14-546-26

Champa, Heidi

From: PW, IBHS
Subject: RE: new regulations

From: Pride, Tara
Sent: Wednesday, August 15, 2018 11:09 AM
To: PW, IBHS <RA-PWIBHS@pa.gov>
Subject: FW: new regulations

From: Greg Miller (via Google Docs) <batpsp.clinical@gmail.com>
Sent: Tuesday, August 14, 2018 1:03 PM
To: Rosenberger, Michelle <mrosenberg@pa.gov>
Cc: t.pride@pa.gov
Subject: new regulations

batpsp.clinical@gmail.com has attached the following document:

Greg's e-mail letter

3209

To: RA-PWIBHSpa.gov

RE: Regulation No. 14- 546

Hello OMHSAS & Tara Pride,

It was with great delight that I read the upcoming BHRS regulation changes to move to IBHS. Overall, I found the changes to be for the better; however, on regulation is overly restrictive of behavior specialist trade and is unwarranted. On page 88 (of the pfd and page 33 of the document)- licensed behavior specialist is not listed as a person eligible to be clinical director. This directly effects my life and others who I know trained like me. I am a graduate of Saint Joseph University's program in Behavior Analysis under the Criminal Justice department. I had six courses in Behavior Analysis: Basic Principles, Applied Behavior Analysis, Behavioral Consultation, Behavior Analysis of Child development and Developmental Psychopathology, and Clinical Behavior Analysis. I had other course work in ethics and psychotherapeutic strategies. In addition, I had three clinical internships in behavior analysis. I am currently licensed as a behavior specialist and under internship to become a Board-Certified Behavior Analyst. Yet, under the regulation changes I would not qualify on page 88 to be a clinical director/supervisor outside of autism. My current position at Behavior Analysis and Therapy Partners as clinical supervisor/director allows me to work guiding treatment and positive behavioral supports for children with all aspects of childhood psychopathology.

This is particularly tragic not just for me but for the system, as I have completed coursework in behavior therapy, behavioral parent training, behavioral activation, behavioral skills training, Functional Analytic Psychotherapy, Acceptance and Commitment Therapy, Community Reinforcement Approach, and expertise as witnessed by my license scope in behavior analytic therapy is completely in accords with evidence- based practices. Overall the area of children therapeutic services five decades of research reviewed meta-analytically support behavioral interventions for children (see Weisz et al. 2017 at http://psycnet.apa.org/record/2017-07146-001) Not just for externalizing disorders but also internalizing disorders. This is not the only meta-analysis to reach this conclusion. For antisocial behavior, Serketich and Dumas (1996) meta-analytically reviewed 117 studies behavioral parent training. They found it effective in modifying child antisocial behavior at home and school, and to improve parental personal adjustment. A follow up meta-analysis found behavioral parent training to be effective by Furlong and colleagues (2013) found behavioral parent training to be effective from 3-12 years old. Another meta-analysis (Zwi et al. 2011) found these programs to be highly effective for children with ADHD from 5 to 18-year olds.

Behavioral interventions are not just limited to parent training in contingency management. For example, with an area of behavioral interventions for ADHD including contingency management, parent training and behavioral skills training including social skills are highly effective (see Fabiano et al. 2009).

Research reviews in this area are not just limited to externalizing problems but internalizing problems as well. Barlow and colleagues (2016) reviewed emotional adjust for young children from parent training programs and found a strong effect. Just one aspect of behavior therapy social skills training has become a cornerstone adjunctive piece in treating emotional disorders (Spence, 2003). More specifically with depression, behavior therapy treatments like skills training such as problem-solving and self-control

training have research as successful treatment back to 1987 (see Stark and colleagues, 1987). Studies like this led David-Ferdon& Kaslow (2008) to conclude behavior therapy (not just cognitive behavior therapy) to be probably efficacious for children and adolescence. Most recently, one particular behavior analytically based therapy behavioral activation has been found in a meta-analysis by Martin and Oliver (2018) to be probably efficacious for children and adolescence of lower socio-economic status. The general tone of the Martin and Oliver review is similar in conclusions to the meta-analytic review by Tindall and colleagues (2017) on the subject.

