THE LICENSING OF BEHAVIOR ANALYSTS: PROTECTING THE PROFESSION AND THE PUBLIC

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Applied behavior analysis is a hybrid tradition with roots in many mental health disciplines. Even with these diverse origins, the professional practice of behavior analysis remains distinct and identifiable. Given these factors the professional practice special interest group (SIG) for the Association for Behavior Analysis International has proposed a model-licensing act. The behavior analyst model-licensing act (BAMLA) seeks to restrict the title of "licensed behavior analyst" but not the practice of behavior analysis. This argument has legal basis and precedent. Recently many papers have appeared supporting behavior analytic licensing; however, none to this point have addressed the issues of a licensing board's ability for rule creation and management and aid of impaired professionals, nor their ability to assist in fostering professional identity. This paper seeks to explore these views.

HISTORICAL CONTEXT AND CURRENT CONCERNS

The need for states to regulate the practice of behavior analysis and for behavior analysis in turn to become a recognized applied discipline is a growing issue (see Cautilli & Dziewolska, 2008). While behavior analysis is an independent academic discipline having its own training programs, offering degrees at the master's and doctoral levels, these programs are often not tailored to prepare the graduate for licensure in existing mental and behavioral health professions, such as counseling, marriage and family therapy, or clinical psychology. There are manifold reasons for this. One of the major historical reasons is that the behavioral model of human development originated outside of the field of psychology at the University of Kansas in the Family Life Department located in the department of home economics (Baer, 1993), which placed it outside of psychology and opened its training programs to greater focus on behavioral intervention, while focusing less on other aspects of psychological knowledge. Another historical factor that remains powerfully influential is that behaviorism was and still is viewed as a dead area by many in both academic and clinical psychology. The "cognitive revolution" in academia[1] (see Robinson-Riegler & Robinson-Riegler, 2003) and the prevalence of psychoanalytic and humanistic models—as well as the incorporation of some New Age ideas—in the clinical realm can be viewed as contributing factors (see Dawes, 1994;

1 Indeed, it was the difficulty with getting behavioral work accepted at psychology conferences that led to the development of the Association for Behavior Analysis International (Peterson, 1978).

Lilienfeld, Lynn, & Lohr, 2003). Indeed, some academic institutions effectively expelled behaviorists from psychology departments (for one battle see Wyatt, 1991).

In spite of psychology's relative neglect of behavior analysis, the field of behavior analysis has made significant contributions to many areas of human treatment, including neurological rehabilitation (Wood, 1987), developmental disorders such as autism (Mental Health: A Report of the Surgeon General, 1999), and behavioral elements of psychiatric disorders (Salzinger, 1998). A burgeoning area of interest in which applied behavior analysis has shown success is crime reduction, which places behavior analysis as a sought after service in the now growing field of community re-entry. Overall, behavioral programs based on the operant and respondent conditioning procedures of behavior analysis have been shown to lead to a 13-20% reduction in criminal recidivism (Redondo-Illescas, Sánchez-Meca, & Garrido-Genovés, 2001). While this is modest by intervention standards in other areas, these numbers taken across the entire prison population represent a substantial reduction in criminal activity and a substantial reduction in the pain brought by crime to victims and their family members, as well as the family members of offenders. Studies have shown that behavior modification/analysis procedures can reduce criminal activity of those with ADHD by as much as 50% (see Satterfield & Schell, 1997; Satterfield, Satterfield, & Schell, 1987). In addition, parenting models based on operant conditioning procedures have been shown consistently to reduce conduct disorders in children and adolescents, prevent delinquency, and have sustained long term effects (Cautilli & Tillman, 2004; McMahon & Wells, 1998). With sex offenders, behavioral programs are a promising practice for reducing socially inappropriate sexual desires and behavior (Marshall, Jones, Ward, Johnston, & Barbaree, 1991). It is our belief that in a free market society the public should have access to choose this type of professional—yet current insurance laws block such access. These laws suggest that only licensed professionals can receive reimbursement in essence locking behavior analysts out of this market. Since behavior analysis is not yet a licensed profession, ready access to these effective interventions may be limited.

