



SUPERVISION CONSIDERATIONS FOR INTERNATIONAL MARKETS



Special Learning, Inc.

Autism Education for Parents, Teachers, and Therapists

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- Review of Global Supervision landscape
- Review of the BACB supervision requirements
- Review of BACB Ethics and Compliance Code 5.0 Behavior Analysts as Supervisors
- Barriers to International Supervision
- Supervision scenarios/discussion

Speaker Bio

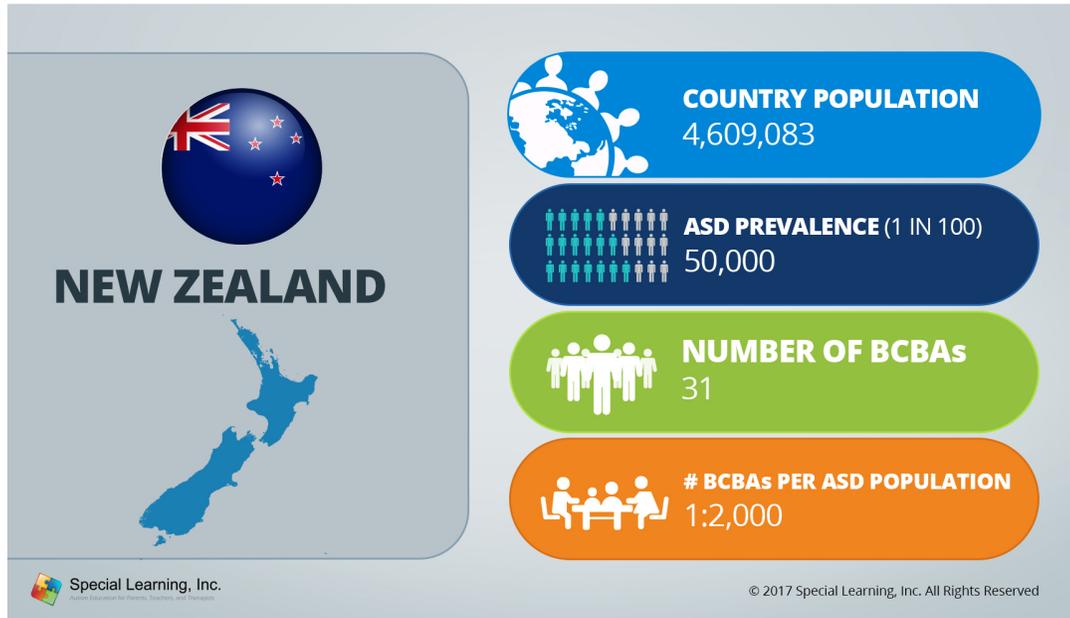


Amanda Fishley, MA, BCBA, COBA is a Board Certified Behavior Analyst and Certified Ohio Behavior Analyst. She has experience working with children, adolescents and adults in variety of settings including school, home and mental health facilities. In each of these environments, she worked closely with parents, teachers, and paraprofessionals to develop and oversee implementation of behavior intervention plans. She has extensive experience mentoring and providing supervision to RBTs, BCBA candidates and behavior analysts.

