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2014 U.S. Professional Employment Survey: A Preliminary Report

Disclaimer: *The Association of Professional Behavior Analysts provides the historical information in this report to assist readers in making decisions individually and independently of business competitors.*

BACKGROUND

The first survey of the employment circumstances of practitioners of applied behavior analysis (ABA) was conducted by the Association of Professional Behavior Analysts (APBA) in 2008. The 2009 report on the results of that survey has been an important source of information not only for behavior analysts, but also for employers, the larger service industry, policy analysts, and people considering careers in behavior analysis. The ensuing years have seen numerous changes in the profession, the funding mechanisms by which credentialed ABA practitioners are paid, public policies affecting their practice, and economic factors. During the past six years, for example, the number of ABA practitioners in the United States who are credentialed by the Behavior Analyst Certification Board (BACB) has increased from approximately 6,000 to almost 18,000. The number of U.S. states in which ABA practitioners must be licensed in order to offer services has grown as well (see <http://www.apbahome.net/APBALicensure.php>). Sources of third-party payments have increased substantially due to increased health insurance coverage of ABA services for individuals with autism spectrum disorders (ASDs). Finally, during that period the U.S. experienced a major economic downturn, from which it is still recovering.

A new survey was clearly in order. Invitations to participate in this electronic survey were sent by email in February, 2014 to 12,588 BACB certificants residing in the U.S. (encompassing both members of APBA and non-members) and were published on social media sites. The pool of respondents was restricted to U.S. certificants because cultural,

economic, and monetary differences among other countries, in some instances involving small samples, would have limited the usefulness of data. Participation in the survey was voluntary, and all responses were anonymous and confidential. Respondents were instructed to answer all questions with reference to the year 2014. Usable responses were received from 925 respondents. That 7.3% return rate should be considered in interpreting the findings described in this preliminary report.

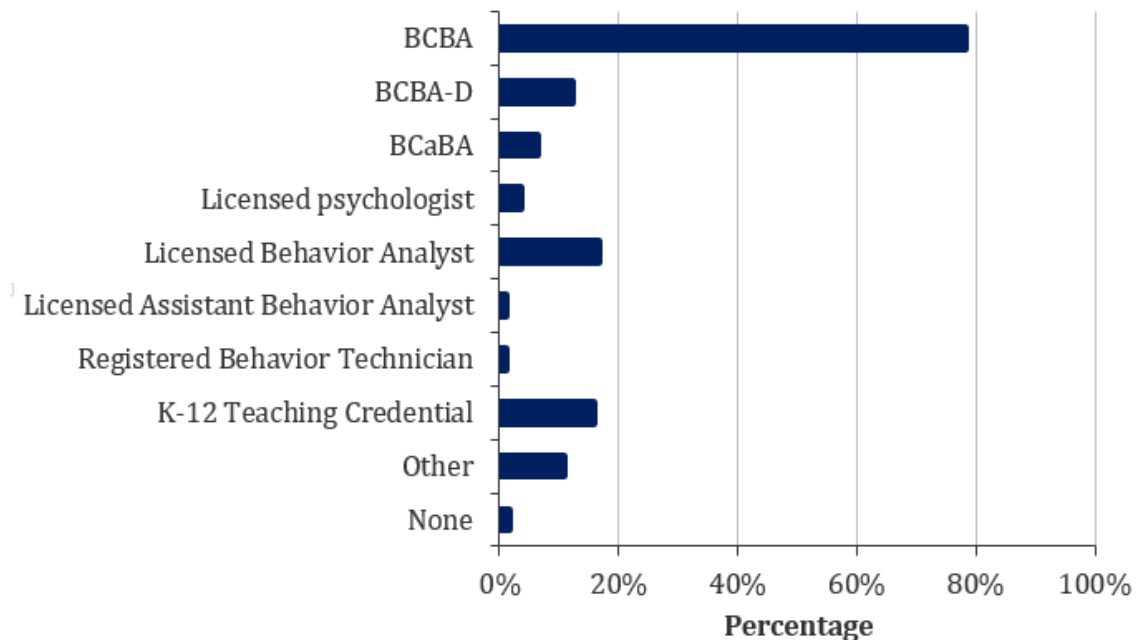
SURVEY RESULTS

Professional credentials

Figure 1 shows that 78.4% of all respondents held the Board Certified Behavior Analyst® (BCBA®) credential, with 12.4% holding the Board Certified Behavior Analyst-Doctoral® (BCBA-D®) designation and 6.5% being Board Certified Assistant Behavior Analysts® (BCaBAs®). In other words, almost 97% of respondents were BACB certificants, so that cohort is the basis for most of the following analyses, separately and collectively depending on the survey question.

A total of 17.8% of respondents were Licensed Behavior Analysts or Licensed Assistant Behavior Analysts, reflecting the genesis of state licensure laws, and 15.8% held a K-12 teaching credential. It is likely that a majority of respondents with those state-issued credentials were also BCBAs or BCaBAs. Compared to the 2008 survey, these data reveal a proportional increase in BCBA respondents and decrease in BCaBA respondents, but roughly the same proportion of individuals holding a teaching credential. Only 1% of respondents (9 individuals) reported holding the new BACB Registered Behavior Technician™ (RBT™) credential. That is too small a sample to support any inferences, so data from RBTs were not included in any analyses.

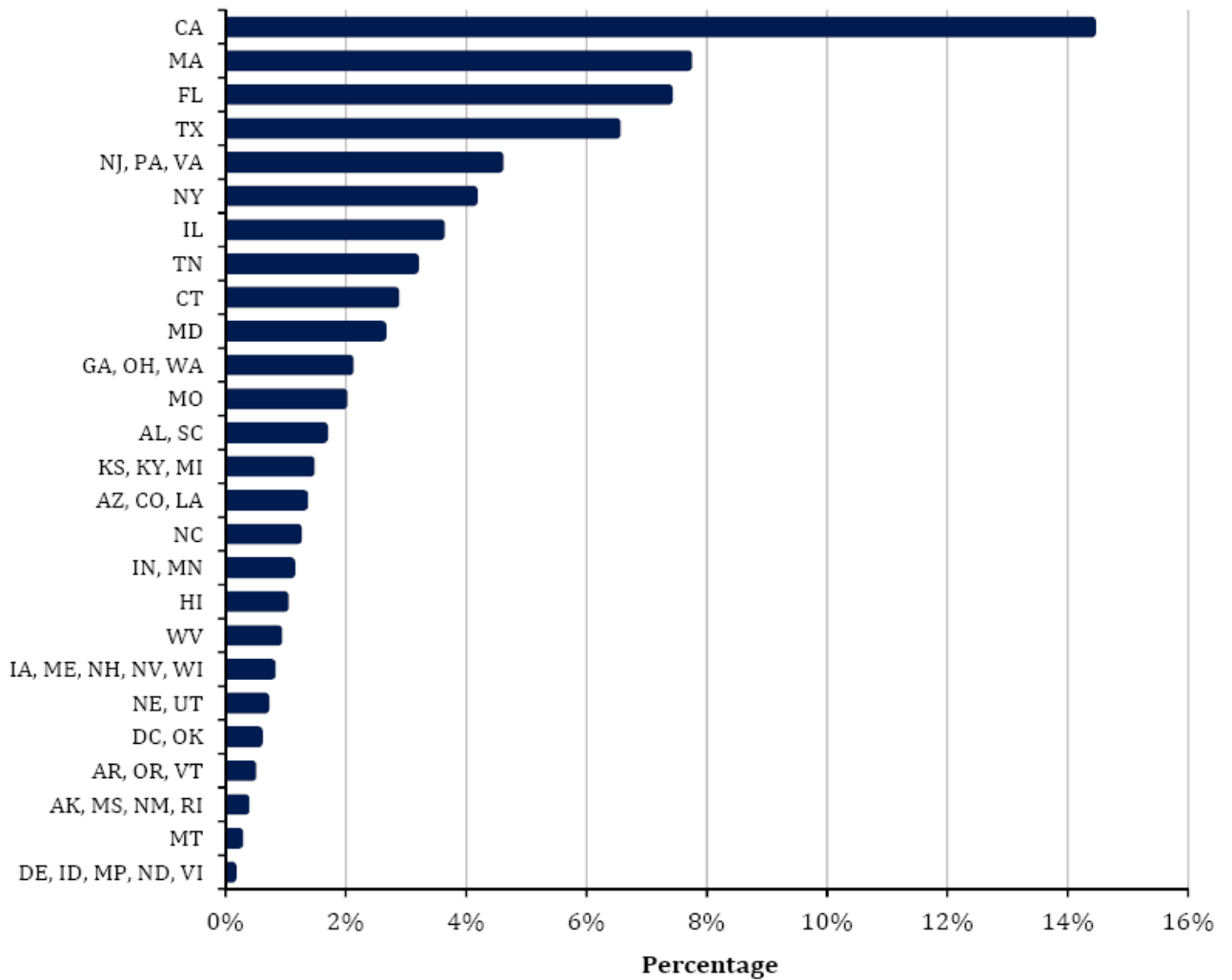
Fig. 1. Credentials Held by Respondents



States of residence

Figure 2 shows that more respondents lived in California during 2014 than in any other state. The three states that came closest to California were, in decreasing order, Massachusetts, Florida, and Texas, but they averaged only about half as many respondents as California (states with the same percentage of respondents are represented by a single bar).

