



Evidence-Based Practice Position Statement

The New York State Association for Behavior Analysis (NYSABA) encourages parents, educators, and service providers to be informed about evidence based practices as they make decisions about which treatments to select. The purpose of this statement is to establish the position of the New York State Association for Behavior Analysis (NYSABA) on the role and use of evidence based practice when evaluating assessment and treatment services.

NYSABA endorses the view that evidence-based practice (EBP) in applied behavior analysis (ABA) is a decision-making process that integrates (a) the best available evidence with (b) clinical expertise and (c) client values and context (Slocum et al., 2014).

POSITION ON THE USE OF BEST AVAILABLE EVIDENCE:

Best research evidence refers to scientific results related to intervention strategies, assessment, clinical problems, and client populations in laboratory and field settings as well as to clinically relevant results of basic research in behavioral psychology and related fields. We recommend the following guidelines in the use of best available evidence in service provision:

- Providers of services rely on scientifically and professionally derived knowledge when making scientific or professional judgments in human service provision, or when engaging in scholarly or professional endeavor³
- When considering the best available evidence, providers best match scientifically and professionally derived knowledge to the particular situation in terms of (a) important characteristics of the client(s), (b) specific treatments or interventions under consideration, (c) outcomes or target behaviors including their functions, and (d) contextual variables such as the physical and social environment, staff skills, and the capacity of the organization³
- Providers of services recommend scientifically supported and the most effective treatment procedures. Effective treatment procedures are those that have been validated as having both long-term and short-term benefits to clients and society.³
- When an evidence base is limited for making decisions, providers should make explicit efforts for:
 - more frequent direct observation of the client
 - close and continual contact with data for decision making
 - use of previously established and evidence-based components of care
 - use of behavioral principles as a base for developing assessment and treatment³

POSITION ON THE USE AND INCLUSION OF CLIENT VALUES AND CONTEXT

Client context and values speak directly to the social validity of services and the social significance of the goals, the social desirability of the procedures, and the social importance of the outcomes. We recommend the following guidelines on the use and inclusion of client values and context:

- Providers should do their best to ensure that client treatment and services occurs in a therapeutic environment. This would include an acceptable standard of living, opportunities for stimulation and training, therapeutic social interaction, and freedom from undue physical or social restriction.¹
- Providers should assume a role of being collaborative and nonjudgmental when reviewing and appraising the likely effects of recommended and additional alternative treatments, including those provided by other disciplines.¹
- Clients are entitled to effective treatment (i.e., based on the research literature and adapted to the individual client).¹
- Services are most effective when responsive to the client's specific problems, strengths, individuality, sociocultural context, and preferences. Many client characteristics, such as functional status, readiness to change, and level of social support, are known to be related to therapeutic outcomes.² Other important client characteristics to consider in forming and maintaining a treatment relationship and in implementing specific interventions include:
 - Variations in presenting problems or disorders, etiology, concurrent symptoms or syndromes, and behavior;
 - Chronological age, developmental status, developmental history, and life stage;
 - Sociocultural and familial factors (e.g., gender, gender identity, ethnicity, race, social class, religion, disability status, family structure, and sexual orientation);
 - Environmental context (e.g., institutional racism, health care disparities) and stressors (e.g., unemployment, major life events); and
 - Personal preferences, values, and preferences related to treatment (e.g., goals, beliefs, worldviews, and treatment expectations). Some effective treatments involve interventions directed toward others in the client's environment, such as parents, teachers, and caregivers. A central goal should include maximizing client choice among effective alternative interventions.²
- Clinical decisions should be made in collaboration with the client, based on the best clinically relevant evidence, and with consideration for the probable costs, benefits, and available resources and options. It is the provider who makes the ultimate judgment regarding a particular intervention or treatment plan. The involvement of an active, informed client is integral to success. Treatment decisions should never be made by untrained persons unfamiliar with the specifics of the case.²
- The provider is responsible in determining the applicability of research conclusions to a particular client. Individual patients may require decisions and interventions not directly addressed by the available research. The application of research evidence to a given client always involves probabilistic inferences. Therefore, ongoing monitoring of client progress and adjustment of treatment as needed are essential to evidence-based practice.²
- NYSABA encourages the development of health care policies that reflect this view of evidence-based practice.

PROVIDER USE OF CLINICAL EXPERTISE

Clinical expertise refers to the competence attained by practitioners through education, training, and experience that result in effective practice. Clinical expertise is the means by which the best available evidence is applied to an individual. We recommend the following guidelines for clinical expertise and its use with individuals:

- The provider's training reflects appropriate academic preparation. Providers should be able to demonstrate their clinical expertise in the areas of: (a) knowledge of the research literature and its applicability to particular clients, (b) incorporation of the conceptual system of ABA, (c) breadth and depth of clinical and interpersonal skills, (d) integration of client values and context, (e) recognition of the need for outside consultation, (f) data-based decision making, and (g) ongoing professional development.³
- Clinical expertise is used to integrate the best research evidence with clinical data (e.g., information about the client obtained over the course of treatment) in the context of the client's characteristics and preferences to deliver services that have a high probability of achieving the goals of treatment.²
- Integral to clinical expertise is an awareness of the limits of one's knowledge and skills and attention to the heuristics and biases — both cognitive and affective — that can affect clinical judgment. Moreover, providers understand how their own characteristics, values, and context interact with those of the client.²

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1. Behavior Analyst Certification Board. (2014). Professional and ethical compliance code for behavior analysts. Littleton, CO: Author.
2. American Psychological Association. (2017). Ethical principles of psychologists and code of conduct. Washington, DC: Author.
3. Slocum, T. A., Detrich, R., Wilczynski, S. M., Spencer, T. D., Lewis, T., & Wolfe, K. (2014). The Evidence-based practice of applied behavior analysis. *The Behavior Analyst*, 37(1), 41–56. doi:10.1007/s40614-014-0005-2