



ATLANTIC PROVINCES ASSOCIATION for  
*Behaviour Analysis*

Provinces de L'Atlantique Association pour  
*l'analyse du comportement*



# STATEMENT ON THE PROFESSIONAL PRACTICE OF BEHAVIOUR ANALYSIS IN THE ATLANTIC PROVINCES

2021 version of this statement prepared by the APABA Research and Advocacy Team (Michael Palmer, Jamie Lynn Black, Corey Levis, Nicole Robinson, Shelby Kaye, Donna Legacy, Paul Nau) and approved by the APABA Executive on 05/13/2021.

# INDEX OF CONTENTS

**01**

Purpose of This Statement

**02**

Applied Behaviour Analysis

**04**

The Practice of ABA is Different from the  
Practices of Clinical Psychology, SLP, and OT

**06**

The Practice of ABA by Unqualified Persons is a Risk

**07**

Growth of Certified Professionals in the Atlantic  
Provinces

**08**

APABA Recommended Qualifications for ABA  
Practitioners

**09**

Exclusions

Statement on Licensure and Regulation of ABA

**10**

Disclaimer

**11**

Glossary





# PURPOSE OF THIS STATEMENT

APABA (Atlantic Provinces Association for Behaviour Analysis) is a professional organization representing behaviour analysis in New Brunswick, Nova Scotia, Newfoundland and Labrador, and Prince Edward Island. APABA is an Affiliate Chapter of the [Association for Behaviour Analysis International](#). APABA is firmly committed to advocating for the practice of applied behaviour analysis (ABA; see glossary for definition) in Atlantic Canada as a standalone profession.

Currently, the practice of ABA is not regulated in any of the Atlantic Provinces. This means anyone can say that they practice behaviour analysis or call themselves a behaviour analyst regardless of whether they have the training and/or experience to do so. The practice of applied behaviour analysis in the Atlantic Provinces affects public health, safety, and welfare of the citizens of the Atlantic Provinces. Therefore, APABA supports a minimum standard of qualification to protect the public from (i) the practice of ABA by unqualified persons, and (ii) unprofessional, unethical, and/or harmful conduct by those claiming to practice ABA.

Given the growth in the field of ABA in the Atlantic Provinces it is critically important that the professional practice of behaviour analysis is promoted; however, it is important to recognize that the practice of ABA in the Atlantic Provinces is still in a critical period with relatively low numbers of practitioners in general and even fewer who meet the recommended qualifications outlined below. Thus a transition for practitioners to follow the recommendations below will likely take several years. It is the expectation that this statement and these recommendations will change as the profession of ABA matures in the Atlantic Provinces.

# APPLIED BEHAVIOUR ANALYSIS

## What is Behaviour Analysis?

Behaviour Analysis is one of many disciplines focusing on learning that takes a natural science approach to understand the behaviour of organisms (1). The objectives of behaviour analysis include discovering factors that influence behaviour, determining whether these factors apply across species, and developing ways to use its discoveries to help improve humanity (1). Essentially, it is a science devoted to understanding behaviour and circumstances that cause people to do the things they do. Behaviour analysis as a science has discovered, and continues to further explore, how certain events that occur before and after behaviour influence whether that behaviour will happen again (1).

## What is Applied Behaviour Analysis?

ABA is a science that uses what is found in behaviour analysis and applies it to explore ways to improve behaviours that are of concern to people or society. These behaviours are referred to as socially significant behaviours. These behaviours are often, but not always, observable and measurable, which allows those using ABA to demonstrate whether environmental changes are working, or having an effect on the behaviour. If the behavior is not observed to improve, the individual using ABA has not successfully identified the environmental events that influence that behaviour and must try again. The environmental manipulations used must be clearly documented so that others can use them and to ensure that they are grounded in the science and philosophy of behaviour analysis. Last, these environmental manipulations should produce changes at more than one time or place. Collectively, these are known as the characteristics of ABA (2). ABA is used in research and as a professional practice.

