

How to Choose a Behavioral Consultant

A qualified Behavior Consultant (BC) is essential for behavior intervention to be truly effective, and lead to the best outcome for your child.

Following is a list of questions to assist you in the interview process and selection of a BC.

Education/Credentials

Because this is mostly an unregulated field, some people call themselves 'behavior consultants' and are not necessarily experts in applied behavior analysis (ABA) or autism. Therefore, checking for educational background and verification of credentials is imperative.

We recommend you ask the following questions; we have provided corresponding answers you may expect to hear.

Are you a Board Certified Behavior Analyst (BCBA), Board Certified Behavior Analyst-Doctoral (BABC-D), or Board Certified Assistant Behavior Analyst (BCaBA)?
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BCBAs, BCBA-Ds, and BCaBAs have met the academic standards of a regulated recognized body and must adhere to strict codes of ethics and best practices established by this regulatory body - the Behavior Analyst Certification Board (BACB). You can verify the certification of the individual by visiting the [BACB website](#).

Hiring a BCBA, BCBA-D, or supervised BCaBA to develop and oversee your child's ABA program will ensure that you use an individual who is highly trained and versed in ABA. Both BCBAs and BCBA-Ds are independent practitioners who provide behavior-analytic services and supervise the work of BCaBAs, Registered Behavior Technicians (RBTs), Behavior Interventionists (BIs), and others who offer behavior-analytic interventions. It is mandatory that BCaBAs practice under the supervision of a BCBA or BCBA-D (please see the [LaRue article](#) that describes the supervision). BCBAs and BCaBAs must attend ongoing Continuing Education Opportunities (CEUs) to maintain certification.

To find BCBAs, BCBA-Ds, and supervised BCaBAs in your region, [click here](#).

Note that throughout this document, we will be using the term BC to mean BCBA, BCBA-D, or supervised BCaBA.

Do you have police clearance or evidence of current background screening?

BCs and every Behavior Interventionist and Registered Behavior Technician must have up-to-date police reference-checks to ensure the safety of your child.

Work Experience

As with any profession, experience is not the only measure to use to evaluate suitability of the individual to work with an individual with autism; however, it does indicate how many opportunities this BC has had to make therapeutic decisions and provide support to a variety of different individuals with diverse needs.

How many years of experience as a BC do you have?

To be Board certified, a BC must demonstrate the completion of 1,500 hours of supervised work with individuals with autism in the community. As mentioned above, experience is not the only criterion we should use, but it is an important measure of the amount of time the BC has spent making clinical decisions and working with individuals with ASD in need of their support.

How much direct experience have you had working with individuals across the spectrum, including individuals like my child?

The diversity of experience that the BC brings to the table speaks to their strengths in teaching different skills to different types of learners. It is critical that the BC you choose has extensive experience working with individuals of similar age and needs to your child. For example, a BC who has primarily worked with teenagers transitioning into adulthood will probably not have sufficient first-hand experience to be competent in developing programs to teach your 5-year-old to read.

Do you have exclusion criteria? Are there children you do not feel comfortable treating?

Some BCs recognize that their primary training is with early learners and will tell parents that they work only with children of certain ages. It may also be the case that a BC, for example, has not had experience designing programs related to severe challenging behaviors, or teaching older children or adults. There are early intervention programs that only work with children of certain ages. If there are any exclusion criteria, the BC has the ethical responsibility to offer options for the parent, such as recommending other BCs who have the relevant experience. You should expect an ethical BC to tell you about their competency limitations as a BC when you ask them this question. An honest response is a sign of a BC who understands their strengths and limitations.

Keep in mind also that some BCs expect a minimum number of intervention hours per week, below which they will not continue to work with you. You should ask questions in this regard so that you can determine whether the BC is the right match for you.

May I see your references?

As with any job interview, you need to request references. Ask to speak with parents of children as well as professionals with whom they have worked, e.g., occupational therapists and speech-language pathologists.

Setting up an Intervention Program

What is your in-take process? Who conducts the assessment?

To design an individualized program for your child, the BC will conduct an assessment of your child's skills and behaviors. Usually, the BC will use some form of a formal skills assessment as well as observations of your child in different settings, such as at home, school or playground. You should also expect the BC to want copies of evaluation reports done previously by professionals in other disciplines, e.g., psychological evaluations, speech-language evaluations.