With respect to anxiety disorders, behavioral analytic approaches are spelled out at (https://www.appliedbehavioranalysisedu.org/anxiety-disorders/). Behavior analysis in the treatment of anxiety disorders lists standard behavior therapy techniques such as systematic desensitization, exposure therapy, and behavioral activation. Research in this area reviewed by Thomas and colleagues to state behavioral intervention is a well establish intervention for phobias including social phobia and school phobia. Standard behavioral interventions such as systematic desensitization, assertiveness training, and applied relaxation training are all well established treatments.

On the issue of post-traumatic stress disorder, respondent conditioning based standardized behavior therapy intervention such as imaginal exposure and in vivo exposure showed the largest effects in a recent meta-analysis with no difference compared to cognitive behavior therapy (see Diehle, et al. 2014)

Finally, even in serious mental illnesses such as schizophrenia behavioral interventions such as social skills training, behavioral family therapy, and contingency management are all well-established treatments (O'Donohue & Ferguson, 2006). In the area of adolescent drinking and addiction, Community Reinforcement is a well- established model (O'Donohue, & Ferguson, 2006).

Over time in mental health, I have personally been greeted with some hostility, as people have referred to me as not "really a clinician." These sad misconceptions often lead to bridges and siloes between treatment professionals that do not serve our children. Thus, to counter this view, I believe it is important to note here that behavior analysts are not driven to be technicians to implement treatment manuals. As Slocum and colleagues (2014) noted "Evidence-based practice of applied behavior analysis is a decision-making process that integrates (a)the best available evidence with (b) clinical expertise and (c) client values and context." I hope you see the obvious that we are clinicians trained to conduct functional behavioral assessments of our client's skills and motivation and to design contextually based treatments using established treatments and treatment packages tailored to meet client's needs. Behavior analysts have well developed and researched comprehensive models of psychopathology like depression (Kanter, Cautilli, Busch, & Baruch, 2005) and developmental psychopathology like conduct disorder (Dishion, Patterson, & Kavanagh, 1992; Patterson, 2002; Snyder et al., 2004; Snyder et al. 2006).

So I conclude as I started. This bulletin represents an unfair restriction of trade that negatively impacts children from receiving evidenced based psychological services. It negatively impacts me I my current position and negatively impacts others like me, who would seek such positions in the future. The fix would be to add (on page 33 of the document and page 88 of the pdf) licensed behavior specialists who have coursework in behavior therapy and clinical behavior analysis to the list of those eligible to become supervisors in MH BHRS.

Sincerely, Greg Miller M.S, L.B.S

References

Barlow J, Bergman H, Kornør H, Wei Y, & Bennett C.(2016). Group-based parent training programmes for improving emotional and behavioural adjustment in young children. Cochrane Database Syst Rev. https://www.ncbi.nlm.nih.gov/pubmed/27478983

David-Ferdon C & Kaslow NJ (2008). Evidence-based psychosocial treatments for child and adolescent depression. J Clin Child Adolesc Psychol. 37(1):62-104. https://www.ncbi.nlm.nih.gov/pubmed/18444054

Diehle J, Schmitt K, Daams JG, Boer F, & Lindauer RJ.(2014). Effects of psychotherapy on trauma-related cognitions in posttraumatic stress disorder: a meta-analysis. J Trauma Stress. 27(3):257-64

Fabiano, G.A., Pelham, W.E, Coles, E.K. et al. (2009). A meta-analysis of behavioral treatments for attention-deficit/hyperactivity disorder. Clinical Psychology Review 29, 129–140. https://ccf.fiu.edu/research/publications/articles-2000-2009/a-meta-analysis-of-behavioral-treatments-for-adhd.pdf

Furlong M, McGilloway S, Bywater T, Hutchings J, Smith SM, Donnelly M. (2013). Cochrane review: behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years (Review). Evidence Based Child Health. 8(2):318-692. https://www.ncbi.nlm.nih.gov/pubmed/23877886

Kanter, J. W., Cautilli, J. D., Busch, A. M., & Baruch, D. E. (2005). Toward a comprehensive functional analysis of depressive behavior: Five environmental factors and a possible sixth and seventh. The Behavior Analyst Today, 6(1), 65-81. http://dx.doi.org/10.1037/h0100055

