

# STANDARDS OF PRACTICE FOR PRACTITIONERS OF BEHAVIOUR ANALYSIS IN ONTARIO

## 2010 Revision

### **Revision of Standards developed and approved by ONTABA Board of Directors 2010:**

Darryl Nurse-President, Jennifer Porter-President Elect, Carmela Campanella-Borraccia-Treasurer, Carobeth Zorzos-Secretary, Karla Colaguori-Member at Large, Lisa Israel-Member at Large, Charlene Stogren-Member at Large, Jennifer Cunningham-Graduate Student Representative, Sarah FitzGerald-Undergraduate Student Representative

Original 1998 version prepared by the Ontario Association for Behaviour Analysis Standards Development Task Force (Bill Kirby, Jim Reaume, Maurice Feldman, Francisco Barrera, Ken Hbranchuk, Joel Hundert, Wanda Smith, Kurt Weaver) and approved by the ONTABA Board of Directors in 1998.

### **Preamble**

The field of Behaviour Analysis is a unique and specialized discipline based on the principles of behaviour identified through the scientific analysis of behaviour. This document focuses on the use of Applied Behaviour Analysis, which is the science in which procedures derived from the principles of behaviour are applied systematically to improve social significant behaviour and experimentation is used to identify the variables responsible for behaviour change (Cooper et al 2007). In 1998, Ontario Association of Behaviour Analysis (ONTABA), as the affiliate chapter of the Association for Behaviour Analysis International, developed the first version of the standards for behaviour analysis practitioners in the province. The standards were developed based on a wide range of source material. In particular, we acknowledge the standards used in the state of Florida that are a part of its comprehensive and successful professional certification program of Behaviour Analysts.

Revision of the standards was conducted in 2010 in light of an increase in behaviour analysis practitioners in Ontario and the establishment of Behavior Analysis Certification Board in the US. In addition, this revision sought to identify current best practice standards in behaviour analysis, along with relevant jurisprudence issues for practitioners in the Province of Ontario. The Behavior Analyst Certification Board's Guidelines for Responsible Conduct 2010 Revision is cited frequently throughout the document. Additional source material is referenced at the end of the documents.

### **The Ontario Association for Behaviour Analysis (ONTABA)**

ONTABA is an affiliate chapter of the Association of Behaviour Analysis (International). Members in ONTABA have an expressed interest in Behaviour Analysis and come from a variety of fields including (but not limited to), psychology, education, nursing, health care, developmental services, research, and administration. ONTABA's vision is fostering a culture of excellence, integrity, and expertise for the advancement and promotion of the science of behaviour analysis. ONTABA's mission is to demonstrate leadership, knowledge, and innovation in education, training, and research for the ethical and effective application of behaviour analysis.

### **Purpose of Standards of Practice**

The following standards are intended to provide and promote a framework for the ethical and best practice for practitioners of behaviour analysis in Ontario. These standards are not intended to be prescriptive in that they do not address the implementation of specific behavioural procedures. Rather, the standards provide a set of guidelines for the practice of behaviour analysis. The standards are intended to accomplish the following:

- Promote ethical, high quality best practice within behaviour analysis;
- Provides a framework for practitioners to judge the quality of their practices;
- Provide a foundation for peer-review of clinical practice;
- Provides a framework for service recipients to evaluate the application of behavioural services;
- Provide a reference of best clinical practices for administrators, supervisors, and policy makers managing or involved with behaviour analysis programs.

### **General Description of Knowledge and Skills**

The standard for knowledge and skills of behaviour analysts is certification with the Behavior Analysis Certification Board (BACB). There are clear requirements outlined for those who are certified with the BACB, which includes Board Certified Behavior Analysts (BCBA or BCBA-D) and Board Certified Assistance Behavior Analysts (BCaBA). Individuals certified with BACB require:

- Specific coursework in behaviour analysis;
- Supervised practice overseen by a BCBA;
- Successful completion of the BACB certification exam;
- Ongoing completion of continuing education activities.

There are many behaviour analysis practitioners in Ontario who do not meet the BACB outlined criteria. For these individuals, the *minimum* criteria for practicing behaviour analysis in Ontario are:

- basic knowledge of the principles of behaviour analysis, learning, and scientific methodology, and ethics, ideally through college or university level coursework;
- skills in the domains of designing and/or implementing behaviour and skill assessment, designing and/or implementing behaviour intervention, and objectively evaluating the effects of behaviour interventions;
- practice of behaviour analysis under the supervision of a Board Certified Behavior Analyst, or a clinician who has significant education and experience in behaviour analysis.

