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Karen Chung:

[00:00:02](#)

Hey, good morning everybody. Can you chat Lesly and let us know that you can hear us and I'm going to have to make the assumption that you can all hear us and thanks for the time they get this kind of crazy hour per some of you guys, this is a third a webinar of supervision webinar in our series of supervision and practice. It's called supervision considerations for international markets and a little bit about me. My name is Karen Chung and I'm the founder and CEO of Special Learning and I've had the privilege of being able to work with a lot of really smart people and putting these up in practice series together. Last year we did ethics practice series with Dr. Jon Bailey and that was a fantastic experience for us. And then this year we started out with the supervision series. This is a third in our supervision series and I'm really happy to say that at the end of this month we'll be starting with the transition series with Dr. Peter Gerhardt.

Karen Chung:

[00:01:00](#)

And the purpose of the in practice series is really meant to convey information practical in practice. Obviously for you guys as clinicians. And there are a lot of different topics as clinicians that you need to know and you know, the kind of the going through the process of becoming a BCBA is really great, but that's just the start of what a clinician needs to know to be an effective clinician. And so supervision, you know, in the field of applied behavior analysis obviously is probably one of the most important aspects of your ongoing training and continuing education in order to continue to own up your skills. Supervision is a problem and the way it's set up in international, there is some significant constraints. So what we wanted to do was we wanted to really take this as a topic and explore that in detail rather than just kind of glossing over and saying, well, there's not enough BCBA out there to supervise.

Karen Chung:

[00:01:55](#)

We wanted to really penetrate and think pretty critically about, well what's happening overseas kind of globally and then specifically in various regions, what's going on so that you know, we have a much broader and deeper understanding of some of the issues that you encounter, the challenges that you encounter during supervision. Okay. So I would like to thank our panelists. It's a depending on the time, you know, I'd like for it to thank you guys for being there at Dr. Katrina Phillips. Where



are you? There we go Myra, Sophie, they're in from Canada, and Katrina's from New Zealand by the way. Katrina Stern right there is from Israel and Diane is, I believe on chances having some technical difficulties and Dr. Rita Honan is from Ireland. We can move on thank you very much. Housekeeping, the most important thing, if you have any questions, post your questions. I believe there's a chat box on your control box and there'll be a break recorded version of this webinar will be available and a copy of this presentation will be sent to you.

Karen Chung: [00:03:11](#) CEUs two options. If you wait for the recorded webinar to be ready, then you can go online and complete the CEU quiz. If you'd like to get your CEUs ahead of time, then we can send you a word version of the quiz

Karen Chung: [00:03:25](#) Topics, quickly. So we're going to review the global supervision landscape. We'll go over very, very quickly the supervision requirements. And then also very quickly we'll go over code section five point o and we'll talk more about barriers to international supervision. So you know, the, the last two sections, we're going to be spending a fair amount of time. We wanted to spend a lot of time talking specifically going over supervision scenarios. That's where you're going to be able to take away the most amount of learning because we're dealing with real situations and being able to discuss it and having our very experienced panelists be able to weigh in so that we can have really a well run [inaudible] regarding a particular situation. I believe it's going to be one of the best ways for your ongoing continuous learning and you to shape your thought process in the way you know that sometimes thinking about scenarios, especially if there's a lot of different complexities to it, it does become a little bit challenging and so helping, you know, seeing other people break it down and seeing the decision making process is always I think very helpful.

Karen Chung: [00:04:34](#) Moving on Amanda, as our associate director of clinical solutions for Special Learning and she is actually headed up this program, the supervision in practice and so we're very lucky to have her and her dedication and making this happen. I'd like for Amanda actually talk speak a little bit about you and your experience.



- Amanda Fishley: [00:04:56](#) Hi everybody. My name's Amanda Fishley. I'm a Board Certified Behavior Analyst. I'm also a certified Ohio Behavior Analyst. I've been working in the field of ABA and autism for a little over ten years. I've had the opportunity to work with really young children that are just starting their intervention to adolescence and young adults that are starting to transition services. Right now, I'm currently working at Special Learning as Karen mentioned. So I'm in charge of creating educational materials and spreading the mission to take ABA around the world. Have you all here
- Karen Chung: [00:05:35](#) Now what I'd like to do is I'd like for the panelists to tell us a little bit about themselves and whether than go through like a written bio it, you know, it's really more important I believe for them to share about their experiences with supervision and so you can start to understand their perspective. So Dr. Katrina Phillips, you talk to us a little bit about yourself. Who are you and why are you here?
- Katrina Phillip...: [00:05:58](#) So I'm based in New Zealand. I am trained as a Behavior Analyst in New Zealand. In fact I was one of the first New Zealand trained Board Certified Behavior Analyst. Prior to that behavior analyst here predominantly been trained overseas and then come back to New Zealand or head where normally North American based and then come back to New Zealand. I've been working in the field for roundabout fifteen years. I work mainly with people or adults with disabilities. And I also work at the University of Auckland, which is one of the programs that has a course approved sequence for the behavior analyst board. So what that means is we have our interns each year. And so a lot of my supervision work is working with them ensuring that they meet the criteria. And as students work across a range of populations which is different I guess too and a lot of other cases. So we have very few of a [inaudible] that are actually working in autism specific services. So we have a lot of people working in dementia. We have some working in brain injury, we have some predominantly in adults with disabilities, some with youth and conduct disorder. And I think I was trying to do the steps, but I think probably at least half if not a good two thirds of the current board certified behavior analyst in New Zealand, I've probably had some part of supervising. So that's just a little bit about me.



- Karen Chung: [00:07:42](#) Okay. So I wanted to point out something that we needed for this. I thought it was really cute. If you can take a look at your screen, there's a little graphic and we went through as part of the presentation, obviously I wanted to do some, you know, macro level analysis in terms of the availability of the supervisors on the constraints on everything. So in this particular situation in New Zealand we have, let's see, country population about 4.7 million. So if you take a prevalence rate of one out of 100 which is what we usually do across the world, because we don't really have actual numbers at then approximately that, right fifty thousand people at the spectrum or so give or take under thirty BCBA's, is that correct? According to the BACB anyway, that means there's one BCBA to serve two thousand people with on the spectrum. And then now you mentioned that you have a BCBA's that are serving a other part of the population working with, you know, other individuals with disabilities.
- Karen Chung: [00:08:42](#) So, you know, I think that the magnitude of the need for BCBA's and supervisors I think continues to grow and we're just kind of shedding light on this. I find it very interesting to, you know, get kind of a on the boots, perspective of what's really happening in the various countries. Okay. So thank you for that. And turning over, going over to Myra-Jade. Myra-Jade is in Canada. And again, I'd like for you to talk a little bit about yourself and maybe give us a little landscape of what's going on over there in Montreal.
- Myra-Jade Lui: [00:09:14](#) Sure. Okay. So I actually am originally from Ontario, which is the neighboring province. And that's where I was trained for about a year as an instructor therapist to really great behavior analyst I was working out of there. And then I came here to Montreal actually to pursue art therapy which I realized was not my calling after a year of ABA. And and that was a pretty interesting interview that I did for that program. But after that basically I moved to Montreal and immediately kind of got immersed in the like in the system at that time it was around 2003, 2004 and the provincial government had just released a mandate to provide ABA services or what they call IBI to kids with autism. And so I kind of managed to get in right at the start, a pretty big movement.



- Myra-Jade Lui: [00:10:07](#) So currently I work in several places. I'm a consultant. I have my own I guess now it's consulting agency. It was, I opened a clinic in 2008, which I had just recently sold to a big organization and for which I'm a consultant but I also work in a government agency. So I have a contract with a government agency which I've been working at since 2011. And so I've been able to see really kind of all sides of the coin which has been interesting. I just wanted to point it out in your stats here, which I love. If you break it down by province, which I think is a more interesting way to do it, what you'll notice and, and I've looked at these numbers a lot. In Ontario where there is government funding for this stuff. So, you know, people are paying, governments are, you know, have essentially got a third party payer system and places open up.
- Myra-Jade Lui: [00:10:55](#) There are about six hundred, I think a BCBA's maybe more by now in BC where there's another third party payment system, there's about two or three hundred. So in Quebec where I'm living, there's forty so those numbers, although they are Canada wide, they are vastly different per province. I'm not even gonna go into what the other problems is half cause you can tell by that math that they have almost nothing. So yeah. So anyways, that's me. I think that Quebec faces specific problems because our primary language is French. And so that is one of the reasons why it's been really, really hard to grow to grow the field because up until now, if you notice, there are so many of the materials that in fact were lastly translated into French before a whole bunch of other different languages. And so I feel like that's been a real, a real barrier.. That's good.
- Karen Chung: [00:11:47](#) So now I never thought about that. You know kind of as an aside, while I was doing the research, I was taking a look at the insurance mandate here in the United States. It was kind of questioning and wonder if there's a correspondence or correlation between when the insurance banded took effect and the number of BCBA's in that particular state based upon what you're saying. I would have to imagine that that's true. Interesting.
- Myra-Jade Lui: [00:12:08](#) I certainly heard that from friends who live in the States who would tell me, you know, before insurance took on, this is what it looked like in our center. And as soon as insurance took on it



exploded. I, I don't think it would be hard to draw I mean but you know relationship from that.

Karen Chung: [00:12:21](#)

Okay. Interesting. Thank you. Sorry, a little bit of time delay I think. Okay, great Karin. Dr. Karin Stern from Israel. She and I had the benefit of having a conversation about the state of the behavior analysis in Israel and she has a really interesting perspective to share with us and I'll let her do that.

Karin Stern: [00:12:52](#)

Thank you, Karen. So, hi everyone. I'm Karin from Israel. I've been a certified behavior analyst since 2011. And it is interesting to see how the number of BCBAs has increased since then. I think we were perhaps we've been more perhaps forty of us only six years ago now there are over a hundred, but the more interesting fact I think about Israel is that I think there is, we don't have accurate numbers, but there are probably around a thousand of practicing behavior analyst, but they're not board certified. As the board is in American association and there are some issues with whether or not you know the certification actually holds grounds here in Israel. So the majority of behavior analyst in Israel while they do get a similar training and the training that is supervised by the board, they don't take the certification exam. So this is the number of BCBAs, but definitely this is not a, this number is not representing the number of the operating behavior analyst in Israel. One other interesting perspective is that I spent three years in my doing my dissertation and studying and leaving in Baltimore, Maryland. And I had the privilege to work at the Kennedy Krieger Institute with some of the leading behavior analyst I think worldwide. And it was very interesting for me to see the differences specifically in supervision and how it is provided to behavior analyst over there compared to Israel. So there are some interesting stuff to share about that and I'll wait for the right moment.

Karen Chung: [00:14:49](#)

Thanks for that. And we have Dr. Diane Frazier, but unfortunately it.. Can Diane join us via audio.

Diane Frazier: [00:14:57](#)

I think I can see and hear all of you, but my photo is not available, but I assure you very attractive. Followed by me to be a board certified behavior analyst but it can be interesting. But statistics that you have here, it's even more shocking than I thought. There is one BCBA for every 13,000 people with ASD.



It's incredible. And I have I, I didn't quite have this information, but the way that I'm looking at it now is that from a real point of view, how many people can I or any BCBA really service? And that's what I've been trying to help other CBAs in my country with this idea is that although the consultant model is in place, it's not terribly effective because if you send a consultant somewhere and they stay for two or three days and then they leave and they come back the next month, you're really not going to be able to supervise people in the way that you want. So what I believe people can have to decide that they can only really help a few people.

Diane Frazier:

[00:16:21](#)

It's not gonna fly with a lot of people, but that's the reality. If you try to serve as too many people, you're not going to be doing your job. So you really have to limit your practice, which a lot of people don't like to hear. But I think that that's really the way to go. For me, that's what's really, that is what has worked for me. If I limit the number of people that I actually see, I don't see too many private clients anymore. I have my clinic and it's serviced by social security now so I can see twenty families and these twenty families do not have to pay. So this is something quite incredible. And then I have the approved core sequence and this year we have an online, because I've made an affiliation with the University of North Texas, so we are taking twenty four people to train for either be or CBAs. But that's a lot of people. When you consider there are only fifteen CBAs in the country, how are these people going to get supervised? Do they have to go outside the country and as what Myra described, we speak French here. This is not a problem to be problem. We don't have materials. We don't have the Cooper book translated yet is a big problem. So we can only really accept bilingual people. So there's a lot of restrictions on what we can really do effectively. Hmm.

