

The Identified problem created by the lack of licensure in Nebraska

We have updated numbers for job market analyses and the current number of behavior analysts in Nebraska.

Link to most recent job market analysis: https://www.bacb.com/wp-content/uploads/2022/02/BurningGlass2022_220208.pdf

Link to current BCBA Numbers in Nebraska: <https://www.bacb.com/services/o.php?page=101134>

As of March 2022, there are 167 BCBAs and BCBA-Ds in Nebraska. In 2021, there were 265 job postings seeking a BCBA. This number was 187 in 2020. This is a 42% increase in demand in just one singular year.

- *There are 167 BCBA(D)s in Nebraska*
- *An additional 265 BCBAs are needed in Nebraska to meet today's demand.*

These numbers show the demand for BCBAs in the Nebraska is expediently bigger than the current number of BCBAs.

Based on certification trends and examining linear growth projections, the state of Nebraska is not projected to have enough BCBAs to meet CURRENT demand for at least another 5 years. During this time, the number of job postings seeking BCBAs is expected to increase, further widening the gap between the supply and demand for BCBAs.

The problem is that the demand currently exceeds the supply and trends suggest that gap is only going to widen. We are concerned that non-certified and non-qualified individuals will attempt to fill the gap. Non-credentialed people, who don't have the appropriate training to work with largely vulnerable populations, puts the constituents at risk for harm. Without licensure, these non-credentialed people fall outside the jurisdiction of the BACB and the State of Nebraska does not have jurisdiction without licensure to protect the constituents of Nebraska.

The rate of people passing the BCBA exam shows that future years will produce numerous practitioners that can fill the gap between the supply and demand for BCBAs, if Nebraska can attract providers to the state. As of March, 2022 there are just shy of 50,000 BCBAs nationally with 10,460 of those passing the exam in 2021 alone. Certification trends by year do not show any signs of leveling off in the near future. (See certification number data here: <https://www.bacb.com/services/o.php?page=101134>)

Given that the number of BCBAs is dramatically increasing each year, there should be no reason that inappropriately trained and unqualified people be relied on to provide critical behavioral services to populations that are largely considered vulnerable populations. The constituents of Nebraska deserve to be assured their provider is qualified to deliver quality services and will be held responsible for any harm or mis-application of behavior analytic approaches to services.

We have addressed questions asked by committee member Stephen Peters below:

1. In the first sheet, what is the purpose of justifying the “peer reviewed” work done regarding ABA? Is there a question of validity?

-There is not a question regarding the validity of the science that informs ABA. We mention this simply because the profession of behavior analysis is widely misunderstood, and this provided context for those who are not familiar with the science that serves as the basis for the profession. More information regarding the specifics of the validity is discussed below in additional answers.

2. Of the listed organization: are they locally owned and operated?

a. How many are out of state owned/operated

-This question is difficult to answer because several new private LLC companies providing ABA-based therapy are opening at a rapid pace. Below I listed the companies that are hiring for BCBA's through an Indeed Job Search for positions seeking a BCBA in Nebraska. I looked into the locations where these companies are located as well as the year they were established in Nebraska. See below for that information. Keep in mind the employers listed below are the ones found during a job search on Indeed. There are other ABA-based clinics in the state that may not be hiring at this point in time. Therefore, the below is not an exhaustive list of employers of BCBA's in the state. The below are only companies and agencies that employ BCBA's. BCBA's are qualified to be independent practitioners and may practice as an individual. Those instances are not represented below.

Company	Location of Main Contact Office	Established in Nebraska
UNMC	Nebraska – based, but several programs and departments are housed through the University of Nebraska Medical Center	2005
State of Nebraska	Nebraska-based. Is not an ABA-based company but employs BCBA's	2009
Behaven Kids	Nebraska-based	2009
Behavior Matters	Not based in Nebraska. Has centers in Alaska, California, and Nebraska	2013
Golden Steps ABA	Centers located in Georgia, Indiana, Maryland, Massachusetts, New Mexico, North Carolina, Oklahoma, Tennessee, Virginia. Establishing in Nebraska	2020
Duet (previously ENCOR)	Not an aba-based company, but employs BCBA's	2020
Above and Beyond Therapy	Based out of New Jersey. No info online where centers through this company are located.	2020
Stride Autism Centers	Companies out of Illinois and Iowa, now establishing centers in Nebraska	2021
Autism Learning Collaborative	Centers in New Mexico, Texas, Oklahoma, now establishing in Nebraska	2021
Nebraska Behavior Supports (through BK Behavior Ventures)	Not Nebraska-based. There is an overarching company with locations in New York, New Jersey, North Carolina, Georgia, Kansas and Nebraska. Employs BCBA's in Nebraska to oversee the Nebraska location. Some services being provided in Nebraska are from providers located out of state.	2021

