

The ONTABA  
**Analyst**



**We've been waiting  
all summer for you**

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# From the President's Desk

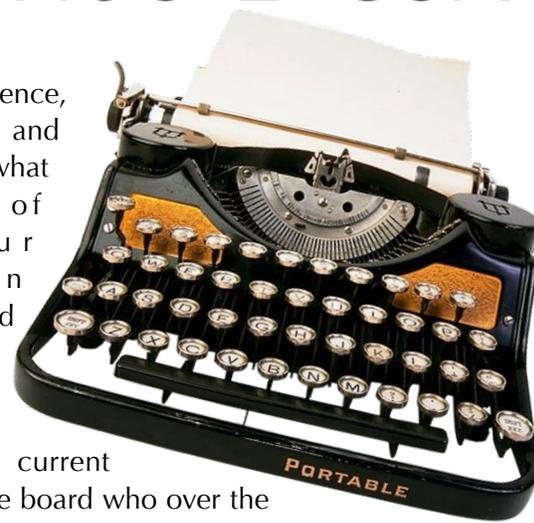
The other day I was sitting on my patio looking at my garden and wondering what to write for this President's Desk edition. Should I address the change in the political climate in Ontario and what that may mean for ONTABA and its members? Should I try to write something witty and thought-provoking based on something in the literature? Perhaps. However, during this moment, I also happened to be listening to the *Behavioral Observations* podcast, in this episode host, Matt Cicoria, interviewed Dr. Jim Johnston about the history of ABA. Near the end of the interview Dr. Johnston gave some advice to young behaviour analysts. To paraphrase, he reminds us that our career is part of a community in which we should take part, build relationships with our colleagues as peers, and continually improve our standards to make ourselves and the profession better (I know there is a very small chance but, Dr. Johnston, if you happen to read this I hope I did your statement justice). This advice got me thinking about my own career, the professional environment I have experienced as a behaviour analyst in Ontario, the people who have shaped my professional practice, and the community that I have learned so much from. When I really think about it, the community I refer to is the ONTABA community—and I'm honoured to be a part of it. Most behaviour analysts I have met, including the ones from whom I seek advice, the ones who are my colleagues and friends all have in some way been linked to ONTABA. Without this community and these experiences, I would not be the person and the professional I am today. Perhaps some of you have had a similar experience or can relate. Of course there is always room for improvement—communities are neither perfect nor static—communities change and grow. Thinking about the evolution of the ONTABA community in the end left me with a sense of gratitude and I want to take this opportunity to thank every person who has been or is a part of ONTABA in some way. Thank you!

Thank you to those who took it upon themselves to begin ONTABA all those years ago. It started with a common

love of the science, shared values, and a vision of what the future of behaviour analysis in Ontario could be like.

Thank you to previous and current directors on the board who over the years have worked to steer the direction of the organization and foster a behaviour analytic community built on a culture of excellence, integrity, and expertise.

It started with a common love of the science, shared values, and a vision of what the future of behaviour analysis in Ontario could be like.



Thank you to those who have volunteered in the past and the approximately 50 current volunteers who continue to devote hours and hours to our organization. Your hard work does not go unnoticed.

Finally, thank you members, your continued support allows ONTABA to continue to grow and give back to

Ontario's greater behaviour analytic community.

There is no doubt that as we move forward the behaviour analytic community in Ontario will continue to grow and change. In order to shape our evolution and to continue to support those who access our services in a way that fosters excellence, integrity, and expertise, we must come together as a community. So, I invite you to take a moment and reflect on how you can continue to be an active part our local community of behaviour analysis. Perhaps you will reach out to your colleagues and peers to seek support or develop your own community of practice. Perhaps you will mentor a new behaviour analyst to support skill development. Perhaps you will show the larger community of Ontario how behaviour analysis can change human lives for the better. Perhaps you will introduce someone to the science of behaviour analysis and change their course. Perhaps you

will consider joining one of the many ONTABA volunteers or put your name forth for one of the positions available on the board of directors. Perhaps you are doing one or many of these things already. Whatever action you take, remember how you got to where you are, remember the people and experiences that shaped you to become the professional you are today. Remember that you are not alone, should you need support or want to be the person who shapes the

experiences of others, all you need to do is look to, or become a part of your ONTABA community.

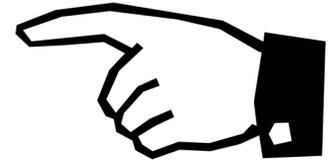
Sincerely,

Jennifer Cunningham  
President, ONTABA



# Announcements

## ONTABA Elections EXCITING OPPORTUNITIES 2018 Call for Nominees



We encourage the entire membership to consider whether a colleague or perhaps you (!) would be a good fit for one of the positions below. If the answer is yes, we invite you to submit a nomination.

The following positions are open for the 2018 Elections:



- 1 position — Secretary (2 year term)
- 3 positions — Director at Large (2 year term)
- 1 position — Graduate Representative (1 year term)
- 1 position — Undergraduate Representative (1 year term)

The successful nominees will begin their respective terms immediately following the 2018 AGM at the Annual Conference. To access the nomination form, submission guidelines, deadline, and all other information, members can log into the membership portal through [www.ontaba.org](http://www.ontaba.org) and click on 'elections' in the 'MyONTABA' tab. Any questions should be directed to [contact@ontaba.org](mailto:contact@ontaba.org).

## Got something for an upcoming issue?

The ONTABA Analyst is produced quarterly. The remaining issue for 2018 will be released in the last week of **October**. Got something? Send it to us! [newsletter@ontaba.org](mailto:newsletter@ontaba.org)

## Suggestions or feedback?

Could we really call ourselves behaviour analysts if we didn't want feedback? [contact@ontaba.org](mailto:contact@ontaba.org) or [newsletter@ontaba.org](mailto:newsletter@ontaba.org)



# Committee Updates

## OSETT-CB Task Force

The OSETT-CB committee has been working over the past several months to develop a set of best practice guidelines for the assessment and treatment of severe behaviour disorders. The mission of this committee is to advance the understanding of behaviour disorders from an environmental and biological perspective. Ultimately, the aim is to produce change on a community and provincial level that will lead to better, more comprehensive treatments for individuals who require behaviour analytic services.

