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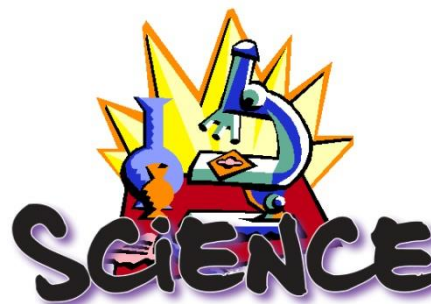
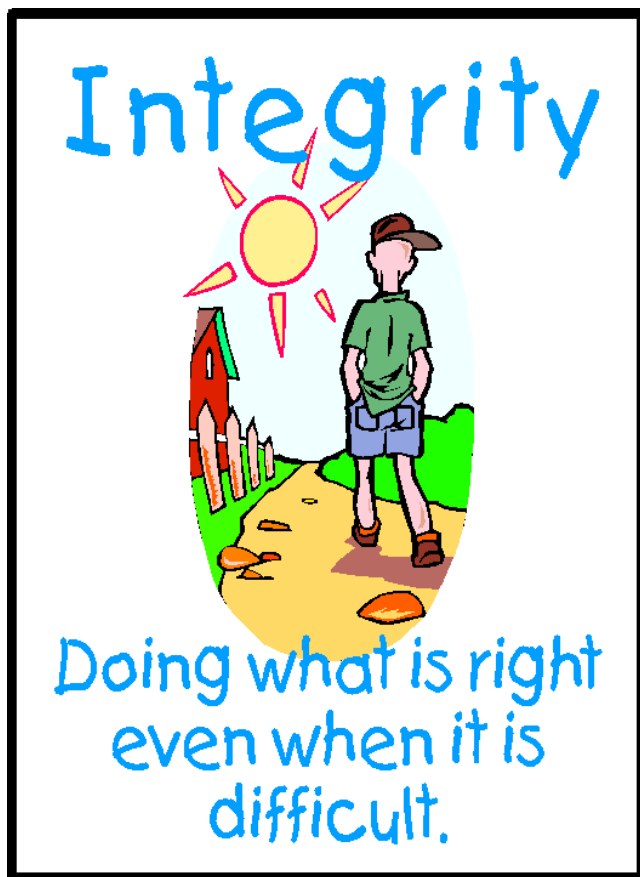


# **Ethical Considerations for Behavior Analysts Working with Children with Developmental Disabilities**

Alice Shillingsburg, PhD, BCBA-D

# Objectives

## Review common ethical guidelines



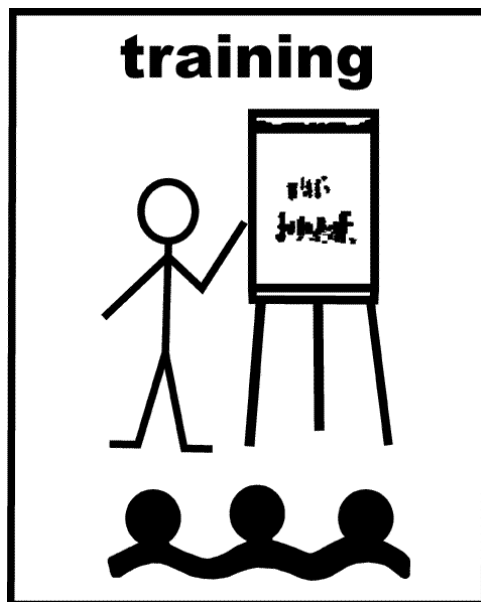
**Confidentiality**

Keeping Personal Things,  
Private



# Objectives

Review underemphasized and less common ethical issues



Harmful Reinforcers



# Objectives

## Emerging areas with potential ethical concerns

- Use of technology
- Telehealth
- Social media



# Objectives

- Useful skills and procedures to ensure ethical practices

KNOW THE  
**C O D E**



**SUPERVISION  
REQUIRED**

**DO NOT LEAVE UNATTENDED**

# Resources for this presentation

- Bailey & Burch, 2011. *Ethics for Behavior Analysts*
- BACB Guidelines for Responsible Conduct for Behavior Analysts
  - [www.BACB.com](http://www.BACB.com)
- Patterson, Grenny, McMillan, Switzler, 2011. *Crucial Conversations: Tools for Talking when the Stakes are High*
- My own clinical and training experiences

# Why Talk about Ethics

- “My professional goals are to not lose my certification and to never be sued for malpractice”
  - said no behavior analyst ever
- What do you love about your job?
- Why did you become a behavior analyst?