<i>Step Ahead ABA</i>	<i>Centers located in Indiana, North Carolina, now establishing in Nebraska</i>	<i>2022</i>
<i>Encore Support Services</i>	<i>Centers in New York, New Jersey, and Michigan</i>	<i>2022</i>
<i>Omaha Public Schools</i>	<i>Nebraska. Is not an ABA-based company but employs BCBA's</i>	<i>2022</i>
<i>Balance Autism</i>	<i>Based out of Iowa, looking to establish centers in Nebraska</i>	<i>TBD</i>
<i>Maxim Healthcare Services</i>	<i>Centers in California and Washington State, looking to establish in Nebraska</i>	<i>TBD</i>

Other companies our Public Policy Group knows of through client referrals or through online recruiters for ABA providers. Keep in mind these largely represent the Omaha/Lincoln area and may not represent locations or providers further West in the state, although we attempted to identify as many service providers as possible.

<i>Company</i>	<i>Location of Main Contact Office</i>	<i>Established in Nebraska</i>
<i>Childhood Autism Services</i>	<i>Nebraska-based</i>	<i>2011</i>
<i>Lovaas Institute</i>	<i>Not Nebraska-based. Services provided nation-wide</i>	<i>2012</i>
<i>Mosaic</i>	<i>National Office is in Omaha. Not an ABA company, but employs BCBA's.</i>	<i>2014</i>
<i>Answers for Autism</i>	<i>Nebraska-based</i>	<i>2015</i>
<i>The Spectrum Center for Autism</i>	<i>Nebraska-based</i>	<i>2015</i>
<i>Radical Minds</i>	<i>Nebraska-based</i>	<i>2016</i>
<i>Dynamic Learning Inc</i>	<i>Nebraska-based</i>	<i>2018</i>
<i>Focused Behavior Solutions</i>	<i>Nebraska-based, have centers in Washington state</i>	<i>2019</i>
<i>Autism Services of Lincoln</i>	<i>Nebraska-based</i>	<i>2020</i>
<i>Spectra</i>	<i>Nebraska-based</i>	<i>2021</i>
<i>TYGES Behavioral Health</i>	<i>Based out of Virginia</i>	<i>Unknown. A recruiter informed me services are occurring in Nebraska, but we can't find information online.</i>
<i>Unknown</i>	<i>One PPG member, Desiree Dawson requested information from a recruiter via her LinkedIn page. The recruiter would not disclose the name of the provider she was recruiting for and would not provide a company name. The only information provided is her client was looking to expand services in Nebraska.</i>	<i>Unknown</i>

b. How many out of state ABA organizations are serving NE?

-This is also difficult to answer because it is not fully known. We do know of providers out of state, who may or may not be an independent practitioner, providing services via telehealth in Nebraska. Another service delivery model is the practitioner making clinical decisions is out of state but sending paraprofessional level therapists in the home of families to conduct hands on therapy. There is no way to have a definitive answer to this question, but we know providers outside Nebraska are providing services to Nebraska constituents.

c. It says 107 here, but later I think the number is higher (do these people ONLY DO ABA)?

-The number is constantly in flux because there are not specific times in which someone who has met the qualifications can sit for the exam administered through Pearson Vue Testing centers. As of February 2022, there are a total of 167 BCBA's in Nebraska. Without looking into each individual person, it would be impossible to know how many solely practice the profession of behavior analysis. Some BCBA's hold other credentials such as LMHP's, LIMHP, LP, etc. It is possible for a person to hold a credential but not practice under it.

3. This is UNCLEAR – there is no description of the request or a change in scope or a new requirement.

a. What is the intent?

-Applied behavior analysis and functional behavior assessments are defined services in the state of Nebraska. In addition, Board Certified Behavior Analysts (BCBA) may provide these services for the state of Nebraska and through Medicaid, but only under the provision of a licensed psychologist, licensed independent mental health provider or APRN. These individuals may not have the expertise to supervise behavior analysis services. The intent of this application is to allow for BCBA's to be licensed in Nebraska to provide ABA services independently.

b. What is the issue?