Over the winter and spring months, the committee was divided into several subcommittees who were tasked with conducting a thorough literature review of severe behaviour disorders and then applying criteria for determining which assessment and treatment procedures qualify as 'evidence-based.' The subcommittees have completed this task and the project has moved into its second stage, which consists of incorporating the different subcommittee analyses into a single cohesive document, one that can be consumed by community partners, behaviour analyst practitioners, families, and policy change makers.

In the coming months, the committee will begin focusing heavily on Stage 2 by formalizing the different subcommittee findings and ensuring the final document is in line with best practices in applied behaviour analysis and the mission of ONTABA. Upon completion, the best practice guidelines will be sent to an expert panel for formal scientific review. The panel will consist of local, national, and international experts in behaviour analysis and severe behaviour disorders who will comment on the integrity and soundness of the review. The committee estimates that the guidelines will be available for the public in the fall of 2018.

Sincerely,

Dr. Val Saini, Ph.D., BCBA-D  
Dr. Alison Cox, Ph.D., BCBA-D  
Co-Chairs, OSETT-CB Task Force

## Professional Development

Look out for more information about these upcoming professional development opportunities:

**August 15, 2018:**

Behaviour Analysis and the Classroom – *Online*

**September 2018:**

Interventions with Adults – *Journal Club Format*

**Friday October 19, 2018:**

Ethics and Behaviour Assessment in Sexual Behaviours  
presented by Sorah Stein, MA, BCBA, CSE

**October 2018:**

Evaluating Research Articles – *TBD*

Sincerely,

Your Professional Development Committee

## ASD Task Force

Our committee has met four times this year and continues to make progress on our annual work plan goals. Current and completed activities include:

- Regular meetings with MCYS (now Ministry of Children, Community and Social Services, MCCSS) regarding clinical staffing requirements for the Ontario Autism Program;
- Meetings with Autism Ontario to identify areas of collaboration;
- Coordination of an upcoming workshop in Kingston on ABA and interprofessional collaboration;
- Investigation of data retention practices across ASD ABA service providers in the province;
- Review and input into ONTABA's Supervision and Ethical Billing document released in May 2018;
- Recruitment of a Direct Service Option (DSO) representative for the ASD Task Force to ensure representation across a variety of ONTABA members;

- In partnership with Autism Ontario, delivery of a webinar for parents on the Ontario Autism Program, evidence-based behavioural services, and supervision requirements for ABA programs;
- Initial investigation into development of an ASD self-advocate and parent advisory committee.

We look forward to providing additional updates throughout the year.

Sincerely,

Carobeth Zorzos  
Chair, ASD Task Force



## Conference

**ONTABA 2018**  
**December 6-7, 2018**

**O**NTABA's Annual Conference is just 5 months away! The conference committee is pleased to announce our exciting line up of invited speakers:

**Dr. Ellie Kazemi**  
**Dr. Adel Najdowski**  
**Dr. Julie Koudys**

Our host hotel is the Intercontinental Hotel Toronto Centre once again which is conveniently attached to the conference venue. A special conference rate has been secured for \$255.00 per night. This rate is guaranteed as long as there is availability so avoid disappointment and book soon! All the information about the hotel, pricing, and location can be found by clicking on the attendee link available at [www.ontaba.org](http://www.ontaba.org) under the 'conference' tab.

The call for papers and posters submission information (closes September 28, 2018) is available at [www.ontaba.org](http://www.ontaba.org) under the 'conference' tab. Take the opportunity to showcase your work for fellow colleagues in the province. We are looking forward to reviewing your submissions.

A draft conference schedule will be posted in early

August. Further information about the presentations will follow in the coming weeks so keep an eye out for it! Abstracts and scheduling will be updated as more information becomes available. Registration for the December conference is set to open early September. An announcement will be sent to the membership once registration opens. Every year the conference gets bigger so don't miss your chance to be a part of it this year! Inquiries can be sent to the conference committee at [conference@ontaba.org](mailto:conference@ontaba.org). We hope to see you December!

Sincerely,

Your ONTABA Conference Committee

## Public & Community Relations

**T**he Public and Community Relations Committee (PCRC) would like to give a huge thank you to all of those who came out to the Autism Speaks walk in June! We had a great team and the cloudy sky opened up to give us sunshine just in time for the line up at the starting line. A great big thank you is also in order to **Samantha Yarwood** and **Tamar Nefsky** for volunteering their time on the day of the walk to help with set up. Our



Photo credits: Jason Bosett

team raised a whopping \$1255 which will be used by Autism Speaks for resources, programming, community grants and much more. High five to everyone who participated or donated, all of your efforts were very

much appreciated.

Sincerely,

Your Public and Community Relations Committee



# Spotlight on...

## Functional Communication Training

**Note from the Newsletter Committee:** In Spotlight on..., our goal is provide a brief overview of an important topic as explained by an expert in our field. If there is anyone you would like to hear from or if you have an idea for a topic, please contact us at [newsletter@ontaba.org](mailto:newsletter@ontaba.org). Enjoy! *The Newsletter Committee*

**Interview with: Dr. V.M. Durand**

*Professor, University of South Florida,  
St. Petersburg*

**Interview by: Raluca Nuta**

**Functional communication training (FCT) is now regarded as one of the most effective interventions for decreasing challenging behaviours. Please tell us a bit about its conception.**

On my first day of graduate school (in 1980) I met with my Ph.D. advisor (the late Ted Carr) to discuss research. I had read his 1977 review of motivation for self-injurious behaviour and had some ideas for implications for treatment. Much to my chagrin he told me he was no longer working in that area and instead was researching how to teach children with ASD to use sign language to communicate. Despite that initial disappointment I brought up my ideas for looking at severe behaviour problems as communication and the implications for treatment. After college I had worked for several years with children and youth with severe behaviour problems and found that I had some success using

communication to help them get what they wanted without misbehaving. Well my 30-minute research meeting with Professor Carr turned into a 2-hour discussion which ended with a fully designed study that turned into my master's degree project – the first study on FCT (Carr & Durand, 1985).

