FABA Florida Association for Behavior Analysis Observer

The Voice for Florida's Behavior Analysts *Spring 2019* *Volume 14 Number 2*

BACB Update

Questions and Answers from Margaret "Misty" Bloom, Esq. (Director of Regulatory Affairs & Chief Legal Counsel, Behavior Analyst Certification Board)

Q: *What happened in June of last year that prompted the BACB to send an email to RBTs and their supervisors in Florida reminding them of their reporting obligations and the RBT supervision requirements?*

A: The May 2018 AHCA moratorium on ABA providers under the behavior analysis benefit prompted initial suspicions. Further investigations revealed that BACB certificants were being investigated or sanctioned by AHCA and were not reporting those actions to the BACB. BACB audits also revealed that a large number of BACB RBT certificants in Florida were not being supervised in accordance with the BACB's requirements. While I am not allowed to discuss any individual ethics cases processed by the BACB, it became clear to the BACB that some BCBAs and BCaBAs were serving as the Responsible Certificant (now RBT Requirements Coordinator or RBT Supervisor) for RBTs who were practicing ABA and billing for behavior analysis, but not receiving the type and duration of supervision required by the BACB.

Q: *Was the issue that AHCA imposed different supervision requirements than the BACB?*

A: Funders have historically imposed supervision requirements that vary to some degree from the BACB's requirements. Ethical BCBAs and BCaBAs know that the RBTs for whom they are responsible must be supervised in accordance with the BACB's requirements, regardless of additional or different funder requirements. The BACB sent the June 28 email to Florida RBTs and their Responsible Certificants to emphasize the importance of assuring compliance with the BACB's requirements.

Q: Was the email successful? I saw that a second email was sent on July 5 claiming someone falsified the BACB's June 28 notice. What happened?

A: Falsified is a good descriptor. Apparently, the BACB's June 28 email was altered and a new paragraph was added that indicated that it was okay for the RBTs to not practice under the supervision of a BACB-certified supervisor until January 1, 2019.

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FEATURE ARTICLE – Never Before Published

By O. Ivar Lovaas, PhD

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In This Issue

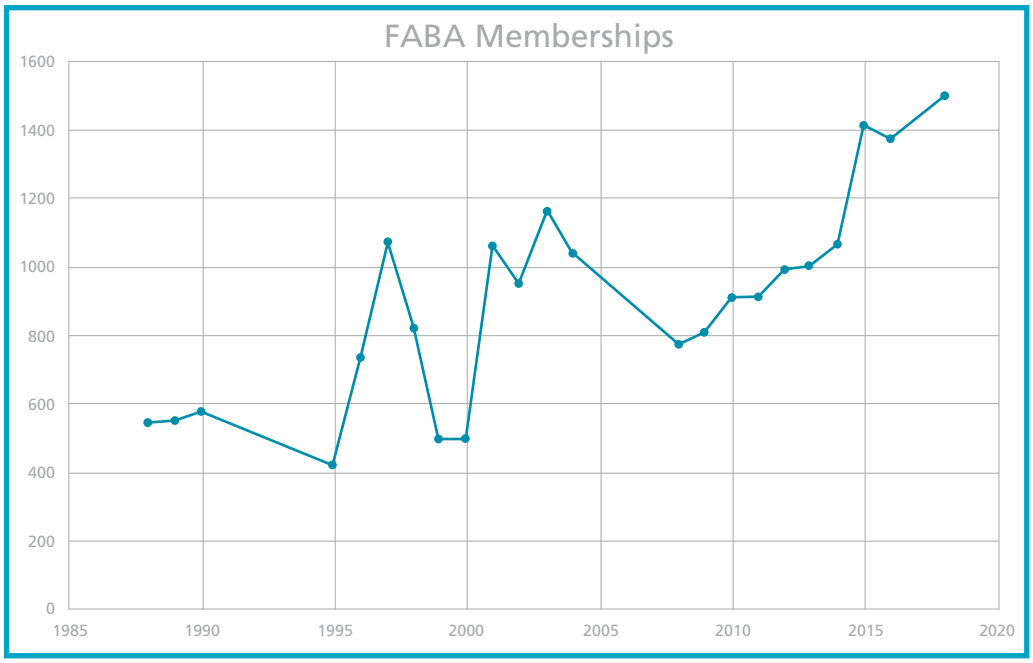
Membership Has Its Privileges

By Andrew Houvouras, FABA President

Andrew Houvouras

The Florida Association for Behavior Analysis is a growing organization. This is a data based fact:

Our membership is growing. When I joined the Executive Council, one of my interests was increasing membership, something that has happened during my time with FABA, although I take no direct credit for the trend. Years ago, I looked at the data, knowing data doesn't lie, and learned that the number of psychologists and members of the American Psychological Association dwarfed the number of BCBA's/BCaBA's. Aside from these numbers, at the time, there were licensure discussions involving how behavior analysts might be supervised, including from professionals with scant knowledge of ABA. "This isn't right," I thought at the time not realizing the advent of the Registered Behavior Technician (RBT) credential and the increase in ABA programs at colleges and universities would see the numbers of those interested in ABA and/or those working with and under the supervision of behavior analysts skyrocket and allay some of these fears.