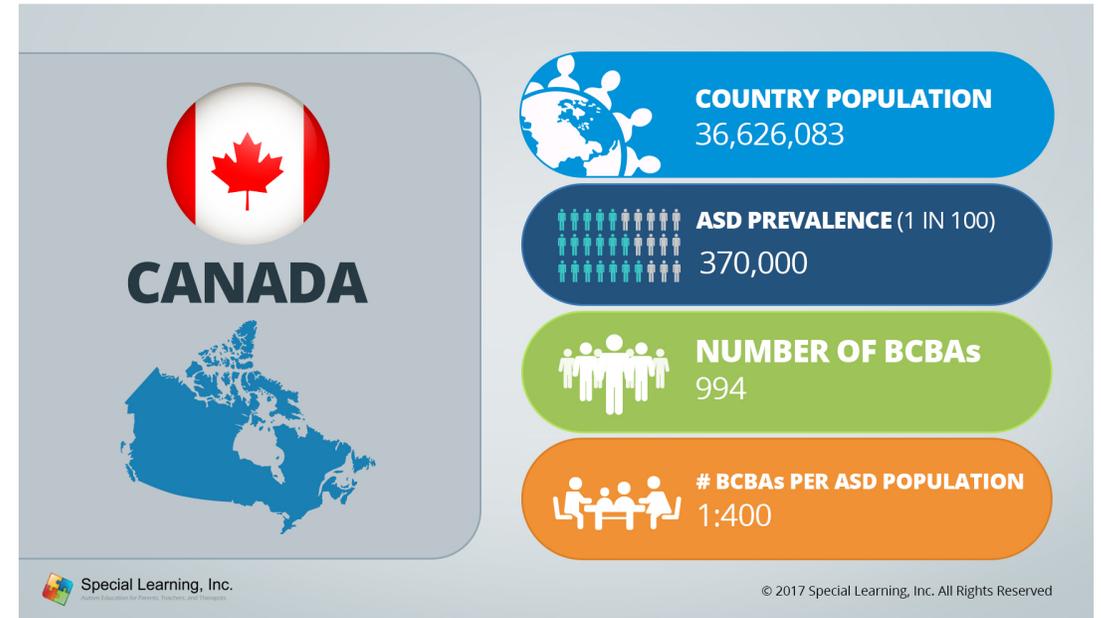
As an Associate Director of Clinical Solutions for Special Learning, she is responsible for creating and presenting educational materials and promoting Special Learning's mission to positively impact the special needs community.

She received her Master's degree in Special Education/ABA from The Ohio State University. She has been working with in the field of ABA for over ten years.

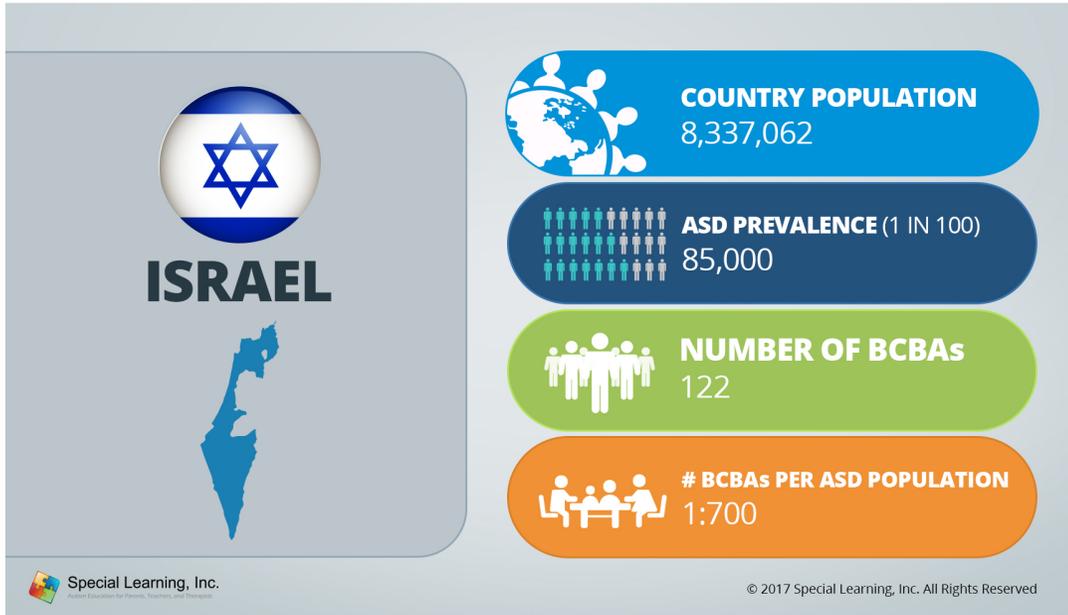
Dr. Katrina Philips, BCBA (New Zealand)