Given the historical context mentioned above, most programs in clinical psychology or counseling do not provide more than a cursory glance at the theory, techniques, or clinical evidence that undergird applied behaviorism (Dorsey & Mikolsky, in preparation). The result is an effective schism between behaviorism and other schools of thought. Behaviorism went from being peer rejected in the 1970s and 1980s to a period of relative neglect and subsequent growth in the 1990s (Cautilli & Weinberg, 2008; Malott, 2002). A positive outgrowth of this split has been the allowance of behavior analysis to come into its own as a distinct body of knowledge with specific social and clinical applications. While behavior analysis has always been taught in departments outside of psychology (for example, Wolpe's work on interventions based on respondent conditioning for fears occurred in schools of medicine), in some places, behavior analysis was and is still taught in departments of psychology. The discipline has taken root in varied places, such as departments of rehabilitation, criminal justice departments, communication disorders, or special education; other programs have connected behavior analysts interdepartmentally, or developed their own unique departments of behavior analysis (Cautilli & Dziewolska, 2008). A further result of being neglected by psychology proper, is that the refinement of the techniques of behavior analysis has been accomplished in various fields, making applied behavior analysis as a new field the

result of interdisciplinary input and not simply an outgrowth of psychology *per se*.

Graduate training in behavior analysis has ethical and value interests that lie outside of mainstream psychology (see Cautilli & Weinberg, 2007a).[2] The graduate training programs for behavior analysis are rooted wholly in the realms of behaviorism and empiricism, sharing the same core training components accredited by the Association for Behavior Analysis International. Indeed, meeting the training requirements of established mental health professions in many states would mean diluting the emphasis of a behavior analytic program of study and its focus on empirically based interventions rooted in learning research. But if behavior analysis has often been exiled from traditional mental health programs or ignored by the content of these programs, why are we now seeing the rise of not only distinct academic departments, but also of a distinct profession of practitioners endeavoring to practice interventions limited to those rooted in behaviorism?

The culmination of two decades' worth of events has propelled behavior analysts to look toward licensure for themselves and for families of consumers to aid in this process. Without a doubt, the increased relevance and visibility of behavior analytic practitioners has stemmed from the noteworthy effectiveness of applied behavior analysis as an intervention in autism (see Schreibman, 2007; or Matson & Smith, 2008). Lovaas (1987) offered families of children with autism a hope that their children would have a future and as the years passed word of this study grew, as did the number of consumers seeking the service and service variants. Recently, Rogers and Vismara (2008) have argued that behavior analysis now meets the critieria designed by APA for a well-established treatment for early intervention for children with autism. As the diagnosis of autism has become more frequent there has arisen an amplified demand for applied behavior analytic services: this raised profile has increased interest in and drawn attention to applied behavior analysis in general. In the political arena, the late 1990s saw the inclusion of functional behavioral assessment and behavioral intervention plans into the Individuals with Disabilities Education Act (1997) and then the Individuals with Disabilities Education Improvement Act (2004) added greater focus on school wide behavioral interventions and positive behavioral supports. IDEAI (2004) even offered an alternative method to learning disability diagnosis (response to treatment, which used principles of curriculum based measurement that many behavior analysts had espoused for years). Clearly, for the first time, behavior analysts were being asked into the public schools to perform services on a wide scale. The Department of Education even became focused on a number of behavioral procedures for educating children, procedures that were previously abhorred (e. g., direct instruction). And as the push for evidenced based practices continue, interest grows for behavior analytic procedures and programs such as the Engineered Learning Program and the CLASS Program (Walker, 1995) for children with serious emotional disturbance.

In addition, the recent focus of government on evidence based practices propelled by the Surgeon General Report in Mental Health (1999) and followed by the New Freedom Commissions (2003) report have combined to place government interest and focus on effective programs. Many evidence-based programs in mental health have emerged from behavior analytic principles (see O'Donohue & Ferguson, 2006). Even in areas like depression, behavior analytic treatments once

2 Some have recently argued that behavior analysis is still in the process of discovering the values suggested by its core philosophies of radical behaviorism and functional contextualism (see Ruiz & Roche, 207).

thought lost to cognitive-behavioral therapy re-emerged after component analysis found that the cognitive component added little over the pure behavioral treatment (Jacobson, Dobson, Truax, Addis, Koerner, Gollan, Gortner, & Prince, 1996). Recent clinical studies have even found the behavioral treatment more effective than the standard cognitive-behavior therapy protocol (Dimidjian, et al. 2006).

