



seg Management Consultants Inc.

Certification/Regulation for ABA Practitioners Final Report

**Prepared by SEG Management Consultants Inc.
for the Ministry of Children and Youth Services
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Table of Contents

Executive Summary.....	1
Purpose of the Study.....	1
Context.....	1
Study Methodology.....	2
Findings	3
Recommendations	10
Implementation Considerations	10
Chapter 1: Purpose of the Project	1
Purpose	1
Context.....	1
Study Questions	3
Chapter 2: Research and Outreach Methodology	5
Information Gathering	6
Jurisdictional Scan and Literature Review	6
Stakeholder Surveys.....	7
Interviews and Focus Groups.....	9
Chapter 3: Findings	14
What is Applied Behaviour Analysis?.....	14
Where is Applied Behaviour Analysis Used?	15
Titles Used by Applied Behaviour Analysts.....	17
Membership in the Association of Behavior Analysts International	18
Certification of BAs	19
Certified Behaviour Analysts in Canada.....	20
Jurisdictional Review.....	20
BAs in Ontario—Government Programs and Requirements	26
Stakeholder Focus Groups and Surveys.....	33
Labour Market	38
Chapter 4: Evaluation Criteria	49
Evaluation Criteria Overview	49
Evaluation Criteria re: Certification/Regulation.....	50
Criteria to Assess the Type/Form of Certification or Regulation	52
Chapter 5: Options.....	56
Options Overview	56
Description of Options	57
Chapter 6: Evaluation of Options.....	66
Should BAs be Certified/Regulated?.....	66
Evaluation of Certification/Regulation Options.....	80
Chapter 7: Certification/Regulatory Approach	94
Certification/Regulatory Approach Overview.....	94
Entry to Practice.....	94
Who to Certify/Regulate.....	96
Regulatory Functions	97
Chapter 8: Summary of Recommendations and Rationale.....	100

*Certification/Regulation for ABA Practitioners—Final Report
Prepared for the Ministry of Children and Youth Services
Table of Contents, Executive Summary and Summary of Recommendations*

Chapter 9: Implementation Considerations.....	103
Transition Issues.....	103
Costing Analysis	104
Implementation Process and Timing	105
Requirements of the Fairness Commissioner	108
Appendix A: Sample Surveys.....	110
Appendix B: Sample Interview Guides	119
Appendix C: Detailed Results of Stakeholder Focus Groups and Surveys	148

Executive Summary

Purpose of the Study

The Ministry of Children and Youth Services (MCYS) contracted with SEG Management Consultants (SEG) to conduct a study to assess the viability of creating an Ontario-based certification process for practitioners of Applied Behaviour Analysis (ABA) working with those with an Autism Spectrum Disorder (ASD) or with others who benefit from ABA-based methodologies. Advice was also sought on whether or not there should be a regulatory body established for Behaviour Analysts (BAs) in Ontario. In addition, information on costing for certification and the establishment of a regulatory body was sought.

Context

ABA practitioners/analysts are trained experts who use techniques identified within the research field of Behaviour Analysis (BA) to establish and enhance socially important, functional and independent living skills. However, the terms BA and ABA are often used interchangeably. SEG has found that jurisdictions and sectors vary in which they tend to use. Overall, BA is the more common term used in the field. In Ontario, BA is more frequently used in the adult developmental services sector whereas ABA is more frequently used within children's services and the school system. For the purposes of the report, SEG used BA/BAs to refer to the field and its practitioners in general and ABA/ABAs when referring specifically to the practitioners in Ontario in the children's and school sectors.

Currently, BAs who wish to be certified in Canada apply to the Behavior Analyst Certification Board (BACB), an internationally recognized certification program with headquarters in the United States. In recent years, the BACB has become the international standard for assessing the qualifications for certifying BAs. An increasing number of qualified Ontario BAs are becoming certified through the BACB. Organizations and agencies serving children and youth with ASD in Ontario are beginning to recognize and ask for this certification from current and potential staff yet there still are only a handful of certified BAs in Ontario.

The Ontario Association of Applied Behaviour Analysis (ONTABA), an affiliate chapter of the Association of Behaviour Analysis International (ABAI), has been working to increase the number of certified BAs in Ontario. ONTABA has expressed an interest in working with MCYS to implement steps towards the regulation of BAs in Ontario.

MCYS funds agencies through several programs to deliver ABA-based services for children and youth with ASD and to support students with ASD in schools. MCYS also funds Autism Ontario to host a registry of individuals that provide ABA services to adults and children with a variety of special needs, including autism. MCYS has significantly increased funding to ABA-based services for children with ASD in the last five years. As such, there is an interest in the qualifications of

professionals working in both community and school-based settings that are providing ABA so that parents have a means to review and assess the qualifications and credentials of professionals working with their children.

Study Methodology

Chapter 2 provides a detailed list of questions that guided this study. In summary, this study addressed the following key questions:

1. Should Ontario certify BAs?
2. Should Ontario regulate BAs?
3. If yes to question #1 and/or to #2, then what approach should be taken?
4. If yes to question #1 and/or to #2, then what are the feasibility and implementation considerations of doing so?

SEG began with a jurisdictional scan and literature review of:

- certification and regulatory approaches used by governments for BAs in Canadian provinces and territories and the United States;
- the establishment and current status of the BACB as a certification body for BAs; and
- the considerations for governments in introducing certification requirements and regulatory bodies for these professionals.

Building upon the results of the jurisdictional scan and literature review, SEG reviewed several studies and available data on labour market supply and demand provided by:

- the BACB;
- ONTABA;
- the Ministry of Training, Colleges and Universities; and
- colleges in Ontario that train BA practitioners

Finally, SEG implemented an extensive stakeholder consultation exercise through the use of surveys, focus groups, and one-on-one interviews with:

- All thirteen lead agencies that deliver autism services for children and youth (i.e., through the MCYS funded Autism Intervention Program and/or through the ABA-based Services and Supports program) as well as 19 out of approximately 40 of their sub-contractors
- 170 BAs working in publicly-funded agencies and/or for private service providers
- 16 agencies delivering BA in the adult developmental services sector
- Four Superintendents of Special Education and 13 ABA Expertise Professionals that oversee the delivery of ABA in Ontario's publicly-funded school boards
- Representatives from Autism Ontario along with four families
- All three Ontario universities and 9/12 colleges that train ABA practitioners
- The College of Social Workers and Social Service Workers, and the College of Teachers

Given significant new investments in the use of ABA in the school system, and the use of BA in the adult developmental services sector, the Ministry of Education and the Ministry of

Community and Social Services also provided input to this study. In addition, the Ministry of Training, Colleges and Universities was engaged with the study to provide information and input on the training and supply side of BAs in Ontario.

All research, information gathering and consultation activities were conducted between December 2012 and May 2013.

Findings

Diversity of BA Titles and Settings in Ontario

Although the most significant use of BA is currently with children with ASD, BA is also practiced with a number of different types of clients, including other children and adults with developmental disabilities; children and adults with mental health and/or behavioural difficulties; adults with dual diagnosis (i.e. developmental disabilities and mental health issues); adults with addiction/substance abuse issues; and seniors with dementia. BA is also used in the field of Organizational Behaviour Management to improve the performance of employees and worker safety, and in the fields of sports and health to help people with their physical performance, lose weight or stop smoking. BA is used in many different settings including schools, clinical or hospital-based settings, residential facilities, and in the home. BAs use many different titles depending on the jurisdiction, setting, and/or sector in which they are employed. For example, titles include ABA practitioners, Behaviour Therapists, Behaviour Consultants, or Behaviour Technicians.

Difference between Certification and Licensure/Regulation

Although certification and licensure/regulation programs have many common elements, there are several important differences.

Certification programs are typically voluntary on the part of practitioners and are usually operated by the profession, often through a national or international non-profit association or corporation. Certification is often used by a profession to raise the stature of the profession in the eyes of the public, insurers and governments and to set their members apart from other persons who may provide similar services. Certification, unless it is mandated by a piece of legislation, is not required by law to practice. However, governments and insurers may make certification a requirement for those delivering their funded services to protect their beneficiaries and ensure value for money and employers may require certification to ensure applicants meet a minimum standard of qualification.

Licensure/regulation is mandated by a state or provincial law. (Licensure is the term used in the U.S.A. Regulation is used in Canada.) These laws create a publicly funded governmental agency or a self-regulating and self-funding regulatory entity to carry out the regulatory responsibilities. In many US states there are government funded boards and commissions regulating professions. Many require certification by bodies such as BACB as an entry to practice requirement.

Growth and Certification of BAs in the United States and Canada

There has been significant growth in the use of BA worldwide. Membership in the Association of Behavior Analysts International (ABAI)¹ and its local chapters has grown significantly since 2000, and the proportion of members who are becoming certified also continues to grow.

There are no jurisdictions in Canada that currently certify or regulate BAs. The U.S. Behavior Analyst Certification Board (BACB) has become the gold standard internationally for certifying ABA professionals. It is recognized and highly respected within the profession, including among all Ontario stakeholders consulted for the study. The number of professionals that are BACB certified is growing rapidly, especially in the United States.

- A growing number of states (36 at present) have passed legislation requiring private insurance companies to provide coverage for payment of services for ASD including ABA services. Most of these states require that the BAs providing insured services are BACB certified.
- At the same time, a number of states (13 at present) are licensing BAs independent of, or in connection with, the insurance requirements. Most of these require BACB certification.

The BACB now has over 13,000 certificants worldwide. The largest numbers are in the United States. In Canada there are currently 387 BACB certificants, of which 244 are in Ontario.

Currently, provincial and territorial governments in Canada do not require BAs to be certified by the BACB with the exception of the position of Special Education Autism Coordinator in PEI's Department of Education and Early Childhood Development. In Canada, all provinces fund the provision of BA services to children with ASD. The qualification and experience requirements for professionals delivering these services vary significantly across provinces and across programs/services and sectors in each province. Some provinces specify that BACB certification is preferred (but not required) for some positions, particularly supervisory positions.

Employers and practitioners consulted for this study strongly felt that BAs will help their own credibility and employability by becoming BACB certified. In addition, Ontario colleges have demonstrated an interest and capacity to grow their programs to meet a greater demand for qualified and/or certified ABA practitioners. SEG found that employment rates for graduates of ABA-related programs in Ontario are very high. Eight out of twelve colleges and universities in Ontario that offer ABA-related programs maintain employment data about their graduates and report that graduates find employment in a relevant field over ninety percent of the time.

Due to significant growth of BACB certification as the gold standard for certifying BAs in North America, the availability and potential for growth of university programs in Canada that are approved by the BACB to certify BAs, and the credibility of this type of certification in Ontario, SEG recommends that Ontario should not proceed with a made-in-Ontario certification process.

¹ The association of Behavior Analysis International is the primary membership organization for those interested in the philosophy, science, application, and teaching of behavior analysis. (www.abainternational.org)

The BACB is the more appropriate mechanism for certification. Ontario could instead consider implementing new measures to increase the number of BACB certified practitioners delivering BA services.

Publicly-funded BA in Ontario

Ontario, funds programs that serve children and adults who require BA/ABA, IBI and other behavioural therapies. These include programs funded by the Ministry of Children and Youth Services (MCYS), the Ministry of Education (EDU) and the Ministry of Community and Social Services (MCSS).

MCYS

- MCYS funds agencies to deliver ABA-based autism services for children and youth through the Autism Intervention Program and through ABA-based Services and Supports. In addition, MCYS funds agencies to support school boards and educators to support the learning needs of students with ASD through the School Support Program and the Connections for Students initiative. These school-based initiatives include a particular focus on building the school system’s capacity to incorporate of ABA-based teaching practices with for students with ASD.
- MCYS has issued guidelines regarding the qualifications of individuals delivering these services. Expectations in these guidelines vary across these programs and BACB certification is not required for any funded positions.
- MCYS also funds Autism Ontario to host an online registry, called ABACUS, that lists more than 500 individuals providing ABA services to adults and children with a variety of special needs, including autism.

MCSS

- MCSS funds a number of services that provide behavioural techniques for adults primarily with a diagnosis of developmental disability. The Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 includes a regulation that sets out the requirements by MCSS regarding the use of intrusive behaviour intervention strategies.
- MCSS does not address in its policy directives for agencies the specific qualifications needed to undertake behaviour programming.
- Community Networks of Specialized Care, a network of service providers and professionals in Ontario that support adults who have developmental disabilities and mental health needs and/or challenging behaviours, are currently leading a project to develop, facilitate implementation and monitor provide-wide guidelines of care and treatment of persons with a dual diagnosis and/or challenging behaviours.

EDU

- EDU policy requires that school boards must offer students with ASD special education programs and services, including, where appropriate, special education programs using ABA methods. EDU has invested significantly (\$37 million as of 2012) in training to strengthen the capacity of school teams, principals, teachers and teachers’ assistants to use ABA with students.

- EDU provides annual funding to school boards to hire board-level ABA Expertise Professionals to support ABA capacity in schools and school boards. EDU has provided recommendations to school boards that the ABA Expertise Professionals have formal education and training, and practical experience that includes “behavioural science” and “implementing ABA principles” but does not specify a need for BACB certification.

Stakeholder Views on the Certification and/or Regulation of BAs in Ontario

Most stakeholders consulted for this study held the view that certification and/or regulation would raise the standard and consistency of BA services and therefore improve outcomes for clients. The predominant view is that there is risk of harm to clients in the current situation and that certification/regulation would help to protect the public, clients and families. In addition, most felt that certification/regulation would help to professionalize BA and reduce the confusion resulting from the myriad of labels and titles that are currently used. Some stakeholders such as ONTABA also made the case that consistency through the implementation of minimum qualification standards would help to minimize two specific potential types of harm: harm as a result of misapplication of treatment and; and harm as a result of the omission of effective treatment.

The notable exception was that those consulted from the education sector did not think that practitioners in schools should be certified or regulated because schools are not a clinical setting and it is important for practitioners in schools to understand the educational setting.

Most informants favoured the use of the BACB as the standard for certification or regulation and that the standards should apply to all sectors, not just children with ASD. Most felt that the priority should be on certification for supervisors initially, but that ultimately all practitioners should be certified through the range of BACB levels. Again, informants from the education sector suggested that certification may not be appropriate in the educational setting.

The need for a clear scope of practice was supported because most felt that specialized training, education and experience are needed to effectively and ethically deliver ABA-based services. Most did not feel it should be an exclusive scope of practice because individuals in other professions may be qualified to practice ABA. The scope of practice for ABA practitioners should not exclude other professionals who are qualified to do the work. Most informants felt that a regulatory body should be established and that the regulatory body should have a full range of regulatory responsibilities.

With respect to cost of regulation, most acknowledged that it would be necessary for the profession to bear the cost of regulation. Some noted that these costs may have an impact on salary ranges as people become certified and that the cost of supporting staff to become certified might be high.

Focus group participants provided advice and caution about the speed and process for implementation of regulation, suggesting that the process be undertaken slowly and carefully with well thought out approaches to transitioning current practitioners to the regulated environment. It was also noted that particular attention should be given to ensuring that the

transition to regulation did not have a negative impact on supply, particularly in rural and remote areas.

Criteria and Options for Regulating the Profession

The primary criterion for regulating a profession is the “risk of harm” of not doing so. That is, that the practices of the profession seeking regulation poses a health and safety risk to the public if not done by qualified and experienced professionals and it is otherwise in the public interest for the profession to be regulated.

SEG conducted a detailed assessment of the need for certification/regulation against this criteria as well as a number of secondary criteria. The results of this assessment are summarized in the following table. In this table, a high level assessment about the extent to which the criteria is met (green), partially met (yellow) or not met (red) is provided. A detailed discussion of the criteria and rationale for the assessment result is provided in the main body of the report.

Criteria	Comment	
Risk of harm	There is evidence that there is risk of harm if ABA is provided inappropriately	
Education/knowledge requirements/scope of practice	There is a body of knowledge on ABA; it is possible to define a scope of practice	
Improved outcomes	Improved outcomes likely if practitioners (or at least supervisors) are certified/regulation	
Impact on delivery system	Could have significant impact on delivery system; transition would have to be managed carefully	
Economic impact/impact on supply	Requirement for certification/regulation could impact supply of practitioners; transition approaches would be necessary	
Maturity of profession/ability to protect the public	Likely to protect the public interest; would need to separate professional association (advocate) from regulatory body	
Support of the profession	Many professionals have indicated support for regulation	
Inter-professional stakeholder support	Limited information—to extent it exists, other professions have indicated that it should not be an exclusive scope of practice	
Client/consumer support	There is indication of support from clients/consumers	
Support of government/cost to government	Government has not taken a position; some parts of public sector do not support regulation	

Based on this assessment, ABA meets or partially meets all criteria for regulation. None of the criteria are “red” indicating that regulation is not appropriate.

SEG reviewed many different options that exist to regulate a profession and conducted an analysis of the pros and cons of the three main regulatory options for BA practitioners in Ontario:

1. *Title Protection* (least restrictive): Only people meeting specific criteria can use the occupational title.
2. *Title Protection with Scope of Practice* (medium restrictive): In addition to title protection, professionals have a regulatory college and are given a scope of practice that defines the procedures, actions, and processes that are permitted for its members. The scope of practice requires specific education and experience, and specific demonstrated competencies.
3. *Title Protection with Exclusive Scope of Practice* (most restrictive): In addition to having title protection and a scope of practice, members outside of the College are not permitted to provide the same services (unless there are exemptions).

SEG's analysis found that *Title Protection with Scope of Practice* has the potential for a high degree of impact for clients related to reduction of risk of harm, improved consumer knowledge/choice, quality of service, universality and enforceability. This approach is consistent with that used for most regulated health professionals in Ontario. It also avoids problems related to inter-professional issues that would be created by an exclusive scope of practice in the third option (e.g., among psychologists, educators, Speech-Language Pathologists, and others who may provide ABA-based services).

The evidence in the research literature is still unclear on the extent to which regulation of ABA would improve quality of services and outcomes for clients. This can be attributed to the relatively recent movement to mandate certification or to license ABA practitioners in the United States.

Cost of Certification and/or Regulation

BACB certification initial costs are \$330 with annual renewal costs of \$100 to \$150. The BACB provides a number of regulatory functions including administering an exam and a continuing education program and a discipline process. Costs are borne by BACB certificants and new applicants. No government funding is provided.

In Ontario all regulatory bodies are expected to regulate in a similar manner. Current Ontario registration fees cover costs for a complaint and discipline process, a registration process, and a quality assurance program. In addition some colleges will be involved in developing bridging programs to help foreign trained applicants to become registered.

The cost of registration fees is dependent on many factors including the size of the College's membership. There are currently 244 BACB certified ABA practitioners in Ontario. Although additional individuals may join a College, SEG estimates that the total number of registrants is not likely to exceed 1,000. Registration fees might be projected to be similar to colleges with similar numbers of registrants, such as the College of Midwives noted below.

College	# of members	Registration Fee
Midwives	540	\$1600.00
Audiologists and Speech-Language Pathologists	3500	\$600.00
Chiropodists and Podiatrists	578	\$1300.00
Chiropractors	4,018	\$1050.00

One-time set up costs for a regulatory college are typically covered by government. Annual costs were approximately \$500K-900K for the establishment of the Ontario College of Kinesiologists in 2013. Ongoing operational costs to government for a College are minimal because the College would collect fees from its members for this purpose.

To reduce costs for members, consideration could be given to align a new College for ABA practitioners with an existing College such as the College of Psychologists. This approach was taken with the establishment of the College of Audiologists and Speech Language Pathologists.

Supply and Demand

The demand for BAs in Ontario continues to grow and an increasing number of colleges and universities in Ontario are offering new and/or expanded course offerings for BAs at the Bachelor and Master levels as well post graduate certificates and diplomas. Most expressed an interest and capacity to offer additional BA-related courses, programs, certificates, etc. should the need arise. Current course offerings are already approved (or are in the process of getting approved) by the BACB. However, although the current number of BACB certified practitioners in Ontario is growing it is still quite small. Therefore, a careful transition plan would be required to ensure that there is adequate supply of services if the government were to pursue the regulation of BAs in Ontario or introduce new certification requirements to practice BA.

The following are some highlights of the supply of BAs in Ontario:

- Currently there are only 387 BACB certificants in Canada, 244 of which are in Ontario.
- Within the 28 agencies providing publicly-funded children’s autism services that provided employment data to SEG, approximately 1,100 staff were delivering ABA services in these agencies.
- Among this group, 102 were BACB certified and 185 staff had degrees in other fields and were members of another Ontario Regulatory College.
- When asked about what qualifications are required for staff to deliver ABA services in their agencies, 68% said that they require ABA experience and 21% require BACB certification.

The qualification requirements for those delivering publicly-funded BA vary considerably from program to program and across sectors.

- SEG found evidence for higher qualifications and more BACB certified practitioners among behaviour therapists in adult developmental services than for children’s services.
- SEG’s focus groups with the education sector found that those supervising or using ABA in school settings have very different qualification requirements (focused on educational credentials) and fewer BACB certificants.

The demand for ABA practitioners is highly impacted by government policy and funding for programs. For example, stakeholders noted that when the Ministry of Education introduced PPM-140 and provided funding to support provision of ABA in the schools, demand increased. Similarly, increases in government funding for programs using ABA will increase demand for ABA practitioners. Currently, there are large wait lists throughout Ontario in programs for children with ASD, and for adults with developmental disabilities and dual diagnosis, particularly seeking behaviour management supports. Any increase in funding for these programs will certainly increase the demand for them, and place greater demands on finding practitioners who are qualified to deliver these services.

Recommendations

Chapter 8 of the report provides a full summary of the following recommendations and rationale:

1. There should be some form of regulation of BA practitioners in Ontario
2. The desired end state should be title protection and clear scope of practice for BA practitioners
3. There should be a carefully designed transition process to achieve the end state
4. Regulation should be based on BACB designations/certification
5. Regulatory requirements should be applied universally in the end state
6. A full function regulatory approach should be in place in the end state

Implementation Considerations

During the course of the focus groups and survey, a number of issues were raised relating to the transition from the current unregulated situation to the recommended end state. Stakeholders noted that the current demand for highly qualified BA practitioners far exceeds the current capacity in Ontario. As such, introducing new certification and/or regulatory requirements could reduce the already small pool of competent BA practitioners in the province and negatively impact the availability of BA services in Ontario. The following is a summary of the implementation recommendations discussed in the report:

- To determine the impact of new qualification requirements/standards for ABA services and if a universal approach across sectors is the ideal end state, a detailed review and analysis of current requirements across ministries and a thorough assessment of the impact on services and labour relations would be required.
 - Ensure that adequate time is allowed for transition—a policy option that requires certain credentials for certain positions in order to receive government funding, and/or title protection, could be interim steps

- Consider how people who are currently practicing with many years of experience could be certified; consider shared supervisory capacity during transition
- Ensure that the process does not impact negatively on supply, particularly in the north, or staff able to provide service in French; if using BACB for certification, investigate the possibility of writing the exam in French
- Examine cost and labour relations implications
- Ensure that there are adequate educational and experience opportunities to achieve certification
- Changes that would impact the education system will need to be carefully managed. Education sector stakeholders were less supportive and mixed in their responses than stakeholders from the children’s autism services and adult developmental services sectors regarding government measures to incite the certification of ABA professionals within school board settings.
 - There was a view that the same standards that would apply to ABA delivered in clinical settings should not be applied to ABA used in school settings (e.g., “treatment” is different than “learning”) and that educational expertise is more important for educators and educational assistants using ABA approaches that “clinical expertise”.
 - Some supported the notion of requiring certification for the ABA Expertise Professionals that oversee ABA in the school system whereas others said that other qualifications are more important.
- The inter-professional impacts of regulating ABA practitioners would need to be explored through formal consultations with relevant Colleges (for example, the impact on psychologists). This process was outside the scope of the study.

Based on the input received by SEG during the consultation, the desirable approach would encompass BA practitioners in all programs and all sectors. Therefore, the goal should be to establish an inter-ministry process whereby all ministries which fund programs that use BA move forward together to address the approach to transition.

A five-year implementation process in four stages is recommended to reach the recommended end state:

- Stage 1 (Years 1-2): Development and implementation of government certification requirements for funded ABA services and initiatives to increase the available pool of BACB certificants.
- Stage 2 (Years 1-3): Development and passage of legislation to create a regulatory body (i.e., a College of Applied Behaviour Analysts of Ontario).
- Stage 3 (Years 4-5): Creation of a Transitional Council to develop regulations, policies, and the business operations for the new College.
- Stage 4 (Year 5): Proclamation of the new College.

Chapter 1: Purpose of the Project

Purpose

The purpose of the project was to assess the viability of creating an Ontario-based certification process for practitioners of Applied Behaviour Analysis (ABA) working with those with an Autism Spectrum Disorder (ASD) or with others who benefit from ABA-based methodologies. Advice was also sought on whether or not there should be a regulatory body established for Behaviour Analysts in Ontario. In addition, information on costing for certification and the establishment of a regulatory body was sought.

Context

Behaviour Analysis (BA) and Applied Behaviour Analysis (ABA)

ABA is a term from the field of psychology which refers to the process of systematically collecting data and applying interventions based primarily on the learning theory of operant conditioning: the shaping of behaviour by use of consequences. ABA uses behavioural observation and positive reinforcement techniques to improve socially significant behaviours and to decrease problem behaviours.

ABA practitioners/analysts are trained experts who use techniques identified within the research field of Behaviour Analysis (BA) to establish and enhance socially important, functional and independent living skills. However, the terms BA and ABA are often used interchangeably. SEG has found that jurisdictions and sectors vary in which they tend to use. Overall, BA is the more common term used in the field.

In Ontario, BA is more frequently used in the adult developmental services sector whereas ABA is more frequently used within children's services and the school system. For the purposes of this report, SEG has used BA/BAs to refer to the field and its practitioners in general and ABA/ABAs when referring specifically to the practitioners in Ontario in the children's and school sectors.

See Chapter 3 for more information about BA and ABA in Ontario.

Behavior Analyst Certification Board

"Certification" means a process by which a credential is provided by an organization which outlines standards, best practices and disciplinary measures for its certificants. Currently, BAs who wish to be certified in Canada apply to the Behaviour Analyst Certification Board ("BACB")

in the United States. This is accomplished by acquiring the necessary education/course work and relevant experience. Potential certificants are required to write an exam that is administered by the BACB.

The BACB is a non-profit corporation with international headquarters in the United States which promotes and implements a national and international certification program for behaviour analyst practitioners. The organization was established to meet professional credentialing needs identified by Behaviour Analysts, government, and consumers of behaviour analysis services.

In recent years, the BACB has become the international standard for assessing the qualifications for certifying BAs. An increasing number of qualified Ontario Behaviour Analyst practitioners are becoming certified. Organizations and agencies serving children and youth with ASD are beginning to recognize and ask for this certification from current and potential Instructor Therapists and other staff. Nonetheless, there still are only a handful of certified Behaviour Analysts in Ontario.

See Chapter 3 for more information about the BACB certification process.

Ontario Association for Applied Behaviour Analysis

The Ontario Association of Applied Behaviour Analysis (ONTABA) is an affiliate chapter of the Association of Behaviour Analysis (International). Members in ONTABA have an expressed interest in BA and come from a variety of fields including (but not limited to), psychology, education, nursing, health care, developmental services, research, and administration.

ONTABA has been working on a process for the certification of individuals who develop and implement therapeutic and educational procedures based on BA since 1994. The mission of the organization is to demonstrate leadership, knowledge and innovation in education, training and research for the ethical and effective application of behaviour analysis. Members include those from professions such as education, nursing, health care and psychology. ONTABA is in favour of the regulation of Behaviour Analysts in Ontario through the development of a College of Behaviour Analysts.

ONTABA issues standards of practice for BAs in Ontario. They recently updated their standards in 2010 to reflect the increase in Behaviour Analyst practitioners in Ontario. The standards of practice identify current best practices and relevant jurisprudence issues for practitioners in Ontario.

Publicly Funded ABA in Ontario

The Ministry of Children and Youth Services (MCYS) funds agencies through several programs to deliver ABA-based services for children and youth with ASD and to support students with ASD in schools. MCYS also funds Autism Ontario to host a registry of individuals that provide ABA services to adults and children with a variety of special needs, including autism. MCYS has significantly increased funding to ABA-based services for children with ASD in the last five years.

As such, there is an interest in the qualifications of professionals working in both community and school-based settings that are providing ABA so that parents have a means to review and assess the qualifications and credentials of professionals working with their children.

MCYS contracted with SEG consultants to examine the question of the certification of BAs through a Request for Proposals process. Given significant new investments in the use of ABA in the school system, and the use of BA in the adult developmental services sector, the Ministry of Education and the Ministry of Community and Social Services also provided input to this study. In addition, the Ministry of Training, Colleges and Universities was engaged with the study to provide information and input on the training and supply side of BAs in Ontario.

See Chapter 3 for more information about publicly funded BA/ABA in Ontario.

Study Questions

Detailed questions in relation to certification included the following:

- What is the need and demand for BAs based on a labour market analysis?
- What is the experience of other jurisdictions and what are some best practices based on an inter-jurisdictional scan of certification processes?
- What is the level of interest and support from MCYS partners?
- Should certification should be voluntary or mandatory?
- Should certification should be a condition of employment?
- What are the various types of monitoring, adherence and disciplinary measures?
- What are the costs associated with creating a Certification process?
 - What are the costs to tailor the BACB certification process² to Ontario, compared to the costs to develop a new Ontario based certification process based on a new exam and delivery process.
- What are the benefits of an Ontario based certification program?

Detailed questions in relation to the creation of a regulatory body include the following:

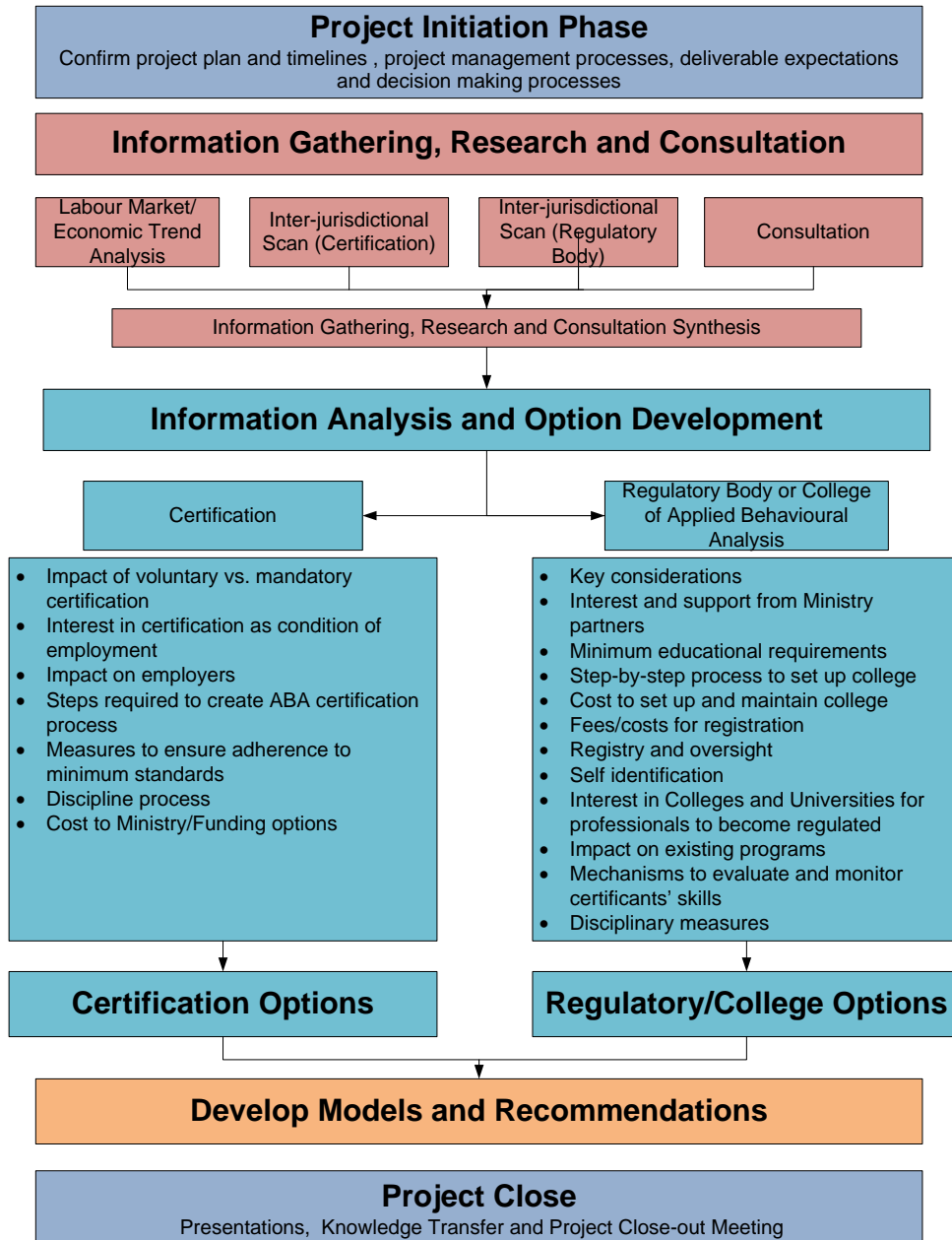
- What are the fundamental considerations of establishing a regulatory body for a profession?
- What are the steps and the costs of setting up a body?
- What are the fees and costs for registration and renewal to sustain a regulatory body?
- Should the regulatory body develop and maintain a registry and what information about practitioners should be provided on the registry?
- Based on a jurisdictional scan of regulatory bodies: how are BAs regulated now? What regulatory bodies exist? What are some of the best regulatory practices? What is the history of complaints and disciplinary proceedings?

² The Behavior Analyst Certification Board (BACB) is a non-profit corporation established in 1998 to meet professional credentialing needs identified by behavior analysts, governments, and consumers of behavior analysis services. The BACB certification procedures and content undergo regular psychometric review and validation.

- What is the level of interest and support from MCYS partners and other stakeholders, including but not limited to other ministries, other regulatory colleges, employers, parents and universities?
- What are the types and costs of monitoring, adherence and disciplinary measures?
- What are the costs associated with creating a Regulatory Body?
- What are the benefits to establishing a “College of Applied behaviour Analysis”?

Chapter 2: Research and Outreach Methodology

The diagram below provides a general overview of the approach the study team used to gather, analyze and develop options and recommendations in this report.



Below is a brief summary of the key research and outreach methodologies that were used throughout the project's key information gathering phase which included research and stakeholder consultation. Through this phase the study team was able to learn about and document stakeholder interests and concerns, key labour market considerations, and other jurisdictional certification and regulatory approaches that could inform options and considerations for the potential certification or regulation of BAs in Ontario.

Information Gathering

Information Gathering

The team's information gathering activities which took place between December 2012 and May 2013 involved three key types of research:

- Jurisdictional scan and literature review;
- A series of surveys; and
- One on one interviews and focus groups.

Jurisdictional Scan and Literature Review

The study team conducted a detailed jurisdictional scan of certification and regulatory approaches used by governments for BAs in Canadian provinces and territories, the United States, and a close examination of the Behavior Analyst Certification Board (BACB)³.