Myra-Jade Lui:

[00:17:49](#)

Can I ask you a question Diane, I am

Diane Frazier:

[00:17:50](#)

Sure. I know you are.

Myra-Jade Lui:

[00:17:51](#)

Yeah, of course we met. That's why I can vouch for the fact that you are very good looking. I was gonna say you said that you, your approved course sequence, of course. I follow you, I'm friends with one of your, you know with Matthew, Selena there.



You said that you paired with North Texas, does that mean that you guys are offering a distance education ACS in French?

Diane Frazier: [00:18:14](#)

Yes, but it's new. We started at the beginning of the year and we are, yes, the issue is, is that my association is doing all of the translation and this also is very costly. You know, I have a lot of benefactors and it's time consuming and as Myra can attest, we cannot do a direct translation. You have to do a translation that makes sense. And, and that also, it's very difficult to do this. So we take on the responsibility doing that and that it's just an enormous amount of work. And in France, if you have what they called an association [inaudible], meaning a charitable organization or a nonprofit, we are working mostly with volunteers and this is very hard to really motivate people to help us. Very difficult to do otherwise we can have an enterprise, but it will cost us terrifically in taxes and things like that, which we pass on to our families and which I really want to ethically prevent from doing because it's very costly to people.

Karen Chung: [00:19:33](#)

Okay. Diane, you know what, we'll talk to you offline about this because we've started to translate our products or training products into Spanish and we're thinking about, well what's the main, you know, the main language. But that would make a lot of sense. You know, we want to brought them back and we think so.

Karen Chung: [00:19:49](#)

So I'd like to talk to you about maybe collaborating on the whole translation project itself, but we can talk.

Diane Frazier: [00:19:57](#)

That would be great. Thank you.

Myra-Jade Lui: [00:20:00](#)

We can cut back into, I mean our French is a little odd. You know, we let me know about you. Not my fault, but yeah, I get it.

Diane Frazier: [00:20:11](#)

It's mostly, it's mostly the melody of your language, not the song. It's very good.

Myra-Jade Lui: [00:20:19](#)

We do have some, I mean, I know that you, you you know, Mark Lana Van and his team and they've done a great deal. They were helping on that glossary that came out. You know, I mean we can tame it down if we need. It's okay.



- Diane Frazier: [00:20:30](#) Okay, great.
- Karen Chung: [00:20:32](#) Kind of like Spanish. There's like many, many, many different variations in Spanish. Didn't know that until we started translating or attempting to translate.
- Diane Frazier: [00:20:40](#) Yeah.
- Karen Chung: [00:20:41](#) Dr. Rita Honan, we were lucky enough to have Rita as a panelist last year when we did the session with Dr. Bailey and it was a lot of fun. So Rita, thank you so much for again, deciding to join us and sharing a wealth of experience that you bring, I know that you're one of the pioneers of probably one of the first BCBA's in Ireland, right?
- Rita Honan: [00:20:59](#) Well, I was the only BCBA in Ireland when I moved there in 1994. I was a CBA in Florida in the 70s, if you can believe that. And then my 70th birthday is coming up in September. So I've seen a lot of, lot of changes in the field. You know, tremendous changes, particularly in terms of ethics, the kinds of things that we did back in the 70's and 80's you would go to jail for now and rightfully so. So I think that perspective has been really helpful to me and you know, knowing how the, how a field changes and not ever getting too cocky or too, you know, that believing that I actually know what to do because I'm up on the most recent published literature and everything because that can change quite dramatically in some ways, three hundred sixty degrees. So it keeps me humble.
- Rita Honan: [00:21:58](#) Yeah, I moved to Ireland in 1994 to get it out of my system and I never left. There were no certificates at the time. And anyway, I was working for, I was supposed to only stay a year, but I stayed, as I said, I was 24 years ago. It's a great place. There were, there were behavior analysts there. There was some very good behavior analysts, you know, maybe a dozen or so in the North and the South of Ireland. And they had their own organization but they weren't affiliated, you know, internationally. And so in 2003, I felt it was really important that people be certified. And so in 2000, I started encouraging people to get certification, it didn't work. So I started a course, a postgraduate course in 2003 at Trinity college. And I started a master's course in 2008, but with the original course in 2003, I asked all of the instructors to become certified. And they did.



And Jerry shook was a very, very, very, very helpful to us, God rest his soul. When we started and then, you know, as we, as we grew as a country, there are a number of masters and doctoral programs now in Ireland. There were three or four of them. We have a hundred sixteen Irish certificates. Most of them are BCBA, sixty two of them are registered as supervisors. So we have some good things happening in a relatively short period of time in Ireland. I also started a postgraduate diploma and master's degree in supervision in the psychology department at Trinity college. So I'm hyperactive, I tend to spread myself out and get bored quickly and go on to something else. So right now I'm actually in private practice and I keep an affiliation with Trinity and do a bit of supervising, particularly on the supervision course.

Rita Honan:

[00:23:59](#)

And so you know, we had some very, very good things happening in Ireland in terms of both BCBA both behavior analysis and supervision. What's not great is the country doesn't recognize it as the foremost intervention to follow, particularly in early education. So everybody has to fight for everything that parents pay privately. In many cases, the only thing that is available to families is a preschool grant between the ages of two and a half and five. It's called a home tuition grant, but everybody that tutors must also be on the teacher's certification list. So they must be certified as a teacher. So that's not, that's not great at all. We've been pushing, pushing the psychological society of Ireland. They started to recognize us as behavioral psychologists just in 2017 so we're hoping that will help as well. So that's lots of good practice going on though. And lots of good supervision.

Karen Chung:

[00:25:06](#)

Yeah, you guys are really lucky to read, especially in Ireland because you know you have a lot of BCBA's relative to the population. So in terms of coverage, you know it's great actually US, well will go through the statistics, but in the UK there's a great concentration...

Rita Honan:

[00:25:24](#)

We are not UK, remember that. We are not [inaudible] an independent Republic of Ireland.

Karen Chung:

[00:25:33](#)

Okay, thanks for the correction. Now I'll know this wherever going forward. But in Ireland is particularly lucky because



there's a great concentration of BCBAs relative to the population. So

Rita Honan: [00:25:45](#)

Yes, and around the country too, they're placed around, although the, you know, the Dublin, the [inaudible] would have the great greatest number, but there they are all around the country. Yeah.

Karen Chung: [00:25:54](#)

Okay. That's great. Thank you, supervision landscape. Okay, let's try to get through this pretty quickly. What's the cause I think that you guys all know there's, I'm sure there's additional items. It's creating the cause, the shortage of supervisors. One is there's just lack of supervisors. You know, this actually happens in the United States as well. That the differences internationally, the problem just becomes so magnified that, you know, it seems like it's completely like an insurmountable problem. And we'll have a discussion I think a little bit later on about well what do you do in this particular situation? Do you try to provide the ABA, the intervention as we would provide here in the United States so that you can generate the best outcomes? Or given the fact that if you use that model, then you're only going to be able to serve a very small of the population.

Karen Chung: [00:26:44](#)

Do you modify, you know, the programming so that you can serve more people? Then what's the pros and cons and you know, I don't even believe that's not an ethical decision. It's a personal decision as a practitioner. But you know, those are some of the considerations and the situations that you as international BCBAs ran into, which in the US not so much. So a greater level of liability. I'm sure they can guys all know this. The BACB I believe it was this change the, well, they have placed greater level of liability on the BCBA is in terms of the fact that you're responsible now for all of the cases that are being handled by your supervisees. So as a supervisor, then you put your own license at risk. And of course to a lot of people, that's going to be a significant deterrent.

Karen Chung: [00:27:28](#)

And the way I think about it, you know, almost feels like to me that the individuals with the BCBA is who are willing to supervise, are really willing to put themselves on the line because we have this liability, you know, that you need to, you know, you need to be accountable, well, potentially you can lose your license depending on the, you know, the behavior and



the practices of the people that you're supervising. And so in an agencies that are, you know, where you're able to meet with unsupervised, your supervisees face to face, you can mitigate that liability. When you start to do, you know, any kind of distance types of supervision, then that becomes really problematic. And how to mitigate that risk is something that you know, I think is a huge consideration. Greater demand for BCBA's, I think it's pretty obvious as the prevalence rate goes up, obviously you're gonna need more BCBA's and you know, there is a very small finite 25,000 BCBA's that are out there and the number's are increasing that nearly the level that you know the world needs.

Karen Chung: [00:28:28](#) Lack of time, all of you guys are really busy, I'm sure you know, I don't understand where the time goes frankly. And you know, you probably feel the same way, maybe some cases that are taken a little bit longer to generate the outcomes that you're looking for. Maybe there's more, you know, insurance regulations and paperwork and stuff like that that you need to complete. So that certainly is a factor as well. And the small universe of BCBA's, especially internationally, you know, I think we can talk about their we'll talk about this hopefully, but the tension between do I spend my time, you know, providing services, direct care services or do I spend my time supervising? Usually there's pros and cons to both those decisions. But you are, you have a conflict in terms of how you look at this and where do you spend your time because time is so absolutely precious. Anything else in terms of constraints that you guys would add?

Rita Honan: [00:29:21](#) No, we're good.

Karen Chung: [00:29:23](#) Okay. Statistics. Just because I love numbers and you know in terms of evaluating this, you have to look at big, broad, you know numbers and that big broad generalization. But it is interesting nonetheless. And the way we look at autism and the prevalence rate got to go with a number, you know in the US we measure it very closely. Certain countries they measure it most countries they don't at all. So we just go with flat-out prevalence rate of one out of 100. The world population 7.5 billion you guys are probably well aware. So if you use that, then kind of give or take, there's about 75 million people on the spectrum across the world. I'm sure that you're aware of these



numbers. There are 26,790 BCBA's. So this was as of yesterday I think, or the day before when I downloaded the numbers. I'm sure you probably know this.

Karen Chung: [00:30:14](#)

RBTs that's an interesting number. There's about 26,000 RBTs now, so it's equally fifty fifty in terms of the percentage of certificates of the BACB certificates. So if you divide the autism population by the number of total BACB certificates, which is 53,000 then the covers that you have this were one credential certificate. You have fourteen hundred people, fourteen hundred individuals on the spectrum that you would need to service. And, and I'm doing this across the board throughout the United States. The number is just staggering when you kind of break it down into the actual countries. It's really, for me, it just blows my mind. Okay, well let's break it down into what if it was only, can you go back? I mean, what's the number if you only count the BCBA is because it's great that we have our RBTs with is we're all aware forty hours of training doesn't get you too far, but forty hours of training, it's better than no training I suppose.

Karen Chung: [00:31:15](#)

So if you just stick with, okay, the experts on the field of ABA that are best equipped to provide services and develop programming, what does that look like? Okay, well that looks like for each BCBA you guys would have to cover almost three thousand people individually in order for us to be able to cover the entire universe, which obviously is never going to happen. That's the case, right? And no matter how much technology, how many hours on a day, that's just not possible at all. Any questions? I'm sure that we all get that right? Okay. So quick little statistics again, you know, here's a breakdown national breakdown from the BACB that shows us the number of BCBA as they break it down into BCBA-Ds, BCBA's, BcABA's by country. And if you just do a pure count, the United States would have the greatest number of BCBA's we get that. Okay. Second is Canada and all right a third is the United Kingdom, which is I guess England, right? Great Britain?

Rita Honan: [00:32:20](#)

England, Ireland, England, Scotland and Wales.

Karen Chung: [00:32:23](#)

Okay. And Israel. Yeah, correct. You're right as well and then it's Ireland and you can kind of see down the road and what that is. Now, what staggering to me is on the, all the way to the right, you can see the ratio of BCBA per ASD, the population. So how



many BCBA's would you need to have to be able to adequately cover, you know, the, the population and the number this here is what I mean, it just becomes staggering depending on what country you're living in, you know? So let's say, okay, fine. China, great. We all know China has a lot of people. Where are China? There are eighty nine about ninety BCBA's. When I say BCBA's, I'm like including the BCBA-D level, BcABA's. Okay. Then one in 160,000. I can't wrap my mind around these kinds of numbers. And so when you think about tension and the decisions that you need to make, if you're an expert in that field about, well, how many people do I treat, what services do I provide? Can I provide services? Where do I fit in supervision? What's my responsibility to provide supervision? And you need to provide supervision because that's critically important. But if you do that, but that's taking away time for me to be able to help people know those kinds of conflicts exist.