Which tools do you use to do the assessment?

Your child's treatment plan should not be based on only one assessment tool. An ABA assessment typically uses data from various sources including:

- * Direct observation
- * Interviews with the child, caregivers, and other professionals
- * Data from established assessment instruments and rating scales including but not limited to the ABLLS-R, VB-MAPP, SSIS, AFLS, and ABAS.
- * Behavior assessment or Functional Behavior Assessment (FBA)
- * A review of available records including, but not limited to, evaluation reports from professionals in other disciplines, and individualized educational plans (IEPs).

These assessments tools should be individualized for each learner and will reveal areas that need to be addressed (e.g., fine motor skills, social skills, play skills, academics, adaptive skills, and self-management).

Do you collect data?

There must be a data collection system set up for each step of the program the BC designs. Every time a BI or RBT works with your child, data must be taken. The BC will use this data when designing, updating or changing programs.

How will I know that my child's programs are individualized to his/her specific needs?

The BC should assess your child's needs, preferences, strengths, and weaknesses before designing the program using multiple tools as described above. The BC should develop the curriculum based on the results of this assessment. A curriculum that is pre-designed is often referred to as a 'cookie cutter' approach and should be avoided unless there is substantial scientific and data-based reasoning for its use under specific circumstances. The BC must be able to explain the reasoning for choosing the specific assessment tools.

Describe the programs that you will design for my child.

You should expect a BC to want to involve the parent/guardian in selecting goal priorities before designing programs.

It is important that the BC has experience programming for the decrease of challenging behaviors and not just increasing academic and communication skills.

When addressing behavioral goals, these categories must have priority:

- * Behaviors that threaten self or others (e.g., self-injury or aggression);
- * Behaviors that prevent the child or his family from attending everyday events in the community or at school (e.g., aggression or non-compliance).

It is essential that programs address a comprehensive set of skills fundamental to maintain health, social inclusion, and increased independence for your child.

Key skill domains include but are not limited to:

- * Academics (pre-academics, literacy and numeracy)
- * Communication (receptive and expressive)
- * Play/leisure (one-to-one, group)
- * Self-help or life skills (toileting, personal hygiene, dressing, feeding, compliance with medical procedures)
- * Social skills
- * Self-management

For an older child, the skill set may include:

- * Transition into adulthood
- * Vocational training
- * Community safety
- * Post-secondary education
- * Sexuality

Where should my child's therapy take place?

It is crucial that the child ends up using learned skills in many different settings, such as home, school, clinic, and places in the community, such as the grocery store, the local library, the neighborhood park. Also, treatment should be provided with multiple

individuals, such as adults, siblings, and peers. This will promote generalization and maintenance of learned skills.

How do you assess progress?

The progress of a child should be:

- * based on comparing the child to him or herself in his/her life (not to children of the same age for example)
- * displayed visually (usually in graphs) that allows for across time analysis
- * socially significant (if the change is reflected in the data, but is not meaningful, it is worthless).

How often do you monitor and update programs/targets?

The BC should be able to give you a clear description of how often they will see and meet with each person on your child's team. Ideally, your BC should schedule periodic attendance at your child's sessions, at which time they will make any necessary program changes. Expect the BC to keep you informed of the updates.

How much time will you dedicate to my child's treatment?

The BC should be able to give you approximate minimum expected time required for assessment, designing programs, training BIs/RBTs, writing reports, meetings, and on-going communication. These estimates will help you budget your funds accordingly.

What would a typical day for my child look like?

This will vary significantly from child to child.

Tell me about the costs involved and the payment methods available. Do you assist with verifying insurance coverage (if applicable)?

The BC should be able to talk about costs and payment methods. You should expect the BC to have a written document clearly describing the payment expectations and procedures.

As far as insurance coverage is concerned, this question would be applicable mainly in the USA in situations in which the services are covered by insurance providers. In the vast majority of US states, health insurance companies are mandated to cover ABA therapy. In most other countries, there will be a different system that the BC may be able to guide you through.