For the most part, this research was conducted through internet-based research and supplemented with literature and other information identified or shared by stakeholders throughout the information gathering phase of the project. Where information gaps existed about Canadian provincial government programs, provincial counterparts were also contacted by email and telephone. They were provided with questions regarding their programs and any qualification requirements for BAs or their employers.

Research activities helped to inform the development of certification and regulatory options and to inform key stakeholder outreach activities with Ontario regulators and stakeholder groups.

Among other things, the jurisdictional scan sought and obtained information on the following issues:

- What professional certifications are available for BAs in other jurisdictions
- How BAs are certified in other jurisdictions
- What regulatory oversight approaches are in use for BAs in other jurisdictions
- Whether certification and/or regulation is voluntary or mandatory in these jurisdictions

³ The Behavior Analyst Certification Board (BACB) is a non-profit corporation established in 1998 to meet professional credentialing needs identified by behavior analysts, governments, and consumers of behavior analysis services.

- The role of BACB in regulation of BAs in Canada and the US.
- The known costs of certification and/or regulation in other jurisdictions
- The credentialing process used by different jurisdictions
- Canadian provincial program funding or promotion of BA services, and any criteria in place regarding certification or minimum job specifications.

The study team collected information about the history and development of Behaviour Analysts as a distinct profession and about key lessons and trends in the professional certification and regulation of Behaviour Analysis practitioners. This included reviewing literature that examined risks and alternatives to licensing Behaviour Analysts, the history of attempts to create a national certification process, overall adoption and acceptance of BACB credentials, and known criteria used by governments for considering regulating new professions.

The full jurisdictional review was prepared as a companion to this report. Key findings are summarized in Chapter 3.

Jurisdictional Scan Limitations

There is a great deal of information about US-based approaches to the certification and regulation of behaviour analysts available on the internet. The review of US jurisdictions was thorough and yielded much helpful and instructive information that can be relevant to decision-makers in Ontario.

Information about Canadian approaches available online was more limited, however, a scan of provincial and territorial websites was able to produce helpful information about programs and policies in support of BA services, particularly as a therapy option for children with ASD. One of the objectives of the research was to identify any legislated or program rules specifying requirements for certification or minimum skills/experience for practitioners of BA. Since internet information was limited and inconsistently available, the study team devised a questionnaire for key contacts across Canada with the hope of gathering details about job specification requirements and other approaches used to help ensure BAs are suitably qualified to practice.

Many provincial and territorial contacts were very helpful in providing information to the study team, while others did not respond to the survey requests. The team further supplemented this outreach by directly attempting to telephone and email contacts with a set of streamlined questions. In the end, the information received provided the study team with sufficient information to describe the state of certification and regulation across the country.

Stakeholder Surveys

In order to reach out to as many stakeholders as possible during the short duration of the study, the team developed a number of stakeholder surveys to meet a range of information gathering needs. One key need was to develop a stronger understanding of the current and future labour

market considerations (from both a supply and a demand point of view) that might inform an assessment of certification or other regulatory options for BAs.

Surveys targeting employers, employees and educators such as superintendents of special education sought among other things to better understand issues such as:

- The current and future need or demand for BA services
- The level of interest and support for the certification of BAs among service providers who employ BA professionals; and
- The current and future abilities of education providers to offer educational programs aimed at qualifying future BA professionals, as well as any impacts that formal certification or regulation requirements may have on current programs.

The study team sought the assistance of the Ministry of Children and Youth Services, the Ministry of Education, the Ministry of Training, Colleges and Universities, the Ministry of Community and Social Services, and key service providers and associations to identify an extensive list of stakeholders to invite to participate in the surveys.

The SEG analysis of the labour market for practitioners of BA was undertaken using the results of surveys for:

1. Universities and Colleges: Universities and colleges who offer courses, certificates and diplomas in areas related to BA and/or autism
2. ABA Employers: Lead service providers, referred in this report as “RAPON” (Regional Autism Providers Network of Ontario), that deliver publicly funded ABA for children/youth (i.e., that deliver IBI through the Autism Intervention Program and/or that deliver ABA through ABA-Based Services and Supports); and publicly funded developmental services providers for adults
3. BAs: Front-line workers that provide publicly-funded and/or privately funded BA services
4. Education: Superintendents of Special Education and front line service providers

The supply side information is mainly taken from the College and University survey, while the demand side is reflected in the results from the RAPON and practitioner surveys. (Unfortunately, there were no surveys completed from education and only three from adult developmental sector employers though their participation in face-to-face focus groups enabled them to provide their input into the study). This information was also complemented by excerpts from studies from Seneca College and St. Lawrence College that the SEG team had access to during the course of this feasibility assignment.

See Table 1 for additional details regarding who was surveyed. Sample surveys are provided in Appendix A.

Survey Limitations

It must be noted that the survey was a voluntary exercise, and while meetings, direct e-mails and reminder e-mails were sent directly to identified contacts, participation in completing the survey was completely optional for respondents. Only those respondents who chose to participate in the study and complete the various surveys are represented in the data and

information reflected in the analysis below. As well, respondents were not required to answer each and every question in their respective survey, and therefore, there were a different number of answers to any particular question in the various surveys.

Interviews and Focus Groups

In order to learn about the current state of BA services in Ontario and to understand stakeholder views on the need for certification or regulation of BAs in the province, the study team sought to supplement survey activities with a series of meetings with a variety of stakeholders to ensure that a wide range of perspectives could be gained on key issues such as:

- The current and future supply and demand for BA services
- Views and opinions on the need for more formal standards for BA services
- Inter-professional issues and opportunities with BA certification or regulation
- Professional and client views on BA services and standards.

The team also sought to ensure that the stakeholders consulted were not confined to BAs serving children with ASD. The team developed a stakeholder plan that included meeting with individuals and groups from a range of professional settings, as well as educators such as superintends of special education, other key Ontario ministries, other significant Ontario regulators, parents, and advocacy organizations.

For all interviews and focus groups, an interview or focus group guide was provided in advance to all participants. Consistent questions were asked of a range of stakeholders and some questions were tailored to specific groups. Sample interview guides can be found attached to this report as Appendix B.

See Table 1 below for a list of stakeholder groups identified and contacted throughout our information gathering activities. The table indicates the consultation approach and how participants were identified as well as the sample that participated.

Table 1: Information Gathering Summary

Stakeholder Category	Organization / Stakeholder	Consultation Approach	Sample and How Participants were Identified	Sample (dates in 2013)
Ontario Ministries	Ministry of Children and Youth Services; Ministry of Community and Social Services (MCSS); Ministry of Education (EDU);	Interview/Focus Group	Ministries identified participants	MCSS Meeting held on July 9 Joint EDU and MOHLTC meeting held on July 16 MCYS provided input throughout the

Stakeholder Category	Organization / Stakeholder	Consultation Approach	Sample and How Participants were Identified	Sample (dates in 2013)
	Ministry of Health and Long Term Care (MOHLTC)			course of the study.
Health Profession and Other Colleges	College of Psychologists; College of Social Workers and Social Service Workers	Interviews	Consultants drafted initial list	2 interviews completed: Glenda MacDonald Registrar College of Social Workers and Social Service Workers on April 8; Catherine Yarrow Registrar and Rick Morris Deputy Registrar College of Psychologists on March 19
Universities	Brock; McMaster; York	Survey	Through consultation with the sector	Survey replies received from 3/3 universities
Colleges	Colleges offering Autism Behaviour Science (Tech) programs, including: <ol style="list-style-type: none"> 1. Algonquin College 2. Fanshawe 3. George Brown 4. La Cité Collegiale 5. Lambton College 6. Mohawk 7. Northern Consortium 8. Seneca, 9. St. Clair College 10. St. Lawrence College 11. Conestoga 	Survey	College contacts identified by Carmen Hall (Chair, Autism and Behavioural Science College Coordinators' Group) through MTCU (James Gordon)	Survey responses received from 9/12 colleges (#'s 1,4, and 7 did not respond)

Stakeholder Category	Organization / Stakeholder	Consultation Approach	Sample and How Participants were Identified	Sample (dates in 2013)
	College 12. Niagara			
BA/ABA Employers	RAPON members (i.e., the 13 lead agencies delivering ABA-based Services and Supports and/or the Autism Intervention Program)	1 Focus Group	All 13 agencies were invited to participate	Focus Group held March 22 with 13/13 agencies.
	RAPON members	Survey	All 13 agencies were invited to complete a survey	10/13 agencies completed surveys
	RAPON Sub-contractors	1 Focus Group	Through RAPON members, approximately 40 sub-contractors were invited to participate	Focus Group held April 15 with 10 of approximately 40 agencies.
	RAPON Sub-contractors	Survey	Through RAPON members, all sub-contractors were invited to complete a survey	19 of approximately 40 agencies completed surveys
	EDU – Superintendents of Special Education	1 Focus Group (Focus group questions were sent to Superintendents who could not attend)	13 Superintendents of Special Education were identified by EDU	May 2 4/13 Superintendents attended focus group. No responses to focus group questions sent to those who could not attend.
	MCSS – Adult DS Providers	1 Focus Group and a Survey for those who could not attend the Focus Group	MCSS provided list	May 2 16/23 attended the combined (with DS practitioners) focus group. Only three

Stakeholder Category	Organization / Stakeholder	Consultation Approach	Sample and How Participants were Identified	Sample (dates in 2013)
		(This group was combined with practitioners of DS services)		surveys completed.
BAs / ABA Practitioners	Staff from RAPON agencies	1 Focus Group	RAPON members nominated 1-2 practitioners per agency	April 15 (11 attended)
	Private Practitioners	Focus Group	RAPON members; MCYS; Word-of-mouth	April 17 (15 attended)
	Publicly-funded and Private Practitioners	Survey	RAPON members; MCYS; Word-of-mouth and through the ONTABA website	155 Surveys completed. Surveys distributed by web links so it is not possible to know the total number of people who had access to this survey.
	EDU – Expertise Professionals	Focus Group	16 Expertise Professionals were identified by EDU	Focus group was held. 13/16 attended Checked re: need for French interviews; no responses
	MCSS – Adult DS Practitioners	Focus Group (This group was combined with DS employers)	MCSS provided list of 23 providers	16/23 attended (combined with DS employers)
BA Professional Association	ONTABA	2 Interviews	Contact with Chair who invited others	Completed
BA Clients	Autism Ontario	Focus Group	Executive Director of Autism Ontario identified 2 staff, 1 Board member to participate	April 18

Stakeholder Category	Organization / Stakeholder	Consultation Approach	Sample and How Participants were Identified	Sample (dates in 2013)
	Families	Focus Group (combined with Autism Ontario)	4 families identified by Autism Ontario	4/4 families participated on April 18
Other Experts	Dr. Adrienne Perry	Interview	MCYS	Completed on April 16

Interviews and Focus Groups Limitations

Interviews and focus groups were conducted without the presence of any government representatives and the study team’s facilitators did their best to invite open and frank discussion and to hear from all participants. Similar to the surveys, these meetings were voluntary and some invitees who would have liked to participate may not have had an opportunity.

Interviews were held with the College of Psychologists of Ontario and the College of Social Workers and Social Service Workers to explore issues related to overlap across professions. No specific information related to the merits of regulating BAs was gleaned from these interviews. However, there was interest in being consulted once more details were available. In addition, through efforts to consult with other Colleges it was determined that further interviews would not yield additional insights. We learned from registrars that a more formal process, outside the scope of this study, would be needed to meaningfully consult with the Colleges. This would involve submitting a formal proposal for their review and consideration by their Council.

Chapter 3: Findings

What is Applied Behaviour Analysis?

The field of Behaviour Analysis grew out of the scientific study of principles of learning and behaviour. It has two main branches: experimental/research and ABA. The experimental analysis of behaviour is the basic science of this field and has over many decades accumulated a substantial and well-respected body of research literature. This literature provides the scientific foundation for ABA, which is both an applied science that develops methods of changing behaviour and a profession that provides services to meet diverse behavioural needs.

Behaviour analysis is defined by Fisher, Groff and Roane (2011) as “a discipline with three primary branches: (1) behaviorism, which focuses on the worldview or philosophy or behavior analysis; (2) the experimental analysis of behavior, which focuses on identifying and analyzing the basic principles and processes that explain behavior; and (3) ABA, which focuses on solving problems of social importance using the principles and procedures of behavior analysis.” Whereas BA is the science and study of behaviour, ABA is the process of systematically applying interventions based upon the principles of BA and learning theory to improve socially significant behaviours to a meaningful degree. “Behaviour” includes actions and skills.

ABA is essentially based on the scientific principles of behaviour (i.e., reinforcement, punishment, and extinction) and uses careful behavioural observation and positive reinforcement or “prompting” to teach each step of a behaviour. It aims to improve socially significant behaviours to a meaningful degree by increasing appropriate behaviours and decreasing inappropriate behaviours. It teaches social, motor, and verbal behaviours as well as reasoning skills. Examples of the application of ABA include: building the skills and achievements of children in school settings; enhancing the development, abilities, and choices of children and adults with different kinds of disabilities; and augmenting the performance and satisfaction of employees in organizations and businesses.

Despite the distinction described above between BA and ABA, the terms BA and ABA are often used interchangeably. SEG has found that jurisdictions and sectors vary in which term they tend to use. Overall, BA is the more common term used in the field. In Ontario, BA is more frequently used in the adult developmental services sector whereas ABA is more frequently used within children’s services and the school system. For the purposes of the report, SEG will use BA/BAs to refer to the field and its practitioners in general and ABA/ABAs when referring specifically to the practitioners in Ontario in the children’s and school sectors.

Where is Applied Behaviour Analysis Used?

A significant use of BA is with children with ASD. BA treatment has been found to be useful in teaching behaviours to children with ASD who may otherwise not "pick up" these behaviours on their own as other children would. In addition BA is practiced with a number of different types of clients, including children and adults with developmental disabilities; children and adults with mental health and/or behavioural difficulties; adults with dual diagnosis (i.e. developmental disabilities and mental health issues); adults with addiction/substance abuse issues; and seniors with dementia. BA is also used in the field of Organizational Behaviour Management to improve the performance of employees and worker safety, and in the fields of sports and health to help people with their physical performance, lose weight or stop smoking.

BA is used in many different settings and sectors, including:

Settings	<ul style="list-style-type: none"> • School boards (education: from preschool to university) • Home (parenting and child management + self-management and personal problems) • Applied clinical settings • Medical and health care agencies • Mental health agencies • Business, industry and government organizational behaviour management (Organizational Behaviour Management) • sports /health facilities or sports psychology/medical clinics • Hospitals especially for behavioural paediatrics and pain management clinics • Addiction facilities • MCSS developmental service agencies • MOH geriatric settings • Occupational therapy and sensory integration (therapies are not always BA evidence-based)
Professionals using BA	<ul style="list-style-type: none"> • Social Service Workers / Social Workers • Developmental Service Workers • Early Childhood Educators • Educational Assistants • Child and Youth Workers • Psychologists • Teachers / Professors • Parents • Gerontologists

Non-ASD BA Practices and Uses	<ul style="list-style-type: none"> • Dual Diagnosis • Acquired Brain Injury • Education (Teachers, Professors, Specialists) • Mental Health (children, youth & adult) • Addictions • Child Welfare • Long-Term Care – geriatrics • Corrections/forensics • OBM • Sports and Health • Hospitals (especially for Pain management and Behavioural paediatrics) • Management professionals (e.g., employee performance management)
Association for Behaviour Analysis International (ABAI) Special Interest Groups	The following list of Association of Behavior Analysis International (ABAI) ⁴ Special Interest Groups (SIGs) demonstrates many of the different areas of current practice for BAs. <ul style="list-style-type: none"> • Applied Animal Behavior • Autism • Behavior Analysis and Selectionist Robotics • Behavior Analysis for Sustainable Societies • Behavior Analysis in Military and Veterans’ Issues • Behavior Analyst Online • Behavioral Gerontology • Behavioral Medicine • Behaviorists for Social Responsibility • Clinical • Crime, Delinquency, and Forensic Behavior Analysis • Direct Instruction • Dissemination of Behavior Analysis • Ethics and Behavior Analysis • Evidence-Based Practice • Experimental Analysis of Human Behavior • Gambling • Health, Sport, and Fitness • History of Behavior Analysis • Human Development • Inter-behaviorists • Multicultural SIG: Multicultural Alliance of Behavior Analysts • Neuroscience • Organizational Behavior Management Network

⁴ The Association for Behavior Analysis International is the primary membership organization for those interested in the philosophy, science, application, and teaching of behaviour analysis. See: <http://www.abainternational.org/abai.aspx>

	<ul style="list-style-type: none"> • Parent-Professional Partnership • Pediatric Feeding Disorders • Positive Behavior Support • Practitioner Issues in Behavior Analysis • Rehabilitation and Independent Living • Sex Therapy and Educational Programming • SIG Español • Speech Pathology • Standard Celeration Society • Teaching Behavior Analysis • Verbal Behavior 																								
Distribution of ABAI Members across Special Interest Groups	<p>The following indicates the distribution of ABAI members across SIGs and provides an indication of the predominant areas of practice for BAs, indicating that the highest levels of interest are autism, developmental disabilities, and special education.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Alcohol/Drug Abuse</td> <td style="text-align: right;">0.08%</td> </tr> <tr> <td>Autism</td> <td style="text-align: right;">55.30%</td> </tr> <tr> <td>Business/Industry/Government</td> <td style="text-align: right;">0.25%</td> </tr> <tr> <td>Dependency/Foster Care</td> <td style="text-align: right;">0.40%</td> </tr> <tr> <td>Developmental Disabilities</td> <td style="text-align: right;">21.01%</td> </tr> <tr> <td>Education-College</td> <td style="text-align: right;">1.51%</td> </tr> <tr> <td>Education-Regular K-12</td> <td style="text-align: right;">2.21%</td> </tr> <tr> <td>Education-Special Education</td> <td style="text-align: right;">13.82%</td> </tr> <tr> <td>Families/Couples</td> <td style="text-align: right;">0.42%</td> </tr> <tr> <td>Health</td> <td style="text-align: right;">0.35%</td> </tr> <tr> <td>Mental Health</td> <td style="text-align: right;">2.46%</td> </tr> <tr> <td>Other</td> <td style="text-align: right;">2.19%</td> </tr> </table>	Alcohol/Drug Abuse	0.08%	Autism	55.30%	Business/Industry/Government	0.25%	Dependency/Foster Care	0.40%	Developmental Disabilities	21.01%	Education-College	1.51%	Education-Regular K-12	2.21%	Education-Special Education	13.82%	Families/Couples	0.42%	Health	0.35%	Mental Health	2.46%	Other	2.19%
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Titles Used by Applied Behaviour Analysts

Practitioners of Applied Behaviour Analysis use many different titles. This can cause confusion among clients and their families with respect to the service provided and the qualifications of service providers. For example, titles include:

- Applied Behaviour Analysts
- Behaviour Modifiers
- Behaviour Counsellors
- Behaviour Specialists
- Behaviour Therapists
- Behaviour Consultants

- Behaviour Analysts
- Behaviour Trainer
- Behaviour Intervener
- Behaviour Technician

For the purposes of this report, the term “BAs” is used to refer to all practitioners of BA and BA and includes the individuals who may use these various titles.

In addition, people who are Behaviour Analysts and who may also be supervising Behaviour Analysts may have different titles within an organization / agency or within the business they own themselves, such as the following:

- Clinical Director
- Director
- Executive Director
- Chief Executive Officer
- Behaviour Psychologist
- Psychologist
- Clinician-in-Charge
- Program Coordinator
- Program Director
- Clinical Supervisor
- Clinical Manager
- BA or ABA Expert
- Senior Therapist

Membership in the Association of Behavior Analysts International

Information has been provided by the Association of Behavior Analysts International (ABAI)⁵ on the growth and composition of its membership. While not all BAs are members of ABAI, its membership data provide insight into the growth, function and qualifications of the behaviour analysts. In summary:

- The membership in ABAI has increased since 1977, but the most significant growth has occurred since 2000, with growth from under 3,000 members in 2000 to 6,500 members in 2012. Reported chapter memberships is also growing, and membership outside the US is growing, with a little more than half the members from outside the US in 2012.

⁵ The association of Behavior Analysis International is the primary membership organization for those interested in the philosophy, science, application, and teaching of behaviour analysis. (www.abainternational.org)

- The number of chapters is also growing significantly, with almost half the chapters outside the US
- The highest primary activity of the members is clinical/therapeutic service (30%) followed by consulting (18%), research (15%) and teaching (12%)
- The proportion of members who are BACB Certified has grown from 30% in 2006 to 46% in 2012. (see next section for a description of BACB certification)

This membership information demonstrates the extent to which behaviour analysis is growing worldwide, and the extent to which practitioners are becoming certified.

Certification of BAs

There is currently no certification process for BAs in Canada. However, an internationally recognized certification is emerging. The BACB is a non-profit corporation established in 1998 to meet professional credentialing needs identified by behaviour analysts, governments, and consumers of behaviour analysis services. The BACB adheres to the U.S. national standards for boards that grant professional credentials. The BACB certification procedures and content undergo regular psychometric review and validation, pursuant to a job analysis survey of the profession and standards established by content experts in the field” (www.bacb.com).”

The Behavioural Analyst Certification Board (BACB) now has over 13,000 certificants worldwide, including 10,998 Board Certified Behavioural Analysts (BCABs), 1,930 Board Certified Assistant Behavioural Analysts (BCaBAs) and 98 remaining Florida Certified Behavioural Analysts (FL-CBAs). According to BACB guidelines:

“The formal training of professionals certified by the BACB is similar to that of other medical and behavioural health professionals. That is, they are initially trained within academia and then begin working in a supervised clinical setting with clients. As they gradually demonstrate the competencies necessary to manage complex clinical problems across a variety of clients and medical environments, they become independent practitioners. In summary, Behaviour Analysts undergo a rigorous course of training and education and have an “internship” period in which they begin by working under the direct supervision of an experienced Behaviour Analyst.

BACB credentials practitioners at 3 levels:

- Board Certified Behaviour Analyst at the Doctoral level (BCAB-D)
- Board Certified Behaviour Analyst at the Masters level (BCAB)
- Board Certified Assistant Behaviour Analyst at the Bachelors level (BCaBA).



Figure 1: Image Source www.bacb.com

It has recently authorized the development of a new professional credentialing program for behavioural technicians.

BACB has a complaints and discipline process and has revoked and suspended members for incompetence and misconduct.

Certified Behaviour Analysts in Canada

There are currently 387 BACB Certificants in Canada of which 244 are in Ontario. The breakdown of certificants in Ontario is:

- BCBA-D 13
- BCAB 185
- BCaBA 46

Jurisdictional Review

An extensive jurisdictional review was undertaken as one of the primary research activities of the project. The complete jurisdictional review is a companion document to this report. The key findings of the jurisdictional are summarized below.

Certification and Licensure/Regulation⁶

Certification and licensure programs have many common elements; however, there are several important differences between certification and licensure/regulation. Certification programs are typically voluntary on the part of practitioners and are usually operated by the profession,

⁶ The term licensure is used in the US. The term regulation is used in Canada.

often through a national or international non-profit association or corporation. Certification is often used by a profession to raise the stature of the profession in the eyes of the public, insurers and governments and to set their members apart from other persons who may provide similar services.

Certification, unless it is mandated by a piece of legislation, is not required by law to practice. However, governments and insurers in their funding programs may make certification a requirement to protect their beneficiaries and ensure value for money. For example, many states require certification of behaviour analysts by BACB as part of their qualification criteria for funding of service providers under their Autism Spectrum Disorder (ASD) treatment programs.

Employers may require certification to ensure applicants meet a minimum standard of qualification.

Licensure is the term used in the U.S.A. Regulation is used in Canada. Licensure/regulation is mandated by a state or provincial law. These laws create a publicly funded governmental agency or a self-regulating and self-funding regulatory entity to carry out the regulatory responsibilities. In many US states there are government funded boards and commissions regulating professions. Many require certification by bodies such as BACB as an entry to practice requirement. Thirteen states have regulatory legislation relating to applied behaviour analysts. Of these, eleven states require applied behaviour analysts to be licensed with a state agency.

Approaches to Regulation

There are many regulatory programs in existence. These programs have many names. However they are all based on the three basic concepts set out below.

Least Restrictive: Title Act-only certain persons can use an occupational title.
Medium Restrictive: Title and Scope of Practice Act- only certain persons can use an occupational/professional title and they are given a scope of practice. Other regulated and unregulated persons can provide services within the scope of practice given to these professions but cannot hold themselves out to be practicing BA.
Most Restrictive: Title and Exclusive Scope of Practice Act -only certain persons can use an occupational/professional title and they are given an exclusive scope of practice. Other unregulated persons cannot provide services within this scope of practice unless there are exemptions to the prohibition.

Regulation or Insurance Requirements in the US

Thirteen states have regulatory legislation for behaviour analysts. Of these, eleven states require behaviour analysts to be licensed with a state agency.

- Two states, Arizona and Nevada regulate behaviour analysts within a licensing agency for psychologists.
- Two states, Pennsylvania and Virginia regulate behaviour analysts within their Board of Medicine.
- Massachusetts regulates behaviour analysts by the Board of Registration of Allied Mental Health and Human Services Professionals.
- Six states, Kentucky, Missouri, North Dakota, Oklahoma, Rhode Island and Wisconsin have a separate licensing board for behaviour analysts.
- Two states, Connecticut and Indiana have no regulatory body but have passed title protection⁷ legislation.

Of the thirteen states, eleven require BACB Certification for licensure or title protection. Some states have title protection only. Others, like Kentucky, give Behaviour Analysts a scope of practice allowing only licensed persons to practice behaviour analysis. However, there are usually exceptions that allow other regulated health professionals to practice components of applied behaviour analysis that fall within their scope of practice. Most states have provisions for reciprocity and will register applicants from another state.

Much of the legislation relating to licensure has been passed in the last 3 to 4 years and interest in licensure is growing. However, one state undertook a “Sunrise” review of the need for licensure of BAs and determined that BACB certification was adequate to protect the public.

Thirty-six states have passed legislation requiring private insurance companies to provide coverage for payment of services for Autism Spectrum Disorders including applied behaviour analysis services provided by BAs. In 23 of these states, “behaviour analysts”, must be BACB certified. Depending on the state, autism service providers may also include a range of health professionals e.g. physicians, psychologists, speech-language pathologists, as well as applied behaviour analysts. There is usually a differentiation between various ASD services and behaviour analysis.

Most states do not limit the provision of BA services to BAs, certified or not. Other professions such as psychologists, speech-language pathologists, occupational therapists and others may provide BA services if the services fall within their scope of practice.

Certification Requirements in Canadian Jurisdictions

Many professionals leading programs in their province are BCBA certified and some governments encourage greater qualifications and certification for persons with supervisory responsibilities. Prince Edward Island is the only Canadian jurisdiction that has any requirements of professionals to be BCBA certified (one position).

⁷ Only people who have met certain education and other standards can use the title; however, others who do not have the title can carry out the functions that are covered by the title

Funding

All provinces fund the provision of BA services to children with ASD, including pre-school aged therapies and supports through schools. Approaches to funding differ among provinces – some enable parents to contract directly with service providers, some provide services through a network of funded agencies, and some provide both options to parents.

Legislation

No provincial or territorial jurisdiction has a legislated certification or licensing requirement for ABA practitioners. Counterparts contacted expressed interest in the fact that Ontario is examining the issue and most see BACB certification or ABA-related education as important for professionals supervising behavioural therapies.

Qualification Requirements

Several provincial contacts provided detailed information on the job specifications for persons who supervise and develop behavioural plans and for persons who deliver and assist with behavioural therapies. Job titles vary widely from province to province for such positions.

From the information we gained from counterparts and from reviews of their publicly available information, there are only a two examples where provincial qualification requirements specify that BACB certification is either preferred (in British Columbia) or required (in Prince Edward Island).

1. British Columbia:

- BC's Ministry of Children and Family Development provides families with funding options to use the services of independent practitioners for behaviour therapies. If the child is under six years of age, only persons listed on a provincial registry called the Registry of Autism Service Providers (RASP) can be paid with Autism Funding: Under Age 6 funds. Speech Language Pathologists, Occupational Therapists, and Physiotherapists must demonstrate their credentials to be eligible. In addition, Behaviour Consultants are eligible to list on the registry if they meet education requirements described as either "a Board Certified Behavior Analyst (BCBA) or a person who has completed a Bachelor's and Master's or Doctoral degree ideally in Special Education, Educational Psychology, Psychology, or Applied Behaviour Analysis (ABA)."
- Experience requirements include 2 (masters) or 1 (doctorate) years of formal supervised direct child experience; or extensive clinical experience in developing and providing intensive intervention programs based on Applied Behaviour Analysis directly to children diagnosed with ASD under the age of six.

2. Prince Edward Island:

- PEI's Department of Education and Early Childhood Development's Special Education Autism Coordinator provided detailed information on the professionals supporting behavioural therapies for children in the province. The one Special Education Autism

Coordinator position for the province is a position that requires the candidate to be BCBA certified.

- Other key jobs in that Ministry such as the one IBI Autism Coordinator, the five IBI Autism Specialists, and Special Needs Family Support Specialist positions require Master’s degrees in Education or related field, and BCBA certification is preferred. The first two also require the completion of BCBA courses and all have minimum experience requirements working with children with autism.
- The province has also encouraged and provided financial support to encourage BCBA certification for most of the above professionals and many are either certified or in the process of completing their requirements.

Minimum Education and Experience

Below are three additional examples of qualification requirements in place in some provinces. For supervisory and coordinator positions, most jurisdictions expect a post-graduate degree in one of a number of related fields, but do not limit the qualification to BA studies. In many cases, multi-disciplinary teams including psychologists, speech language pathologists, and physiotherapists with specialized training in BA or relevant supervised work experience perform supervisory roles.

3. Manitoba

- The Manitoba Department of Family Services and Labour’s Disability Programs and Early Learning and Child Care Division funds IBI and other behavioural services for children that are delivered through an arrangement with St. Amant. The organization’s website indicates that their Autism Consultants “lead the teams and manage the intervention for each child and have a Ph.D or Master’s degree in BA and experience in intensive intervention with children with autism.” The website also indicates that Senior Tutors have also completed post-secondary courses in BA.

4. Newfoundland and Labrador and New Brunswick

- Many of the Atlantic Provinces collaborate and coordinate training opportunities to help ensure the continued availability of qualified professionals involved in the design and delivery of IBI and other behavioural therapies for children. While the Newfoundland and Labrador Department of Health and Community Services do not require BCBA certification for their Senior Therapist positions, they require a related undergraduate degree and credit those who undergo a series of professional education courses with a provincial certification. Some persons with this qualification call themselves Certified Senior Therapists.
- In New Brunswick, Clinical Supervisors and Autism Support Workers are required to have a certification of completion or be registered in the Clinical Supervisor or Autism Support Worker training programs available through the University of New Brunswick’s UNBCEL, or equivalent qualification;

Assessment Criteria for Regulating New Professions⁸

The primary criterion for regulation is “risk of harm”, that is that the profession seeking regulation poses a health and safety risk to the public and it is otherwise in the public interest for the profession to be regulated.

Secondary criteria include:

- Educational requirements for entry to practice
- Intersection between body of knowledge and scope of practice
- Positive impact on outcomes
- Economic impact of regulation
- Appropriateness of regulation versus other statutory and non-regulatory regimes
- Leadership ability to favour the public interest
- Membership support/willingness of the profession to be regulated
- Client/consumer support
- Cost to government
- System impact
 - Inter-professional collaboration
- Labour mobility
- Access to care

Cost of Certification and Regulation

BACB certification initial costs for exam application are \$230.00, as well as an appointment fee of \$100.00. Annual renewal costs are \$150.00 (paper) \$100.00 (on line) per certified BA. The BACB provides a number of regulatory functions including administering an exam and a continuing education program and a discipline process. Costs are borne by BACB certificants and new applicants. No government funding is provided.

In Ontario all regulatory bodies are expected to regulate in a similar manner. All health professions and most other regulated professions require a complaint and discipline process as well as a registration process and a quality assurance program. In addition some colleges will be involved in developing bridging programs to help foreign trained applicants to become registered.

⁸ These criteria are drawn primarily from the Health Professions Regulatory Advisory Council (www.hprac.org) in Ontario. The HPRAC assessment criteria is recognized by many jurisdictions as being very comprehensive in terms of assessing the need for the regulation of a new health profession and SEG suggests that these criteria would be appropriate for consideration of the regulation of any profession regardless of whether it is being considered for regulation as a health profession. In addition, SEG reviewed the Ontario Regulator’s Code of Practice, the Treasury Board of Canada Regulatory Impact Assessment Guideline and sunrise and sunset legislation in American jurisdictions that regulate ABAs.

Current Ontario registration fees include:

College	# of members	Registration Fee
Midwives	540	\$1600.00
Audiologists and Speech-Language Pathologists	3500	\$600.00
Chiropodists and Podiatrists	578	\$1300.00
Chiropractors	4,018	\$1050.00

There are currently 244 BACB certified BAs in Ontario. Although additional individuals may join a College, the total number of registrants may not exceed 500-1000. Registration fees might be projected to be similar to colleges with similar numbers of registrants, such as midwives noted above.

BAs in Ontario—Government Programs and Requirements

Overview

Ontario, fund programs that serve children and adults who require BA/ABA, IBI and other behavioural therapies. These include the Ministry of Children and Youth Services (MCYS), the Ministry of Education (EDU) and the Ministry of Community and Social Services (MCSS).

In Ontario, the term “BA” is more frequently used in the adult developmental services sector whereas “ABA” is more frequently used within children’s services and the school system. For the purposes of the report, SEG will use “BA/BAs” unless referring specifically to the practitioners in Ontario in the children’s and school sectors.

Ministry of Child and Youth Services

The Ministry of Children and Youth Services (MCYS) funds agencies to deliver ABA-based autism services for children and youth through the **Autism Intervention Program** and through **ABA-based Services and Supports**. In addition, MCYS funds agencies to support school boards and educators to support the learning needs of students with ASD through the **School Support Program** and the **Connections for Students** initiative. These school-based initiatives include a particular focus on building the school system’s capacity to incorporate of ABA-based teaching practices with for students with ASD. MCYS also funds **Autism Ontario** to host an online registry, called ABACUS that lists more than 500 individuals providing ABA services to adults and children with a variety of special needs, including autism.

Below is a description of the province’s requirements for ABA practitioners for these programs and initiatives.

1. Autism Intervention Program (delivers IBI specifically)

- This program provides Intensive Behavioural Intervention (IBI), an intensive application of ABA, designed specifically for children who are on the severe end of the autism spectrum. Children typically receive 20-40 hours of intervention per week delivered by an Instructor Therapist who works 1:1 with the child or in a small group. Parents have two options with respect to receiving IBI services within the AIP for their child:
 - Direct Service Option (DSO): Children receive services at one of Ontario's nine lead autism service providers.
 - Direct Funding Option (DFO): Parents receive funding directly to arrange for services from a private service provider.

- As of September 30, 2011 the AIP was serving 1,413 children. In addition, as of September 30, 2011, the AIP was employing 951 individuals: 804 Instructor Therapists, 110 Senior Therapists, and 37 Clinical Psychologists. These figures do not include those ABA practitioners hired privately by families who choose the direct funding option.