Fig. 2. State Residence of Respondents



Full-time versus part-time work

Figure 3 shows that 78.5% of all respondents worked full time in 2014, defined as more than 30 hours per week. Of those working part time, 17.1% did so by choice, and only 2.8% could not find full-time work. These findings did not differ appreciably among the two BACB credentials and the BCBA-D designation and are similar to those from the 2008 survey. That the proportion of respondents seeking professional employment was so low indicates that there continues to be high demand for credentialed providers of ABA services.

Fig. 3. Full/Part Time Work

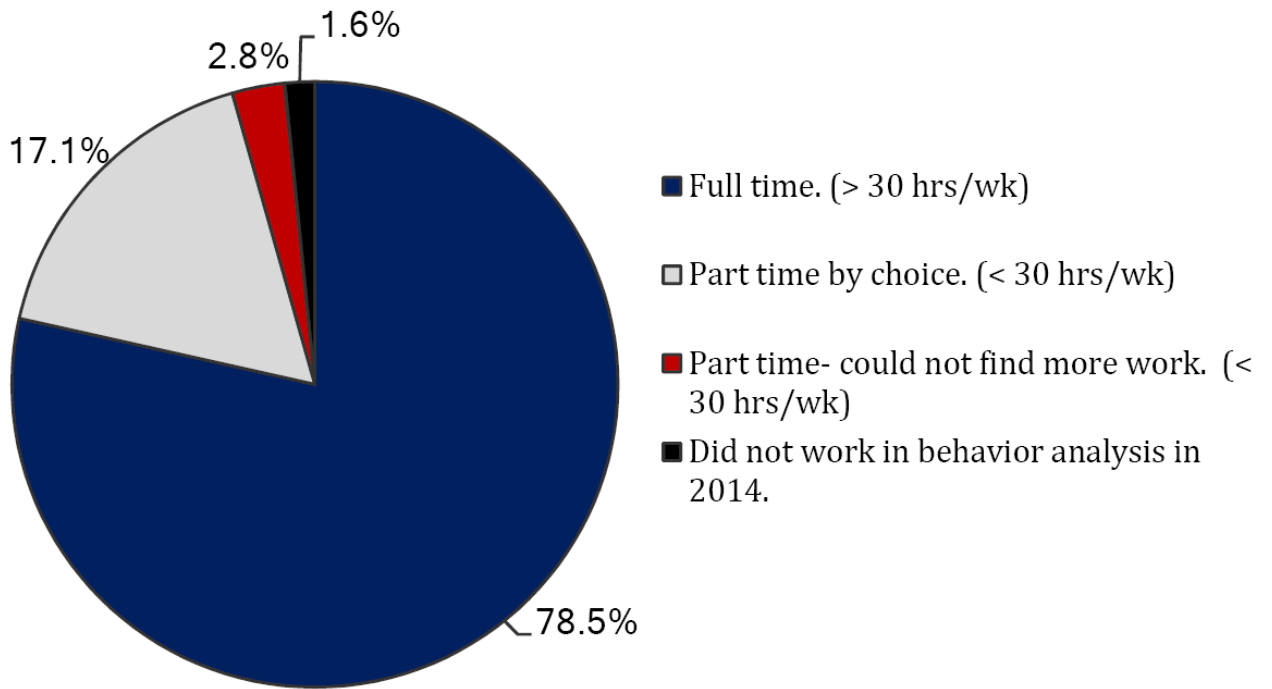
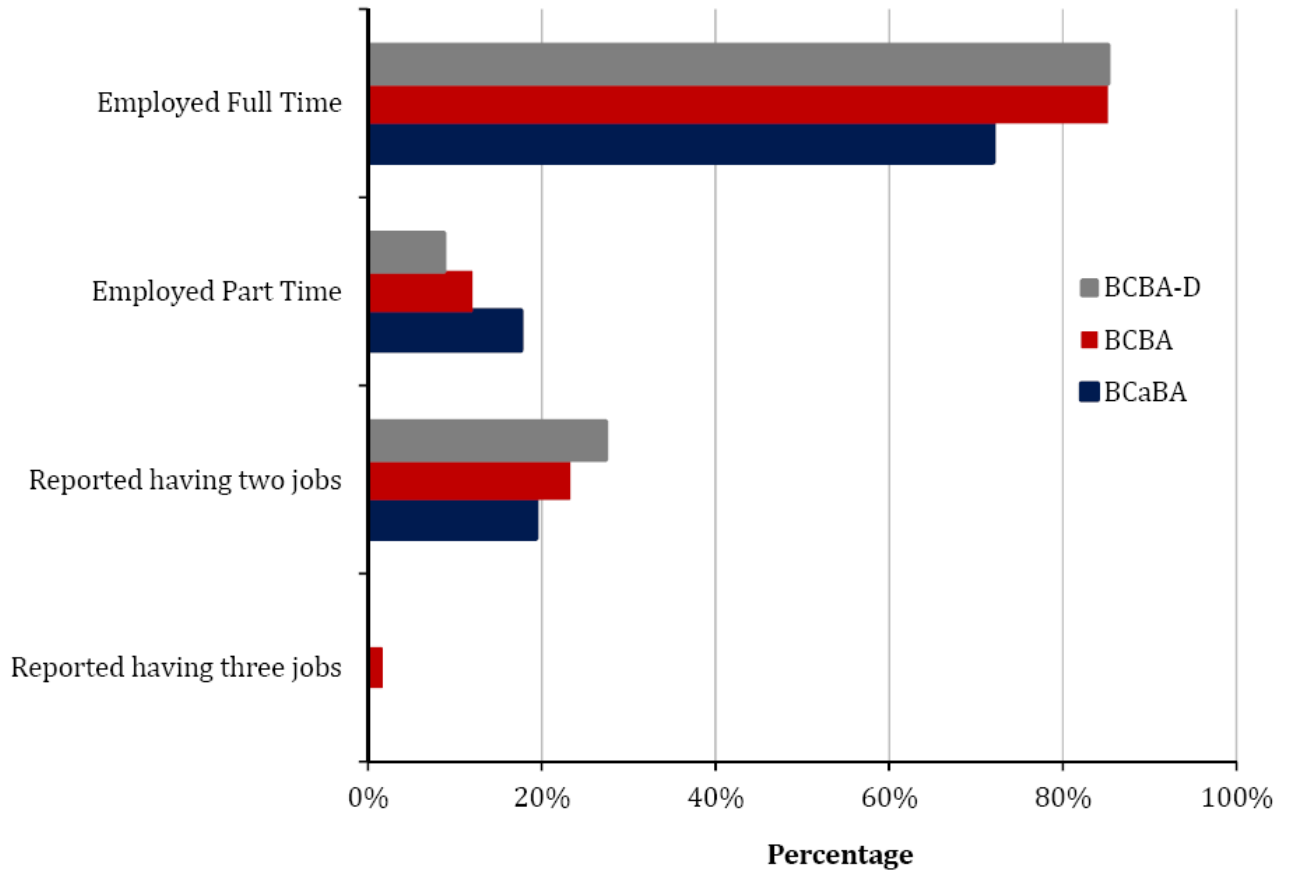


Figure 4 examines employment data for each type of certification in more detail. The data showed relatively little variation across certification types. About 20% or more of respondents in each category reported holding two jobs.