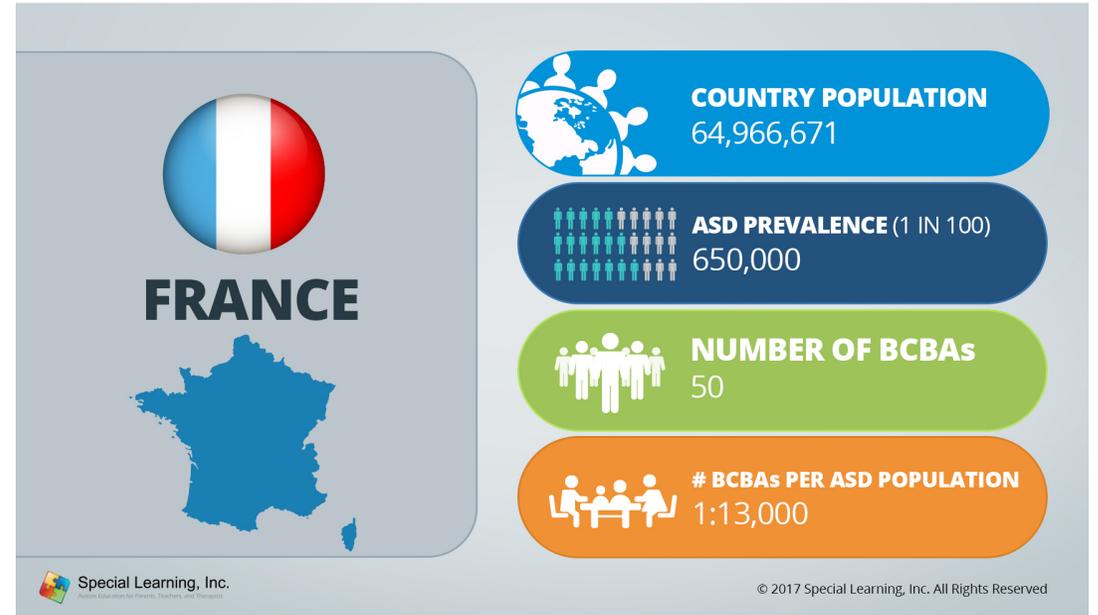
Myra-Jade Lui, BCBA (Canada)



Dr. Karin Stern, BCBA (Israel)



Dr. Diane Fraser, BCBA-D (France)



Supervision Landscape

Market Constraints: Shortage of Supervisors: Whats the Cause?

- Lack of supervisors
- Greater level of liability
- Higher demand for BCBA's
- Lack of time
- Small universe of BCBA's / BCBA-Ds willing to provide supervision

Understanding the Global Need for ABA Experts

Ranking	Country	Population (2017)	Est. ASD Population	# BCBA's (Aug 2017)	# RBTs (Aug 2017)	BACB Credentialed	Credentialed ABA Professional / ASD Population
	All Countries	7,515,282,136	75,152,821	26,790	26,547	53,337	1,409
		7,515,282,136	75,152,821	26,790	N/A	N/A	2,805
1	China	1,388,232,693					
2	India	1,342,512,706					
3	U.S.	326,474,013					
4	Indonesia	263,510,146					
5	Brazil	211,243,220					
6	Pakistan	196,744,376					
7	Nigeria	191,835,936					
8	Bangladesh	164,827,718					
9	Russia	143,375,006					
10	Mexico	130,222,815					
11	Japan	126,045,211					
12	Ethiopia	104,344,901					
13	Philippines	103,796,832					
14	Viet Nam	95,414,640					
15	Egypt	95,215,102					
16	DR Congo	82,242,685					
17	Iran	80,945,718					
18	Germany	80,636,124					
19	Turkey	80,417,526					
20	Thailand	68,297,547					
Source: BACB					Source: Worldometers (www.Worldometers.info)		

Understanding the Global Need for BCBA et al.