- According to the guidelines, “each Regional Program will have the following core clinical staff to deliver the intensive intervention:
 - A **Clinical Director** is responsible for overseeing, monitoring and evaluation of the intensive behavioural intervention, as well as overseeing assessments and Individual Program Plans. This will include providing training and supervision of senior therapists, interns and trainees to support the overall quality and consistency of the behavioural intervention approach. It will also involve responsibility for fulfillment of the provincial information and evaluation requirement. Regional Programs may need to employ additional clinical psychologists/psychologist associates to support the program.

Qualifications: The Clinical Director will have training and extensive clinical experience in intensive behavioural intervention for children with autism; have a doctoral degree in Psychology; and be registered or eligible for registration with the College of Psychologists of Ontario.

 - **Senior Therapists** are responsible for a set number of children and for supervising the instructor-therapists who are working with these children. Senior Therapists will also participate in intensive one-on-one and small group instruction. They will need to accept ongoing clinical supervision from the Clinical Director/Supervising Psychologist to support their intervention work. They will provide families with training related to behavioural intervention and home programming.

Qualifications: Senior Therapists should have or be working towards a master's level graduate degree in psychology or related field, and six months to a year of direct clinical experience in an intensive behavioural

intervention program for children with autism. Alternative combinations of extensive clinical experience in intensive behavioural intervention with children with autism and other educational backgrounds might also be appropriate for Senior Therapists. The number of Senior Therapists necessary will vary across regions depending on the number of children to be served.

- **Instructor Therapists** are responsible for providing intensive one-on-one and small group instruction. To support this work, these therapists will be responsible for maintaining a daily data book for each child that will help in monitoring the child's progress. Senior Therapists supervise Instructor Therapists.

Qualifications: Instructor therapists should be community college or university undergraduates in a related field. Previous experience providing intensive behavioural intervention would be of benefit. Alternative combinations of experience and educational background may also be appropriate for Instructor Therapists.

2. Applied Behaviour Analysis (ABA)-based services and supports

- This program provides time-limited skill-building services to children and youth with ASD to improve communication, social/interpersonal, daily living and behavioural/emotional skills. ABA services are designed to target the child's or youth's highest priority skill development area(s) and are provided between two and six months depending on the child's or youth's identified needs and the type of service being delivered. Services are provided between two and four hours per week with flexibility to provide services more or less frequently as appropriate depending on the type and design of the service to be delivered.
- According to the guidelines, "professionals with the following qualifications will be involved in identifying a child's service needs and developing a child's ABA service plan
 - Board Certified Behaviour Analysts (BCBA)
 - Clinical Psychologists registered with the College of Psychologists of Ontario with expertise in ABA
 - Psychological Associates registered with the College of Psychologists of Ontario with expertise in ABA.

A collaborative approach will be adopted in developing the service plan, recognizing that other professionals may play a key role in identifying needs and recommending strategies, for example, Occupational Therapists and Speech and Language Pathologists. The service plan may identify key roles for these professionals in delivering the skill building supports to children and youth with ASD.

Service providers with varying levels of training and qualifications may also appropriately implement the ABA-based service plan, depending on the type of

service being provided and the child’s or youth’s specific needs. For example, some children and youth may have challenging behaviours that require those delivering service to have specialized training. Other children or youth may be focused on developing social skills through participation in recreational activities which may require only that the staff accompanying them have knowledge of ABA-based techniques and their application.”

3. School Support Program

- This program connects school boards with ASD Consultants to help school staff support the learning and social needs of students with autism. This includes the incorporation of ABA principles in teaching and learning for students with ASD. ASD Consultants provide training and workshops, consult with individual educators, provide in-school consultations, attend school team meetings, and identify other community supports available. They also support the transition of children from IBI to school settings through the Connections for Students initiative.
- Program guidelines state that ASD Consultants must have the following competencies gained through education and experience:
 - Superior knowledge of ASD, the principles of ABA and behavioural teaching strategies and interventions for children and youth with ASD
 - Skills and experience in planning and providing adult training in organizations
 - Communication skills
 - Organizational skills
 - Team-building skills
 - Leadership skills
 - Facilitation skills; and
 - Broad knowledge of preschool and school environments.

Ministry of Community and Social Services – MCSS funds a number of services that provide behavioural techniques for adults primarily with a diagnosis of developmental disability. The Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 includes a regulation that sets out the requirements by the Ministry of Community and Social Services regarding the use of intrusive behaviour intervention strategies. Specific requirements with respect to behaviour intervention are contained in Ontario Regulation 299/10 (http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_100299_e.htm#BK16)

Further guidance with regard to Behaviour Support Plans and behaviour intervention are contained in Policy Directives for Service Agencies which recognizes that a clinician may recommend multiple strategies to address a person’s challenging behaviour. There are currently no MCSS documents that discuss specific qualifications needed to undertake behaviour programming. With respect to training, the policy documents state:

“Ensuring the safety of all people who receive support from the agency, including staff, is important to the security that any person would want to feel in their home, recreational space, or workspace.

Further to the requirements to train direct care staff on the use of physical restraint, as listed in section 17(2), “General behaviour intervention strategies, training”, of Ontario Regulation 299/10, it is important to note that the training package used by service agencies meet the criteria outlined below:

- The training curriculum addresses the agency’s needs;
- The curriculum is suitable for use with adults with a developmental disability and addresses the clients’ needs, based on an assessment of risk of the individuals receiving support; and
- The curriculum provides training that enables direct care staff to respond to emergency situations at all times.

A service agency shall ensure that it selects a training package that has been identified for use by Community Networks of Specialized Care Ontario. The list will be available on the ministry’s website by the end of December 2011.

A service agency shall ensure that the curriculum of the training program it selects includes information on understanding human behaviour, how to effectively support a person in a manner that allows the individual to feel safe, engaged and respected, as well as early warning signs of, and means to prevent, a crisis situation. This may include information on early intervention techniques, strategies to assist a person to calm him/herself and de-escalate a situation, and ways to promote personal safety during a crisis situation (for staff and for the individual), in the event that a crisis situation arises.

A service agency shall ensure that staff who work directly with persons with developmental disabilities receive refresher training based on a schedule that is recommended by the training program.”

(http://www.mcsc.gov.on.ca/en/mcss//publications/developmentalServices/policy_directive_service/support_service_directive1.aspx)

The Community Networks of Specialized Care (CNSC) are an Ontario network of specialized services and professionals that pool their expertise to treat and support adults who have developmental disabilities and mental health needs and/or challenging behaviours (ie. dual diagnosis) in the communities where they live. The Networks bring together people from a variety of sectors including developmental services, health, research, education and justice in a common goal of improving the coordination, access and quality of services for these individuals who have complex needs. CNSC are currently leading a project to develop, facilitate implementation and monitor provide-wide guidelines of care and treatment of persons with a dual diagnosis and/or challenging behaviours.

Ministry of Education

In May 2007, the Ministry of Education issued Policy/Program Memorandum No. 140 (PPM 140) “to provide direction to school boards to support their use of applied behaviour analysis (ABA) as an effective instructional approach in the education of many students with autism spectrum disorders (ASD)” and to establish “... a policy framework to support incorporation of ABA methods into school boards’ practices.” (PPM 140) Implementation of PPM 140 began with the 2007-08 school year.

Two key requirements are described in the memorandum: school boards must offer students with ASD special education programs and services, including, where appropriate, special education programs using ABA methods; and school board staff must plan for the transition between various activities and settings involving students with ASD.

The Ministry of Education supports the effective implementation of PPM 140 through various means including training.

The Ministry prepared a presentation in June 2012 entitled “Supports for Students with Autism Spectrum Disorders (ASD)” that highlighted a number of programs and achievements in their support of students with ASD. These include:

- More than 13,000 students diagnosed with ASD are currently being supported by the publicly-funded school system.
- Since 2006 the ministry has invested \$61 million through targeted funding outside the Grants for Students’ Needs (GSN) to strengthen school board capability and improve the learning environment for students with ASD.
- Of this \$61 million investment in ASD, nearly \$37 million has been allocated to training. These training initiatives have strengthened applied behaviour analysis (ABA) capacity of school teams, principals, teachers and teachers’ assistants.
- To date more than 15,000 educators have been trained in Applied Behaviour Analysis instructional practices to support students with ASD.

Beginning in 2008-09 all school boards received new funding to hire additional board level **ABA Expertise Professionals**. The ministry has since introduced stable long-term funding, through the Grants for Students’ Needs (GSN) program, for ABA expertise professionals in school boards. ABA expertise professionals support principals, teachers, and multidisciplinary transition teams including coordinating resources, facilitating collaborative relationships, and increasing ABA capacity in schools and school boards. In 2010 EDU recommended that the ABA Expertise Professionals have formal education and training, and practical experience that includes but is not limited to the following competencies:

- completion of a postsecondary degree or diploma;
- postgraduate studies or equivalent field experience in behavioural science (e.g., in autism and behavioural science, psychology);

- experience providing and/or facilitating adult learning and training;
- experience working with children and youth who have special education needs;
- training and experience in implementing ABA principles;
- knowledge of the elementary and secondary education system in Ontario;
- familiarity with special education issues, particularly those relevant for children and youth with autism spectrum disorders; and
- excellent organizational and coordinating skills.

EDU has begun to host a full-day “Applied Behaviour Analysis (ABA) Expertise Professional Learning Day”. An overview of a recent learning day held in Toronto in March 2012 showed that the day included:

- A Ministry presentation on Policy Program Memorandum (PPM) 140
- Discussion sessions and report back on sharing board-level ABA Strategies
- Presentations highlighting promising practices to further develop ABA Capacity such as:
 - Broader Applications for ABA
 - Parent Engagement
 - Educator Engagement
 - Community Involvement
 - Data Collection: Building Capacity in Schools

EDU also supports the **Geneva Centre for Autism Summer Training Institute** educator training sessions. In August 2012 it was expected that 1,200 principals, teachers, teachers’ assistants and other educators will participate in three day training sessions in four provincial sites. The overall theme of the training is how to successfully implement the use of ABA as an effective instructional approach in the education of many students with ASD. This includes introductory training to educational staff new to teaching or new to the field of ASD.

EDU administers an annual survey to monitor the implementation of PPM 140. The Ministry introduced a survey process in 2009 where school boards were asked to randomly select 15% of their schools, a combination of elementary and secondary, for completion of a self-assessment implementation survey. Boards are asked to complete a self-assessment on 33 indicators to indicate if the indicators are met “All of the time”, “Most of the Time”, or “Some of the Time”.

Four outcome areas are measured:

- Individual Education Plans
- Transition planning
- Multidisciplinary teams
- Knowledge

Below are some summary observations based on the Ministry’s 2011 survey:

- High rate of response/school board participation.
- Increased familiarity with PPM 140 survey monitoring process.
- Varying levels of implementation.
- Evidence of enhanced availability of ABA supports for students, including students with autism spectrum disorders (ASD).

- Opportunities for improvement in survey data collection processes (data integrity, consistency).

As noted above, there are many opportunities for educators to receive training in ABA approaches.

Stakeholder Focus Groups and Surveys

In addition to the jurisdictional review, SEG conducted an extensive stakeholder consultation as described in the methodology section. Details of the input received from each group of stakeholders from both focus groups and surveys are provided in Appendix C.

A summary of the results of the stakeholder focus groups provided below. The table is designed to indicate the predominant view that was expressed across the groups while also indicating the alternate views that were expressed, issues that were raised and explanation from the participants. The tables that follow represent a compilation of all focus groups.

Need for Certification/Regulation

Table 2: Focus Group Summary--Need for Certification/Regulation

Predominant View	Alternate Views, Issues, or Explanation
<p>Risk of Harm</p> <ul style="list-style-type: none"> • There is risk of harm in the current situation • Numerous anecdotal stories from stakeholders • Certification/regulation would help to protect the public, clients and families • Certification/regulation would help contribute to consistency in practice and ethical accountability • BCBAs use evidence-based treatment based on data, that uncertified people might not use • As severity and complexity increases, certification/regulation becomes even more important • Supervisors aren't regulated, lack of regulation of supervisors creates risk <p>Strengthen Professionalism/Accountability</p> <ul style="list-style-type: none"> • Certification/regulation would help to professionalize BAs <p>Choice/Clarity</p>	<p>Educational Setting</p> <ul style="list-style-type: none"> • ABA practitioners in schools should not be regulated because education/schools are not a clinical setting (from education focus groups) • Important to understand educational settings • Certification/regulation would limit who could be hired <p>Alternate approaches to regulation</p> <ul style="list-style-type: none"> • Another route to consider is a policy route—i.e. in order to receive funding, staff should be certified • Is there an alternative to regulation—e.g. consumer protection or program requirements <p>Regulation not required</p> <ul style="list-style-type: none"> • Not aware of evidence of need to regulate BAs

Predominant View	Alternate Views, Issues, or Explanation
<ul style="list-style-type: none"> • Currently, there are too many titles and labels; it is confusing • Parents and clients have no way of knowing qualifications of those they are hiring 	

Approach to Certification/Regulation

Table 3: Focus Group Summary--Approach to Certification/Regulation

Predominant View	Alternate View/Issues
<p>Entry to Practice</p> <ul style="list-style-type: none"> • Use BACB, don't reinvent the wheel • This was the strong majority viewpoint • A transition process to bring current practitioners into the regulated environment (grandfathering) should be considered 	<ul style="list-style-type: none"> • Consider educational requirements or Ontario exam—minority view • Make sure the labels fit in Ontario • BACB would be detrimental as the Behavioural Science Technician-trained individuals are very capable of doing BA
<p>Who should be certified/regulated</p> <ul style="list-style-type: none"> • Standards should work for all sectors, not just children with autism, but also adults and other behavioural issues • Supervisors should have mandatory certification—BCBA and BCBA-Ds should have supervisory responsibilities • Private practitioners should be certified because they are not supervised • Need to determine who will be regulated, in what settings, under whose supervision? 	<ul style="list-style-type: none"> • Certification may not be appropriate in an educational setting • Should not require certification for levels other than supervisor • Some regulation of front-line people should be considered—especially for complex behaviours or IBI • Helpful to have experts, but not everyone has to be certified • Need broad team with broad capacity, not just BAs
<p>Levels of Certification</p> <ul style="list-style-type: none"> • Can use the range of BACB levels, including new technician level of certification that is currently being developed by BCAB 	<ul style="list-style-type: none"> • Pay attention to levels and who can do what
<p>Who should regulate</p> <ul style="list-style-type: none"> • Not the trade association (ONTABA) but ONTABA regulation committee could become separate regulator • Could have a completely separate regulatory body that would be similar to existing professional bodies 	<ul style="list-style-type: none"> • BA does not need to be a separate or specific college; college may not have to be BA specific
<p>Scope of practice</p>	<p>The need for a clear scope of practice was</p>

Predominant View	Alternate View/Issues
<ul style="list-style-type: none"> • Must have scope of practice • Should not be an exclusive scope of practice • Scope of practice should go beyond autism • Practice of behaviour therapy needs to be clearly defined 	<p>supported in most focus groups because individuals in several sectors claim to provide BA services, but do not have the appropriate education, experience or clinical supervision (e.g. Social Service Workers / Social Workers; Developmental Service Workers; Early Childhood Educators; Educational Assistants; Child and Youth Workers; Psychologists)</p> <p>Further, participants indicated that specialized training, education and experience are needed in order to effectively and ethically deliver BA-based services. It's a distinct practice area that is unique within the field and separate from other services provided by other professionals such as psychology.</p>
<p>Duties of the regulatory body</p> <ul style="list-style-type: none"> • Ability to receive and address complaints is very important • Continuing education requirements • Enforcement of ethics and good practice • Disciplinary actions • Public education 	<p>Some focus groups discussed whether a regulatory body should establish a ratio of BCBA per client. In general, participants did not support this approach because an appropriate ratio varies from setting to setting</p>
<p>Relationship with other professions</p> <ul style="list-style-type: none"> • Scope of practice for BAs should not exclude other professionals who are qualified to do the work; scope of practice should not be exclusive • Often intervention includes a multi-disciplinary team to treat the child holistically • Regulated professions must only provide services within their scope of practice and competence 	
	<p>Insurance coverage Certification/regulation could lead to private insurance to pay for services</p>

Cost

Table 4: Focus Group Summary--Input on Cost of Regulation

Predominant View	Alternate View/Issues
<ul style="list-style-type: none"> • Cost of certification/regulation should be borne by the professionals who are being regulated 	<ul style="list-style-type: none"> • What are the costs of not doing certification or regulation? In 10 -20 years the need for BA will have skyrocketed, but may not have the necessary expertise/ supply of BA practitioners
<ul style="list-style-type: none"> • Cost of regulation/regulatory body can be significant 	
<ul style="list-style-type: none"> • Salary ranges could change as people become certified 	<ul style="list-style-type: none"> • No financial incentive for practitioners to get certified
<ul style="list-style-type: none"> • Cost to support staff to become regulated is high 	
<ul style="list-style-type: none"> • Levels of practice will affect cost (salary rates) 	

Implementation Issues

In the course of the focus group discussion, stakeholders raised a number of issues related to implementation of certification/regulation

- Full regulation takes time. Government could consider Title Protection as an interim measure (title protection restricts the use of a particular title, but does not prevent others from providing the service);
- Another interim approach might be to link program funding to certification
- Participants suggested that implementation should proceed slowly. The option of transitional stages such as linking certification to program funding could be considered, but it is important to do something
- It is necessary to consider how people who are currently practicing with many years of experience could be certified through a transition process, prior learning assessment, equivalency, and a possible competency-based system
- It is important to recognize the impact on staff. There are currently limited number of BCBA's to recruit from (especially in the north) so transition would have to ensure that programs can continue seamlessly
- There needs to be balance between consistency/quality of service and the potential staffing cost increases due to higher qualifications.

- Introduction of regulation must be sensitive to maintaining capacity in the field, particularly in rural areas, or in the ability to provide service in French
- If using BACB for certification, there should be an option to take the exam in French
- If the system is adopted, there would be a need for shared supervision capacity initially (consult via telephone or video)
- Implementation should be gradual with ample time for transition
- It is difficult to access opportunities to meet the experience requirements of certification
- Consider certification requirements for future hires only
- Labour relations issues also need to be considered. It could be difficult to require a new certification for current existing unionized employees.

Demand

Table 5: Focus Group Summary--Demand

Predominant View	Alternate View/Issues
<ul style="list-style-type: none"> • Demand will increase over the next 6 – 7 years • More complex cases increase demand • Demand is growing in educational setting; capacity to meet demand is limited • New applications of BA will increase demand beyond autism • New college and University programs are opening up, signalling increasing demand • Historically, there weren't backlogs, but now backlogs are arising; even some complex cases are having to wait • Because capacity is being used up by complex cases, less complex cases are not being served (education) 	<p>Demand will increase over next 5 years, then level off</p>

Supply

Table 6: Focus Groups Summary--Supply

Predominant View	Alternate View/Issues
<ul style="list-style-type: none"> • Making BCBA a requirement could limit employers from hiring BAs who are not certified; this could be a problem, particularly in some regions • Could cut off excellent practitioners; need transition 	<ul style="list-style-type: none"> • Supply has improved since university programs have graduated people from their programs (e.g. Brock) • There are lots of grads who could saturate the market • Many grads are not getting certified Certification requirements might affect sectors other than ASD such as health care, etc.

Predominant View	Alternate View/Issues
<ul style="list-style-type: none"> Not enough BCBA's to meet demand, particularly not in regions 	Shortage will abate in next 5 years

Labour Market

As described in the methodology section, information on the labour market comes from a combination of focus groups, surveys and other studies provided by two of the colleges.

Supply

The information about the supply of BA programs and practitioners throughout Ontario comes from a number of sources including three separate surveys developed by SEG for the purposes of the feasibility study (described in the methodology section) and excerpts from studies that the SEG team referred to during the completion of the study. The excerpts provide information and data from colleges that were applying to offer new courses and curriculums in relation to BA studies. In their applications, these colleges outlined current needs in the field and discussed different professions that could benefit from students graduating with degrees, diplomas and certificates related to BA studies.

A. College and University Programs That Train BAs

Our research found twelve college and university programs that train BAs. These programs are funded by MTCH through regular operating grants to those institutions. The institutions and programs are:

Table 7: Ontario Institutions Offering BA/ABA-Related Programs

Institution	Program
1. St. Clair College	1-year post Graduate Certificate in ABA
2. Western University	2-year Masters of Professional Education in ABA
3. Seneca College (a)	1-year post Graduate Certificate in Autism Behavioural Science
4. Mohawk College	1-year post Graduate Certificate in ABA and Autism
5. George Brown College	1-year post Graduate Certificate in Autism and Behavioural Science
6. St. Lawrence College (a)	Bachelor's in Behavioural Psychology
7. Brock University	Master's level, BACB-approved course sequence
8. St. Lawrence College (b)	3-year Diploma in Behavioural Science Technician

Institution	Program
9. Fanshawe College	1-year post Graduate Certificate in Autism and Behavioural Science
10. McMaster University	3 courses for ABA (Level 1, 2 and 3)
11. Lambton College	1-year post Graduate Certificate in Autism and Behavioural Science
12. Seneca College (b)	1-year post Graduate Certificate in Autism and ABA

Twelve college and university programs completed the survey. In some instances, a college may offer more than one program, certificate or set of courses and hence only 11 institutions filled out the survey (Seneca College submitted two surveys from two separate departments.)

The course offerings from these 11 institutions range from a Bachelor in Behavioural Psychology with 4 ABA courses; to a Behavioural Science Technology 3 year diploma; to a 1-year Post-Graduate Certificate in ABA (Autism and ABA Graduate Certificate); to a 2-year Masters of Professional Education degree in Applied Behaviour Analysis; to a BACB-approved course sequence at the Masters level. The chart on the following page describes these offerings.

The survey requested information from the last full academic year about how many people were applying and how many were being accepted into these college and university programs. The number of available spaces in each program dictated a range of responses. Overall, there were between 45 and 400 applicants, with an average of 144 applicants to the 12 various programs. Of these overall applicants, the colleges and universities stated that between 40 and 280, with an average of 97 eligible applicants were actually eligible for those programs. The colleges and universities then accepted between 21 and 280, with an average of 73 acceptances into these programs. The colleges and universities then graduated between 12 and 60 graduates in the last year, with an average of 27 graduates.

The chart below describes a program-by-program look at the application and acceptance data:

Table 8: Type of Program, Number of Applicants, Number Accepted, Total Graduates⁹

Institution/Program	Applicants	Eligible Applicants	Accepted	Graduates
St. Clair College - 1-year post Graduate Certificate in ABA	100	80	36	32
Western University - 2-year Masters of Professional Education in ABA	120	X	X	20
Seneca College (a) – 1-year post	100	50	45	12

⁹ Information provided by MTCU for the 2012 academic year

Institution/Program	Applicants	Eligible Applicants	Accepted	Graduates
Graduate Certificate in Autism Behavioural Science				
Mohawk College - 1-year post Graduate Certificate in ABA and Autism	240	100	90	35
George Brown College - 1-year post Graduate Certificate in Autism and Behavioural Science	400	280	280	80
St. Lawrence College (a) – Bachelor’s in Behavioural Psychology	80	80	80	50
Brock University – Master’s level, BACB-approved course sequence	120	100	90	60
St. Lawrence College (b) – 3-year Diploma in Behavioural Science Technician	125	68	30	25
Fanshawe College - 1-year post Graduate Certificate in Autism and Behavioural Science	190	130	35	34
McMaster University – 3 courses for ABA (Level 1, 2 and 3)	45	40	40	X
Lambton College - 1-year post Graduate Certificate in Autism and Behavioural Science	64	48	45	20
Seneca College (b) - 1-year post Graduate Certificate in Autism and ABA	1st Cohort	1st Cohort	1st Cohort	1st Cohort

Eight of these programs/institutions maintain employment data about their graduates in these related programs and they also examine whether or not these graduates find employment in a relevant field. Two of the programs are relatively new and they were not able to produce up-to-date data on their graduates as yet. The other six programs produced data that either covered the past year, the past three years and one program provided data for the past seven years. The employment data provided directly by the colleges through the surveys is presented in the table below, with the most recent years found on the right hand side of the chart.

Table 9: Employment Rates in a Relevant Field by Institution/Program 2007 – 2013

Institution/ Program ¹⁰	2007	2008	2009	2010	2011	2012	2013
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¹⁰ The numbers in this column represent a post-secondary institution. They are used to anonymize the institutions

1							75%
2					100%	100%	80%
3							Several of the students found employment in a variety of fields
4 (data kept in 2 separate programs)	90.5%	88.2%	82.4%	85.7%	100%	94.4%	90.9%
	91.8%	92.3%	91.6%	89.3%	88.5%	87.9%	90.5%
5				100%	93%	93%	93%
6							90%
Provincial College Programs (as a whole)*	88.9%	91.8%	94.5%	93.8%	94.3%	93.0%	92.5%

As the chart demonstrates, graduates generally find employment in a relevant field over 90% of the time (just two program shows an employment rate that is less than 90% over the last few years), while the one institution that has kept detailed data over the past 7 years has shown an average employment rate of 91% across two programs over the seven-year time span.

*It is interesting to note that one respondent to the survey provided employment data for all relevant ABA-related college programs over the past seven years. This data also shows that employment for the graduates of these ABA-related programs is very high, averaging 92.6% between 2006/07 and 2012/13.

Aggregate employment data for relevant programs was also provided by MTCU, as shown in the following table:

Table 10: Aggregate Employment Data

Reporting Year	Aggregate	Aggregate Name	Grad Count	Count in Labour Force	LF Participation Rate	Employment Rate	Rate Employed FT	Rate Employed FT Rel/PartRel	Annual Earnings Employed FT	Graduation Rate
2007-2008	70711	Autism And Behavioural Science	78	53	93.0	92.5	75.5	67.9	36,517	86.2%
2008-2009	70711	Autism And Behavioural Science	135	82	90.1	95.1	73.2	48.8	35,655	88.2%
2009-2010	70711	Autism And Behavioural Science	139	72	92.3	94.4	73.6	61.1	36,621	89.3%
2010-2011	70711	Autism And Behavioural Science	176	100	83.3	94.0	59.0	46.0	36,347	90.1%
2011-2012	70711	Autism And Behavioural Science	207	133	88.7	91.0	70.7	60.2	36,597	87.5%
2007-2008	60719	Behavioural Science Technology	85	47	90.4	95.7	83.0	72.3	37,951	72.1%
2008-2009	60719	Behavioural Science Technology	103	56	82.4	91.1	80.4	58.9	33,828	63.3%
2009-2010	60719	Behavioural Science Technology	118	74	90.2	83.8	62.2	50.0	38,014	64.9%
2010-2011	60719	Behavioural Science Technology	124	77	90.6	90.9	72.7	59.7	38,095	66.2%
2011-2012	60719	Behavioural Science Technology	67	38	84.4	92.1	60.5	55.3	37,513	72.5%

B. Current BAs

As far as the supply of practitioners already in the field, the findings of the SEG surveys in relation to supply are presented below.

In the survey completed by 29 RAPON agencies and their sub-contractors, a question was asked about who is being served. The responses included 68% of the agencies stating that they serve children (under 18 years of age); 4% who say they serve adults, and 29% who said they serve both children and adults.

The response to the same question, but asked of individual practitioners (including private practitioners), showed that 71% served children, 12% served adults and 17% served both. The agencies and practitioners were then asked if they mostly served people who have been identified as being on the Autism Spectrum – the agencies responded that 68% of them do primarily serve those with ASD, while the practitioners said that 71% mostly serve those with ASD. The following table describes who is primarily served by those who completed the surveys:

Table 11: % of Agencies and BAs that Mainly Serve Children vs. Adults¹¹

Survey Respondents	Mainly Serve Children	Mainly Serve Adults	Serve Both Children & Adults	Total Responses
RAPON Agencies and Sub-Contractors	19 (68%)	1 (4%)	8 (29%)	28
Practitioners	107 (70%)	19 (13%)	27 (18%)	153

Table 12: % of Agencies and BAs Serving Children, Youth and/or Adults with ASD¹²

Survey Respondents	Mainly Serve People with ASD	Mainly Serve People Without ASD	Serve People With and Without ASD	Total Responses
RAPON Agencies and Subcontractors	19 (68%)	9 (32%)	N/A	28
Practitioners	106 (70%)	17 (11%)	29 (19%)	152

Unfortunately, only autism service providers are represented in the results from agencies, as there was little uptake of the survey among school board and adult developmental services representatives.

Of those who are delivering publicly-funded ABA autism services, 28 of the 29 RAPON agencies and their sub-contractors provided employment data. The answers ranged from 1 staff delivering ABA services up to 5 agencies that stated that they each had more than 100 staff

¹¹ The data from agencies is from 10/13 RAPON agencies and from 18/40 of their sub-contractors. Data from practitioners comes from the RAPON agencies and the private practitioners that answered this question of the survey.

¹² Data presented in this table are from the same sources as Table 12 (see previous footnote for Table 12).

delivering ABA services. By adding up the 28 responses, RAPON agencies and their sub-contractors have approximately 1,100 staff delivering ABA services.

Of those approximately 1,100 staff, 8 staff were identified as holding a Ph.D. (most of the 29 responders said they had zero staff at the Ph. D. level); 123 had Master’s degrees; 82 were BACB Certified; 20 were BACB Certified at the Associate Level; and 185 staff had degrees in other fields and were members of another Ontario Regulatory College.

When asked about what qualifications are required for staff to deliver ABA services in the various RAPON agencies and their sub-contractors, employers answered that 78% of them require 1-3 years of experience in their specific field while 28% require 5 or more years of experience. 68% require specific ABA experience and 21% require BACB certification (respondents were able to check more than one answer, hence multiple answers could be given, thereby creating responses that total more than 100%). Additionally, 75% of the RAPON agencies and their sub-contractors require staff to have a relevant degree.

In contrast to these responses, the answers provided by practitioners was somewhat different – in regards to experience, only 40% of the practitioners felt that 1-3 years of experience was needed, while the same 28% of respondents believed that 5 or more years of experience was needed. On the other hand, 58% of practitioners believed a BACB certificate was necessary for employment in the field, while only 21% of the RAPON agencies and their sub-contractors felt that a BACB certificate was a needed requirement. This finding may be due to an inordinate number of BACB certified respondents that filled out the “practitioners” survey. The following table describes the current education levels held by those staff employed by RAPON agencies and sub-contractors who completed the surveys:

Table 13: Number of Certified Staff in RAPON Agencies and Sub-Contractors¹³

Degrees/Certification Held	Ph. D	Masters	BCBA Certification	BCaBA Certification
Numbers in each category held by RAPON agencies and sub-contractors	8	123	82	20

A November 2012 study undertaken by the Community Networks of Specialized Care (CNSC)¹⁴ regarding Behaviour Therapists Competency and Skill in Ontario showed similar results to the SEG current study. In the CNSC study, it stated that 5% of its survey respondents had a Ph. D., while 29% had a Masters and 52% of its respondents had some type of undergraduate degree.

¹³ The data for this question comes from the SEG Survey sent to RAPON agencies and their subcontractors. There were 29 responses. The number who answered this question ranged from 21 to 25 respondents.

¹⁴ The Community Networks of Specialized Care are a way of linking specialized services and professionals to pool their expertise to treat and support adults who have developmental disabilities and mental health needs and/or challenging behaviours (i.e. dual diagnosis). The Networks bring together people from a variety of sectors in a common goal of improving the coordination, access and quality of services for individuals with complex needs.

The CNSC study also showed that 48% of its respondents held the BACB certification, while 13% held the BACB-A level of certification. The study also noted that at the time (November 2012), there were 246 credentialed individuals in Ontario consisting of 12 BCBA-D (at the doctorate level), 190 BCBA’s (at the Master’s level) and 47 at the Associate level (BCaBA).

The following table describes the current experience and education requirements required by RAPON agencies and sub-contractors who completed the surveys, as well as the experience and education requirements that practitioners believe should be in place:

Table 14: Qualifications Required to Deliver ABA Services¹⁵

	1-3 yrs relevant experience	5 yrs relevant experience	Specific ABA experience	Relevant Degree	BACB Certification	Other
Requirements of RAPON agencies and sub-contractors	22 (78%)	8 (29%)	19 (68%)	21 (75%)	6 (21%)	8 (29%)
Requirements that practitioners believe should be in place	64 (40%)	42 (28%)	102 (66%)	88 (57%)	90 (58%)	

In addition to the information on supply provided through the surveys, there were comments on supply in the focus groups as noted above. In the focus groups, concern was expressed that there are supply issues in some areas of the province particularly the north part of Ontario. In addition, availability of qualified people to provide services in French was raised. It was suggested that these supply problems might be exacerbated if certification and/or regulation is implemented. These concerns would have to be considered as policy on certification/regulation is developed. Appropriate transition measures would be required.

Demand

In the SEG survey completed by 29 RAPON agencies and their sub-contractors, a question was asked about respondents’ beliefs in whether or not demand will increase over the next few years. While most respondents (93%) felt that the demand for ABA services will increase over the next 1-3 years, only 75% believed that the demand will increase over the next 4-5 years, while 60% felt that demand would continue to increase over the next 6-7 years. Since the survey only asked respondents their opinions about demand over a 3, 5 and 7-year period, SEG cannot provide additional estimates of projected growth further than the 7-year period.

¹⁵ The data for this table comes from the SEG Survey sent to RAPON agencies and their subcontractors. There were 29 responses to the survey and 28 responses to the question that provided data for this table.

In response to an open-ended question about the factors that will impact the demand for ABA services, the following themes from across the numerous responses emerged.

- A growing awareness about ABA services in general and specifically about the efficacy of the use of ABA services;
- A greater number of evidenced-based practices and research touting the effectiveness in utilizing ABA services;
- These evidenced-based practices and research are being found in numerous service sectors, not just in ASD-related children’s services; and
- Increasing numbers of children on waiting lists continue to speak to the demands that are present in many different communities throughout Ontario.

Specific responses to this open-ended question included:

- “there is an increase in the number of referrals”
- “the ABA industry is expanding in our community”
- “ABA is becoming more and more evidenced based”
- “there are many other children with other behavioural needs”
- “there is an increased awareness, and a proven efficacy about ABA services”
- “there is growing media attention”
- “ABA services are growing in other fields, too (e.g. Acquired Brain Injury [ABI], Senior’s and FASD [fetal alcohol syndrome disorder])”

As the SEG Consulting team examined potential future demand for BA specialists or practitioners, we were presented with excerpts from two studies that shed additional information about future demand. The executive summary of a study by Seneca College and the employer references from a study by St. Lawrence College. These excerpts were from studies by these two colleges which developed for submission to MTCU to introduce new programs related to behaviour sciences.

In the Seneca proposal it stated:

“Autism Spectrum Disorder (ASD) is the most common psychological diagnosis in children, and one of most common developmental disabilities affecting Canadians of all ages. The demand for qualified professionals to fill the roles of service providers has been an issue with the government’s initiatives since their inception. A workforce of highly-trained and skilled professionals who can implement the services and supports needed to meet the needs of individuals with autism and their families is required.”