Rita Honan:

[00:33:42](#)

Can I interrupt Karen? Yeah. I was thinking, you know, just you were speaking about the high numbers and the low numbers of certified people and how do you provide, you know, provide for the population. Like obviously you can't, and I wonder if a better approach is training, training more behavior analysts as opposed to trying to deliver a service, you know, to such a small number of people. [inaudible] And once one university starts a course, of course the other one wants to have it, you know, and then what's the second one the third one has to have? And so it grows on its own.

Katrina Hila:

[00:34:24](#)

Yeah, I mean we in New Zealand, that was kind of our plan. So our way now have two universities that are running programs with the idea being that if we can train them then and most of the students are grads. They might go overseas for awhile, but they tend to come back to New Zealand. But one of the things they we've been discussing and in our program is the levels of training. When a grads go overseas, sometimes like different programs are providing different levels of training. And a couple of them have come back saying that we're really mean in terms of the levels that we're requiring them to get to. But when there's only thirty one of you in a country you need to make sure that those credentials are going out, they really strong. So I can put a grade to that training...



- Rita Honan: [00:35:24](#) I think the theoretical training can be provided. It's really the practical training.
- Diane Frazier: [00:35:33](#) When you have the environment that I'm, where are these people going to be trained? There are not so many centers where they can go. So even if they do go to a center, if they even have a tiny bit of training, they are considered the expert in this environment.
- Rita Honan: [00:35:54](#) And that's where you start and that's where you start and there's nothing you can do about that other than take your baseline. Where are you? And again, Jerry Shook was very helpful to us in Ireland around this. There wasn't any way for people to go there or in any, well, there were, there was one behavioral program that I'm aware of. But other than that, you couldn't get your foot in hardly anywhere. So we just started visiting teachers in their classrooms, et cetera. And they weren't, they got their qualifications and believe me, they weren't any good, most of them, you know what? I'm talking less than one hand, you know, I wouldn't need one hand to count the people in those first four years that were really, but it was a start. And that's what Jerry Shook emphasize. Let's be a bit flexible here. We know people aren't going to have the skillset, they can't possibly have the experience or the proper supervision, but you have to go with what you have. And, and again, I think Ireland's a good example of that because we have some very qualified people now and you know, varied across different ways of applying behavior analysis, etc. So don't get discouraged there.
- Diane Frazier: [00:37:06](#) No, I did not. Jerry Shook was a very good friend of mine and he's the one that encouraged me to start this approved core sequence. So without his encouragement, I, like you, I would never have done anything because it was just so overwhelming. But yes, you have to go, but you need to know, you need to have the wisdom to do that. And what are some of the problem is, is that one of these, when somebody acquires to BCBA credential, suddenly some people think they can do anything.
- Karen Chung: [00:37:37](#) Right.
- New Speaker: [00:37:38](#) Go out.



- Rita Honan: [00:37:38](#) Hopefully training has told them otherwise.
- Diane Frazier: [00:37:41](#) I hope so. Yes, I do hope so. It's, it's really, it can be quite daunting at times.
- Rita Honan: [00:37:48](#) That's why BCBA also need supervision.
- Diane Fraser: [00:37:52](#) Yep.
- Myra-Jade Lui: [00:37:53](#) I was going to add actually to that point, Diane you know, that's exactly what happens here is you know, because we're so few people take that certification as the highest echelon of the standards and I always point them back to the, to the BACB site which basically says it's a minimum qualification, which everybody seems to forget even BCBA themselves who sell themselves as a product. And if I might just get back to the idea of that training. I just wanted to add one extra barrier we face here in Quebec, which is the QCABA in fact, we did get the approved core sequence, you know, co-head Mark Lana Vann worked really hard on that. We just finished our first and only cohort. Now the issue here is the Francophone Universities haven't yet or haven't shown any interest in picking up the program. Even it's completely written and we have the teachers in place because we have these political things that are working against us.
- Myra-Jade Lui: [00:38:40](#) There's a degree here called psychoeducation, which I don't think exists anywhere else. And psycho educators, despite them not having had one behavioral class are now in many of the government funded rehab centers, the people who are given the task of supervising these programs. So now we have unionized like institutionalized people in positions who don't have any training, who are fighting against something like Behavior Analyst Certification Board because the second they pick up that program, nobody wants to do psychoeducation. And that's something that they're trying to grow obviously. So as much as I, you know, we've been fighting for this and, and we really wanted a university of pick us up. I mean, just to be able to get the training on the theoretical level in place is so tough I find, especially when there's a bunch of political, you know, language things going on.



- Diane Frazier: [00:39:27](#) Well that's why I went to the university of North Texas. I didn't affiliate with a French University. I tried, I worked with the University of Nantes and so many ethical problems so I had to stop. So I went back to the American University to do the course in French. So call that a dichotomy, if you will. That's what I have [inaudible]..
- Rita Honan: [00:39:51](#) Call it a feather in your hat.
- Sarah: [00:39:55](#) We have a question from one of our attendees that I think is relevant here that I want to give her a chance to ask. So Katrina, I'm going to unmute your microphone if you want to ask your question aloud and then we can go back to landscape..
- Katrina Hila: [00:40:09](#) Hi, my name is Katrina Hila. I've been a BCBA since 2009. I just recently moved to Bogota, Columbia for diplomatic status with my family. So we know we're only here for a short amount of time four to six years max before we have to return to the United States. But I was wondering that there's only one other BCBA in the country of Columbia. She lives quite a long distance away from where I am. She runs a private clinic. She's not associated with any of the universities here. Given that I have a short amount of time, but I feel like there's just, excuse me, untapped potential here for awareness about behavior analysis as well as autism spectrum disorders. What, what would the panel recommend as our steps for bringing awareness to this country?
- Rita Honan: [00:41:07](#) I would can I answer, I would recommend that you put together some very good CPD programs for professionals and affiliated areas and also some low-cost parent workshops. I think that's very exciting to be in Columbia right now and to be able to be, you know, to start a grassroots to, to try to, you know, inform people about what it is that's possible.
- Karen Chung: [00:41:39](#) What's CPD is a Continuum...
- Rita Honan: [00:41:42](#) Professional development, what do you call it? You call it CEU, right? Whatever. Yeah. Find out what are the professional organization, the psychological society's over there, this teachers get in, do sometimes department of education will actually fund teacher training seminars you know, they have to get whoever has to get credits, social work as anybody. And



meanwhile, you can also make a few bob while you're at it if you want. Travel around the country.

Katrina Hila: [00:42:12](#)

Okay. Thank you.

Karen Chung: [00:42:21](#)

Okay, so we went through the stats before number of people. We have problems, what else can I say? Right. And the breakdown of the, you know, between the BCBAs BAs like this is interesting, but numbers usually stay the same. Eight percent of the certified, well let's see the BACB calls the RBT's. It's a natural as opposed to a certifications. There's eighty four percent of you guys are the BCBAs and then the eight percent are the doctoral level and eight percent are BcABAs who also need to be supervised. Then now there's 26,547 RBTs we need to be supervised. So the number just went off. We added twenty six thousand more people in the last couple of years we need to be supervised. So you get what the problem is.

Karen Chung: [00:43:15](#)

All right. How do you increase capacity? I'm going to go through this really quickly. Sure. You can create more BCBA's while it's not as easy as it seems. Right. So that would be one way to do it. Standardization, I believe is it can help or you might be able to give us about twenty percent more leverage if you standardize, especially in ABA. You know, it's really problematic because a big person on the spectrum has a different name, which means they all have a different program. And so I find it quite amazing that BCBAs can like literally create programs on the fly. Well that's fantastic, but not all of these BCBAs are capable of developing, you know, good programs, you know, on the fly and be able to implement the programs and especially problematic [inaudible] who come out and maybe they didn't get good supervision. Maybe they did get some group supervision, but they don't have anybody else to rely on.

Karen Chung: [00:44:09](#)

So just coming up with a core sequence and the fifteen hundred hours of field work doesn't make you an expert. And like Myra you said that's the baseline. That's the basics of what you need to be able to practice. So for me, I really pushed standardization. I believe that there's a lot of benefits to it. Yes. And I do understand that when you start to standardize and then you know, it's taking away from the customization. But I believe the benefit is there because there's more people that need guidance than you know than not. And so that's another



thought. Thinking about different service delivery model now you know, most of the ABA the invention is done person to person. That's always been it's very effective and so, but it's inefficient when you think about that and we kind of, you know, pure, you know, taking a look at like supply and demand terms.

Karen Chung:

[00:44:58](#)

So you know, looking at how do you utilize technology might be an option. It would lead to greater efficiency. It certainly would allow you to connect with people around the world or vice versa. Let anybody in the world be able to connect with you and we can minimize wasted time. Yeah. I don't know about you guys, but certainly here in the US a lot of the BCBA spent a lot of time driving around from one place to another. You know, it's necessary. They have to get to declaw yet, but that's not time that's being well utilized. So if we can take that away and take the time that's being wasted, unproductive time, I guess I should say and use it to be more productive, you know, whatever the means are. Then that's certainly going to give us the additional leverage that we need. And as one of the panelist said, you know what, something is better than nothing.

Karen Chung:

[00:45:43](#)

No. And I prescribed to that. And when you're starting with zero and there are no BCBA's or where they're, you know, families that are out there getting no services for them getting ten hours worth of services, even five hours worth of services. So let's say it's training is going to be better and help them make some kind of progress. And especially as a parent to make them feel like they're able to know you do something able to help their child. Because I can't imagine how helpless a parent feels. If you have a child on the spectrum, you know that time's going by you don't know what to do.

Katrina Phillip...:

[00:46:16](#)

I just want to say nothing with regard that I think that as a supervisor, if you're training your BACBs to go into that environment, then you shouldn't be training them in comprehensive early intervention packages. And which the designed to be run twenty plus hours a week, it would be in sitting, I work with adults, right? And I now have a bunch of twenty-year-olds that went through early intervention programs in New Zealand in the 90s and 2000s when we had people flying in from North America that come, they do a week workshop and parents would then go away and they'd have minimal supervision. And I have lots of guys that have really bad



escape-maintained behavior because basically they learn how to get out of doing these discrete trial, like really bad AIBI programs. And so I guess as a supervisor, it'll be interesting to see what other people think. If you're training supervising people and those less intensive sittings, I think you need to make sure that you're ensuring their skill, their skill level is right. Does that make sense? Yeah, that makes sense.

Karen Chung: [00:47:28](#) Yeah. That's actually a wonderful point because you're right, it's, you go through the core sequence and you'll learned, you know, and you learn a new meaning BCBA's, right?

Karen Chung: [00:47:38](#) What you learn in terms of how to deliver services is really more geared towards intensive. So it's not necessarily that that's kind of a well that's an interesting thing to think about and maybe we need to have a different type of framework of training or you know, in instances like that where you really need to be able to reach a greater percentage of the population and that, you know, IBI that's great, but it's a luxury. It's not going to happen. And so the reality is maybe we do need to come up with a different type of a training model. Alternative core sequence if you will, or something to that effect or maybe something that on top of what the BCPA get during the core sequence. Go ahead.

Katrina Phillip...: [00:48:23](#) Well, what I just said it's a recognition that ABA and AIBI, I think someone had mentioned this in one of the the scenarios there, ABA and AIBI and early intervention, they're not the same things. The board certification is training you to be a behavior analyst, not to be an AIBI specialist. And although I understand that in lots of countries, that's what it's kind of become that at least in New Zealand, that's not what we're training. We're training you to be a behavior analyst.

Diane Frazier: [00:49:04](#) That's good. I think that the way that I'm trying to reshape the idea is to use rather than the consultant model, what I call a clinical model where people will come to me. So if I have my clinic, you have to to purchase a training package to stay with me for a certain period of time. When I opened my clinic, I had no certified people. The six girls, six women that I hired were from unemployment and I trained them in RBT. Nobody paid me to do that. I did it. And now these women are very, very good, but it was three years when they were not good at all. So



it really, you know, but then what my idea is, I haven't done it yet, so I don't know. But I've tried it on a small scale. If you really want to learn you have to come to my clinic and you have to stay. I'm not going to, you know, the mountain is not going to go to Mohammed anymore. Mohammed has to come to the mountain that's the way it's going to be. And I think on a small scale, I have seen better results with this than doing the consultant model where I was traveling, not just in France, but Switzerland going to Italy I mean I was exhausted and I understand I'm 64 years old, I don't know how long I much more, I can do this.

