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Editorial

A Purview into the Quality of Clinical Supervision in the Field of Applied Behavior Analysis

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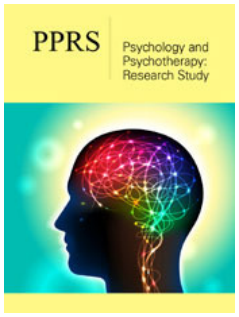

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Editorial

The Behavior Analyst Certification Board, Inc. (BACB ®) was first established in 1998 to provide certification for behavior analysts and create practice standards, conduct exams, and offer disciplinary guidelines and ethical standards (Behavior Analyst Certification Board, 2023a). Steps to becoming a Board Certified Behavior Analyst (BCBA) include [1] meeting eligibility requirements [2], applying to take the exam and [3] taking and passing the exam. Once certified, a BCBA must maintain its certification by meeting continuing education requirements, adhering to the ethical codes of conduct, and undergoing recertification every two years [4]. There are multiple benefits to becoming certified, including (a) becoming credentialed with payors and (b) the ability for stakeholders (e.g., employers, payors, and consumers) to verify that a certificant has met criteria to obtain and maintain certification [4]. The demand for BCBAs has increased dramatically in the past ten years. The US employment demand for behavior analysts shows that the demand has risen from 1,342 jobs in 2012 to 57,569 jobs, a 4,189 percent increase [5]. Due to the increased demand for services and jobs within the field of behavior analysis, it is not surprising to learn that the demand for practitioners has fostered exponential growth within the field. For example, while there are currently approximately 59,976 BCBAs, 47% have received their certification between 2018 and 2022 [6].

As previously discussed, one step to becoming a certified behavior analyst includes taking master's level coursework and accruing supervised fieldwork hours. One identified disconnect related to becoming a BCBA is an overabundance of options for coursework. Over 640 Verified Course Sequences (VCS) meet the BACB's coursework requirements [2]. However, merely meeting VCS standards is only sometimes synonymous with the quality of any specific program to become a BCBA, resulting in BCBA candidates receiving myriad experiences through coursework and supervision sites. Given the various pathways to certification experienced by candidates, if two BCBAS have similar skill sets and scope of competence to practice once they have become certified is an erroneous viewpoint. The inconsistencies among course sequences and candidate supervision experiences pose a considerable problem for the industry. When a BCBA accepts an individual on their caseload, they accept responsibility for that child's future and the impact that child's care will have on the entire family unit [1].

The following are proposals to help ensure quality supervision between BCBA supervisors and BCBA candidates:

A. Increase from one to five years for supervising BCBAs and 16 hours of coursework that include practical leadership and management applications.

B. Alignment of methodologies to related fields like speech and language pathology and occupational therapy.

C. Alignment of methodologies between practitioner experience with specific work products or technologies.

D. A task list specific to supervisor competencies.

E. Ongoing mentorship that requires post-examination, similar to a medical residency.

The need for more oversight of the supervision process between BCBA clinical supervisors and BCBA candidates cannot be overstated. Inadequate and disorderly supervision is a threat to applied behavior analysis. Inferior quality or ineffective supervision delivery can have deleterious impacts on the supervisee, patient outcomes and the field of Applied Behavior Analysis (ABA). Arguably the most nefarious result of poor-quality supervision is diluted behavior analytical practices that result in insignificant patient outcomes [7,8]. Variables maintaining mediocre quality supervision for behavior analyst trainees include compassion fatigue, burnout, inadequate supervisee experience, inadequate leadership skills, poor relational skills, the supervisor having received anemic supervision, turnover, lack of evidence-based resources, and ongoing contextual personal and environmental factors [9,10]. The threat of inadequate supervision provided to behavior analysts is more poignant when understood from the perspective that practicing behavior analysts are increasingly responsible for training and supervision of future behavior analysts [11-13].

The two most conspicuous factors contributing to penurious supervision are (a) the lack of evidence-based resources to inform specific supervision activities and (b) inadequate hierarchical leadership and accountability. To combat and help prevent the cycle of inadequate supervision for behavior analyst trainees, Sellers et al. [14] posited five recommended practices to ensure adequate supervision by clinical supervisors, including (a) trusting supervisor-supervisee relationships, (b) structured approaches to content and competencies, (c) ongoing evaluation of supervision efficacy, (d) incorporation of ethical practices and professional development, and (e) continuation of professional relationships post-certification. Based on the brief literature review addressing the frequent deficiencies in clinical supervision for behavior analyst trainees, we posit a sixth and seventh practice to help ensure efficacious supervision. The sixth practice is (f) continued audits of the outcomes achieved by consumers of ABA services that result in payors holding providers accountable for insufficient progress. The seventh practice is (g) ongoing accountability and leadership evaluations of all levels of a clinical organizational hierarchy. Accountability across all clinical levels and leadership positions is paramount for quality clinical supervision and outcomes [15-21].