“The field of ABA-based services for the treatment and support of individuals with ASD is a growing and thriving industry. Being trained in the techniques and application of behavioural sciences would make graduates employable. Graduating from this program would provide them with not only job prospects but also vital career paths. The government’s sustained commitment to the expansion of ABA-based services in the province of Ontario indicates that the need for skilled, trained professionals in this field will continue into the foreseeable future.”

“Employers will be motivated to hire graduates of the Behavioural Sciences program. Students who have graduated from this program would be recognized as having a deep understanding of the principles of ABA, and the broad range of their possible applications. As evidenced by [recent] job postings, a diploma in Behavioural Sciences is quickly becoming the standard for entry into this field of employment. Graduates of this program would be seen as having a strong professional commitment to working as a specialist in behavioural intervention in the field of autism. Moreover, they could be employed by corrections facilities, group homes, and other specialized centres that need staff who can implement behavioural intervention plans with individuals other than those on the autism spectrum.”

“The field of autism spectrum disorders is increasingly being seen as a stable and secure area of employment, in large part due to the Government of Ontario’s sustained commitment to funding and increasing the capacity of services for this population. As entry into the field becomes more competitive, graduates—and employers—are searching for increasingly specialized training.”

The Seneca document also illustrated that the need for behavioural analysis extends beyond the children’s ASD field.

“Employers in diverse settings like residential, mental health, rehabilitative, and respite programs are now seeking employees that can implement and assess intervention programs, collect data, and monitor progress. Educational and child care programs supporting children with exceptionalities also require employees that can understand and implement intervention plans, and monitor outcomes-based progress. Crime analyst, a civilian position in a support role in police services, would also be a good fit for Behavioural Sciences graduates, as this position requires an ability to understand, process, and analyze data.”

In an additional study provided to the SEG team, St. Lawrence College also conducted an Economic Need analysis as they were preparing to launch their ABA-related course work. In it they examined three potential areas of employment in which its prospective graduates could later find employment. These areas included children with autism; correctional services; and sex offenders. The findings of this study included:

“Graduates of the proposed Applied Degree would be considered extremely well qualified for the position of Instructor Therapist (of which there exists approximately 450 jobs across the province) within the Provincial Preschool Autism Initiative, who provide intensive behavioural intervention to young children with a diagnosis of autism. Graduates may also be considered for the position of Senior Therapist once they have accumulated some experience in the field.”

“The Correctional Service of Canada (CSC) is one agency that actively recruits persons who hold both a Bachelor of Arts AND a Behavioural Science Technology Diploma, and have done so since January 1998 when this was set as a National Standard. Applied Degree graduates would be ideal candidates for and would be welcomed to compete in the following positions within CSC: Behavioural Technologist, Program Delivery Officer, Parole Officer and

Correctional Officer. Applied Degree graduates would be particularly suited to the position of Program Delivery Officer, of which there is 100 jobs across the province.”

“Dr. Michael Bettman is the Director of Reintegration Programs at the National Headquarters of Correctional Service of Canada. He feels that "BST graduates are very important to the future of program delivery within the Correctional Service of Canada". He notes that "BST graduates have contributed significantly to our reputation for effective correctional program delivery, particularly in the area of sex offender programs, violence prevention programs, and regional quality control" He later adds that it is his "belief that BST graduates, particularly if supported by a recognized degree, can play an even greater role.”

“Dr. Sharon Williams is a Special Advisor on Sex Offenders at the National Headquarters of Correctional Service of Canada (CSC). She notes that since 1996 the Standards and Guidelines for the Provision of Services to Sex Offenders recognized graduates as treatment providers (for both individual and group treatment).”

In addition to these two studies, anecdotal information from focus group participants in this current study discussed the use of BA methods in fields such as children and eventually adults with ASD; in seniors’ facilities; in mental health services (for both children and adults); in developmental services; and in emergency rooms at hospitals and psychiatric wards.

Conclusions from Labour Market Study

Supply

The supply of BAs, including those who have some credentials (particularly relevant education background and BACB certification) continues to grow in Ontario. Colleges and Universities in Ontario are responding to the need for more practitioners by offering new and/or expanded course offerings at the Bachelor and Master levels as well post graduate certificates and diplomas. It appears that the current supply of BAs from the current college and university programs is meeting the current needs for the programs that are funded by Ontario ministries. There is a high employment rate of graduates, suggesting a good balance between the needs of the programs and the number of graduates that are being trained.

There is also a strong feeling among employers and practitioners that staff will help their own credibility and employability by increasing their credentials by becoming certified under the BACB regime. Practitioners are well aware that new, more stringent requirements are being demanded by the Certification Board in 2014 and so practitioners are attempting to qualify before the new requirements are increased.

Additionally, on the supply side, in the SEG survey distributed to Ontario colleges and universities, most of these institutions noted that they have an interest in and have the capacity and capability to offer additional ABA-related courses, programs, certificates, etc. should the need arise. In the survey, these colleges and universities stated that their current course offerings are already approved (or are getting approved) by the Certification Board. They also

stated that many of their current faculty members are already Board-certified analysts (including a number that are certified at the doctorate level i.e. BCBA-D). These findings suggest that the educational system is well positioned to respond to increased demand should requirements of the programs funded by Ontario ministries increase.

It should be noted that the number of BACB certified practitioners in Ontario is quite small, although it is growing. Therefore, if a decision is made to proceed with certification/regulation, a careful transition plan will be required to ensure that there is adequate supply of services while regulation is being implemented.

Demand

On the demand side, from the SEG surveys, both employers and practitioners foresee increasing demand over the next 3, 5 and 7-year periods, while studies obtained from two colleges clearly outline demand growing in a number of service areas. The excerpts from the college studies point to growing demands in a variety of different service sectors, and hence motivated these colleges to offer new courses and certificates to address the growing demands of the field.

The college studies are supported by SEG findings that BA is being used in wide range of settings and as use in settings other than autism grows, the demand for qualified practitioners will grow.

The demand for BAs is also highly impacted by funding for government programs. For example, when the Ministry of Education introduced PPM-140 and provided funding to support provision of ABA in the schools, demand increased. Similarly, increases in government funding for programs using BA will increase demand for BAs. Currently, there are large wait-lists throughout Ontario in programs for children with ASD, and for adults with developmental disabilities and dual diagnosis, particularly seeking behaviour management supports. Any increase in funding for these programs will certainly increase the demand for them, and place greater demands on finding practitioners who are qualified to deliver BA-type services.

Chapter 4: Evaluation Criteria

Evaluation Criteria Overview

In order to judge whether BAs should be certified and regulated, it is necessary to be clear on the criteria that will be used to evaluate the range of options that could be considered.

Evaluation criteria have been developed to assist in answering two questions:

1. Is certification/regulation is justified for BAs?
2. If so, what form of certification/regulation should be used?

Evaluation criteria for both categories are summarized in the diagram below and described in this section. These criteria reflect the type of issues that would have to be addressed in any process to regulate a profession.

Certification/Regulation YES/No	Form of Regulation
<ul style="list-style-type: none">• Risk of harm• Educational requirements/body of knowledge/scope of practice• Improved outcomes• Impact on delivery system• Economic impact/impact on supply• Maturity of profession/ability to protect the public interest• Profession support/willingness to be regulated (including fees to support)• Inter-professional stakeholder support• Client/consumer support• Cost to government• System impact/inter-professional collaboration• Access to care	<ul style="list-style-type: none">• Impact on ABA practitioners• Impact on consumers• Impact on government• Impact on existing programs• Supply/demand (regional, French)• Impact on inter-professional collaboration• Impact on quality of service• Impact on harm reduction• Time to implement• Cost• Enforceability• Universality

Evaluation Criteria re: Certification/Regulation¹⁶

Primary Criterion--Risk of Harm

The primary criterion used for regulation is that there is a “risk of harm”. If it is not possible to demonstrate risk of harm, then, de facto, it is not necessary to regulate in the interest of protecting the public. In order to demonstrate that there is risk of harm (i.e. public safety is at risk) because the profession is unregulated, the following questions should be addressed:

- The nature and severity of the risk of harm to patients/clients including references to, and copies of, scientific literature and other published information.
- Examples of patients/clients being harmed by a practitioner who performed services incompetently or inappropriately, including references to, and copies of, scientific literature and other published information.
- The rate and nature of complaints of harm received by professional associations and related organizations in the past 10 years.
- Existing voluntary disciplinary or investigations process, including the outcomes of these processes. Where possible, provide supporting documentation to illustrate these examples.

Secondary Criteria

Educational requirements/body of knowledge/scope of practice

The profession should have defined the educational routes to the profession. The route can begin with completion of studies at an independently accredited educational institution or a post-secondary program offered by a recognized educational institution. These institutions will prepare candidates to meet externally validated entry qualifications. This criterion is intended to assess whether the profession possesses skills and competencies necessary to deliver safe and competent care on entry.

This criterion assumes an intersection between body of knowledge and scope of practice. The body of knowledge refers to the extent to which practitioners must call upon a distinct set of

¹⁶ These criteria are drawn primarily from the Health Professions Regulatory Advisory Council (www.hprac.org) in Ontario. The HPRAC assessment criteria is recognized by many jurisdictions as being very comprehensive in terms of assessing the need for the regulation of a new health profession and SEG suggests that these criteria would be appropriate for consideration of the regulation of any profession regardless of whether it is being considered for regulation as a health profession. In addition, SEG reviewed the Ontario Regulator’s Code of Practice, the Treasury Board of Canada Regulatory Impact Assessment Guideline and sunrise and sunset legislation in American jurisdictions that regulate ABAs.

concepts, terms and activities in the practice of the profession (i.e., what the profession does and how the profession practices). The scope of practice refers to the rules, regulations, and boundaries within which a qualified health professional with appropriate training, knowledge, and experience may practice. This criterion is intended to assess whether there is a body of knowledge that can offer the basis for the profession's scope of practice.

Improved outcomes

This term refers to the impact activities of the profession concerned have on people. Health outcomes normally fall within one of three domains: clinical, psychosocial and quality of life. The profession is asked to demonstrate how regulation will improve outcomes. This criterion aims to assess outcomes which may be attributable to interventions of the profession concerned".

Impact on delivery system

The applicant is asked to demonstrate the extent to which the regulation of the profession concerned would produce positive health system impacts in relation to inter-professional collaboration, labor mobility, and access to care, health outcomes, and productivity. This criterion is intended to assess the overall impact of regulating the profession to the broader health care system in Ontario.

Another key impact on the delivery system to be considered is access to care.

Given the importance of access to care in eliminating disparities it is necessary to demonstrate how regulation will increase access to safe, high quality and efficient care in Ontario. This criterion attempts to assess how the regulation of the profession concerned would impact existing health care needs of Ontarians.

Inter-professional collaboration

Inter-professional collaboration in health care is now considered a high priority, as concerns about patient safety, health and human resources shortages, and effective and efficient care have reached significance. It is necessary to demonstrate the profession's willingness and capacity to effectively collaborate with other professions in a client-centered model of care. This criterion attempts to assess to what degree the regulation of the profession concerned would support and sustain the collaborative delivery of health care.

Economic impact/impact on supply

There must be an understanding and appreciation of the cost of regulation on the profession, public and the system. The costs and benefits of the preferred regulatory mechanism should be outlined. The applicant is required to show that the practitioners of the profession are able to support the full costs and responsibilities of regulation. This criterion intends to assess the sustainability and viability of regulating the profession concerned under the RHPA.

Maturity of profession/ability to protect the public interest

The profession's leadership must have shown that it will distinguish between the public interest and the profession's self-interest. Regulatory colleges are mandated to privilege the former over the latter.

Profession support/willingness to be regulated (including fees to support)

In addition, the applicant must also demonstrate that the members of the profession support regulation with sufficient numbers and commitment, such that widespread compliance with regulation is likely. Members of a profession requesting regulation must also recognize that regulation will cost them money, time and effort. The applicant is asked to show that the practitioners of the profession are sufficiently numerous to support and fund, on an ongoing basis, the requisite number of competent personnel to enable the regulatory body to continue to discharge its functions effectively. This criterion intends to assess whether the leaders and members are able and committed to support the public interest mandate of regulation.

Client/consumer support

This criterion addresses the extent to which clients/consumers support certification or regulation.

Support of government/cost to government

This criterion addresses the extent to which government supports certification or regulation and also looks at the potential cost to government if certification/regulation were to proceed.

Criteria to Assess the Type/Form of Certification or Regulation

Once a decision is made that certification or regulation should proceed, it is necessary to determine what type of certification or regulation is appropriate. Evaluation criteria include:

Impact on BAs

This criteria looks at whether the cost of regulation is reasonable in relation to incomes and whether the fees will be a barrier to becoming a regulated BA? In addition, the question of whether the fees will drive potential BAs to another profession or to practice as unregulated professionals should be considered, as should the impact on competition with other professions?

Impact on consumers

This criterion considers whether regulatory costs drive up the costs of BA services or whether the regulatory costs will restrict the supply of BAs, thereby reducing availability or accessibility of service.

Impact on government

This criterion considers how much will the various options cost the government in terms of start-up and ongoing funding and how much government oversight will be required, and at what cost? This enables an assessment of whether the costs of certification or regulation are justifiable in relation to the need to protect the public?

Impact on existing programs

This criterion addresses the issue of how certification/regulation would impact the delivery of existing programs and services, including those provided by the Ministry of Children and Youth Services, Ministry of Community and Social Services, the Ministry of Education (through school boards) and other provincial programs where BA is a component of service provided. It would also look at the impact of certification/regulation on private practitioners.

Supply/demand (regional, French)

Impact on supply and demand is a very important criterion because reduced supply of services would ultimately hurt clients and increase wait times for service. Particularly attention to regional issues and the ability to supply services in French should be considered.

Impact on inter-professional collaboration

BA services are often provided along with other interventions provided by other professionals. This requires a high degree of inter-professional collaboration. This criterion looks at whether certification/regulation would impact on ongoing inter-professional collaboration.

Impact on quality of service

This criterion would consider whether certification/regulation would contribute to improved quality of service.

Impact on harm reduction

Risk of harm will have been demonstrated previously in order to make a decision that certification/regulation is justified. At this point in the analysis, the extent to which a particular option will contribute to harm reduction will be considered

Time to implement

This criterion looks at implementation considerations, particularly time to implement, for each of the options.

Cost

This criterion looks at the cost of each of the options. The costs of each option will be examined with respect to their impact on BAs, consumers, and the government. Some of the questions to be answered are set out below.

Impact on BAs:

- Is the option sustainable, i.e. can the costs associated with the option be covered by fees from the potential membership
- Would the necessary fees to sustain the option be reasonable in relation to incomes?
- Will the fees be a barrier to becoming a regulated BA?
- Will the fees drive potential BAs to another profession or to practise as unregulated professionals?
- What will be the impact on competition with other professions?

Impact on Consumers:

- Will regulatory costs drive up the costs of BA services?
- Will regulatory costs restrict the supply of BAs?

Impact on Government:

- How much will the various options cost the government in terms of start-up and ongoing funding?
- How much government oversight will be required? At what cost?
- Are the costs of certification or regulation justifiable in relation to the need to protect the public?

This criterion also considers other costs, such as start-up costs, impact on program costs, and the cost to support practitioners to become certified.

Enforceability

This criterion looks at which options will be enforceable.

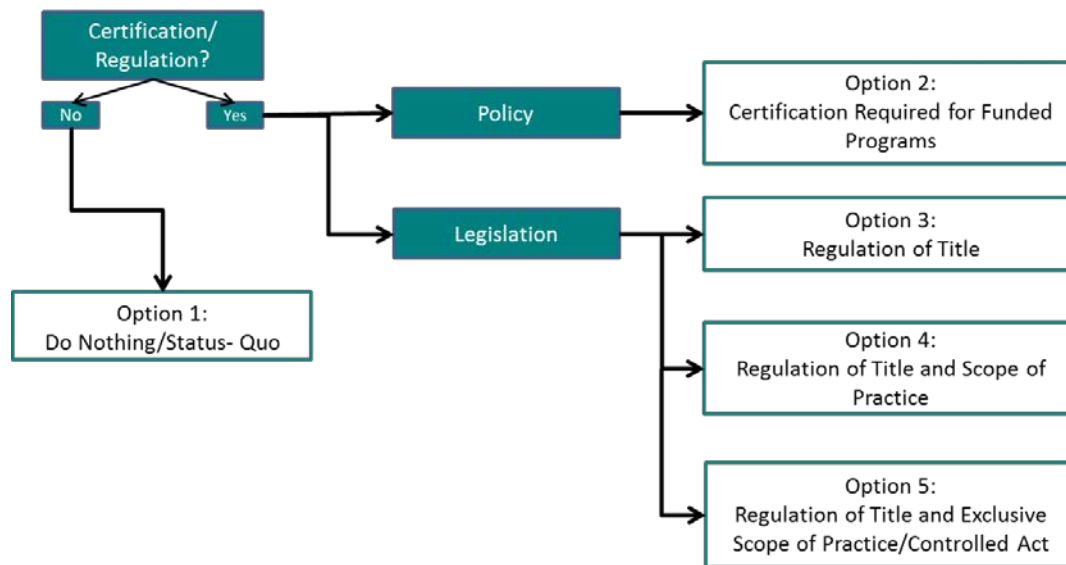
Universality

This criterion considers the degree to which each option could be applicable universally to all those practicing BA in Ontario.

Chapter 5: Options

Options Overview

Based on the jurisdictional scan and the input from the stakeholder consultation, there are five potential options for certification and/or regulation of BAs in Ontario:



Description of Options

Option 1: Do Nothing/Status Quo

Description of Option <ul style="list-style-type: none">• No requirement for certification; certification is voluntary• Each organization/program determines qualifications for hiring and supervision	
Example <ul style="list-style-type: none">• Several states in the US, most Canadian jurisdictions	
Pros <ul style="list-style-type: none">• No impact on existing workforce• Employers have flexibility in hiring• Private practitioners continue to practice• No impact on cost to the profession or employers	Cons <ul style="list-style-type: none">• No reduction in potential risk of harm• No information for clients on qualifications of practitioners• No potential of improved service quality or improved outcomes

Option 1 is a status quo option where there is no requirement for certification or regulation. Certification is voluntary, to be undertaken at the option of the practitioner. In this option, each program or individual organizations may make decisions with respect to certification requirements of the practitioners.

This option reflects the current situation in Ontario as well as most Canadian provinces¹⁷. As noted in the findings section of this report, programs and organizations may indicate that certification is desirable, but also describe other ways that practitioners can demonstrate their qualifications.

There are no implementation considerations related to this option, although individual program reviews could enhance their program criteria as part of overall program management and review.

The advantages of Option 1 are that it does not have any impact on the existing workforce, employers retain flexibility in hiring, there is no impact on supply, i.e. existing practitioners can continue to practice, and there is no cost impact of this option.

¹⁷ Only 3 provinces, PEI, MB, and BC require that persons involved in providing ABA services have either BACB certification or some other qualifications. No province or territory has an Act requiring ABA providers to be certified or regulated.

However, Option 1 does not address many of the concerns that were expressed by stakeholders. There is no reduction in potential risk of harm, clients do not have any greater information about the qualifications of the practitioners they depend on, and there is no potential for improved quality of service or improved outcomes.

Option 2: Certification Required for Funded Programs through Policy

Description of Option	
<ul style="list-style-type: none"> • Governments, employers, funding agencies use certification programs as requirements to qualify providers of services to receive funding or as a condition of employment • Government determines requirements for certification based on program requirements • Certification could be provided by BACB or Ontario requirements • Funding can be attached to requirement for certification • Government policy could also include requirements for education and ongoing professional development 	
Example	
<ul style="list-style-type: none"> • 36 states/Prince Edward Island 	
Pros	Cons
<ul style="list-style-type: none"> • Could reduce risk of harm for government funded programs • No requirement to set up a regulatory body; government would monitor policy implementation directly • Government policy could be developed on a program by program or ministry by ministry basis to meet the needs of particular programs or sectors 	<ul style="list-style-type: none"> • Does not address risk of harm where there is no government funding (or other policies) • Anyone can continue to call themselves a BA • Does not create a consistent approach for all practitioners • Depending on government policy decisions, may not provide clients with assurance of competence • Does not provide clients who pay for services privately any assurance of competence

Option 2 is the least restrictive of the four certification/regulation options. In this option, government ministries would require certification as a qualification for providers of BA services in their funded programs. These requirements might vary depending on the level of the practitioner, with a higher standard of certification for supervisors (e.g. BCAB) and other requirements for practitioners (e.g. BCaBA) and technicians. Each ministry could determine the certification requirements for its programs and could include direct ministry employees, employees of funded agencies, institutions (e.g. school boards or publicly funded health organizations) as well as private practitioners who receive government funding. If all ministries which are funding BA services required certification, this would cover the majority of BA providers.

In this option, only persons certified by BACB or through an Ontario-based certification body could use the titles and initials trademarked by BACB or the Ontario certification organization.

This option could rely entirely on the BACB. If so, there would be no new regulatory body in Ontario, and no “made in Ontario” certification program or standards. The certification exam and process would be administered by BACB. Complaints and discipline would be handled by BACB and continuing education requirements would be monitored and enforced by BACB. Practice Standards would be set by BACB. A “made-in-Ontario” certification approach is a possibility, but would be far more expensive to implement and operate and would take considerable time to implement. The issue of using BACB for certification vs. an Ontario certification solution is discussed in section 8.

Implementation of this option would be done through government policy initiatives and would not require legislation. However, in order to implement this option, policy decisions would be required (by each ministry, or ideally across ministries) on:

- What constitutes the practices of BA, i.e. what programs the certification requirement would apply to
- Who needs to be certified (e.g. level of practitioner)
- Grandfathering or other provisions to recognize experience or other qualifications
- Other professional certifications which would allow qualified individuals to practice BA (e.g. qualified psychologists)
- Whether to develop a registry using grandfathering and other qualifications as the basis for inclusion on the registry
- Time frame to allow those affected to become certified
- Financial assistance to support individuals pursuing certification
- An approach to monitoring the implementation of new policies and related accountability measures

In addition, enforcement of the policy would fall to government, either at the individual ministry level, or across government as a whole. In this option, since certification and related activities such as setting standards of practice, defining educational requirements and ongoing professional development as well as handling complaints and discipline would be handled by BACB or an Ontario certification body, and government enforcement activities would be limited to checking that practitioners who are providing government funded services are certified.

The cost of implementing this option, if BACB is used for certification, would be relatively small, but costs could include the cost to government of monitoring certification and the cost of assisting affected individuals to attain certification. If a decision is made to proceed with a registry, there would be cost associated with establishing and maintaining the registry. The cost of implementing a new certification agency would be significant.

This option is currently used in 36 US states. Prince Edward Island in Canada required BACB certification for certain supervisory roles by policy.

Legislative Regulatory Options Overview

There are many legislative regulatory programs in existence. These programs have many names. However they are all based on the three basic concepts set out below.

Least Restrictive: Title Act-only certain persons can use an occupational title.
Medium Restrictive: Title and Scope of Practice Act- only certain persons can use an occupational/professional title and they are given a scope of practice. Other regulated and unregulated persons can provide services within the scope of practice given to these professions but cannot hold themselves out to be practicing BA.
Most Restrictive: Title and Exclusive Scope of Practice Act -only certain persons can use an occupational/professional title and they are given an exclusive scope of practice. Other unregulated persons cannot provide services within this scope of practice unless there are exemptions to the prohibition.

Option 3: Title Protection

Description of Option	
<ul style="list-style-type: none"> Title protection means that only persons with specific qualifications (e.g. education, experience, examinations or certification) can use the title (e.g. Behavioural Analyst); other can provide same service, but cannot use the title Title protection is contained in legislation; legislation could be a private member’s bill or government sponsored legislation 	
Example	
<ul style="list-style-type: none"> Ontario College of Social Workers and Social Support Workers 	
Pros	Cons
<ul style="list-style-type: none"> For those who are certified, could reduce potential risk of harm For clients who use certified ABA’s, competence is known Enforcement requirements are limited—necessary only to address inappropriate use of title 	<ul style="list-style-type: none"> Does not describe the “scope of practice”, i.e. the areas in which those holding the certification are able to provide service Does not prevent others from providing the service as long as they don’t use the title

In this option, Ontario would pass legislation to restrict the use of the title “Behaviour Analyst” and/or “Applied Behaviour Analyst” to those persons with specific qualifications, e.g. education, experience, examinations or certification who belong to an Ontario regulatory body. In this option, as in the previous option, certification could be provided by BACB or be “made in Ontario”, but again, the cost and complexity of implementation of a “made in Ontario” option is

far greater. More likely, this model would rely on BACB to provide the exam and certify BAs and the Ontario regulatory body would not run an exam and certification process but would register BAs. Regulations would stipulate that BAs must have BACB certification as a registration requirement.

In this option, legislation could create a College or regulate BAs under an existing college or create some other regulatory body. The Ontario regulatory body would register members and ensure that the restricted title is enforced. It could also set standards of practice, deal with complaints, administer a continuing competence program, but the role of the college might be more limited than in the more restrictive options.

This option would restrict the use of the title only. Other persons could still provide BA services but not use the restricted title of Behaviour Analyst.

- MCYS and other ministries could require registration as a qualification criterion for providers of BA services in their programs. There might also be requirements related to “supervisors” and practitioners and technicians.
- Registration could become mandatory for all those persons wishing to provide BA services in government funded programs such as MCYS programs, MCSS programs, or be employed in schools or correctional institutions.
- This would cover the majority of BA providers.

An example of this is the regulation of Ontario Social Workers and Social Support Workers under the *Social Workers and Social Support Workers Act*.

Implementation of this option would require the drafting of legislation, defining the role of a regulatory body and establishing the regulatory body to undertake the functions described for it in legislation.

The advantages of this option are that there is potential reduction of risk of harm by those who have the title based on their certification. Clients can be sure of the qualifications of anyone using the restricted title of Applied Behaviour Analyst. Finally, the enforcement requirements in this option may be more limited because it is focused on protecting the use of the restricted title.

Disadvantages of this option are that it does not describe the scope of practice, i.e. the actions that an BA undertakes. Therefore, it continues to be difficult for clients to be clear on what they should expect from their service providers. Furthermore, this option does not prevent others from performing the work as long as they don’t use the title.

Option 4: Title Protection + Scope of Practice

Description of Option	
<ul style="list-style-type: none">• In addition to title protection, legislation describes a “scope of practice” i.e. describes the range of services that persons with the title are qualified to provide.• In this option, this is not an exclusive scope of practice—i.e. others can perform the services as long as they don’t use the title, or hold out that they are practicing the profession.• Can sometimes indicate specific controlled acts• Legislation is required; it is government sponsored, and establishes a regulatory body to enforce the legislation	
Example	
<ul style="list-style-type: none">• College of Audiology and Speech Language Pathology	
Pros	Cons
<ul style="list-style-type: none">• Contribute to reducing potential risk of harm for certified practitioners• Clients have knowledge of what the certified practitioners are licensed to do• Provides avenue for complaints about those who are licensed to be addressed• Usually provides for ongoing professional development requirements	<ul style="list-style-type: none">• Others can continue to provide the services• Clients have no way of knowing the qualifications of those providing the service but not licensed• Cost to establish and operate a regulatory authority can be significant; sustainability with only revenue from fees is questionable for a small college• Time to implement is significant• Could have negative impact on supply of ABA services if transition not handled well

In this option, Ontario would pass legislation to restrict the use of the title “Behaviour Analyst” and/or “Applied Behaviour Analyst” to those persons with specific qualifications, e.g. education, experience, examinations or certification. The regulator could use BACB certification as a registration requirement or it could establish some other criteria including its own exam. The legislation would create a College or regulate BAs under an existing college or designate some other entity as the regulatory body. The new regulatory body would govern and regulate the members and perform all regulatory activities including registration, setting standards, quality assurance programs and complaints and discipline.

The legislation would give BAs a specific scope of practice. A scope of practice describes the services that an BA would provide. Other persons could provide services within this scope of practice but they could not use the BA/ABA title or hold out (advertise) that they are BAs or are authorized to practise applied behaviour analysis. This is how most health professions are

regulated in Ontario. In this option, MCYS could require proof of registration in the BA College as a qualification criterion for providers of BA services in their programs. There might also be requirements related to registration and scopes of practice that would define what services “supervisors” and practitioners and technicians could provide. Other ministries could also require BA registration as a condition of employment.

Implementation of this option would require the development of legislation which would establish title and the scope of practice and set out the responsibilities of a regulatory body to enforce the legislation. The implementation process would be considerable. It would be necessary to draft legislation and establish a college with full regulatory functions.

The advantages of Option 4 include reducing potential of harm by registered practitioners. In addition, clients are better informed about what the registered practitioners are allowed to do because there is a clearly defined scope of practice. The regulatory regime may be more rigorous, with clear processes for complaints and discipline. This option usually provides for ongoing professional development requirements.

However, others can continue to provide the services as long as they do not use the title or hold out that they are practicing BA. It would be necessary to undertake a public awareness campaign to ensure that clients would know the qualifications of those who are practicing but who are or are not registered. The cost to establish and operate a regulatory college can be significant and the financial sustainability of a small college with revenue only from fees is questionable. This option could have a negative impact on supply if the transition is not handled carefully.

Examples of this option would include most health professions regulated under the Regulated Health Professions Act and their profession specific acts and which have not been authorized to perform controlled acts. For example speech-language pathologists are regulated under the RHPA and the Audiology and Speech-Language Pathology Act by the College of Audiology and Speech-Language Pathology. This gives them use of a restricted title and a scope of practice. But they have not been authorized to perform any controlled acts.

Option 5: Title Protection + Exclusive Scope of Practice/Controlled Act

Description of Option	
<ul style="list-style-type: none">• In addition to protection of title, there is an exclusive scope of practice or ABA could be designated a controlled act which is exclusive to the profession, i.e. no-one can perform the functions if they are not licensed or call themselves a BA• In some cases, there are exemptions which allow other professions to perform the services as well if they are qualified• A regulatory body would be required; could be an existing body or a newly created one	
Example	
<ul style="list-style-type: none">• Architects or Engineers, Doctors/Dentists/Chiropractors/Midwives	
Pros	Cons
<ul style="list-style-type: none">• Contribute to reduction of potential risk of harm due to restrictive licensing requirements• Clients have knowledge that everyone providing ABA services is qualified• Provides avenue for complaints• Continuing professional development likely a requirement	<ul style="list-style-type: none">• Exclusive scope of practice rare in Ontario• Could create inter-professional issues; not likely to be supported by other professionals• Defining exclusive scope of practice can be a significant challenge which could make implementation difficult• Significant time to implement• Cost to establish and maintain a college is significant; may not be sustainable with a small profession

This is the most restrictive option. In Option 5, Ontario would pass restricted title legislation and give BAs an exclusive scope of practice. Alternatively, it could make the practice of BA a controlled act under the RHPA and authorize BAs and other professions to perform the controlled act.

Under this option, legislation could create a College or provide for the regulation of BAs under an existing college or create some other regulatory body. The regulator could use BACB certification as its registration requirement or it could establish some other criteria including its own exam. Only members of the college or other regulatory body could use the title BA/ABA.

In this option, no other persons could provide applied behaviour analysis services that are defined within the BA scope of practice or controlled act authorized to BAs or hold out that they practise applied behaviour analysis. It would be possible to include exemptions to the controlled act to allow other regulated professionals to perform the services as well if they are qualified. The new regulatory body would govern and regulate the members and perform all

regulatory activities including quality assurance programs and complaints and discipline. The regulatory body would also likely define ongoing professional development requirements.

Implementation of this option is very similar to implementation of Option 4. It could be even more onerous because of the need to define the scope of practice even more clearly when it is an exclusive scope of practice. Determining exemptions can also prove difficult.

Architects and Engineers have exclusive Scopes of Practice under the *Architects Act* and the *Engineers Act*.

In addition, several health professions regulated under the Regulated Health Professions Act and their profession specific acts have been authorized to perform controlled acts. For example, doctors, dentists, chiropractors and midwives are regulated under the RHPA and their profession specific acts. This gives them use of a restricted title and a scope of practice. They have also been authorized to perform specific controlled acts.

Chapter 6: Evaluation of Options

Should BAs be Certified/Regulated?

Summary Table of Criteria

In this table, a high level assessment about the extent to which the criteria is met (green), partially met (yellow) or not met (red) is provided. Details of the rationale for this assessment are provided in the section below.

Criteria	Comment	
Risk of harm	There is evidence that there is risk of harm if ABA is provided inappropriately	
Education/knowledge requirements/scope of practice	There is a body of knowledge on ABA; it is possible to define a scope of practice	
Improved outcomes	Improved outcomes likely if practitioners (or at least supervisors are certified/regulated	
Impact on delivery system	Could have significant impact on delivery system; transition would have to be managed carefully	
Economic impact/impact on supply	Requirement for certification/regulation could impact supply of practitioners; transition approaches would be necessary	
Maturity of profession/ability to protect the public	Likely to protect the public interest; would need to separate professional association (advocate) from regulatory body	
Support of the profession	Many professionals have indicated support for regulation	
Inter-professional stakeholder support	Limited information—to extent it exists, other professions have indicated that it should not be an exclusive scope of practice	
Client/consumer support	There is indication of support from clients/consumers	
Support of government/cost to government	Government has not taken a position; some parts of public sector do not support regulation	

Rationale for Assessment Related to Each Criteria

Risk of harm (green)

As noted in the previous section on evaluation criteria, risk of harm is the primary criterion for regulation, that is, regulation is necessary to mitigate potential harm to the well-being of citizens.

Input from the focus groups reflects that most participants felt that there is risk of harm if BA is not practiced appropriately.

The study team met with ONTABA representatives on two occasions and they provided a detailed submission that focused largely on providing examples of the risk of harm that certification or regulation can help to mitigate. The report included dozens of links and citations to strengthen the case that absence of standards can lead to harm.

According to ONTABA and others consulted during this study, harm mainly can result from misapplication of treatment and/or omission of effective treatment. Some specific case studies and examples of these harms that ONTABA highlighted in their submission include:

- Norwalk CTCBA: Appendix B to ONTABA’s submission was an article written by David Gurliacci detailing a case in Norwalk, Connecticut where a family had put their newly autism-diagnosed son in the care of a person who held themselves out as being a qualified BCBA behaviour analyst. For more than a year, the therapist provided incorrect and damaging therapy and was found to have fraudulently impersonated a qualified behaviour analyst. The consequences of this, beyond the financial impacts on the family, were a magnification of the symptoms of autism such as more erratic behaviour, robotic and scripted speech. The parent claimed that “her inability to deliver effective therapy has potentially destroyed our son’s chances of recovery”. The fraudulent therapist was convicted of larceny, but the state’s senate developed a Bill that would make such misrepresentations a criminal offense punishable by up to 5 years in prison.

Legislators and Parents in Connecticut arguing for the Bill also noted that stronger enforcement of standards could also save the state money because “children who are successfully treated won’t need as much support from the state later in their lives.

- Kentucky BCBA – Functional Analysis Abuse Case: Appendix C to ONTABA’s submission includes an article about a court case involving a BCBA practitioner was alleged to have allowed a 17 year old girl with a developmental disability to beat her head on a floor 117 times while trying to assess the cause of the behaviour and recording data. While the practitioner was found not-guilty of criminal abuse, the commenters felt that ignorance about BA-based practices and interventions contributed to the acquittal.