Under this political, educational, and clinical climate many began to give behavior analytic services that were previously rejected a second look. The combination has led to escalation in demand and a growing market for behavior analytic services. The increased demand has caused an increase in the number of people who identify themselves as behavior analysts and has even increased membership in the core intellectual home for behavior analysts: The Association for Behavior Analysis International (Twyman, 2007)[3]. Increased demand for behavior analytic services, especially as regards autism, and increased practitioner numbers has combined with a shift from a growing to maturing market (see Porter, 1980), in which educated consumers are less willing to accept uneven service quality, resulting in the public calling for the licensing of behavior analysis. The consumer's goal through licensing is to ensure stable, practically priced, and reliable source of distinctly behavior analytic providers and services. The behavior analyst goal is to build a quality image (Patton, 1959), while marketing key functions (Staudt, Taylor, & Bowersox, 1976) both of which licensing helps to achieve.

On current count, 12 states are moving towards or have passed laws requiring insurance coverage for the treatment of autism, including specifically the use of "behavior modification" and "behavior analysis." While this is an encouraging move for individuals diagnosed with autism and their families, given that behavior analysis is one of the most effective ways of dealing with behaviors related to the diagnosis of autism, the question remains open as to who will provide these services. Currently, non-licensed professionals in some states (even with a board certification in the area of behavior analysis) who have attempted to provide such services have been hindered by the possibility of state boards of existing licensed professions inhibiting them from doing so. An example of such a situation is Kentucky, where it was expressed by the board of psychologists in that state that those claiming to be behavior analysts were actually 'practicing psychology' and such a situation thereby necessitated said individuals to be licensed as psychologists; this view was based in part on the inclusion of the word 'behavior' in the state's licensing act for psychologists.[4] In other states, there is little or no oversight for those claiming to be behavior analysts—no formal training is required and many claiming the mantle of behavior analysis without any prior experience or academic training provide in-home behavior therapy for autistic children. Those with the Behavior Analyst Certification Board (BACB) ® certification often express dismay at the situation, and fear that at some point the existing professional state boards (professional counselor, clinical psychologist, etc) will request amendments to existing state laws requiring all who claim to be practicing behavior analysts to be licensed in one of the existing mental health fields. And indeed, based on what has already occurred in some states including California[5] and Ohio, this is

3 Indeed, from 2002-2006, the association reported a 25% increase in membership (Twyman, 2007).

4 This is consistent in many states.

5 As with most professional practice, the practice of psychology is controlled by the state regulatory board. Psychological practice in California is controlled through the Psychology Examining Board, with the specific codes that governing practices being California's Psychology Licensing Law and the Business and

what is likely to happen with or without amendment to existing statutes. The American Psychological association already has a diplomate status to help recognize those with specific behavioral training and the American Counseling Association is exploring similar ways to identifiy counselors with this level of trianing in behavior analysis—in particular functional analysis, which is increasingly valued by schools. Thus for the individual behavior analyst, the right to practice is seriously under threat.

It has been mentioned that as the call for licensure from the public and those specifically trained to provide behavior analytic interventions has increased, resistance may come from established mental health professions and possibly from elements of the behavior analytic community, itself (see Cautilli & Weinberg, 2008). Such developments are not without historical precedent. When clinical psychology was endeavoring to come out from under the shadow of psychiatry as an independent licensed mental health profession, these moves were strongly opposed by the American Psychiatric Association, with this group claiming that psychologists were attempted to practice medicine without a license. In addition, while the American Psychological Association is now a strong lobbying organization for the field of clinical psychology at the time it too was staunchly opposed to the movement towards licensure (see Cummings, 2005; Wright & Cummings, 2001).