ABA focuses on the environment to determine why a behaviour is either not occurring, or occurring too often. In doing so, those using ABA may use information from respondent (classical) conditioning or operant conditioning (2). Operant conditioning places focus on what is occurring in the context of the behaviour, both before and after, to help understand why it occurs. Therefore, those using ABA may use principles of operant conditioning such as reinforcement, extinction, and very rarely, and only after intense ethical consideration and review, punishment (2).

Research in ABA has produced technologies used the world over: task analysis, chaining, prompting, fading, and shaping. These technologies have been used in a plethora of ways to improve people's lives. ABA has been used to help parents alleviate common childhood behaviour problems, in education to help improve student performance, and there is also a branch of ABA that is used in organizations to improve the organization's performance and the health and wellbeing of its employees (3). People often take an ABA perspective to help those with intellectual or developmental disabilities, inborn and acquired brain disabilities, physical disabilities, and it is successfully used to help those with autism improve their quality of life (3). ABA is also being used to help those with substance use disorders and other forms of addiction; the elderly, including those with Parkinson's and Alzheimer's; performers and athletes; health and fitness; climate change; and more. Essentially, if it is something that concerns society, there is likely someone trying to determine how ABA can help (3).

## What is the Professional Practice of Applied Behaviour Analysis?

Those using ABA in professional practice aim to use the understanding of behaviour from behaviour analysis and ABA research to help address the immediate needs of an individual (2). When it comes to the professional practice of ABA, practitioners will design and implement interventions for behaviours that are important to the individual and, when warranted, their family (for example, when working with a minor). This may be done for any individual, regardless of age, sex or gender, or whether the individual



has a particular diagnosis. ABA services will start with an objective assessment and analysis of the individual's environment and how it affects the individual's behaviour. Those practicing ABA will use the principles and procedures of behaviour analysis to try to improve the individual's quality of life, including their overall mental and physical health, along with their independence. Generally speaking, the focus will almost always be on skill development, though there may be instances when behaviours may be focused on for reduction, particularly when a behaviour is a threat to themselves or others. No matter the intervention or goal, progress will be closely tracked by an individual or individuals trained in ABA (2).

More technically the practice of ABA refers to the design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behaviour. The practice of applied behaviour analysis includes all of the following:

- The empirical identification of functional relations between behaviour and environmental factors, known as functional assessment and analysis.
- ABA interventions that are based on scientific research and the direct observation and measurement of behaviour and the environment.
- The utilization of contextual factors, motivating operations, antecedent stimuli, or reinforcement.
- The utilization of other consequences to help individuals develop new behaviours, increase or decrease existing behaviour, and emit behaviours under specific environmental conditions.

The professional practice of ABA may be done in almost any setting (3). For instance, ABA practitioners may be seen in home settings, in school classrooms, in hospital inpatient or outpatient settings, in independent centres, in elder care settings, in the workplace, and in community or public spaces. The practice of ABA can be conducted anywhere the individual needs it, and is often done in more than one place to help ensure what is being taught is used in multiple contexts.

Those who practice ABA often use a tiered service-delivery model (4). This means that there are multiple individuals providing ABA services to an individual with varying levels of training. Typically someone with at least a master's degree (see APABA recommendations for ABA Providers below) designs the treatment program and provides clinical supervision and is supported by other staff who have appropriate training. Assistants to this clinical supervisor, usually with at least a bachelor's degree, as well as behaviour technicians, usually with at least a high school degree, deliver the ABA services; though in some instances, the clinical supervisor may deliver services directly.

Last, ABA services may vary significantly in intensity, duration, targeted behaviours, number of targeted behaviours, and procedures (4). This is because ABA practitioners work with populations that vary significantly, even within those with the same diagnosis. Though these differences exist, there are two generally accepted categories of treatment models, which are better viewed as opposite ends of a continuum of ABA services: focused and comprehensive. Focused treatment refers to when the ABA practitioner focuses on a smaller set of behaviours and usually requires less intensity or duration of services. Comprehensive treatment refers to when the ABA practitioner focuses on a large set of behaviours across multiple developmental domains and usually requires more intensity or duration of services.