Growth can come with a cost. FABA is no longer a small, intimate group of committed professionals. It is a large, influential collection of diverse behavioral scientist-practitioners whose membership is as diverse and broad as the applications of ABA to the human condition. As FABA members have learned, the beneficial changes in laws have opened up opportunities for practice as well as the possibilities of fraud.

Amidst any fluctuation in our numbers and the growing pains of a growing organization and field, ultimately, each FABA member is charged with asking, "What does FABA membership mean to me?" I've thought about this question and will attempt to answer it.

FABA membership itself is a privilege since not everyone can call himself or herself a member. The membership of FABA represents individuals who ran themselves through a gauntlet in work experiences, supervision and passing a BACB exam to be able to join the ranks.

FABA membership is a responsibility. Ethically, we are all bound to advance ABA in our own ways. Being part of a state organization fulfills part of our commitment to support ABA organizations.

FABA membership is prestigious. The practitioners, academics and trailblazers who came before us founded and envisioned a thriving group of critical thinkers, committed to the science of behavior and using the tools of science to improve the lives of others. The collection of names that have led and been active parts of FABA are a "Who's who?" of greats within ABA.

Bigger and stronger than ever, FABA still has room for growth. Maybe the most important question to anyone in ABA is not, "Why are you a member" but "How are you not?" Our relationships with FABA should be mutually reinforcing. Instead of, "What is FABA doing?" let's remain steadfast in saying, "What have I done for FABA." FABA needs you like you need it.

Stay active. Stay involved.

2019 Session Planning Underway, Focus on Behavior Analysis

By Eric Prutsman, Esq., FABA General Counsel & Lobbyist

Eric Prutsman
FABA Lobbyist

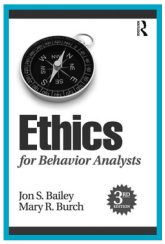
Although the 2019 Legislative Session started March 5, 2019, legislative committees have already been meeting and receiving reports from state agencies and budget offices for several weeks. Both the Senate and House have taken a focused interest in the Agency for Health Care Administration (AHCA) Behavior Analysis services program. Over the past several months, hundreds of parents and behavior analysis providers have reached out to their legislators, many through FABA's Action Center: www.fabaworld.org/action-center, to express concern and frustration with AHCA's suspension and termination of RBT's prior to the December 31, 2019, deadline to provide proof of RBT certification. Legislators responded by asking AHCA to explain the suspensions and provide a timeline to resolve the situation. AHCA immediately began processing reinstatements of RBTs and publishing the list online of "cleared" RBTs. Nearly 6,000 RBTs have been cleared as of this date and AHCA is continuing to reinstate providers. The Senate Health Policy Committee is monitoring AHCA's progress.

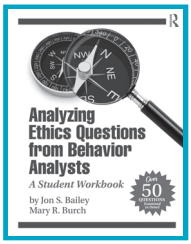
AHCA's testimony before the Senate Health Policy Committee revealed that Medicaid expenditures in the Behavior Analysis Services Program continue to show unprecedented growth. Monthly expenditures now exceed over $50 million a month for behavior analysis services. The Behavior Analysis Services Program is the fastest growing service in the Florida Medicaid program and has drawn the attention of House and Senate budget writers who are very concerned about the trajectory of the expenditures. AHCA has identified rampant fraud and billing abuse as a major contributing factor in the program's expenditures and is recommending further measures designed to curb the fraud and abuse.

The Agency indicated that the two most recent initiatives to address fraud: (1) extending the moratorium on the enrollment of new providers in Broward and Miami-Dade for another six months to mid-May 2019; and, (2) suspending and terminating RBTs that cannot provide proof of BACB RBT certification, is aiding in the effort to limit fraud. In addition, the Agency told the Committee that it is pursuing three other proposals to reduce fraud: (1) revising the Behavior Analysis Services Coverage Policy rule to strengthen requirements to ensure that behavior analysis services reimbursed are medically necessary and delivered as prescribed, and, requiring a more rigorous screening of behavior analysis provider requirements; (2) drafting a legislative proposal to require providers delivering behavior analysis services to be licensed by the Department of Health; and (3) requesting a $1.2 million appropriation to extend electronic visit verification to behavior analysis providers, similar to that currently required for Medicaid home health providers.

FABA testified in response to AHCA's presentation before the Senate Health Policy Committee with support for AHCA's efforts to eliminate fraud, but expressed concern that some of those same efforts were also making it difficult for parents to find providers, and hindering qualified providers from serving eligible children. FABA was also invited to testify before the Senate Appropriations Subcommittee on Health and Human Services, and was able to provide the committee with background information on behavior analysis, FABA, and the challenges that our members and their clients are facing on a day-to-day basis.

We expect policy issues and budget issues to "heat up" as we get closer to Session. Please watch for legislative updates and alerts from FABA. And thank you again to our members and parents who have connected with their legislators through the FABA Action Center.