**Did you face any particular challenges with regard to introducing FCT to the field of ABA, and if so, how did you mitigate them?**

There was definitely considerable resistance to the concept we were proposing by the establishment in the field of ABA. The general feeling was that everything we needed to know about changing behaviour was outlined by B. F. Skinner in the 1940s. Our critics said that what we were doing was just a form of differential reinforcement and was not a new approach. In fact, during my dissertation defense in 1984 (that study was eventually published – Durand & Carr, 1992) one of my committee members asked me what was unique about using communication as an alternative behaviour. We spent the next few years describing two important concepts that made FCT unique.

The first concept was the idea of 'functional equivalence' – which meant we assessed the function of the problem behaviour and taught the student another behaviour that was acceptable (e.g., asking for help) and served the same function as the problem behaviour. This was in contrast to the prevailing approaches at the time which were to either reinforce some other random behaviour (DRO) or to reinforce a behaviour that was physically incompatible (DRI).

The second concept was that FCT had the capability to allow the person to recruit 'natural communities of reinforcement.' In other words, the person with challenging behaviour could recruit what (s)he wanted from other people without formal training by others. For example, one of my studies (Durand, 1999) showed that we could teach students to communicate with their teachers using vocal output devices to request what they were receiving with their problem behaviour (e.g., attention). We then set up situations with others who were unaware of the "program" and the students could recruit what they wanted from them as well. This is really what is

most important about FCT. We will never be able to teach everyone who comes in contact with the student with challenging behaviour how to react to the behaviour problem. However, untrained people know how to respond to questions such as “Would you help me?” and therefore can help to reduce problem behaviour. So potentially, the student can take the “program” with him or her. This is what makes FCT unique.

**From a purely technical perspective – I have encountered some debate as to whether FCT is an antecedent or a consequence strategy. What is your stance on this (if any)?** I would

have to say it’s both. Remember, in addition to teaching a functionally equivalent communicative response (which could be viewed as an antecedent strategy) you also must respond in some way to the problem behaviour. In my book I argued for “response-independent consequences” (Durand, 1990). In other words, don’t change the way you are behaving if a student misbehaves. Don’t walk away, don’t say “stop,” etc. You do not want the student to learn that their misbehaviour can change your behaviour. Thus, the consequence is a form of extinction.

**Do you see the field of ABA advancing towards the use of more packaged interventions, or maintaining a reductionist approach?** My subjective view is that more contemporary researchers are moving toward packages. The traditional model of small-N reductionist approach is a consequence of students doing masters or doctoral research that needed to be completed relatively quickly. However, at least in the U.S., federal research dollars are going to larger, more complex studies.



# From the Membership

**Note from the Newsletter Committee:** In *From the Membership*, we welcome well-written and thought-provoking submissions and we encourage you, the reader, to arrive at your own conclusions on where you stand on various issues. What’s your two cents on this topic? Enjoy! *The Newsletter Committee*



## Is There a Need for Registered Behavior Technicians (RBTs) in Ontario?

**Submitted by: Dr. Joel Hundert Ph.D., BCBA-D**  
Behaviour Innovations, McMaster University  
Hamilton, Ontario

### Introduction

Over the last two decades, there has been unprecedented public acceptance of applied behaviour analytical (ABA) interventions for children in Ontario with Autism Spectrum Disorder and in many countries in the world. Accompanying this increased public acceptance of ABA for children with ASD has been an exponential increase in the number of individuals who are registered with the Behavior Analyst Certification Board (BACB) including BACB registrants living in Ontario (Deochand & Fuqua, 2016; Shook, 2005). The growth in BACB registrants have been particularly robust for the Registered Behavior Technician™ (RBT®) category whose numbers now exceed the number of BCBA-Ds, BCBA and BCaBAs combined. As of March 7, 2018, the number of BACB registrants worldwide in different categories is shown in Table 1. More than half of all BACB registrants are RBTs.

Category	Number	Percentage
BCBA-D	2,116	3.4%
BCBA	24,633	39.2%
BCaBA	2,409	3.8%
RBT	33,754	53.7%
Total	62,912	100%

**Table 1:** The total number of BACB registrants by category as of March 17, 2018 (source: <https://www.bacb.com>)

### History of the RBT Credential

To understand this growth in BACB registrants and the rise of the RBT credential, it is important to understand the origins of the BACB and in particular, factors that have contributed to the introduction of the RBT credential by the BACB. First, the large number of RBTs as a percentage of all BACB registrants is mainly a U.S. phenomenon. As shown in Table 2, if one removes all registrants from the U.S., a breakdown of registrants in

the rest of the world, shows that the RBT credential constitutes about 27% of the total group – about half the level that occurs in the U.S. In fact, 97.2% of all RBTs in the BACB registry are from the U.S.

The history of the formation of the Behavior Analyst Certification Board was well described by Johnston, Carr, and Mellichamp (2017). Jim Johnston was a founding member and the first President of the BACB. Jim Carr was formally a Director on the BACB Board of Directors and subsequently, with the loss of Jerry Shook, became the CEO of the BACB. Fae Mellichamp was the Senior Psychometrist for *Professional Testing Inc.* and worked closely with the BACB in its initial years to create the BCBA examination process.