- Rita Honan: [00:50:34](#) About five more years. You'll start feeling it.
- Diane Frazier: [00:50:36](#) Thank you. That's about it.
- Rita Honan: [00:50:40](#) Paid a little bit around 69 but that's what happened to me.
- Diane Frazier: [00:50:43](#) Yes, you have to stop because it just, it's too exhausting. And also you realize you're not really doing the job that you can do and it's an ethical question. Do you deliver bad services because it can be done or do you just deliver a very few good services? That's a big question. I chosen the second. Thank you Dr. Honan because I believe, yes, we are in the same category of person. I will not say old. We are mature and experience and learn something.
- Karen Chung: [00:51:22](#) Thank you.
- Rita Honan: [00:51:24](#) A challenge to that though, Karen, I think that's really important is the changes that come up from the behavior analysis certification board in terms of supervision and that, and I'll refer to Jerry Shook. He was a strong believer in using technology in any way you could. And like I do a lot of Skype supervision when I'm in the US, I continue and I just find it so valuable to see live what's happening, what's going on, you know, and we now have to do, you have to actually be on site. I can't miss once it once every six months or something like that. I can't remember what the requirement is, but it's requiring you to be face to face in person and I don't think that's good for the international growth of behavior....



- Katrina Phillip...: [00:52:15](#) I mean in New Zealand at the moment we're doing some trials and I know that the other university does distance based a lot of kind of distance based supervision and in Oakland, we require our students to have a large proportion of onsite supervision. But we're doing some comparisons between video-based supervision, distance supervision and onsite and looking at what are the pros and cons of both of all three kinds of methods cause these definitely benefits to having a video and being able to go back over it and, and show a student. But there's also benefits to being on site and actually seeing how they're interacting with other people around them. Those other, I guess things that aren't necessarily well tested and the they actually [inaudible]
- Diane Frazier: [00:53:11](#) Yeah, that's a good point.
- Karen Chung: [00:53:13](#) Well, we have to move on, but I do want to go back to the point that Rita made. Rita I think one of the biggest things that, you know, as a field that you guys run into is that tension between the policies that the BACB establishes and how it really puts a strain on, you know, the ability to create more BCBA's And you know, it's the BACB certification is recognized around the world. Right? I mean, to a certain extent, some countries more than others have, but the way it's written is really US-centric. But not even so anymore because the US is a big country. There's pockets of, you know, states where you have a lot of BCBA's and then there's pockets of states where you may have what you know or two. And so this kind of the face to face requirement does make it very difficult. So it's if you're like, we're always fighting this there's a tension between what the...
- Rita Honan: [00:54:08](#) What is ideal and what is practical.
- Karen Chung: [00:54:12](#) Right. And that's what we're discussing today. Okay. We have spent about an hour, which I think was a really good discussion so far. So we're going to have to move through your section, Amanda, really, really quickly. Let me just cover this so then we can get to the cases. Okay. So leverage create more BCBA's, create more RBTs. Let's see.
- Karen Chung: [00:54:35](#) Just quickly wanted to show you, I had four data plays and a number of, we've increased the number of BCBA's which is really great between even, you know, October last year, in



February of this year, we increased BCBA's by twenty three hundred so the BACB is doing a good job. I believe creating or maybe you guys as a field or practitioners are doing a good job, it seems like it, I'll be encouraging people to go down this path and becoming BCBA so we are increasing the number. It's just not increasing fast enough to, you know, really start to make a dent with the RBTs population. You know, when the first RBT credential first came out, you have people in robes who became RBTs. But the driving factor, Myra I believe behind that is the fact that insurances are requiring so it's just we got no choice right?

Karen Chung: [00:55:27](#)

Okay. But what I did notice between go back one these between October 2016 and February of 2017 you see, look at the RBT is the number of RBTs dropped. And in our particular case we had a lot of international clients who became RBTs and then figured out, Oh, I need supervision while the cost of supervision and the ability to find supervisors just made it impossible for them to maintain their RBT credentials. So, you know, that's what I'm accounting for, you know, as one of the biggest factors in terms of the number of RBT strapping is that it's very difficult for a lot of people to be able to maintain that credential and get that 5% supervision requirement met unless you're working in an agency.

Diane Frazier: [00:56:13](#)

Yes. I think that's a very, very big problem because France does not have the same economic structure. I mean, I know people think of France maybe about a hundred years ago, Like we are a socialist country, so money is not, most people working as an RBT make about nine hundred euros by month and if they have to have a supervisor, it is an enormous part of their salary to have that. So most of them they have to decide between food and rent or supervision. It's just on their own possibility. So a lot of these RBTs they don't stay RBTs because of that.

Myra-Jade Lui: [00:56:56](#)

Yup.

Karen Chung: [00:56:58](#)

Interesting. Okay. Amanda, if you can let just a quick graphical representation. Nothing other than there's about 233 countries in the world. We have customers on over a hundred countries, you can see the little pens where the customers are coming from. So what that tells me, obviously as we all know, is not only is there a need, see, but people are starting to recognize



what ABA is and you know, and these are mostly parents, our customers from outside the United States, our parents do, they're desperate for a solution. They do Google searches, they find us, they find that we have a program, a training program, and they'll take the training program. Now internationally, people speak different language. We don't assume that everybody speaks English. The training that we provide is in English. And so I think about how difficult it is for a parent that's living in, let's say Bangladesh where English is not commonly spoken.

Karen Chung: [00:57:54](#)

And they take the time and the effort to actually go through the program, which is a very technical, you know, when you do ABA training, it's very technical so that they can give their child, you know, a chance at a better life. And there's a lot of issues that we need to overcome. But this is always kind of fascinating to me. Just, you know, the recognition of ABA. People might not know what ABA stands for, but they know ABA and they know ABA works for autism and it's happening more and more. And what I'm afraid of is, you know, outside the US we're not really regulated. So if there's anybody that could say, Hey, I know ABA, you know, and parents are desperate, they'd be willing to pay out of pocket to get the services that the child needs. What parent wouldn't do, whatever it is that we needed to do, to provide an opportunity for our kids to live a better life as so lot of ethical situations, and I'm sure we have ethics scenarios that we'll be covering as well.

Amanda Fishley: [00:58:51](#)

Okay. We, before we dive into this, which I'm going to go through quickly, we're about halfway through, so we can go ahead and take a five minute break and then we'll get back through, go through the BACB guidelines really quickly. And then we have a lot of case scenarios and international barriers to talk about.

Karen Chung: [00:59:08](#)

Okay, thanks. I'll be back.

Amanda Fishley: [01:04:14](#)

I'm going to go through some of the BACB guidelines. Just really quickly. We have some other webinars that go through the guidelines as well as the professional ethical code for behavior analysts in terms of supervision really closely and in great detail. So I just want to set the groundwork. So everyone, when we're talking about supervision and some of the constraints, you're



familiar with these types of guidelines and the regulations from the board. So real quickly, in order to be a supervisor or a BCBA or BcABA candidate, you must first pass in the online competency based training module that the BACB provides. You must also seek out the eight hour supervision training course, which isn't provided from the board, but you can find either online, some I know here in Ohio we have some in person trainings. And then you must also be either at BCBA or BCBA-D in good standing or be an improved instructor in an improved course sequence. Be a licensed or certified psychologist, which I know we've talked about in other webinars. How many people are, are actually supervised by a psychologist. And then you must also during your certification cycle, obtained three hours of supervision CEUs.

Amanda Fishley: [01:05:36](#)

And then to be a supervisor for BcABA pretty much the same thing. You just can't be a BcABA, essentially. It's the only difference here.

Speaker 10: [01:05:47](#)

Okay.

Amanda Fishley: [01:05:48](#)

And then to be a supervisor for an RBT, which we've talked about a little bit throughout our webinars so far very similar qualifications except for BcABA is also approved to supervise RBTs, which is important to know. And then if you are seeking certification, you have to pass the modules on the BACB. And I know as a supervisor I always require proof that the person I'm supervising pass those modules just to kind of cover all my bases there. But and then you should also demonstrate that you have some prerequisite skills before you get started with supervision. So meaning being able to define, you know, really basic terminology, understand the very basics of ABA before you get started with supervision.

Amanda Fishley: [01:06:40](#)

All right, so you might've seen this before. This is available on the bacb.com but this is a BACB supervisor training curriculum and it goes through various features that are important for supervision and this is really helpful especially for people who are just getting started as supervisors who go through this, it talks about how to give feedback. That's some structure to your supervision and I'm not going to go through this very closely. Like I said, we do have other webinars if you're interested in the guidelines and the code that would be a better resource. But



this curriculum, again, it goes through performance expectations that how to set those up, how to get started with supervision give some guidelines that everyone should, should fall as supervisors, which I think is very helpful. All right, so real quickly, a quick review of the BACB professional and ethical compliance code code 5.0 which is behavior analysts as supervisors. There's just a quick overview of what 5.0 is. This is again, this is available on the bacb.com

Amanda Fishley:

[01:07:57](#)

So 5.0 covers these things. As a behavior analyst, if you're providing supervision, making sure that you're prompting supervisees to engage in clinical skills that are relevant and ABA, you're observing, they're performing those skills. That also includes providing feedback identifying that need improvement again, through feedback, taking those corrective steps to make sure those things are are being performed correctly. Being particularly aware of any repeated errors and determining if the supervisees are able to maintain and generalize their new skills. And then let's get into each one a little bit closer. I'll go through these quickly, but 5.01 is a supervisory competence. And this pretty much states that behavior analysts will only supervise within their areas of defined competence. And you can see where this can be relevant internationally as well. Because if you, if there's only two BCBA's, is it better to, you know, maybe provide supervision area that you're not, you know, maybe an expert in or, or not.

Amanda Fishley:

[01:09:03](#)

And I think, I think it's a, certainly a good question, but the code would say only provide supervision within your areas of competence. And they say, you know, behavior analysts should have the necessary skills and here are some general areas that behavior analysts should be competent in. Things such as discrete trial, managing off task or challenging behaviors, classroom management, consulting with clients in home and residential settings. And then the delivery of standard autism training services. But I think this goes can go further than that. I think this would be a good discussion. It's built into some of our scenarios. So I'm going to move on to a 5.02, which I think is also a really good discussion. But behavior analysts take on only a volume of supervisory activity that is commensurate with their ability to be effective. So I know some of our panelists have mentioned this, but do you take on and train as many behavior analysts as you can so you can create more behavior



analysts or do you take on a few or a handful so that you can be effective and provide the best services? And I really have appreciated your insight on, you know, what you guys have been doing in terms of that. So I think here are key phrases, ability to be effective. If anyone, you know, if you want to weigh in, please feel free ahead and I think these are also built into our scenario, so I can keep going unless someone has a...

Myra-Jade Lui:

[01:10:31](#)

I could I could just answer to that. Definitely. I understand that whole need to like, you know, grow behavior analysis. And when I first started in the field, that was my main prerogative. You know, we had created the QCABA and all I wanted was more behavior analysts out there. And what I started to notice was when I started to work and supervise people who were outside of my kind of little, my little bubble the kinds of things that I would need to work on and correct were way beyond what I could do in the three hours, every two weeks that I was allotted these individuals, you know. And so over the years I've basically just whittled down my supervision practice to people only who work within one of the centers that I consult to because I know that for the rest of their time, they're essentially surrounded by the culture that, you know, I want them to be, which is a learning environment where they're, you know, applying certain things in certain ways and then I don't have to go and clean up or, or kind of be shocked in a whole range of things that they're doing or a whole lack of understanding of a certain concept.

Myra-Jade Lui:

[01:11:30](#)

So I'd say that I've kind of shaped my practice across the years just to align with, with that belief.

Amanda Fishley:

[01:11:35](#)

Yeah. Yeah. Awesome. That's great.

Karen Chung:

[01:11:38](#)

You think differently or do you take a different approach? Sorry, what was that then? Just wondering if anybody else up other panelist? What do you think about, well, okay, let's talk about ability to be effective because I think it's a really important point and....

Diane Frazier:

[01:11:55](#)

That's what I've communicated before is that I agree with Myra. I think we have to choose what we're going to do because it's impossible this task. And if we choose this consultant model of flying all over the place and consulting with people once a



month for two or three hours or something like that, it's really not going to do the job. So we need to look at our clients. Our clients are they're the ones we need to look at. Are they improving or not? If they're not improving, then we have to stop and we have to do something else. And it's not really what the community tells us to do because the community is on top of us all the time to do more and more and more. It's not possible. It's not possible.

Myra-Jade Lui: [01:12:51](#)

I am very, sorry Karen.