Jon Bailey, PhD

Mary Burch, PhD

By Authors Jon Bailey and Mary Burch

Dual Relationship: BCBA/REALTOR®

NOTE TO READERS: This is the 38th in a series of articles on ethics where we answer questions from behavior analysts. This question came from a query through the new ABAEthicsHotline.com

QUESTION: "I have a situation that I would value your input on. I supervise a treatment team that consists of BCBA's and RBT's. One of the BCBA's works as a realtor on the weekends.

I'm currently in a situation in which my lease ends in a few months. I am renting a condo from a private owner. The owner has asked if I would like to purchase the condo. I mentioned it at work one day to the BCBA/realtor whose work I oversee. I was also her mentor while she obtained her clinical hours to become a BCBA. The BCBA/realtor said that she would like to be my realtor/agent. I immediately thought, "dual relationship" and told her that I don't think this would be ethical since I am her supervisor at work.

The BCBA/realtor then called her former professor and told him about the situation. He told her that this would be fine. She brought the news to me, and I still feel like it's wrong.

Do you have any thoughts on what I can tell her? Even if it was ethical, I would not choose her as my realtor, as I would want someone who is a full time/well experienced agent. I don't want to hurt her feelings since we work closely together. I was hoping to just have a good ethics reason and be done with this, but now that she spoke to her professor I'm in a pickle at the moment.

Thank you in advance for your expert and knowledgeable feedback.

ANSWER: This would indeed create a dual relationship and it is disappointing that a BCBA would even suggest such a thing. The professor should know better than this as well, especially since there is some chance that he teaches the ethics course at his university. What is this ABA-world coming to?

To reach an answer, it is necessary to think ahead and imagine different contingencies and their outcomes. Suppose you complied with the BCBA's suggestion and she closed the deal on your condo, then you found out that the mortgage has not been properly processed and that your title instead of being cleared, was now in limbo and you were going to lose your escrow as a result. You would have a very difficult time giving this BCBA/realtor positive feedback on her job performance, and would most likely not provide a positive letter of recommendation for a promotion either. If the deal did close and a few months later you found that the roof leaked or that the plumbing did not meet code, this would result in a tense situation with your BCBA/realtor colleague. She might begin to get the idea that she was not welcome at your agency. These hypothetical contingencies represent the kinds of issues that new homeowners experience and they would typically hold their realtor accountable.

The best ethics rationale is that this arrangement would clearly be a violation of our Code of Ethics 1.06 (a, b, c) and is not allowed by the BACB.

Change is Good

By Matt Briere-Saltis

Matt Briere-Saltis

Growth, transitions, expansion, and change are near constant variables in Applied Behavior Analysis. This statement is as much true for the clients we serve as it is for the practitioners with whom we work side by side. Given the current experience standards and common-sense timelines of education and certification in the world of ABA, it is not unusual for a practitioner of ABA to be in professional flux over periods of several years. It's possible to start by earning a Registered Behavior Technician credential, then moving on to a Board Certified Assistant Behavior Analyst, and finally a BCBA or even BCBA-D level credential. The role this hypothetical go-getter would play within their organization or company is bound to shift and evolve. The role they play in their clinical teams will also become indistinguishable over time. From the administrator's perspective, sometimes it seems like the staff can change as much as the individuals with whom we work.

Change is good. The structure of education and certification in ABA allows for a carefully scaffolded approach to career development. Growth also comes with growing pains. Many ABA practitioners are having to perpetually redefine roles and responsibilities among two major groups. The practitioner relationship with the consumer shifts as that practitioner seeks and achieves further credentials. It might be that the practitioner's growth leads to an unbalanced use of resources if they are spending most of their time providing direct hours instead of supervision for instance. This process of change is seen on the inside as well. Professional development often leads to a new set of professional responsibilities within an organization. It is assumed that with increased education and experience comes increased capacity to produce a service. But how do we make sure these changes occur in a responsible and efficient manner?

These changes require a constant dialogue between the practitioner, their administrator(s), and the consumer. This dialogue must seek to honor the practitioner's responsibilities to the clients. This includes representing your most current education and credentials and avoiding language that might mislead the consumer. This also includes being competent in the appropriate areas before you assume additional responsibilities within an organization. Good communication can always serve as a catalyst for stability during transition times. Proactive communication is even better.

As an industry, we promote professional development and growth. We advocate for continued education, to the degree that we track and give credits for it. This leads to an ever-advancing population of practitioners and the need for an environment that can house them successfully. Whether you are an individual doing contract work, the CEO of a multi-disciplinary clinic, or a simple RBT with dreams – you will feel the change too.

Capitol Association for Behavior Analysis

By Stephanie Cannon

Stephanie Cannon

The Capitol Association for Behavior Analysis (Tallahassee, FL) is excited for a fun and eventful 2019! If you are interested in upcoming volunteer and CEU events, please contact us at caba.tallahassee@gmail.com and follow us on Facebook at "Capitol Association for Behavior Analysis" and on Instagram at "caba_tally".

On February 8th, CABA members volunteered at 'Night to Shine' in Tallahassee, FL. 'Night to Shine' is a prom night experience for people with special needs ages 14+ and is sponsored by the Tim Tebow Foundation. Over 1,000 guests attended the event! CABA volunteers and their buddies spent the night dancing, eating, painting, riding around town on the party bus, and much more. It was an unforgettable night for everyone!

