

Publisher's Note: This article was originally published in *The Behavior Analyst Today*, 5.4. Due to the potential significance of the issue of accreditation of behavior analysis services and establishing a standards commission, we felt that it would be useful to reprint this position paper to reach a wider audience.

## **Creation of a Commission for Accreditation of Programs and Services Using Applied Behavior Analysis for Treatment Purposes**

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The field of Applied Behavior Analysis has evolved to the point of providing services in many organizations and educational settings in the United States. ABA is considered in a growing number of schools, provider organizations, and by states, as the most effective intervention approach for children with autism. Advances in the research have led to numerous applications of behavior analysis methodologies, and the creation of the Behavior Analyst Certification Board in 2000. Yet, despite certification setting a standard for competence in the practice of Applied Behavior Analysis, there are no established standards in the U.S. for organizations or agencies that provide ABA as a primary treatment approach. This paper presents a brief statement of the need and purpose of such standards for accreditation in the implementation of ABA services.

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It seems to me that the time has come in the development and progression of the field of Applied Behavior Analysis to devise a broad-based set of standards of practice for the field. Other professions including the American Psychological Association, American Psychiatric Association, and The Academy of Child and Adolescent Psychiatry, have all developed practice guidelines and standards for providing treatment and services for its practitioner members. In addition, there are a number of models for service and treatment delivery which are approved for third party reimbursement by Managed Care Organizations and Insurance Companies. Oversight bodies in this country are used by such payers to ensure standards of service delivery are met, including the Joint Commission for Accreditation of Hospital Organizations (JCAHO), CMS (Formerly HCFA), and NCQA. With the exception of devising ethical standards, the Association for Behavior Analysis International has not devised a set of practice standards for its practitioner members. There appears in fact to be some opposition to moving towards supporting clinical practice of Applied Behavior Analysis amongst the leaders of the association due to concerns about legal liability, and to retain the image of the organization as primarily supporting interest in research and academics in the field.

One significant advance in the field of Applied Behavior Analysis in the past five years that sets the stage for the need to devise practice standards, and for a form of accreditation, is the creation of the Behavior Analyst Certification Board (BACB)<sup>TM</sup> in 1998, by Gerald Shook. This board is now recognized in at least 8 states in the U.S., and in four other countries. The board established standards for certification of individual practitioners based upon the Florida Behavior Analyst Certification process devised by the Florida Department of Children and Families in the 1980s. The board offers two levels of certification, as many behavior analyst practitioners now are aware of, including Board Certified Associate Behavior Analyst requiring a minimum of a Bachelor's degree, and Board Certified Behavior Analyst, requiring a minimum of a Master's degree, from an accredited university program or independent course as approved by the BACB.

The BACB has established a curriculum that must be minimally adhered to for candidates to be eligible for certification at each level, along with supervision requirements, and a set of ethical standards for practitioners it certifies. The BACB has not established standards of practice, but the state of Florida under the auspices of Florida DCF, have established standards of practice for applied behavior analysis, which is written in state law for recipients of service by the Developmental Disabilities division. Indeed, one could visit any of a number of different states or specific programs, facilities, schools, or other agencies that provide ABA services in the United States, and find various practice standards and quality measures. If one were to compare them all, a wide range of differences would likely be found, along with many similarities. Also, such standards across organizations providing ABA services will likely depend upon state regulations and policies which vary greatly from state to state, and agency to agency within a state.

There has been progress in recent years with regard to the development of practice guidelines for treatment of children with autism, and autism spectrum disorders. For example, the state of New York has recognized that ABA is the most effective treatment for autism, and devised guidelines for its use (New York State Department of Health Early Intervention Program, 1999). A position statement regarding the efficacy of ABA and its recognition, was written and signed by the governor of the state of New York at that time (George Pataki). The Academy of Child and Adolescent Psychiatry also devised practice guidelines for treating autism (Volkmar et al., 1999), however, these guidelines focus predominantly on psychopharmacologic approaches and little on behavior analytic interventions.

It is my contention that at this time, given the rapid developments in field, along with many empirically validated behavior analysis treatment methods (e.g. Fenske, et. al., 1985; Lovaas, 1987; McEachin et. al, 1993; Smith et. al., 1997), devising a set of standards for practice and service delivery utilizing principles and methods from the field of Applied Behavior Analysis, is warranted. Such a set of standards would need to support the efforts and standards of certification established by the BACB. In addition, it would provide a means of oversight and validation of practice standards utilized by agencies and organizations across the country. This board, with the proposed name of “Applied Behavior Analysis Council for Accreditation” (ABACA) would review programs and services utilizing ABA methods and provide an accreditation standing of those services. Such accreditation would then serve as a basis for providing funding and referrals by third party payers including MCOs, insurance companies, governmental agencies at the federal and state level, and school districts. In addition, such accreditation would also be prime organizations for graduate students and credentialed professionals seeking employment in the field. The hope is that creating standards of service delivery will raise the bar for providing sound, ethical treatment in this country to all potential and current consumers of ABA services and treatment approaches, and will support the efforts of the BACB to ensure that practitioners provide the highest quality of services.

Among the most significant challenges that such a council or commission will face is likely to be one of achieving consensus in creating a set of standards, due to the great variety of prior experience and training in academic institutions. Developing the standards and creating the council will require a number of steps that will need to occur in a particular progression. First, support for the idea will be needed from those who would play a role and whose programs and services would ultimately be affected by establishing standards or guidelines for best practices. Next, a panel would need to be created to work on the standards of practice, then the draft sent out to the parties who may be involved, as well as to relevant professional organizations, such as AAMR, NADD, APA, ABA, ACAP, PBS Org., and others for comment and feedback. As this process progresses, the oversight organization (council) needs to be formally established, most likely as a privately incorporated entity, such as BACB or JCAHO. Then, the director and other

positions need to be appointed along with a board of directors who oversee and devise the practice standards. Next, a system of program/service review needs to be devised, and some trial reviews need to take place with teams who visit the program sites. As the process continues, meetings with MCOs, Insurance Companies, and with federal, state and local agencies and school boards across the country need to occur to review the standards of practice and the purpose of the ABAAC, and to seek their support for purposes of accreditation and funding in parity with other means of program evaluation.

This can be a long arduous process, but in the opinion of this writer, one well worth the effort if we are to see Applied Behavior Analysis recognized as a viable treatment approach in this country. Comments and offers for assistance from our readers are welcome in the development of such an accreditation board.

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