### **Ethical Foundations**

Practitioners of behaviour analysis have an ethical responsibility to the field, clients, their colleagues and to society. The practice of Applied Behaviour Analysis should be predicated on the following ethical guidelines (from Bailey & Burch, 2005 and BACB Guidelines for Responsible Conduct, 2010):

- Responsibility to the Field (BACB 7.0)
  - Uphold and adhere to the values, ethics, principles, and mission of the field of behaviour analysis;
  - Use of scientific knowledge and empirically-validated procedures;
  - Disseminate information to the general public.

- Responsibility to Clients (BACB 2.0)
  - Respect for the service recipient's personal values, beliefs, desires, abilities, cultural practices, and social context;
  - Protection of the service recipient's rights, freedoms, and dignity;
  - Explanation of all procedures and data in simple language to ensure understanding;
  - The least intrusive model should be followed;
  - The behavioural practitioner should recognize his/her limits of expertise. If the problem encountered is beyond the expertise of the practitioner, then the practitioner should help the service recipient find appropriate services.
- Responsibility to Colleagues (BACB 8.0)
  - Bring attention to and resolve ethical violation by colleagues.
- Responsibility to Society (BACB 9.0)
  - Services must be consistent with the laws and regulatory requirements of Ontario;
  - All statements made in a public forum are based on appropriate behaviour analytic literature and practice.

## **STANDARDS OF PRACTICE**

### **Assessment Standard**

- The practitioner's assessment should adhere to the guidelines outlined in the Behavior Analyst Certification Board (BACB) Guidelines for Responsible Conduct (July 2010), specifically under Section 3.0 Assessing Behavior.
- The practitioner must obtain informed consent in writing by the client, legal guardian, or substitute decision maker prior to beginning the assessment and before obtaining or disclosing records (BACB 3.01 and 3.04), consistent with Ontario legislation.
- Before implementing a behaviour intervention, a functional assessment of the target behaviour(s) is conducted, for behaviour reduction and skills acquisition as applicable.
- A functional assessment includes a variety of systematic information-gathering activities regarding factors influencing the occurrence of behaviour (e.g., antecedents, consequences, setting events, motivating operations) including interview, direct observation, and experimental analysis (BACB 3.02).
- Target behaviour (s) are to be clearly defined and measurable, selected with the client (where feasible) or the client's legal guardians/substitute decision maker.
- Practitioners recommend medical consultation if the target behaviour is possibly the result of biological factors (e.g., medication side effects, other biological cause) (BACB 3.0).
- Based on the information gathered in the assessment, hypotheses should be generated that (a) describe the possible functional relationship between the behaviour(s) of concern and environmental, biological, and historical variables (as relevant), and (b) lead to intervention recommendations.
- Results of the behaviour assessment are explained to the client in clear understandable language (BACB 3.03).

- Behavioural assessment is not a controlled act of communicating a diagnosis as stipulated by the Regulated Health Professions Act, 1991.

### **Intervention Standard**

- The practitioner's intervention should adhere to the guidelines outlined in the Behavior Analyst Certification Board (BACB) Guidelines for Responsible Conduct (July 2010), specifically under Section 4.0 The Behavior Analyst and the Individual Behavior Change Program.
- A formal behaviour intervention plan should be written by a behaviour analysis practitioner, as outlined under "General Description of Knowledge and Skills."
- The client and all other relevant parties are required to be consulted in the development of the behaviour intervention (BACB 4.0).
- At a minimum, the following must be considered prior to implementing a behaviour intervention program:
  - the expected outcomes should be of benefit to the client (BACB 3.05),
  - the intervention must be based on sound assessment data (see Assessment Standard),
  - empirically validated procedures based on behaviour analytic principles should be used (BACB 4.0),
  - the least restrictive procedure model should be followed (BACB 4.10),
  - consent should be obtained from the client or the substitute decision-maker, according to existing provincial statutes and standards of professional practice (BACB 4.04 and 4.09).
- At the minimum, a behaviour intervention should include:
  - clear definition(s) of the target behaviour(s),
  - meaningful, relevant, and measurable behavioural objectives,
  - a clear description of the intervention, including descriptions of generalization and maintenance procedures,
  - delineation of responsibilities and training required for individuals responsible for intervention implementation,
  - description of an objective evaluation system based on observable and measurable outcomes to monitor the effects of the intervention (BACB 4.07).
- The use of new or non-validated approaches should be considered experimental and extra precautions should be taken in the consent, implementation, monitoring, and evaluation of these procedures (BACB 2.10).