It is important to note that the practice of ABA is not a single procedure or specific intervention or only practiced with a specific population. The professional practice of ABA pulls procedures and interventions from a large and rich history of research. Indeed, those that practice ABA will take the three pillars of evidence-based practice into consideration when working with individuals:

1. What has been shown to work via research (this is referred to as empirically validated interventions)
2. Their own training and expertise
3. The values and opinions of their clients and their families when warranted

The practice of applied behaviour analysis does not include the diagnosis of disorders, psychological testing, psychotherapy, cognitive therapy, psychoanalysis, counseling, speech-language pathology, occupational therapy, physical therapy, and medicine. Please see the following section for a more in-depth discussion about the differences between the Professional Practice of ABA and other helping professions.

In many jurisdictions, the professional practice of ABA is recognized as a separate profession than the ones mentioned above, requiring at least certification by the Behavior Analyst Certification Board (BACB) and, in some instances, licensure to practice: <https://www.bacb.com/u-s-licensure-of-behavior-analysts/>.

# The Practice of ABA is Different from the Practices of Clinical Psychology, SLP, and OT

The professional practice of ABA is different from the practices of clinical psychology, speech-language pathology (S-LP), and occupational therapy (OT) and, thus, qualifications to practice these professions may not necessarily qualify someone to practice ABA. While those who practice ABA often provide services to similar populations and address similar targets as those who practice clinical psychology, SLP, and/or OT, the practice of ABA is different from these other fields. Individuals may receive services from one or more of these professions over time or simultaneously. In this case, it is to the benefit of the individuals and professionals to work closely together to help the individual meet their goals.

Each of these fields has differences in their philosophical underpinnings, scope of practice, and entry-to-practice requirements. The following may be simplistic descriptions of the differences across these professions, which may not address the nuances within and between each of the professions. Readers are encouraged to explore the websites for each of these professions in their province.

First, ABA has a unified philosophical underpinning that all practitioners follow: Skinnerian behaviourism and/or functional contextualism. All other professions operate under multiple philosophical orientations; though any one professional in these professions may choose to operate under a specific philosophical orientation, or under multiple.

## Philosophical Underpinnings Across Professions

<b><i>Behaviour Analysis</i></b>	<b><i>Psychology</i></b>	<b><i>SLP</i></b>	<b><i>OT</i></b>
Skinnerian Behaviourism and Functional Contextualism.	Multiple, but includes psychoanalytic and psychodynamic approaches, humanistic psychology, cognitive psychology, and behavioural approaches.	Multiple, but includes relevance theory, bootstrapping theory, government and binding theory, modularity theory, and parallel distributed processing theory.	Multiple, but includes person-environment-occupation model, ecology of human performance model, and model of human occupation.

Second, ABA has a scope of practice that is separate from the other professions. All of these professions overlap to some degree, which highlights the importance of collaboration when more than one profession is providing services to an individual.

## Scope of Practice Across Professions

<b><i>Behaviour Analysis</i></b>	<b><i>Psychology</i></b>	<b><i>SLP</i></b>	<b><i>OT</i></b>
Assessment and manipulation of environmental and contextual factors to improve behaviours of importance	Diagnosis and Treatment of Mental Health Conditions, Psychological Assessments (such as intelligence, personality, or aptitudes)	Diagnosis and Treatment of Conditions Relating to Talking, Swallowing, Listening, and/or Hearing	Diagnosis and Treatment of musculoskeletal issues, teaching skills for optimal participation in day-to-day activities



# The Practice of ABA is Different from the Practices of Clinical Psychology, SLP, and OT

Third, ABA has separate and unique entry-to-practice requirements. To fully understand how ABA is used in clinical care, and to have a thorough understanding of the philosophical foundations of the field, practitioners must spend significant time in coursework and accruing experience. This necessitates educational and training programs devoted to the field; indeed there are hundreds of ABA training programs around the world. The standards followed by these ABA training programs were developed by the Behavior Analyst Certification Board (BACB), which also certifies ABA practitioners in the United States of America and Canada.

