



April 8, 2015

Dear Senator Dr. Alan Bates,

I am writing to express concern regarding current Behavior Analysis Regulatory Board (BARB) practices and my support of the proposed changes submitted by ORABA on April 4, 2015. I am a current member of the Behavioral Analysis Regulatory Board, but today am speaking as an Assistant Professor of Special Education at the University of Oregon and as a practicing board certified behavior analyst at the doctoral level (BCBA-D). I have worked on behalf of individuals with intellectual and developmental disabilities and their families for 18 years. I have been a BCBA since 2006.

My scholarship focuses on the applied behavior analytic treatment of developmental delays for young children with autism spectrum disorders with an emphasis on challenging behavior, social communication interventions, caregiver and teacher training. As an early childhood special educator and behavior analyst, I am well versed in a variety of delivery methods including naturalistic, play-based ABA interventions. My research collaborations include ongoing projects with social workers, occupational therapists, speech language pathologists (SLPs), and other behavior analysts. I believe my experiences and areas of expertise leave me well-qualified to speak to the issues facing the BARB.

It is my understanding that SB 365 established the BARB to regulate licensure for qualified ABA providers for children with autism. To date, there are 40 BCBAs, 6 BCaBAs, and 5 BCBA-Ds residing in Oregon. This number is expected to increase as the number of BCBAs in Oregon has more than doubled since the establishment of BARB and Behavior Analyst Certification Board (BACB) approved programs at Oregon Institute of Technology, the University of Oregon, and Southern Oregon University are or will soon be graduating behavior analysts. In addition, there are some 60 accredited online programs available to consumers seeking education in ABA. ABA is a well-established discipline with mature bodies of empirical literature, established standards for what constitutes an evidence-based practice, clearly delineated service delivery methods, and importantly, internationally recognized experience and education requirements for practice. The work of a behavior analyst differs from that of other healthcare professionals (see [www.bacb.com/index.php?page=2](http://www.bacb.com/index.php?page=2)). BCBAs are uniquely prepared to use the basic principles of ABA to develop and implement assessment and intervention methods for use in a wide variety of unfamiliar cases. **This intensive knowledge of the basic concepts of ABA is an essential comparison point when comparing the types of services BCBAs can provide and those provided by other licensed health care professionals who are certified in a specific intervention based on ABA.** To ignore this distinction is at the peril of positive outcomes for children with autism; given the heterogeneous nature of autism spectrum disorder, many children



will require the individualization of intervention based on the principles of ABA. As such, the BARB should *only* license behavior analysts and assistant behavior analysts.

However, I am in agreement that the shortage issue in Oregon can be partially addressed by allowing other licensed healthcare providers to have their practice of ABA (within the scope of their license, training, and competence) regulated by their respective professional boards and not the BARB.

In summary, I am in support of the proposed changes submitted by ORABA on April 4, 2015 as follows.

- The BARB should only license behavior analysts and assistant behavior analysts.
- The board membership should be changed to replace the SLP member with a Licensed Assistant Behavior Analyst and the public member should be replaced by a consumer of ABA services delivered by a BCBA
- Their respective professional boards, not the BARB, should regulate other licensed health professionals including SLPs, OTs, clinical psychologists, licensed counselors, and social workers. Insurance reimbursement for the use of ABA techniques under their own licenses and training should be supported as is supported by their own licenses.
- Separate registry for “interventionists” housed with the Oregon Health Authority’s Health Licensing Office that will require interventionists to (a) have a high school diploma or GED; (b) be at least 18 years of age; (c) undergo federal and state criminal background check with fingerprinting; (d) complete initial 40 hours of training in ABA; (e) Ongoing direct training and supervision by a licensed behavior analyst or other licensed health care professional.

I greatly appreciate the work and dedication of Senator Dr. Bates and his staff to increase access to ABA services for children with autism and their families and would urge careful consideration of the proposed changes.

Sincerely,

Wendy Machalicek, PhD, BCBA-D  
Assistant Professor, Special Education and Clinical Sciences  
Co-Director, Pearl Duck Autism Center  
College of Education  
University of Oregon