors of ABA programs, including professional credentials, education, and type/amount of experience
- Recommendations for jurisprudence and administrative requirements
- A general framework for a potential approval process

The recommendations below are broad in nature and are meant to describe general requirements, not specifics related to how these requirements are assessed or monitored. The recommendations are meant to serve as a foundation for a structured approval/accreditation process, which would outline in detail how to assess and monitor these requirements on an ongoing basis.

Process

In determining necessary qualifications for ABA supervisors, there are many criteria that must be considered, including but not limited to educational background, depth and breadth of training, range and relevance of experience, understanding of relevant legislation, capacity to meet administrative and billing

requirements, as well as proper insurance coverage. To develop these recommendations, ONTABA formed an ad hoc committee whose membership represented: clinicians who have supervised Intensive Behavioural Intervention (IBI)/ABA programming in the Direct-Funded Option (DFO) and Direct-Service Option (DSO) under the former Autism Intervention Program (AIP); clinicians with experience monitoring the quality of DFO programs; representatives from the Professional Regulation Committee and Board of Directors of ONTABA; and university and college educators.

Members of this ad hoc committee reviewed:

- Relevant literature and practice guidelines
- Standards of supervision from other regulated health disciplines
- Existing accreditation processes and standards
- Legislation, accreditation, and regulation of behaviour analysts or behaviour services within other countries, states, provinces, and jurisdictions.

Additionally, input was sought from local clinicians with experience supervising and monitoring DSO and DFO services, the ONTABA Advisory Committee, international experts in the provision of behaviour analytic services for individuals with ASD, and parents of individuals with ASD who have received behaviour analytic services. The synthesis of this information formed the basis for the recommendations presented below. A consensus process was used to ensure that each recommendation had the unanimous approval of the Committee and the ONTABA Board of Directors.

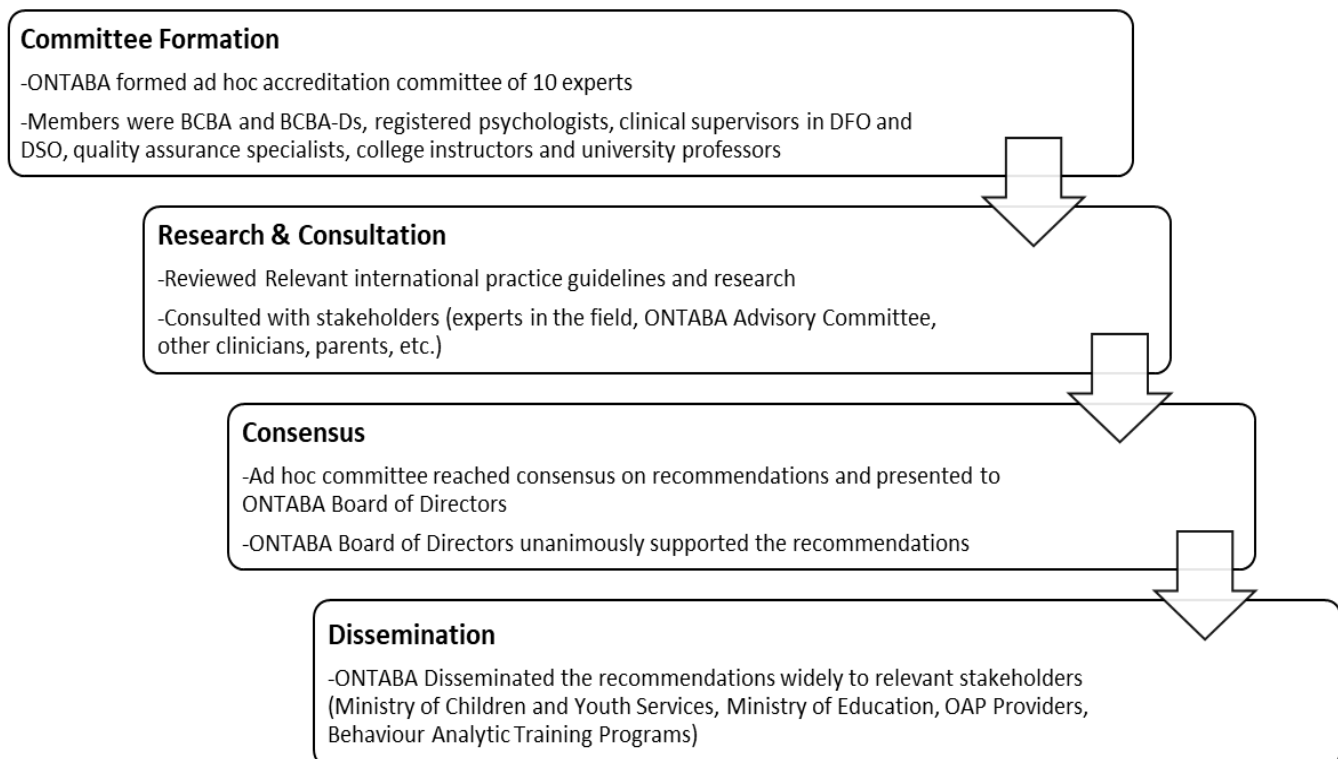


Figure 1. Accreditation committee process.