Country	BCBA D	BCBA	BCABA	Total	Population	Est. Prevalence (1 in 100)	Ratio (BCBA to ASD Population)
United States	1,896	20,786	1,822	24,504	327 Million	3,270,000	1 in 133
Canada	53	826	115	994	36.7 Million	367,000	1 in 400
United Kingdom (GB)	25	213	29	267	64.1 Million	641,000	1 in 2,400
Israel	7	46	69	122	8.3 Million	83,000	1 in 700
Ireland	14	101	2	117	4.7 Million	47,000	1 in 400
Italy	2	90	5	97	59.8 Million	598,000	1 in 6,200
China	4	49	36	89	1.4 Billion	14,000,000	1 in 160,000
Australia	7	40	16	63	24.6 Million	246,000	1 in 4,000
United Arab Emirates	3	38	13	54	9.4 Million	94,000	1 in 2,000
France	2	42	6	50	65 Million	650,000	1 in 13,000
Korea Republic Of (South Korea)	7	28	11	46	50.7 Million	507,000	1 in 11,000
India	2	21	9	32	1.3 Billion	13,000,000	1 in 410,000
New Zealand	5	26	-	31	4.6 Million	46,000	1 in 1,500
Germany	2	19	5	26	80.6 Million	806,000	1 in 31,000

Source: BACB 8/2017

Supply and Demand Imbalance

DEMAND FOR ABA SERVICES

- Estimated Number of People with ASD (Global)
 - World population: 7.5 Billion
 - Estimated prevalence rate: 1 in 100
 - Estimated number of people with ASD: 75 Million

SUPPLY OF CREDENTIALLED ABA PROFESSIONALS in 8/2017 (BCBAs, et al.)

- Total BCBA et al (Global): 26,790
 - BCBA-D: 2,053 (8%)
 - BCBA: 22,547 (84%)
 - BCaBA: 2,190 (8%)
 - **RBT: 26,547**

Source: BACB 4/2017

Leverage: How Do You Increase Capacity?

- “Create” more BCBAs
- Standardization (greater efficiency)
- Apply Different Service Delivery Models (i.e. technology)
 - Greater efficiency
 - Ability to connect with the world
 - Minimize wasted time /Maximize available supply
- Apply Different Service Delivery Model (group therapy???)
 - Considerations and Constraints
 - Pros/Cons: What’s more important?
 - Greater # clients served?
 - Erode quality of service (i.e. decrease in outcomes)?

???

Other ideas?

Leverage: “Create” More BCBA’s: Create RBTs)

	10/26/2016	2/7/2017	4/4/2017	8/7/2017
BCBA-D	1,922	2,012	1,991	2,053
BCBA	18,532	21,041	21,654	22,547
BCaBA	2,287	2,049	2,055	2,190
BCBA et al	22,741	25,102	25,700	26,790
New Adds		2,361	598	1,090
% Growth		10%	2%	4%
RBT	18,505	18,032	26,350	26,547
New Adds		(473)	8,318	197
% Growth		-3%	46%	1%

- Are we “creating” BCBA’s / RBTs fast enough to meet the world’s needs?
- What are some constraints to growth?
 - Objective: Meet global need
 - BACB objectives: Increase legitimacy of and protect the profession

Global Awareness of ABA: SL Customers In Over 100 Countries

Total # Countries in the World: 233

Source: Worldometers (www.Worldometers.info)



Review of the BACB Guidelines

Review of the BACB Guidelines

In order to be a supervisor for a BCBA/BCaBA Candidate:

- Pass an online, competency based training module on BACB experience standards provided by the BACB and complete an 8-hour supervision training. Must also ensure supervisees have passed the competency based training module. (Prior to providing any supervision).
- Be a BCBA or BCBA-D in good standing, be an approved instructor in an Approved Course Sequence, or be a licensed or certified psychologist certified by the American Board of Professional Psychology in Behavioral and Cognitive Psychology who was tested in Applied Behavior Analysis
- Obtain 3 hours of Supervision continuing education during certification cycle

(Behavior Analyst Certification Board, 2017)

Review of the BACB Guidelines

In order to be a supervisor for a BCaBA:

- Pass an 8 hour, competency based training on The Supervisor Training Curriculum
- Be a BCBA or BCBA-D in good standing, be an approved instructor in an Approved Course Sequence, or be a licensed or certified psychologist certified by the American Board of Professional Psychology in Behavioral and Cognitive Psychology who was tested in Applied Behavior Analysis
- Obtain 3 hours of Supervision continuing education during certification cycle