-Through the State of Nebraska, BCBA's are not credentialed or licensed. There are no regulatory bodies to oversee the practice of behavior analysis in Nebraska. The mis-application of behavior analysis strategies can result in harm through by increasing dangerous behaviors to self or others.

c. Is there an issue with the scope that needs changing

-There is not currently a scope of practice for credentialing or licensing of individuals who practice behavior analysis in Nebraska. The Behavior Analysis Certification Board (BACB) is a national credentialing body primarily responsible for helping determine national scope of practice for the profession and developing and managing eligibility examination for certification. The BACB has no regulatory power in Nebraska over what individuals may do who claim to practice behavior analysis without a credential issued by the BACB.

d. Is the SCOPE of other professionals that is the issue? (They are NOT ABA certified?)

-We are not seeking to regulate the scope of practice of other professionals who are providing services consistent with their training and under the oversight of their practice

boards. Our concern is the practice of individuals who call themselves behavior analysts (whether they have a BCBA or not) and or engage in behavior analysis without the minimal requisite training established by the behavior analysis profession which can result in harm towards others.

e. Are you requiring/requesting that NON-ABA people practicing ABA be certified/credentialed with the ABA Associations listed?

-We would expect anyone providing behavior analysis services and/or calling themselves a behavior analyst be licensed in the state of Nebraska to engage in behavior analysis practice. There is some overlap with some professions, such as psychology, where some of their members have requisite training to practice behavior analysis and these professions are listed in our proposed exempt categories. They would practice behavior analysis under their psychology license and oversight of that practice occurs under the Psychology Board.

f. Can you define the problem that compels you to request licensure.

-The mis-application of behavior assessment and behavior intervention can make problem behaviors worse and cause harm as well as increase resistance to later treatment efforts. A very basic example may be the simple recommendation to ignore a child with a disability who is banging their head on the floor during a tantrum in order to decrease head banging or tantrum behavior. This is a mis-application of basic principle of extinction as it is likely head banging will increase if it is maintained by attention by the parent and the parent will be forced to attend to the child as the severity of the headbanging increases. Or it may be the tantrum and head-banging were occurring because it allowed the child to avoid or escape a task they did not want to do. The problem will get worse. Actual injury will occur to the child. This is not an uncommon occurrence for children that are seen referred to more intensive clinical services and even for adults with problem behaviors. The mis-application of behavior assessment and interventions is seen daily in the disturbing behavior problems seen in many of our group homes, residential settings, schools, and community.

The likelihood that non-trained and non-credentialed individuals may engage in unregulated practice in Nebraska is a concern for the NEABA Public Policy Group. The demand for behavior analysts in Nebraska is more than double the current number of behavior analysts in Nebraska. Linear growth projections don't anticipate having enough behavior analysts in Nebraska to meet today's demand for at least another 5 years. In that time, we fear non-trained and non-credentialed individuals will be inappropriately providing services to vulnerable populations to fill the gap between the supply of behavior analysts and the demand for behavior analysts. This puts any individual served by these individuals at risk for harm.

g. Are you requiring only ABA to be licensed to do ABA?

-Yes, anyone calling themselves a behavior analyst and practice behavior analysis would need to be licensed in Nebraska unless they are practicing under a professional license that includes behavior analysis in their scope of practice as outlined in our proposed exemptions.

4. **This goes with 3. What do you seek?**

-Should be answered above

a. Define the intent –

-Should be answered above

b. Are you looking to advance your profession due to others less qualified?

-We are seeking to prevent those without requisite training and expertise to practice behavior analysis in Nebraska.

c. Are you looking to get those educated and able to do this, certified and licensed?

-Yes, there are degree programs in Nebraska and world-wide that provide relevant training for licensure. Some programs offer online courses, and those students can receive the needed practicum oversights with quality BCBA providers in the state.

d. Does lic. Solve the problem or issue (that has yet to be identified)

- Licensure will allow for regulation of the profession through an oversight board such that individuals practicing behavior analysis will be expected to have met nationally recognized standards for education and training for the profession, and will be expected to demonstrate continuing education. It will allow the consumers a place to register concerns or complaints against those who do harm.

e. Is lic. A means to standardize the ABA group and then those practicing ABA.