Training and Supervision of Front Line Workers

Here is a brief overview of the definitions and differences between Behavior Interventionist (BI) and Registered Behavior Technician (RBT).

BI usually refers to an individual who implements home-based ABA interventions with children with ASD, under the guidance of a BC. BIs are trained by the BC designing the child's programs or by the team's senior BI. Typically, BIs are college or university students studying in the fields of education or psychology. To find BIs, usually parents/caregivers will advertise on job websites.

A RBT has the same job description of a BI but is credentialed by the Behavior Analyst Certification Board (BABC). The RBT certification requires the completion of 40 hours of training and passing the RBT exam. RBTs are required to pass the RBT Competency Assessment every year, receive ongoing supervision, and comply with the BABC's ethics requirements relevant to RBTs. To find RBTs or verify their credentials, you can search [here](#).

Note: BIs and RBTs do **not** design intervention programs or assessment plans.

Describe the training program that your BIs and RBTs go through before they are allowed to work with a child? How do you tailor the training of frontline practitioners to each child's specific program?

You should expect a competent and confident BC to answer these questions clearly and specifically. BIs and RBTs must be sufficiently prepared and meet specific criteria before working with a child including background checks, criminal record checks, and first aid certification. RBTs, as mentioned above, complete 40 hours of training to get their certification. The initial training of BIs typically includes:

- * ASD definition and characteristics
- * Basic ABA procedures, such as shaping, reinforcement, prompting
- * Data collection

On an ongoing basis, BIs and RBTs should receive direction and supervision when implementing new goals or the revision of goals to ensure the quality of your child's programs. BIs and RBTs should regularly be observed, trained, and supervised by the BC to maintain and improve their therapy skills.

Note: The BC should provide parent training as well. This will assist you to effectively manage your child's challenging behaviors and implement parts of their ABA programs at home and in the community, as well as be a savvy and informed participant in team meetings.

How often are BIs and RBTs directly supervised by the BC?

The amount of supervision varies depending on many factors:

- * the needs of the child
- * insurance requirements (if applicable)
- * your ability to afford the supervision
- * the proximity of the BC

How many BIs or RBTs will be on my child's team?

If there is only one BI or RBT on the team, without regular rotation, there may be issues with mastery of skills, maintenance of skills and generalization of skills acquired.

In which aspects of care coordination should my BC be involved?

The BC's consultations with other professionals involved in the care of your child, such as school staff (day program for adults), speech-language pathologist or occupational therapist, helps foster consistency and further promotes your child's progress.

If the BC operates out of a center or clinic, they should describe child-specific, one-to-one programs with some group activity organized by age and developmentally appropriate. If they describe a schedule or plan that all the children follow, regardless of age or ability, consider it as a red flag. Also, ask questions about the training, experience, and background checks of all staff.

Communication

How will you keep me in the loop?

As a parent, you are an essential part of the team. It is crucial that you are kept abreast of your child's progress and that your thoughts and requests are heard by the BC and team of interventionists. It is reasonable to expect to be part of goal selection, the generalization of goals, team meetings, be informed of sessions' highs and lows, and to review program data regularly with the BC.

Make sure you agree with your BC on how you two will communicate (face-to-face meetings, phone conversations, emails) and if or at what rate you will be charged for each kind of communication.

How accessible should my BC be?

When you have questions or concerns, the BC should return phone calls and emails in a timely manner. Establish an expected response time for critical and non-critical issues.

What is the typical response time to a crisis?

BCs who work as independent contractors will often work with each other so they can cover each other. At a minimum, your BC should have a crisis contact.

How do you bill? What can I expect on invoices?

The BC should describe in detail service fees and any other expenses, such as purchasing materials for programming, travel time, taxes, or any other costs that you are responsible for. You should ask for a list of potential common items with corresponding fees.

Occasionally, a BC will require a one-year contract. If so, be wary of stipulations and make sure that you have the option to terminate the contract within a reasonable amount of time i.e. one month.

References

Behavior Analyst Certification Board (BACB). <https://www.bacb.com> (accessed May 28, 2018).

LaRue, R., & Bechner, L. (2009). Consumer corner: Considerations when choosing a behavioral service provider. [Science in Autism Treatment](#), 6(2), 5.