The earliest entry-to-practice in ABA involves 40 hours of training and a competency assessment for those with at least a high school degree. This allows individuals to provide direct services under the supervision of a clinical supervisor (a BCBA). Across all other professions, no individual may practice at the high school level. At the bachelor's level, no one may practice psychology or SLP. There are programs which train individuals to be assistants to OTs; however, practice by these individuals is not regulated in Canada. Similarly, there are programs which train individuals to be assistants to BCBAs® at the bachelor's level. At the master's level, and above for ABA and Psychology, all professions have entry-to-practice requirements for individuals to practice independently, meaning they do not need supervision by someone with more training. Psychology, SLP, and OT associations across Canada require programs to cover various aspects of the respective field; however, none specify the number of instruction hours devoted towards each area. In contrast, the BACB specifies the number of instruction hours required in coursework across various aspects of the field. The number and nature of the required experience is similar across ABA and Psychology, with SLP and OT requiring fewer experience hours but more courses.

## Entry-to-Practice Requirements Across Professions ☒

		Behaviour Analysis☒	Clinical Psychology☒	SLP☒	OT☒
<b>High School Level</b>	Education:	40 hours of Instruction*	#	#	#
	Experience:	Competency Assessment*	#	#	#
<b>Bachelor's Level</b>	Education:	18 credits + optional research*	#	#	Accredited Program for OTAs*
	Experience:	1000-1300 hours of Supervised Experience*	#	#	-
<b>Master's Level</b>	Education:	24 credits + optional research + optional thesis*	30 credits + optional research + thesis†	30-82 credits + optional research + optional thesis	57-77 credits + optional research
	Experience:	1500 - 2000 hours of Supervised Experience*	1 Year (1500 hours) - 4 Years (6000 hours)†	350 Hours of Clinical Experience	600 Hours in three years
<b>Doctoral Level</b>	Education:	24 credits + research + thesis + Dissertation*	48-84 credits + research + thesis + Dissertation†	-	-
	Experience:	1500 - 2000 hours of Supervised Experience*	1 Year (1500 hours) - 2 Years (2300) hours†	-	-

☒Readers are encouraged to verify education and experience requirements for their respective provinces as requirements may change. ☒ = Entry exam required for practice \* = Not regulated in Canada. † = requirements vary depending on licensing province. # = profession cannot be practiced at that level. Dash = no additional requirements to practice at that level.



# THE PRACTICE OF ABA BY UNQUALIFIED PERSONS IS A RISK

Similar to the other professions above, practice by someone without training and experience can result in harm. Those providing ABA complete a myriad of activities that may pose a risk of harm, particularly if that individual is not trained in the nuances of that activity. This is true at each phase of ABA services:

**Assessment:** Those conducting ABA assessments must be able to choose an appropriate assessment method, carefully select behaviours to be reinforced during functional analyses, and know when to terminate assessment procedures. Failure to understand these factors could result in physical and emotional harm to the individual as well as to those implementing the assessment. The analysis of the results of the assessment must also be done carefully to ensure correct determination of the cause of the behaviour.

**Design of the Service Plan:** Those designing the intervention must be able to choose the correct behaviour change procedures. Failure to do so could result in ineffective procedures; worse, the individual's behaviours may be worsened, resulting in a possibility of physical and emotional harm to the individual.

**Enacting the Service Plan:** Those delivering the service plan must deliver the plan as written and consider contextual variables on a moment-by-moment basis. Those unable to do so may miss steps in the procedures, fail to take current motivation or behaviour escalation into consideration, or react in a way that causes an increase in the problem behaviour.

**Monitoring and Evaluation of the Service Plan:** Those monitoring and evaluating the results of the service plan must be able to decide when to modify, introduce, or discontinue procedures. Failing to do so promptly could result in decisions which lead to negative outcomes, including an escalation of behaviour.

These are not all of the risks associated with the practice of ABA by unqualified persons; however, this highlights how easy it may be for unqualified persons to impose risk to individuals at each point in ABA service delivery.