(Behavior Analyst Certification Board, 2017)

Review of the BACB Guidelines

In order to be a supervisor for a RBT:

- Pass an 8 hour, competency based training on The Supervisor Training Curriculum
- Be a BCBA or BCBA-D in good standing, be an approved instructor in an Approved Course Sequence, or be a licensed or certified psychologist certified by the American Board of Professional Psychology in Behavioral and Cognitive Psychology who was tested in Applied Behavior Analysis
NOTE: BCaBA is also approved to provide supervision to RBTs.
- Obtain 3 hours of Supervision continuing education during certification cycle

(Behavior Analyst Certification Board, 2017)

Review of the BACB Guidelines

For BCBA/BCaBA candidates, prior to supervision:

- Pass an online, competency based training module on BACB experience standards provided by the BACB
- Should have prerequisites skills: these skills may include ability to define terminology as outlined throughout the BACB task list, implementing data collection techniques, understanding simple behavior change procedures, and any other skills deemed necessary by the supervisor

Minimal Competencies as Supervisors

The BACB Supervisor Training Curriculum (2012) provides an outline of important features of supervision



Minimal Competencies as Supervisors

- BACB Supervisor Training Curriculum (2012):
 - Establishment of performance expectations of both supervisor and supervisee
 - A description of how supervision will proceed, appropriate activities, and competency tests of understanding
 - Contractual agreement of nature of supervision and performance expectations
 - Observation, behavior skills training, performance feedback
 - Review of written materials (e.g., data sheets, written plans)
 - Performance evaluations (formal and informal) of supervisee
 - Evaluation of the supervision process and supervisor, provided by the supervisee

Review of the BACB Professional and Ethical Compliance Code

Code 5.0: Behavior Analysts as Supervisors

NOTE: Refer to “Ethics of Supervision in the Field of Applied Behavior Analysis (MARCH 2016)”
Training for a comprehensive review of code 5.0

Code 5.0 Behavior Analysts as Supervisors

When behavior analysts are functioning as supervisors, they must take full responsibility for all facets of this undertaking

- 5.01 Supervisory Competence
- 5.02 Supervisory Volume
- 5.03 Supervisory Delegation
- 5.04 Designing Effective Supervision and Training
- 5.05 Communication of Supervision Conditions
- 5.06. Providing Feedback to Supervisees
- 5.07 Evaluating the Effects of Supervision

Professional & Ethical Compliance Code (BACB, 2014)



Code 5.0 Behavior Analysts as Supervisors

- Prompting supervisees to engage in relevant clinical skills.
- Observing them while they are performing those skills.
- Identifying anything that needs improvement.
- Prioritizing the corrective steps that need to be taken.
- Being particularly aware of any repeated errors since the last feedback session.
- Determining if supervisees are able to maintain and generalize their new skills from one client to the next.

Code 5.01 Supervisory Competence

- **Behavior analysts supervise only within their areas of defined competence.**
 - “Defined competence” is not operationalized
 - A competent behavior analyst: One who has the necessary knowledge, skills, and ability to perform routine tasks in the general areas of the field of behavior analysis including:
 - Discrete Trial Training (DTT)
 - Managing off task, self-stim behaviors
 - Classroom management, including token economies
 - Consulting with clients in home/residential settings
 - Delivery of standard autism training services with this background should be able to handle routine supervision tasks.

- **Behavior Analysts take on only a volume of supervisory activity that is commensurate with their ability to be effective.**
 - Key phrase: “ability to be effective” which focuses the attention on the performance of the supervisees
 - Difficult to specify due to assignment of responsibility

Code 5.03 Supervisory Delegation

- Behavior analysts delegate to their supervisees only those responsibilities that such persons can reasonably be expected to perform competently, ethically, and safely.
- If the supervisee does not have the skills necessary to perform competently, ethically, and safely, behavior analysts provide conditions for the acquisition of those skills.