-See above for purpose of licensure. The profession is already established on a national level and recognized by 33 other states. We want to protect the consumers of behavior analysis services in Nebraska by providing oversight of those who call themselves behavior analysts or state they are practicing behavior analysis

f. Do you want to stop those NOT ABA

-We want to stop those without requisite education and training as determined by the profession of behavior analysis from practicing behavior analysis and putting the constituents of Nebraska seeking behavior analytic services at risk for harm.

g. SCOPE Of practice last sentence: Who then does all that – that the ABA person does not/can not do?

-These are services typically provided by other professions such as psychologists or physicians or mental health providers that have training on components of the profession of behavior analysis. This is similar to various levels of overlap in the scope of practice for RN, APRN etc. We are requesting that other professions that have components of behavior analysis within their scope of practice not need to become licensed as a behavior analyst because the areas of competence are covered within their scopes of practice. We do not wish to regulate or change scopes of practice of other professionals that are already competently trained within their profession's scope.

i. Who decides ABA is the right approach to therapy?

-Typically, the behavior analyst will receive a referral from a licensed professional such as a physician or psychologist who recognizes the need for behavior analytic services. The behavior analyst will conduct assessments to determine if they are the professional who can best meet the need of the individual. If not, they will refer to appropriate provider.

EXEMPTIONS SECTION:

Very confusing. Are these people exempt from the lic. Requirement you seek? They can practice ABA but not get the lic?

-Yes, we request these professions listed in our 407 Application are exempt from our license because components of behavior analysis are included in their competency and scope of practice. As stated earlier, we are not interested in changing or regulating other professionals that are competent in providing services that have some overlap with the profession of behavior analysis.

SO who exactly are you targeting? This is a very larger EXEMPTION

In-State people?

Out of state companies and organizations.

-We are seeking licensure to ensure any individual providing ABA-based services to consumers in Nebraska have met at least the minimum competency to do so. Exemptions are common in practice as there is some overlap between professions in the services they may provide. Scope of practice is written broadly for professions, but not everyone in that profession is capable of providing a service. There are some in the mental health field or in psychology who can provide behavior analysis services. They would practice under their psychology or mental health license and under the oversight of their practice board. However, most providers within those professions do not have the competence to do so. There is a need for behavior analysis services in Nebraska that can't be met by these other professions. Licensure of behavior analysts would allow for help addressing the substantial behavior health needs in Nebraska, particularly for those with developmental disabilities across the lifespan. However, we must ensure that those providing these services are adequately trained and have oversight at the state level.

5. SCOPE OF practice last sentence: Who then does all that—that the ABA person does not/can not do?

-Please see the answer to 4g above.

Who decides ABA is the right approach or therapy?

- Please see the answer to 4g above.

I am not at all certain this section 5 was answered.

Some out of place things here:

a. Very last paragraph – can you explain what that means and how is that a restriction placed?

-There currently are no restrictions. I don't believe our group mentions restrictions in our answer to question 5 of our 407 Application.

b. You explain some procedural issues here –

c. What limits in your actions have you encountered by the current process (are you restricted in any way)

-There currently are no restrictions. This plays into our main concern. The pool of individuals who can claim to be a behavior analyst and attempt to provide behavior-analytic services in Nebraska is not restricted. Anyone without a behavior analytic credential from the national certifying body (BACB) can provide services in Nebraska. Any harm done by these individuals is outside the jurisdiction of the BACB and cannot be addressed by the State of Nebraska because Nebraska does not currently license behavior analysts.

d. What are those restrictions?

-There currently are no restrictions.

e. Are those restrictions of scope

Since you discussed the assessment process in 5 (I have question about that then)

Diagnosis and Assessment:

Help me here – WHO administers the assessment? Is the assessment a GENERAL ASSESSMENT or is it ABA specific assessment?

-Behavior analysts will conduct behavioral assessments that focuses on reason for referral (e.g., referral of young child with autism may lead to assessments that includes a functional behavior assessment (assessments that identify the reason for behavior) and skill-based assessment vs. referral of older child engaging severe challenging behaviors may lead for functional behavior assessment only). Behavior analysts utilize many assessments, some of which are specific to behavior analysis and some that can be conducted by other professionals with reasonable training to conduct them correctly. All assessments used by behavior analysts are included in the educational standards set by the certification board.

When is the assessment done (after diagnosis, during)

-Assessment is typically conducted after diagnosis, but in some cases an individual may not have a specific diagnosis (e.g., a BCBA may be referred to support an older child in a school classroom that does not have a diagnosis but is engaging in severe behaviors that are dangerous to staff and peers). Behavior analysts who focus on skill acquisition may repeat certain assessments over time to visually analyze the acquisition of skills while receiving behavior-analytic services.