Diane Frazier: [01:12:54](#)

No, I'm not sure if creating more BCBA's is the task, but creating better ones is,

Myra-Jade Lui: [01:13:03](#)

I just can add Diane that I think that what happens when we start putting our names to that. So let's say you and I, we, we enjoy a reputation within our little communities. What happens is that that gives also consumers this really big false sense of security. So if a supervisee is working with us and they're not within one of our centers, what happens is, Oh, I'm getting supervision from Myra and this is happening. So then that consumer believes that they're getting some form of very, very close supervision from me just by way of, you know, whatever channels they've gone through. And I found that that was the most detrimental to, you know, how I felt as a practitioner about myself. I was, you know, I didn't want you know, people to assume that I knew their case very well, but anything like in any of those terms because I knew I wasn't, I actually wasn't, you know, working with that family and I wasn't responsible, you know, I wasn't responsible for their case.

Diane Frazier: [01:13:49](#)

Yes, you can have, I have one example. I went actually to see a family who contacted me. I was standing in their kitchen and I heard the mother on the telephone. She was talking to another family. It's just, you cannot believe who is in my kitchen. It's Dr. Diane Frazier, so you become deified after awhile even though you have very little contact with these people. And this is also very disturbing because you didn't create this, I don't remember creating this deification at all, but it happens because there's so few people out there. For me I will accept a private client if I know this client is going to follow my recommendations, they're going to do what I tell him to do. It sounds very crazy, but you have a lot of people that they just want to be in a certain



association but they don't really know or want to follow your recommendation.

Amanda Fishley: [01:14:58](#) Yeah. I think, thank you guys. I tend to agree with you even here in the United States where we have significantly more BCBAs. There is a pressure on, you know, when I was working in a school or a mental health agency to take on supervisees cause I had so many, there were so many people at my work that were going to school and going to grad school that were seeking supervision and you know, are great employees and I felt the pressure to take them on. But you know, I was a director over two hundred students and I had a lot of responsibilities. So to take on and take away from that was challenging. So trying to manage that even here was, was a lot. So being able to say, you know, I can only effectively manage and supervise two of you. I had to wait list the others and I felt bad, but I ultimately, my students and my clients came first. So I thank you for weighing in.

Amanda Fishley: [01:15:52](#) Okay. So real quickly, I'm 5.03 supervisory delegation. This is delegating tasks to your supervisees that only, which you feel that they can do with competency ethically and safe and do it safely. If they don't have the necessary skills, we're not going to delegate those tasks to them.

Amanda Fishley: [01:16:14](#) 5.0 for designing effective supervision and training. Your analysts ensure that supervision and trainings are behavior analytic and content. They're effectively and ethically designed and they also meet the requirements for licensure certification or other defined goals. Pretty straight forward here and we'll talk about some of the barriers to effective training such as the language barriers here in a little bit. 5.05 communication of supervision conditions. I think this is pretty relevant to is what you know when you're supervising people in other countries or you're providing distance supervision, this may be a little bit more challenging, so making sure that you're doing this, which is providing a clear written description of the purpose, the requirements, the evaluation criteria that you're going to set forth and the terms of supervision prior to the onset. So making sure that your supervisee really understands what supervision is and what it's and the conditions and how they're going to evaluate the effects of supervision.



Katrina Phillip...:

[01:17:14](#)

One of the things we've done as part of our university, because a lot of our supervision is provided out of the university. We only have a few supervisors that are in service. So in those situations, and we've got the organization to provide what we call a mentor which is just someone within that organization that understands how the organization works and they give us regular feedback on how that person is performing within the organization as well as, so it's not just that can I go in and say that they can shake something or they can run a discrete trial. It's about that kind of, I guess interaction and the expectations of working in an organization. So that can be, I guess one way there. If you're in a situation where you don't have direct contact in the organization, that you can still get some sort of supervisory component within that organization as well as yourself. And that we might [inaudible] a supervision agreement is done with both the student and the organization saying that it's our expectation that they will meet with you every two weeks.

Amanda Fishley:

[01:18:21](#)

Yeah, yeah, exactly. That. That's, that's wonderful. And I, I think when we went through these really closely and in great detail, we talked about different models of supervision and we had our panelists weigh in on, you know, the different areas that they're, they're doing and some of the processes that they have in place. So it's, it's, it is really interesting in terms of supervision because what people are doing from, from one place to the next, even other, even ten minutes away so different. So it is always good to hear some tips and some strategies that other people are doing, whether it be in your own country or you know, abroad. But it is, it's, it's helpful.

Amanda Fishley:

[01:19:00](#)

5.06 providing feedback to supervisees designing a feedback system, making sure that you're providing ongoing feedback. This includes, you know, reinforcement as well as corrective feedback, keeping documentation of that. So really building up your supervisee, we know how effective performance feedback is both for treatment integrity to really manage challenging behaviors and changing behaviors, whether that be to increase skills or decrease challenging behaviors. And it's really helpful. And this can be done verbally written video format. We can model it, provide some graphs. I really do like the video format. So we were talking about some pros and cons of virtual supervision, but one of the pros is having a video so you could



watch back, you know, watch it back over and provide feedback that way. But you can also do that in person. But that's just one area to provide feedback. But making sure as supervisors we're providing adequate feedback. And I think when you have a large volume of supervisees, this can get get muddled a little bit and it's really easy to get lacked and not, you know, just maybe do something on the fly or give the feedback on the fly as opposed to writing it down, keeping documentation and really taking the time to build up the skillset of your supervisee.

Amanda Fishley:

[01:20:19](#)

All right. And then 5.07 this is evaluating the effects of supervision. I think this, especially if you are time constraint can get pushed to the wayside, but it's really important. So making sure that you design a system or systems to evaluate the effects of your supervision. And this can be done so many different ways. And if you want some examples, so I would refer to our webinar of the ethics and best practices in supervision, cause we talk about this a little closer. But having a clear method to evaluate that your supervisees are able to evaluate their supervision and then you can also take a look at that. So whether you're looking at your supervisees client's progress giving your supervisees a survey. So there was some, you know, some awkwardness I guess that we talked about with how that might be. You can make it anonymous if you have an agency and there's multiple supervisees, but making sure that there's a process or a system in place where the effects of supervision can be systematically looked at.

Speaker 10:

[01:21:24](#)

[Inaudible]

Amanda Fishley:

[01:21:24](#)

All right. So I went through those kind of quickly, but are there any areas of 5.0 behavior analyst, the supervisors that you see as problematic in terms of implementation in your country?

Karin Stern:

[01:21:41](#)

I think one issue if I may jump in is, I'm not sure if it's a really country related, but more related to whether or not you're working in an agency. So I think that working in an agency, it from my experience when I did, it was much easier to comply with most of the most of these guidelines but when providing supervision to supervisees who have their own private clinic is much more challenging. So basically you're providing supervision when most of the time you're completely dependent on their their reflection and how they report their



own work and you have basically no contact, direct contact with the clients themselves.

Amanda Fishley: [01:22:38](#)

Right.

Karin Stern: [01:22:38](#)

So so that would very tremendously depend on who the supervisee is and some of them will not do a very good job with sharing, you know, actual questions and and things when they don't go as expected. Which is the shame. And, you know, one of the goals of supervision is to help out when things go wrong, but sometimes people will have a hard time sharing that. And I think that's where, you know, ABA becomes more of an art to see how you, how you sort of solicit that information that you really need. Do you know how the cases are really going? And to make sure that you, you can really, you know, take responsibility over over their clinical work. So that, that is definitely quite a challenge.

Amanda Fishley: [01:23:28](#)

Yeah. Yeah, absolutely. And you know, I know on previous webinars we've talked about some of the benefits of actually being their supervisor, meaning like their boss and providing supervision. So you can, you have a little bit more grip on understanding of what their clients, other clients are doing. But then there's that awkwardness.

Amanda Fishley: [01:23:50](#)

Like, do you really, are they going to tell you if the supervision isn't effective for them or they don't really feel like they're learning and, or is it a dual relationship? So there's, there's definitely some, some interesting topics within that, but I agree with you with, you know, you don't have access to your supervisees clients. Maybe that's something you can look at. So asking for data share, getting permission from their parents and stuff to get that information, but it's a little bit more challenging when you're doing that virtually. Okay. Before we move on for scenarios, we do have a couple of questions from Eric. I'm going to unmute you. Eric. I think your questions are really good. I think he said he's in New Zealand, so I think he said it's also one in the morning and forgive him if he doesn't make sense.

Eric: [01:24:35](#)

Hi Amanda. I'll probably make less sense after I read my own question, but should I read it out loud? I'm just wondering what the panelists have to say about organizational structures and I'm thinking of situations where you might have a heavy



management structure where there's no clinical personnel alongside managers, helping managers make effective management decisions when they sort of touch on clinical issues. And I think in that kind of structure practitioners who are subordinate to managers can end up in a situation where they're stuck between the BACB ethics and management directives or organizational policy. So just wondering if you've got experience with that kind of situation. And any good structures you've seen or not really not so good structures.

Rita Honan: [01:25:27](#)

I think there were three things that you can possibly do and one of them is use your knowledge of behavior analysis in fulfilling a need or desire or whatever of the organization or of the managers, so that what will motivate them to listen to you and to follow through with some of the suggestions that you have. So how you present something. And that presented like point number two, which is the language that we use. I remember not too long ago, we were required to by FABA and BACB to use behavior analytic language. And this is one of the changes that referred to earlier that now we're told don't do that when you're out there, you know, use the language of the people that you're sitting with. So I'd be careful as to how I presented something and I had a third client. Let's see. So there was the language, there was the engaging the person with motivation. And when I say what was the third one, sorry, I'll come back to it. I'll remember later.

Amanda Fishley: [01:26:35](#)

Great question.

Myra-Jade Lui: [01:26:38](#)

I could offer maybe an experience from my government work, which is really vastly different than private sector work. So I talked about unionization and all that stuff and this is a big issue in Quebec cause we're very socialist and everybody's unionized in government centers. And one thing that I've noticed is my hands are really tied when I get a bad instructor who I will work with. You know, I mean I'll work with people for at least a year before I, you know, obviously written them off and offer them, you know, hundreds of hours of supervision. But at some point the government unionized system will almost only let me let someone go if they're like hurting a child. So that's a really, really difficult thing for me to manage as a clinical supervisor because I'll know that the kids under that instructor are actually



not getting a great service, but I'm still delivering it because I'm contracted to do this.

Myra-Jade Lui: [01:27:27](#)

And even though this person is subpar and I can give them as many clinical evaluations to say that and as much feedback as I want, they, their job is only at risk if they're found to be basically collecting reviews of children. So I found that to be a pretty difficult system to work with. You know have I gotten around it, I mean more so what we tend to do is trying to track the right kinds of people who are interested in certification and stuff like that. But it's a pretty tough system.

Rita Honan: [01:27:54](#)

I remembered my third point also, and that was our code of ethics that and John Bailey would tell you this as well, that can you referring your supervisors to, or you know administration, just letting them know that you do work under a particular code of ethics and that you're struggling with that. But this is where you're coming from. And ask them for some guidance and support, how to reconcile the differences between their perception of how things should go and, and your own professional responsibility to the, you know, to your clients and to your organization.

Karin Stern: [01:28:34](#)

I mean, I suspect that Eric and I know the same organizations and I'm probably thinking of the same organizations and some of these examples that he's thinking of, and I'd say in terms of a grads, the ones that we've had the most success with going into organizations and working alongside management are those that can use the language, like translate between the behavioral learning and the language of the organization. And I'd say they're also really good at shaping. They're really good at just slowly shaping up those managers. And so I guess seeing things from their point of view. We have had a number of organizations in which their grads have basically said, look, I can't under or ethical, you know, codes carry on working under the constraints. And I've chosen to leave those organizations at that point. And go and work somewhere else that it wants to work under a behavior analytic framework.

Diane Frazier: [01:29:39](#)

Yes. I find it very, very difficult to, because the socialist regime in France will only permit us to hire certain kinds of people, which may not be the kind of people that we really, you know,



we can teach, I try to do is I try to tell this person at the very beginning

Speaker 10: [01:30:03](#) [Inaudible]

Diane Frazier: [01:30:03](#) Use this ABC contingency, deliver a result so that people can see what positive reinforcement really is like. And then from there we can work but let them know that what we are doing is not some Charlotte in practice was here in, here in France and perhaps in many other European countries. You have people doing a lot of pseudoscience, people paying a lot of money to doing it and that results, but they accepted. It's very crazy.