The point of this historical comparison is that there always seems to be resistance to the establishment of new licensed mental and behavioral health professions by those within existing licensed professions. This is not a viable reason for avoiding a movement towards licensure. However, we must be aware of the parallels presented to us by the past and learn from them: Psychiatry once asserted that psychotherapy was the purview of the field of medicine alone, while clinical psychology argued that what it endeavored to do did not require training in such areas as anatomy and physiology. Now elements of clinical psychology are arguing, in part, that behavior analysis and therapy are part and parcel of psychology proper and that those engaging in these practices are 'doing psychology without a license.' The reply from the field of applied behavior analysis is that while behavior analysis did arise in part from academic psychology, its applied practice developed in many different fields and does not require training in areas that have little or nothing to do with—or are completely antithetical to—applied behaviorism.

Professions Code. Within this code, the Business and Professions Code Section 2903 expressly prohibits psychological practice without a license. The act goes on to define "Behavior Modification" services as psychology. While other licensed and state recognized professions, such as counseling, are exempt from this statute, behavioral analysis is not because it does not have licensed status. In 2001, the State Of California's Office of Administrative Law stated that the state might only contract with a licensed psychologist for the provision of "Behavior Modification," most importantly not from behavior analysts. The ruling went further to state behavior analysts were engaged in the unlicensed practice of psychology, comparable to psychiatry's initial attitude toward clinical psychology. To our knowledge, this was the first case, which enforced a state psychology licensing law against behavior analysis, and made the provision of behavior analytic services by a person not licensed as a psychologist an illegal action. As such, behavior analysts may only practice in California if they are licensed in another discipline, and yet they may implement behavior modification techniques without specific certification in the area of behavior analysis. As a result, behavior analytic practice is threatened. Indeed, this constitutes a hostile takeover of behavior analysis restricting it from many of the students of its founders. Coincidentally, it was this fear that drove many of the non-licensable doctoral level behavior analysts to becoming certified behavior analysts in the early days of the certification board.

Even as behavior analysis seeks to establish itself as an independent and distinct applied profession through the process of licensing, we must acknowledge again that one element that is hindering its establishment is the claim that clinical psychology currently makes over the very words and phrases "behavior," "behavior analysis," "behavior modification," and "behavior therapy." While doctoral level clinical psychology does mention the techniques of behavior analysis as its purview, in practice this does not restrict behavior modification to only licensed clinical psychologists, for other licensed professionals make use of these techniques as well (i.e., special education teachers). This is similar to the use of psychotherapeutic techniques, which are practiced by psychiatry and clinical social workers. Current concerns or debates about possible unlicensed professionals employing these procedures would be bypassed by obtaining licensed status for the profession of behavior analysis. Those composing state licensing acts for behavior analysts must be careful to ensure that these acts do not include language that could be used to imply that other mental health professionals are somehow prohibited from using the techniques and tools of behavior analysis. The language of BAMLA is written not to be a prohibition against the unlicensed use of behavior analyst's methods, principles or procedures *per se*. The act is clear, when read in its entirety; the provisions appear rather to prohibit the use of such behavior analytic methods and procedures in the conduct of other professions only if one also holds himself or herself out as a "professional" or "licensed" behavior analyst while engaging in such activities. In this regard, the act will operate more in the nature of a statute, which certifies credentials than as a pure licensing act. Such legal writing is not new and the analysis is similar to the analysis made in the State of Michigan by its March 20, 1991 for the licensing act passed by counselors (see Opinion No. 6677). The attorney general at the time, Frank J. Kelley, was asked to render an opinion as to whether the counseling licensure would require all state workers who practiced counseling to become licensed. He opined that:

> *... employees in the state classified civil service are required to become licensed under 1988 PA 421, MCL 333.18101 et seq; MSA 14.15(18101) et seq, only if those employees engage in clinical counseling practices and also are held out to the public as 'licensed' or 'professional" counselors'.*

COMMON ISSUES OF LICENSING, AND WHY NOW?

People commonly ask what exactly a "behavior analyst" is. In many ways, this has been a confusing question. Some have wondered whether a person who is a BCBA is the only one that can claim to be a behavior analyst. What about a person who has graduated from a university master's program in behavior analysis but lacks BCBA status? How about people who have completed coursework in a retraining program, but who lack the BCBA certificate? How about certification coursework plus the certification? In recent years, many have retrained in certification courses to become behavior analysts. So who are the real behavior analysts? How about a BCBA who is discussing nutritional or pharmaceutical interventions with the family? The BAMLA attempts to place some closure on this question.