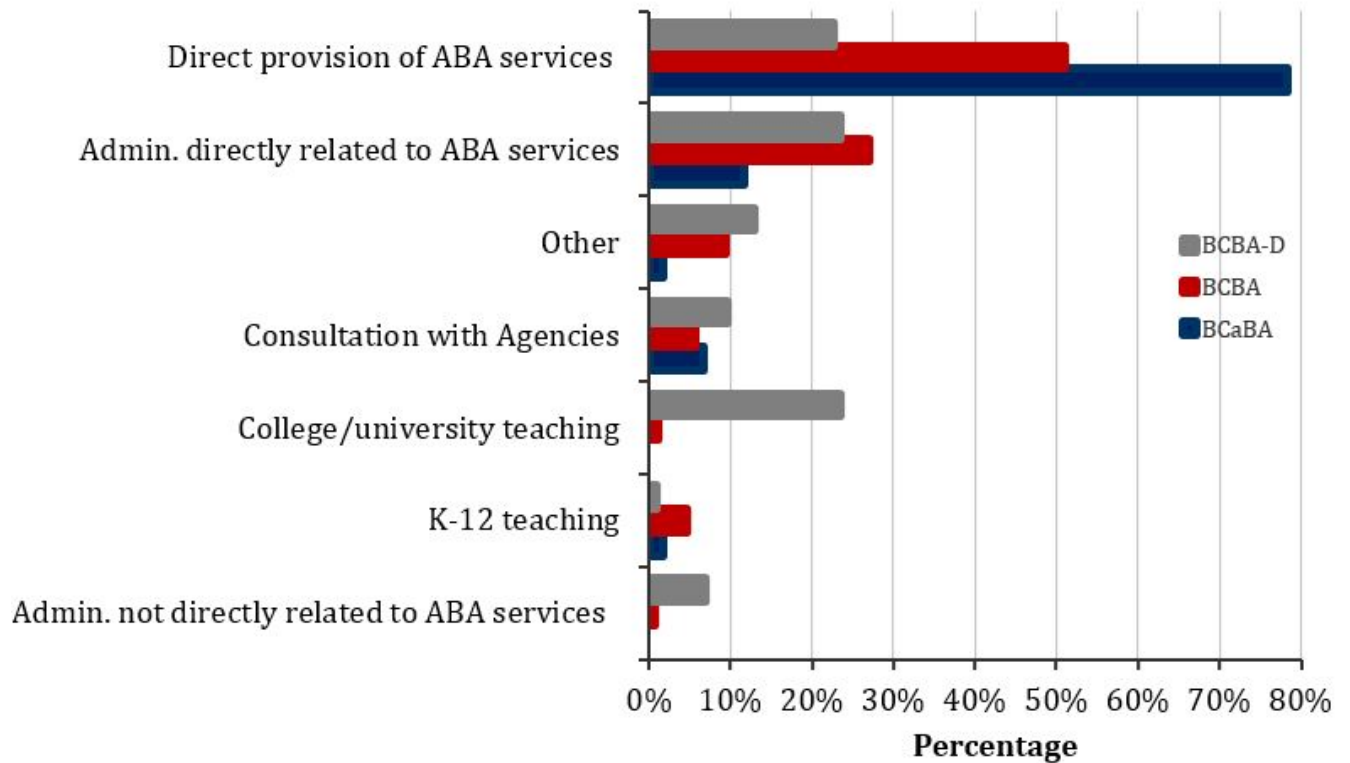
Fig. 4. Employment Status



Type of work

Overall, about half of the respondents reported that their work involved directly providing ABA services, while a quarter categorized their work as administration or supervision directly related to ABA services. Figure 5 shows, however, that these findings varied somewhat by credential. For instance, slightly more than half of BCBA-Ds were involved in providing direct services, but more than three-quarters of BCaBAs worked in that capacity. Higher education teaching was reported by almost a quarter of BCBA-Ds, who were much less engaged in provision of clinical services than were the other types of certificants.

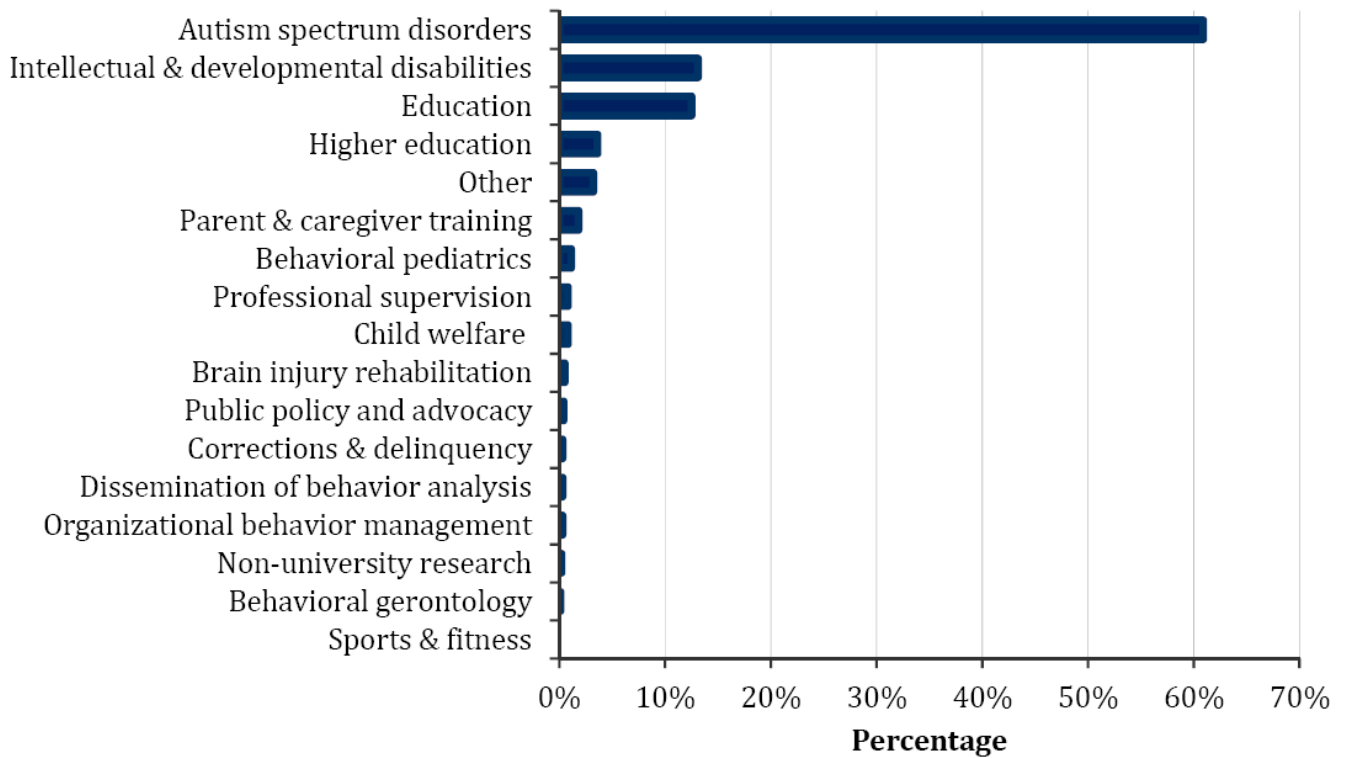
Fig. 5. Type of Work by Credential



Areas of work

Perhaps it should not be surprising that the majority of respondents (60.9%) reported that they primarily provided services to people with ASDs (Figure 6). The two next most reported areas of work were intellectual/developmental disabilities services (13.1%) and education (12.5%). All other categories were selected by fewer than 5% of respondents. These findings were generally consistent for BCBA and BCaBAs. Only 43.5% of BCBA-D respondents reported working in ASD, however, presumably because 20% worked in higher education.