Is it an ABA specific assessment, then are there other NON-ABA assessments used?

-No, "non-ABA" assessments would not be used. Everything a behavior analyst does is tailored to the needs of the individual client. Any assessment compatible with the behavioral philosophy of behavior analysis would be used. These can include the Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP), Assessment for Basic Language and Learning Skills (ABLLS), Assessment for Functional Living Skills (AFLS) as well as assessment such as functional analyses that are completely individualized to the individual and are not standard across clients. This particular assessment requires a high degree of training and oversight before one can conduct this assessment independently.

If I am only using an ABA assessment, how impartial is the assessment?

-Many assessments commonly used by behavior analysts were developed by members of other professions such as School Psychologists, Licensed Psychologists and Speech and Language Pathologists. Because such a diverse background of individuals has contributed to the assessments

used by BCBAs, this decreases the likelihood that BCBAs are only assessing with tools provided by other BCBAs.

Does the assessment allow for a second opinion?

-As stated above, several assessments are used by behavior analysts to address the reason for referral. All assessments allow for a second opinion, but this is not typical. Pertaining to functional behavior assessment, results are typically viewed by several professionals before a function is determined. If a parent or caregiver disagrees with the results of any assessment, they are welcome to ask another professional in the field to repeat the assessment to either agree or disagree with the results of the original assessment.

Who else sees this assessment?

-With any assessment conducted, the parent, legal guardian, or the client themselves if they serve as their own guardian, has the option to share the results with whomever they wish. Caregivers will often request the behavior analyst shares the results with other professionals contributing to the care of the client. This can include school personnel, speech and language pathologists, physical therapists, occupational therapists, psychologists, and other mental health professionals.

IS the assessment validated? Scientific?

-Yes, behavior analysts use assessments and behavioral interventions that are based on research finding the assessment and treatment to be effective.

Who created this assessment?

-The answer to this question depends on the specific assessment. For example, Dr. Brian Iwata, who received his doctorate in Clinical and School Psychology, developed the methodology for the Functional Analysis. Iwata et al., 1982/94 pushed the field of behavior analysis away from simple behavior modification to first systematically and empirically identifying the function of the behavior. The functional analysis has been replicated and validated through thousands of studies. Subsequent researchers have published modifications to make this assessment more quick (Northup et al., 1991), safe (Thomason-Sassi et al., 2011), and amendable to classroom settings (Bloom et al., 2011). Each of the cited articles here have also been validated through subsequent replications.

Another common assessment used is the Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP). This assessment was developed by Dr. Mark Sundberg BCBA-D.

Barbara Esch Ph.D., BCBA-D, CCC-SLP, developed the Early Echoic Skills Assessment, which is a sub-assessment in the VB-MAPP mentioned above.

The Assessment of Basic Language and Learning Skills (ABLLS) was developed by Dr. James Partington, a Licensed Psychologist and BCBA-D.

Dr. Partington, along with Dr. Michael Mueller (doctorate in School Psychology) developed the Assessment of Functional Living Skills (AFLS).

Various other published research in behavior analytic journals has provided methodology for individualized assessments to determine the best error correction procedures, best prompting procedures and identifying the best competing items with problematic behaviors. Each of these assessments is designed to assess for the most effective procedures to use with specific clients given

the client's strengths and responses to certain teaching strategies. This is not an exhaustive list of assessments used by behavior analysts.

If I work for a larger organization – do all of the members of that organization use the same tool?

-All BCBA's use the similar types of assessments but in some cases will use different "tools" (e.g., use of the different rating scales, use of different interviews, direct observation data sheets). But, the purpose is always the same – to conduct an objective assessment of the client's behavior and to develop a treatment plan that includes meaningful, socially significant goals (e.g., goals that are functional and important to the child and family).

If I am a NON-ABA but have training and years of expertise, can I have access to this assessment?

-If you are not a behavior analyst you can learn to conduct ABA assessments, but we cannot say that you have had the same level of training as BCBA's (e.g., supervision, coursework, test.) to do so – often this leads to ineffective treatment plans and/or plans that lead to harm. Most assessment information can be located online.

Do I make my own assessment?

-Unless research is occurring to validate a new assessment, all assessments used are based on empirically validated data.

