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The Lovaas Institute Position on Behavior Analysis Credentialing

The Lovaas Institute is very concerned about the current public health crisis – a dramatic escalation in the number of cases of autism that are unable to access effective behavior analysis treatment. By our research and clinical experience, approximately one third of the affected families require the substantial and competent behavior analysis services that are medically necessary to treat the mental health challenges caused by their autism. While this estimate amounts to over 100,000 US families, only five percent or less receive the behavior analysis services that they need. In the US today, 95,000 families are suffering from the mental health consequences of untreated autism.

The impact on society is dramatic. To use Minnesota as an example, the number of children with autism spectrum disorders in public high schools will double from 2010 to 2015 (this is based upon the actual current student census in Minnesota middle and high schools). Using the GAO's estimate of special education costs for autism, this will cost the citizens of Minnesota \$90,000,000 in 2015 alone. Beyond this cost, the documented mental health impacts of untreated autism include isolation, crime, abuse, neglect, divorce, suicide and accidental death.

In order to meet this critical need for access to competent treatment, there must be an extensive improvement in the availability and scope of current personnel preparation (university and practical training). The Lovaas Institute therefore endorses the Behavior Analyst Certification Board (BACB)'s guided development of a solid ABA/Autism credential, the Board Certified Behavior Analyst (BCBA). We look forward to the day when we can all be proud of the ready availability of professionals who have had rigorous training and experience in behavior analysis.

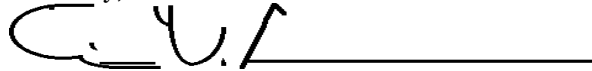
If the government, the private health insurance sector, and the public education sector were genuinely attempting to meet this serious public health crisis head-on, then they would be establishing funding that recognizes the developmental need of the field, by endorsing current BACB standards; and would meet the needs of both current and future consumers by enacting behavior analyst grandfathering and sun-setting provisions. To be clear, however, they should not support psychotherapists who may possess another professional credential but who cannot also meet the BACB criteria for behavioral training and supervised experience, because our experience shows that the readily available eclectic psychotherapy does harm children.

We endorse the current BCBA credential, because the current competencies and experience requirements mirror earlier versions of our own internally developed system. To guard against abuses, we recommend the use of policy boards that are made up of bona fide behavior analysts to guide the implementation of these behavior analysis funding and services, just as the government has already done to protect clients from the abuses of inappropriate treatment. To be explicit, the behavior analyst policy boards can be expected to recommend evidence-based, cost-effective practices rather than misguided, politically correct practices.

Finally, it is critical that extensive quality control be built into the funding systems and service delivery systems in order to prevent the abuses that naive practitioners have already committed and would be likely to continue to commit. We have significant experience with one-point-in-time credentialing, and are quite disenchanted with it. Training and credentialing only serves to establish entry-level competent behavior. A practitioner does not acquire a hard-wired set of behavioral competencies by virtue of passing initial training requirements. Instead, as we have seen, extensive quality control is required in order to maintain that set of behavior. The organizational environment must be purposely designed to support ongoing competent and ethical behavior, and the funding environment must provide contingencies that reinforce the organizational behavior management. We have had all too much experience with the disastrous effects of counter-control: the immediate environment (misguided funding, work, and consumer contingencies) will always outweigh the distal contingencies (initial training and ongoing credentialing contingencies).

Therefore we are very skeptical that any generic practitioner, such as a psychotherapist or psychologist, will be able to ethically meet a family's expectations for sound behavior analysis, unless they can, at a bare minimum, meet the current standards of the BACB. And while we believe that future standards will be much more exacting, we also believe that society's appropriate response to this public health crisis, is to accept the current BCBA as a current standard, and invest in training and funding systems that will improve upon the current state.

Sincerely,



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Additional resources may be found at:
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