Amanda Fishley: [01:30:41](#) Yes. Yeah. It's unfortunate. But you know, I think we do in the United States as well. Drives me kind of crazy. But let's move on. All right. So I've mentioned that, you know, we do have a more in depth review of the code. Here are some, some previous webinars to check out if you're interested. Especially in terms of supervision. So we have two more supervision webinars. Also Dr. Bailey's ethics in practice is a really good webinar training series to check off. Okay. So this is I think going to be our favorite part, but talking about different scenarios and the international considerations and the barriers that are affecting both supervision and service delivery. So here are a list of potential barriers that we've, we've covered, I think a lot of these already, but I want to just look at these real quick. So we're going to go through different scenarios through some of these categories, but these include things such as lack of qualified professionals and quality services, different standards in quality of care and outcomes.

Amanda Fishley: [01:31:46](#) The supply and demand disconnect, supervisory conflict, competency levels of supervisors, the varying interpretation of ethics, access to geographic distribution, cost and affordability, language barriers, as well as cultural differences. I'm excited to talk about. So let's go through some scenarios that are relevant to the lack of qualified professionals in quality services available. I'll go ahead and read. Oops. our first scenario that was submitted from BCBA in Italy, this says 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 their institutions that help the institutions that need their services. Furthermore, the majority of our supervisors are



not BCBA's. They hold other types of certifications. They might be BCBA equivalent but still different. Even including the non-BCBA supervisors is sorta just still bad. Okay. So just a quick question and I know we've talked about this a little bit, but with the shortage of supervise services, there are even fewer to provide supervision as we've talked about. Obviously there's going to be some considerations to the supervisory volume, but is there anything that our panelists want to add to this scenario?

Rita Honan: [01:33:05](#) Well, people have do purchase supervision online as well. There are companies in the U S that actually provide that. So at least to get some supervision, you may not be getting, you know exactly what you want, but at least they're working with, you know, someone that can provide them with some backup. You know, hopefully until somebody else made the closer was available. It's not ideal. Again, it's sometimes you didn't have ideal, but there you can always get a supervisor.

Karen Chung: [01:33:36](#) No, that's not true.

Rita Honan: [01:33:37](#) Somebody else pay for it. You have to pay for it.

Karen Chung: [01:33:42](#) Yeah. But I don't think that that's true because I know all of a lot of BCBA candidates, they've gone through coursework and have not been able to sit for the exam because they can't find a supervisor. I think that we live in this little world, in this community where there's a, we make assumptions about Dr. Bailey does this all the time. We kind of used to drive me crazy, but we used to do a lot of dialogue going back and forth. But that's not true, you know, for whatever different reasons are. There are a number of people that I know of who actually know they cannot find a supervisor. So this is, this is obviously a big issue and even utilizing technology, you know, there's just a lot of different scenarios and barriers, you know to the point where, you know, it's just that stops people from being able to go through and take the exam and become BCBA's. So there's, know there's a lot of bottlenecks along the road and you know, hurdles that we need to cross. So...

Rita Honan: [01:34:36](#) Language, I think Karen, you're right about that language would be one of those as well.



- Karen Chung: [01:34:41](#) Yeah, that's huge.
- Amanda Fishley: [01:34:43](#) Yeah, it's definitely a huge barrier. Okay. Let me move on to our next one. Oops.
- Karin Stern: [01:34:48](#) I'm sorry. Can I comment on the previous.
- Amanda Fishley: [01:34:51](#) Yeah.
- Karin Stern: [01:34:52](#) I think perhaps
- Karin Stern: [01:34:56](#) One more perspective that needs to be taken is that the requirement to receive supervision just from BCBA's in something that may not be the best decision in all countries. So as I mentioned before so for example, in Israel a BCBA can be someone who has just finished their coursework. So they perhaps have two years of, you know, theoretical knowledge and now they qualified to be supervisors. But compare them to someone who has been actually practicing and working as behavior analyst say even twenty years, but they are not certified or a BcABA that has been practicing for ten years, but their BcABA and not to be BCBA. So that BcABA who has ten years of experience will have to pay for supervision to a BCBA that had just finished school just to meet the board requirements. And I think this really brings up a question of who is more qualified in providing these supervision. And perhaps, you know as you've mentioned before, you know, being a board certified is sort of a minimal requirement, but perhaps in some scenarios or situations the experience that people may have may be a better indicator of their ability to provide supervision rather than whether or not they are board certified.
- Myra-Jade Lui: [01:36:26](#) Right. Yeah. Really good point too, because the BcABA's also require ongoing supervision and they have to find a supervisor and they may end up finding someone who is, you know, maybe less qualified and you know, how we would define that. So that's I, yeah. And thinking about how you would rework the structure if you were, you know, what to propose, I'm not sure, but I think it is a concern.
- Amanda Fishley: [01:37:00](#) Right.



- Amanda Fishley: [01:37:01](#) Another scenario, so it says, Maria had supervise a BcABA student who had subsequently opened a practice in the center of a large city in her country and this was submitted from a BCBA from France. This BcABA asked families to pay ahead for their intervention at the beginning of each month and in the family contract is stated at all sessions would be replaced with any given period of time. However, Maria heard from many families that sessions were never replaced and number of families had lost substantial amounts of money due to this BCBA's neglect and Maria had continued to supervise this student one time per month as indicated on the BACB guidelines. The BACB had ignored Maria's recommendations. Maria filed a complaint with the BACB and eventually this BACB lost her credential. However, this new former BcABA continues to practice. She never uses the title BcABA. She knows that she could get in trouble for that, but she runs her little practice. Seducing unsuspected family, charging what she what many professionals would consider very unfair prices and not delivering quality services, but she can. So there's no accountability. What could Marie do further?
- Karin Stern: [01:38:22](#) Yeah, that's that's a tricky situation, I'm sure. And it sounds like Maria tried many things. I'm not sure what she could do further. Do you guys have recommendations?
- Diane Frazier: [01:38:37](#) I'm hoping you do because I still feel very guilty about the situation. Could we just exist under another name?
- Rita Honan: [01:38:44](#) There's not much you can do unless she's working under some sort of, you know, if the state has any requirements or registration requirement to mental health practice or whatever, find out if she belongs to any professional organization whatsoever. And then she's required to work under their code of ethics. And if she's not, then she's probably working uninsured as well. All you can do is send her a registered letter to document your point of view so that at least you are doing your bit. You can't go to a family. So I talk about her you know outside of those random...
- Diane Frazier: [01:39:27](#) I've done that and the BACB attorney has closed down her website. Okay. Because there's such a desperate need, people, anybody that has even a tiny little bit of knowledge about ABA.



- Rita Honan: [01:39:43](#) We had a similar case in Ireland and what, what helped it was going on for a number of years and what helped was a good in the newspaper. It just happened to show up in a newspaper and one newspaper picked it up and another one picked it up and then parents started talking to each other and asking questions and that kind of took care of that.
- Myra-Jade Lui: [01:40:04](#) Okay. So yeah, I think that we've been working on at the QcABA and like, you know, again, it's a not for profit volunteer organization, but we have this, obviously that's the exact same problem we have here. We're, we're kind of trying to get around it through the backdoor. Basically we're trying to inform consumers you know, we're creating a document that's like a, what is the sign of a good, you know, ABA provider certified or not. What are the components of a good program? And I'll tell you that documents not up and running yet, but it's a conversation we've been having and we've been shaping this because I think that the only way to really deal with this is to go through the consumers of the services and inform them so that they themselves, you know, like back in the day when medicine wasn't regulated, right, you would just go to like any guy with snake oil and be like, Oh great, you look like you know, medicine. And over the years, the centuries we've developed it into a practice a discipline, my feeling is we will never be able to accomplish anything until consumers understand what ABA is, what it is and you know, what makes a you know, a good practice. It's tough....
- Katrina Phillip...: [01:41:12](#) S it has a, here's a lot of stuff on their website. So I think it's the Association for the Scientific Treatment of Autism, something along those lines. And they have guidelines on there that they specifically around consumers.
- Diane Frazier: [01:41:29](#) No. I think the problem, as Karen said before, is whatever problem we have in the US is magnified here because of the lack of services. So people will do anything. The real issue is that people will still go to this person because she has a few little skills. That's it. You know, it's because if there were any, if there were more qualified people, nobody would go to her. And in fact, I believe if she were practicing it, practicing in the US nobody would go to her. But because she's here in Paris and there's very few options, they will go to her if they can pay.



Amanda Fishley:

[01:42:20](#)

Yes, unfortunate. All right. Let's move on to a scenario from Canada. A colleague of mine took on supervision of a group of supervisees who has stated this supervision who had started their supervision with another BCBA. Upon starting the supervision contract, she asked them either to submit a video of them engaging in behavior analytic activities or to organize a time and place for her to see them. The supervisees were confused at this request and that's why this was necessary. The other BCBA did not require this. My colleague pointed out when them towards the supervision guidelines and in reality, even though the supervisees had read the guidelines, they had relied on their supervisor to have 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 has spotted the correct guidelines. You know, this is really interesting cause you know, we've talked about previously how supervisees really do take what the supervisor says as as fact, even if they're not as qualified as they should be, but they really, they follow what their supervisor says as as being fact. So if, you know, even if they've read the guidelines, I've heard it, they took those modules. Right. If their supervisee, if their supervisor isn't requiring it, they get accommodated by that and they think it's fine.

Myra-Jade Lui:

[01:43:47](#)

Well the additional problem that I mentioned, this was obviously when the one here was and I forgot this one critical word in there, which was all of these supervisees were Francophone. Meaning it was a first, I mean they were reading obviously the materials in English. But if you're reading your second language and you're reading some very heavy behavioral documents and there's a lot of documentation now that comes with supervision. A lot of that's, I mean that one section that says your supervisor has to see you institute engaging in behavior analytic activities that tiny line was lost. And that happened, you know, a year and a half ago, meaning they were so far from the time they read that document that by the time they got in, some of these supervisees had completed or almost completed some of their supervision hours. Meaning we had behavior analysts who, could have had, who had signed sheets, who could have basically taken that exam who had almost never been seen being a behavior analyst. But that to



me was shocking and it was happening, you know, in walk yard, you know, even the [inaudible].

- Rita Honan: [01:44:45](#) What does that mean, you know, were from China. You'll not gonna know what that mean.
- Karin Stern: [01:44:54](#) I just got an email this morning. I'm asking if I can meet with someone who is trying to meet the VCA requirements for a practicum. And she, I know her pretty well. She has a pretty good English and she could not find their heads around that document and she feels lost. And as for a lot of help with, you know, just figuring out what is she supposed to be doing and whether or not she's meeting their requirements. And I think that one effort that I've seen in Israel, I'm not sure how frequent it is in other countries, is to translate some of the board documents into Hebrew just to make them more accessible. And I'm not sure if that's been happening with, you know, translating documents to France or to French or other languages. But I think that's definitely one barrier that is an ongoing issue. Not just....
- Diane Frazier: [01:45:56](#) One of my teachers in my approved course sequence is Kristoff. I can't even say his last name because he's Greek. And he told me he would never read anything in the Greek translation because it makes no sense. Right. And I think it's the unfortunate result when you have something in another language, you think there is a translation that you need somebody very, very adept, very professional with understanding of the culture and also of behavior analysis to do this. It's almost impossible divine, this person, really impossible.
- Katrina Phillip...: [01:46:45](#) Although I appreciate it. There's a language barrier here. I think ultimately the issue comes back to the fact that the supervisor wasn't doing their job. The student's missed it and didn't question it, but they're also, you know, in terms of a power relationship, no really in a position to be able to question that, you know, what was the supervisor doing?
- Rita Honan: [01:47:11](#) Aren't they?
- Katrina Phillip...: [01:47:14](#) Sorry?
- Rita Honan: [01:47:14](#) That they are in a position to question it, aren't they?