## **EVALUATION**

- Behaviour intervention plans should be evaluated objectively. Target behaviours selected for change should be operationally defined to allow for accurate measurement and analysis.
- Accurate measurement and evaluation should take place during each phase of the intervention process (should be on-going) to assess the program recommendations. The data may be collected by the behaviour analyst, client, or mediator (4.07 BACB).
- Individuals who are responsible for the implementation of the intervention should be trained to accurately collect data by the behaviour analysis practitioner.
- Modifications to the program should be made on the basis of the data (4.08 BACB).
- Objective, clear and concise termination criteria for the intervention should be determined and explained to the client (4.11 BACB).

## **DOCUMENTATION**

- Documentation of all aspects of a behaviour assessment/intervention is essential.
- Practitioners of behaviour analysis should follow employer documentation guidelines, guidelines provided by BACB (BACB 2.07, 2.08, 2.09, 2.11, 2.12), and their regulatory College (if applicable) regarding the creation, maintenance, dissemination, storage, retaining, and disposal of records and data.
- A client record should include at least the following: signed consent forms; assessment/intervention reports and results; progress notes, closure/follow-up reports.

### Bibliography

Cooper, John O., Heron, Timothy E., & Heward, William L. (2007). *Applied behaviour analysis* (2<sup>nd</sup> Ed.). Upper Saddle River (NJ): Pearson Education Inc.

Behaviour Analyst Certification Board (2010). *Guidelines for responsible conduct for behaviour analysts*. Retrieved November 6, 2010, from the Behaviour Analyst Certification Board, Conduct Guidelines Web site: [http://www.bacb.com/cues/frame\\_about.html](http://www.bacb.com/cues/frame_about.html)

Feldman, M.A., & Griffiths, D. (1997). Comprehensive assessment of severe behaviour disorders. In N.N. Singh (Ed.), *Treatment of severe behaviour problems: Models and methods in developmental disabilities* (pp. 23-48). Pacific Grove, CA: Brooks/Cole.

Hemingway, M. (Ed.). (1995). *Applied behaviour analysis task list and knowledge, skills and ability statements*. Tallahassee, FL: Developmental Services Program.

Ontario Ministry of Community and Social Services (1987). *Standards for the use of behavioural training and treatment procedures in settings for developmentally handicapped persons*. Toronto: Author.

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## Glossary

**Controlled Act of Communicating a Diagnosis:** Subsection 27 [2][1] of the RHPA, 1991: "Communicating to the individual or his/her personal representative a diagnosis identifying the disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his/her personal representative will rely on the diagnosis."

**Functional behaviour assessment (FBA):** A systematic method of assessment for obtaining information about the purposes (functions) problem behaviour serves for a person; results are used to guide the design of an intervention for decreasing the problem behaviour and increasing appropriate behaviour.

**Functional analysis:** (as part of a functional behaviour assessment) An analysis of the purposes (functions) of problem behaviour, wherein antecedents and consequences representing those in the person's natural routines are arranged within an experimental design so that their separate effects on problem behaviour can be observed and measured; typically consists of four conditions: three test conditions – contingent attention, contingent escape, and alone – and a control condition in which problem behaviour is expected to be low because reinforcement is freely available and no demands are placed on the person.

**Behaviour intervention:** An effective treatment that stems from well-designed scientific studies, which uses the principles of Applied Behaviour Analysis.

**Least restrictive alternative:** Refers to the use of an intervention in which less intrusive procedures must be considered and/or tried and found to be inappropriate or ineffective before a punishment procedure can be implemented.

**Mediators:** Persons implementing the intervention after being trained and provided with feedback on the delivery of the procedure.

**Generalization:** A generic term for a variety of behavioural processes and behaviour change outcomes.

**Maintenance:** Two different meanings in applied behaviour analysis: (a) the extent to which the learner continues to perform the target behaviour after a portion or all of the intervention has been terminated (i.e. response maintenance), a dependent variable or characteristic of behaviour, and (b) a condition in which treatment has been discontinued or partially withdrawn, an independent variable or experimental condition.

**Federal, Provincial, and Municipal legislation and guidelines that practitioners in behaviour analysis should be familiar with** (Note this is not an exhaustive list):

- Child and Family Services Act, 1990
- Developmental Services Act, 1990
- Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008
- Mental Health Act, 1990
- Education Act, 1990
- Ethical Conduct for Research Involving Humans (Canadian Institutes of Health Research)
- Health Care Consent Act, 1996
- Freedom of Information and Protection of Privacy Act, 1990
- Personal Health Information Protection Act, 2004
- Municipal Freedom of Information and Protection of Privacy Act, 1990
- Psychology Act, 1991
- Public Hospitals Act, 1990
- Personal Information Protection and Electronic Documents Act, 2000
- Substitute Decisions Act, 1992
- Regulated Health Professions Act, 1991