Martin F & Oliver T. (2018). Behavioral activation for children and adolescents: a systematic review of progress and promise. Eur Child Adolesc Psychiatry. https://www.ncbi.nlm.nih.gov/pubmed/29476253

O'Donohue, W., & Ferguson, K. E. (2006). Evidence-based practice in psychology and behavior analysis. *The Behavior Analyst Today, 7(3),* 335-350. http://dx.doi.org/10.1037/h0100155

Patterson, G. R. (2002). Etiology and treatment of child and adolescent antisocial behavior. The Behavior Analyst Today, 3(2), 133-144. http://dx.doi.org/10.1037/h0099971

Dishion, T. J., Patterson, G. R., & Kavanagh, K. A. (1992). An experimental test of the coercion model: Linking theory, measurement, and intervention. In J. McCord & R. E. Tremblay (Eds.), Preventing antisocial behavior: Interventions from birth through adolescence (pp. 253-282). New York, NY, US: Guilford Press.

Serketich, W.J & Dumas, J.E. (1996) The effectiveness of behavioral parent training to modify antisocial behavior in children: A meta-analysis. Behavior Therapy, 27 (2), Pages 171-186. https://doi.org/10.1016/S0005-7894(96)80013-X

Slocum, T.E. et al. (2014) Evidenced based practices in behavior analysis. The Behavior Analyst, https://www.researchgate.net/publication/272039666_The_Evidence-Based_Practice_of_Applied_Behavior_Analysis

Snyder, J., McEachern, A., Schrepferman, L., Zettle, R., Johnson, K., Swink, N., & McAlpine, C. (2006). Rule-governance, correspondence training, and discrimination learning: A developmental analysis of covert conduct problems. The Journal of Speech and Language Pathology – Applied Behavior Analysis, 1(1), 43-55. http://dx.doi.org/10.1037/h0100187

Snyder, J., Stoolmiller, M., Patterson, G. R., Schrepferman, L., Oeser, J., Johnson, K., & Soetaert, D. (2004). The application of response allocation matching to understanding risk mechanisms in development: The case of young children's deviant talk and play, and risk for early-onset antisocial behavior. The Behavior Analyst Today, 4(4), 335-345.http://dx.doi.org/10.1037/h0100130

Spence, S.E. (2003). Social Skills Training with Children and Young People: Theory, Evidence and Practice. Child and Adolescent Mental Health Volume 8(2), pp. 84–96
http://www.cs.cmu.edu/~smrobert/indep_summer/cam.pdf

Stark KD, Reynolds WM, Kaslow NJ. (1987). A comparison of the relative efficacy of self-control therapy and a behavioral problem-solving therapy for depression in children. J Abnorm Child Psychol. 15(1):91-113. https://www.ncbi.nlm.nih.gov/pubmed/3571741/

Snyder, J. & Patterson, G.R. (1995). Individual differences in social aggression: A test of a reinforcement model of socialization in the natural environment. Behavior Therapy, 26 (2), 371-391.

Thomas H. Ollendick & Neville J. King (1998/2010). Empirically supported treatments for children with phobic and anxiety disorders: Current status. Journal of Clinical Child Psychology, 27(2), 156-167
https://www.tandfonline.com/doi/abs/10.1207/s15374424jccp2702_3

Tindall L, Mikocka-Walus A, McMillan D, Wright B, Hewitt C, Gascoyne S. (2017). Is behavioural activation effective in the treatment of depression in young people? A systematic review and meta-analysis. Psychol Psychother. 90(4):770-796. https://www.ncbi.nlm.nih.gov/pubmed/28299896

Weisz, J. R., Kuppens, S., Ng, M. Y., Eckshtain, D., Ugueto, A. M., Vaughn-Coaxum, R., . . . Fordwood, S. R. (2017). What five decades of research tells us about the effects of youth psychological therapy: A multilevel meta-analysis and implications for science and practice. American Psychologist, 72(2), 79-117. http://dx.doi.org/10.1037/a004036

Zwi M, Jones H, Thorgaard C, York A, Dennis JA. (2011). Parent training interventions for Attention Deficit Hyperactivity Disorder (ADHD) in children aged 5 to 18 years. Cochrane Database Syst Rev. https://www.ncbi.nlm.nih.gov/pubmed/22161373