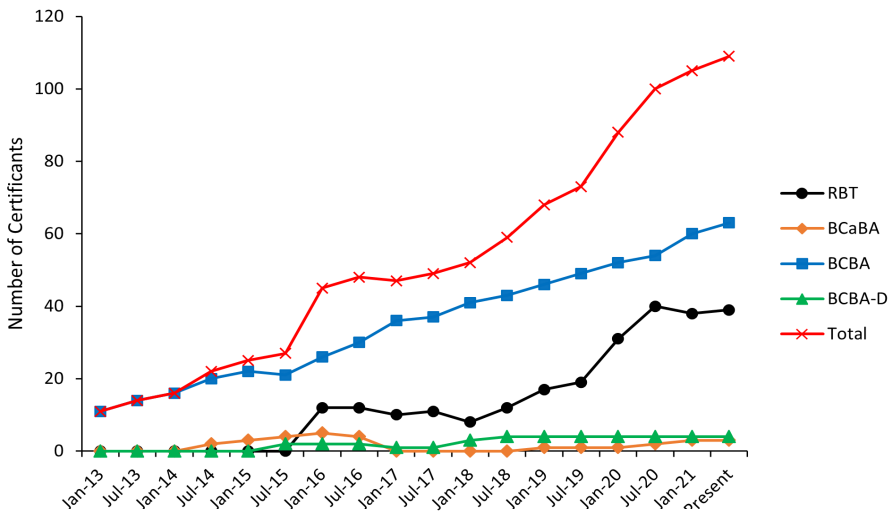
This section based on [Applied Behaviour Analysis: Risk of Harm and Oversight](#), a report submitted by the Health Professions Regulatory Advisory Council of Ontario to the Minister of Health and Long-term Care.



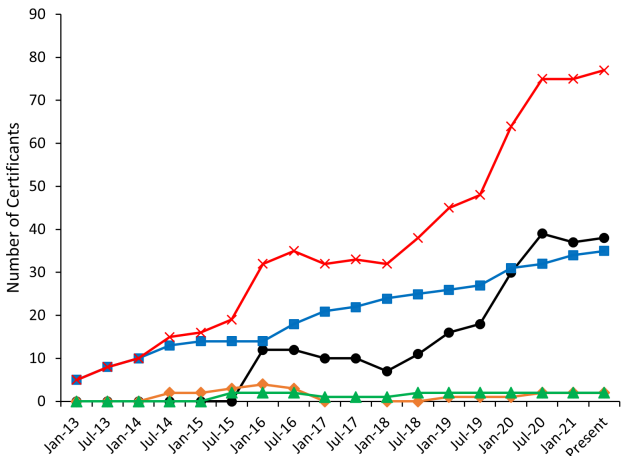
# GROWTH OF CERTIFIED PROFESSIONALS IN THE ATLANTIC PROVINCES

ABA as a profession has been growing in the Atlantic Provinces. This change can be evidenced by the growth of the number of individuals with certification in ABA in this region. The graphs below display the growth of the number of those with BACB® certification in the Atlantic Provinces.