ONTABA also provided helpful references to a number of scholarly and professional articles and journals that speak to the issue of harm resulting from omission or misapplication of proper BA treatment including:

- i. Johnston, J.M., et al (2006). Positive Behaviour Support and Applied Behaviour Analysis. *The Behavior Analyst*, 29(1), 51-74
- ii. Schrech, K.A. & Mazur, A. (2008). Behaviour analyst use of and the belief in treatments for people with autism. *Behavioral Interventions*, 23(3), 201-212

- iii. Jacobson, JW, Foxx, RM, Mulick, JA (2005). Facilitated Communication: The Ultimate Fad Treatment. In Jacobson, JW, Foxx, RM, Mulick, JA (eds), *Controversial Therapies for Developmental Disabilities*, Lawrence Erlbaum Associates, New Jersey
- iv. Sturney, P (2005). Ethical Dilemmas and the Most Effective Therapies (2005). In In Jacobson, JW, Foxx, RM, Mulick, JA (eds), *Controversial Therapies for Developmental Disabilities*, Lawrence Erlbaum Associates, New Jersey
- v. Mudford, OC & Cullen, C. (2005). Auditory Integration Training: A Critical Review. In Jacobson, JW, Foxx, RM, Mulick, JA (eds), *Controversial Therapies for Developmental Disabilities*, Lawrence Erlbaum Associates, New Jersey
- vi. Cullen, C. & Mudford, OC (2005). Gentle Teaching. In Jacobson, JW, Foxx, RM, Mulick, JA (eds), *Controversial Therapies for Developmental Disabilities*, Lawrence Erlbaum Associates, New Jersey
- vii. Bannerman, D.J., Sheldon, J.B., Sherman, J.A., & Harchik, A.E. (1990). Balancing the right to habilitation with the right to personal liberties: The rights of people with developmental disabilities to eat too many doughnuts and take a nap. *Journal of Applied Behavioral Analysis*, 23, 79-89

The Association also provided a number of web-links to websites and media stories involving children and adults that deal with inappropriate treatment issues – most of which include Ontario-based coverage.

<http://autisminnb.blogspot.ca/2008/02/autism-class-action-lawsuit-ontario.html>

<http://www.cbc.ca/news/canada/story/2008/12/04/autism-court.html>

<http://www2.canada.com/reginaleaderpost/news/weekender/story.html?id=702c2489-e517-4d2c-afb9-c4f79532be87&p=4>

http://www.citizen.on.ca/news/2013-01-31/Regional_News/How_you_can_help_vulnerable_adults.html

<http://toronto.ctvnews.ca/school-uses-foam-blockers-on-special-needs-teens-1.787026>

<http://www.hca.wa.gov/releases/health%20care%20authority%20approves%20aba%20therapy%20for%20medicaid%20children%20diagnosed%20with%20autism.pdf>

In addition to the information provided by ONTABA, SEG identified some other sources which describe the risk of harm from inappropriate practice of BA.

Jon Bailey provides a historical perspective on risk of harm in his book *Ethics for Behavior Analysts* (2011), that “there is nothing more shocking and horrific than the abuse and maltreatment of innocent people who are unable to protect and defend themselves.” He says this is “especially disturbing when the abuses come at the hands of your chosen profession”

Baily notes that in the mid-1960s the promoters of these “behaviour modification” workshops promised remarkable changes in behaviour that were simple and rapid to achieve by those that received their certificate of attendance from this one day workshop. This new emergence of “behaviour specialists” were actually using aversive consequences with abandon and the front line staff were being urged to be creative in coming up with new consequences. This resulted in the emergence of using hot sauce, tobacco, lemon juice, horseradish etc. Risk of harm and scope of practice became the essential elements when these techniques exploded into residential facilities in the 1970s.

In his ethics book, Bailey summarizes this entire journey when he says: “Today, graduate students in behavior analysis have nearly 30 years of applied research and practice to fall back on (and to learn from and be held accountable for knowing). In addition, they have a wealth of resources on ethics including case law and precedent-setting legal findings. Finally, students today have a perfectly legitimate, thoroughly researched, and well-vetted set of guidelines specifically designed for our field: the BACB Guidelines for Responsible Conduct.” These guidelines cover many issues including scope of practice, necessary educational training, and risk of harm issues in many different situations.

One can also view the Coalition Against Institutionalized Child Abuse (CAICA) which catalogues over 150 deaths from 1980 – 2008 mostly from children and adolescents, mostly from misused restraints (physical, mechanical or chemical restraints) in residential facilities. Even at home in Canada, we have recently (2008) had a terrible situation in which 9-year-old Gabriel Poirier died on April 18th after being wrapped by teachers in a weighted blanket.

Less dramatic risks of harm in behaviour analysis can also be examined everyday if practitioners are not appropriately trained. Any well written behaviour analytic textbook by reputable behaviour analysts such as Copper, Heron, & Heward (2007) or Malott (2008) covers the ethical and moral necessity to evaluate staff skills, knowledge and their developed interventions thoroughly when looking at people operating according to their scope of practice and the possibilities of harm.

These issues arise with everyday intervention when the functions of behaviour are ignored or misanalyzed, or when inappropriate consequences are utilized and thus increase the maladaptive behaviours, or how they inappropriately deal with the expected increases of problem behaviours occur during extinction bursts.

When looking at scope of practice and risk of harm a common example occurs when an untrained person puts a behaviour protocol in place without doing a functional analysis or finding out the exact function of the behaviour in question, they may end up reinforcing the behaviour instead of punishing the behaviour. And since reinforcement is used to strengthen / increase a behaviour and punishment is used to weaken / decrease behaviour, then the most common mistake is strengthening the wrong behaviour.

References:

- Bailey, J., & Burch, M., (2007). *Ethics for Behavior Analysts: 2nd Expanded Edition*. New York, N.Y.:Taylor & Francis Group.
- Cooper, J.O., Heron, T.E., & Heward, W.L., (2007). *Applied behavior analysis* (2nd ed.). Upper Saddle River, NJ: Prentice Hall.
- COALITION AGAINST INSTITUTIONALIZED CHILD ABUSE (CAICA Website)
<http://www.blisstree.com/2008/06/20/mental-health-well-being/boy-dies-wrapped-in-weighted-blanket/#ixzz2aullVOP7>
- Malott, R.W. (2008). *Principles of behavior* (6th ed.). Upper Saddle River, NJ: Prentice Hall.
- Van Houten, R.; Axelrod, S.; Bailey, J.S., Favell, J.S.; Foss, R.M.; Iwata, B.A.; & Lovaas, O.I.;

The right to effective behavioral treatment(1988). *Journal of Applied Behavior Analysis* 4, 381-384.

Conclusion on Risk of Harm

Based on the above and the additional references provided, it is reasonable to conclude that risk of harm is present if BA is practiced inappropriately. It would be possible to use the information provided here as the basis for developing a risk of harm argument with respect to regulation of BA.

Education/knowledge requirements/scope of practice (green)

The second major criterion that must be addressed when considering regulation is whether there are clear educational requirements and a scope of practice which defines the profession. In the absence of this, it is not possible to clearly distinguish what is being regulated..

Education/Knowledge requirements:

Applied Behaviour Analysis is a well-developed discipline among the helping professions, with a mature body of scientific knowledge, established standards for evidence-based practice, distinct methods of service, recognized experience and educational requirements for practice, and identified sources of requisite education in universities and colleges. Although the above regulatory definitions provide an overview of key elements within the practice of behaviour analysis, there are additional features of applied behaviour analysis that should be clarified in order to even briefly define the field. For the purposes of BACB certifications and examinations, the content of applied behaviour analysis is contained in the [BACB Task List](#).

The BACB Task List 4th edition requires specific training and proven understanding of 115 skills/subtasks under the following 11 educational/knowledge categories:

- Measurement
- Experimental Design
- Behaviour-Change Considerations
- Fundamental Elements of Behaviour Change
- Specific Behaviour-Change Procedures
- Behaviour-Change Systems
- Identification of the Problem
- Measurement Systems
- Assessment
- Intervention

The BACB has clearly defined the educational requirements for practitioners of BA.

Defining the scope of practice

To determine whether it is possible to define a scope of practice for BAs, it is possible to look to the BACB which defines behaviour analysis as:

“The field of behavior analysis grew out of the scientific study of principles of learning and behavior. It has two main branches: experimental and applied behavior analysis. The experimental analysis of behavior (EAB) is the basic science of this field and has over many decades accumulated a substantial and well-respected research literature. This literature provides the scientific foundation for applied behavior analysis (ABA), which is both an applied science that develops methods of changing behavior and a profession that provides services to meet diverse behavioral needs. Briefly, professionals in applied behavior analysis engage in the specific and comprehensive use of principles of learning, including operant and respondent learning, in order to address behavioral needs of widely varying individuals in diverse settings.”

In addition to defining educational requirements, BACB Task List 4th Edition provides details on the behaviour-analytic skills that a practicing behaviour analyst will use, and details of the tasks that behaviour analysts will use when working with clients. This suggests that it is possible to clearly define a scope of practice.

The criterion of a clear set of educational requirements and scope of practice is therefore met.

Improved outcomes (yellow)

Evidence is unclear on the extent to which certification/regulation will improve outcomes for clients. Literature reviewed primarily cited evidence of the benefits of BA methodologies such as Intensive Behavioural Modification and its success in improving outcomes for children with ASD, and in a number of other treatments. Less information was available about the impact on certification of BA professionals and any improved clinical outcomes. This can partly be attributed to the relatively recent movement to mandate certification or to license Behaviour Analysts in the United States.

Input from the participants surveyed, and from multiple focus groups in response to questions about support for certification requirements showed that stakeholders including employers, Behaviour Analysts, educators, parents, and professionals working in cross-disciplinary settings expressed views that certification and professional regulation would raise the standard and consistency of BA services and therefore improve outcomes for clients.

Some stakeholders such as ONTABA also expressed that consistency through qualification standards can help to minimize two specific potential types of harm:

- Harm as a result of misapplication of treatment and; and
- Harm as a result of the omission of effective treatment

Examples given for the former include anecdotal stories of patients who faced improper use of restraints at the hands of under-qualified persons, and examples of adult patients with complex

disorders involving self-harm where inappropriate treatment could result in life or death consequences.

Below are some summarized comments provided by different participants in the focus groups or survey respondents:

ONTABA meetings (2)	<ul style="list-style-type: none"> • Challenging Behaviours such as aggression, self-injury, inappropriate sexual behaviour are types of behaviour that can result in serious harm to the public. Omission or misapplication of treatment could have life or death consequences • Concern that some psychologists without specific BA training are providing supervision to unaccredited therapists and may not be using evidence-based BA methodologies
Autism Ontario Parents Focus Group	<ul style="list-style-type: none"> • Participants expressed that a transparent standard is important and harms to clients are possible without proper training. • Parents felt that it is difficult to assess the qualifications of professionals and may have difficulty receiving the appropriate supports as a result. • Parents also cited that mandatory codes of conduct, practice guidelines, and complaints processes that come with regulation can help to deal with unqualified professionals
ABA RAPON and Partners Employers	<ul style="list-style-type: none"> • Regulation helpful to provide a basic set of best practices, place for families to monitor private practice • Reporting to a regulatory body provides safeguards for clients and families, consistency in practice, practice and ethical accountability. • Concern that quantity is currently overwhelming quality • It would be helpful to people supported if all practitioners, private and public, were overseen by someone with BCBA qualifications. It would be helpful if all front line practitioners held a certificate from a recognized community college program and had at least 1-3 years of practice.
ABA RAPON and Partners Staff	<ul style="list-style-type: none"> • Many practitioners in the field of behaviour services lack the knowledge and skills to meet client needs. • Potential for misapplication of services and harm to clients and consumers. Poor supervision and monitoring • Experienced therapists without grounding in ABA theory or appropriate developmental psychology can be problematic in home programs - parent cannot assess the therapist's expertise • Without a regulatory system specific to behaviour analytic practice that includes ethics and conduct guidelines, complaint processes, and disciplinary actions, consumers are not provided with the minimum protections that are required to keep them from harm's way. • Applied behaviour analysis is a powerful science that can, when applied incorrectly, cause damage to consumers. Consumers need to

	<p>have a formal body to turn if they suspect damage has been done or may be done.</p> <ul style="list-style-type: none"> • ABA practitioners are often in positions of great influence over vulnerable clients and families. They are sometimes involved when there are dangerous behaviours and potential for harm. • Risk of misapplication of treatment, harmful procedures, and potential for abuses of power. Risks warrant mechanism of public protection such as registration or licensure
DSS Behaviour Therapist Employers	<ul style="list-style-type: none"> • BCBAs use evidence-based treatments – all based on data. Uncertified people may not analyse data on a regular basis. Risk that ineffective therapy can lead to injury when negative behaviours are not treated properly. Counter intuitive treatment can worsen things at worst, or be ineffective at best. • Professionals from other disciplines would be happier implementing programs if it wasn't their license on the line (since BACB has no license). Assessment, intervention, carried out. If not regulated, no controls about implementation. • For more severe, complex behaviours, the more important it is to ensure qualified persons overseeing care. Example given of self-harm patients and how a lack of qualifications can potentially lead to serious injury or even loss of life
BAs	<ul style="list-style-type: none"> • Anyone can use the title Behaviour Analyst and offer to provide Applied Behaviour Analytic services. This results in a lack of consistency in services being provided. In some cases these are poor quality and potentially harmful services • Specific cases of harm were cited. One example was the use of restraints which traumatized the child. Another example was not psychical harm, but that of lost opportunity where the child had been in the wrong form of treatment for 2 or 3 years and had made no progress • The majority said that BACB certification was essential for supervisors to ensure that quality BA services were being provided down the line. • It was recognized that different levels of qualifications were needed for the provision of varying levels of service. Need to regulate who does what.
Education Sector	<ul style="list-style-type: none"> • Parents aren't complaining about the service they receive; no push towards regulation

Impact on delivery system (yellow)

During the consultation, a number of concerns were raised about the impact on the delivery system if certification/regulation is implemented without due consideration to grandfathering existing practitioners, allowing plenty of time for practitioners to become certified, and addressing regional issues and ability to provide service in French. However, in general

informants felt these risks could be implemented by a carefully considered implementation process which is carried out over time.

Concern was also expressed that a requirement for certification might result in upward pressure on salaries and wages in the delivery system, with the result of either reducing service available within existing funding or pressure for additional government funding. However, there are already many BACB certified practitioners in Ontario and more are in the process of becoming certified. SEG did not receive any evidence suggesting that there is a salary differential between certified and non-certified practitioners.

Economic impact/impact on supply

Focus group participants and survey respondents generally felt that there was an increasing supply of student graduates of programs such as the Autism and Behaviour Science and Behaviour Science Technician programs offered through a number of universities and colleges. Some concerns were expressed that graduation numbers were not directly translating into applicants with BACB certifications such as BCaBA and BCBA.

Others expressed cautions that mandatory certification requirements could impact persons with years of experience dating back prior to the development of BACB standards who provide excellent services. Some parents, providers, and employers also expressed cautions that there should be forms of grandfathering considered and also considerations about regional impacts beyond the Greater Toronto Area. Parents and employers cautioned that it is harder to find board certified service providers in the more northerly parts of the Province today, and that mandatory requirements may directly affect the availability of services to families.

Some professionals offered a differing point of view that it would be more prudent to focus on the quality of service providers than the quantity in light of the potential for harm to patient and to the perception of the profession.

Examples of paraphrased comments are included below:

<p>Autism Ontario Parents Focus Group</p>	<ul style="list-style-type: none"> • Be careful about restricting who does what - there is an infrastructure of people still working who may be more qualified and capable than some newly minted BCBA. • Making BCBA a requirement could limit employers from hiring a career BAs who are not certified; this could particularly be a problem in the regions • Impact on supply might be greater in non-ASD sectors; there are many professionals implementing programs without proper ABA grounding (e.g. health, dual diagnosis units with nurses implementing ABA. • Since first 60 students graduated from Brock in 2009, supply has improved; under-filling of positions has gone down • There are lots of grads who will soon saturate the market. Many grads are not getting certified; one possible reason for the
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	number of grads not getting certified is that in September 2011 the pass rate of the exam dipped and many slowed down their desire to write the exam programs)
ABA RAPON and Partners Employers	<ul style="list-style-type: none"> • Take time to do it right • BACB would be detrimental since BST trained individuals are very capable of doing ABA • Recognize potential impact on staff recruitment. Rural and northern locations of Ontario currently have a difficult time of recruiting and retaining clinicians today. • Demand will grow in other fields - acquired brain, geriatrics, children's mental health, behavioural health, as research is showing that ABA is effective in dealing with problems in those areas/populations
ABA RAPON and Partners Staff	<ul style="list-style-type: none"> • The current demand far exceeds the capacity of competent practitioners. Regulating the field must be sensitive to our capacity attract and train competent behaviour analysts.
DSS Behaviour Therapist Employers	<ul style="list-style-type: none"> • Would be an issue if all required BCBA qualification – these people are not out there. • BST and behavioural psychology (connected with Lakehead University) – lots of local grads. Thru community network, helped colleges get placements • Challenge to have BCBA and bilingual – we are lucky to have one. In my last program – expected BCBA but hired BA or BST due to lack of certified supply • Not enough BCBA's to meet demand – particularly in the northern region • New BAs are active in seeking BCBA – maybe a short term shortage, but 5yrs from now expect more. Many motivated to move up in school, but consequently have less experience

Maturity of the Profession/Ability to Protect the Public (Yellow)

Another important criterion when looking into certification and regulatory options is the readiness or maturity of a sector and its ability to focus first and foremost on the protection of the public over any self-interested economic or status objectives.

ONTABA is the main industry association representing the interests of Behaviour Analysts in the province of Ontario with approximately 375 members. This includes 244 members with some form of BACB certification: 185 BCBA; 46 BCaBA; and 13 BCBA-D. The association is also a member of the Association for Behavior Analysis International (ABAI) and one of the tenets of the ABAI is that the industry association in a given jurisdiction should be separate from any organization established to certify or regulate Behaviour Analysts.

While ONTABA and its members do not represent all practicing Behaviour Analysts in the province, there do not appear to be any alternate associations representing other Behaviour

Analysts so ONTABA can be seen as an important voice representing their member’s views. ONTABA appears to have a strong track record of working collaboratively with government and other stakeholders and presents clear, consistent positions in support of stronger, mandatory certification standards.

Qualitative feedback from surveys and focus groups of BA employers and staff show a consistent level of support for mandatory standards, and views that BA is a distinct discipline with a strong body of evidence-based practices. This signals a mature profession interested in clear, enforceable standards.

As well, much of the feedback received throughout the study showed that while other interests such as professional recognition and status were important, most respondents and interviewees felt that mandatory standards and enforcement capabilities should be independently carried out and that the purpose of any certification or regulation requirements was primarily to protect the public from potential harms arising from omitted or misapplied BA therapy.

There is also recognition that BAs should not have exclusive scopes of practice or rights to practice BA. People interviewed recognized that other regulated professionals such as psychologists, physicians, psychiatrists, among others, with appropriate Behaviour Analysis-related coursework and experience may not require a BACB certification to supervise and plan behavioural interventions. However, there was strong support to ensure that clinical supervision roles, approval of behavioural plans, and independent practice should only be allowed for persons certified to the BACB standard or equivalent qualifications from other regulated professional disciplines.

Support of the Profession (Yellow)

Overall, professionals involved in supervising and supporting BA in a variety of therapeutic contexts were supportive of certification qualifications and, in most cases, formal regulation that could include complaints-handling and discipline and enforcement roles. Some professionals cautioned, as cited above, that careful transition would be required to fairly recognize the experience of many practitioners today who provide outstanding services but may not be BACB certified. Others offered cautions about the need to ensure French language services and services in more remote parts of the province and fears that mandatory certification could impact the supply of existing services if careful transition planning was not considered.

Some comments from focus group respondents included:

ONTABA	<ul style="list-style-type: none">• Concern that some psychologists without specific BA training are providing supervision to unaccredited therapists and may not be using evidence-based BA methodologies.• Ultimate objective is to have BA recognized as a regulated profession; membership sees regulation as recognition of BA as a profession• Recognize that full regulation takes time; currently pursuing title
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	<p>protection as an interim step; would include a third practitioner category which is similar to BCAB technician category; draft bill includes a disciplinary system similar to the social workers' approach</p> <ul style="list-style-type: none"> • Title protection could create an opportunity to strengthen program funding criteria to recognize and require BACB certification as a criterion. • ONTABA is proposing that BACB membership requirements and their certification exam be used in Ontario. This would avoid duplication and the BACB certification is being recognized by many jurisdictions. Creating its own certification system would likely be too costly. • ONTABA does not see itself as a potential regulator – even under a private member's bill right to title regime. As members of ABAI, it is a core principle that trade associations advocate for their members and separate regulators oversee any form of regulation. Rather some variation on the ONTABA Professional Regulation Committee could likely take on a separate regulatory role
<p>ABA RAPON and Partners Employers</p>	<ul style="list-style-type: none"> • Establishment of a governing body ensures that practitioners stay within limits and behave ethically. There is an enforcement process and a complaints process. There is some degree of quality assurance, and continuing education is required. Without a governing body, there are no teeth to enforce ethics and good practice. • There should be a minimum level of education. BACB has three levels; three levels would work for Ontario • Instructor therapists (ITs) are looking to BACB for training • Regulation would not be a problem if it is not exclusionary. Someone has to be a supervisor who would be certified, but others could work under supervision without being certified.
<p>ABA RAPON and Partners Staff</p>	<ul style="list-style-type: none"> • BCBA and BCBA-D should be the ones supervising practices (as opposed to relying on Clinical Psychologists for things like DFO funding for the IBI program in Ontario). These guidelines are based on evidence and best clinical practice and should be how our field is regulated.
<p>BAs</p>	<ul style="list-style-type: none"> • The majority said that BACB certification was essential for supervisors to ensure that quality BA services were being provided down the line. • It was recognized that different levels of qualifications were needed for the provision of varying levels of service. Need to regulate who does what. • Certification or regulation would go a long way to ensuring that consistent high quality services are being provided to all clients. • There are psychologists, social workers, nurses, speech-language

	<p>pathologists, applied behaviour analysts, occupational therapists and many other unregulated persons with varying education and work experience providing services to BA clients</p> <ul style="list-style-type: none"> • Supervisors should be BACB certified • Clinical workers should be BACBA certified • Therapists should be certified as Behaviour Technicians • Other health professions including psychologists and SLPs should have specialized training to practice BA.
Education Employers	<ul style="list-style-type: none"> • One view expressed was that it may be appropriate to have ABA Expertise Professionals Board certified, or possibly supervisors, if supervision is properly defined; however note that other regulated professionals also provide ABA services

Inter-professional Support (Yellow)

In conversations with professionals who work in multi-disciplinary teams with BAs, and with others such as clinical psychologists who supervise behaviour therapies there appeared to be more cautious support for mandatory BA certification. Support was stronger if assurances were possible that other regulated professionals such as psychologists and speech language therapists with training and specialization in behavioural analysis would not be required to be separately licensed or certified.

The jurisdictional review of this report showed that most jurisdictions that have created licensing bodies for BA have specifically exempted some licensed professions from additional licensing requirements, and several participants expressed similar views on any approaches that Ontario should take.

Discussions with other regulators in Ontario did not reveal strong views or support for mandatory certification or licensing of BAs. There were some expected cautions about the need to be careful not to create exclusive scopes of practice that overlapped with any existing scopes of practice.

Should any decisions be made to mandate certification or regulation of BA practitioner, more in-depth consultation with regulatory colleges will be necessary to ensure that practice standards and scopes that are established are not motivated by economic interests, but by the need to ensure that all professionals engaged in activities that carry client risks are captured - without denying the ability of other regulated professionals to practice in area where they are clearly and appropriately qualified.

Client/Consumer Support (Yellow)

For this study, Autism Ontario was the major stakeholder engaged to assist in identifying client or parent support for mandatory certification or regulatory options. Autism Ontario helped to identify a number of parents and individuals to participate in a focus group session to discuss their support for certification or regulation among other related topics.

Because it was a selected sample of parents, it cannot be said that the views of any majority of clients or families are known. But since Autism Ontario’s mission is to “ensure that each individual with ASD is provided the means to achieve quality of life as a respected member of society” and parents who participated often had no direct stake in any regulatory alternative, comments from parents should be carefully considered. Among other comments, some already cited earlier, parents showed support through paraphrased comments listed below:

Autism Ontario Parents Focus Group	<ul style="list-style-type: none"> • Participants expressed that a transparent standard is important and harms to clients are possible without proper training. • Parents felt that it is difficult to assess the qualifications of professionals and may have difficulty receiving the appropriate supports as a result. • Parents also cited that mandatory codes of conduct, practice guidelines, and complaints processes that come with regulation can help to deal with unqualified professionals
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Support of Government/Cost to Government (Yellow)

Through the course of this study, the team met with representatives from the Ministry of Children and Youth Services, the Ministry of Education, the Ministry of Health, the Ministry of Training Colleges and Universities, and the Ministry of Community and Social Services – all of whom have an important role to play in supporting programs and services for persons that may benefit from BA services.

Overall, there was broad recognition that status quo was not ideal and that clear benefits could arise from putting in place stronger, consistent standards that can protect the public interest. Support for models ranging from policy changes through to full regulation was not sought, but some of the criteria and early analysis for this report was largely validated.

Historically, many professions that have sought formal government regulation in Ontario have been advised that, in addition to the need for a clear business case that addresses how regulation will mitigate harms to the public, there is a need to ensure that costs for regulatory solutions are borne by the sectors seeking or requiring regulation. In Chapter X, the study team provides some approximate costs that are associated with each of the four alternative options to today’s status quo.

Conclusion Re: Certification/Regulation—Yes/No

ABA meets or partially meets all criteria for regulation; none of the criteria are “red” indicating that regulation is not appropriate

Recommendation 1
There should be some form of certification/regulation of Applied Behaviour Analysts in Ontario

Evaluation of Certification/Regulation Options

Summary of Option Evaluation

Each of the options identified for the potential certification or regulation of BAs was assessed against several impact and implementation criteria identified and validated with key stakeholders.

Criteria	Option 1: Do Nothing	Option 2: Policy	Option 3: Title Protection	Option 4: Title Protection +Scope of Practice	Option 5: Title Protection + Exclusive Scope of Practice
Impact					
Reduced Risk of Harm	Low	Moderate	Moderate	High	High
Improved Consumer Knowledge/Choice	Low	Moderate	Moderate	High	High
Improved Quality of Service	Low	Moderate	Moderate	High	High
Universality	Low	Moderate	Moderate	High	High
Enforceability	N/A	Moderate	Moderate	High	High
Implementation					
Impact on Government	Limited	Moderate	Moderate	Significant	Significant
Existing programs	Limited	Moderate	Moderate	Moderate	Significant
Reduced Supply	Limited	Moderate	Moderate	Moderate	Significant
Reduced Inter-professional collaboration	Limited	Limited	Limited	Moderate	Significant
Time to implement	N/A	Moderate	Moderate	Significant	High
Cost	N/A	Moderate	Moderate	Significant	High

Impact Criteria

The tables below summarize the assessment of the impacts of each criterion against each option. Impacts are colour coded red for no impact, yellow for moderate impact, and green for high impact.

Reduced risk of harm

Does the option effectively address risks of harms facing Ontarians today?

Option	Assessment	Summary Rationale
Option 1: Status Quo	Low	Absent any mandatory certification requirements and limited policy requirements for certification, the status quo will have a low impact on risks of harm existing today
Option 2: Certification by Policy	Moderate	<p>Government Ministries, employers, and funding agencies can require certification such as BACB certifications or an agreed provincial standard as a condition for funding programs or as employment conditions. This can have a moderate impact in raising the qualifications of BAs, possibly reducing the risk of harms arising from omission or misapplication of BA services.</p> <p>This option is likely only enforceable by government funders if funding is directly tied to professional qualification requirements.</p> <p>As well, this option does not prevent any person from calling themselves a Behaviour Analyst or create clarity for clients and their families – especially those who may privately pay for services.</p>
Option 3: Title Protection	Moderate	<p>Title protection legislation could be established that could help create clarity and transparency about qualifications – either tied to BACB certifications or an Ontario-specific standard.</p> <p>Employers and families would be better able to assess qualifications of professionals which could impact some risks of harm.</p> <p>Under this option, enforcement options are limited and would not prevent others from providing BA services as long as they don't use the protected title. This option does not fully address potential risks identified by parents and</p>

Option	Assessment	Summary Rationale
		practitioners regarding unqualified practitioners offering BA services.
Option 4: Title Protection + Scope of Practice	High	<p>In addition to title protection, legislation would also describe a scope of practice that lists services persons with a given title are qualified to provide.</p> <p>Certified practitioners with a clear and transparent scope of practice can contribute further towards reducing risks of harms. Typically, regulatory colleges formed using this option have more robust legislated powers to manage complaints and discipline processes that can further reduce harms by identifying and correcting unqualified behaviour.</p> <p>This option still allows some persons who do not use the protected title to continue providing services without appropriate qualifications but they cannot hold themselves out as providing BA services.</p> <p>This option would have a comprehensive regulatory framework to support the legislation.</p>
Option 5: Title Protection + Exclusive Scope of Practice/Controlled Act	High	<p>By adding an exclusive scope of practice or designating BA as a controlled act, this most restrictive licensing approach can further address risks of harm through greater authority to control who is permitted to practice specified controlled acts in Ontario.</p> <p>This option would have the most comprehensive regulatory framework and the regulator would have authority to enforce against unlicensed practitioners performing controlled acts. The regulator would also have tools to prevent harms through education and licensing, and mitigate harms through compliance and enforcement activities.</p>

Improved consumer knowledge/choice

Does the option improve clients and families to make informed care choices?

Option	Assessment	Summary Rationale
Option 1: Status Quo	Low	Parents, employers, practitioners say that families are confused and poorly informed about the qualifications of the professionals and how to assess qualifications
Option 2: Certification by Policy	Moderate	<p>Government Ministries, employers, and funding agencies can provide greater assurance to families using government funded services that qualified professionals are responsible for BA services.</p> <p>Families seeking private services may not be better able to make informed choices. Employers may still face challenges assessing the qualifications of potential hires.</p>
Option 3: Title Protection	Moderate	<p>Title protection legislation could help to establish a “brand” that could be marketed to educate the public to look for persons with a given title when making care decisions.</p> <p>The current proliferation of titles and confusion among some employer and families about qualifications would likely still remain a challenge.</p>
Option 4: Title Protection + Scope of Practice	High	Similar to Option 3, but additional awareness of a practitioner’s registration and scope of practice can help employers and families to make informed decisions and limit the ability of unqualified persons to represent their ability to perform BA services.
Option 5: Title Protection + Exclusive Scope of Practice/Controlled Act	High	A restrictive licensing approach can further ensure that only approved persons can perform acts associated with Behaviour Analysis – thus providing greater assurance that only qualified persons can hold themselves out to perform BA services.

Improved quality of service

Is the option likely to improve the overall quality of service?

Option	Assessment	Summary Rationale
Option 1: Status Quo	Low	Over time, voluntary pressure to improve qualifications could have a minor, but low impact on overall quality of services.
Option 2: Certification by Policy	Moderate	Government Ministries, employers, and funding agencies can impact quality of services through clear policy requirements that are linked to funding eligibility. Those programs not funded by government may not benefit from quality improvements.
Option 3: Title Protection	Moderate	By raising awareness of the profession, the protected title and the associated qualifications, some improvement could be expected in the overall quality of practitioners if employers and families see value and trust in the protected title and what it represents.
Option 4: Title Protection + Scope of Practice	High	Similar to Option 3, with additional benefits of consistency in scopes of practice among qualified practitioners and greater regulatory authority to enforce compliance with professional standards, require continuing education, and promote best practices.
Option 5: Title Protection + Exclusive Scope of Practice/Controlled Act	High	A restrictive licensing approach has the benefits of Option 4, and can further ensure quality by restricting who can practice controlled acts in the province, including the ability to take enforcement action against unregistered or unlicensed practitioners found to be performing restricted or controlled acts.

Universality

How universally applicable is each option to all those practicing BA in Ontario?

Option	Assessment	Summary Rationale
Option 1: Status Quo	Low	Status quo provides no universal standard for BA services except for growing awareness and acceptance of BACB certification – something 375 Ontario practitioners have gained.
Option 2: Certification by Policy	Moderate	Government Ministries and funding agencies can only impact those programs they directly fund. The impact would be greatest if all ministries which fund programs providing BA services required certification
Option 3: Title Protection	Moderate	Title protection will only apply to those practitioners who see value in the benefits of

Option	Assessment	Summary Rationale
	High	title protection. It does not prevent others from offering BA services under a different title.
Option 4: Title Protection + Scope of Practice	High	With greater regulatory authority and enforcement tools, qualification requirements can be more universally applicable to all professionals holding themselves out as BAs within an approved and well-publicized scope of practice.
Option 5: Title Protection + Exclusive Scope of Practice/Controlled Act	High	Under an exclusive scope of practice, the regulator has the most authority, enforcement tools, and ability to ensure qualification requirements for anyone in Ontario wishing to perform controlled acts.

Enforceability

This criterion looks at the degree to which options will be enforceable.

Option	Assessment	Summary Rationale
Option 1: Status Quo	N/A	There is no enforcement of standards in place today
Option 2: Certification by Policy	Moderate	This option is only enforceable by funders who typically will not have dedicated compliance and enforcement personnel. No enforcement would exist for any private BA service providers not receiving government funding.
Option 3: Title Protection	Moderate	This option can have limited enforcement against unqualified persons who use the restricted title. Title protection regimes generally have very limited enforcement capabilities and will not apply to practitioners who choose to use an unprotected title to describe their services.
Option 4: Title Protection + Scope of Practice	High	A more robust regulatory body with complaint-handling, compliance and discipline processes will have greater ability to enforce qualification and professionalism requirements against registered or licensed professionals. Unlicensed practitioners may still be beyond the enforcement scope of the regulator if they do not use a restricted title or claim BA as their scope of practice. However; combined with government funding policies requiring

Option	Assessment	Summary Rationale
		practitioners to be certified and approved by the regulator, this option can have strong abilities to effectively enforce compliance with qualification and practice standards.
Option 5: Title Protection + Exclusive Scope of Practice/Controlled Act	High	Similar to Option 4 with the additional ability to require uncertified or licensed practitioners performing controlled acts to come into compliance or face legal consequences.

Implementation Criteria

The tables below summarize the assessment of the implementation impacts of each criterion against each option. Impacts are colour coded red for significant, yellow for moderate, and green for limited.

Impact on government

How much will each option cost government in terms of start-up and ongoing funding and how much government oversight will be required, and at what cost?