6. Can all of those people use the assessment? Do they treat? Or do they get direction from the professional?

BCBA's who have demonstrated competency with the specific assessment being used can conduct these assessments and develop behavioral treatments. In these instances, the BCBA's provide the direction for treatment because they are the professional most intimate with the assessment outcomes and how those inform ABA-based treatment. BCBA's typically include training caregivers and other stakeholders in the effective treatment.

7. Thanks for those unique qualifiers – are they that different from other behavioral professions (others trained in the behavioral sciences)

*-Yes, these qualifiers are different from other behavioral professions. Other behavioral professions do not focus on the unique qualifiers that were mentioned in our application: applied, behavioral, analytical, technological, conceptually systematic, effective, and generalized. Behavior analysts continually strive to adhere to these qualifiers as we practice behavior analysis. These qualifiers were published by Baer, Wolf, and Risley, 1968 in the flagship journal *The Journal of Applied Behavior Analysis*.*

Others who are trained in behavioral sciences could have studied a wide variety of ways to work in behavioral professions, such as counseling, case management, public health coordination, anthropology, correctional treatment, social services, criminology, probation officer, special education, grief counseling, etc... Many of these areas of behavioral science might include studying behavior analysis briefly; however, behavior analysis is not at the core of these other behavioral professions.

A. The inclusion of the "peer reviewed" comment and data

a. Why include that? If your methods are proven, then how is this important?

-The NEABA Public Policy Group is unable to find mention of peer-reviewed comments in our response to question 7 of the 407 Application.

b. In reviewing this discipline, I found a large amount of conversation and papers and other materials pointing out that Peer Reviewed does not meet the scientifically validated – this is a common topic about ABA.

i. So here is my question – HOWEVER note that since there is no ISSUE or PROBLEM identified, I assume you are claiming that those people doing ABA are not qualified. They should not be doing ABA

-Some people who claim to be providing ABA are not qualified. They do not use scientifically valid behavior change procedures and should not be providing ABA services. Here's a typical example:

A 30 year old man with developmental disabilities, who lives in a group home, starts to hit others. A non-licensed person (not a board certified behavior analyst) writes a behavior plan for him. This plan instructs staff to only let him go out for fun activities if he has not hit anyone that day. If he hits, he has to stay home and misses the fun activity.

This type of intervention is a horrible disservice to the man who was hitting. A licensed (or board certified) behavior analyst would know that to stop him from hitting, one needs to determine why he is hitting and teach him a replacement behavior that meets the same need.

To continue with this example, a licensed (or board certified) behavior analyst, through a functional behavioral assessment process, might discover that the man is hitting because people are getting in his space. Others are too close to him. A licensed behavior analyst would know that to get him to stop hitting, they will need to teach him another way to get people out of his personal space. One behavior that might replace hitting could be for him to move over, another behavior might be to ask others to back up.

The intervention of not letting him go out when he has hit, does not teach him how to meet his needs. He will still have the problem of others getting in his personal space and now he will be upset because he has missed fun activities.

1. Is there a question about the scientific validity of ABA method, why does it matter if a NON-Certified ABA person is performs ABA?

-Those of us who have graduate degrees in behavior analysis do not question the scientific validity of applied behavior analysis. Non-certified persons should not perform ABA because they are at high risk to do harm, as described in the example of the man who hits. Without clear training in the foundational principles of how behaviors are acquired, evoked, and maintained, it is possible, even likely, to accidentally teach individuals to engage in more severe maladaptive behaviors, thus increasing the risk of harm for the client and individuals around them.

2. Should there be more scientific analysis done?

-Yes, as a field, we value scientific investigations to expand our knowledge of behavior and evidence-based interventions.

Does more scientific analysis need to be completed to ensure the science driving the profession are sound? No. The science has been examined with such rigor that the American Medical Association has recognized ABA-based therapy as a therapy with enough scientifically validated rigor that Category 1 CPT codes can be billed for services. Category 1 is only approved if the supporting scientific evidence meets the American Medical Association's rigorous evidence standards.

B. With all of this peer reviewed data, can one find data on NON-ABA certified people administering or successfully using ABA techniques?

-Yes. In our experience, people who have received good training but are not certified yet, and are working towards becoming certified, are likely to use ABA techniques well under supervision by someone certified in behavior analysis. These individuals would have ongoing supervision from a BCBA whom has additional training in supervision and more than one year in practice. Many times, these students are working in a university completing practicum.

a. Would NON_ABA professionals publish their results?