CABA has several events planned for the upcoming semester. Next month, CABA officers and members will attend the CoFABA Conference ***From Theory to Practice Across the Lifespan*** in Orlando, FL. CABA also plans to hold a CEU event in April and to volunteer in the Autism Speaks Walk at Florida State University.

Furthermore, CABA is excited to announce that Anne Perlman, M.S., BCBA, and Christi Cherpak, M.S., BCBA, will run as co-presidents for the CABA chapter starting this May! We are honored to welcome them to the executive team and cannot wait to see all they bring to our chapter.

CABA is looking forward to a busy and exciting year!

Association for Behavior Analysis of Brevard (ABAB) Update

By ShaeLyn Harris

TheAssociation for Behavior Analysis of Brevard (ABAB) spent 2018 disseminating behavior analysis to the Space Coast and highlighting the many environments ABA can be applied.

The ABAB chapter officers work in a variety of fields and this has assisted the chapter in providing diverse training and opportunities to our chapter members and our community. In May, we welcomed Dr. David Kelly to share research on leadership, the intersection of leadership being both art and science. We had the pleasure of having participants from within the ABA field as well as those outside of ABA attend this presentation and the following social event. The social following the presentation, allowed Dr. Kelly, BCBA's, professors, and nurses the opportunity further discuss leadership and its role in their individual workplaces.

Dr. David Kelly discussing leadership

ABAB participated in Surfers for autism

Chapter officers also participated in the 10th annual Surfers for Autism. Volunteering time to assist children with autism so that they have an opportunity to get out in the water and on a board! The event sold out within minutes and was attended by over 200 registered participants.

In July, the chapter hosted a weekend-long TOOLS for Positive Behavior Change course. The course was taught by ABAB President Tiki Fiol over two days, with 12 participants. We were able to provide CEU's for certification and it was free to parents and caregivers. The course provided participants with the basic understanding of ABA and tools to use outside of the classroom. Participates engaged in creating scenarios and role play to further practice these tools. The program was a rousing success and it has been requested that the chapter host another course this year!

The Space Coast chapter worked diligently in 2018 to lobby for Medicaid recipients. 2018 proved a difficult year for many clients with Medicaid insurance, many were denied services, there were behavior plans going months without approval, and many suitable providers not being approved reducing availability to service the community. ABAB worked with local businesses and parents in bringing attention to these issues with a rally. ABA providers and parents engaged in discussion to highlight the importance of fixing the issues within Medicaid to better serve the children within the community and the state as a whole. At the rally, many parents spoke out on the effects the delays were having on their children, including regression to dangerous behaviors that were difficult to handle without ABA services. Social media was utilized to bring awareness to these concerns and possible solutions.

ABAB chapter treasurer, Kelly Therrien spoke with *Florida Today*, disseminating ABA and OBM within the workplace. BCBA Therrien spoke eloquently on understanding your strengths and the importance of including others to help carry the workload and adjusting your attitude at work. These articles provided an opportunity for behavior analysis to reach a wider audience with a mainstream media outlet and BCBA Therrien represented the field incredibly well!

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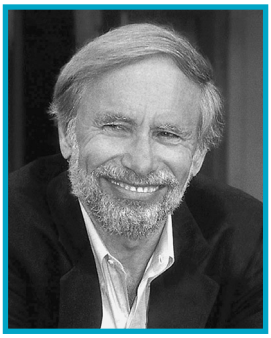
EDITOR'S NOTE: This historical article, circa 1995-96, was submitted to the FABA Observer by Eric Lovaas CEO of the Lovaas Center, Las Vegas, Nevada. The article has not been previously published in any format. It has been lightly edited for the FABA Observer.

the LOVAAS CENTER

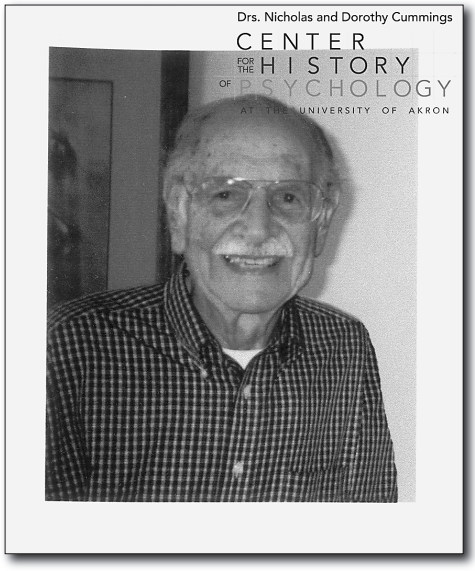
"Helping kids find their super powers."



Don Baer: Opening the Road to an Enlightened Future

By O. Ivar Lovaas, PhD
Department of Psychology, University of California, Los Angeles

Don Baer and I met in Sid Bijou's Child Development Institute (CDI) at University of Washington (UW) in 1958. Sid had returned from a sabbatical year with B.F. Skinner and Don had arrived from University of Chicago where Jacob Gewirtz had been his sponsor. My PhD from UW included training as a clinical psychologist *a la* Freud and as an experimental psychologist *a la* Hull. What follows is a description of problems that many clinical psychologists experienced in the 50's and 60's, and how these were gradually resolved by exposure to more inductive and data-based approaches as mediated by psychologists like Don and Sid.