In the initial years of the field, when behaviour analytic interventions were often referred to as "behaviour modification", anyone, regardless of how little training or expertise, could claim to be an expert. Two developments contributed to a growing interest in the credentialing of behaviour analysts. One contributing factor was public exposure of incidents of incompetence of some practitioners in the field, most notably a horrific case of abuse of adolescents with intellectual disabilities by a professional in Florida in the name of behavioural treatment that resulted in a state investigation (Michaels, 1972). Second, in the late 1980s, a seminal paper on the right to effective behavioural treatment was written by a number of prominent behaviour analysts, namely Ivar Lovaas, Judy Favell, Jon Bailey, Brian Iwata, Saul Axelrod, with the first author of Ron Van Houten, who was at Mount Saint Vincent University, Halifax at the time (Van Houten et. al., 1988). This paper contained the recommendations of a task force that attempted to set out ethical standards for behavioural treatment. The task

force’s recommendations were accepted by the Executive Council of the Association of Behavior Analysis, International (ABAI). One of the tenets of the paper was the “*right to treatment by a competent behavior analyst*”. The importance of ensuring qualified behaviour analysts led to the formation of the BACB in 1998 (Shook, 2005; Weiss & Shook, 2010).

The BACB began with a master’s level (BCBA) and a bachelor’s level (BCaBA) of certification and later added the doctoral level (BCBA-D). In 2013, the RBT category was added, in part, in response to requests by insurance companies for a credential for frontline individuals who actually deliver ABA interventions (Leaf et al., 2017). A Registered Behavior Technician™ (RBT®) is defined by the BACB as “*a paraprofessional who practices under the close, ongoing supervision of a BCBA, BCaBA, or FL-CBA. The RBT is primarily responsible for the direct implementation of behavior-analytic services.*” (<https://www.bacb.com/rbt/>).

**Requirements for Obtaining the RBT Credential**

To be eligible for the RBT credential, an individual must meet the following requirements:

- Be 18 years of age or older;
- Complete a criminal background check;
- Obtain a high school diploma or equivalent;
- Complete 40 hours of training;
- Pass the RBT competency assessment.

The 40 hours of training must be delivered by a BCaBA, BCBA, or a BCBA-D in person or online. The content of the training must be based on the RBT Task List developed by the BACB. This Task List is organized into areas of: Measurement (e.g., data collection, graphs); Assessment (e.g., curriculum-based assessments, functional behaviour assessments); Skill Acquisition (e.g., reinforcement, task analysis); Behaviour Reduction (e.g., extinction, DRO); Documentation and Reporting (e.g., workplace reporting requirements); and Professional Conduct and Scope of Practice (e.g., professional boundaries).

Of the 40 hours of training, at least three hours must be devoted to ethics and professional conduct. The manner

Category	Number in US	Percentage	Number in Rest of World	Percentage
BCBA-D	1,952	3.3%	164	4.7%
BCBA	22,656	38.1%	1,977	56.7%
BCaBA	2,001	3.4%	408	11.7%
RBT	32,918	55.2	936	26.9%
Total	59,427	100%	3,485	100%

**Table 2:** The total number and percentage of BACB registrants by category as of March 17, 2018 in the U.S. and in all other countries other than the U.S. (source: <https://www.bacb.com>)

in which the training is delivered and the method of conducting the RBT competency assessment can vary according to who is training or assessing. After a candidate passes the RBT competency assessment, he or she must take and pass a RBT examination.

### Requirements for Maintaining the RBT Credential

The RBT must have a ‘Responsible Certificant’ who is listed in the RBT registry on the BACB site and is a BCBA, BCBA-D or a BCaBA who has completed the 8-hour Supervision Training. The RBT must have a Responsible Certificant in each work setting who is responsible for ensuring that the RBT is receiving the BACB specified supervision and managing correspondence with the BACB regarding the RBT.

The RBT must receive ongoing supervision for no less than 5% of the hours spent implementing ABA services per month. The supervision must include at least two face-to-face synchronous contacts per month, at least one of which the supervisor watches the RBT delivering ABA services. In addition, at least one of the two sessions needs to be provided individually.

Responsible Certificants must report to the BACB names of RBTs they supervise, names of any RBTs they have stopped supervising, documentation that supervision was provided according to the BACB requirements, and any complaints, charges, or convictions of a RBT.

RBT certificants need to renew their certification annually, which includes the submission of a Competency Assessment Form by a supervising BCaBA, BCBA, or BCBA-D.

RBTs have been referred to as “paraprofessionals” and must always work under supervision and should not be responsible for the clinical decisions associated with ABA assessment or intervention, or have supervision responsibilities delegated to them. There is no expectation for continuing education credits to maintain the RBT credential.

On March 17, 2018, the RBT Registry contained a list of 174 RBTs in Ontario who had a total of 53 different Responsible Certificants. On average, each Responsible

Certificant supervised 3.3 RBTs<sup>1</sup>.

Recently, Leaf and colleagues (2017) expressed a number of concerns about the RBT credential. These concerns were namely: a) concerns about the adequacy of the 40 hours of training; b) concerns about BCaBAs providing supervision to RBTs when previously BCaBA was an entry level position; c) concerns that the Task List for RBTs is inadequate; d) concerns about the reliance on role-playing and verbal report rather than direct observation for the competency assessment of RBTs. The authors also raised the lack of empirical evidence about RBT effectiveness and impact. In response Carr, Nosik, and DeLeon (2017) did acknowledge limitations of the RBT skill set and the need to ensure that RBTs do not independently implement ABA-based programs without ongoing supervision.

### An Examination of Advantages and Disadvantages

With the origins of the RBT credential so closely connected to the U.S. and the insurance companies coverage of ABA services, it is reasonable to query if there is an advantage to hiring frontline staff in Ontario with the RBT credential. Table 3 shows the number of individuals with the different BACB credentials in Ontario. The proportion of RBTs to the total BACB registrants in Ontario is similar to that outside of the U.S. (see Table 2) and less than half the level found in the U.S.