# Why Talk about Ethics

- To be our best selves
- Our clients' burdens are our burdens
  - Equipped to bear those burdens when they can't



# Core Ethical Values

- Do No Harm
- Respecting Autonomy
- Benefitting Others
- Being Just
- Being Truthful
- According Dignity
- Treating Others with Caring and Compassion
- Pursuit of Excellence
- Accepting Responsibility

# Empathy and Compassion

- Touchy feely stuff up front
- Compassion: sympathetic consciousness of others' distress together with a desire to alleviate it
- Empathy: the ability to understand and share the feelings of another

[https://www.youtube.com/watch?v=cDDWvj\\_q-o8](https://www.youtube.com/watch?v=cDDWvj_q-o8)

# Ethical Practice, Resolving Ethical Concerns

- Much easier when you consider the other person's perspective

# New Guidelines—January, 2016

- Professional and Ethical Compliance Code for Behavior Analysts
  - One document that replaced the *Conduct Guidelines* and the *Disciplinary Standards*
- There are some important changes, but not too many

# Case study

- Sally is a BCBA working in a fairly isolated geographical area. She is the only BCBA for over 100 miles. There is one licensed psychologist in the area with a generalist background who mostly serves adults and marital issues. Sally specializes in skill acquisition and problem behavior reduction in children with autism and related developmental disabilities. One day she gets a call from a parent of a child with selective mutism who is looking for evidence-based treatments for her child. What should Sally do?
- Is she competent?
- What can she do to gain competence and serve this child?

# 1.0 Responsible Conduct of a Behavior Analyst

## 1.01 Reliance on Scientific Knowledge.

- Rely on scientifically and professionally derived knowledge

## 1.02 Competence.

- Provide services, teach, and conduct research only within the boundaries of their competence, based on education, training, supervised experience, or professional experience.
- Behavior analysts provide services, teach, or conduct research in new areas or involving new techniques **only after first undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas or techniques.**




# 1.0 Responsible Conduct of a Behavior Analyst

## 1.03 Professional Development.

- Behavior analysts maintain knowledge of current scientific and professional information in their areas of practice and undertake ongoing efforts to maintain competence in the skills they use by **reading the appropriate literature, attending conferences and conventions, participating in workshops, obtaining additional coursework, and/or obtaining and maintaining appropriate professional credentials.**

**got competence?**

# Professional Development

- National conference membership and attendance
  - Association for Behavior Analysis International (ABAI)
  - Association of Professional Behavior Analysts (APBA)
  - National Autism Conference (NAC) 
- Regional Conferences
  - ALABA
- Keeping up with the literature



# Carr & Briggs (2010)

- “Strategies for making regular contact with the scholarly literature” *Behavior Analysis in Practice*, vol. 3
  - Barriers to practitioners once they leave graduate school
    - ◆ Lack of library access
    - ◆ Lack of searchable databases
    - ◆ Lack of access to journals once found
    - ◆ Generally difficult to keep up with so much new research coming out
    - ◆ Finding the time to prioritize reading

# Carr & Briggs (2010)

- Solutions to searching
  - Individual subscription to psychinfo
    - ◆ May be cost prohibitive
  - Talk with employer about an organizational subscription
  - Library access through alma mater or adjunct position

# Carr & Briggs (2010)

- Solutions to accessing articles
  - Some may be free online
  - Inexpensive journal subscriptions
  - Free journal with organizational memberships
  - Some archives are free
    - ◆ Pubmed central [www.pubmedcentral.nih.gov](http://www.pubmedcentral.nih.gov)
  - Contact the authors to send a reprint
  - Some full text through Google scholar

# Carr & Briggs (2010)

- Solutions to amount and timing of new research
  - Can be difficult to follow newly published work given how often and the different schedules of publication
  - Organize a Bookmark Panel in your browser to minimize effort in finding key websites
    - ◆ In press articles are often available on the journal website
  - Email alerts-Sign up to have the **TOC emailed to you** when they become available

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## *Journal of* Applied Behavior Analysis

### Journal of Applied Behavior Analysis

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# Carr & Briggs (2010)

- Solutions to getting it done
  - Arrange a journal club (peer pressure) and EARN CEUs
    - ◆ Approved Continuing Education Provider (ACE)
  - Present at conferences!