Dr. Sid Bijou

Theory-Driven Research

The split between experimentalists and clinicians was substantial; like enemies in two opposing camps. Most clinical students at the UW, myself included, wished for the two camps to be united. Theory-driven research had dominated both fields, including learning, and needed to be overcome before we could move ahead. For example, Dollard and Miller (1950) provided illustrations of how to apply constructs in learning theory to treatment of clinical problems. Interesting as these ideas seemed to students at the time, the gap between theory and practice was simply too large. There were also other risks in trying to apply Hullian theory to clinical problems. Students in learning were well aware of the disagreements between Hull, Tolman and Guthrie. What if none of these theories were supported by data? What risks were involved? Would we become unemployed and placed in limbo? Who wants to go back to graduate school and learn a new trade after getting a job and having a new family to support?

My Early Training in Psychotherapy

There were other problems to be faced at that time. Eysenck had just published on the ineffectiveness of psychotherapy and the need for clinicians to become concerned about outcome data. The Pinel Foundation[1] in which I had received most of my clinical training reported several suicides over a short period of time described as a "suicide epidemic." The hospital enrolled a small number of patients so as to provide intensive 24-hour a day treatment to each one. All the dead were known to us, and their deaths were a frightening experience. Senior staff at the hospital had been carefully selected as superior based on their educational record and assessments of my colleagues. Most had been trained at the Menninger Foundation in Topeka, Kansas, considered to be a premiere institution at the time. There was no doubt but that the staff was dedicated to their clients. Each worked hard and in the spirit of pioneering mental health services that would serve as a model for other institutions to follow. Perhaps the most frightening part of the "suicide epidemic" was the failure to identify these causes of why these persons had killed themselves when we, as staff, tried so hard to help them. Years elapsed before suggestions were offered to the public as to why the suicides had taken place, the cause being attributed to a "failure of communication" between Pinel and the psychoanalytic community in Seattle. Despite the familiar phrase it is difficult to abstract any useful steps in treatment to prevent suicides in the future.

The psychiatric community in Seattle closed the hospital. McLean, considered to be a premier psychiatric hospital in

[1] Pinel Foundation Psychiatric Hospital (Seattle), 1948-1958.

Massachusetts, was also closed for reasons of inadequate treatment. Staff in both places were trapped by ignorance on how to objectively describe treatment and treatment outcome. Without data, there were no opportunity to improve on treatment outcome. I mention this because the same problem of adequate data is perhaps the most significant problem facing ABA today. I will return to this problem at the end of this chapter.

I was offered the position of acting Assistant Professor assigned to teach students and direct treatment in the clinic at CDI. The clinic had provided services to children in the Seattle community for more than 40 years and enjoyed a good reputation. Sid and Don began their work of moving research in child development away from correlation data and into experimental designs that would yield functional relationships. At the same time, I taught the secrets of psychodynamic therapies and diagnostic testing to Robert Wahler and Ralph Wetzel and communicated their progress to Sid and Don. Robert and Ralph enjoyed the information while Sid and Don ignored all my wonderful psychodynamic insights into clinical problems. I endured a year-long extinction run. There is a saying that goes: "You can tell a Norwegian, but you can't tell him much."

UCLA Neuropsychiatric Institute

The Child Development Institute Preschool

Don and Sid eventually ended my psychodynamic extinction run, suggesting that I reduce my clinical responsibilities in the clinic and spend more time at the CDI preschool. What shall I do? "Go down and observe the children," said Sid. No further prompts were offered. Before long I found myself in the lab adjoining the preschool where I could observe children from the observation room, one at a time from behind a one-way mirror. The children were asked to talk to a box and I delivered trinkets contingent on a child's verbalizations, with the intent to test reinforcement control over verbal behavior. The trinkets were delivered through a tube extending from the observation room onto the table where the child was seated. I was positioned in the observation room so as to reduce the experimenter as a confounding variable. We wanted to be scientists! It all seemed so trivial until one day an accidental discovery was to change my career. A boy was talking to the box and was receiving trinkets when he suddenly exclaimed, "What shall I say?" Quite unexpectedly he rose from his chair, walked over to the attending adult seated behind a partition and repeated his question to her. On the brink of ordering him back to his chair it dawned on me that the boy's verbal behavior may have directed his non-verbal behavior. Whorf, Sapir, Dollard and Miller, and Freud had all written on this hypothesis so central to psychodynamic therapies but no one had documented that relationship by scientific data. A potentially significant discovery had fallen into my lap, the very kind of reinforcement that shapes and maintains scientific research.

Sid and Janet provided additional reinforcers and for the first time in two years, they invited my wife and me to enjoy dinner at their beautiful home overlooking Lake Washington. It seemed the closest thing to heaven for a lost student of psychology.

