Clinical social workers are being denied the Board Certified Behavior Analyst (BCBA) credential restricting their work in applied behavior analysis (ABA). Members have requested NASW to provide them with assistance in reversing the denial. The purpose of this practice perspective is to outline the requirements of the Behavior Analysis Certification Board (BACB) to obtain the BCBA credential and its impact on clinical social workers.

**Background**

Clinical social work practice is grounded in theories of human behavior. Clinical social workers rely on evidence-based practices including cognitive-behavioral therapy and motivational interviewing to promote behavior change in their work with patients. However, clinical social workers are not universally trained in the practice of behavior analysis. ABA has become the recommended intervention for certain diagnoses in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), primarily autism spectrum disorders (ASD). Clinical social workers who have been using ABA in their work face increasing barriers related to professional credentialing and payment for treatment.

**What Is ABA**

The practice of applied behavior analysis is defined by the BACB as “the design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior. It includes the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis. Applied behavior analysis interventions are based on scientific research and the direct observation and measurement of behavior and the environment. …The practice of behavior analysis expressly excludes psychological testing, diagnosis of a mental or physical disorder, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and longterm counseling as treatment modalities” (BACB, 2012).

**Requirements**

Clinical social workers are being denied the Board Certified Behavior Analyst (BCBA) credential restricting their work in applied behavior analysis (ABA). Members have requested NASW to provide them with assistance in reversing the denial. The purpose of this practice perspective is to outline the requirements of the Behavior Analysis Certification Board (BACB) to obtain the BCBA credential and its impact on clinical social workers.
ABA has grown with the increase in diagnosis of ASD. The Centers for Disease Control and Prevention (2016) reported that as of 2012, one in 68 children are diagnosed with ASD. In response to the rise in diagnosis and need for treatment, the insurance industry has expanded coverage for ABA. Since 2006 46 states and the District of Columbia have enacted insurance reform laws that require coverage of ABA (National Conference of State Legislatures, 2017). In 2017 United Healthcare began providing coverage for ABA for all commercial plans regardless of the state mandate for coverage (United Healthcare, 2016).

Long before insurance mandates, Florida became the first state to offer a credentialing path in ABA in 1993 (Applied Behavior Analysis Edu, n.d.-a, n.d-b). In 1998 the nonprofit Behavior Analyst Certification Board (BACB) was established to meet the credentialing need of governments, insurers, and practitioners. The BACB developed competencies for practicing ABA and standards for credentialing based on extensive job analysis studies. The BACB has become the leading authority on behavior analysis credentialing and has published practice guidelines for health care funders and managers. The BACB issues several levels of credentialing based on degree, job function, and supervision requirements. To provide ABA as an independent practitioner, the Board Certified Behavior Analyst (BCBA) credential is now required by most states and insurance providers. Some states have established licensing boards that require the BCBA credential for licensure, and insurance providers now require the BCBA credential for those who wish to become a panel provider. As of 2018, the Behavior Analyst Certification Board reports that 25,897 BCBA certifications have been issued.

Requirements for BCBA Credential

The criteria to obtain a BCBA credential requires a master’s degree in applied behavior analysis, education, or psychology in addition to supervised experience. A master’s in social work (MSW) is not an approved degree. The BACB will review a degree transcript for a fee to determine eligibility, but clinical social workers are not usually approved after review of MSW transcripts. Without an acceptable degree, clinical social workers are ineligible for the BCBA certification and are unable to provide behavior analysis treatment as independent practitioners in most states. Of the states that mandate insurance provision, the following four states allow social workers to deliver ABA services:

- Colorado: a doctoral degree in behavioral health and one year of behavioral therapy experience is required
- Minnesota and New Mexico: the practitioner must be licensed or certified, but the type of certification is not specified
- Utah: a BCBA or other licensed professional whose scope of practice includes mental health services (Applied Behavior Analysis Edu, n.d-b)

In addition to reviewing state regulations, clinical social workers should consult with insurance providers regarding eligibility to provide ABA. For example, Optum Insurance (which is a partner of United Healthcare) states that an ABA practitioner must have a BCBA credential or be a licensed mental health clinician with additional documented training or a paraprofessional under the supervision of a BCBA (Optum Insurance, 2018).

What Should Social Workers Do

In most cases clinical social workers will need to obtain a BACB-approved master’s degree to obtain a BCBA credential. However, clinical social workers with training in ABA may still be able to work under the supervision of a BCBA-certified supervisor. Clinical social workers also provide services other than ABA to clients diagnosed with ASD. They work with children diagnosed with autism, using traditional therapy modalities to improve labeling of feelings and other therapeutic goals. In addition they are members of integrated care teams to coordinate services across providers and identify resources for families as they navigate their needs outside of ABA treatment.

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