Option	Assessment	Summary Rationale
Option 1: Status Quo	Limited	No funding required for maintaining the status quo
Option 2: Certification by Policy	Moderate	Small costs to develop policies and moderate ongoing oversight costs to effectively monitor/audit compliance with expected standards.
Option 3: Title Protection	Moderate	Moderate costs to establish legislation, and possibly to designate and create a body to oversee registration requirements and handle complaints and discipline against registered professionals.
Option 4: Title Protection + Scope of Practice	Significant	The option would add additional costs to establish a robust regulatory body which will define a scope of practice, create a body to oversee registration requirements, more robust complaint-handling, monitoring and compliance functions, and enforcement and discipline capabilities. Once established, the regulated professionals would bear the costs for a regulatory body through registration and other fees. Since there are currently only 375 BACB certified professionals in Ontario, the costs for this option may be difficult to offset with registration fees alone and some ongoing funding might be required for financial

Option	Assessment	Summary Rationale
		sustainability. Resources for Government oversight of the regulatory body would also be required.
Option 5: Title Protection + Exclusive Scope of Practice/Controlled Act	Significant	<p>Similar to Option 4 with the highest requirement to have robust processes and capacity to carry out registration, complaint-handling, compliance monitoring, discipline and enforcement processes.</p> <p>Additionally, the process for developing legislation and regulations will require the most time and consultation since creating controlled acts will require close collaboration with other Ministries and regulators to ensure scopes of practice and acts restrict only persons not qualified to perform specific BA acts.</p> <p>Because option 5 can make it unlawful to practice certain acts, government oversight responsibilities are also higher so as to ensure that public interest considerations govern the approach of the regulatory body.</p> <p>These costs can be offset in part through registration and other fees, but this option is the most costly to create and may require additional government funding to be sustainable.</p>

Impact on existing programs

How options could be expected to impact the delivery of existing programs and services?

Option	Assessment	Summary Rationale
Option 1: Status Quo	Limited	No change
Option 2: Certification by Policy	Moderate	<p>By creating policy requirements for minimum qualification or certification standards for BA professionals in government-funded programs, policy approaches can potentially impact staffing and qualification requirements for government-funded service providers. This approach is less likely to impact un-funded private employers and practitioners.</p> <p>Government will need to be conscious of stakeholder views that transition to higher</p>

Option	Assessment	Summary Rationale
		standards may take time, may need to consider grandfathering processes for experienced practitioners, and should take into account regional and French language needs.
Option 3: Title Protection	Moderate	<p>Title protection requirements coupled with supporting policies by government funders can potentially impact staffing and qualification requirements for government-funded service providers.</p> <p>This approach is less likely to impact un-funded private employers and practitioners, but consumer awareness of the protected title can further drive demand for certified Ontario practitioners.</p> <p>Government will need to be conscious of stakeholder views that transition to higher standards may take time, may need to consider grandfathering processes for experienced practitioners, and should take into account regional and French language needs.</p>
Option 4: Title Protection + Scope of Practice	Moderate	<p>Title protection and a defined scope of practice better defines the BA profession and creates greater awareness of the needed qualifications and scope of BA services. Backed by government funder policies requiring certified and Ontario-registered practitioners in key BA supervisory and implementation and support roles this option will have a moderately higher impact on current programs and services. In particular, un-funded BA employers and practitioners will face stronger pressure to become certified if they aim to claim BA services as part of their scope of practice.</p> <p>Government will need to be conscious of stakeholder views that transition to higher standards may take time, may need to consider grandfathering processes for experienced practitioners, and should take into account regional and French language needs.</p>
Option 5: Title Protection + Exclusive Scope of Practice/Controlled Act	Significant	By making certain activities restricted to certified and licensed practitioners, a number of experienced and less-experienced practitioners

Option	Assessment	Summary Rationale
		<p>currently working service delivery agencies and in private practice would not be able to perform certain BA services without being certified and approved by an Ontario regulator.</p> <p>This option would have the greatest impact on the way services are provided today. Government will need to be conscious of stakeholder views that transition to higher standards may take time, may need to consider grandfathering processes for experienced practitioners, and should take into account regional and French language needs.</p>

Reduced supply

What impact would each option potentially have on the supply of services across the Province?

Option	Assessment	Summary Rationale
Option 1: Status Quo	Limited	No change
Option 2: Certification by Policy	Moderate	<p>By creating policy requirements for minimum qualification or certification standards for BA professionals in government-funded programs, policy approaches can potentially impact staffing and qualification requirements for government-funded service providers.</p> <p>BACB qualification requirements in policy can impact the supply of qualified persons for certain roles. Policies may be crafted to only require certification for specific roles such as supervisory roles and approval of behavioural plans, thereby reducing the potential impact on supply. Policies may also include grandfathering or transition provisions, or Ontario-specific qualification and experience requirements for some practitioners to lessen the impact of any mandatory certification requirements.</p> <p>Stakeholders in more remote parts of the province cautioned that it can be difficult to find fully qualified practitioners in some regions, and similarly, the availability of qualified French language BAs may also pose challenges should specific certifications for BA providers become</p>

Option	Assessment	Summary Rationale
Option 3: Title Protection	Moderate	<p>mandatory.</p> <p>Title protection backed by policy requirements for minimum qualification or certification standards for BA professionals in government-funded can have an impact on the supply of qualified practitioners – especially within government or government-funded service providers.</p> <p>BACB or Ontario-specific qualification requirements in may impact the supply of qualified persons for certain roles. Funders may choose to only require certification for specific roles such as supervisory roles and approval of behavioural plans, thereby reducing the potential impact on supply.</p> <p>Certification and registration requirements may also include grandfathering or transition provisions, or Ontario-specific qualification and experience requirements for only some practitioners (e.g. supervisors) to lessen the impact of any mandatory certification requirements.</p> <p>Stakeholders in more remote parts of the province cautioned that it can be difficult to find fully qualified practitioners in some regions, and similarly, the availability of qualified French language BAs may also pose challenges should specific certifications for BA providers become mandatory.</p>
Option 4: Title Protection + Scope of Practice	Moderate	<p>Similar to Option 3, title protection coupled with a defined scope of practice will also potentially create greater demand from consumers and thus employers to ensure BAs are fully certified and registered with a regulatory body.</p> <p>This may create short-term limits in the supply of qualified practitioners that may require transitional strategies to lessen the impact on supply.</p> <p>This option is also more likely to affect non-funded BA service providers since it will become</p>

Option	Assessment	Summary Rationale
		<p>more difficult to claim that their practitioners can carry out activities within a legislation-backed and defined scope of practice.</p> <p>Certification and registration requirements may also include grandfathering or transition provisions, or Ontario-specific qualification and experience requirements for only some practitioners (e.g. supervisors) to lessen the impact of any mandatory certification requirements.</p> <p>Stakeholders in more remote parts of the province cautioned that it can be difficult to find fully qualified practitioners in some regions, and similarly, the availability of qualified French language BAs may also pose challenges should specific certifications for BA providers become mandatory.</p>
Option 5: Title Protection + Exclusive Scope of Practice/Controlled Act	Significant	<p>By restricting the practice of BA acts to certified and registered professionals and other qualified and exempted regulated professionals there would likely be a significant impact on existing programs and services in the province today.</p> <p>Practitioners who choose to not seek mandatory certification and register with a regulatory college would not be permitted to undertake any of the controlled acts set out in legislation and would have an impact on a number of employers, private practitioners, and government programs.</p> <p>Stakeholders in more remote parts of the province cautioned that it can be difficult to find fully qualified practitioners in some regions, and similarly, the availability of qualified French language BAs may also pose challenges should specific certifications for BA providers become mandatory.</p>

Reduced inter-professional collaboration

How would each option impact ongoing inter-professional collaboration?

Option	Assessment	Summary Rationale
Option 1: Status Quo	Limited	No change
Option 2: Certification by Policy	Limited	Behaviour analysts already work closely alongside other professionals in multi-disciplinary teams. Policy requirements for minimum certification or qualifications for BA supervisors and others would likely recognize other qualified regulated professionals, thus have minimal impact on the way interdisciplinary teams are staffed.
Option 3: Title Protection	Limited	Similar to option 2, with increased awareness of Ontario-recognized certification requirements and titles possibly driving client demand for certified professionals in key care roles.
Option 4: Title Protection + Scope of Practice	Moderate	By defining a legislatively-backed scope of practice, some regulated professionals may find that some activities they perform fall within the BA scope of practice. However, as the scope of practice in this option is not exclusive, others who are qualified will be able to continue practicing.
Option 5: Title Protection + Exclusive Scope of Practice/Controlled Act	Significant	By defining a set of controlled BA acts, other professionals that are not specifically exempted (because they are otherwise qualified through their own college as Behaviour Analysis specialists) would not be allowed to offer certain restricted services.

Conclusion Re: Certification/Regulation Options

The options which have the higher impact are also the most difficult to implement. Input from the stakeholder consultation favoured moving to the higher impact options as long as an appropriate transitions plan is implemented and consideration is given to ensuring that services remain available in more remote locations and in the French language.

Recommendation 2
The desired end state should be Option 4: Title Protection + Scope of Practice

Recommendation 3

There should be a carefully designed transition process to achieve the end state including:

- Use policy tools of government, beginning immediately for a period of 1 -3 years
- Continue to work on title protection/scope of practice legislation for implementation over the next 3 – 5 year period
- Develop a transition plan which takes into account grandfathering of existing practitioners and capacity to continue to provide service in regions and French language and in all the sectors where ABA is used.

Chapter 7: Certification/Regulatory Approach

Certification/Regulatory Approach Overview

Regardless of which option is chosen, there are several issues which must be addressed related to the regulatory approach to be taken. These include:

- Entry to practice
- Who to regulate
- Certification/regulatory functions to be undertaken

An overview of these regulatory approach issues is provided below:

Entry to Practice	Who to Certify/Regulate	Oversight/Regulatory Functions
<p>Options</p> <ul style="list-style-type: none"> • BCBA Certification • Legislated education requirements • Legislated experience • Internship • Ontario Exam <p>Classes of Membership</p> <ul style="list-style-type: none"> • PHD (e.g. BCBA-D) • Masters or PHD (e.g. BCBA) • College (e.g. BCaBA) • Technician (e.g. new BCBA level) 	<ul style="list-style-type: none"> • Supervisors only • Front line staff as well • Service providers for all clients (e.g. children/adults) • Service providers in all sectors (e.g. children/adults) 	<ul style="list-style-type: none"> • Governance • Administration • Registration • Practice standards • Code of ethics • Complaints • Discipline • Enforcement • Continuing Competency • Practice Advice • Public Awareness

Entry to Practice

Entry to practice criteria define the requirements to practice the profession, either through certification or regulation. For certification, it would refer to the requirements to obtain the designation and for regulation it defines the requirements to register in a college which could include certification.

There are a number of options for entry to practice, including a recognized certification (in this case a BACB designation) or a set of legislated requirements, which could be supported by an examination.

The essential question for the purpose of this study is whether entry to practice should be based on BACB certification or whether there Ontario should develop a “made in Ontario” approach to entry to practice.

The input received by SEG strongly favoured using a BACB designation as the fundamental entry to practice requirement. The reasons given include:

- BACB designations are increasingly becoming an international standard
- The BACB designations are developed using accepted standards for national certification programs in the US. The BCBA and BCaBA certification programs are currently accredited by the National Commission for Certifying Agencies (NCCA), the accreditation arm of the Institute for Credentialing Excellence. NCCA reviews and oversees all aspects related to ensuring the development and application of appropriate credentialing processes.
- Using a BACB designation could facilitate labour mobility within Canada if other provinces decide to use BACB designations as their entry to practice or deem these certifications to meet provincially developed entry to practice guidelines
- The cost of developing a comparable certification program in Ontario and the ongoing costs of administering an examination would be significant.
- BACB credentials are widely recognized. They are endorsed by:
 - Association of Professional Behavior Analysts (APBA)
 - Association for Behavior Analysis International (ABAI)
 - Division 25 of the American Psychological Association
 - European Association of Behaviour Analysis
- BACB credentials are also recognized in:
 - Laws and regulations
 - Private and public health insurance plans
 - Specifically, in many venues are qualified professionals who can practice independently without supervision from another profession

There are some drawbacks in using BACB designations as the basis for entry to practice in Ontario, most significantly that Ontario would have little control over changes to the BACB requirements over time.

In addition, attaining a BACB designation can take a significant amount of time, and may not recognize experience of Ontario practitioners. One possible solution to this problem could be to approach BACB to develop a time limited pathway to certification for Ontario, similar to that which was in place until 2011. An alternative which could be used in the regulatory options would be an Ontario “grandfathering” provision for entry into Ontario regulatory college. These options to should be considered as part of the implementation process if a certification/regulatory approach for Ontario proceeds.

Recommendation 4

Regulation should be based on BACB designations/certification

- Entry to practice should be based on BACB designations with some additional requirements related to Ontario jurisprudence; discussions with BACB would be required to establish a working relationship with respect to handling of complaints/de-certification; changes to certification requirements, etc.

Who to Certify/Regulate

In the course of the focus groups and interviews conducted by SEG, the issue of who should be regulated was discussed. There was a strong indication that the priority for regulation should be for supervisors, with others being regulated over time. The reason for this approach was that the impact of supervisors is significant. It is their responsibility to develop and/or approve treatment plans, and to provide guidance when there are complex cases or when those with lesser qualifications are encountering new situations with which they are not familiar. Therefore, supervisors have a significant impact on how BA is implemented, particularly for complex and difficult cases. The entry to practice for supervisors could be BCBA or BCBA-D designations to reflect the higher level education and experience required at the supervisory level.

Most focus group participants also suggested that the other providers of BA services should also be regulated, but that this could take place over a longer time period. This would involve certification/regulation of all BAs, and could use the BCaBA and the new technician designation which is currently under development.

Another issue discussed by the focus groups is whether providers in all sectors should be required to be certified or regulated. The feedback on this issue was that any decision made with respect to certification/regulation should apply across sectors. This input makes sense because the use of BA is expanding beyond its traditional use in ASD and developmental services. The main reason for requiring certification or regulation, risk of harm, pertains in these other sectors as well. In addition, common requirements will enable practitioners to work in multiple sectors and have mobility across employers.

Recommendation 5

Regulatory requirements should be applied universally in the end state

- Certification/requirements should apply first to supervisors who oversee development of a plan; regulate front line service providers who implement the plan over time (i.e. other BACB designations such as BCaBAs and new technician designation)
- At the end state, the regulatory approach should apply to the provision of all ABA services—both children and adults and in all settings

Regulatory Functions

A full suite of regulatory functions includes the following elements:

- Governance
- Administration
- Registration
- Practice standards
- Code of ethics
- Complaints
- Discipline
- Enforcement
- Continuing Competency
- Practice Advice
- Public Awareness

The extent to which these functions would be covered by the proposed options is shown in the following table:

	Option 2 Certification by Policy (would be provided by BACB)	Option 3 Title Protection	Option 4 Title Protection plus Scope of Practice	Option 5 Title Protection plus Exclusive Scope of Practice/ Controlled Act
Governance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Administration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Registration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Practice standards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Code of ethics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Complaints	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Discipline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Enforcement		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Continuing Competency	<input checked="" type="checkbox"/>	Most do	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Practice Advice		Optional	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Public Awareness		Optional	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Option 2: Certification by Policy

In the certification option, assuming that BACB designations are used for certification purposes, then BACB would provide the functions noted for Option 2. During the course of the focus groups, some concern was expressed that BACB alone would not provide adequate handling of complaints and discipline.

Option 3: Title Protection

This option would require the establishment of a regulatory body. Its major function would be to enforce the title protection to prevent misuse of the title. In addition it would regulate its members with entry to practice standards, standards of practice, professional development requirements and a complaints and discipline process.

The regulatory body for Option 3 could be ONTABA, a newly established College of Applied Behaviour Analysts or an arrangement with an existing College (e.g. Social Workers, Psychologists). Negotiating an arrangement with another College would take considerable time.

Option 4 and Option 5—Title Protection + Scope of Practice and Title Protection + Exclusive Scope of Practice

Both options 4 and 5 would include a regulatory body with full regulatory functions. These could be provided by a regulatory sub-committee of ONTABA constituted as separate entity, a newly established College of Applied Behaviour Analysts or an arrangement with an existing College (e.g. Social Workers, Psychologists).

Recommendation 6

A full function regulatory approach should be in place in the end state

- At the end state, a regulatory College with full functions would be necessary
- An arrangement with an existing College could be considered to address financial sustainability issues

Chapter 8: Summary of Recommendations and Rationale

1. There should be some form of regulation of BAs in Ontario

Summary of Rationale:

The primary criterion of risk of harm can be demonstrated with respect to Applied Behaviour Analysts. It is possible to identify educational requirements and scope of practice. Other secondary criteria for certification/regulation are at least partially met.

2. The desired end state should be Option 4: title protection + scope of practice

Summary of Rationale:

Option 4: title protection and scope of practice has the potential for a high degree of impact related to reduction of risk of harm, improved consumer knowledge/choice, quality of service, universality and enforceability. This approach is consistent with that used for most regulated health professionals in Ontario. It avoids the problems related to inter-professional issues that would be created by an exclusive scope of practice in Option 5.

However, option 4 takes time to implement, and the set-up and ongoing operations of a regulatory approach are expensive. These issues would have to be mitigated through a careful transition over time. Costs to implement and operate could be reduced by regulating jointly with another profession, but it would take time to negotiate an agreement with another college, so time to implement could be similar to establishing a new college.

3. There should be a carefully designed transition process to achieve the end state including:

- Use of policy tools by government, beginning immediately for a period of 1 -3 years
- Continue to work on title protection/scope of practice legislation for implementation over the next 3 – 5 year period
- Develop a transition plan which takes into account grandfathering of existing practitioners and capacity to continue to provide service in rural and remote regions of the province, in the French language and in all sectors where BA is used.

Summary of Rationale:

This recommendation addresses the concerns raised during the consultation that the transition be carefully planned and implemented over time to ensure that there is no negative impact on existing programs, supply of BAs and most of all provision of service to those in need. Consideration of grandfathering of existing practitioners with significant experience and attention to availability of qualified practitioners in all regions of the

province is important. Availability of qualified practitioners who can provide service in French is also an important consideration.

4. Regulation should be based on BACB designations/certification

- Entry to practice should be based on BACB designations with some additional requirements related to Ontario jurisprudence; discussions with BACB would be required to establish a working relationship with respect to handling of complaints/de-certification; changes to certification requirements, etc.

Summary of Rationale

This recommendation addresses the issue of whether entry to practice should be based on BACB designations or a “made in Ontario” certification. The recommendation reflects the growing acknowledgement of BACB designations as a recognized international standard. The recommendation also notes that the cost of designing and administering an Ontario approach would be significant.

5. Regulatory requirements should be applied universally in the end state

- Certification/requirements should apply first to supervisors who oversee development of a behavioural plan; then regulate front line service providers who implement the plan over time (i.e. can also use other BACB designations such as BCaBAs and new technician designation)
- At the end state, the regulatory approach should apply to the provision of all BA services—both children and adults and in all settings

Summary of Rationale

This recommendation reflects the input from the consultations that the highest priority for certification/regulation is supervisors because of the critical oversight role they play. Consultations also suggested that over time, all practitioners should be certified/ regulated. Input also suggested that regulation should apply across all sectors. This would have to be the case in the recommended regulatory approach. It should be noted, however, that professionals such as teachers could use BA approaches without being certified or regulated but could not use the title or suggest they are practising BA. The experts who are teaching these techniques and overseeing their use should fall within the regulatory framework.

6. A full function regulatory approach should be in place in the end state

- At the end state, a regulatory College with full functions would be necessary; an arrangement with an existing College could be considered to address financial sustainability issues

Summary of Rationale

This recommendation responds to consultation input that a regulatory approach which encompasses the full range of regulatory activities should be implemented. This full

approach would cover standards of practice, ongoing professional development, complaints and discipline, all of which are seen to contribute to improving quality and consistency of service and reducing risk of harm.

Chapter 9: Implementation Considerations

Transition Issues

During the course of the focus groups and survey, a number of issues were raised relating to the transition from the current unregulated situation to a new regime that required certification and/or regulation. These issues include:

- Ensure that adequate time is allowed for transition—a policy option or title protection could be interim steps
- Consider how people who are currently practicing with many years of experience could be certified; consider shared supervisory capacity during transition
- Ensure that the process does not impact negatively on supply, particularly in the north, or staff able to provide service in French; if using BACB for certification, investigate the possibility of writing the exam in French
- Examine cost and labour relations implications
- Ensure that there are adequate educational and experience opportunities to achieve certification

These issues suggest that a careful transition must be designed in order to minimize any negative impact on program delivery while moving toward the new regime. Policy on the following issues will be required:

- What programs the certification requirement would apply to
- Who needs to be certified (e.g. level of practitioner)
- Grandfathering or other provisions to recognize experience or other qualifications
- Other professional certifications which would allow qualified individuals to practice BA (e.g. qualified psychologists)
- Time frame to allow those affected to become certified
- Financial assistance to support individuals pursuing certification

Part of the transition process would also include discussions with BACB on issues related to using the BACB credentials as the entry to practice criteria. These issues would include:

- Opportunities for input into proposed changes to BACB requirements for certification
- Possible approaches to enabling alternate pathways to certification for existing practitioners
- Roles and responsibilities with respect to complaints and discipline; how BACB would take into account any actions taken in Ontario with respect to de-registration of members of an Ontario college.

Based on the input received by SEG during the consultation, the desirable approach would encompass BAs in all programs and all sectors. Therefore, the goal should be to establish an

inter-ministry process whereby all ministries which fund programs that use BA move forward together to address the approach to transition. If an inter-ministry approach is not possible, MCYS could move forward independently to implement a policy approach to certification for the programs which it funds.

The policy work done to address the transition issues will also inform the development of legislation. The legislative options will require inter-ministry co-operation.

Costing Analysis

Costs to Establish a Regulatory College

As noted previously, the financial sustainability of a regulatory college for small professions is difficult to achieve and can result in significant costs to the members. A full costing analysis will need to be completed as part of the process to establish a regulatory body. There are two types of costs associated with setting up a regulatory college:

- One-time set-up costs
- Ongoing operational costs

One-time set-up costs

After legislation is passed, there is a period of time that a transitional college is in place, but the college is not yet in operation and does not yet have the ability to collect fees. During this period, costs are typically covered by government. For regulated health professions that are in the transition period, costs are covered by MOHLTC through transfer payment funds. It is expected that the need for transfer payments will be time limited until the college is proclaimed and is fully functional. Once the college is operating, government funds are no longer provided.

A recent example of the establishment of a registered health profession college is the College of Kinesiologists of Ontario. The *Kinesiology Act, 2007* was proclaimed into law and the College of Kinesiologists of Ontario fully established in April 2013. The transitional college was appointed in 2009. According to the Annual Report of this College (2011-12), expenses were \$498,332 in 2010/11 and \$893,295 in 2011/12. This example provides an indication of the government funding that would be required to establish a college for a period of 3 – 4 years.

In addition to the cost to implement a new college, government cost would include financial support to practitioners to become certified.

Ongoing Costs

Based on the findings of the jurisdictional review, the approximate costs of running a full function regulatory body for a college with 500 – 1000 are approximately \$1.8 M per year (using the College of Midwives as a comparable college). Extraordinary costs may also be incurred periodically related to complaints and discipline.

The total number of potential members for a college related to BAs is not currently known, but SEG's research (see labour market analysis) indicates that the likely membership is between 500 and 1,000. Based on this estimate, the fee for membership in the College would be approximately \$1,800 to \$3,600 per year.

Approach to Reducing Regulatory Costs

In order to reduce regulatory costs, it is recommended that consideration be given to aligning a college for BAs with another regulatory college such as the College of Psychologists or the College of Social Workers and Social Service Workers. The approach of combining more than one profession in one college has been used previously in Ontario, for example in the College of Audiologists and Speech Language Pathologists.

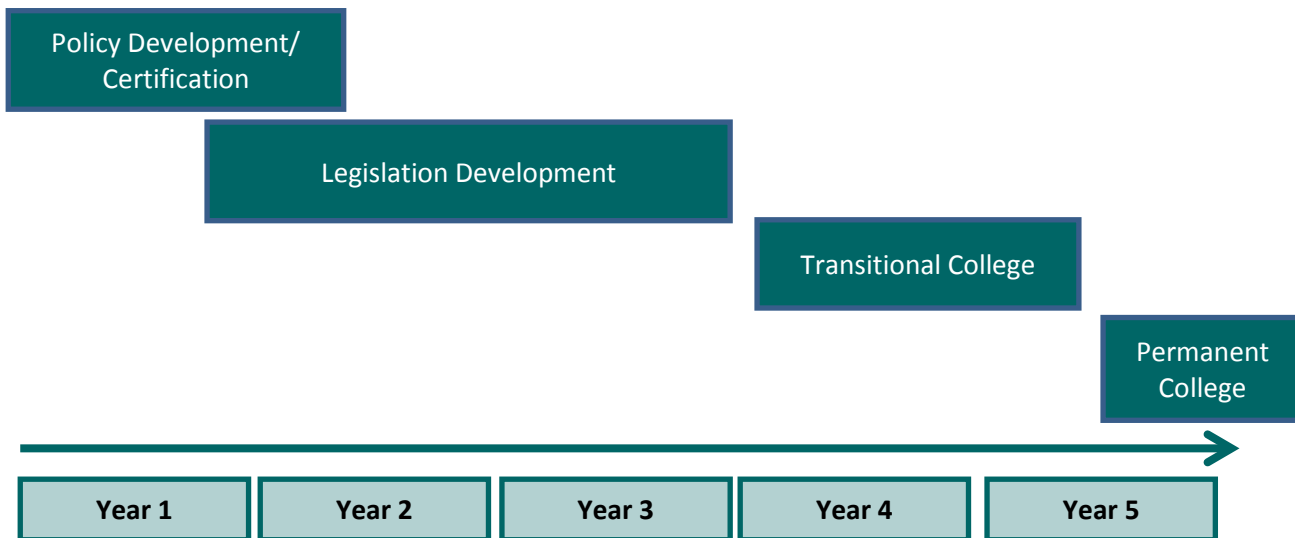
This approach reduced costs by sharing overhead and management costs while maintaining separate identities around entry to practice and ongoing educational requirements. In a combined college, for example, there would be one registrar for both professions, and you could potentially have one manager of policy, one manager of complaints and enforcement. Overhead such as accommodation, finance, HR, IT etc., could also be shared.

An important early initiative in moving forward on regulation would be to initiate discussions with potential partner colleges to determine if working jointly could address the financial sustainability issues associated with running a small college. While managing costs makes combining a BA college with another existing College, the effort required to negotiate such an arrangement would be significant and time consuming.

Implementation Process and Timing

Implementation Stages

It is proposed that implementation proceed in four stages as shown in the following diagram:



Stage 1-Policy Development and Certification by policy (Years 1-2)

Government would require BACB certification for funding of certain services and certain levels of practitioner. The preferred approach would be to initiate an inter-ministry process to implement this across government. If this is not possible, MCYS would establish the various BA service suppliers who would need to be BACB certified. It would also determine what level of BACB certification is required for what services. Other ministries would then undertake similar policy initiatives if they deemed it appropriate.

Steps in stage 1 include:

- Establish inter-ministry committee to address policy issues related to certification. Policy issues include:
 - What programs the certification requirement would apply to
 - Who needs to be certified (e.g. level of practitioner)
 - Grandfathering or other provisions to recognize experience or other qualifications
 - Other professional certifications which would allow qualified individuals to practice BA (e.g. qualified psychologists)
 - Time frame to allow those affected to become certified
 - Financial assistance to support individuals pursuing certification
 - The development of a registry and the requirements for eligibility to be placed on the registry
- Initiate discussions with BACB regarding the use of BACB designations in Ontario, initially for certification for funded programs and later for entry to practice for regulatory purposes
- Based on policy decisions, begin transition to certification requirements for funded programs.

Stage 2- Development and Passage of Legislation (Years 1-3)

Government would pass legislation creating the College of Applied Behaviour Analysis, which would set out restricted title provisions and a scope of practice. If the College was not under the Regulated Health Professions Act, the legislation would also have to set out complaints and discipline procedures and other regulatory and administrative matters that are contained in the Health Professions Procedural Code.

Steps in stage 2 include:

- Establish expert panel to provide input on creation of regulatory body and regulatory requirements.
- Expert panel makes recommendations to the Government on:
 - scope of practice
 - entry to practice requirements
 - registration categories
 - code of ethics
 - practice standards
 - professional misconduct regulations
 - labor mobility
 - the type of regulatory body (new college, existing college, other entity)
 - all other matters relating to the regulation of a new professions
- Government drafts legislation
- Government consults on draft legislation with stakeholders
- Government introduces legislation
- Legislation passes

Stage 3- Transitional College (Years 4 - 5)

Government would create a Transitional Council. The transitional Council of the College of Applied Behaviour Analysts of Ontario would be responsible for developing regulations, policies, by-laws and the necessary business operations for a new regulatory college.

The appointees to the transitional Council, both public and professional, are made by the Ontario Government, or more specifically, by the Lieutenant Governor in Council, with the process itself being administered by the Public Appointments Secretariat, an agent of the Ontario Government. Selection of an individual for appointment to the transitional Council is based on the person's expertise, knowledge and experience. The individual may have clinical or academic expertise in the practice of applied behaviour analysis, health professional regulation, and health or public administration sector. Persons with a demonstrated interest or experience in public service may also be appointed. Each is expected to serve in his/her individual capacity rather than as a representative of any organization or any interest/advocacy group to which

they may belong. Appointments may be for a one or two year term. Individuals may be reappointed.

The transitional Council is time limited. It exists until it has developed a framework to permit the College to fully undertake its regulatory functions. At that time the transitional Council will cease to exist and the regular Council of the College will be established. The new Council will be comprised of professionals elected from the College membership by the registrants themselves. There will also be public appointees.

Steps in stage 3 which are undertaken by the Transitional Council include:

- Establishing, in collaboration with the Registrar, administrative processes and the infrastructure necessary for the College to operate;
- Developing by-laws, professional ethics, policies and guidelines;
- Developing and submitting to the ministry essential regulation proposals needed to fulfill the Colleges' statutory mandate (e.g., competencies and practice standards, registration, professional misconduct, quality assurance);
- Developing communication programs to advise those practicing the professions about regulation and registration
- Developing processes to assess and register applicants;
- Developing processes to handle complaints and the discipline of registrants;

The Government would appoint the first Registrar. The Registrar is the chief operating officer and administrator of the college, reporting to the transitional Council and the Government Ministry under which the college is established and supporting the transitional Council in developing and implementing policies, bylaws and regulations governing the practice of homeopathy. The Registrar is also responsible for the day-to-day operations and has statutory duties.

Stage 4- Permanent College (Year 5)

The Government proclaims the new College and it will be fully operational. Elections will be held for Council

Requirements of the Fairness Commissioner

The Office of the Fairness Commissioner (OFC) was created by the Fair Access to Regulated Professions Act, 2006, to ensure that everyone who is qualified to practise in a profession that is regulated in Ontario can get a licence to practise here. This need arose because some professionals, particularly those trained outside of Ontario, were encountering unnecessary obstacles.

The Fair Access to Regulated Professions and Compulsory Trades Act, 2006 sets out the general duty of a regulated profession to “to provide registration practices that are transparent,

objective, impartial and fair.” More specifically, the Fair Registration Practices Code in the Act identifies the following requirements:

- Information: A regulated profession shall provide information to individuals applying or intending to apply for registration by the regulated profession
- Timely decisions, responses and reasons: registration decisions should be made in a reasonable time in writing and provide reasons for all registration decisions and appeal or internal review decisions
- Internal review or appeal: An internal review or appeal of registrations must be provided and the applicant must be given an opportunity to make submissions with respect to the appeal or review
- Information on appeal rights: applicants must be informed of appeal rights and anyone who made the initial decision should not be a decision-maker in the appeal or review
- Qualifications: Information must be publicly available on what documentation of qualification be provided and what alternatives to the documentation may be acceptable
- Assessment of qualifications: assessment of qualifications by the regulated profession must be transparent, objective, impartial and fair and if a third-party assesses the qualifications, the third party assessment should also be transparent, objective impartial and fair
- Training: individuals who are assessing qualifications should be trained to do so, including on how to hold hearings and on special considerations that may apply in the assessment of applications
- Access to records: an applicant should have access to the records relating to the application (with limitations).

In establishing the policies and processes of a new college, the Transitional College would be required to address these issues to ensure that these requirements are met. In the case of the proposed regulatory body for BAs, the recommendation to use the BACB designations, which are now used internationally, will facilitate the process of ensuring that everyone who is qualified to practice is able to practice in Ontario. The new college would need to consider how other qualifications from other jurisdictions will be considered as well.

Appendix A: Sample Surveys

ABA Labour Market Survey – Employers

Introduction:

SEG Management Consultants Inc. (SEG) was selected through an open, competitive process to conduct a feasibility study for the Ministry of Children and Youth Services. The study will present various options, considerations, and advice to government for the potential creation of an Ontario-based certification process for Applied Behaviour Analysis (ABA) practitioners and on the potential establishment of a regulatory body or college for Applied Behaviour Analysts in Ontario.

Given increasing demands for ABA-based services and teaching methods, recent government investments to expand the availability of ABA-based approaches in community and school settings, and the rising number of ABA practitioners in Ontario, there is growing interest among agencies, school boards, clients of ABA and their parents on the qualifications and credentials of the professionals providing these services.

Practitioners of ABA who wish to be certified in Canada must apply to the Behaviour Analyst Certification Board (BACB) in the United States. Although an increasing number of Ontario ABA practitioners are becoming certified through the BACB, there are relatively few certified ABA practitioners in Ontario. This study will collect information and input and develop considerations on the viability of developing an Ontario-based certification process or regulatory framework for ABA practitioners to inform future government decisions.

As part of the study, our SEG team will be conducting focus groups and surveys with a broad range of people and organizations across various sectors that have an interest in the certification and/or regulation of ABA practitioners. We hope that you will be able to participate.

Feasibility Study

Since ABA methodologies are used to support children, youth and adults with a variety of special needs and in many different settings including persons with Autism Spectrum Disorder (ASD), the SEG team is reaching out to a wide range of stakeholders to better understand:

- the current and future demand for ABA services;
- the need and support for Ontario-based certification standards for ABA practitioners;
- the need and support for the establishment of a regulatory body;
- the costs and viability of regulatory approaches; and
- the inter-professional considerations and impacts of introducing new provincial certification requirements.

The consulting team is undertaking three approaches in order to assess the above issues:

1. inter-jurisdictional research of recent certification and regulatory efforts for ABA practitioners;
2. surveys of key stakeholders; and
3. selected interviews and focus groups of key stakeholders.

SEG will deliver a report to the Ministry of Children and Youth Services outlining the results of its research and consultation with various stakeholders, and analyzing the challenges, risks and opportunities associated with certification and regulation of ABA professionals in Ontario.

Your Support and Our Assurance of Confidentiality

SEG seeks your support to help us to understand and assess the needs of employers, ABA practitioners, clients, and parents and families who receive ABA-related services today. We will protect the confidentiality and anonymity of your responses and ensure that experiences and views expressed to us will never be attributed to individuals. We welcome your full and frank participation.

2. Do you mostly serve children under 18 years of age, or adults, 18 years of age or older?
 Children Adults Both
3. Do you mostly serve people who have been identified as being on the Autism Spectrum?
 Yes No
6. What qualifications do you think practitioners should have to deliver ABA services? Please check all that apply
 1-3 Years of Experience in your field 5+ Years of Experience in your field Specific ABA Experience
 BACB Certification Relevant Degree Other
 Which of the above factors are most important to you?