# 1.0 Responsible Conduct of a Behavior Analyst

## 1.04 Integrity

- Behavior analysts are **truthful and honest**.
- **Follows through on obligations, and contractual and professional commitments with high quality work and refrain from making professional commitments they cannot keep.**
- **Conforms to the legal and moral codes** of the community
- If behavior analysts' ethical responsibilities conflict with law, behavior analysts make known their commitment to these Guidelines and take steps to resolve the conflict in a responsible manner in accordance with law.



# Case study

- The leadership at a large organization that provides behavioral services to children with autism and other developmental disabilities holds a finance and operations meeting with the BCBAs to discuss new case load requirements for the next fiscal year. Currently the BCBAs carry a caseload of 10-12 cases for comprehensive services. In order to boost revenue, the leadership team is increasing the requirements of the BCBAs to 20-24 cases per supervisor. What issues should the BCBAs consider and discuss with leadership?



# Health Plan Coverage of ABA Treatment for ASD

## ■ BACB guidelines 2012

Caseload size for the Behavior Analyst is typically determined by these same factors and reflects:

- complexity of the case and needs of the client
- training, experience level, and skills of the Behavior Analyst
- number of hours of treatment each client is receiving
- location and modality of supervision
- expertise and availability of support for the Behavior Analyst (e.g., a BCaBA)

# Health Plan Coverage of ABA Treatment for ASD

## ■ BACB guidelines 2012

The average caseload for one (1) Behavior Analyst supervising comprehensive treatment *without support by a BCaBA* is 6 - 12.

The average caseload for one (1) Behavior Analyst supervising comprehensive treatment *with support by one (1) BCaBA* is 12 - 16. Additional BCaBAs permit modest increases in caseloads.

The average caseload for one (1) Behavior Analyst supervising focused treatment *without support of a BCaBA* is 10 - 15.

The average caseload for one (1) Behavior Analyst supervising focused treatment *with support of one (1) BCaBA* is 16 - 24.

# Case study

- Dr. Smith is a BCBA-D with expertise in problem behavior reduction in children with developmental disabilities. His neighbor, Kate, has a 6 year old son who is not toilet trained. She asks Dr. Smith for his advice. Dr. Smith tells her that there are some good books on toilet training and provides some references. Then he shares a written behavioral protocol on toileting and gives her a data sheet. What do you think about Dr. Smith's responses. Are there any ethical concerns?

# 1.0 Responsible Conduct of a Behavior Analyst

## 1.05 Professional and Scientific Relationships.

- Provide behavioral behavior analytic services **only in the context of a defined, remunerated professional or scientific relationship or role.**
- When providing services, use **language that is fully understandable** to the recipient of those services.

# Case study

- Johnny is an 8 year old with autism. His father brings him for services at a behavioral intervention clinic. In the initial intake, a team of two therapists, a male and a female, are working with the child, while you, the BCBA, are interviewing the parent. In your conversation, the parent states that he doesn't feel comfortable with a male providing services. He goes on to say that this is because in his culture and according to his religious practices, males are not the care takers for children. You feel yourself getting upset that this parent is asking for differential treatment based on gender and you start to think that he must be very sexist. What needs to be considered and what is the best course of action?

# 1.0 Responsible Conduct of a Behavior Analyst

## 1.05 Professional and Scientific Relationships (cont.)

- Where differences of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status **significantly affect behavior analysts' work** concerning particular individuals or groups, behavior analysts **obtain the training, experience, consultation, or supervision** necessary to ensure the competence of their services, or they **make appropriate referrals**.
- In work-related activities, **do not engage in discrimination** based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, etc

# Case study

- Jonathon is a BCBA whose aging parents are beginning to need support due to declining health. Jonathon is an only child and lives about 3 hours from his parents. He begins to spend weekends with them and attempts to get up early on Mondays to make it back to complete his work consulting with several local schools. Over the past 2 months he has missed 3 IEP meetings and was 45 minutes late to an inservice training he was giving at a school. What are the concerns and what should Jonathon do?

# 1.0 Responsible Conduct of a Behavior Analyst

## 1.05 Professional and Scientific Relationships.

- **Do not knowingly engage in behavior that is harassing or demeaning to persons** with whom they interact in their work based on factors such as those persons' age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status, in accordance with law.
- Recognize that their **personal problems and conflicts may interfere with their effectiveness**. Behavior analysts **refrain from providing services when their personal circumstances may compromise delivering services** to the best of their abilities.