Sid had numerous administrative and teaching responsibilities being the director of CDI while Don was less encumbered. By happenstance my office was located across the hall from Don's. It would be impossible for anyone to be that close to Don without learning something significant from him. With the saying-doing relationship on my mind

I asked Don to describe what had happened at the lab. He explained the relationship as an instance of SD control. Back in my office I wrote down "SD control," puzzled over it for a day or two and returned to Don to ask him to elaborate on the etiology and control of such stimuli. My subsequent and frequent visits to Don's office caused me some embarrassment, but Don remained patient and kind. Eventually, I understood what had happened, it was the kind of explicit and documented control over behavior that I had sought but not found in my prior training. To give it the final touch, Don helped me write up the study which he carefully edited so as to help it be published (Lovaas, 1961). At CDI, we referred to Don as "the word-merchant" in an apparent attempt to equalize the playing field.

An Inductive Scientist

Under the mentorship of Don and Sid I came to experience myself as an inductive scientist, one who is a friend of nature and who looks to nature for direction on how to proceed. Since nature is mysterious to the naïve observer, it grants a flexible, open minded observer the advantage of making discovery by accident. Years were to pass before I realized that Don and Sid's intent had not been to direct my research as in testing the theories of "great persons" as I had been taught to do during graduate work, but to encourage individuality and discovery.

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At the time, there was little guidance for any one of us on how to use operant principles to guide treatment research. Don built some fancy gadgets for kids to push levers for reinforcers, devoting a large amount of time testing whether lever pressing in kindergarten children could be brought under schedule control. We were also clinging to a pre-publication copy of Charles Ferster's work on how lever-pressing in children diagnosed with autism. Could such children be brought under reinforcement control (Ferster, 1961) Og Lindsley also presented data from adults with schizophrenia pressing levers using cigarettes and the like as reinforcing stimuli. Both publications suggested that behaviors of persons diagnosed as "psychotic" obeyed the laws of learning discovered in research with typical organisms. These were important first steps toward bridging the gap between science and clinical application.

Dr. Lovaas at UCLA Clinic for Young Autistic Children

Learning-Based Treatments Emerge

The big break came in 1960 when Sid invited Ted Ayllon and Izzy Goldiamond to speak at colloquiums in the Psychology Department. Ted (a student of Jack Michael and a colleague of Nate Azrin) described the use of reinforcement control to improve everyday social behaviors in persons institutionalized with schizophrenia. Izzy described SD and reinforcement control in facilitating verbal communication for those who stuttered, reporting the kind of explicit control that often signals a significant step in the progress of science. These were the first advances for learning-based treatments and represented a welcomed departure from traditional clinical theory and practice. Harry Stack Sullivan, like Freud, had proposed that schizophrenic individuals should be provided with love ad lib, described as "Active Friendliness" by the Menninger Foundation in Kansas and Chestnut Lodge in Maryland. Both were once considered to be leading centers for treatment of schizophrenia and served as institutions for the training of future professionals. Under no circumstance should any patient be presented with any demands as those the damaging mothers had wrecked upon them as children. At the time, contingent management was considered to be cruel and unusual punishment. Instead, treatment prescribed that the patients were to be regressed to infancy and then, by noncontingent love from the staff, be set free to develop as healthy persons. How easy it was to treat schizophrenia back then: one could learn the basic steps in a day's time.

Otto Femichael had described the problems of those who stuttered as a fixation in psychosexual development. It could be an oral fixation as in too much or too little of mother's breast. If not oral, it could be anal as when the child controlled the parents by refusing to defecate, not letting go of either feces or words. Finally, stuttering could be viewed as caused by castration anxiety based on the father's suspicion that his son had erotic fantasies about his mother. The son's defense and resolution of the Oedipal complex was to stutter, thereby telling the father that he, the son, was no man at all. There existed no data to support these treatments. But they were entertaining and a source of inspiration for the practice of Psychiatry and Clinical Psychology as well as literary artists and movie producers. More often than not, psychodynamic treatment was defended and elaborated by intelligent and well-educated persons. They also gave myself and others the illusion of competence. There were also those occasions when I felt embarrassed, such as when one of my friends asked me why he stuttered.

Newer Non-Evidence-Based Treatments

The lesson learned from the past is that psychoanalytic theory and practice persisted for most of the 20th century without outcome data. The same problems are shared by many of the newer treatments for autism such as Holding Therapy, Auditory Integration Training, Joint Attention Therapy, the Options Method, Sensory Integration Therapy, Facilitated Communication, Gentle Teaching, the FastForWord method, etc. None has documented their effectiveness either by short-term or long-term outcome data. As in the past, the sponsors may be convincing and well-meaning. Providers of ABA services who do not report treatment outcome should take notice of this problem of falling into the same trap of those service providers who preceded us, of misleading parents and short-changing their children. I shall return to this point later.

On to UCLA: A Clinic for Young Autistic Children

I would have stayed at UW if it had not been for the fact that one could not gain tenure from the same institution that granted the PhD. Reluctantly I left Seattle in 1961 and continued the research on the saying-doing relationship at UCLA. Data failed to show consistent and durable effects. I then decided to search for children with no language, so as to build language from scratch in a controlled environment. Someone had suggested that children diagnosed with autism had little or no language and may be a good place to start. I

was introduced to a clinic with young autistic children and was amazed that no one spoke and not only that, they behaved like they had not acquired any social, play, or appropriate behaviors. I had encountered one or two autistic children in my clinical practice as a Freudian but had failed to make any sense of their problems, just sitting beside them in the playroom and commenting on their behaviors as in "it feels good to rock like that." Don and Sid had offered an alternative approach to human behavior and was this not what Skinner had hoped for, to build a human being from early stage on, under controlled and denotable circumstances?