Comparison of the RBT credential to a BCaBA credential may not be fair since the training, experience and responsibilities differ substantially between the two credentials. To acquire the BCaBA credential, one must obtain a bachelor’s degree with verified coursework from a qualifying institution, accumulate 1,000 hours of supervision and pass a written exam that is based on a more extensive Task List. Individuals with a BCaBA must acquire continuing education credits and may have some aspects of supervision of staff delegated from a BCBA or BCBA-D.

A more appropriate comparison may be to frontline staff who do not have a post-secondary degree, have not completed the training, competency assessment or written examination associated with the RBT credential. To make this comparison easier, assume that a

<sup>1</sup>As will be discussed later, it would be difficult to supervise a large number of RBTs under the supervisory requirement of the BACB which requires 5% of each RBT’s direct treatment hours to be supervised and of those hours, at least one direct observation per month. Supervision of a large number of RBTs under the *Practice Guidelines* would even be more difficult since the BACB suggests that at least 2 hours of every 10 hours (20%) be supervised.

Category	Number	Percentage
BCBA-D	26	3.3%
BCBA	529	66.8%
BCaBA	63	8.0%
RBT	174	22.0%
Total	792	100%

**Table 3:** The number and BACB registrants in Ontario by category as of March 17, 2018 (source: <https://www.bacb.com>)

hypothetical frontline staff with the RBT credential and a hypothetical frontline staff without the RBT credential are the same gender, age, education background, work experience, and have the same job. The only difference between the two is that the RBT has undergone 40 hours of training, passed a competency assessment and passed the BACB examination for the RBT.

It is important to recognize that there is no service sector in Ontario that requires frontline staff working with children with ASD to obtain the RBT credential. In the newly announced Ontario Autism Program (<http://www.children.gov.on.ca/htdocs/English/specialneeds/autism/ontario-autism-program.aspx>), the RBT credential is noted as one possible qualification for frontline staff implementing ABA services for children with ASD (<http://www.children.gov.on.ca/htdocs/English/professionals/specialneeds/autism/oap-guidelines/toc.aspx>). Similarly, the report by the Ontario Scientific Expert Taskforce for the Treatment of Autism Spectrum Disorder (2017), suggested that implementers of ABA services may have the RBT credential or a variety of other educational backgrounds, but must successfully complete “competency-based” training and be supervised.

One may assume that there is more supervision needed of the RBT than of the non-RBT frontline staff. The amount and type of supervision is specified by the BACB for the RBT. For example, suppose in an organization providing home-based ABA treatment for children with ASD, there are three RBTs, each delivering 10 hours a week (40 hours a month) of ABA treatment to the same child. Each RBT would need to receive supervision at least twice in a month, at least one of which consists of observing the RBT’s implementation of ABA services and at least one of which needs to be an individual supervision. A BCBA could observe each of the three RBTs individually implementing ABA services for 30 minutes and conduct a group supervision with all three

RBTs for 1.5 hours. The total amount of supervision per month in this scenario would be three hours.

Under the *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers* (BACB, 2014), the amount of case supervision is specified. It is suggested that generally, a minimum of two hours of supervision should be provided for every 10 hours of direct treatment provided to a child with ASD. It is also suggested that 50% or more of case supervision be direct supervision.

Although the example used in the BACB *Practice Guidelines* described the supervision of RBTs, implicit in the description of case supervision is that direct supervision should be provided to all front-line staff implementing ABA interventions regardless of credentials. Therefore, when ABA treatment is delivered to children with ASD, it would be expected that a BCBA-D, BCBA, or BCaBA would spend 2 hours in supervision for every 10 hours of treatment, or 24 hours a month for 30 hours a week of ABA treatment, of which at least 12 hours would be direct supervision. This amount of supervision would be expected for both RBT and non-RBT frontline staff. The amount of case supervision in a scenario where 30 hours of ABA treatment per week is provided, is much more than the minimum of 3 hours of supervision for the RBT credential described in the example above. However, there is a difference between the supervision of RBT and case supervision. Under case supervision, the focus is on examining the design, implementation, and the outcomes of ABA treatment. There is no specification of how much supervision each frontline staff should receive, or the need to document the amount of supervision. In contrast, when supervising the RBT the BCBA-D, BCBA, or BCaBA would need to ensure a particular amount of supervision and ensure that the RBT maintains “*behavior-analytic, professional, and ethical repertoires...*” (<https://www.bacb.com/rbt/responsible-certificants/>). There is no similar expectation in the *Practice Guidelines* case supervision to ensure the competence of frontline staff. A BCBA could satisfy the expectations in the *Practice Guidelines* by providing direct case supervision with only one frontline staff. With the emphasis on individual supervision to ensure the competence of RBTs, it may be assumed that RBTs may acquire a more generalizable set of ABA program implementation skills that may transfer to interventions with other children with ASD. The acquisition and generalization of ABA skills of RBT compared to non-RBT frontline staff is an empirical question that has not

been addressed in research.

There may be an additional advantage of supervising a RBT over supervising a non-RBT frontline staff implementing ABA interventions in organizations in which there is not a direct reporting relationship between the RBT and the BCBA. In private agencies such as [Behaviour Innovations](#), a BCBA may be a direct line supervisor of a RBT and would have the ability to use job performance discipline methods if needed. In other organizations such as public school systems, the BCBA may provide ABA supervision but may not be the line supervisor of a RBT. In these situations, even though a RBT may administratively report to someone else (e.g., school principal), the BCBA has responsibility to ensure the quality implementation of ABA programs by an RBT, and even remove her or his supervision if there are serious concerns. The RBT cannot maintain the credential without supervision. (BCBAs who supervise RBTs under an indirect line supervision structure may be well-advised to inform the human resource department about such a possibility and the negative impact on the RBT's capacity to work.) In these organizations, a BCBA would have little recourse for dealing with job performance problems if supervising a non-RBT (e.g., an educational assistant) in the implementation of ABA programming.