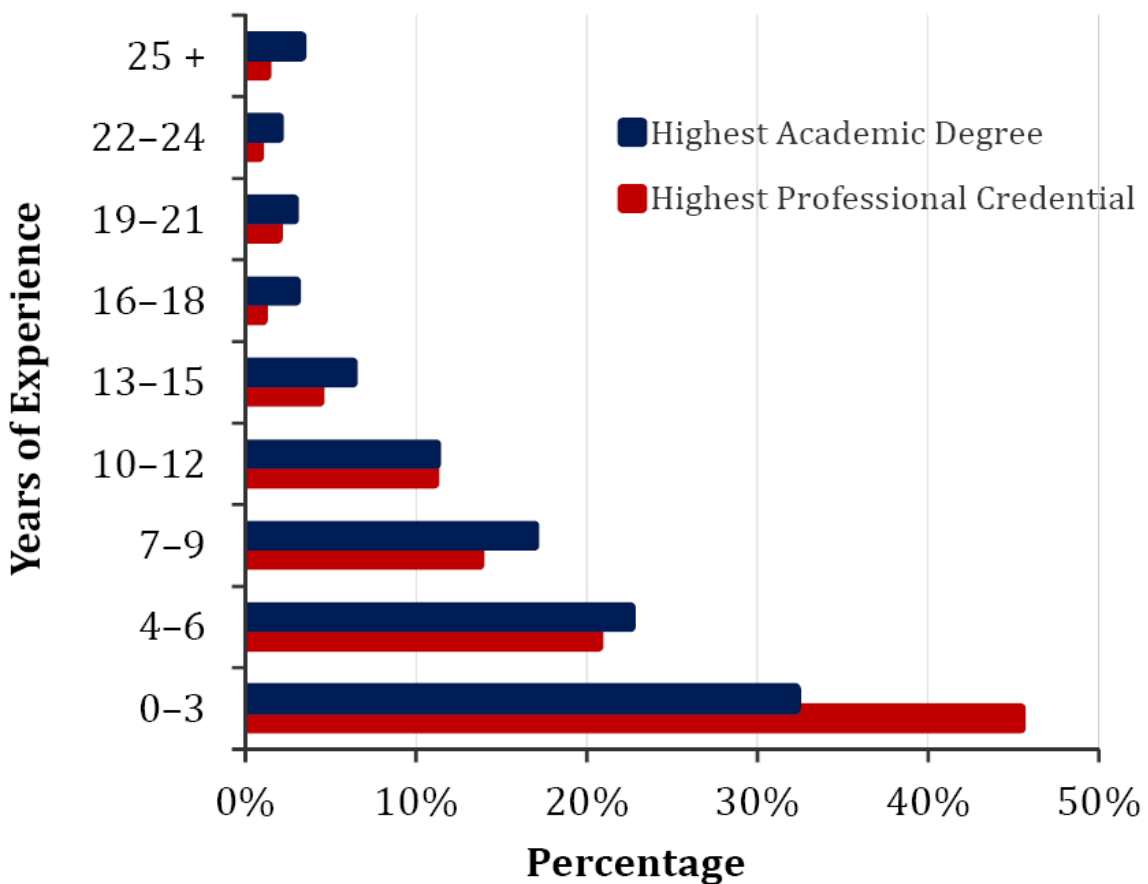
Fig. 6. Area of Work



Experience

Figure 7 shows years of experience respondents reported since earning their highest academic degree and highest professional credential, respectively. Both sets of data indicate that the majority of ABA practitioners who completed this survey are in the early stages of their careers. Although the sampling bias cannot be known, the BACB only started issuing credentials 16 years ago, and most certificants completed their training only in the last few years. Aside from other time-related changes, as the field accumulates more senior practitioners we may expect to see corresponding changes in some of the economic data obtained in future surveys of this type.

Fig. 7. Years of Experience



Annual income

The total annual income earned for respondents who reported working full time is displayed for each certificant cohort in Figures 8, 9, and 10. Figure 8 shows that the modal annual income of BCaBAs was between \$35,000 and \$45,000. However, nearly one quarter (24.4%) reported earning between \$45,000 and \$55,000, and another quarter (26.7%) earned higher incomes.

Fig. 8. Full-Time BCaBA Annual Income

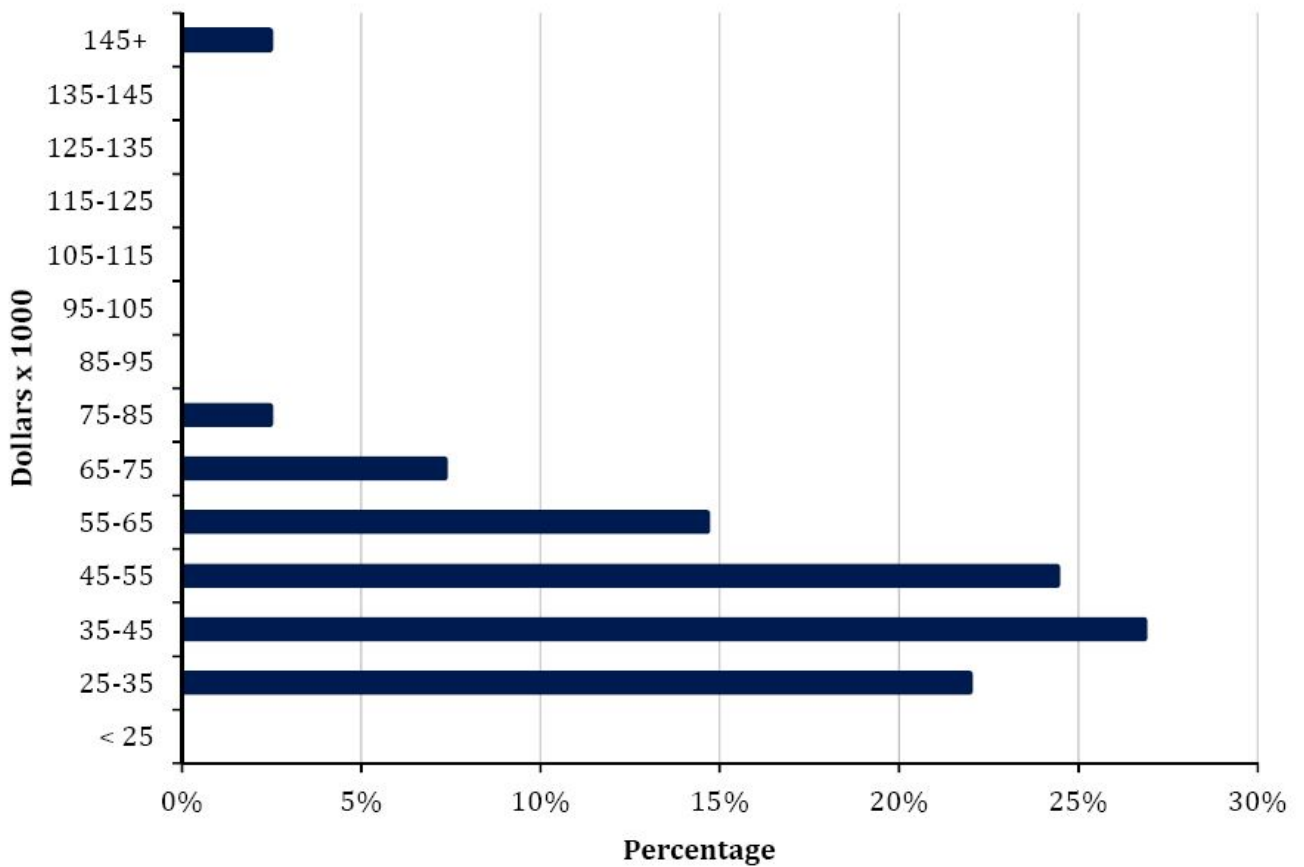


Figure 9 shows the total annual professional income for BCBA's who worked full time in 2014. The modal reported annual income was between \$65,000 and \$75,000, although that accounts for only 21.5% of respondents. Nearly a quarter earned between \$45,000 and \$65,000. However, 30.8% reported earning more than \$75,000, some considerably more.

Fig. 9. Full-Time BCBA Annual Income

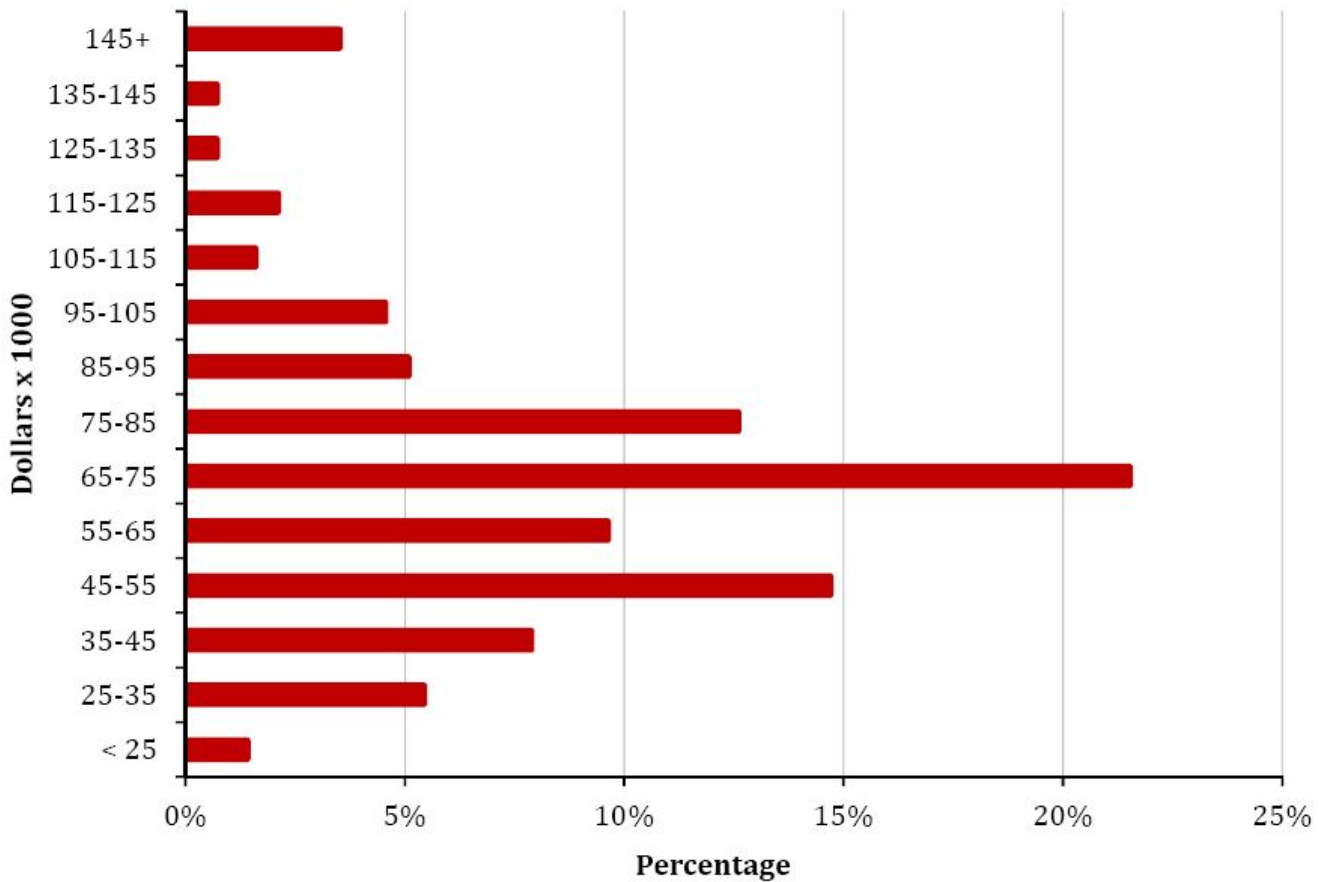


Figure 10 shows the data for BCBA-D respondents who worked full time. Reported annual income from professional sources varied widely for this group. Incomes between \$75,000 and \$125,000 were reported by 44.9% of respondents, with 19.8% reporting larger annual incomes. Slightly more than one third (35.3%) reported incomes below \$75,000.