The next week we started building language in mute autistic children. Various theoretical orientations had also proposed that language was the critical symptom in autism and repair of language would be pivotal in facilitating improvement across the numerous other behavioral delays in autism. About half of the children diagnosed with autism acquired competence in vocal language, the other half did not (Lovaas, 1987). The split among children of the same diagnosis had not been anticipated. Neither did their gains in language generalize to improved functioning in other areas. Rather, we were faced with the enormous task of modifying and shaping a large array of behaviors. On the positive side, it became easier to let go of the many theoretical constructs which interfered with treatment. Perhaps the behaviors of children diagnosed with autism did not cluster. Perhaps the diagnosis was just a label for a random collection of low frequency behaviors (Lovaas & Smith, 1989).

The University of Washington Group

At the same time, with Don and Sid's support, a behavioral group grew and blossomed at UW in the early 60's. The group included but was not limited to Jay Birnbrauer, Barbara Etzel, Betty Hart, Todd Risley, Jim Sherman, Robert Wahler, Ralph and Mary Wetzel and Montrose Wolf. All presented data-based interventions allowing for progress in a cumulative, step-wise and incremental manner. The idea of cumulative approach to treatment was new to me, having been raised as a Freudian and taught to admire and respect his genius-like qualities in understanding and repairing the human mind, all presented without any data.

In this new environment, we read each other's research papers and sometimes visited each other's classrooms and clinics as well. I remember so well a visit to Raineer State School in the 60's where Baer, Bijou, Birnbrauer, Kidder and Wolf had established an experimental behavioral classroom for retarded children. I was joined by Frank Hewitt who directed a behavioral classroom for autistic children at the Neuropsychiatric Institute at UCLA. We both learned something about how to teach in a classroom setting. At the risk of sounding sentimental, let me describe an observation that is still with me. We observed children, so neglected and wasted in the past, enter the classroom and seating themselves at their respective desks, adjusting their watches against the clock on the classroom wall and then working diligently on assignments with minimal supervision. On a Saturday morning, we observed the same children gathered in front of the classroom door, crying tears at finding the door locked. There was no school on Saturdays. Few would have predicted at the time that behavioral treatment could be so desired and enjoyable to the children involved. It was a common opinion, that we were creating robots a la Huxley's Brave New World and Carl Roger's objections to Skinner's writings. The CDI group at UW was relatively small but strong and cohesive. The group eventually left UW for Lawrence, perhaps reflecting the often hostile and restricting remarks offered by representatives of more traditional approaches.

A large number of publications based on single-subject research helped provide the foundation for effective behavioral treatment. The same publications also helped secure positions and tenure in the academic institutions where we worked, a powerful reinforcer indeed. There were little or no financial rewards for providing treatment. Today the contingencies are different for the majority of providers who are reinforced by charging fees for services with minimal or no outcome data and peer review. We may be drifting off the criterion of data-based treatment procedures and if we do, the future may look as bleak for us as for the Freudians.

Enduring Questions for the Field

To help protect the gains Don and Sid helped us make, it may be helpful to provide answers to the following questions: (1) To what extent do data from one or a few individuals as in single-subject research represent other individuals of the same diagnosis or similar pre-treatment measures? (2) Does the beneficial effect provided by behavioral intervention last over time? (3) Can the treatment and data be replicated by others? (4) Data from Achievement Place (Wolf, Kirigin, Fixsen, Blase, & Braukman, 1995) indicate that, once trained, providers of behavioral treatment need to return to their original site of training to prevent drifting off criterion of mastery. (5) Can we develop quality control on treatment? Almost anyone can now claim to be competent in delivering behavioral treatment while citing the favorable outcome from data published by others rather than their own. Finally, it is not enough to pass an examination on the basic variables comprising discrete trials training or whatever. The field has also become specialized over time such that a person trained in one model, such as in the UCLA Young Autism Project version of ABA would not be qualified to conduct treatment in another model such as the Achievement Place model or school-based programs such as programs at Rutgers or Princeton Child Development Institute. Medicine may provide a good model for us to assimilate with its emphasis on follow-up assessments and specialization.

I shudder at the thought of someone receiving a grant to assess long-term outcome from ABA providers. Will the

continued on next page

parents of these children feel that they have been deceived? In the early years, we could afford to be spiteful and on the periphery of society. We were pioneers then. Now that we are being accepted as fellow citizens and providing what is considered the "treatment of choice," we need to be concerned about the truthfulness of what treatment we offer.

"The worst talk..."