One of the unintended effects of the RBT credential identified by Leaf and colleagues (2017) was the possibility that RBT would command a higher salary which would lead to inflated cost of delivering ABA services to children with ASD. Yet, the obverse of this possibility is that a higher salary may help to attract frontline staff. If so, an organization may offer BACB supervision arrangements to attract and retain RBTs. It is unclear if RBTs in Ontario organizations are paid at a higher rate than non-RBT frontline staff.

In my opinion, the greatest risk associated with the RBT credential is that the RBT is an entry level of certification into the field and only requires a high school level of education and 40 hours of training. They are referred to as "paraprofessionals" by the BACB. None the less, the fact that they have obtained a credential in the field, regardless of its limitations, may give an impression to parents of children with ASD, associated professionals (e.g., educators) and to employers that RBTs have more developed skills and knowledge in the field than they actually have. This risk is made even more pronounced if the RBT's Responsible Certificator does not adequately

provide the quantity or quality of supervision required of the RBT or as suggested by the *Practice Guidelines*.

Before the RBT credential was introduced, the entry-level credential was the BCaBA. In the UCLA model of ABA treatment of children with ASD that was introduced by Lovaas (2003) frontline staff tended to be undergraduate students, some of whom with additional education and experience, would become supervisors and then team leaders. There was a continuum of education and experience that could lead to the higher credentials.

A RBT could be someone without any post-secondary education or experience in the field and not interested or able to advance to a higher level of BACB credential (i.e., BCaBA or BCBA). The jobs filled by RBTs may be terminal positions with little likelihood of advancement within the ABA field. In contrast, an undergraduate student through pursuing additional education and experience may attempt to become a BCBA.

## Conclusions

The Registered Behavior Technician credential emerged out of the needs of U.S. insurance company to cover frontline staff. It is a credential that is heavily rooted in the U.S. system of ABA service delivery and whose registrants almost all reside within the U.S. In Ontario, with our different system of ABA service delivery, there is no regulatory requirements or supplementary health insurance recognition of the RBT in any service sector, as of yet. Because of these differences, we need to examine the advantages and disadvantages of hiring a RBT over a non-RBT.

Hiring a RBT may be an advantage in organizations where the supervising BCBA does not have line-authority to help ensure quality implementation of ABA services by the RBT. This may be applicable in school systems and other public sector organizations. Hiring a RBT may also be an advantage when ABA services are not being delivered to children with ASD where there are no practice guidelines. Furthermore, hiring RBTs may be an advantage in organizations wishing to attract terminal-position frontline staff and offer supervision of the RBT credential as an incentive to employment.

In the provision of ABA services to children with ASD, the BACB *Practice Guidelines* recommend more hours of supervision than the BACB requirements for supervision of RBTs. Hiring RBTs would not be an

advantage when attempting to invest in promoting frontline staff into supervisory or higher positions based on a continuum of education and experience requirements. At *Behaviour Innovations*, much the same as in the UCLA model, we identify and mentor promising frontline staff to advance within the organization by pursuing higher education and additional experiences. Hiring terminal-position RBTs who have no interest or ability to pursue advancing their credentials in ABA would be a disadvantage.

The field of applied behaviour analysis in Ontario is still relatively young. Most administrators who hire ABA staff

within government, the educational sector, and other service sectors may not be familiar with the different levels of competence and responsibilities associated with different BACB credentials. There may not be an appreciation of the limited skill set and scope of practice of RBTs who may be asked to perform tasks beyond their abilities. Without responsible and competent BCBA's who are given adequate time to supervise RBTs, those certificants with the lowest level of education, training and experience may be put in positions beyond their capacity. Such a situation would be a threat to the ethical implementation of ABA.

## References

- Behavior Analyst Certification Board, Inc. (2014). *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers. Version 2.0*. Behavior Analyst Certification Board, Inc.
- Carr, J.E., Nosik, M.R., & DeLeon, I.G. (2017). The Registered Behavior Technician™ Credential: A Response to Leaf et al. (2017). *Behavior Analysis in Practice*, 10, 164-166.
- Deochand, N. & Fuqua, R.W. (2016). BACB certification trends: State of the States (1999 to 2014). *Behavior Analysis in Practice*, 9, 243-252.
- Johnston, J.M., Carr, J.E., & Mellichamp, F. (2017). A history of the professional credentialing of applied behavior analysts. *Behavior Analyst*, 40, 523-538.
- Leaf, J.B., Leaf, R., McEachin, J., Taubman, M., Smith, T., Harris, S, Freeman, B.J., Mountjoy, T., Parker, T., Streff, T., Volkmar, F.R., & Waks, A. (2017). Concerns about the Registered Behavior Technician™ in relation to effective autism intervention. *Behavior Analysis in Practice*, 10, 154-163.
- Lovaas, O.I. *Teaching individuals with developmental delays: Basic intervention techniques*. (2003). Austin, Texas: Proed.
- Michaels, J. (1972). Training behavior modifiers. In G. Semb (Ed.). *Behavior Analysis & Education – 1972* (pp. 26-33). Lawrence: University of Kansas.
- Ontario Scientific Expert Taskforce for the Treatment of Autism Spectrum Disorder (2017). *Evidence-Based Practices for Individuals with Autism Spectrum Disorder: Recommendations for Caregivers, Practitioners, and Policy Makers*. Toronto: ONTABA.
- Shook, J. (2005). An examination of the integrity and future of the Behavior Analyst Certification Board® credentials. *Behavior Modification*, 29, 562-574.
- Weiss M.J. & Shook, J. (2010). Resources on training requirements for applied behavior analysts: The Behavior Analyst Certification Board and the Autism Special Interest Group Consumer Guidelines. *European Journal of Behavior Analysis*, 11, 217-222.