Fig. 10. Full-Time BCBA-D Annual Income

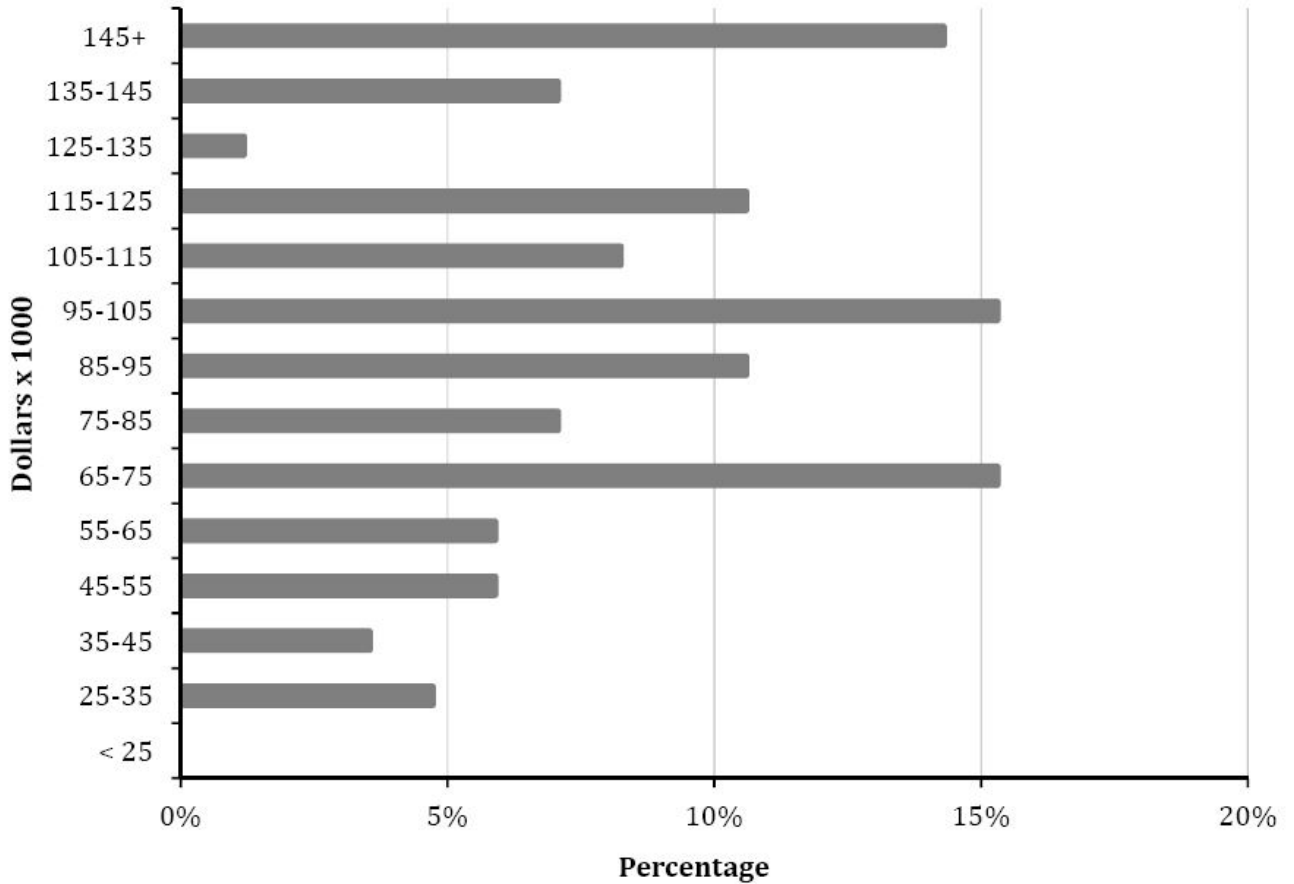


Figure 11 examines annual income in terms of years of experience in the field for all respondents. The findings make clear that there was a correspondence between annual income and experience. Respondents with fewer than 10 years' experience tended to report lower incomes than those with more experience, and the same general relationship held for those with 10 to 20 years' experience. The highest incomes were reported by individuals with more than 20 years of experience.

