

14-546-35

3209

Champa, Heidi

From: melaku antoine <melaku3@msn.com>
Sent: Friday, August 17, 2018 2:37 PM
To: Pride, Tara; Rosenberger, Michelle
Subject: Regulation No. 14- 546
Attachments: mela.docx

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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 Cheyney University Master's degree, Special Education and Teaching and Master's certification program and Behavioral Science Brandman University. I had six courses in Behavior Analysis:

EDUU 636	An Introduction to Applied Behavior Analysis	3
EDUU 637	Applied Behavior Analysis: Procedures and Experimental Design	3
EDUU 656	Applied Behavior Analysis: Basic Technologies of Behavior Change	3
EDUU 657	Applied Behavior Analysis: Applications	3
EDUU 658	Applied Behavior Analysis: Advanced Applications	3
EDUU 659	Applied Behavior Analysis: Ethics	3
Total		18

I am currently 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 is working as clinician directly working with children in need and parents.

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.) 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 old.

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.

I believe 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 it will 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.

Melaku Antoine