**Behavioural cusp · n. 1** | be.hav'ioʊr.al cʊsp | /br'hɛɪvjər(ə)l kʌsp/

# The Cusp

"Any behavior change that brings the organism's behavior into contact with new contingencies that have even more far-reaching consequences...a cusp is a special instance of behavior change, a change crucial to what can come next." (Rosales-Ruiz & Baer, 1997, p. 533)

## Behaviour Analysis in Ontario: The people behind the work

**Editor's note:** *Over the years I've supervised many fantastic placement students and Leah was one of the best. I ran into her recently at a conference and I was really glad to hear that she's still in the field and doing great work, so I figured this would be a good opportunity to catch up and see what she's been up to. There are so many young and talented behaviour analysts in Ontario and I feel like Leah represents this younger generation within our community so I'm feeling proud and excited for what's ahead... and also a little old. Enjoy! Lesley*

### Leah Plumley, BHSc

Leah is an ABA Therapist with Toronto Autism Services at Surrey Place. Over the past five years she has worked with a wide range of clients diagnosed with an Autism Spectrum Disorder and their families. In



her current role Leah works with children and youth up to 18 years old across a variety of skill domains such as social/interpersonal, communication, behaviour regulation and activities of daily living. While she enjoys working with her clients in both group and individual formats, one of Leah's favourite aspects of her job is being able to provide training, education and support to the parents and caregivers of her clients.

**We first met when you were a student on placement from St. Lawrence College's Autism and Behavioural Sciences program. I hear you're back in school, tell us about what you're doing.** I recently enrolled in the Master of Professional Education program at

Western University. I started in September 2017 - so I'm almost halfway through! The coursework has been really informative and interesting which is awesome, but it definitely adds a lot to my workload (laughs). I'm lucky though because I have a great support system through my peers and a few colleagues who have been through the program already. I love learning and I'm glad that I have this opportunity to advance my education, but I'm also really looking forward to finishing school and getting ready to sit for the BCBA exam.

**You recently presented at the annual ABA Jam event, tell us about your talk.** I presented a case summary of one client within Toronto Autism Services. The overarching theme was about the importance of working creatively and collaboratively to ensure clinical success. The program involved implementing PECS in a group home setting. In my talk I highlighted how it was helpful to work with a partner agency in the planning phase, as well as how the processes of the new Ontario Autism Program enriched our service delivery. Together these things resulted in real benefits for our client, and promoted maintenance and generalization even with complicated caregiver dynamics across multiple settings.

**What's one of the biggest misconceptions about behaviour analysis and how do you respond when it comes up?** In my experience the most frequent one I hear is about equating the work of ABA therapists to dog training. I think that there is a real worry for some caregivers that what we do when we're working with their children is basically 'treating them like animals'. This is tricky because, yeah, on one hand behavioural principles transcend species and animal trainers do use these principles in their work. I can see how someone who isn't in the field may think that we are creating robotic or rote responding but the difference is that our goal is to have the kids learn skills so they can apply them in a natural way. So when this misconception comes up, I usually explain that, yes, there are common principles that we use but our goals are totally different, in that we want to teach skills so that the clients learn how to use these skills in a variety of ways just like everyone else.

**Now I know you're too modest to lead with your early and impressive accomplishments so I'm just going to put it out there for you—while you were in your undergrad, you completed a medical observership at a hospital and you authored a scientific paper. Tell us about all**

**that.** Well getting the observership was really just a series of fortunate events, as I never really set out for it since observership spots are typically just for medical students. A lot of people thought I was a med student while I was there so that was kind of fun (laughs). I completed the observership with a paediatric neurosurgeon in London and basically I got to observe and be a part of surgeries and patient care. The physician was also involved in interesting research about training neurosurgical residents on brain anatomy using stereoscopic imaging, and she asked me if I'd like to get involved in the research study so I agreed. I didn't do the 'techy' parts of it but I worked closely alongside the grad student who created the program. For the study, I was involved in recruitment, doing the literature review, and compiling the contributions of about 7 or 8 people who were directly involved in the study—it was a real group effort. Once the project was completed, the physician put me as lead author on the paper, which I was not expecting at all! I also got to present the paper in San Diego at the NextMed Medicine Meets Virtual Reality Conference. This experience was incredible and it really built up my interest in someday working in acquired brain injury.

**What's your favourite ABA related book, paper, presentation, or podcast right now?** A friend of mine gave me a copy of the book *Don't Shoot the Dog! The New Art of Teaching and Training* by Karen Pryor and I really enjoyed it. I read a lot of articles and textbook chapters for work and school so this was really a just for pleasure read. What I really appreciated about this book were the real life examples of how

to bring behavioural principles into the real world.

**Tell us about your journey into behaviour analysis—how did you first become interested in the field?**

I don't know if this is funny or just weird but I became interested in behaviour analysis because of a TV show. In the drama series *Parenthood*, one of the characters has Asperger syndrome and he had a therapist who would come in and work with him. I was really drawn to what that therapist's job was all about, so I went online and that's where I came across behaviour analysis—I had never heard of it before. I started looking into what kind of schooling I would need and what programs were out there. The Autism and Behavioural Sciences program at St. Lawrence College seemed like a good fit for me so I applied, got in, and so it began!

**So did your initial impressions of the therapist's job on TV resemble your job in real life?** Well, no (laughs) I think maybe it gave a pretty good idea of what it might be like to work in-home with an older child who is higher functioning. I've often thought about writing a letter to the producers of *Parenthood* to let them know that they basically inspired my career path (laughs), but

being an IT is nothing like what I saw on TV—not that I was expecting a TV show to prepare me for work. The Autism and Behavioural Sciences program is really what gave me insight into the job and gave me the tools needed to do the work. So no dreamy-eyed expectations I guess (laughs).

**Any advice for new instructor therapists?** You don't have to overwork yourself to do the job well. Ask for help and look to your team members for support. A lot of new hires work through lunch, arrive early, and stay late and yeah I did that too—but it is important to recognize that the work can be really challenging and burnout is a real thing. Learning to take care of yourself and learning to advocate for yourself are just as important as learning how to do the job and work well on a team. Sometimes it's just about taking a pause to figure out what you need to do—and remembering to use your team and knowing that you're not alone.