My concerns about data can be traced back to the pioneers in the field, and Don in particular. I was invited back to CDI in the late 60's to present the UCLA Young Autism Project. I lectured with great enthusiasm on the many clever interventions we had devised at UCLA, and the persons attending seemed very approving. Don became increasingly agitated and finally proclaimed in front of everyone, "This is the worst talk I have attended." I was stunned. Later that day, when we were alone, I asked him what he had meant and he answered, "You did not present data." Many years later, he publicly endorsed (Baer, 1993) the experimental safeguards in the McEachin, Smith, and Lovaas (1993) long-term outcome study, a project that had received numerous misleading and negative comments and left me depressed. Don's endorsement helped me to safer grounds. More Dons are needed at this time when so many ABA providers are drifting off criterion in failing to provide treatment outcome data.

My Mentor Don Baer

Looking back, one can see the revolutionary trend that characterized those early 1960's when Freud, Sullivan and the mentalists were placed on extinction while the road was opened for a more enlightened future. Don was one of our most important mentors. Its only lately that I have become aware of the importance of a mentor in securing U.S. a leadership position in graduate education. I have also learned about the role of mentors from other foreign students coming to the U.S. who are surprised and pleased about the personal support they receive in their post-graduate work. A mentor does more than provide textbooks and lectures to students. A mentor develops a personal and mutually trusting relationship with a student and Don excelled at that. At the same time, he preferred to keep some distance so as to remain "objective," I suppose. To give an example, once Don and I shared a hotel room at a WPA meeting in San Jose, California. It was evening and we had been listening to and discussing papers all day. I needed to switch gear and relax, in other words, BS a little. Don did not BS but was distant, reading the *American Psychologist* of all things. This annoyed me and I threw a shoe in his direction to get some action - Don remained cool. When I later asked him why he read the *American Psychologist*, he answered, "to help me go to sleep."

I was the first to benefit from Don as a mentor. Since then thousands of doctoral and post-doctoral students have enjoyed the best and thousands of their students as well. Let us make sure that we protect and maintain Don's contributions to the science of human behavior, if not his efforts will be wasted.

###

Dr. Don Baer

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(ABAB) Update

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In October, the chapter held a "Meet a Behavior Analyst" event where parents, business owners, families, law enforcement, and media could come and discuss with BCBA's in a variety of fields about what behavior analysis is and how it could benefit their community. The event was successful in providing an open environment where others could pose questions on application of behavior analysis throughout an individual's lifespan.

Finally, the Brevard County chapter ended an exciting 2018 by welcoming our newest officer, Dr. Allison King, BCBA. Allison will be running our fundraising and marketing in the coming year. ABAB would like to invite those in the area to a social meetup on March 12th at The Cottage in Melbourne, FL. Come out and meet the local chapter members!

Lobbying for Medicaid recipients

Tiki Fiol teaching TOOLS for Positive Behavior Change

ABAB's "Meet a Behavior Analyst" event

BACB Update

Margaret "Misty" Bloom

continued from page 1

Q: Are you saying someone pretended to be the BACB and disseminated false information about RBT supervision requirements?

A: That appears to be the case. Unfortunately, we never learned who was responsible for this action.

Q: I have heard some behavior analysts questioning whether some RBTs may have completed a 40-hour training in fewer than 40 hours, or had their Competency Assessment signed without actually completing tasks with a client. How is the BACB Ethics Department handling these types of cases?

A: The BACB has taken action to identify those who may not have conducted or received appropriate training or those who may have had an "inaccurate" competency assessment signed by a BCBA or BCaBA. Please encourage anyone with direct knowledge of insufficient training or inaccurate assessments to file directly with the BACB on the BACB's Reporting webpage.

Q: I had heard that the BACB de-activated a number of RBT applicants in Florida late last Summer due to training or Competency Assessment issues. What exactly happened?

A: I am not able to speak about any individual cases. I am able to provide you with some examples of the types of cases the Ethics Department has been handling. All of the following, for example, are violations of 1.04 (a)&(b) and 10.01(a)&(b) of the Code:

- Signing or submitting an applicant's training certificate for fewer than 40 hours (e.g., calculating the 40-hour training to include completion of practice tests and self-study);
- Signing or submitting an applicant's Competency Assessment when the RBT was not assessed with a client; and
- Signing or submitting an applicant's Competency Assessment where tasks were inaccurately identified.

Q: Is the BACB requiring the RBT to recomplete the training and assessment?

A: Only in cases where the BACB has actual evidence that the training or assessment were not conducted properly. In other cases, the BACB has asked the RBT Requirements Coordinator or RBT Supervisor to review each applicant's training and assessment and identify if there are any areas that need augmentation due to the unethical conduct of the person providing the training or assessment.

Q: I have also heard the BACB is keeping RBTs from being able to qualify for billing AHCA for behavior analysis services. Would you care to comment on that issue?

A: I can say that the BACB is clearing the RBTs and applicants caught up in the Florida investigations as quickly as possible. The BACB is also communicating directly with the Office of Medicaid Program Integrity to promptly verify certification status.

Q: Is there anything else you would like to add?

A: Just a reminder to the community to be mindful of the difference between BACB and funder requirements and to report evidence of noncompliance with BACB requirements.

Q: Can someone call in their evidence?

A: No. The BACB needs actual documented evidence of violations. This is why we encourage use of the BACB's Reporting webpage. Thanks to you for helping me set the record straight.

Regards,
Misty

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