-Some people with PhDs in behavioral sciences might publish their results, especially those who have stayed in academia rather than in clinical practice. The scientific rigor demonstrated in the research is what determines whether the research submission is published, not the credential of the researcher submitting a research study for publication.

b. In states with licensure, is data available comparing?

-No. In most states with licensure people are only allowed to practice behavior analysis if they are licensed or are supervised by a licensed practitioner. In states with licensure of the title and practice, it is illegal for non-licensed behavior analysts to practice without a license.

c. If NON-ABA certified people are having equal success, is this an issue?

-We have not seen non-certified people have equal success practicing applied behavior analysis. We have seen many poorly designed behavioral interventions that ultimately are harmful.

8. You point out an issue with who supervises – yes I can see why no one has been trained to supervise – this is a narrow area here. Claiming they have the authority, but can't due to lack of training – how is that fixed? (We have to come bac to 8).

-The Behavior Analyst Certification Board has regulation on supervision of people practicing behavior analysis. This regulation is updated as needed and works fairly well.

What doesn't work well is that the State of Nebraska has regulations requiring a board certified behavior analyst (BCBA), who provides Consultative Assessment Services (also known as behavioral services) through Medicaid Waiver, to be supervised by someone who is licensed in an area other than behavior analysis. The State allows a LIMHP, licensed psychologist, or licensed APRN to supervise BCBAs providing behavioral services through Medicaid Waiver.

This can be fixed by allowing board certified behavior analysts (BCBAs and BCBA-Ds) to practice without supervision as was intended by their certification. Another way to fix this is to license behavior analysts, so they meet the criteria of being able to supervise those providing behavioral services through Medicaid Waiver in Nebraska.

9. **This is concerning no matter who is administering.**

10. **OK – so we have 138 BCBA's**

-At the time we submitted, there were 138 BCBAs and 23 BCBA-Ds for a total of 162 BCBAs in Nebraska.

a. How many NON-BCBA perform this?

-Data exists regarding the number of Board Certified Behavior Analysts (BCBAs) and doctoral level BCBA-D. Since the submission of the initial application there has been an increase of 1 BCBA (139) and 5 BCBA-Ds (28) in Nebraska) for a total of 167 BCBA(D)s. There is no source for the number of people who are performing these job duties who are not BCBAs or BCBA-Ds.

b. Have there been any know issues?

-There have not been issues reported to the BACB, but his is not a well-known local entity to which the public would make complaints regarding behavior analytic services provided by a BCBA or other professional. Even if a complaint was made to the BACB regarding a provider that is not a BCBA, that individual falls outside the jurisdiction of the BACB and cannot address the concern further. Issues have been made aware to the members of the NEABA Public Policy Group from current and past clients who claim to be dissatisfied with services provided prior to our services. Unfortunately, without the families disclosing the names of the previous providers, there is no way to know if the previous providers were credentialed as BCBAs or were practicing without the appropriate training. One NEABA committee member has had nearly half of the families she has worked with in Nebraska speak of concerns their family had with previous providers in Nebraska and have expressed, as constituents, wanting better protection for families seeking providers trained in ABA. Many of these families reported not knowing of any way to issue a complaint or report against their previous providers.

11. **Are you requesting changes in academics?**

-No, changes in academics are not requested. Academic requirements, as well as supervised fieldwork requirements, are set by the Behavior Analysis Certification Board (BACB) to be met by those applying for certification. Applicants must also pass the national certification exam. A link to the specific requirements is in the original application under question 11.

12. **OK/**

13. **Ok**

14. **Ok – so this is confusing. Where is the primary focus? What ages and what conditions? (It seems your world is about 95% Autism) I am not certain about 14.**

-The primary focus of services provided by BCBA's is to improve the social and behavioral outcomes for those who are receiving services. The recipients of those services are most commonly thought of as children with autism, but also include children and adults with intellectual and developmental disabilities. Neurotypical people also receive and benefit from the services of a BCBA to improve sports, work and adherence to health regimens. Business organizations benefit from the services of BCBA's whose focus is organizational behavior management. Youth incarcerated in treatment facilities also receive the services of BCBA's to decrease behavior that resulted in their incarceration and development of social and life skills to reduce the likelihood of recidivism.

It is also important to note the State of Nebraska employs BCBA's and requires that credential of a BCBA in the job postings.

SKIPPING to 19 (there are some additional questions here. We can wait.)
19.3 is wide open for discussion. --