- Katrina Hila: [01:47:17](#) They could be, they could be.
- Rita Honan: [01:47:17](#) And that's part of what we do as supervisors is empower them. I know I'm a very strong personality, so right from the start I say, you need to be able to stand up to me. I expect you to question me. Don't take everything I say as it sounds like I know exactly what I'm doing. I'm slipping along just like the rest of us, you know? I've just been doing a little bit longer, but I'm also going to mess up this important that you challenged me as well. If you disagree or don't understand and to facilitate them doing that. And sometimes you can see it in somebody's face and you can say, Hey, let's talk now. Okay, let's hear something you don't like a not cleaning and let's, let's sort that out before we go anywhere else.
- Katrina Phillip...: [01:48:05](#) I call it this LOL and nod look where they go. Come on, there's something not right here, you're not happy.
- Rita Honan: [01:48:17](#) Supervisee as well. How are you a good supervisee? What's a good supervisee?
- Amanda Fishley: [01:48:24](#) Right. All right, so I'm just moving on real quick. So a BCBA from India, you had mentioned that there's a lack of BCBA's but also propose that there would be more accountability or different standards for international BCBA's. Just real quickly in a minute here, what do you, what do you guys think about that? Different standards to hold international BCBA's more accountable?
- Dianne: [01:48:48](#) I agree. I think there should be a different set of requirements for that. I really do because we don't have the same context. We don't, and the ethical situation is so difficult. I think we need a different set of guidelines. It's very, it's like I'm a premadonna or something like that. I really believe that's true. I think a different spec.
- Rita Honan: [01:49:18](#) Are you saying Diane, that we need maybe some flexibility within those flexibility? You are my mentor now reach out. Yes.
- Diane: [01:49:30](#) Yes. I will call you now if I have any problem.
- Rita Honan: [01:49:34](#) Okay, well you're up longer than I am. We'll rely on each other. That's good because mine retired. It retired. So yeah.



Amanda Fishley: [01:49:48](#) Great. Some additional considerations within this barrier. I'm just going to go through these. I don't know that we'll have time to discuss them. I want to kind of move on real quickly cause we're running out of time, but just some thoughts to leave you with. Do you feel that there is a disincentive to become certified in other countries where others are practicing without certification? If so, what do you recommend moving forward? And then if recognize an acceptable standards for ABA experts in certain countries are different from the standards established by the BACB. What's the incentive for ABA practitioners to become [inaudible]? And then when you're providing supervision, are you more stringent knowing there are fewer professionals or vice versa? And then if supervision is not considered an unnecessary and ongoing professional development requirement, how do you compensate? So lots of discussion, but I'm going to move on because there's even more. But cultural differences in competency I think are is another area that it's very fascinating. So yes,

Karen Chung: [01:50:43](#) Interrupt for a little bit. Well, we're coming up on the two hours. So what I'd like to do is I'd like to actually complete the, the PowerPoint presentations and go through the scenarios, but any of the panelists, if you need to log off, we completely understand and I'll thank you at this point in time. And Amanda as well and everybody else, thank you so much. This has been a wonderful dialogue and probably one of the best webinars we've ever had on those particular topic because it's so meaty. And then when it comes to me is probably should have a lot of subsequent topics that drill down specifically into certain areas because I feel like we're starting to formulate, you know, identify some main points which are pretty common across the board and hopefully, you know, we can find a way to formulate some solutions or potential solutions that we can propose to the BACB or just, yeah, I guess proposed at the BAC right there. Power in numbers and you guys are giving us that and really they March. So thank you so much. And participants, you can feel free obviously to log off if you need to, but the recorded by when are will be available. So you'll give you able to go through the rest of the scenarios when time permits. Okay. Sorry about that, but I want to get that in.

Amanda Fishley: [01:51:52](#) Yeah. Great. All right. So a scenario, somebody from Ireland what may be considered by some as unethical in one context is



rude and disengaging in another. So an example, you know, if John, if one John Bailey was in Ireland, he adamantly stated that you couldn't accept a cup of tea, which in the ethical code is, you know, you're not supposed to, you're not supposed to accept gifts as a PCBA or even an RBT or VCAP. And then this piece of it I say to people still talk about how terribly off base he was with this area of the college. So looking at this, you feel there are specific areas where the code that should be revised to accommodate the cultural differences for international BCBA is BCA, BAS, NRB, Ts, and this is a really good question. I just think there needs to be a recognition in the code that culture exists. It's

- Katrina Hila: [01:52:46](#) Lately ignored there. I mean there's a little bit about I know working with other professionals, but the kind of within the task list, it just seems to be completely, we in New Zealand we are both psych registered and BACB and S like registration is massive on cultural competency. Yeah, and I just, I, it would be the same in New Zealand if, if someone offered you a cup of tea, you drink a cup of tea. It's rude not to. I like, some days I'll drink six cups of tea. I don't even like tea.
- Diane: [01:53:20](#) Yes. Yes. In France you have to have a coffee, not a Jeep. It's different, but if you don't except the cup of coffee, nobody is going to trust you after that. Yeah. Okay. Why don't you do dr Honan I will reveal to you. I am a dual national. I am American and Irish. I'm not James Joyce
- Speaker 2: [01:53:57](#) [Inaudible]
- Diane: [01:53:58](#) And I will never refuse a cup of tea or coffee.
- Speaker 2: [01:54:03](#) [Inaudible]
- Rita Honan: [01:54:04](#) It's part of the culture. Well, I remember eating a spaghetti then at once that I absolutely did not want, it was full of onions, but the father was also on the spectrum and it was the only way, let's go. We gage with this family. But you know, that's what I had to do. It was not, again, I did not see it as a good deny you didn't pack this in the government. In the government center that I work, we service a lot of low income families and a lot of them are immigrants and come from like Srilanka and and we would do home visits and we would, you know, do a pair of



coaching times and we would come and sometimes there would be literally a whole table, a spread that they had made. And they had this look in their eye that we knew if we didn't eat this food, if we didn't try.

Myra-Jade Lui:

[01:54:51](#)

And like, you know, one of my colleagues is a hardcore vegetarian and you know, they're presenting different kinds of meats and everything and, and the look in their eye was such that they, this was their way of showing appreciation. They would do it to anybody that walked through their doors, especially people offering a service. And I have to say that we really struggled with that. You know, we tried to do the antecedent things and you know, send a letter out saying don't forget, we're not allowed to eat and don't forget we're not allowed to do this. But they would do it because that was the only way they knew how to show appreciation. And that's comfort isn't it? You're going into their environment. This is what makes them feel comfortable and they will engage in this ritual prior to going on to things that are very stressful and challenging for them. So to make more of a, a respect, you know, set in that cup of tea. You, I haven't heard some of that, that food that's laid on the table.

Diane:

[01:55:45](#)

They do. So yeah, we need that. [inaudible] Oh, it was created by Americans. That's really a transcendent culture. But the place like France or Quebec, it's not the same. It's not a transient culture. So culture based on enormous traditions is not exactly the same because everybody comes from some place else. If I asked that question in France, I get a stare that is as cold as ice, how could you think that I was not French? That's one of them. It's very important to not be an immigrant in the U S everybody is so very, very differently

Karen Chung:

[01:56:43](#)

Before we go off of this topic. I mean it's something that's been really interesting. It was [inaudible] you guys all know Doc. We work very closely with Dr. Bailey and it's been really interesting for me to see how kind of the changes and the way he processes things and thinks about things when we think about international scenario. Whereas before, when we first started having conversations and we started working with him, he was very much, this is the code you have to abide by the code. And I would say, well, kind of doesn't make any sense to me. So let's say that the code is the Bible and you want to live up to that,



but you know, we're human beings and we're not going to be able to do that. And then throughout as he started to become more sensitive to what's happening outside the United States because most of the big names, and you know, the people that sit on the board of the BACB, they're Americans.

Karen Chung:

[01:57:35](#)

And so we don't have a lot of representation of, you know from people from different countries and different cultures. And so of course the code is going to be U S centric. But it's been really interesting and very gratifying for me to see the shift and the way he processes things and thinks about things. So I think that the more engagement and having a dialogue and just increasing the awareness of what it is that you guys face practicing outside the U S even in the U S culturally as well, you go to us, you know let's see, especially in Florida, you go into a family's home, they're Hispanic, you know, they're Mexican, they're Columbia and whatever, you know, and it, it's cultural. You accept a cup of tea, you accept, you know, whatever it is. And that's, that's just what you do. And to not do that would mean that you would be offending them. Well that's not really setting a good tone, you know, for you to go and try to, you know, provide some services at that point in time. So I really appreciate that, that his openness in terms of like looking at things and thinking about things and just kind of revisiting himself in his tone and we've seen that happen. And again, ye.

Rita Honan:

[01:58:40](#)

And probably his name should've

Rita Honan:

[01:58:48](#)

Then up there on that. I don't think.

Katrina Hila:

[01:58:54](#)

I mean, I guess one thing I would say in terms of the distance learning no, sorry, distance supervision is that I think it's something really important to take into consideration if you're supervising someone in another country. You know, that you don't necessarily know the cultural norms and that country. You need to be aware of that.

Amanda Fishley:

[01:59:17](#)

Yes. Think, yeah. Just the question is, what considerations must be made if you're providing supervision to someone of a different culture or ethnic background to you, whether you're in the U S or supervising someone from a different country? I think even in the U S we run into that same problem and someone from the audience share that as well as she's from us and you



know, runs into that same, that same trouble. If someone offers you something and you're in their home, especially if you're in their home it can, it's a little bit tricky, but what are those ethical considerations because there are different cultures and ethnic backgrounds and what, what should you consider when providing supervision to someone in a different country or even the laws? The laws are different too. And I think being familiar with those. I know when I provide a virtual supervision, just knowing that the regulations within an agency, and I'm just talking about an agency, were challenging to navigate virtually since I didn't work there. I didn't really know. I really, it's hard for me to imagine having to navigate different cultural norms and different laws, but what, how would you guys deal with that?

Katrina Hila:

[02:00:28](#)

Well, I don't because I only supervise within New Zealand, but I'm at what, I was one of the ones who brought out some of these issues because we had, we're getting more people that are coming through that same, might be psych registered and now they want to get their a BCBA registration and they can't get supervision in New Zealand. And it was one of the things that had kind of come back through some of them. We're not looking for supervisors was kind of this lack of understanding about those cultural norms. And so whether it's, okay, so if you're choosing to take someone on and that, that content and another country or another ethnic group, I guess actively taking some, you know, professional development yourself to find out about it. Right. Exactly.

Karen Chung:

[02:01:14](#)

Yeah. Very interesting.

Amanda Fishley:

[02:01:19](#)

Okay. So cost and affordability as a scenario submitted from France, professional websites are culturally insensitive. This is the most generous manner. I can say this. They cannot accept international payments on CEOs and they asked to send checks and this is impossible. So banks in the U S you know, can't even accept out-of-state payment, nevermind the out of country payment. So essentially professionals are punished continually without having any differential reinforcement, so their behavior is reduced and eventually extinguished. Have you guys found anything helpful when trying to navigate this challenge of trying to access trainings or CEUs and working around the different payment types and being able to, to accommodate that?



- Katrina Hila: [02:02:03](#) It's been a nightmare. I'm glad the BACB now has a portal that you can use a credit card on by ages you're at the scene, the bank cheque to them as well for things. So I think that people just aren't aware that there's people outside of the U S sometimes wanting it.
- Amanda Fishley: [02:02:22](#) Yeah, exactly. It's so unfortunate though. How can you, you know, how can you not be aware, but what, what could we do? Like what, what are things that you guys might have found helpful or not?
- Diane: [02:02:36](#) You know, in France when I tell people I am American because I am, they say, you know, Americans don't even speak English well viewed where we're not viewed very well. We're not cool. Okay. And not saying that that this is the solution, but I'm, yeah, you know, the, the idea that people could speak another language is very, very abstract, very, very abstract. And that's a, that's a big problem. Not saying that every American needs to learn another language, but it could be a good idea. Yeah. Right. Yeah. Good point.
- Amanda Fishley: [02:03:31](#) All right, so some additional considerations. If you are supervising a person or out of the country, how do you work out what the charge and should the same trainings vary to price vary in price to accommodate the differences and standards and cost of living? And I, I like this particular question because you know, we kind of run into that with special learning.
- Amanda Fishley: [02:03:52](#) As Karen mentioned, we have, we have customers and I think 103 countries. So trying to decide how to price things and you know, do you have international pricing where the pricing varies? Cause it is our goal to the disseminate quality training and information and services. But you know, how do you do that? Taking this into consideration,
- Rita Honan: [02:04:16](#) I suppose that's a business consideration, isn't it? So this business decision, what is the philosophy of your business on a monthly, then it's \$100 it's \$100 and a C equivalent. So it's 96 year olds and they have to pay by credit card or bank transfer and you can be farm around that or are you also feel
- Rita Honan: [02:04:38](#) Committed to the field and would like to offer some flexibility, but you have to be, you know, you have to do that in a way



that's not offending somebody that's painful fee. Just because you're American doesn't mean you're gonna follow it \$100. Exactly. But you can't afford \$100 that doesn't mean I have to spend my time training you.