Have someone in  
mind for the Cusp?

Let us know, we love suggestions!  
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# WHAT

## Would You Do?

### Professional and Ethical Issues

By: **Dr. Rosemary Condillac, C.Psych., BCBA-D**

Associate Professor, Centre for Applied Disability Studies  
Brock University

Welcome to the 'What Would You Do?' column on ethical and professional dilemmas in ABA. Please submit your questions, issues, dilemmas or tricky situations to [newsletter@ontaba.org](mailto:newsletter@ontaba.org). My responses are my own, and are not intended to represent the Behavior Analysis Certification Board (BACB), ONTABA, or any other organization with whom I am affiliated. Responses should not be taken as specific legal or professional advice as it is not possible to have or provide enough information in a column of this nature.

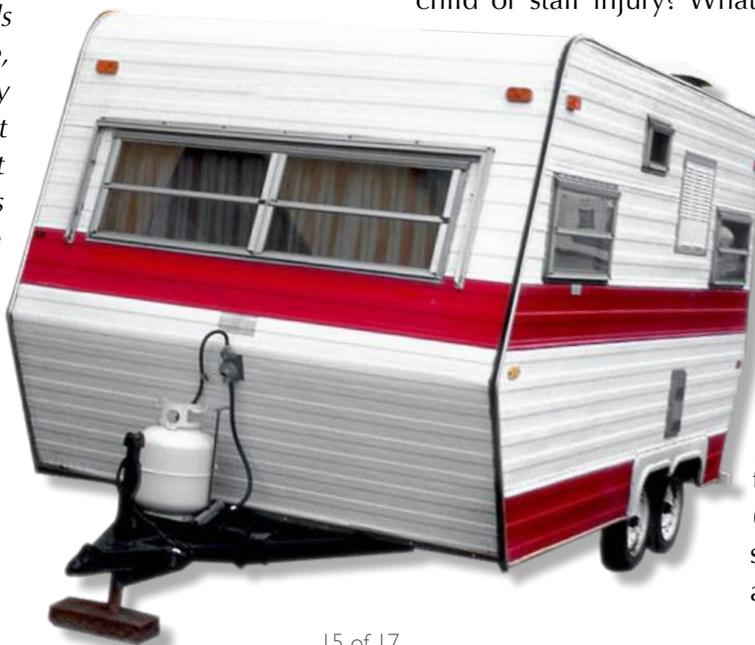
*This scenario represents a question that comes up regularly during the summer months. Darren is a BCBA with a small business providing ABA to individuals including those with Autism Spectrum Disorder (ASD) and Intellectual and Developmental Disability. His client is a 3.5 year old child with ASD who is receiving home-based IBI 40 hours per week, which the family is paying for directly, with no current provincial funding. The client's family usually spends the summer at their cottage, which is about an hour away from their home. Not wanting to interrupt services, the family asks Darren if their team can provide IBI at the cottage. Darren started off by considering the situation and consulting with the Professional and Ethical Compliance Code for Behavior Analysts (Code; BACB, 2016). Darren's inclination was to say "no" immediately, because his*

*initial concern was that providing services at the family cottage could create a multiple relationship (Code 1.06). On the other hand, continuity of services is also a consideration (Code 2.15a). What should Darren do?*

Darren will have to give careful consideration of the impact of this decision on the client, the client's family, and the staff (Code 2.02). Darren should speak with the client's family to determine if treatment can be delivered effectively and in a conceptually consistent manner at the cottage (Code 4.01). Is there a space that can be dedicated to treatment? Can a suitable learning environment be set up? Will it be possible to maintain treatment integrity while the rest of the family is vacationing? (Code 4.07).

Darren should think about the potential for multiple relationships, and determine if this can be overcome (Code 1.06). In his conversation with the client's family he should discuss the following? Can therapists commute daily to the cottage? Could off-site accommodations be provided to the therapists? Is the client's family able/willing to cover the travel related expenses? How would breaks/meals be handled to ensure that the Labour Code requirements can be met? Can clear boundaries and expectations be set with staff and parents in advance. Some examples would include set working hours, a list of staff/client activities that fall within the treatment parameters (e.g. running discrete trial training, NET, teaching adaptive behaviour, implementing behaviour support plans), and a list of staff/client activities that are not permitted (e.g. staying for dinner or drinks after work, babysitting, being responsible for other children during treatment). What would the emergency procedures be for child or staff injury? What would the plan be if either party felt that it was not working out?

Darren should discuss with staff to see if the team would be willing/able to take on this added responsibility if ethical and clinical requirements can be met. He should also consider how he could provide supervision to therapists in a timely fashion (Code 1.04c). Can he meet supervision needs remotely and/or provide supervision as



needed on-site? Can he be available to staff to troubleshoot any issues that arise in the new treatment location? If these and other reasonable considerations can be met, it might be completely appropriate and clinically relevant to continue treatment at the family's cottage over the summer months. A specific contract for these services would be strongly recommended (Code 2.12a). An important caveat is that this example is relating to IBI for a child being treated privately without funding. If the child were in a funded program (either privately operated or directly operated), the guidelines for that program and policies of the agency providing the services would have to be adhered to (Code 2.12c). For example, additional expenses for staff travel and accommodations would have to be assumed by the family if these are not billable treatment expenses (Code 2.12 b).

#### Reference

Behavior Analyst Certification Board (2016). Professional and Ethical Compliance Code for Behavior Analysts. Littleton, CO: Author. [bacb.com/wp-content/uploads/2016/11/161101-experience-standards-english.pdf](http://bacb.com/wp-content/uploads/2016/11/161101-experience-standards-english.pdf)

Have a question or a topic for

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*Have a great  
summer!*

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