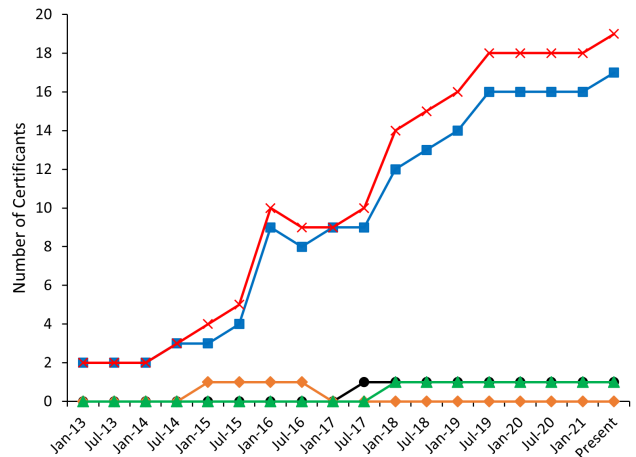
Atlantic Provinces



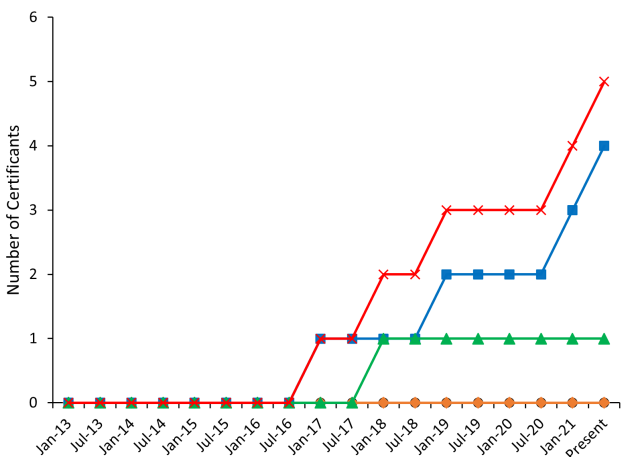
New Brunswick



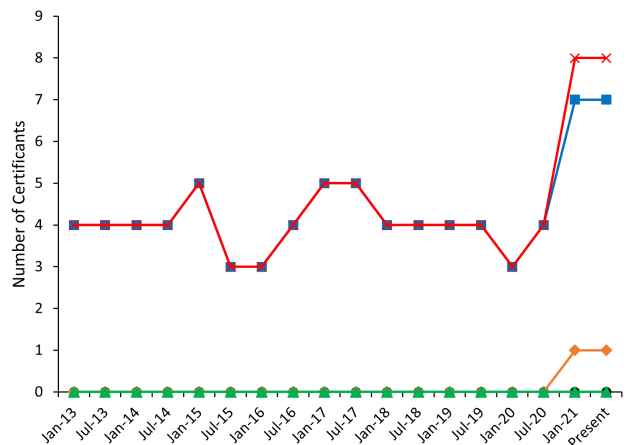
Nova Scotia



Newfoundland and Labrador



Prince Edward Island



# APABA RECOMMENDED QUALIFICATIONS FOR ABA PRACTITIONERS

**Given ABA is a growing profession in the Atlantic Provinces, requiring trained professionals to deliver quality services, APABA recommends the following minimum standards of qualification based on the individual's role in service delivery:**

## Those performing a clinical supervisory role who:

- Design, monitor, evaluate, and change service plans (see glossary for definition),
- Train individuals to carry out behaviour-analytic services,
- Provide supervision to those providing behaviour-analytic services,
- Conduct functional behaviour assessments, including functional analyses, AND/OR
- Deliver behaviour analytic services

## Should meet the following minimum standards of qualification:

- Be of good moral character,
- Have successfully completed a criminal background check,
- Be practicing in their scope of competency or is receiving supervision,
- And have, or be in the process of obtaining, one of the following:
  - Certification as a Board Certified Behavior Analyst® (BCBA®),
  - Certification as a Board Certified Behavior Analyst – Doctoral® (BCBA-D®),
  - Licensure to practice psychology in their province with applied behaviour analysis services within their boundaries as a licensed psychologist due to education, training, or experience,
  - Or equivalent combination of coursework (Master's degree or above) and experience commensurate to those required to earn one of the two certifications or license above.

## Those performing as assistants to a clinical supervisor who:

- Design, monitor, evaluate, and change service plans under the supervision of a clinical supervisor,
- Train individuals to carry out behaviour-analytic services,
- Provide supervision to those providing behaviour-analytic services,
- Conduct functional behaviour assessments, including functional analyses under the supervision of a clinical supervisor, AND/OR
- Deliver behaviour-analytic services

## Should meet the following minimum standards of qualification:

- Be of good moral character,
- Have successfully completed a criminal background check,
- Be practicing in their scope of competency or is receiving supervision,
- And have, or be in the process of obtaining, one of the following:
  - Certification as a Board Certified Assistant Behavior Analyst® (BCaBA®),
  - Or equivalent combination of coursework (bachelor's degree or above) and experience commensurate to those required to earn the above certification.

