

# Letter of Action and Recommendation

## On the Sustainability, Classification, and Ethical Support of Behavioral Technicians

### **To whom it may concern—**

including agency administrators, BCBAs, clinical supervisors, state program administrators, Medicaid-funded service coordinators, and policy boards:

This letter exists because Behavioral Technicians are essential to behavioral care—and the systems built on their labor are failing to sustain them.

Behavioral Technicians, both registered and non-registered, are the professionals who implement treatment plans in real environments, maintain safety during escalation, teach communication and regulation skills, and provide the consistency that allows progress to occur. Outcomes credited to programs, agencies, and systems are made possible by the daily, frontline work of BTs.

Yet across the field, retention is poor, burnout is high, and turnover undermines care. This is not a mystery. It is the predictable result of structural decisions that rely on BT labor while minimizing BT protection.

This letter does not deny funding constraints. Many behavioral programs operate under governmental subsidies such as Medicaid, with fixed reimbursement rates and limited flexibility. Those constraints are real.

What is not acceptable is allowing those constraints to justify misclassification, instability, and neglect.

Below are five concrete, achievable actions that would meaningfully improve sustainability, outcomes, and ethical practice across the field.

### **1. Correct Misclassification and Enforce Clear Role Boundaries**

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Behavioral Technicians are frequently misclassified under titles such as “attendant” or “aide” while being held to the full expectations, responsibilities, and liabilities of a Behavioral Technician.

This misclassification allows systems to pay significantly lower wages, avoid providing benefits, blur role boundaries, and shift accountability without protection.

Clear policy must be established and enforced to ensure that when a professional is performing Behavioral Technician duties, they are classified—and compensated—accordingly.

Misclassification is not a clerical error. It is a structural loophole that undermines ethical care and professional integrity.

### **2. Guarantee PTO and Sick Leave After Six Months of Active Field Work**

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Behavioral Technicians must have access to paid time off and sick leave after six months of active work in the field, regardless of whether they are registered or non-registered.

A reasonable, sustainable baseline would include fourteen days of PTO per fiscal year, renewable annually, usable for physical illness, recovery, or mental health needs.

This role requires constant emotional regulation, physical presence, and crisis management. Expecting technicians to absorb this indefinitely without rest directly contributes to burnout and attrition.

### **3. Provide Health Insurance Access After Six Months of Active Field Work**

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Health insurance should be available to Behavioral Technicians after six months of active employment in the field—not tied solely to a single client.

Eligibility for benefits must reflect time actively working in the field, not arbitrary client distribution.

This role carries physical risk, chronic stress, and emotional load. Denying healthcare access to those providing care is both illogical and unethical.

### **4. Protect Job Security and Stop Punishing Progress**

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Current structures often penalize success.

When a client makes significant progress, technicians may lose hours, income, or even their position entirely, while still being held accountable for unmet skills.

This creates a perverse incentive structure where progress threatens livelihood, stability is discouraged, and ethical care becomes professionally risky.

Policies must be revised so that progress is not punished and job security is not undermined by positive outcomes.

In parallel, paid training and continuing education opportunities must be made accessible to BTs, strengthening the field rather than hollowing it out.

### **5. Expand Pathways to Registration and Backup Coverage**

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Many non-registered Behavioral Technicians want to become registered and are fully capable of doing so. However, current sponsorship requirements often force technicians to choose between advancement and continuity of care.

Systems should expand BCBA sponsorship pathways, allow flexible supervision models, and build pools of registered BTs who can provide temporary backup coverage.

Backup coverage is not a luxury. It is a safeguard that protects technicians, clients, and families.

### **Closing: Accountability and Call to Action**

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Behavioral Technicians are not interchangeable labor. They are relational anchors. When they leave, progress stalls. When they burn out, systems quietly fail the people they claim to serve.

The changes outlined here are not radical. They are realistic, ethical, and necessary.

Ethical care cannot exist without ethical labor practices.

If Behavioral Technicians are expected to keep showing up, then the systems built on their work must start showing up for them.

**Respectfully,**

Amy Lee Murr

Behavioral Technician (Misclassified as Attendant in State Records)

Private-Home Setting

Feral Faith Studio

## Author's Note (Context From the Field)

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I want to be transparent about my own position, because it reflects the broader structural issues addressed in this Letter of Action.

In my daily work, I perform both Attendant and Behavioral Technician responsibilities, with the majority of my role falling within Behavioral Technician scope. Despite this, I am classified and paid as an attendant under current state designation.

Last year, my client's parents advocated on my behalf for a raise. A twenty-five cent increase was requested and denied; a fifteen-cent raise was approved instead after significant effort. Both the Occupational Therapist and Speech Therapist supporting my client advocated for higher pay as well.

The explanation given was not a lack of willingness, but a lack of approved resource allowance. I was told that increasing pay further would require a significant reduction in hours, which would have harmed my client and placed additional strain on her family.

There has been no increase in pay since, despite my client meeting and exceeding milestones that were projected to take far longer, if they were thought achievable at all.

While compensation is not what keeps me in this field, it does matter. Fair pay and basic benefits would allow me to better care for my mental and physical health so that I can consistently show up regulated, present, and capable.

Ongoing education is essential to ethical care. Even with nearly twenty-five years of lived and professional experience with autism, there is still much to learn. Access to paid training and continuing education would strengthen outcomes across the field.

I am not asking to be treated as an authority beyond learning. I am asking to be treated fairly and honestly.

This is not about hierarchy. It is about integrity.