List of committee members

Carobeth Zorzos, M.A., C. Psych., BCBA, Clinical Supervisor/Director (Committee Chair)

Kelly Alves, M. Ed., BCBA, Quality Assurance Supervisor, College Professor

Joan Broto, Ph.D., BCBA-D, Clinical Supervisor, University Instructor

Joel Hundert, Ph.D., C.Psych, BCBA-D, Associate Clinical Professor, Director

Julie Koudys, Ph.D., C.Psych., BCBA-D, Assistant Professor

Tracie Lindblad, M.Sc., Reg. SLP (CASLPO), M.Ed., BCBA, Clinical Director

Nancy Marchese, M.A., C.Psych., BCBA, Clinical Supervisor, Executive Director

Rachel Metcalfe, B.Sc., Clinical Supervisor

Jenna Scime, M.ADS, BCBA, Clinical Coordinator, College instructor

Kendra Thomson, Ph.D., BCBA-D, Assistant Professor

Joey Robertson, M.ADS, M.A. student, Assistant

Recommendations

The recommendations related to the qualifications of the Clinical Supervisor, outlined below, are all inclusive. Specifically, it is recommended that the Clinical Supervisor demonstrate evidence of the outlined qualifications across all of the following categories in order to be an approved Clinical Supervisor in the OAP:

- professional credentials
- training and experience
- vulnerable sector screening/checks
- professional liability insurance
- jurisprudence and ethics related to the delivery of services to children and youth, and
- ethical billing and administrative practices.

1. Professional Credentials:

a) The Clinical Supervisor must possess one of the following:

- Current certification in good standing as a Board Certified Behavior Analyst® (BCBA®) or a Board Certified Behavior Analyst-Doctoral™ (BCBA-D™) by the Behavior Analyst Certification Board® (BACB®) and documented approval from the BACB® to serve as a supervisor; or
- Current registration with Ontario College of Psychologists with documented expertise in Applied Behaviour Analysis (ABA). Documentation could include relevant certifications, transcripts, or syllabi showing that the individual has completed coursework and supervised training that is comparable to the requirements to sit for the BCBA®/BCBA-D™ examination⁸.

Rationale

Effective and ethical delivery of ABA interventions for children and youth with ASD requires supervision from individuals who have the proper credentials, certifications, and educational requirements⁸. The requirements for obtaining the BCBA® and BCBA-D™ credentials have been derived from multiple job analysis studies and subject matter expert reviews involving thousands of professional behavior analysts, as well as case law and best practices in professional credentialing. They are similar to the credentialing requirements of most other behavioural health professions^{9 10 11 12 13 14 15}. The BACB® has also established training requirements for BCBA®s and BCBA-D™s to supervise those who implement ABA treatment plans³⁴. Additionally, all professionals who are credentialed by the BACB® must adhere to ethical provisions regarding supervision¹⁶.

Despite the rigorous requirements to obtain a BCBA® credential, it should be noted that ABA is a broad field, not limited only to the treatment of ASD, and obtaining a BCBA®/BCBA-D™ credential alone does not necessarily indicate competency in the treatment of ASD. Therefore, training and supervised work experience in ABA assessment and treatment, specifically for children and youth with ASD, are recommended in addition to the BCBA®/BCBA-D™ certification¹⁷. This would ensure professionals work within the boundaries of their competency, as required by the BACB®.

2. Training and experience

- a) The Clinical Supervisor must have at least 7500 hours (i.e., approximately 5 years of full time experience) post-certification experience (or 7500 hours post-College of Psychologists of Ontario registration) supervising and delivering ABA services to children and youth with ASD, which includes the following:
 - 1500 hours supervised practice (i.e., approximately one year of full time implementation) of delivering ABA services directly to children and youth with ASD;
 - More than half of the ABA experience must have involved supervisory duties.
- b) The Clinical Supervisor must have documented experience and competence in the following⁸:
 - Designing and implementing both comprehensive and focused ABA interventions for children and youth with ASD.
 - Delivering ABA interventions directly to at least eight individuals with ASD who present with a range of skills, levels of functioning, and ages.
 - Implementing a full range of scientifically-validated, behaviour analytic procedures (i.e., reinforcement, extinction, discrete-trial procedures, incidental teaching, and use of naturalistic teaching methods).
 - Using ABA procedures in one-to-one (one therapist to one learner) and group intervention formats.
 - Implementing scientifically validated effective procedures for promoting generalization of behaviour change.
 - Making data-based decisions to modify intervention procedures.
 - Conducting functional assessments (including functional analyses).
 - Conducting caregiver training using ABA procedures.