## Those implementing service plans, such as behaviour technicians, under the supervision of a clinical supervisor and/or an assistant to the clinical supervisor who:

- Deliver behaviour-analytic services, AND/OR
- Collect service plan data

## Should meet the following minimum standards of qualification:

- Be of good moral character,
- Have successfully completed a criminal background check,
- Be practicing in their scope of competency or is gaining supervision,
- And have, or be in the process of obtaining, one of the following
  - Certification as a Registered Behaviour Technician® (RBT®),
  - Or equivalent combination of coursework (high school degree or above) and experience commensurate to those required to earn the above certification.



# EXCLUSIONS

These recommendations do not apply to caregivers who have been trained to provide applied behaviour analysis services to the individual for whom they are giving care under the extended authority and direction of a clinical supervisor who meets the criteria noted above.

# STATEMENT ON LICENSURE AND REGULATION OF ABA

Licensure or regulation of a profession by law is a complicated process where rules and guidelines are developed within an individual province, often by persons unfamiliar with the profession being regulated. Therefore, there are significant risks to establishing licensure or regulation despite the potential benefits. In an effort to guide parties interested in seeking licensure, the Association of Professional Behavior Analysts (APBA) has developed a [model act for licensing behaviour analysts](#). APABA endorses the APBA's model act.

# DISCLAIMER

APABA grants their members permission to use this Statement on the Professional Practice of Behaviour Analysis in the Atlantic Provinces. APABA is a professional organization that represents behaviour analysis and does NOT provide legal representation to members or anyone who uses this statement and currently does not assure or in any way guarantee the quality of the services, or the qualifications or capabilities of any of its members. However, if recipients of this statement have any questions pertaining to the practice of ABA or the recommendations outlined in this Statement, they are encouraged to contact the APABA.

**APABA APPRECIATES YOUR  
TIME AND WILLINGNESS TO  
LEARN ABOUT THE  
BEHAVIOUR ANALYTIC  
PROFESSION.**

**-APABA EXECUTIVE**

### **PRACTICE OF APPLIED BEHAVIOUR**

**ANALYSIS:** The design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behaviour. The practice of applied behaviour analysis includes the empirical identification of functional relations between behaviour and environmental factors, known as functional assessment and analysis. Applied behaviour analysis interventions are based on scientific research and direct and indirect observation and measurement of behaviour and environment. They utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other procedures to help individuals develop new behaviours, increase or decrease existing behaviours, and emit behaviours under specific environmental conditions. The practice of applied behaviour analysis excludes diagnosis of disorders, psychological testing, psychotherapy, cognitive therapy, psychoanalysis, and counseling.

**SERVICE PLAN** (may also be referred to as a treatment plan, intervention plan, behaviour plan, or individual skill building plan, among other names): Any document that outlines service goals and targeted behaviours; assessment procedures and outcomes; ongoing measurement and evaluation strategies; and/or procedures to be used. Service plans are designed by clinical supervisors in consultation with the individual(s), and/or their families, receiving the services.

### **REFERENCES**

1. Pierce, W.D. & Cheney, C. D. (2017). *Behavior Analysis and Learning: A Biobehavioral Approach*. New York: Routledge.
2. Cooper, J. O., Heron, T. E., & Heward, W. L. (2019). *Applied Behavior Analysis (3rd Edition)*. Hoboken, NJ: Pearson Education.
3. Roane, H., Ringdahl, J. E., & Falcomata, T. (2015). *Clinical and Organizational Applications of Applied Behaviour Analysis*. London: Elsevier.
4. The Council of Autism Service Providers (2020). *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers*. <https://casproviders.org/asd-guidelines/english/>
5. LaFrance, D.L., Weiss, M.J., Kazemi, E., Gerenser, J., & Dobres, J. (2019). Multidisciplinary Teaming: Enhancing Collaboration through Increased Understanding. *Behavior Analysis in Practice*, 12 (3), 709-726. <https://doi.org/10.1007/s40617-019-00331-y>

# GLOSSARY



Thank you



[www.AtlanticProvincesABA.com](http://www.AtlanticProvincesABA.com)

