

March 2014 – ABA Programs

Recently in Michigan we had autism legislation passed which includes ABA, ST and OT. Currently there is much conflict in our state between the SLP and the BCBA's. The conflict is in regards to scope of practice and the delivery of treatment.

We are trying to gather information regarding how ABA programs in other states function, if there are issues with scope of practice in other states etc.

**Julie Y. Pratt M.S., CCC-SLP**  
**Speech-Language Pathologist**

Comprehensive Speech and Therapy Center, Inc. (Owner/Therapist)  
President Elect, Michigan Speech and Hearing Association

**Phone: 517-750-4777**

**Fax: 517-782-4717**

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

<http://www.facebook.com/CSTC.Jackson>

### Reponses

#### **Florida**

Hi Julie

Well right now, the BCBA's are not licensed in the states, however, I believe that will be changing soon. I know that there has always been an ongoing issue with the delivery of treatment, because BCABAs (behavior assistants), are allowed to deliver services in the child's home without having a supervisor there. They must work within the program goals established by the BCBA. Contrast that with the fact that many states require that SLPAs be directly supervised by the SLP. Therefore, it makes home visits difficult. I just had a big discussion about this with our ASHA liaison, because she is coming to our state convention in the spring to do a presentation on SLPA requirements and possible changes in Florida. I helped her develop her presentation. Anyway, here in Florida, it makes us in direct competition with the BCABAs, and they charge less obviously than we would charge as an SLP. If the SLPAs could treat in the home, we might be able to be commensurate with their charges.

Actually, the chain of command is quite different in the behavior world than ours: The BCBA has a Master's in behavior or 2 years of behavior classes beyond the masters if their masters is not in behavior plus 1500 direct supervised hours, and is board certified. They don't usually treat- they evaluate, write the goals and supervise the program. The BCABA has a Bachelor's as well

as an extra year of classes and 1000 hours of direct supervision and a certificate. They treat and follow the program. Add to this-there is also a Behavioral aide. I'm not sure what there level of training is.

Now moving on to the actual treatment: I think it is a never ending discussion that the BCBA's are writing language goals that don't always adhere to what we SLPs feel is correct. And that I don't see changing. I've been dealing with that for years. I always ask the BCBA for advice on behavior issues, but I don't see that they are coming to us to get our input on language goals. I am sure there are some exceptions to the rule. My son, coincidentally, is graduating next month with his Master's in Behavior and will be a BCBA. We have constant ongoing discussions about treatment goals regarding the children with autism that he treats in his practicum. Luckily, he has me to bring the SLP perspective into it, but I know for a fact that his supervisors are not teaching the students enough about language development. He says that there are established protocols that they use, but frankly, I don't agree with them all, and I teach the Speech and Language Development class as an adjunct at the university! Also, as an undergrad, he took the speech and language development class as an elective, so he is a little more savvy. Too bad it's not a requirement for them. But my son is the exception. He spent years helping out in the summer program I used to run and his brother has autism. But even still, we disagree on treatment goals.

So, that's what I know. Hope it helps!!

Valerie Herskowitz, MA CCC-SLP  
President FLASHA

Here are a few responses from Texas - one from our SEAL and one from a person with history on Llc Bd.  
I hope this helps,  
Melanie McDonald  
TSHA President

ASHA has a great resource in the [Guidelines for Speech Language Pathologists in Diagnosis, Assessment and Treatment of Autism Spectrum Disorders Across the Life Span](#) to help frame the discussion. My experience in a school district has been with outside BCBA's understanding of communication and where/how DT and application/functionality fit together. Teaching isolated words or actions, demonstrating ability to identify 20 or 40 words is not what an SLP would understand as communication. Guiding a discussion on which words are chosen for DT, which concepts/vocabulary/functionality is highlighted in PRT and how the isolated skills taught become functional communication can form an intersection where both groups can collaborate and perhaps not feel threatened. Erik Sundberg, in his development of VB-MAAPP has good information on communication and the strategies that bridge the gap from traditional DT to reinforcement of functional communication..but then I am thinking they already are familiar with this as he is from Western Michigan University.

Interesting if the state has mandated speech and ABA for students with ASD what the comments and discussion leading to the legislation envisioned as the intersection of the two. One compliments the other – and aren't exclusionary in concept..only practice.

I just emailed some of the licensure board folks to see if they are getting complaints related to this issue. I actually have some friends who are BCBA's and we play pretty well together, and just agree to disagree about a few things. But then, I like just about everybody! And I'm so used to interprofessional education and practice, that I don't usually have turf issues.

Of course, I could get pretty upset if I thought someone was misinforming families about best practices. . . Will let you know what I hear back from the licensure board.