The BAMLA defines who a professional behavior analyst is, categorizing the knowledge, skills, experiences, and abilities. In addition, it clarifies that a behavior analyst is a person who functions within a particular scope of practice. Finally, it helps to define the profession within a scope of practice that highlights the uniqueness of applied behavior

analysis. The BAMLA further specifies the common commitments to expect from a behavior analyst in adherence to an ethical code and generally accepted behavior analytic positioning papers.

Commitment to an ethical practice is just the first step through. The licensing proposed in the BAMLA protects the public from impaired professionals who claim to be professional behavior analysts. This is critical for a maturing profession because it is estimated that in the field of mental health 5-10% of the professionals are impaired (Barnett & Hillard, 2001). In addition, the model act provides the public with protection from incompetence and other difficulties related to problematic professionals—it is common now to see many resumes that state a person is "university certified in behavior analysis" –indeed most behavior analysis programs give a certificate in behavior analysis. Universities should always have the right to issue academic certificates; however, the university certificate only indicates that an individual has completed a "graduate certificate" in an area of study, meaning that a number of courses were completed within a subject concentration. This must not be misunderstood to indicate that the person would be able to pass the rigorous test for board certification. In addition to providing balance, we suggest that in the future a completed 60 credit master's degree specifically in behavior analysis (or in a related field covering the same amount of behavior analytic coursework) would be the standard level of academic training, comparable to other mental health fields, such as counseling or family therapy.

So, what then defines a "behavior analyst"? The BAMLA defines a behavior analyst by training and coursework, as well as experience. It also requires that for a person to be a behavior analyst, they must function within a specific scope of practice. Thus, for example a person is not functioning as a behavior analyst when they are providing information outside of the purview of their specific training. While based on requirements similar to the board certification for behavior analysis, licensure would be more straightforward from the vantage point of the consumer—either people are licensed as behavior analysts or they are not. Since the state, via a behavior analyst's board, would be the entity providing such licensure, recourse and possible penalties for inappropriate conduct, incompetence, or malpractice would be more straightforward as well.

Licensing can be of real assistance to the professional, given that credentialing is an increasingly important element in mental health practice. The general rule of thumb to remember in seeking approval for licensure is that it is always easier to demand more from your trade then to get the opposition to back down and accept the current state of affairs (in this case a developing profession unregulated by the state). Many states license master's level individuals as well as licensing practitioners with particular treatment orientations. Within the Unites States, 26 states licenses marriage and family therapists and New York even has a license for those practicing as psychoanalysts. Arizona and Massachusetts have licensing bills actively being considered in their respective state legislatures for behavior analysts at the time of this writing. It used to be that licenses were considered to be a restriction on a profession and thus were not sought after—now insurance regulations and the activity of standing state professional boards largely demand licensure in order to protect both the practitioner and the public: If one does not follow suit and seek licensure, then they are restricted and disallowed from pursuing their livelihood.

Academic programs in behavior analysis are currently producing graduates with a master's or a Ph.D. in behavior analysis (or a related discipline with a core concentration in behavior analysis) with an applied emphasis

without any consistent legal mechanism for them to practice their profession as it has been taught to them. The current legal situation at the state level is arranged (for better or worse) to only allow a professional to function if the individual is a member of a profession recognized by the state. Thus, state licensing is an essential part of the adult treatment arena and it is important for legislatures to say why this group of professionals should not be so licensed. Therefore, restriction of free trade is a major component arguing for the necessity of the licensing of behavior analysts as a distinct profession.