Karen Chung: [02:05:00](#)

This is a, it's really interesting because we face this all the time. Obviously in a lot of our clients are from third world countries where \$100 to us, which is not insignificant, might be a full month's worth of pay or two months worth of, Hey, we are lucky enough in the, with generally our business model that we can use the prices that we charge. So we make accommodations all the time depending on what people are able to pay because it's more important for us to make sure that people are actually getting access to the information that they need. No, because we'll make it, we'll make it up someplace else or people they can pay full price. There's people they can't. Okay, well we'll adjust the price. When it comes to supervision though, this is a really interesting point because you're talking about when you're talking about a product like ours, you could have a lot more flexibility.

Karen Chung: [02:05:53](#)

You're talking about a service. There is a minimum amount that a supervisor of BCBA supervisor will be willing to take. To provide the supervision because that's all you have. You know, as a clinician, that's all you have is your time is your money and so how do you work that out? Because it would be very difficult and thinking about it, you know, living in the United States, having a US-based clinicians, if we had somebody from let's say, Oh, I don't know Bogota or something like that, and they could, to them paying \$100 is just laughable. They would not be able to pay that even if it's \$50 they wouldn't be able to do that. Then because of the currency, you know, the financial differential between the countries, that's really a barrier that is pretty significant that I hadn't really even thought about before.

Rita Honan: [02:06:47](#)

I suppose it's an individual decision isn't it? Whether you're not, you have a sliding scale. I know I have, I've always done pro bono work as well, you know, but I do that. I come from a different generation. I'm not used to the money that everybody, most people make. But I tell you, the closer I get to retirement, the more I say I actually can't deal anymore of that. I actually need to be paid. So it depends on your stage of life. What do you have to off? I mean there's so many different



considerations out there. So in other words, there's no good answer to this question.

Amanda Fishley: [02:07:19](#) Yeah, it's definitely a good, it's a good conversation. And something to keep in mind, and we've talked about this a little bit, but we have some scenarios that revolve around the language barriers. So, you know, we mentioned in France, no one really speaks

Amanda Fishley: [02:07:36](#) English. How do you find material in French? And then the association that this was some indifferent absorbs that, the translation costs. But that can be very difficult. We have benefactors in 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? And I think this is applicable to all of you. You know, if in different countries where they're not speaking English, how do they get access to quality training and translation of things like the Cooper book, the Cooper Heron and he wrote 2007 book.

Myra-Jade Lui: [02:08:13](#) I know that in Quebec they and potentially Diane, we were, you know, partnering with with France as well. But I think Mark Lenova here discussed the translation of the Cooper book with a couple of people and the publisher just didn't want to pick it up cause they didn't think that there was any need, even though we had basically volunteers or you know, very, very low paid volunteers and students who were willing to help us with this. I know that at a certain point it just didn't go ahead because, you know, they didn't feel there was a market. Right.

Katrina Hila: [02:08:45](#) I know the Spanish translation has just been released because one of my colleagues has been involved with it. But I know that that took so long and so many man hours to get it done for the exact reason. I might've been dying that was saying that there, it's not just a matter of translating it you know, it's translating it and making it meaningful. Differential reinforcement doesn't translate directly. Bang them into Google translate. It comes out to something completely different. So yeah, I know that it was a lot of time intensively and I mean they did it for the field. They obviously work on very lean schedules of reinforcement and currently they're getting a lot of very important, cause we're posting the pictures all over the show saying that it's, that's happened. But it was pretty delighted reinforcement for them.



- Amanda Fishley: [02:09:39](#) Yes, absolutely.
- Diane: [02:09:42](#) I don't think there's an easy solution to this. It really isn't because the translation like every, everyone has posed is not literal. It's contextual. That's the real problem. So you need to have somebody who understands ABA and also can understand the translation. The language is complicated because of that,
- Amanda Fishley: [02:10:13](#) Right? Yeah,
- Karen Chung: [02:10:15](#) It's really time consuming. When we started to translate our products into Spanish, we had a really proficient translator and then we had to actually take that material and have somebody who understood ABA go through that and there were a lot of changes and adjustments that needed to be made. Textual translation is really important and that can only happen if somebody is actually looking and reviewing the material, you know, who is bilingual and really understands, okay, well how do you take this information? How do you translate it and does it make sense and can I actually convey what it is that I'm trying to convey? You know, in a foreign language on a program that was developed in the United States and it's very, very technical information as well. So we run into that challenges, you know, those kinds of challenges all the time. I'll say one thing though, not to slam the BACB because I love the BACB so what he needs to establish the undergrads and try to, you know, provide compliance and everything.
- Karen Chung: [02:11:15](#) But it is a very us centric organization. I was having a conversation, I think it was in Canada, I understand it in Montreal, when you go to, you know, as a country as a whole, they're very inclusive in that, you know, they automatically make the assumption that there are people from different countries that are part of the trade that as a whole and so there are materials that are available in different languages and that's just kind of the, the way they, you know, they run the country, which I think is pretty awesome because they're making the assumption are constituencies or are, you know the people that live in the, in let's say Canada, right? They come from, you know, 15 different countries or predominantly, you know, let's say 10 different countries. So we are automatically going to take information and make that available so that people from those countries who are, you know, not fluent in English are going to



able to access the same type of information that a English speaking no person would. And I love that perspective, but you have to think about that in that context. And unfortunately the organizations that you know, govern, feel the ABA and the professionals really don't think in that context. And until that happens, it's just going to make it really difficult, you know, for the kind of the grassroots and it has to be a grassroots type of a, a situation, which is really unfortunate and it's very, very difficult and no solutions. It was kind of throwing it out there.

- Myra-Jade Lui: [02:12:38](#) Well, and I mean another really big issue is that obviously our science moves really fast, you know, and so whatever happens, if we're 10 years behind in the translation, as soon as we translate Cooper, there will be a new edition. And that such a hard thing to keep up with, you know you know, people I know people practicing in Quebec who are using literally manuals from 30 years ago simply because they're the only ones that exist. I,
- Myra-Jade Lui: [02:13:01](#) And
- Amanda Fishley: [02:13:02](#) You guys were just saying that you just finished the translation of the Cooper Heron who a **le**, but it's from 2007 so it's 10 years old now. And
- Speaker 10: [02:13:11](#) Yeah,
- Myra-Jade Lui: [02:13:16](#) And I, I think the other thing that is makes us difficult. I was talking to one of my students who's originally from Chile and **JSA Che** can't explain.
- Speaker 10: [02:13:25](#) Okay.
- Katrina Hila: [02:13:26](#) Jay has a friend who's a psychologist who works with people with disabilities and Chile and she find, it really hard to explain
- Katrina Hila: [02:13:32](#) To her and Spanish what it is she does because she's learned everything in English. She didn't say that she understands all the technical words, but her ability to be able to translate that into back into Spanish is really, really hard for her. So despite the fact she's bilingual, she still would struggle with the translation.
- Karen Chung: [02:13:52](#) Mmm. Interesting.



- Diane: [02:13:56](#) I don't think it's being bilingual. It's been by cultural.
- Katrina Hila: [02:14:01](#) Yeah, that's a good point.
- Diane: [02:14:03](#) So big difference. And it's something that I think the BACB doesn't understand. It's not just about going to Google translate and doing that. South does not reveal the essence of what we do. It's really about understanding, studying the culture and you cannot understand the culture unless you live here. It's very hard to understand.
- Amanda Fishley: [02:14:31](#) Yeah. All right, so a quick another scenario. So and from Ireland, so supervising BCBA, BCAB, ABA and or behavior techs have been, they'd have a primary language different from the country that they are practicing. Example, given Ireland we have Polish Spanish, some have been here many years yet their ability to speak well enough to understand an English often isn't what you'd hope. And their behavior plans are often written in broken English. What is our responsibility around this for both the individual and their supervisor and does it affect the quality of the services? So if you're writing a behavior intervention plan and it's written in broken English, do you guys see that as having effects on the quality of the services?
- Karen Chung: [02:15:18](#) I think it comes down to your direct staff actually. You know, like I, I do have a couple of supervisees though. One of them is trilingual and she's writing in English and French and Spanish as well. I don't read Spanish, but you know, she works with span of clients and you know, as long as she's written something that our direct staff can understand it. I mean, we work in a small enough place that we can just go to them and be like, do you get what that means? You know, I'm not gonna be really picky about the English. I'm, I just want, you know, a basic set of instructions. So I think it will just come down to that level.
- Amanda Fishley: [02:15:49](#) Right. Great. I agree. Yeah. So making sure that you're able to provide the information so that it can be disseminated and implemented with fidelity I think is a very important point. And then just some quick points that I'll leave you with. I think we've kind of discussed these, but how does the language barrier impact the training for professionals in the field? I think, you know, we've discussed it, it impacts it a great deal. But in terms of books on even online training it definitely impacts those



seeking services. And then we've talked about some, some possible suggestions and then how do language barriers impact the services you provide? Probably a great deal. Right. I know you guys have touched on that. I want to kind of wrap up. Karen, I know you were going to cover this if you think that

Karen Chung:

[02:16:38](#)

Obviously the field has come a long way, but it's still a very young field and we're still trying to establish some legitimacy. You know, insurance is starting to provide reimbursement and but it's very, very small. A population of 25,000 professionals, not all of them are practicing isn't really, you know, in terms of you, you may have to scale up, you have to have a lot more people to have a voice within the medical community in terms of, you know, trying to always legitimize and increase the validity, you know, of the science itself, you know, as well as the practitioners. And so he knows it's a lot of work and we keep moving along. But helped about the barriers at nauseum. And you know, the biggest barrier I believe that I see is really we don't have enough people to provide services. We don't have enough people to provide the supervision.

Karen Chung:

[02:17:33](#)

And so, you know, given the fact that we're probably not going to be able to create the BCBA's or BCDs, I'm not going to be created at the level that we would need to be able to provide the services necessary. Then what are some of the additional frameworks or different models that we could employ so that we can achieve the objective, which is to help as many people as possible. Because I imagine that you guys are all in the field because that's what you want to do. There's a lot of easier ways to make money. This is very difficult. So the risk to the profession is if there are a lot of ethical issues that arise, as we all know, and there's a huge risk, it's a young field, you know, you'd have too many these unethical situations that happened. People find out about it, not only just the, the general population, but others in the medical community.

Karen Chung:

[02:18:23](#)

What does that gonna do, you know, to the, the discipline that you're trying to establish and create legitimacy for. And so it's always a, it's very difficult, I guess the professionals, I mean, do you want to be known as that ABA? Charlatan ABA doesn't work. You know, you guys have no idea what the heck you're doing. You know, I, you know, and unfortunately I think that even happens within the healthcare profession right now we're



starting to do a series of training with speech pathologists. And it shocks me when I talked to some of the speech therapists and you know, their opinion of ABA is so low or it goes back to, well, ABA really equates to creating robotic patients. And I don't want to do that. And so just dispelling the myths within the healthcare community is, it's a challenge. And so when you have these behavioral therapists that are out there that are practicing unethically, you only need one.

- Karen Chung: [02:19:15](#) And then everybody else will look to them and pointed them and say, okay, you know, you're not legit and make your class. I, you know, your quacks basically. Really unfortunate. I think that you guys do a really wonderful job, especially with the panelists. Thank you so much because this is something that you didn't have to do and I mean here at some ungodly hour to be able to provide your, you know, to participate and to provide your perspective. And I personally believe if there's nothing that people take away from this, other than just go back and take a look at the cases and the way we discussed the cases and you know, the way, you know, it was analyzed and just understanding the differences and the similarities, you know, that are in different countries no matter where you're located would be incredibly valuable. So I guess when I'm saying this training would not nearly be as valuable without your participation. I can't thank you enough for taking the time and volunteering to do this for us. And it's been an amazing session.
- Amanda Fishley: [02:20:13](#) [Inaudible] Yes, right.
- Amanda Fishley: [02:20:14](#) And thank you for all the work that you're doing in our field.
- Katrina Hila: [02:20:17](#) Absolutely.
- Speaker 2: [02:20:20](#) [Inaudible]
- Karen Chung: [02:20:22](#) Yeah, our pleasure. You'll be invited a lot more. Thank you so much. Have a wonderful day. Evening, afternoon, wherever you're located.
- Karen Chuing: [02:20:35](#) Okay. Bye. Bye.



500 N Michigan Ave Suite 300
Chicago, IL 60611
Phone : (800) 806-5718