7. Do you think the demand for ABA services will increase, decrease or the stay the same over the following time periods (short, medium and longer term)?

1-3 years	Increase	<input type="checkbox"/>	Decrease	<input type="checkbox"/>	Stay the same	<input type="checkbox"/>
4-5 years	Increase	<input type="checkbox"/>	Decrease	<input type="checkbox"/>	Stay the same	<input type="checkbox"/>
6-7+ years	Increase	<input type="checkbox"/>	Decrease	<input type="checkbox"/>	Stay the same	<input type="checkbox"/>
8. Please explain your sense of the factors that are or will impact the demand for ABA services , and provide some concrete examples or numbers if you can:

The next section of the Survey focuses on the need for Standards for ABA Practitioners

Some jurisdictions impose mandatory certification requirements and/or establish regulatory bodies to regulate ABA practitioners. Typically, this requires legislation and can include the creation of organizations and processes to administer regulatory requirements. Since certification or regulation may create new standards for services and costs for practitioners and clients, it is important to first establish whether certification or regulation is needed and that the public will be better served.

Note: Certification and regulation have many common elements; however, there are

important differences. Certification programs are often voluntary on the part of practitioners and are usually operated by the profession. Certification, unless it is mandated by a piece of legislation, is not required to practice. However, governments and employers may make certification a requirement to meet standards for qualification and to ensure quality care.

Regulation, on the other hand, is usually mandated by legislation. Such legislation typically creates a College or some other regulatory body, which is accountable to the Government, to regulate a profession. Legislation will often give specific professionals a scope of practice, require their participation in a quality assurance program, and provide a complaints and discipline process for the public.

9. Do you perceive any current risks to clients or quality of service concerns related to ABA practitioners today?

Yes No

10. Please explain your answer to #7 or provide examples to the previous question:

11. In your view, would a requirement for ABA practitioners to hold a BACB certification be desirable or necessary? Please provide examples and reasons.

13. If ABA service providers should be regulated, should it be by a type of BACB certification or through a government mandated regulatory College? Please mark an "X" for your answer.

<u>BACB certification</u>		<u>Government mandated regulatoryCollege</u>		
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14. What do you believe the minimum education, experience and supervision requirements should be for professionals delivering different ABA services?

Minimum education requirements =
 Minimum experience requirements =
 Minimum supervision requirements =

15. Should there be different requirements for different levels or types of services?– Please explain:

16. Do you have any other comments to make about the future demand for ABA services, whether certification or regulation should occur or any other issues related to ABA services in the future?

ABA Labour Market Survey – Practitioners

Introduction:

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Given increasing demands for ABA-based services and teaching methods, recent government investments to expand the availability of ABA-based approaches in community and school settings, and the rising number of ABA practitioners in Ontario, there is growing interest among agencies, school boards, clients of ABA and their parents on the qualifications and credentials of the professionals providing these services.

Practitioners of ABA who wish to be certified in Canada must apply to the Behavioral Analyst Certification Board (BACB) in the United States. Although an increasing number of Ontario ABA practitioners are becoming certified through the BACB, there are relatively few certified ABA practitioners in Ontario. This study will collect information and input and develop considerations on the viability of developing an Ontario-based certification process or regulatory framework for ABA practitioners to inform future government decisions.

As part of the study, our SEG team will be conducting focus groups and surveys with a broad range of people and organizations across various sectors that have an interest in the certification and/or regulation of ABA practitioners. We hope that you will be able to participate.

Feasibility Study

Since ABA methodologies are used to support children, youth and adults with a variety of special needs and in many different settings including persons with Autism Spectrum Disorder (ASD), the SEG team is reaching out to a wide range of stakeholders to better understand:

- the current and future demand for ABA services;
- the need and support for Ontario-based certification standards for ABA practitioners;
- the need and support for the establishment of a regulatory body;
- the costs and viability of regulatory approaches; and
- the inter-professional considerations and impacts of introducing new provincial certification requirements.

The consulting team is undertaking three approaches in order to assess the above issues:

4. inter-jurisdictional research of recent certification and regulatory efforts for ABA practitioners;
5. surveys of key stakeholders; and
6. selected interviews and focus groups of key stakeholders.

SEG will deliver a report to the Ministry of Children and Youth Services outlining the results of its research and consultation with various stakeholders, and analyzing the challenges, risks and opportunities associated with certification and regulation of ABA professionals in Ontario.

Your Support and Our Assurance of Confidentiality

SEG seeks your support to help us to understand and assess the needs of employers, ABA practitioners, clients, and parents and families who receive ABA-related services today. We will protect the confidentiality and anonymity of your responses and ensure that experiences and views expressed to us will never be attributed to individuals. We welcome your full and frank participation.

2. Do you mostly serve children under 18 years of age, or adults, 18 years of age or older?
 Children Adults Both

3. Do you mostly serve people who have been identified as being on the Autism Spectrum?
 Yes No

6. What qualifications do you think practitioners should have to deliver ABA services? Please check all that apply
 1-3 Years of Experience 5+ Years of Experience Specific ABA Experience
 in your field in your field
 BACB Certification Relevant Degree Other
 Which of the above factors are most important to you?

7. Do you think the demand for ABA services will increase, decrease or the stay the same over the following time periods (short, medium and longer term)?

1-3 years	Increase <input type="checkbox"/>	Decrease <input type="checkbox"/>	Stay the same <input type="checkbox"/>
4-5 years	Increase <input type="checkbox"/>	Decrease <input type="checkbox"/>	Stay the same <input type="checkbox"/>
6-7+ years	Increase <input type="checkbox"/>	Decrease <input type="checkbox"/>	Stay the same <input type="checkbox"/>

8. Please explain your sense of the factors that are or will impact the demand for ABA services , and provide some concrete examples or numbers if you can:

The next section of the Survey focuses on the need for Standards for ABA Practitioners

Some jurisdictions impose mandatory certification requirements and/or establish regulatory bodies to regulate ABA practitioners. Typically, this requires legislation and can include the creation of organizations and processes to administer regulatory requirements. Since certification or regulation may create new standards for services and costs for practitioners and clients, it is important to first establish whether certification or regulation is needed and that the public will be better served.

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9. Do you perceive any current risks to clients or quality of service concerns related to ABA practitioners today?

Yes No

10. Please explain your answer to #7 or provide examples to the previous question:

11. In your view, would a requirement for ABA practitioners to hold a BACB certification be desirable or necessary? Please provide examples and reasons.

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ABA Labour Market Survey – Universities and Colleges

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- the inter-professional considerations and impacts of introducing new provincial certification requirements.

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1. Please briefly describe your institution's programs that focus on ABA:

2. Please provide us with the number of applicants per year for these ABA courses:
25 students or less 26 to 49 students 50 students or more
3. Please provide us with the number of eligible applicants per year for these ABA courses:
25 students or less 26 to 49 students 50 students or more
4. Please provide us with the number of accepted applicants per year for these ABA courses:
25 students or less 26 to 49 students 50 students or more
5. What is the estimated number of graduates per year?
5 students or less 6 to 19 students 20 students or more
6. Does your setting keep statistics on post-graduate employment for ABA students?
Yes No
7. If "yes" to number 6, what are your statistics showing you? Please explain below:

8. Do you believe you have the capacity to offer courses that would allow graduates to become registered or certified Applied Behaviour Analysts?

Yes No

9. Please explain your answer about capacity:

10. Do you believe you have the potential capacity to offer courses that would allow graduates to become registered or certified Applied Behaviour Analysts?

Yes No

11. Please explain your answer about potential capacity:

12. Do you believe you have the interest to offer courses that would allow graduates to become registered or certified Applied Behaviour Analysts?

Yes No

13. Please explain your answer about interest:

14. What impact would certification or regulation of ABAs have on your existing programs –
Please explain:

15. Do you have any other comments to make about the future demand for ABA services,
whether certification or regulation should occur or any other issues related to ABA services in
the future?

Appendix B: Sample Interview Guides



Focus Group Discussion Guide Practitioners

Table of Contents

Introduction:	121
Feasibility Study	121
Your Support and Our Assurance of Confidentiality	122
Using this Guide	122
Interview Questions	123
Demand for ABA Services.....	123
Need for Standards for ABA Practitioners	124
Regulatory Costs	125
Inter-Professional Issues and Collaboration	126

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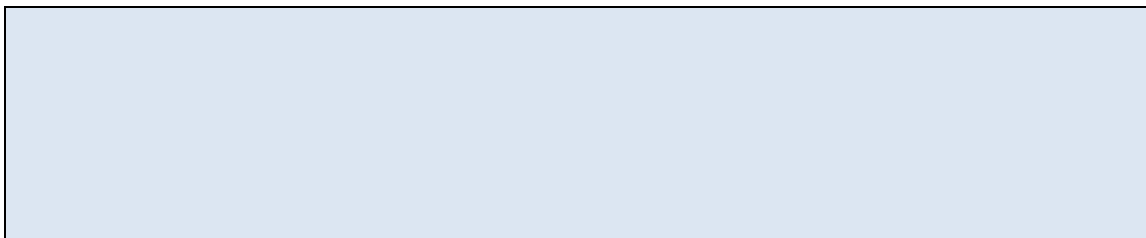
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Using this Guide

We encourage you to review the questions prior to your participation in the meeting. The focus group will aim to address the questions in this guide; however, we encourage you to identify any related issues and information that might be relevant to our discussions.

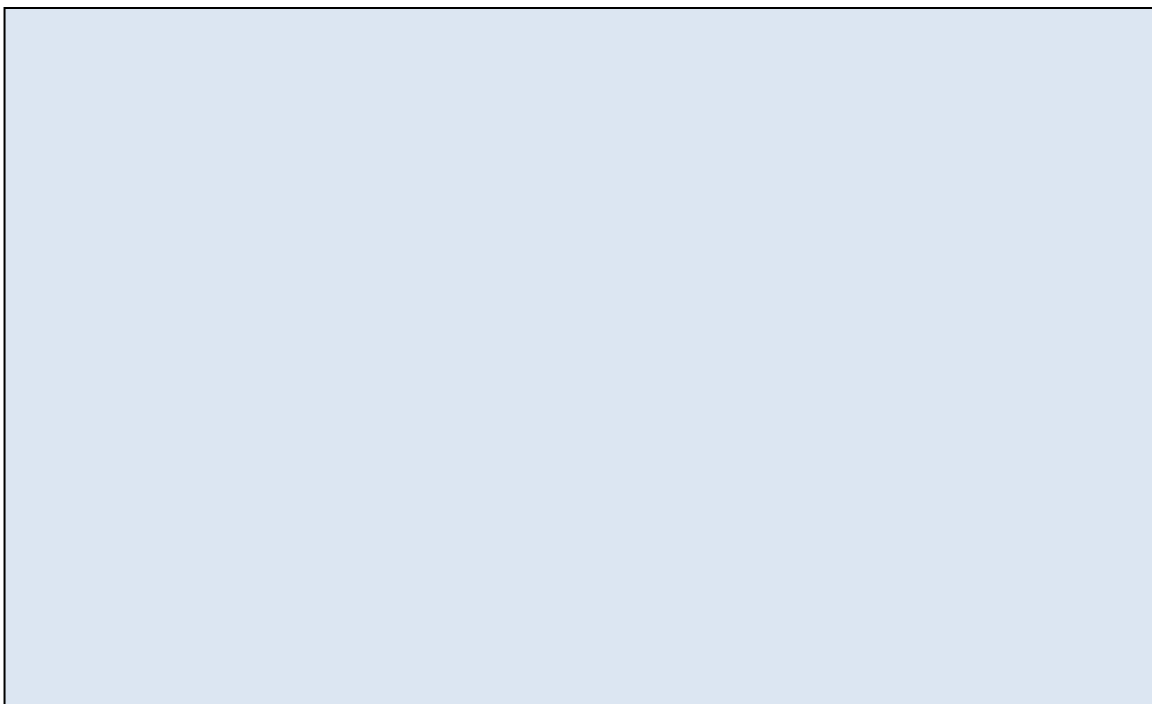
Interview Questions



Demand for ABA Services

1. Please describe the programs and services in your organization that include the delivery of ABA services.
2. How many persons deliver applied behaviour analysis services in your organization?
3. What educational degrees and/or certifications do persons providing ABA services where you work hold? (e.g. Doctoral, Masters, BACB or other certification, other?)
4. How has the demand for your services changed in recent years? Do you think this is changing, and why?
5. What is the current demand for ABA-related services today? What is your sense of how this demand is expected to change over the next 3, 5, 7 years?

Need for Standards for ABA Practitioners



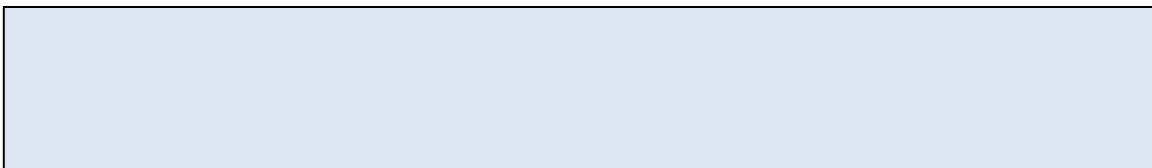
6. Do you perceive any current risks to the public or quality of service concerns related to the services provided by ABA practitioners today? Please provide examples.

7. Do you have any concerns with the professionalism or qualifications of current ABA practitioners who work with or for your organization?

8. In your view, would a provincial requirement for ABA practitioners to hold a BACB certification or regulation through a professional college be desirable or necessary? Please provide examples and reasons.

9. What impact would potential new provincial certification requirements have on you and your colleagues in your provision of ABA services at your workplace/s?

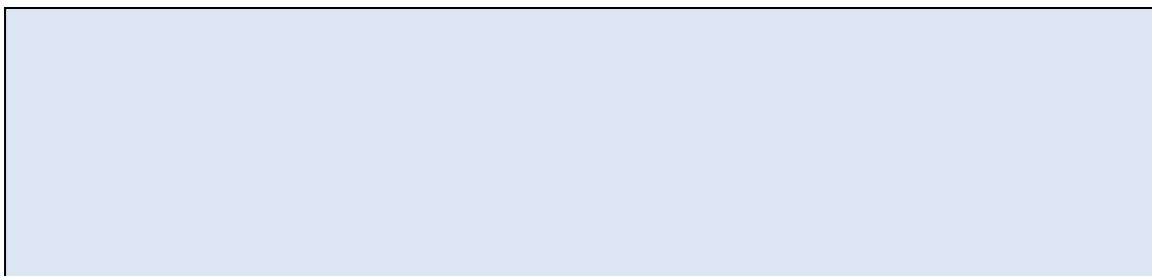
Regulatory Costs



10. If provincial certification or regulation were mandatory, would you expect to pay for new and/or ongoing costs for obtaining certification or other qualification requirements?

11. If provincial certification or regulation were mandatory, which of the following activities should be included?
 - a. A process to deal with complaints and discipline ABAs
 - b. Creation and enforcement of standards of practice and professionalism
 - c. Continuous professional development
 - d. Public education
 - e. Any others?

Inter-Professional Issues and Collaboration



12. In your programs, who are the practitioners that are providing ABA services today? What are their professional backgrounds and what fields or sectors are they coming from?

13. Is there any potential for overlap in the services performed by ABA practitioners and other skilled professionals (e.g. social workers, SLPs, teachers, nurses, psychologists, audiologists) using ABA methodologies? Please describe the working relationships, roles and responsibilities.

14. What do you believe are the minimum education and experience and supervision requirements for professionals delivering different ABA services in your workplace/s? Are there different requirements for different services? Who should be setting and overseeing these requirements?

15. How do current minimum expectations and requirements compare to what you described in your previous answer? Please provide examples of guidelines, policies or other requirements that clarify roles and responsibilities, standards, procedures pertaining to performing ABA services.

16. Do you have any additional comments about the impact any ABA certification requirements might have on existing programs, clients, professionals?



Interview Guide
Autism Ontario

Table of Contents

Introduction:	129
Feasibility Study	129
Your Support and Our Assurance of Confidentiality	130
Using this Guide	130
Interview Questions	131
Autism Ontario and ABA	131
New Standards for ABA Practitioners	133

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* This includes Intensive Behavioural Intervention (IBI), an intensive form of ABA.

Feasibility Study

Since ABA methodologies are used to support children, youth and adults with a variety of special needs and in many different settings including persons with Autism Spectrum Disorder (ASD), the SEG team is reaching out to a wide range of stakeholders to better understand:

- the current and future demand for ABA services;
- the need and support for Ontario-based certification standards for ABA practitioners;
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- the costs and viability of regulatory approaches; and
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The consulting team is undertaking three approaches in order to assess the above issues:

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14. surveys of key stakeholders
15. selected interviews and focus groups of key stakeholders

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Your Support and Our Assurance of Confidentiality

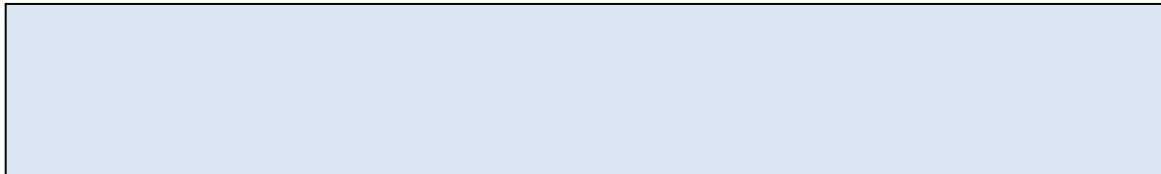
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Using this Guide

We encourage you to review the questions prior to your participation in our meeting with you. The interview will aim to address the questions in this guide; however, we encourage you to identify any related issues and information that might be relevant to our discussions.

Interview Questions

Autism Ontario and ABA



1. Please describe how Autism Ontario represents parents and members of the autism community and any efforts to promote the effective provision of ABA in the autism community.

[Examples:
 - Advocacy and support
 - Research
 - Best Practices
 - Government Relations
 - Public Awareness
 - Governance]

2. Please describe ABACUS and the process for being listed/de-listed as an ABA provider in the province. Are there opportunities to improve the tools for locating qualified ABA providers?

3. Can AO provide our team with information about the types of organizations and professionals providing ABA services to your members? As well, can data from ABACUS or elsewhere help us to quantify:
 - The number of ABA providers supporting children and adults with ASD in the province
 - Types of providers (schools, hospitals, children’s treatment centres, community organizations, private therapists...)
 - ABA practitioner numbers
 - Other related information to help describe the range of ABA providers and practitioners available to families across the province.

4. Please describe the Potential Programme and the role of ABA services in this program.

5. Are persons with ASD benefitting from ABA programs and services?
6. Are clients, parents and families satisfied with the quality of care and professionalism in ABA services today? What opportunities and concerns exist?
7. Please describe your understanding of the availability and access to ABA services to clients and families in Ontario today.
8. Do you see access and availability of services improving over time? Why?

New Standards for ABA Practitioners



9. In your view, would mandatory provincial standards such as BACB certification or other regulatory requirements improve the quality of ABA care in the Province? Please explain.

10. Should there be a formal process for ABA clients to lay complaints against ABA service providers for poor quality services, incompetence or unprofessional conduct?

11. In your view, would mandatory standards have any impact on the cost, quality, and/or availability of ABA services? Please explain.



**Focus Group Discussion Guide
Behaviour Therapist Employers**

Table of Contents

Introduction:	136
Feasibility Study	136
Your Support and Our Assurance of Confidentiality	137
Using this Guide	137
Interview Questions	138
Demand for ABA Services.....	138
Need for Standards for ABA Practitioners	146
Inter-Professional Issues and Collaboration	147

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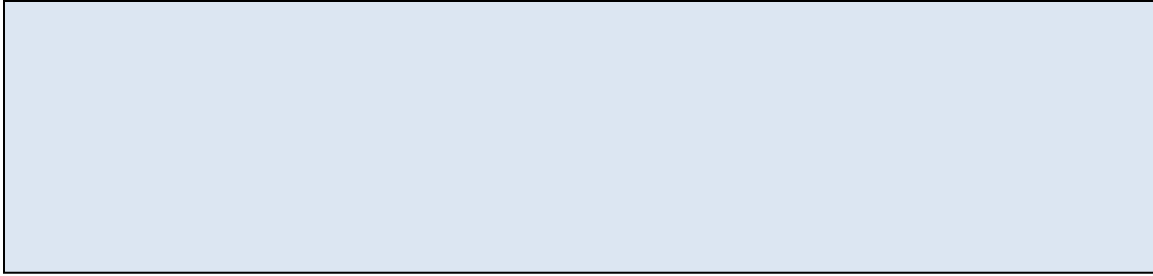
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Interview Questions



Demand for Behaviour Therapy Services

17. Please describe the programs and services in your organization that include the delivery of ABA or behaviour therapy services.

18. How many persons deliver behaviour therapy services in your organization? Who do they provide ABA services to?

19. What educational degrees and/or certifications are held by persons who currently assess individuals and develop an accompanying Behaviour Support Plan at your workplace? (e.g. Doctoral, Masters, BACB or other certification, other?). What qualifications are held by others who provide behavioural therapy services?

20. How many of these practitioners are required to hold a provincial certification or are regulated through an existing college?

21. What qualification standards or certification requirements do you require for them to delivery behaviour therapies in your organization? How do you assess the qualifications of the behaviour therapists that you hire and what factors are most important to you?

22. What is your sense of the current demand for ABA-related services today? What is your sense of how this demand is expected to change over the next 3, 5, 7 years?



**Focus Group Discussion Guide
Parents and Clients**

Table of Contents

Introduction:	142
Feasibility Study	142
Your Support and Our Assurance of Confidentiality	143
Using this Guide	143
Interview Questions	144
Availability and Quality of ABA Services	144
Standards for ABA Practitioners	145

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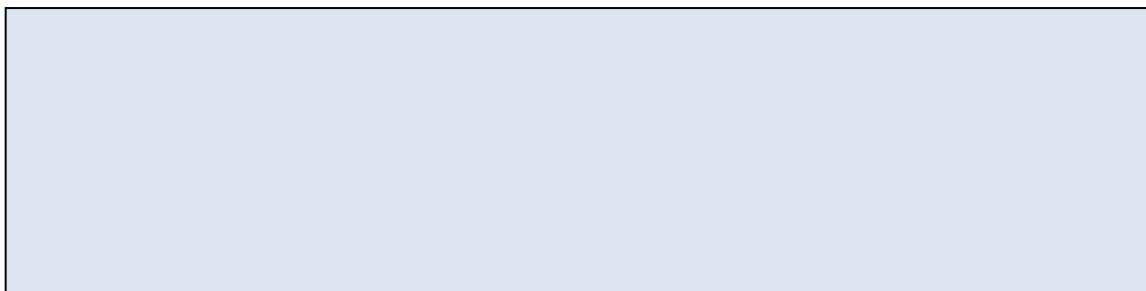
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Interview Questions



Availability and Quality of ABA Services

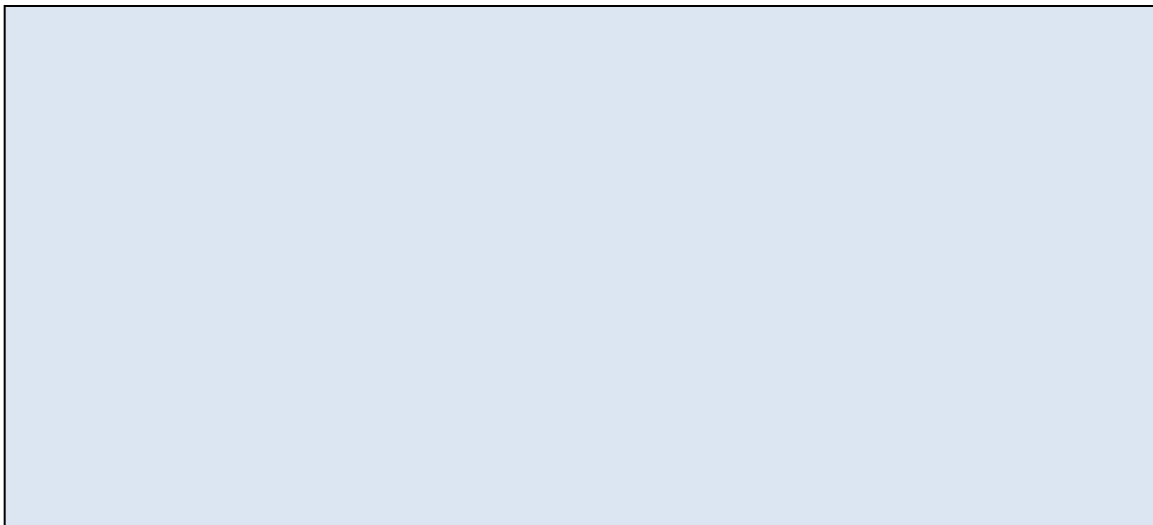
23. Describe your experience in accessing ABA services. What type of ABA service(s) did you receive and from whom? Why were you referred to or sought out these services (i.e., for what issues)? How easy was it for you to access the service(s)?

24. Overall, are you satisfied with the quality of care, skills, and professionalism of the ABA service providers that have worked with you or your children? Please explain.

25. Are you or is your child doing better as a result of receiving ABA services? Please explain.

26. What are your thoughts on how ABA services could be improved?

Standards for ABA Practitioners



27. Is it clear to you what qualifications your ABA service provider(s) have today? Was this a factor in your selection of an ABA provider? If so, how did you assess their qualifications? What is most important to you?

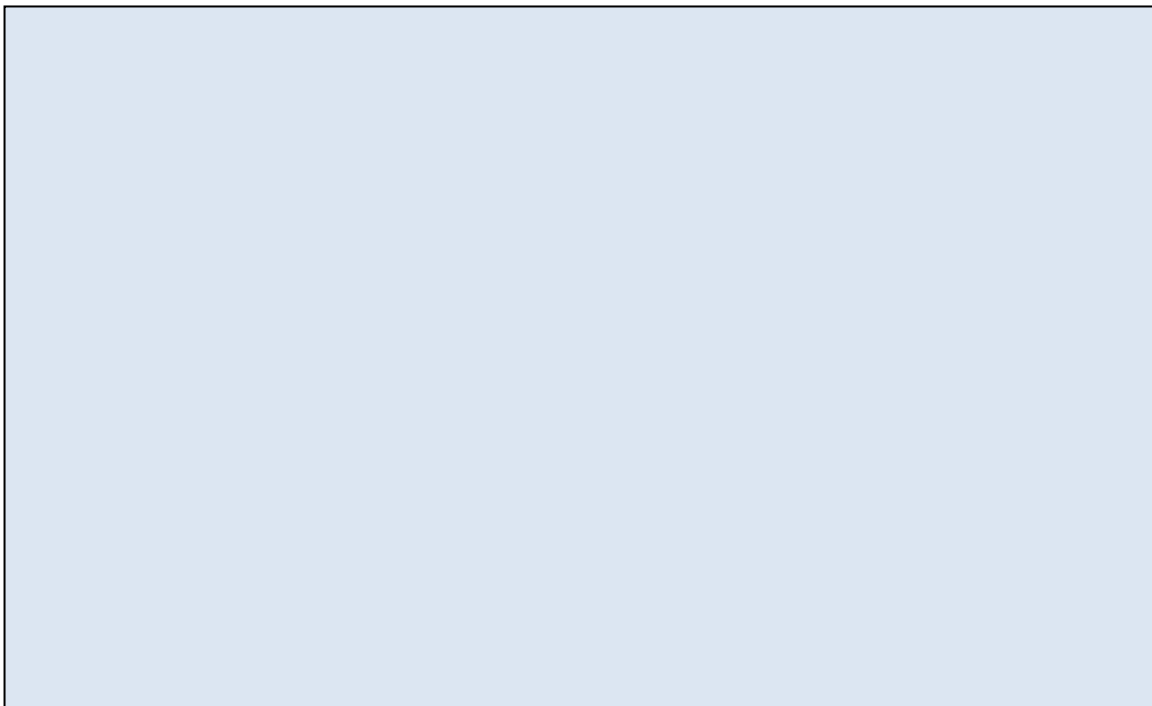
For clients or families that have purchased private ABA services out-of-pocket: Would you be willing to pay more for ABA services that are provided by someone who is certified or regulated by the province?

28. In your view, would new mandatory professional standards or qualifications for ABA practitioners improve the quality of ABA services? Please explain.

29. Are you aware of any avenues to bring complaints regarding the competency or professionalism of persons delivering ABA services at the agency or setting where services are performed? Is a complaint process important to you?

30. In your view, are there other ways that the cost, quality, or availability of ABA services could be improved through standards or further oversight?

Need for Standards for ABA Practitioners



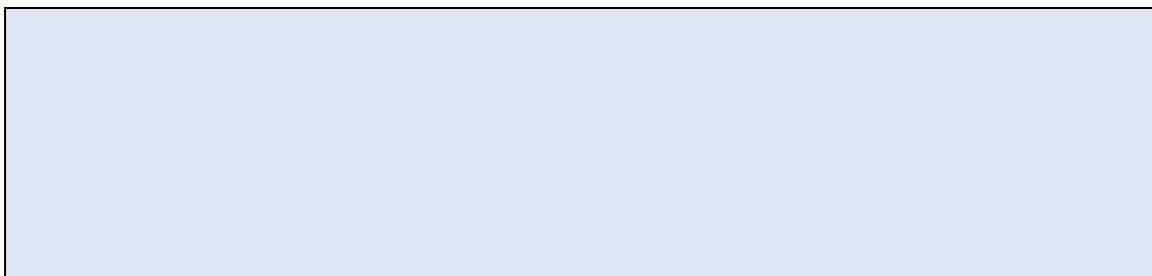
31. Do you perceive any current risks to clients or quality of service concerns related to the services provided by ABA practitioners such as behaviour therapists today? Please provide your reasons with examples.

32. Do you have any concerns with the competence, professionalism or qualifications of the current pool of behaviour therapists who apply to work for your organization?

33. In your view, would a provincial requirement for ABA or behaviour therapy practitioners to hold a BACB certification or regulation through a professional college be desirable or necessary? Please provide examples and reasons.

34. What impact would new provincial certification requirements have on employees performing behaviour therapy services for you today?

Inter-Professional Issues and Collaboration



35. Is there any potential for overlap in the services performed by ABA practitioners and other skilled professionals (e.g. social workers, SLPs, teachers, nurses, psychologists, audiologists) using ABA methodologies? If so, please describe the working relationships, roles and responsibilities.

36. What do you believe the minimum education and experience and supervision requirements should be for professionals delivering different behaviour therapy services in your workplace/s? Should there be different requirements for different services? Who should be setting and overseeing these requirements?

37. How do current minimum expectations and requirements compare to what you described in your previous answer? Please provide examples of guidelines, policies or other requirements that clarify roles and responsibilities, standards, procedures pertaining to performing ABA or behaviour therapy services.

38. In your opinion, what impact would new certification requirements or the regulation of ABAs have on your current approach to service delivery in your existing programs?

39. Do you have any additional comments about the impact any ABA certification or regulation requirements might have on existing programs, clients, professionals?