- Working collaboratively with professionals from other disciplines.
- c) The Clinical Supervisor must demonstrate the following supervisory skills:
- Case supervision skills:
 - Competence in assessing adaptive skills and behavioural excesses in children and youth with ASD^{8 19}
 - Competence in selecting objectives for skill acquisition and reduction of behavioural excesses for both comprehensive and focused ABA intervention plans for children and youth with ASD¹⁷.
 - Competence in developing individualized intervention plans for children and youth with ASD, including specification of the nature and scope of intervention¹⁷.
 - Competence in developing written ABA intervention protocols for building skills and reducing behavioural excesses that are individualized to the child and/or youth with ASD^{8 17}.
 - Competence assessing and remediating the integrity and quality of ABA interventions (i.e., modifying programs based on the child's or youth's skill acquisition data, conducting treatment integrity checks across implementers to ensure the consistency of programming¹⁷).
 - Competence in collecting, summarizing, and analyzing data from direct observation and measurement of treatment targets to inform program decision making^{17 20}.
 - Competence in collaborating with other service providers and funders^{17 19}.
 - Staff supervision skills:
 - Competence in building and clarifying expectations of the supervisor–supervisee relationship in a written agreement^{8 20 21 22}.
 - Competence in identifying, developing, and monitoring supervisee skills^{20 21 22 23 24}.
 - Competence in designing and implementing evidence-based performance management procedures (i.e., systems analysis, business and staff management, staff and parent training, and performance improvement systems for both the clients and staff^{17 19 21 22 23 24}).
 - Parent and mediator training skills:
 - Competence in collaborating with caregivers and clients to identify ABA intervention targets and goals¹⁷.
 - Competence in training caregivers to implement ABA procedures for enhancing skills and/or reducing behavioural excesses¹⁷ (i.e., behavioural skills training).
- d) The Clinical Supervisor delegates to their supervisees only those responsibilities that such persons can reasonably be expected to perform competently, ethically, and safely²³.
- e) The Clinical Supervisor must demonstrate an understanding of the limits of their competency and the importance of referring clients to other professionals when necessary.

Rationale

Research on the association between specific competencies of supervisors and treatment outcomes is still emerging (i.e., Dixon et al., 2016). The Behavior Analyst Certification Board®^{11 12 13 14 23}, the Autism Special Interest Group of the Association for Behavior Analysis, International⁸ and several authors^{17 21 24} have identified the competencies, training, and experience of effective ABA supervisors. For example, Dixon et al. (2016)²⁵ found that increased quantity and quality of supervision are among a variety of important factors that can influence ABA treatment gains. Further, greater hours of supervision have been related to improved outcomes in ABA treatment^{24 17}. Supervisors with more supervisory experience tend to produce greater gains in children with ASD receiving ABA treatment than supervisors with less experience²⁵. Finally, children with ASD whose supervisors held the BCBA® credential were shown to achieve larger improvements than children whose supervisors did not have that credential²⁵.

In developing the criteria for years of experience, the committee considered the approximate amount of time it would take to gain the competencies outlined above across a variety of clients, in addition to the supervision parameters as outlined by other professions²⁷ and ABA practice guidelines^{8 16 28} along with the findings of Dixon and his colleagues (2016) who found that years of supervisory experience were significantly correlated with better client outcomes²⁵ (i.e., mastery of learning objectives per hour).

3. Vulnerable sector screening/check and professional liability insurance

- a) A vulnerable sector screening/check is required for Clinical Supervisors.
- b) Professional liability insurance is required for Clinical Supervisors.

Rationale

Vulnerable sector screening/checks are recommended for individuals working in positions of trust or authority over children or vulnerable individuals²⁹ and are an expectation for individuals who are interacting with children in schools or childcare settings in Ontario^{30 31}. Professional liability insurance is a requirement for all regulated health professionals in Ontario³². Although behaviour analysts are currently not regulated in Ontario, the requirement of professional liability insurance provides protection for both the client and service provider.

4. Jurisprudence and ethics related to delivery of services to children and youth

- a) A Clinical Supervisor is required to demonstrate competency in and knowledge of Canadian and Ontario jurisprudence and ethics related to the practice of behaviour analysis with children and youth.