Code 5.04 Designing Effective Supervision and Training

- Behavior analysts ensure that supervision and trainings are behavior-analytic in content, effectively and ethically designed, and meet the requirements for licensure, certification, or other defined goals.

Code 5.05 Communication of Supervision Conditions

- Behavior analysts provide a clear written description of the purpose, requirements, evaluation criteria, conditions, and terms of supervision prior to the onset of the supervision.
- Evaluation: Set clear expectations of how they will evaluate supervisees.
 - e.g. Require scored video evaluation every 2 weeks. Supervisees must receive passing score to move onto new performance skills.

Code 5.06 Providing Feedback to Supervisees

- Behavior analysts design feedback and reinforcement systems in a way that improves supervisee performance.
- Behavior analysts provide documented, timely feedback regarding the performance of a supervisee on an ongoing basis.

Performance feedback is....

- Effective for treatment integrity, directly effecting student outcomes (DiGennaro et al. 2005)
- Effective for changing behavior when paired with goal setting (Martens, Hiralall, & Bradley, 1997)
- Crucial during skill acquisition (Daniels & Bailey, 2014)
- Feedback can be provided verbally, written, video format, modeled, graphic, self-monitored, formal and informal (BACB, 2012)

Code 5.07 Evaluating the Effects of Supervision

- Behavior analysts design systems for obtaining ongoing evaluation of their own supervision activities.
- Supervisors should have clear method for supervisees to evaluate their supervisor
 - Ex. Supervisee's complete a survey every 6 months giving feedback about the supervisor's performance.

Are there specific areas of the code that is problematic in terms of implementation in your country?

For an in-depth review of Code 5.0: Behavior Analysts as Supervisors, refer to:

- Previous webinars in our Supervision series
 - Ethics and Best Practices in BCBA, BCaBA and RBT Supervision
 - Realities of BCBA Supervision
- Dr. Bailey's Ethics in Practice Webinar Training Series: Code 5.0 Ethics of Supervision in the Field of Applied Behavior Analysis (MARCH 2016)

International Considerations and Barriers to Effective Supervision and Outcomes

International Barriers to Supervision/Services

1. Lack of qualified professionals and quality services
2. Different standards in quality of care and outcomes
3. Supply / demand disconnect (i.e. available BCBA supervisors / supervisees)
4. Supervisor conflict (i.e. hours spent delivering services vs. providing supervision)
5. Competency levels supervisors
6. Varying interpretation of “ethics”
7. Access due to geographic distribution
8. Cost/affordability
9. Language barriers
10. Cultural differences

Lack of Qualified Professionals and Quality Services



“In Italy the presence of BCBA supervisors is very scarce: just a few dozen experts follow hundreds of thousands of patients, support their families and help the institutions that need their services. Furthermore, the majority of our supervisors are not BCBA: they hold other types of certification (BCBAs equivalent, but still different). Even including the non-BCBA supervisors, the shortage is still bad.”

??? With such a shortage of CBAs to provide services, there are even fewer to provide supervision to CBA candidates. Considerations to supervisory volume?



“Marie had supervised a BCaBA student who had subsequently opened a practice in the center of a large city in her country. This BCaBA asked families to pay ahead for their intervention at the beginning of each month. In the family contract, it stated that all sessions would be replaced within a given period of time. However, Marie heard from many families that sessions were NEVER replaced. A number of families had lost substantial amounts of money due to this BCaBA’s neglect... (cont’d on next slide)



....Marie had continued to supervise this student one time per month as indicated on The BACB guidelines. This BCaBA ignored Marie's recommendations. Marie filed a complaint with the BACB and eventually this BCaBA lost her credential. However, this now former BCaBA continues her practice. She never uses the title, BCaBA. She knows that she could get in big trouble for that. But, she runs her little practice, seducing unsuspecting families, charging what many professionals would consider, very unfair prices, and not delivering a quality service---because SHE CAN. There is no accountability.”

??? What could Marie do further?