Fig. 11. Annual Income of Respondents by Years of Experience

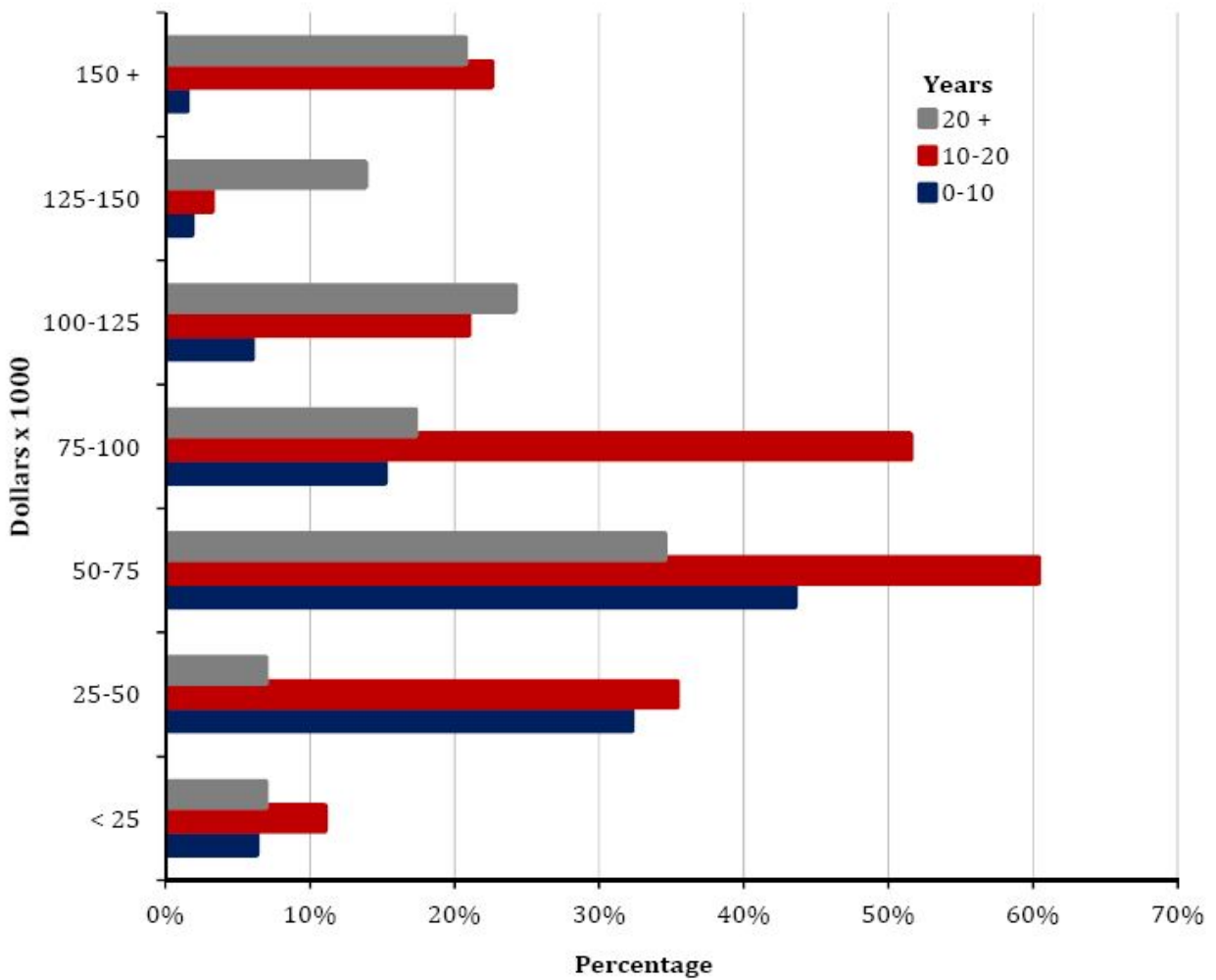
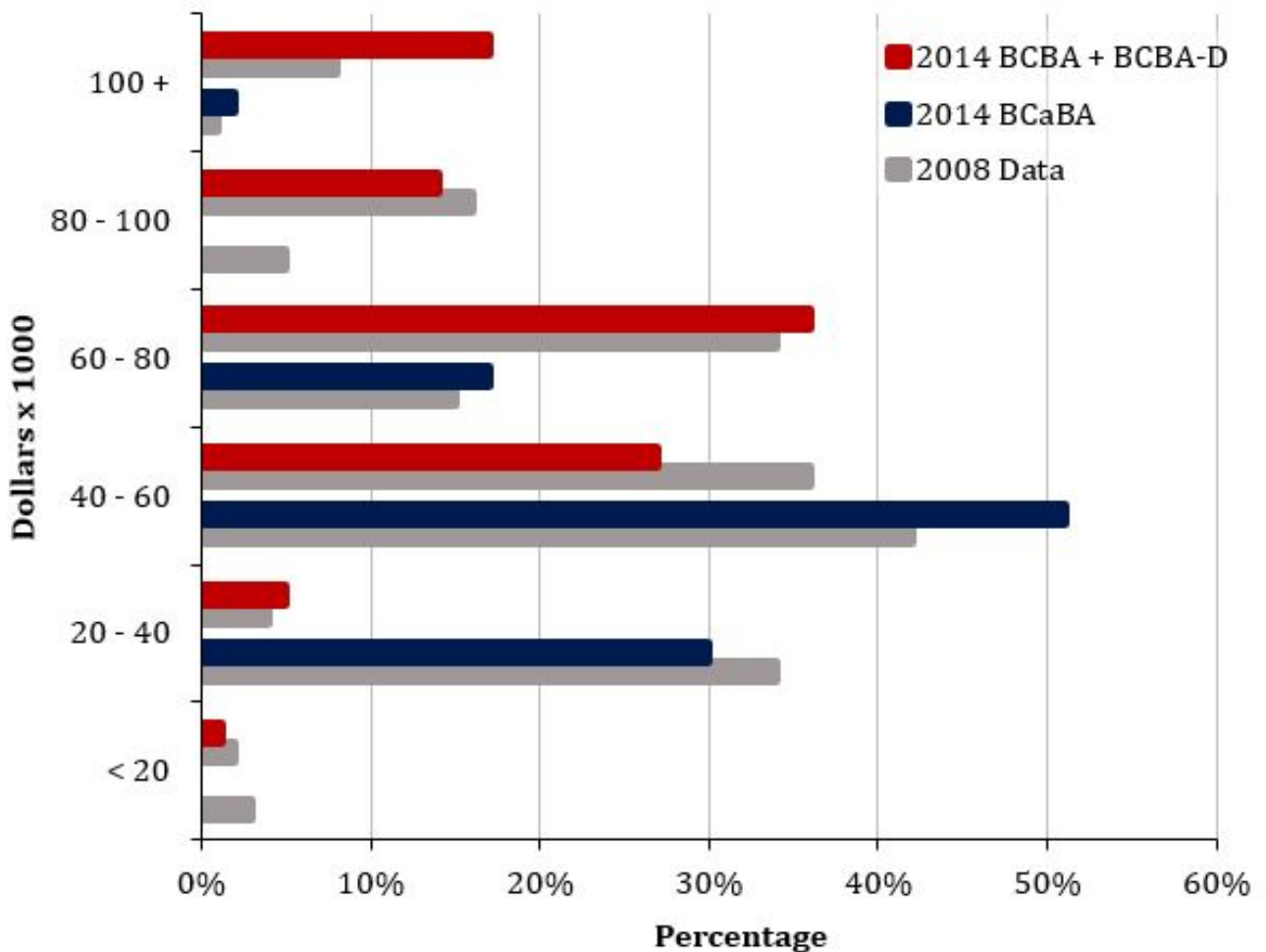


Figure 12 represents an analysis of 2014 income data compared to the findings from the 2008 survey. Over that 6-year period, the total annual income for BCBA and BCBA-Ds together generally shifted upward. The percentage of respondents earning \$40,000 to \$60,000 decreased between 2008 and 2014, and the percentage earning \$60,000 to \$80,000 increased slightly. Although the 2014 percentage in the \$80,000 to \$100,000 category dropped slightly from 2008, the percentage reporting annual incomes of over \$100,000 doubled.

BCaBAs also reported an increase in annual income. In 2008, more than one third reported earning between \$20,000 and \$40,000. That percentage dropped slightly for 2014, but the percentage earning between \$40,000 and \$60,000 increased by a larger proportion. There was also a slight increase from 2008 to 2014 in the proportion of respondents reporting annual incomes in the \$60,000 to \$80,000 range.

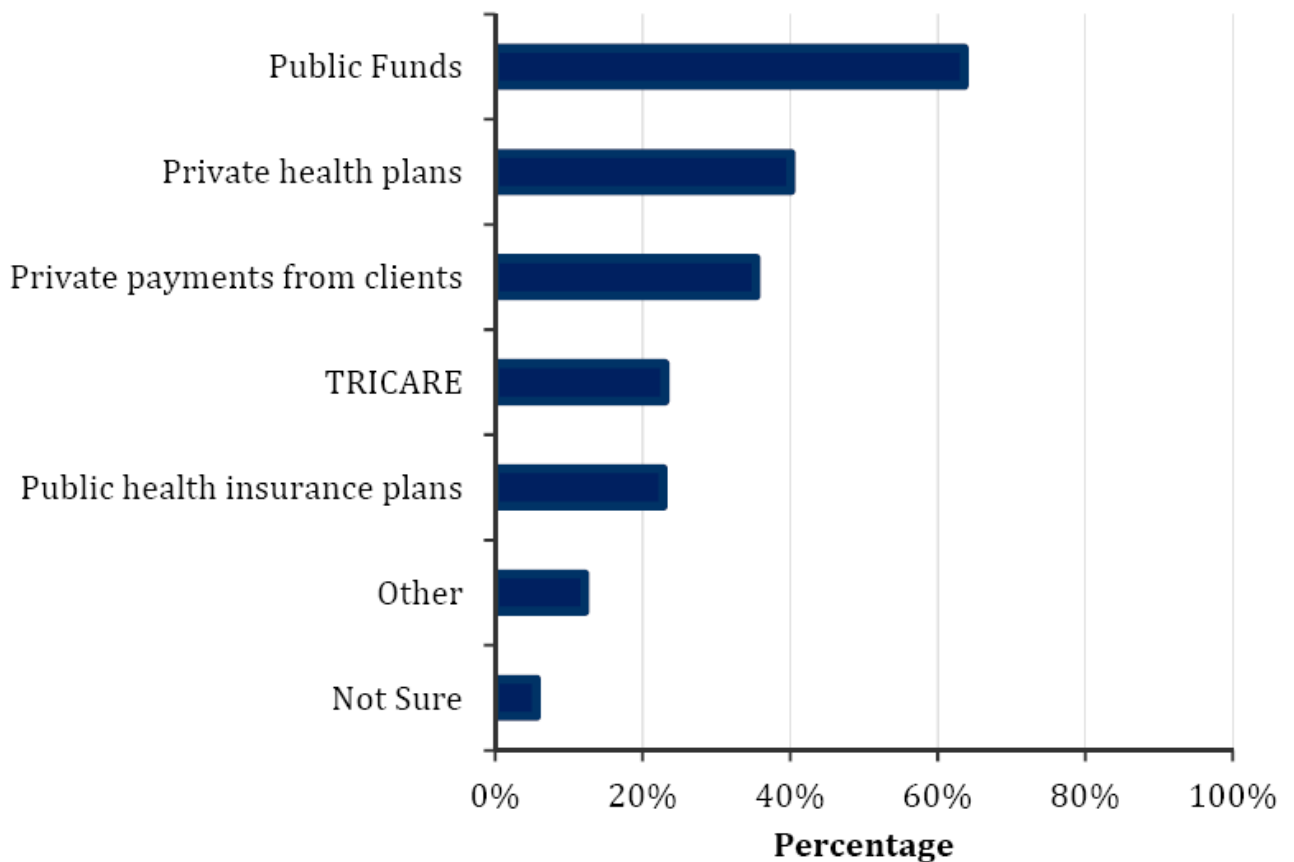
Fig. 12. Annual Income Comparison Between 2008 And 2014



Sources of income

Figure 13 shows the different sources of income combined for all certificants. About two-thirds of respondents reported that funds from public sources of some sort (including public schools and state developmental disabilities or rehabilitation systems) accounted for at least some of their income. However, the data indicated that other sources of funding also contributed substantially to respondents' incomes, including private health insurance (42%), TRICARE (the U.S. military's healthcare benefit program; 21%), and public health plans (Medicaid and Medicare; 22.5%). Note that these figures represent the percentage of respondents who indicated that they received some income from the sources shown, not the proportions of their incomes they received from those sources.