RULE MAKING IN LICENSING BOARDS AND THE IMPAIRED PROFESSIONAL

Professional distress and impairment exists among all health care professions. Behavior analysts are no different from other professions in this manner and the existence of such impairments may affect the public's trust in the profession where there is no mechanism to address this concern. Clearly, impaired professionals affect not only the way in which members of a profession view themselves but may also affect the way that the community of consumers views behavior analytic services. The definition of impairment includes not only physical problems and disabilities but mental illness and emotional distress related to personal and professional burnout, financial stress, and relationship difficulties—as well as alcohol and substance abuse (Sherman & Thelen, 1998; Thoreson, Budd, & Krauskopf, 1986) Behavior analysis, by its nature as a profession, involves the manipulation of environments and contingencies and the use of reinforcement and punishment, giving rise to ethical concerns of possible excesses in the course of implementing interventions. Given that strategies for behavior change bear the weight of many ethical responsibilities, impaired professionals utilizing these tools are of particular concern.

The recognition of the impact impaired health care professionals have on the community has been extensively researched (Briton & Rapisarda, 2007; Muratori, 2001), and licensing has been identified as an effective mechanism to deal with such individuals. A study conducted at the Menninger Clinic concluded that "Licensing and regulatory agencies can take proactive steps to identify professionals with social and emotional vulnerabilities who may be at greater risk for unethical and negligent behavior" (2004). A crucial element currently lacking in behavioral analysis is the presence of an authoritative regulatory organization or agency. Currently, the practitioners in the field of behavior analysis are eligible for a private technical certification by the National Board Certification from the Behavior Analyst Certification Board®, Inc. The BACB®'s conduct guidelines expect that "behavior analysts recognize that their personal problems and conflicts may interfere with their effectiveness," and ask that "behavior analysts refrain from providing services when their personal circumstances may compromise delivering services to the best of their abilities" (BACB). "However, for a number of logistical reasons, the BACB can only enforce adherence to the Professional Disciplinary Standards, (not adherence to the Guidelines for Responsible Conduct) and it relies heavily on information from local responsible sources in reviewing allegations against certificants" (BACB). Thus, BCBA will not investigate most forms of impairment, for they are ethical issues. If behavior analysts were licensed at the state level, the review of ethical allegations could occur and review of legal charges could be made in a more expeditious and accurate manner. Currently, the public may have unclear recourse when confronted with an impaired or incompetent professional practicing behavior analysis if the individual is not already licensed within an existing profession. In addition, state boards serve an

advisory function in difficult ethical situations. It is not uncommon for practitioners to call state boards with legal and ethical questions.

Other professional organizations have formed advisory committees to deal with the issue of impaired professionals. The Advisory Committee on Colleague Assistance of the American Psychological Association (ACCA) was formed, "with the intention of providing information and assistance regarding the impairment of professionals to licensing boards as well as to state/provincial/territorial psychological associations (SPTAs)" (ACCA, 2006, p. 14). According to the ACCA, "The function of licensing boards is to monitor the credentialing of appropriate professionals when issuing licenses and evaluate complaints about their professional behavior and activities. The state /province /territory is considered 'the authority' for the regulation of practice" (p. 16), a point made in the preceding sections of the current paper. The ACCA's mission includes: 1) recognizing and investigating the need for colleague assistance; 2) promoting development and continuation of state colleague assistance programs and peer assistance networks; and 3) developing proper, informed relationships between SPTAs, licensing boards, and colleague assistance programs for the benefit of the profession and the public (pp. 14-15). In that such local boards and regulatory bodies do not yet exist for behavior analysis, addressing the need for colleague assistance is not at all likely.

Although benefits for licensing, as they pertain to identification and intervention of impaired professionals, have far reaching applications for all professionals in the field of behavior analysis, one could argue it is of specific importance particularly for those receiving services from independent consultants in the field. In school or hospital-based settings, individuals are typically under the jurisdiction of that facility, which includes the rules and regulations specific to that setting, and are expected to adhere to those policies or face institutional repercussions. These repercussions may include probation, suspension, or termination of employment. However, unless the individual possesses a license, fear or actual revocation of that license is not a current reality. This is reflected in the fact that most public schools do not accept board certification as a behavior analyst as sufficient professional documentation on its own, often requiring the professional to possess a state license as well (teaching, social work, school psychology, etc.). There are fewer safeguards for those who hire independent consultants who practice (or claim to practice) behavior analysis, as the evaluation of competency is left to the individual requesting services, who often may not be qualified or capable of detecting impairments, particularly those which are more subtle in nature.