“A colleague of mine took on the supervision of a group of supervisees who had started their supervision with another BCBA. Upon starting the supervision contracts, she asked them to either submit a video of them engaging in behaviour analytic activities or to organize a time and place for her to see them in situ. The supervisees were confused at this request and asked why this was necessary; the other BCBA did not require this. My colleague pointed them towards the supervision guidelines. In reality, even though the supervisees had read the guidelines, they had relied on their supervisor to have the accurate and up to date information about this. This is obviously to be expected but had this been in another country I feel there would have been a higher probability that one of the eight supervisees had spotted the correct guidelines.”

???

Example of the impact of quality (or lack thereof) supervision. Suggestions?



“In India, there are less than 50 BCBAs, which is a significant problem. It impacts the field by impacting outreach and it also affects professional accountability. To begin to address this situation, we need to increase accountability of international BCBAs from the board by having specific standards for International BCBAs.”

??? What additional standards would help with accountability for international BCBAs? How was this be implemented?

Additional Considerations

- Do you feel there is a disincentive to become certified in other countries where others are practicing without certification? If so, what are recommendations to move forward?
- If recognized and acceptable standards for “ABA experts” in certain countries are different from standards established by BACB (i.e. not as rigorous), what’s the incentive for ABA practitioners to become BCBAs?
- When providing supervision, are you more stringent knowing there are fewer professionals?
- If supervision is not considered a necessary and ongoing professional development requirements, how do you compensate?

Additional Considerations

- What ethical considerations must be made when supervising someone of a different cultural/ethnic background to you?
- Is it ethical to supervise someone in a different country, if you are unaware of the cultural norms and laws? If you are going to do this, how do you go about dealing with this issue?
- Suggestions for how to best supervise clinicians who are balancing their values and ethical responsibilities as BCBAs with client's culture/values, and the need to judiciously give precedence to the latter, in some cases

Cost/Affordability



“The professional websites are culturally insensitive. This is the most generous manner that I can say this. They cannot accept international payments on CEUs and they ask to "send checks". This is IMPOSSIBLE to do. Banks in the US cannot accept out-of-state payment; never mind out of country payment. Professionals are punished continually without any differential reinforcement so their behavior is reduced and eventually extinguished”

???

What have you found helpful when navigating this challenge?

Additional Considerations

- If you are supervising in person in another country, how do you work out what to charge?
- Should the same trainings vary in price to accommodate the differences in standards/cost of living?
- Is a credential, such as the RBT, too expensive to maintain if supervision has to be sought after/paid for?

Language Barriers



“No one speaks English. How to find material in French? My association absorbs the translation cost but it is VERY difficult. We have benefactors and corporate assistance but at the end, the professional associations do not seem to realize this enormous effort. We need reinforcement. How can we obtain this?”

Ethical Scenario: Ireland



“Supervising BCBAs, BCaBAs and / or Beh Techs that have a primary language different from the country they are practicing in. E.g. in Ireland, we have Polish, Spanish, etc. Some have been here many years yet their ability to speak well enough to be understood in English often isn't what you'd hope and their beh plans are written in broken English. What is our responsibility around this for both the individual and their supervisor?”

???

Effects on quality of services provided? Supervision?

Additional Considerations

- In your opinion, how much does the language barrier impact training for professionals in the field? Those seeking services? Do you have suggestions on how to improve this?
- How do language barriers impact the services you provide?

Final Thoughts

- The field of ABA has come a long way, but we need to continue moving forward to ensure there are qualified professionals providing effective services globally
- Barriers to the above include low number of qualified professionals available, cultural differences, cost, and language barriers
- Ultimately, the risk to the field of behavior analysis is that ABA will not be recognized as a legitimate and recognized discipline in the field of healthcare
- The risk to ABA practitioners is that this perception will not allow ABA practitioners to practice independent of other healthcare professionals (i.e. psychologist)
- International BCBAs, such as our panelists, will continue to impact our field in a positive way, but the existing system does not allow for the level of growth that is needed to effectively serve the global ABA community.

How can you help?

Thank You!

Questions? Comments?

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go to our website: www.special-learning.com*

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any inquiries.

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