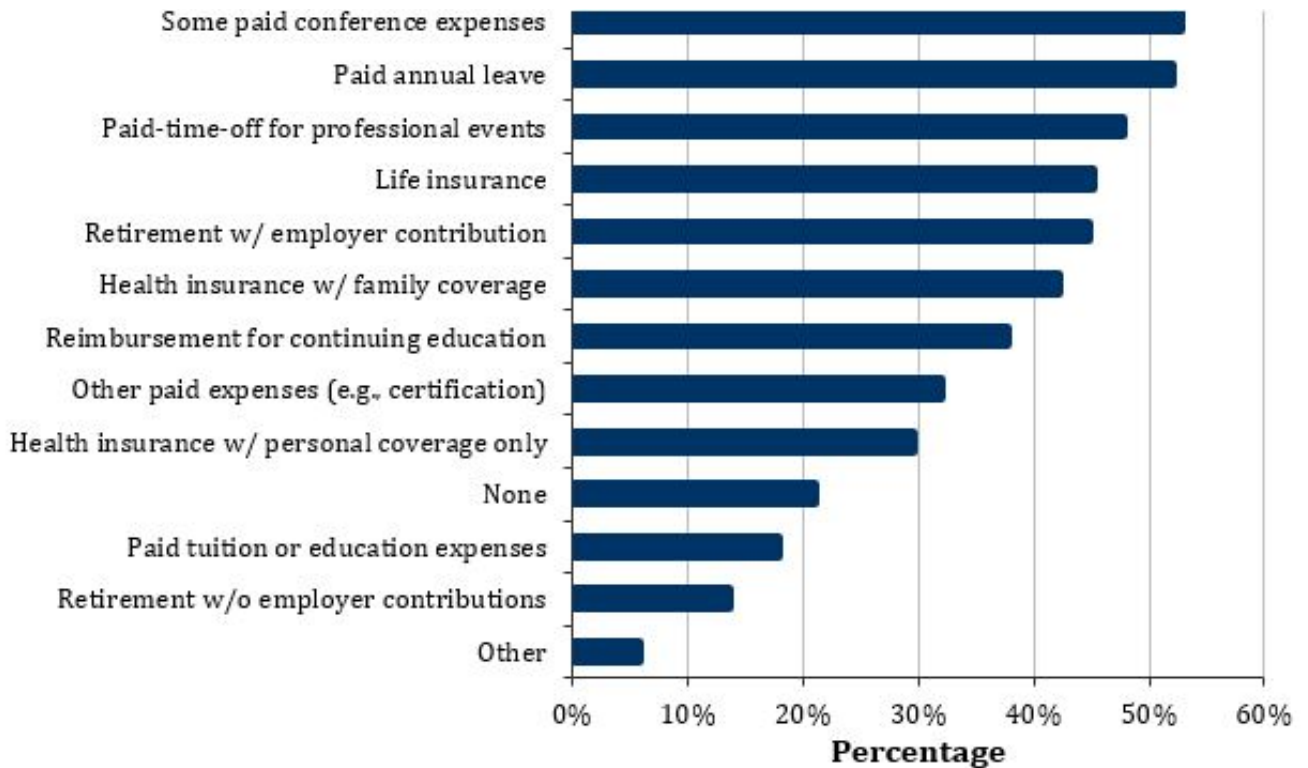
Fig. 13. Sources of Income



Employment benefits

Employee salaries are often supplemented by a variety of benefits that have economic value. The survey asked respondents to indicate the benefits associated with their employment, and Figure 14 summarizes their responses. A number of benefits were reported by close to half or more of all respondents, including paid annual leave, health insurance, life insurance, employer retirement program with employer contributions, paid time off to attend professional meetings, reimbursement of some expenses associated with those meetings, reimbursement of continuing education expenses, and more. The benefits were not generally different than those reported in the 2008 survey.

Fig. 14. Types of Benefits Reported by Respondents



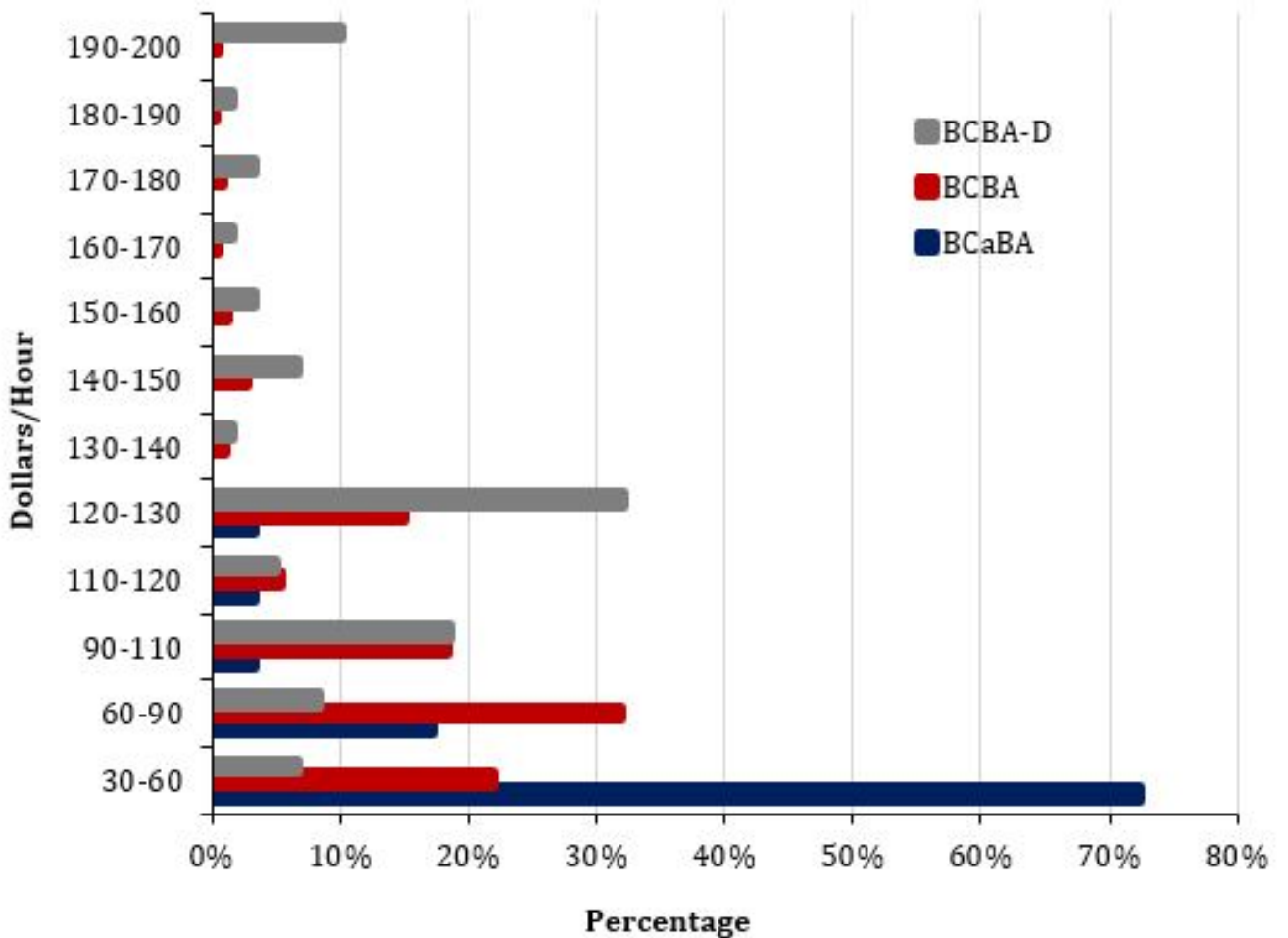
Another question examined the health insurance status of respondents who did not have employer-provided health insurance. Almost half (46%) were covered by someone else's policy, but 37% reported purchasing their own coverage.

Fees charged for services

Figure 15 shows the hourly fees respondents charged for their services. The data reveal that fees varied widely within and across certificant categories. For BCBA and BCBA-Ds together, for example, most fees ranged from \$30 to \$130 per hour, although some charged higher fees. The survey did not pursue the factors that might explain such a broad range.