Effective supervisor-supervise relationships include transparent and honest communication and expectations [7,22]. Specific strategies to ensure effective supervisor-supervisee relationships that build clinical skills (e.g., writing behavior intervention plans, conducting assessments, behavior skills training) and power skills (e.g., emotional intelligence, active listening, negotiating) include honest discussions about the purpose, scope, and expectations of supervision and performance, and trust and commitment by both parties [23]. It is imperative for the field of behavior analysis that changes occur in the immediate future so that BCBAs can course-correct our current trajectory.

References

1. Alai-Rosales S, Zeug N (2010) Three important things to consider when starting interventions for a child diagnosed with autism. Behavior Analysis in Practice 3(2): 54-55.
2. The Association for Behavior Analysis International (2023) Verified course sequence directory. Abai international.
3. Behavior Analyst Certification Board (2023a) About the BACB.
4. Behavior Analyst Certification Board (2023b) Board certified behavior analyst, BCBA Handbook.
5. Behavior Analyst Certification Board (2023c) US deployment demand for behavior analysts: 2010-2022.
6. Behavior Analyst Certification Board (2023d) BACB certificant data.
7. Sellers TP, Alai-Rosales S, MacDonald RPF (2016a) Taking full responsibility: The ethics of supervision in behavior analytic practice. Behavior Analysis in Practice 9(4): 299-308.
8. Turner LB, Fisher AJ, Luiselli JK (2016) Towards a competency-based, ethical and socially valid approach to supervision of applied behavior analytic trainees. Behavior Analysis in Practice 9(4): 287-298.
9. Cocker FM, Joss N (2016) Compassion fatigue among healthcare, emergency and community service workers: A systematic review. International Journal of Environmental Research and Public Health 13(6): 618-636.
10. Villanueva Jasa SJ (2013) Factors affecting Registered Behavior Technicians (RBTS) intent to stay or leave: A Delphi study. Unpublished manuscript. University of Nevada, Las Vegas, USA.
11. DiGennaro Reed FD, Henley AJ (2015) A survey of staff training and performance management practices: The good, the bad and the ugly. Behavior Analysis in Practice 8(1): 16-26.
12. Parsons MB, Rollyson JH, Reid DH (2012) Evidence-based staff training: A guide for practitioners. Behavior Analysis in Practice 5(2): 2-11.
13. Todaro Franceschi V (2013) Compassion fatigue and burnout in nursing : Enhancing professional quality of life. (2nd edn), Springer Publishing Company, New York, USA.
14. Sellers TP, LeBlanc LA, Valentine AL (2016b) Recommendations for detecting and addressing barriers to successful supervision. Behavior Analysis in Practice 9(4): 309-319.
15. Cohen WA (2009) Drucker on leadership: New lessons from the father of modern management. Jossey-Bass Publishers, California, USA, p. 304.
16. Goleman D, Boyatzis R, McKee A (2002) Primal leadership: Realizing the power of emotional intelligence. Harvard Business School Press 2(2): 76-80.
17. Goodwin DK (2006) Team of rivals: The political genius of Abraham Lincoln. Simon & Schuster, New York, USA.
18. Grenny J, Patterson K, Maxfield D, McMillan R, Switzler A (2013) Influencer: The new science of leading change. The McGraw-Hill Companies, USA.
19. Kellerman B (2010) Leadership: Essential selections on power, authority, and influence. McGraw-Hill, USA.

20. Peterson JB (2018) 12 rules for life: An antidote to chaos. Random House Canada, Canada.

21. The Arbinger Institute (2018) Leadership and self-deception: Getting out of the box. Berrett-Koehler Publishers, USA.

22. Waldinger R, Schulz M (2023) The good life: Lessons from the world's longest scientific study of happiness. Simon & Schuster, New York, USA.

23. The Association for Behavior Analysis International (2023) Verified course sequence & concentrations.