Nearly all licensing boards identify a set of policies that include revocation of a license, suspension for a determined period of time, probation for a period of time, reprimand, as well as voluntary surrender of a license in lieu of further disciplinary proceedings. Additionally, many licensing boards also exercise authority over requiring rehabilitation as a part of the disciplinary process (ACCA, 2006, p. 16). Currently, the field of behavior analysis is at a grave disadvantage without any governing board that is capable of enforcing such policies and procedures. The potential impact impaired professionals have on the field and the perception that the public has of the field can be felt, even if it is not systematically evaluated or understood. Without the type of assistance and safeguards provided by licensing boards at the regional and state level, the field and the public's right to effective and efficient practitioners is hindered. Currently, without licensure there exists an inability to enact successful protocols, which will permit analysis of the prevalence of impairment. Without a central

regulatory body at the state level monitoring the profession for such impairment, the development of necessary treatments for impaired professionals will also be lacking. Ultimately, decreasing the impact caused by impaired professionals will increase the trust of the public in behavior analytic service providers, enabling behavior analysts to better serve the community.

Summary

Behavior analysis has seen enormous growth over the last two decades, and the profession is expanding into new countries, dealing with different populations, and addressing more complex behavioral problems. In each area in which behavior analysis is applied, there has been a record of successful results. It is clear that behavior analysis is a distinct profession. While its experimental and academic roots began in psychology, its applied roots have much more diverse origins. Now there are more behavior analytic graduate programs in departments outside of psychology than within. As such, members of this profession must look to the next logical step for their field, which is legal recognition at the state level. For several years, BACB® certificants have been able to practice with minimal resistance by the other helping fields, often accepting consumers that existing mental health professions cannot or will not serve for a host of reasons. As noted earlier, however, with its success has come a greater demand for services. As a result, more and more people claiming to be behavior analysts and/or providing behavior analytic services have entered the marketplace. With the noted prevalence of impairment in other mental health and helping fields, logic dictates that we assume similar rates of impairment will occur within the profession of behavior analysis. There is nothing currently in place to protect the public from this phenomenon, nor is the public informed enough to determine whether their professional is exhibiting impairment. Recently, across several states, other professions have begun limiting the ability of the BACB® certificant to practice independently, arguably as a move to protect the public because such individuals are not recognized by the state and cannot be held accountable via the established means by which other professions are regulated. State licensure will provide the necessary oversight and regulatory processes to protect the public and the profession.

It is becoming more and more important that behavior analysis becomes recognized as its own profession outside the purview other mental and behavioral health professions. Licensure seems the logical solution to the dilemma of protecting both the public and the profession. Other options which could be utilized for the protection of the public include actions preparatory for licensure, such as naming BACB® certificants in legislation as approved providers of services, passing insurance laws mandating coverage of said services by those certified by the BACB®, and any other legislation that indicates that behavior analysis is a separate discipline from other mental health fields. As a profession, we must ask whether these steps will be effective in insuring the long-term viability of field as an applied science.

Conclusion

The need to begin a process of protecting the public through the management of impaired professionals needs to occur now. Given that an estimated 10% of professionals are in some way impaired, it is incumbent to ensure that the behavior analytic profession polices itself in this matter or outsiders will need to police behavior analysis through regulations that will be less kind in comparison to licensing, as has happened in the past. The authors of this paper suggest that licensure must eventually occur for behavior analysis to be a viable profession. Historically, professions have pursued licensure, struggled

with opposition from both internal and external sources to their discipline and were required to break away from "parent" professions. If we are to become our own, we must take similar risks and pursue licensure. It is for the reader to determine how the pursuit of licensure should take shape in their own state and what preparatory work can and should be done to allow this to happen. Regardless of the path that is taken state by state, it is clear that our profession must be prepared to act swiftly given the current context and contingencies. It is therefore our recommendation that steps in the future should be taken with an eye towards the ultimate goal of state licensure. In some places this may occur swiftly and with little resistance. In other places it may be a prolonged struggle with many setbacks, but the preparation and steps towards licensure must continue. To be caught unprepared would be devastating to our profession, and more importantly to our science and the public.

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