# Case study

- Jason is a BCBA working directly with a 3 year old named Sam in his home. He has sessions every Tuesday evening. Each time he comes to the house he notices that Sam's mom is struggling to get dinner together and the options are pretty limited. Jason decides that he will pick up dinner on occasion and bring it for the family at his sessions. Jason just wants to help the family since he knows caring for a child with special needs can be so expensive. Is this OK for Jason to do?

# 1.0 Responsible Conduct of a Behavior Analyst

## 1.06 Multiple Relationships and Conflicts of Interest.

- Due to the potentially harmful effects of multiple relationships, behavior analysts **avoid multiple relationships**.
- Behavior analysts must always be sensitive to the potentially harmful effects of multiple relationships. **If behavior analysts find that, due to unforeseen factors, a multiple relationship has arisen, they seek to resolve it.**
- (NC) Behavior analysts **recognize and inform clients and supervisees about the potential harmful effects of multiple relationships.**
- (NC) Behavior analysts **do not accept any gifts from or give any gifts to clients** because this constitutes a multiple relationship.

# Case study

- Paul is a BCBA working in a center for children with ASD. He has a team of several entry level therapists, a receptionist, and administrative assistant. During the holiday season parents always want to show appreciation for the staff. One father brings in a gift card for \$50 for Paul. Another parent brings in a tray of holiday cookies for the whole staff. How should Paul respond to these parents? What ethical concerns might arise? What should he do in the future?

# Case study

- Dr. Taylor is a successful BCBA-D who has spent the last 15 years developing an assessment tool to be used in classrooms to assess a variety of needs for skills programming. The measure is now commercially available. Dr. Taylor consults regularly with the school and attends numerous IEP meetings. Dr. Taylor regularly suggests that the school use the assessment tool that she developed to assist in remediating poor programming for individual students. What ethical concerns are involved? Is this ok to do?

# 1.0 Responsible Conduct of a Behavior Analyst

## 1.07 Exploitative Relationships.

- Behavior analysts **do not exploit persons over whom they have supervisory, evaluative, or other authority** such as students, supervisees, employees, research participants, and clients.
- Behavior analysts **do not engage in sexual relationships with clients, students, or supervisees in training over whom the behavior analyst has evaluative or direct authority**, because such relationships easily impair judgment or become exploitative.
- (NC) Behavior analysts **refrain from any sexual relationships** with clients, students, or supervisees, **for at least two years** after the date the professional relationship has formally ended.
- (NC) Behavior analysts do not barter for services, **unless a written agreement** is in place for the barter that is (1) **requested by the client or supervisee**; (2) **customary to the area** where services are provided; and (3) **fair and commensurate with the value** of behavior-analytic services provided.

## 2.0 The Behavior Analyst's Responsibility to Clients

### 2.01 Accepting Clients.

- Accept as clients only those whose behavior problems or requested service **are commensurate with the behavior analyst's education, training, and experience.** In lieu of these conditions, the **behavior analyst must function under the supervision of or in consultation** with a behavior analyst whose credentials permit working with such behavior problems or services.

## 2.0 The Behavior Analyst's Responsibility to Clients

### 2.02 Responsibility.

- Responsibility is to **all parties** affected by behavioral services.
- When multiple parties are involved, **a hierarchy of parties** must be established and communicated from the outset of the defined relationship.
- Behavior analysts identify and communicate **who the primary ultimate beneficiary of services** is in any given situation and advocates for his or her best interests.

# Case Study

Patricia, the mother of a 7 year old with ASD, requests intensive services at your center. After a thorough intake assessment, you conclude that a primary area of concern is social skills. You know of a wonderful behaviorally based social skills program that is offered at the same time as the open slot in your program. You feel your center can also offer social skills intervention a few days a week with some other clients that might be a good enough match in your program and you are eager to fill the open slot. Plus, the parent is there seeking out your services. What should you do?



## 2.0 The Behavior Analyst's Responsibility to Clients

### 2.03 Consultation.

- Behavior analysts **arrange for appropriate consultations and referrals based principally on the best interests of their clients, with appropriate consent**, and subject to other relevant considerations, including applicable law and contractual obligations.
- (NC) When indicated and professionally appropriate, **behavior analysts cooperate with other professionals, in a manner that is consistent with the philosophical assumptions and principles of behavior analysis**, in order to effectively and appropriately serve their clients.