Rationale

Consistent with other behavioural health professions, BCBA®/BCBA-D®s have an established professional and ethical compliance code, which all certificants must abide by. The code states that certificants must follow applicable laws when practicing behaviour analysis, including laws specific to confidentiality, documentation, record keeping, testimonials and advertising, and research activities¹⁶. Further, BCBA®/BCBA-D™s must demonstrate their knowledge and understanding of the

application of the code through the completion of the BACB® certification exam, which includes questions specific to the ethical practice of behaviour analysis³³.

The committee recognizes the need for additional demonstration of knowledge and understanding of relevant Canadian and Ontario jurisprudence. This includes legislation that governs informed consent, privacy and confidentiality, and record keeping and management. ONTABA recommends development of a jurisprudence and ethics exam specific to the practice of behaviour analysis in Ontario to ensure that behaviour analysts possess the required knowledge to practice ethically and effectively within the province. Until such an exam is developed, interim measures could include the development of an online training module, continuing education opportunities in jurisprudence and ethics, and resource lists that outline relevant Canadian and Ontario jurisprudence.

5. Ethical billing and administrative practices

a) Clinical Supervisors who are credentialed by the BACB® must adhere to the BACB®'s *Professional and Ethical Compliance Code*¹⁶ regarding billing and administrative practices, including the following:

- The Clinical Supervisor will ensure that prior to starting services, a signed contract is in place that outlines responsibilities of all parties and scope of services (Section 2.12¹⁶).
- The Clinical Supervisor will reach an agreement with clients specifying compensation and billing arrangements as early as possible in the professional relationship. Fee practices are consistent with applicable laws and fees are not misrepresented (Section 2.12¹⁶).
- The Clinical Supervisor will discuss any financial responsibilities and limits with the client if funding circumstances change (Section 2.12¹⁶).
- The Clinical Supervisor will accurately state the nature of services provided, fees, name of provider, relevant outcomes, and any other data as required (Section 2.13¹⁶).
- The Clinical Supervisor will not receive or provide money or gifts for any professional referrals. When providing or receiving a referral, the extent of any relationship between the two parties is disclosed to the client (Section 2.14¹⁶).

b) The Clinical Supervisor will comply with the billing policies of service funders.

Rationale

It is essential that Clinical Supervisors who are credentialed by the BACB® adhere to billing and administration of services, consistent with BACB® Professional and Ethical Compliance code. Clinical Supervisors are expected to follow billing and administration parameters as outlined by funding bodies in a manner that is consistent with the BACB® code¹⁶.

6. Approval process

An approval process is required for individuals providing clinical supervision of ABA programs for children and youth with ASD. This process could include the following:

a) A committee composed of BCBA®/BCBA-D™s and a Registered Psychologist/Psychological Associate who is also a BCBA®/BCBA-D™.

- b) A committee structure and bylaws that ensures committee members are free of conflicts of interest.
- c) A consistent process across the province.
- d) A system to establish and implement remediation plans if a Clinical Supervisor does not meet criteria, including requirements to access an approved Clinical Supervisor to assist in supervision of ABA programming.
- e) A system to revoke approval should requirements not be maintained.
- f) An appeal process for individuals whose approval to supervise is rejected or revoked.
- g) Capacity building should be considered when the approval process is first implemented:
 - o Potential Clinical Supervisors who meet all requirements except years of experience may, at the discretion of the panel, be approved on a probationary basis and subject to annual reviews of their activities. In such cases, they would be required to meet the experience requirements within a period of 3 years from the beginning of their probationary standing.
- h) The approval process should be reviewed regularly to reflect changes in provincial regulation (e.g., title protection, regulation of behaviour analysts).

Rationale

Historically in Ontario, the approval process has been completed by Direct Service Option (DSO) agencies using general guidelines developed by MCYS with significant variability across the regions. No uniform, formal approval process has been established to date³. The process outlined above could be applied across all regions in Ontario to provide a clear and transparent process for providers.

As funds for Autism services increase with the new Ontario Autism Program¹, service capacity could become an issue. Outlining a process for Clinical Supervisors who may not yet meet the experience requirement minimizes potential service disruption. Since they must meet all approval criteria within 3 years of application, this process ensures all Clinical Supervisors have a base level of qualifications.

ONTABA is a not-for-profit professional organization representing behaviour analysts in Ontario. We serve as a resource for practitioners and users of behaviour analytic services, a respected community partner, and a dedicated advocate for individuals in need of life-changing behaviour analytic services. Our mission is to demonstrate leadership, knowledge, and innovation in education, training, and research for the ethical and effective application of behaviour analysis.

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