Individuals holding the BCaBA credential may not practice independently of supervision by BCBA or BCBA-Ds, and it might be expected that their hourly fees would be considerably lower than those of BCBA and BCBA-Ds. Most BCaBA respondents reported fees ranging from \$30 to \$60 per hour.

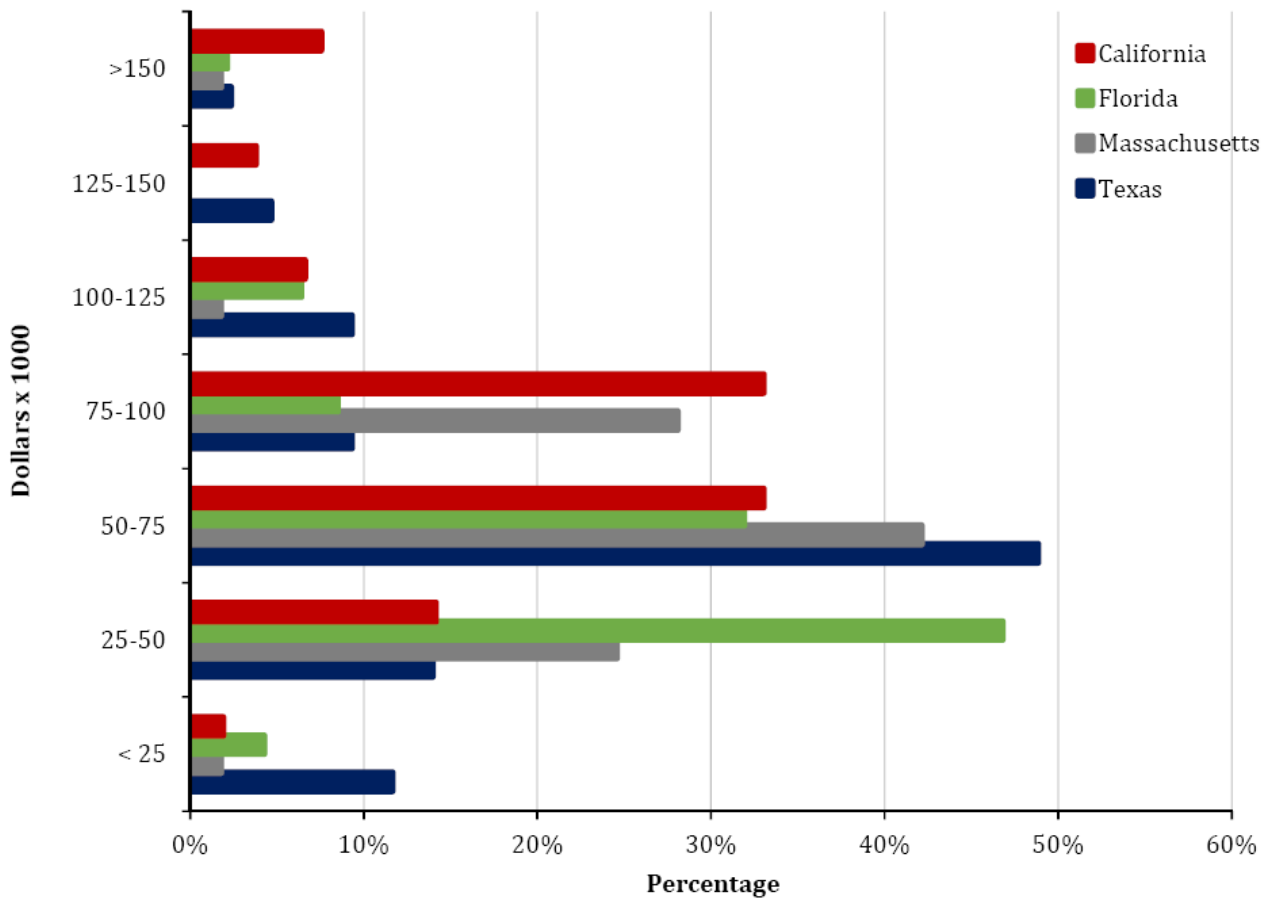
Fig. 15. Fees Charged for Services



Regional variations

Most states had too few respondents to provide a detailed picture of variations in annual incomes by state or region. Figure 16 shows annual income for the four states with the greatest number of respondents. The data reflect income for BCBA's only, the largest cohort. In general, it seems that 2014 incomes were lowest in Florida and highest in California, although the data were quite variable across the four states and the income ranges.

Fig. 16 BCBA Regional Annual Income



DISCUSSION

Using 2014 as the reporting year, this survey provides a needed update to the 2008 examination of the employment circumstances of BACB certificants. In addition to the fact that the number of U.S. certificants nearly tripled during that interval, the field changed in other significant ways. The standards for obtaining and maintaining BACB certifications increased to incorporate more coursework, updated examination content, a more demanding ethics code, specific supervisory requirements, and other improvements. A new BACB credential – Registered Behavior Technician™ – was offered starting in 2014, lending a degree of professionalism to another level of ABA practitioner. It is too early to tell how that new paraprofessional credential will impact the roles and employment circumstances of BACB certificants.

Major changes also occurred in the public policy arena over the last six years. Statutes, rules, regulations, and policies were developed or adapted to incorporate the BACB credentials and the expertise they signify. Employment opportunities increased and job responsibilities expanded as a result. Additionally, the field entered a transition from voluntary professional certification as its sole credential to mandatory government-issued licenses or other credentials. In all states that have adopted laws to license or otherwise regulate ABA practitioners to date, BACB certificants should qualify for the state-issued credential, but most states have additional requirements (e.g., criminal background checks, passing a state jurisprudence exam); some limit the BACB certificants who qualify (e.g., to BCBAs); and some have other qualifications. The consequences of emerging state-by-state laws and regulations are not yet fully evident, and it will be some years before this chapter in the field's evolution is concluded. It is clear, however, that there are important differences in requirements for practicing ABA from one state to another, and some of those differences will have economic impacts.

Another important change in the context of ABA practice is a sustained, national political effort to secure coverage of ABA services for people with ASD by private and government-funded health insurance. That initiative, largely spearheaded by Autism Speaks and other consumer advocacy groups, has succeeded to the point that at this writing 41 states, the District of Columbia, and the U.S. Virgin Islands have such statutory requirements. That change has obvious implications for ABA practitioners, particularly through increasing sources of funding for credentialed ABA practitioners and regulation of their practice.

This preliminary analysis of findings of a survey covering 2014 suggests that all of the foregoing influences served to increase employment opportunities for BACB certificants since the 2008 survey. The primary evidence for that observation is the general increase in full-time annual income at each level of BACB certification. That fact and the aforementioned public policies likely contributed substantially to the increasing demand for ABA services, built support for ABA training programs within higher education institutions, and increased the availability of credentialed ABA practitioners to employers and consumers. Those factors in turn contributed to the continuing demand for credentialed ABA professionals and the income they can generate in the marketplace.

The survey's findings on hourly fees charged by the three classes of BACB certificants are suggestive, but perhaps not sufficiently revealing to guide decisions by individual practitioners or funders of services. The problems are that the proportion of BACB certificants who completed the survey was relatively small, the reported hourly fees varied widely within each level of certification, and the survey was not constructed to query the reasons for that variability. Given those limitations, the measures of central tendency reported here should not be taken as representing typical hourly fees. That topic may warrant a more targeted survey effort.

Despite the demand for ABA professionals, survey findings indicated that only about three-quarters of respondents worked full time during 2014, although less than 3% did so because they could not find full-time work. The fact that 17% of respondents chose to work part time may indicate that most are in the early stages of their careers and are also trying to accommodate family and other demands on their time. Some may be enrolled in undergraduate or graduate studies. The considerable need for BACB certificants may provide reassurance that full-time work options will remain available.

The survey verified the findings of the 2008 survey and other sources that the majority of BACB certificants are directly or indirectly involved in providing or overseeing services to individuals with ASD. There are many underlying factors, such as increased funding for ABA services through public and private health insurance. The strong financial support for ASD services is in part driving the interests of students and the focus of many training programs in behavior analysis.

That rosy picture does not extend to other client populations that can benefit from ABA services, however. Service programs for people with intellectual and other developmental disabilities, for example, often lack adequate financial support and credentialed ABA professionals. A future survey might examine differences in the financial incentives among the field's varied specialties, along with the ramifications for professional training and practice.

The basis for predicting continuing growth in the annual number of new BACB certificants is well established at this point. Although that is encouraging in many ways, it is important to consider the effects of that growth on the economic aspects of professional practice, among other dimensions. For instance, what is the demand for individuals at each level of certification and registration to serve different client populations? What are the effects in the professional marketplace on salaries and consulting fees? Is the earning potential of professional behavior analysts too high in some areas of service and too low in others? What might the field do to manage the production of appropriately credentialed professionals and paraprofessionals in ways that meet the needs of different communities of interest? These are only a few of the questions that bear on the future economic prospects for ABA practitioners.