Appendix C: Detailed Results of Stakeholder Focus Groups and Surveys

Focus Group Input and Survey Open Responses by Theme

Theme	Findings
ONTABA	
Need for Certification/ Regulation Risk of Harm	<p>ONTABA identified risk of harm, including:</p> <ul style="list-style-type: none"> • Challenging Behaviours: aggression, self-injury, inappropriate sexual behaviour are types of behaviour that can result in serious harm • Risk of Harm is both to client and others: physical, emotional and mental harms are demonstrated in some of the literature links. • Harm can happen in two ways: <ul style="list-style-type: none"> • Misapplication of treatment and/or • Omission of effective treatment <p>Detailed examples of these are also found in the ONTABA written submission.</p> <p>ONTABA expressed concern that professionals may claim BA expertise without appropriate education, experience, or clinical supervision. They provided a detailed list of where BA is practiced.</p> <p>Harm and Supervision: Concern that some psychologists without specific BA training are providing supervision to unaccredited therapists and may not be using evidence-based BA methodologies.</p> <p>Uniqueness of BA as a Profession: ONTABA’s submission outlines the uniqueness of the profession – an important aspect of any HPRAC application process.</p> <p>Stakeholder Support: ONTABA expects the following reaction to certification/regulation:</p> <ul style="list-style-type: none"> • Families and Autism Ontario would support clearer standards and requirements – AO and Ontario Autism Coalition have identified risk of harm as an issue to ONTABA • Most regulators would likely be neutral • The College of Psychologists would likely resist efforts
Approach to Certification/ Regulation	<ul style="list-style-type: none"> • Ultimate objective is to have BA recognized as a regulated profession; ONTABA membership sees regulation as recognition of BA as a profession • ONTABA recognizes that full regulation takes time; they are currently pursuing title protection as an interim step; would include a third

Theme	Findings
	<p>practitioner category which is similar to BCAB technician category; draft bill includes a disciplinary system similar to the social workers’ approach</p> <ul style="list-style-type: none"> • Title protection could create an opportunity to strengthen program funding criteria to recognize and require BACB certification as a criterion. • ONTABA is proposing that BACB membership requirements and their certification exam be used in Ontario. This would avoid duplication and the BACB certification is being recognized by many jurisdictions. Creating a certification system in Ontario would likely be too costly. • ONTABA does not see itself as a potential regulator – even under a private member’s bill right to title regime. As members of ABAI, it is a core principle that trade associations advocate for their members and separate regulators oversee any form of regulation. Rather some variation on the ONTABA Professional Regulation Committee would likely take on a separate regulatory role
Supply	<ul style="list-style-type: none"> • ONTABA membership is 375 - covering a range of practitioners in a variety of settings. 244 BACB certificants in Ontario: 46 BCaBA; 185 BCBA; 13 BCBA-D
Demand	<ul style="list-style-type: none"> • MCSS regulations for agencies that get MCSS program funding require that Behaviour Support Plans must be “approved by a psychologist, psychological associate, a physician, a psychiatrist or behaviour analyst certified by the Behaviour Analyst Certification Board, where the behaviour support plan includes intrusive behaviour intervention strategies
Cost	<ul style="list-style-type: none"> • Costs could be minimized by ensuring requirements are aligned with the BACB model and that BACB enforces the issuance/removal of certificates and can investigate and enforce violations of practice standards. (ed. Some critics and state legislators view BACB enforcement as insufficient). No further work done on projecting costs of regulation
Implementation Issues	<ul style="list-style-type: none"> • ONTABA has not estimated the resources/costs of maintaining processes anticipated in their title protection bill. They estimate that it would take at least 6 months to develop the necessary structures.
Autism Ontario	
Need for Certification/ Regulation	<ul style="list-style-type: none"> • Difficult for parents to evaluate the quality of the service they receive. Quality across DFO, DSO, education, health, MCSS varies; regional differences may exist as well. Many parents rely on word of mouth and internet information to get the support they need • Lack of recognized certification - too many titles and labels – confusing. • Some parents choose the DFO approach as it gives more control over who they hire; however, qualification needs may be unclear and convenience may trump quality. DSO service providers are not allowed

Theme	Findings
	<p>to provide services on weekends for private fees</p> <ul style="list-style-type: none"> • Some parents have concerns re: qualifications of BA practitioners in the schools. • A transparent standard is important—harm to client possible without proper training. • BAs work alongside people who are all professionally regulated – deserve recognition. • Complaints process is critical (the most important reason for regulation), especially in DFO sector where “there is nobody to complain to” • BACB does not have a full complaints process; looks at serious issues, but not majority of issues; will deal with Code of Conduct, but not in terms of guidelines for practice • An option for DFO complaints is to have the regulated health professional who signs off on the contract to be avenue for complaints.
Approach to Certification/ Regulation	<ul style="list-style-type: none"> • BCBA is a good minimum requirement; there are different levels depending on the work being done; • Private providers perhaps could require an accreditation, or even a need to meet minimum standards for the facility and competencies (e.g. Day Nurseries Act) • Psychologists currently may supervise BA programs even if they don't have BA training; however, this may violate rules in their College • Some regulation of the front-line people should also be considered • Standard should work for all—not just in autism world, but in mental health, gambling, etc. • Pay attention to level and who can do what • McMaster's program. 25% autism, 25% corrections, spread across practice areas... ASD is not the focus of many grads
Supply	<ul style="list-style-type: none"> • Be careful about restricting who does what - there is an infrastructure of people still working who may be more qualified and capable than some newly minted BCBA • Making BCBA a requirement could limit employers from hiring a career ABAs who are not certified; this could particularly be a problem in the regions • Certification could cut off the right people; while people are getting their BCBA, there may be a need for a transition; create a period of time for people to get certified • Accessing courses is easier than accessing experience hours (at least in remote areas); supervision is key to experience • Impact on supply might be greater in non-ASD sectors; there are many professionals implementing programs without proper BA grounding (e.g. health, dual diagnosis units with nurses implementing BA) • Since first 60 students graduated from Brock in 2009, supply has improved; under-filling of positions has gone down

Theme	Findings
	<ul style="list-style-type: none"> • There are lots of grads who will soon saturate the market. Many grads are not getting certified; one possible reason for the number of grads not getting certified is that in September 2011 the pass rate of the exam dipped and many slowed down their desire to write the exam
Cost	<ul style="list-style-type: none"> • Currently there are often no financial incentives for grads and practitioners to seek certification
Implementation Issues	<ul style="list-style-type: none"> • Standard should consider language/skill and scarcity in remote regions; put in place a standard, but have mechanisms to acknowledge remote / rural issues and grandfathering • There is a big structural change at BACB - in 2015 the BCBA requirements change. New, more stringent course requirements will come into play • Lack of incentive for people to move to remote regions • Develop a scope of practice that people can grandfather into; the supervision that a person has received is important if people are going to be grandfathered in • Number of BCBA's per child should be included in regulation; what should a good ratio be? Right to effective treatment – access to a doctoral level person when faced with complex issues
ABA Employers—RAPON and Partners	
Need for Certification/Regulation	<ul style="list-style-type: none"> • Risk of Harm: Risk of harm high, serving a vulnerable population and there are many unregistered practitioners. Protecting the public is a good reason for certification/regulation • Unclear Qualifications: Families don't know the qualifications of the people they are hiring • Professional Recognition • Even among professionals, ABA is not considered a profession • Note: focus of ABA is quite narrow—need to look holistically the needs of children; complex kids may need more than IBI or ABA • Regulation is helpful to provide a basic set of best practices, place for families to monitor private practice • Reporting to a regulatory body provides safeguards for clients and families, consistency in practice, practice and ethical accountability. • Would prefer for this certification to become more stringent rather than less so. I'm a little afraid that quantity is currently overwhelming quality • While we are waiting for the college, I think the funder (MCYS) can require supervision by a BCBA, or clinical psychologist with ABA expertise • It would be helpful to people supported if all practitioners, private and public, were overseen by someone with BCBA qualifications. It would be helpful if all front line practitioners held a certificate from a recognized community college program and had at least 1-3 years of practice

Theme	Findings
Approach to Certification/Regulation	<p>Regulation vs. Certification</p> <ul style="list-style-type: none"> • Made in Ontario certification should be considered. The educational system (Western, Brock) does not lead to certification • Must make a distinction between license and certification • Would support a licensing body because it levels the playing field. Must have a scope of practice and expected continuing education that would come with the practice • There is a big difference between being licensed and certified. It is important to set standards since now anyone can call themselves an ABA • The name does not matter to the public. But what matters is that people with the right skills can only use the name • Another route could be a policy route; there is language to this effect already. • Private practitioners should be regulated; they are not supervised • Establishment of a governing body ensures that practitioners stay within limits and behave ethically. There is an enforcement process and a complaints process. There is some degree of quality assurance, and continuing education is required. Without a governing body, there are no teeth to enforce ethics and good practice. A fallback was just a registry <p>Levels and Continuing Education</p> <ul style="list-style-type: none"> • There should be a minimum level of education. BACB has three levels; three levels would work for Ontario • Instructor therapists (ITs) are looking to BACB for training • MCYS has a grants assistance program to support people to become certified. It was re-launched recently and provides a grant for continuing education. The interest is huge, and educational upgrading is supported by the ministry. <p>Limitations</p> <ul style="list-style-type: none"> • A license is not everything. There can still be incompetent or unethical practitioners • Certification/regulation could create a false sense of security. Certification does not mean the quality is there. Certification or licensing does not guarantee quality <p>Model</p> <ul style="list-style-type: none"> • Regulation would not be a problem if it is not exclusionary. Someone has to be a supervisor who would be certified, but others could work under supervision without being certified. • We practice using a bio - psycho - social model. I am in favor of certification but need a range of the interventions to address the whole person. The field is broad and complex, it is necessary to look at the whole person. ABA training alone is too narrow <p>Supervision</p> <ul style="list-style-type: none"> • An important issue is supervision—for example, nurses may develop a

Theme	Findings
	<p>plan, and others carry it out. There could be a similar approach for ABAs. For example, OT does the assessment and makes recommendations, and the BCAB would review and confirm plan follows ABA</p> <ul style="list-style-type: none"> • The scope of practice that was being considered by ONTABA was very tight and only covered autism; this needs to be broadened - many practitioners are involved, e.g. speech pathologists, and others. The program should be supervised and a person should not practice outside the scope of practice • Many agencies are multi-service agencies that are targeting different client groups. Many implement ABA more broadly; should certification and regulation go beyond autism? • Some teachers are ABA specialists; how are they supervised? <p>Relationship with Psychology</p> <ul style="list-style-type: none"> • Interplay with psychology—there may be staff with BACB training but psychologists may not have the specific ABA skills - for quality assurance purposes, must be signed off by a psychologist. Future certification or regulation could mean that others could sign off. • The relationship with the college of psychologists needs to be considered. Certification or regulation system has to be sustainable. Currently no PHD ABA program in Canada. <p>Regulatory College</p> <ul style="list-style-type: none"> • Speech pathologists provide a good model. • A college that registers ABAs may not need to be a separate or specific college. • Delegation of responsibilities is important; e.g. ABA supervisor can delegate responsibilities to the speech pathologist. In this case the speech pathologist would be supporting personnel.
Supply/Demand	<ul style="list-style-type: none"> • BACB would be detrimental since BST trained individuals are very capable of doing ABA. • Caution in approach - recognize potential impact on staff recruitment. Rural and northern locations of Ontario currently have a difficult time of recruiting and retaining clinicians today. • Demand will grow in other fields - acquired brain, geriatrics, children's mental health, behavioural health, as research is showing that ABA is effective in dealing with problems in those areas/populations
Cost	<ul style="list-style-type: none"> • Cost would fall on the practitioners • When ONTABA considered certification and regulation, there were significant costs to establish and maintain a college. The costs of establishing the regulatory college can have a wide range of implications, for example insurance elements may change. • Consider the costs of not doing certification or regulation - in 10 -20 years the need for ABA will have gone up but may not have the necessary expertise/ supply of ABA practitioners
Implementation	<ul style="list-style-type: none"> • BACB would be detrimental since BST trained individuals are very

Theme	Findings
Issues	<p>capable of doing ABA.</p> <ul style="list-style-type: none"> • Caution in approach - recognize potential impact on staff recruitment. • Not against it, but it is important to consider how regulation of ABAs would be implemented • Take time to do it right
RAPON and Partners Staff	
Need for Regulation	<ul style="list-style-type: none"> • Many practitioners in the field of behaviour services lack the knowledge and skills to meet client needs. • Potential for misapplication of services and harm to clients and consumers. Poor supervision and monitoring • Experienced therapists without grounding in ABA theory or appropriate developmental psychology can be problematic in home programs - parent cannot assess the therapist's expertise • Without a regulatory system specific to behaviour analytic practice that includes ethics and conduct guidelines, complaint processes, and disciplinary actions, consumers are not provided with the minimum protections that are required to keep them from harm's way • Applied behaviour analysis is a powerful science that can, when applied incorrectly, cause damage to consumers. Consumers need to have a formal body to turn if they suspect damage has been done or may be done • ABA practitioners are often in positions of great influence over vulnerable clients and families. They are sometimes involved when there are dangerous behaviours and potential for harm. Risk of misapplication of treatment, harmful procedures, and potential for abuses of power. Risks warrant mechanism of public protection such as registration or licensure • Need to protect consumers of ABA services by making sure ALL service providers' staff have a minimum of qualifications and, more importantly, those signing off behavioural treatment plans • Regulation would allow consumers to have peace of mind knowing that service providers are knowledgeable, liable, and accountable for the services they provide • Regulation and certification will move more towards credibility in the community for the profession, as well as generate more awareness and recognition. May lead to insurance/government providing funding for services for family, or group insurance rates for ABA providers.
Approach to Certification/Regulation	<ul style="list-style-type: none"> • School board hires non ABAs when implementing PPM 140 which is not appropriate • BCBA's and BCBA-D should be the ones supervising practices (as opposed to relying on Clinical Psychologists for things like DFO funding for the IBI program in Ontario). These guidelines are based on evidence and best clinical practice and should be how our field is regulated.

Theme	Findings
Supply/Demand	<ul style="list-style-type: none"> The current demand far exceeds the capacity of competent practitioners. Regulating the field must be sensitive to our capacity to attract and train competent behaviour analysts
DSS Behaviour Therapist Employers	
Need for Regulation	<ul style="list-style-type: none"> BCBAs use evidence-based treatments – all based on data. Uncertified people may not analyse data on a regular basis. Risk that ineffective therapy can lead to injury when negative behaviours are not treated properly. Counter intuitive treatment can worsen things at worst, or be ineffective at best Look to protect a title or term to create awareness and clarify a scope of practice Consider the severity of behaviours – the more severe the range, the more important the qualifications need for complex behaviours Risks to public and to clinicians – need for built-in supervision – regardless of experience Parents, employers interested in knowing if you are regulated. Parents going to unqualified people may feel they “tried ABA and it didn’t work” hurts the profession as a whole We require a BCBA – we want people with at least an associate level on the ground too Professionals from other disciplines would be happier implementing programs if it wasn’t their license on the line (since BACB has no license). Assessment and intervention are carried out. If not regulated, no controls about implementation Private perspective: if certified, people could potentially use private insurance to offset billing. For example, OTs and psychologists are certified health professionals– some insured people get \$500/year as part of insured benefits. Being regulated seems to be a prerequisite for consideration for insurance.
Approach to Certification/Regulation	<ul style="list-style-type: none"> There are different elements to certification/licensing such as standards, continuing education, public education, complaints, etc...<i>Which elements would you like to see?</i> All of them (consensus) Need at least a consulting psychologist on call to supervise work done by non BCBA for oversight. We ensure a BCBA is on staff to work directly with the kids under this supervision. Need a proper functional assessment from well-qualified supervisor (e.g. BCBA-D) How much supervision is needed may change with the severity of complex behaviours. I work with life threatening situations. The more complex, having that depth of understanding is crucial. I have lots of “supervision”. But only ½ day a month, in severe situations. Within BCBA for complex problems –suggest supervision from

Theme	Findings
	<p style="text-align: center;">Doctorate level</p>
Supply/Demand	<p><u>Supply</u></p> <ul style="list-style-type: none"> • Supply would be an issue if all required BCBA qualification – these people are not out there • BST and behavioural psychology (connected with Lakehead) – lots of local grads. Thru community network, helped colleges get placements. • As a private company our staff are certified or in progress. Coordinate therapists – most from George Brown or Seneca – some are not, one is a writer who is amazing • We have 4 BCBA cert, some have BST with BA, new ones coming in with Masters thru Brock – coursework is approved for core certification • Challenge to have BCBA and bilingual – we are lucky to have one. In my last program – expected BCBA but hired BA or BST due to lack of certified supply • Not enough BCBA's to meet demand – particularly in the northern region • New BA's are active in seeking BCBA – maybe a short term shortage, but 5yrs from now expect more. Many are motivated to move up in school, but consequently have less experience. • Encountered people with questionable qualifications – online, private universities and colleges with diplomas, not sure what they meant and had to do research for children; a couple of qualifications from California and other institutions were hard to validate. • 2003-5, partnered with Behaviour Institute in Hamilton - Masters from Univ. of Nevada Reno – flew in profs from W. Michigan and Nevada <p><u>Demand</u></p> <ul style="list-style-type: none"> • At RSA – both consultants have BA's, one has masters in social work. No BCAB. One is in progress, two starting the process. • RSA – in past, no wait list. Now large caseloads with wait list from 6 months to a year • Belleville – demand is up, complexity is up – amount of needed intervention. There are a lot more kids with ASD diagnosis • Collaboration is good, but it has increased demand. Collaborations have created more contact and more work within different sectors – long term care asking for more behaviour therapy. • With rules on eligibility changing for DSO's have added Asperger's, FASD, and others that are creating new demand. • PBS and also St Josephs in Hamilton in rehab and acquired brain injury, - seclusion and restraint reduction. Orgs like Bartameus for staffing and supports, trying to develop own model of behaviour nurses with nursing background and a top up of behaviour needs • Seeing less DFO funded and more parents with private funding • Complexity – some individuals seeing through specialized

Theme	Findings
	<p>accommodation. Using BSTs and BAs at the front line rather than just with developing plans</p> <ul style="list-style-type: none"> • Complexity of the environment – the TAY (transitional age youth) group not always interested in different services, community at large • Burnt out families - 30yr old child who needs placement – hard to implement behaviour strategies in home when parents aren't able to do it anymore • Backlog is causing those who do need short term placement in a psychology hospital or DD setting hard • More complex families lead to complex staff teams and to more work and support – ongoing training for direct support professionals, health and wellness of the teams
Cost	<ul style="list-style-type: none"> • Cost of training may be prohibitive for agencies without BCBAs on staff – hard to afford • It depends on who is regulated. Front line=huge cost. Ramp up time would be 5-10 yrs. If just consultants or senior therapists not as bad. • Establish a low-water mark for this line of work. Build flexibility and diversity into certification levels. But should be a minimum standard. • BCBA's new fourth category – make sure it can translate to disability support workers etc.
Implementation Issues	<ul style="list-style-type: none"> • Different disciplines, working with complex needs, use techniques from their respective disciplines. Some challenges in multi- teams to ensure consistent depth • Only regulate supervisory roles. Currently supervised through clinical psychologist supervisor or even a Master's of social work – not ABA. Each profession has a different code of ethics, Nursing = different code of ethics • In US, they are changing the rules for supervision requirements moving to 5 years' experience before supervising. This can be hard. Might need another pathway. 2yrs experience to 5yrs experience required for supervision will change in 2014 • A single practitioner gone wrong with tragedy could create some problems for many • Whatever you do in children's services, do it in adult services. Don't create two streams for kids vs. adults • In the US, can do exam in Spanish, if here, should be in French too. In parts of the north, it would be a disadvantage to write in English
BAs / ABA Practitioners	
Need for Regulation	<u>Risks / Harms</u>

Theme	Findings
	<ul style="list-style-type: none"> • Anyone can use the title Behaviour Analyst and offer to provide Applied Behaviour Analytic services. This results in a lack of consistency in services being provided. In some cases these are poor quality and potentially harmful services. • Specific cases of harm were cited. One example was the use of restraints which traumatized the child. Another example was not psychological harm, but that of lost opportunity where the child had been in the wrong form of treatment for 2 or 3 years and had made no progress • Concerns that some practitioners have inadequate training • Concerns that supervisors are not all BACB certified. • Concerns about practitioners who have been terminated by their organizations or others outside of their organizations who have limited qualifications and still are able to offer BA services <p><u>Choice</u></p> <ul style="list-style-type: none"> • Parents and others requiring BA services have no way of ensuring that their service providers are trained and competent to provide BA services. Certification or regulation would assist parents and others to make informed choices • Because of a shortage of funding and publicly available services parents and others are often required to seek out services from private practitioners. Parents and others often choose providers on the basis of cost. <p><u>Support for Certification/Regulation</u></p> <ul style="list-style-type: none"> • The majority said that BACB certification was essential for supervisors to ensure that quality BA services were being provided down the line • It was recognized that different levels of qualifications were needed for the provision of varying levels of service. Need to regulate who does what • Certification or regulation would go a long way to ensuring that consistent high quality services are being provided to all clients • There are psychologists, social workers, nurses, speech-language pathologists, applied behaviour analysts, occupational therapists and many other unregulated persons with varying education and work experience providing services to BA clients <p><u>Professionalism</u></p> <ul style="list-style-type: none"> • Due to the lack of regulation and standards, the public may develop a negative view of the profession as a whole and become reluctant to seek out the services of properly trained and qualified BA providers. • Certification or regulation would raise the profile of the profession and assist other professionals to understand the role BA providers play in the health care system.
Approach to	<u>Regulatory Approaches</u>

Theme	Findings
Certification/ Regulation	<ul style="list-style-type: none"> • Different elements to certification/licensing – standards, continuing education, public education, complaints, etc...<i>Which elements would you like to see?</i> All of them (consensus) - especially a complaints and discipline process and public education • Public should be aware of regulation and need to obtain services from a regulated provider • Near consensus that the regulatory approach in terms of entry to practice registration requirements should be based on BACB certification. It would be too costly and time consuming to start a made in Ontario certification and examination system. • There was also general agreement that in the absence of legislation that a regulatory approach imposed through government funding programs would be a good start <p>Supervision</p> <ul style="list-style-type: none"> • Supervisors should be BCBA certified • Clinical workers should be BCaBA certified • Therapists should be certified as Behaviour Technicians • Other health professions including psychologists and SLPs should have specialized training to practice BA
Supply/Demand	
Cost	<ul style="list-style-type: none"> • There was general agreement that the profession would pay for regulation
Implementation Issues	<ul style="list-style-type: none"> • There is great potential for overlap and often conflict where the services being provided by one practitioner working on one aspect of a person requiring a range of behaviour related services gets “in the way” of another provider. • There was general agreement that the client’s needs had to be examined in a holistic basis and that the various professionals had to collaborate on care • There was consensus that regulated professions must only provide services within their scope of practice and competence. They should not be providing services that are strictly AB therapy. However, it was noted that what constitutes the practice of behaviour therapy has to be clearly defined. • There was also agreement that the implementation of regulation or certification should be gradual with ample time for transition.
Education Sector	
Need for Regulation	<ul style="list-style-type: none"> • There was minimal support for mandatory certification requirements for practitioners in a school setting <p>ASD Focused Criteria</p>

Theme	Findings
	<ul style="list-style-type: none"> • There are no criteria for hiring except ASD experience; focus was originally on autism but now addresses a range of behavioural exceptionalities. <p><u>Funding Challenges</u></p> <ul style="list-style-type: none"> • Funding for behavioural expertise is recent, coming out of PPM 140; now stable funding <p><u>Parental Views</u></p> <ul style="list-style-type: none"> • Parents aren't complaining about the service they receive; no push towards regulation • Parents understand that the schools are not for IBI • When parents have a concern, the connections for students program has helped, but there are still some concerns <p><u>Qualifications of ABA Expertise Professionals</u></p> <ul style="list-style-type: none"> • Most are happy with their ABA experts. Some used ABA experts with an MA in psychology, some came from AIPs and not fully credentialed, some hired from within using SLP with BA experience. One expressed a preference to hire clinical psychologists. • Because initially it was temporary money we were encouraged to partner (Contracted with CHEO) – when funding was stable, able to hire. • Professional development for teachers is a focus <p><u>Educational Setting vs. Clinical Setting</u></p> <ul style="list-style-type: none"> • Schools are not a clinical setting, they are an education setting; it is important to understand the workings and objectives of an education setting and the distinction between ABA in a clinical and education setting • Important that individuals understand the education setting and the way that education teams work. That's why we hired from within. Not a clinical setting – learning, not IBI • ABA Experts play more of a consulting role, or coaching role – co-teach and gradually hand-off, come back and check. Staff members feel well supported by the team. Coach, mentor, model – within the teacher's setting. • Expertise in education is most important but with the ability to link with the clinical needs. • School-wide Positive Behaviour Supports – pre-teaching around functions of behaviour. Gives teachers and others a common framework. Needs staff buy-in • Need to use best person for the job; certification might get in the way • The need to protect the public may not be as great in the school setting as in a clinical setting <p><u>Support for Certification</u></p>

Theme	Findings
	<ul style="list-style-type: none"> • One person said that it may be appropriate to have ABA Expertise Professionals Board certified, or possibly supervisors, if supervision is properly defined; however note that other regulated professionals also provide ABA services • Another said they could consider certification for future hires <p><u>Concerns about Certification</u></p> <ul style="list-style-type: none"> • There is a need for balance: schools are not clinical settings; need to select the best person for the role; certification might get in the way; caution about where you draw the line • Hard to support staff to get BCAB – supervision and clinical hours requirements hard to accommodate • Connections program has to be successful – should move away from focus on autism to more general mental health • Partnership with AIP programs provides links to clinical services and the transition from clinical to school support <p><u>Impact of mandatory certification</u></p> <ul style="list-style-type: none"> • You have to be a teacher to know what is going on in the classroom, impossible to do clinical things in the classroom • Certification would not translate to schools except maybe the ABA people • There is value in regulated ABA profession to protect the public, but that might not apply to school boards. Externally there is a need for an avenue to make complaints, standards, etc. for clinical settings. The interface with education needs further consideration
Approach to Certification/Regulation	<p>BA Certification Impacts on Education System</p> <ul style="list-style-type: none"> • Changing qualifications midway will raise union issues with some current hires • Higher qualifications in clinical programs – would it have an effect? Yes, could happen, but we would be hiring people with that certification as well so that we are building the bridge between clinical to teaching. I have 23 SLPs and 30 psychologist staff. Could incorporate into staff as we hire • Pleased with the expertise on our staff. If certification became part of the environment, would look for that. I need an expert team, but I need a broader team with broader capacity • Who are we talking about as having the certification? If everyone, I'd have a problem with that. Having experts is of great value. But not everyone needs that certification. Not helpful, not just about that one person • I would be happy to look at that for future hires. Would not want to disenfranchise my good current staff with good experience • That's the issue: what is the requirement – what a person can do with

Theme	Findings
	<p>qualifications and what can others do? If person is doing assessments and treatment plans – then maybe there is a case. If looking at a clinical model and there are clinical skills needed for that assessment, you need that expertise, would need to create a role we currently do not have.</p> <ul style="list-style-type: none"> • Clinical strategies – Education plan is not a clinical plan. Not completing assessments, but can help interpret reports from others. • What is expected of our experts? If looking at this program, what training and college requirements? As a psychologist, you work within your scope. Doing assessments and diagnosis – this needs regulation. Distinguish between a plan and a clinical assessment. • Concerns over current people in ABA positions: grandfather those in such roles? Would like more latitude – I need an SLP, others a SW, others a psychologist. • May limit the role. A Social Worker or Psychologist would have the expertise – than an expert in that field. It is understood that the title goes with the regulated professional. There may be others who could do the work • For ABA Expertise Professionals, it is Important to be Board certified, but need to also marrying school and Board methods • ABA is an approach, other professionals also regulated and boards are very different from each other with different needs • Need to clarify: level of certification, supervision requirements, how many staff supervised. • Recognize that psychologists do supervision, the coordinator gives direction to lots of people, not just BAs • Hard to support in school board but a training approach might work • Happy to develop minimum qualifications for future hires, current hires may need to train towards ABA expertise. •
Supply/Demand	<p>Supply</p> <ul style="list-style-type: none"> • BA Expertise: stream of coursework they can do. Affiliated with college of psychologists. For people hired for their behaviour expertise, lean towards psychology qualifications. • Credential – membership in a college. Credentials without practical experience can be a problem. Need some real experience (BA) Also, capacity building skills. EQ360 kind of person – good emotional quotient • Understanding of the educational setting and how teams support school setting. Experience in the school system or in adult education – how to deliver training, coaching, modelling. Like cognitive coaching. Six months experience not enough, more than a year would be good • Experience with a full range of ages of students. Implementing in kindergarten would be very different than in a secondary school setting • Most boards hired 1 – 2 staff, depending on size, qualifications vary; many hired from within. Role is creating capacity in the SLPs or site

Theme	Findings
	<p>staff; building capacity in all staff, not just SLPs or psychologists. Behavioural specialists usually work as part of a team</p> <p>Demand</p> <ul style="list-style-type: none"> • Growth of students requiring behavioural services • Capacity to meet demand is limited • Connections program is the priority • ABA specialists provide modelling/coaching more than direct service • Important to facilitate transition from clinical to school setting • Direct service is not sustainable <p>Future Demand</p> <ul style="list-style-type: none"> • Number of students is growing each year • Connections is a priority - through PPM 140— more ABA strategies will be used • Need to build capacity on broader level • For the Behaviour team, it will be important to work with mental health teams • Supervision—do not have concern with the capacity or knowledge of current staff
Colleges and Universities	
Need for Regulation	<p>Would Certification help?</p> <ul style="list-style-type: none"> • Great benefit; make our program stronger; Recognition would improve enrollment
Approach to Certification/Regulation	<ul style="list-style-type: none"> • See Special Ed and children’s mental health as growth areas; stick with the BACB process – do not re-invent the wheel; BACB is internationally recognized; • Create technician level in the future •
Supply/Demand	<ul style="list-style-type: none"> • Graduate employment rates: 82%-100%, • Capacity to offer BA certification-ready courses: 5 yes, 1 no • Potential capacity to provide course that would allow graduates to become registered: 5 yes 1—already do it • Interest in providing course that would allow graduates to become registered: 6 yes
College of Psychologists	
<p>(Note: This is based on an interview with staff, but does not represent an “official” position of the College. The position of the College would have to be approved by the College Council.)</p>	
Need for Regulation	<ul style="list-style-type: none"> • It was noted the description of activities was very broad. It would appear that some psychologists do perform BA services. In order to determine whether or not psychologists perform services within a scope of practice given to BAs, a more specific scope of practice

Theme	Findings
	<p>statement would be required.</p> <ul style="list-style-type: none"> The College has no current guidelines or practice standards related to BA
Approach to Certification/Regulation	<ul style="list-style-type: none"> It is also important to determine who specifically will be regulated, in what settings, providing what services, under whose supervision? Is this just for ASD children, or adults, or persons in corrections facilities? There will be a need to examine the education and experience requirements for those to be regulated. There was some discussion on whether or not there were alternatives to regulation, such as some form of consumer protection legislation or program requirements. It was noted that the Government has recently said no to the regulation of Physician Assistants as well as Mental Therapists. There is potential for overlap of practice between psychologists and BAs based on the BACB definition as well as psychotherapists and mental health therapists—need clear scope of practice for BAs <p>Inter-professional Collaboration Impacts</p> <ul style="list-style-type: none"> It would depend on the scope of practice given to BAs. However, in no event should the scope of practice given to BAs be exclusive to BAs, if it limited the services provided by psychologists in this field. The college participants said that there was concern in the USA that BAs would be given exclusive scopes of practice and that psychologists in some states opposed licensure of BAs. It was clarified that in none of the 13 states that require licensure were psychologists prohibited from providing BA services. The Council of the College of Psychologists is interested in the regulation of BAs and is creating an advisory group to study these topics and report to Council. The college would like to be consulted on discussions related to scopes of practice to ensure that there will be no adverse consequences on the ability of their members to provide the services they currently provide.
<p>College of Social Workers and Social Service Workers</p> <p>(Note: This is based on an interview with staff, but does not represent an “official” position of the College. The position of the College would have to be approved by the College Council.)</p>	
Need for Regulation	<ul style="list-style-type: none"> The college is not aware of evidence of the need to regulate. It also depends on whether or not this is a new profession or another treatment modality being provided by existing regulated professionals.
Approach to Certification/Regulation	<p>Overlap in Scope</p> <ul style="list-style-type: none"> The college does not keep statistics that would identify members who

Theme	Findings
Regulation	<p>provide BA services. However, based on the description of services included in the BA scope of practice, there are social workers and social support workers who provide these kinds of services and who work for agencies that serve autistic clients.</p> <ul style="list-style-type: none"> • This is a similar situation to the regulation of psychotherapy, where a number of professions were authorized to perform the controlled act. <p>BA Practice Standards</p> <ul style="list-style-type: none"> • The college does not have standards specifically for the provision of BA services. However, the code of ethics and other standards that apply to social workers and social support workers must be met. <p>Impact on Inter-professional Collaboration?</p> <ul style="list-style-type: none"> • It could be harmful if a new profession were given an exclusive right to provide BA services through a controlled act that would exclude professions which are already providing these services. This would have to be thoroughly examined as it was during the discussions on the regulation of psychotherapy. <ul style="list-style-type: none"> •
<p>College of Teachers</p> <p>(Note: The following was received in response to a questionnaire, but does not represent an “official” position of the College)</p>	
Need for Regulation	<p>Provision of BA</p> <ul style="list-style-type: none"> • College members may work with BAs in school settings when dealing with students having special education needs • The College, however, does not track College members’ employment or what specific types of educational services College members provide – the College tracks College members’ certificates and any additional qualifications they may hold. <p>Need for Certification/Regulation</p> <ul style="list-style-type: none"> • The College may not be in an informed position to comment on whether or not another “profession” should be regulated. However, the College does support self-regulation of a profession in the public interest. The College understands that each profession has the unique knowledge and expertise to establish professional ethical and standards of practice and establishing and maintaining professional requirements. <ul style="list-style-type: none"> •
Approach to Certification/Regulation	<p>Overlap in Scope</p> <ul style="list-style-type: none"> • The College is aware that College members, including principals, supervisory officers, special education consultants and classroom teachers, work with students having special needs. In order to do so, those individuals must hold special education qualifications, as specified

Theme	Findings
	<p>under the College’s legislation and regulations. See above.</p> <p>In addition, College members are expected to follow school board and Ministry of Education policies and guidelines, such as Policy/Program Memorandum No. 140 (“Incorporating Methods of Applied Behaviour Analysis (ABA) into Programs for Students with Autism Spectrum Disorders (ASD))”, and associated resource guides.</p> <p>Impact on Inter-professional Collaboration</p> <ul style="list-style-type: none"> College members regularly work and collaborate with other professions within the scopes of their respective practices. Such professionals would include, but are not limited to, social and social service workers, psychologists and early childhood educators. <p>The College believes that the opportunities for such collaboration among professionals are beneficial for students.</p>

Quantitative Survey Results

RAPON and Subcontractors Employer Survey Results

Do you mostly serve children (under 18 years of age), or adults, (who are older than 18) - Please choose the best answer for you.		
Answer Options	Response Percent	Response Count
Both	28.6%	8
Children	67.9%	19
Adults	3.6%	1
	<i>answered question</i>	28
	<i>skipped question</i>	1

Do you mostly serve people who have been identified as being on the Autism Spectrum?		
Answer Options	Response Percent	Response Count
Yes	67.9%	19
No	32.1%	9
	<i>answered question</i>	28
	<i>skipped question</i>	1

How many staff in your programs deliver applied behaviour analysis services?	
Answer Options	Response Count
10 or Less	13

Certification/Regulation for ABA Practitioners—Final Report
 Prepared for the Ministry of Children and Youth Services
 Appendix C: Detailed Results of Stakeholder Focus Groups and Surveys

11-50	5
51-99	1
100+	5
<i>answered question</i>	
	24

What qualifications do you require for staff to deliver ABA services in your organization? Please check all that apply

Answer Options	Response Percent	Response Count
1-3 Years of Experience in your field	78.6%	22
5+ Years of Experience in your field	28.6%	8
Specific ABA Experience	67.9%	19
BACB Certification	21.4%	6
Relevant Degree	75.0%	21
Other	28.6%	8
<i>answered question</i>		28
<i>skipped question</i>		1

Do you think the demand for ABA services will increase, decrease or the stay the same over the following time periods (short, medium and longer term)?

Answer Options	Increase	Decrease	Stay the Same	Response Count
1-3 years	26	0	2	28
4-5 years	21	0	7	28
6-7+ years	17	0	11	28
<i>answered question</i>				28
<i>skipped question</i>				1

Do you perceive any current risks to clients or quality of service concerns related to ABA practitioners today?

Answer Options	Response Percent	Response Count
Yes	77.8%	21
No	22.2%	6
<i>answered question</i>		27
<i>skipped question</i>		2

If ABA service providers should be regulated, should it be by a type of BACB certification or through a government mandated regulatory College? Please mark an "X" for your answer.

Answer Options	Response Percent	Response Count
BACB Certification	65.2%	15
Government mandated regulatory College	34.8%	8
<i>answered question</i>		23
<i>skipped question</i>		6

ABA Practitioner Survey Results (Staff from RAPON agencies and subcontractors and private providers)

Do you mostly serve children (under 18 years of age), or adults, (who are older than 18) - Please choose the best answer for you.		
Answer Options	Response Percent	Response Count
Both	18%	27
Children	70%	107
Adults	13%	19
<i>answered question</i>		152
<i>skipped question</i>		3

Do you mostly serve people who have been identified as being on the Autism Spectrum?		
Answer Options	Response Percent	Response Count
Yes	70%	106
No	11%	17
Serve People with and without ASD	19%	29
<i>answered question</i>		152
<i>skipped question</i>		3

What qualifications do you do you think practitioners should have to deliver ABA services?		
Answer Options	Response Percent	Response Count
1-3 Years of Experience in your field	40%	64
5+ Years of Experience in your field	28%	42
Specific ABA Experience	66%	102
BACB Certification	58%	90
Relevant Degree	58%	88
Other	?	?
<i>answered question</i>		154?
<i>skipped question</i>		1

Do you perceive any current risks to clients or quality of service concerns related to ABA practitioners today?		
Answer Options	Response Percent	Response Count
Yes	90%	90
No	10%	10

<i>answered question</i>	123
<i>skipped question</i>	32

In your view, would a requirement for ABA practitioners to hold a BACB certification be desirable or necessary?		
Answer Options	Response Percent	Response Count
Desirable but not necessary	8.16%	8
Desirable	9.18%	9
It should be a Requirement	3.06%	3
At certain levels/For those who are Supervising	19.38%	19
Necessary	11.22%	11
Yes	37.75%	37
No	11.22%	11
Overall Positive Responses (from above)	88.77%	87

In your view, would a requirement for ABA practitioners to hold a BACB certification be desirable or necessary?		
Answer Options	Response Percent	Response Count
Desirable but not necessary	8.16%	8
Desirable	9.18%	9
It should be a Requirement	3.06%	3
At certain levels/For those who are Supervising	19.38%	19
Necessary	11.22%	11
Yes	37.75%	37
No	11.22%	11
Overall Positive Responses (from above)	88.77%	87