## 2.0 The Behavior Analyst's Responsibility to Clients

### 2.04 Third-Party Requests for Services.

- The behavior analyst **clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party.** This clarification includes the role of the behavior analyst (such as therapist, organizational consultant, or expert witness), the probable uses of the services provided or the information obtained, and the fact that **there may be limits to confidentiality.**
- Behavior analysts put the **client's care above all others** and, should the third party make requirements for services that are **contraindicated by the behavior analyst's recommendations,** behavior analysts are obligated to resolve such conflicts in the best interest of the client. **If said conflict cannot be resolved, that behavior analyst's services to the client may be discontinued following appropriate transition.**

## 2.0 The Behavior Analyst's Responsibility to Clients

### 2.05 Rights and Prerogatives of Clients.

- Behavior analyst **supports client's legal rights and prerogatives.**
- The client must be provided on request an accurate, **current set of the behavior analyst's credentials.**
- **Permission for electronic recording** of interviews and service delivery sessions is secured from clients and relevant staff of all other settings. **Consent for different uses must be obtained specifically and separately.**
- Clients must be informed of their **rights, and about procedures to complain about professional practices** of the behavior analyst.
- **Complies with all requirements for criminal background checks.**

## 2.0 The Behavior Analyst's Responsibility to Clients

### 2.06 Maintaining Confidentiality.

- Take reasonable precautions to protect **confidentiality**.
- **Discuss confidentiality at the outset of the relationship** and thereafter as new circumstances may warrant.
- In order to minimize intrusions on privacy, behavior analysts **include only information germane to the purpose for which the communication is made in written and oral reports, consultations, and the like.**
- **Discuss confidential information .... only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.**
- (NC) Must not share or create situations likely to result in the sharing of any identifying information (written, photographic, or video) about current clients and supervisees **within social media contexts.**

# Case study

- Karen, a BCBA who works with children with significant problem behavior got a new client. During her session the child exhibited incredibly high rates of aggression, injuring both her and a co-worker. Karen had visible bandages around her left arm. At the end of the day as Karen was leaving, the receptionist asked what happened to her arm. Karen told her about her new client and how tough the session was. Karen also said the receptionist couldn't miss him tomorrow since he is almost 6 feet tall.



# Case study

- Sarah has been working with a family for 6 months. The family is 4 months behind on payments. Sarah has discontinued services and sent the family numerous letters indicating that their bill will ultimately go to collections if they do not settle the balance. Sarah contacts a collections agency and tells them that the family has a been receiving services for their child with autism and owes her the balance. Is Sarah allowed to do this? What ethical issues are concerns?

## 2.0 The Behavior Analyst's Responsibility to Clients

### 2.07 Maintaining Records.

- Maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium.

### 2.08 Disclosures.

- Disclose confidential information without the consent of the individual only as **mandated by law**, or where permitted by law for a valid purpose, such as (1) to provide needed professional services to the client, (2) to obtain appropriate professional consultations, (3) to protect the client or others from harm, or (4) **to obtain payment for services**.

## 2.0 The Behavior Analyst's Responsibility to Clients

### 2.09 Treatment/Intervention Efficacy.

- **Clients have a right to effective treatment (i.e., based on the research literature and adapted to the individual client).**
- Always has the responsibility to advocate for and educate the client on scientifically supported, most effective treatment procedures. **Effective treatment procedures have been validated as having both long-term and short-term benefits to clients and society.**
- Must advocate for appropriate amount and level of service needed to meet goals
- **When more than one scientifically supported treatment has been established, additional factors may be considered in selecting interventions, including, efficiency and cost-effectiveness, risks and side-effects of the interventions, client preference, and practitioner experience and training.**



# Case study

- Jack is a BCBA who specializes in skill acquisition and problem behavior reduction in children with developmental disabilities. He is well versed in evidence based treatments and keeps up to date with the literature. He is working with a child who has not responded to numerous evidence-based protocols aimed at increasing his vocal language. He cannot find any additional strategies in the literature. Jack has new ideas for adapting some procedures that have been effective in increasing other skills. What should Jack do?



# Cost-Benefit Analyses

- Important when determining what treatment procedures to use
- Bailey and Burch

## 8 General Risk Factors

1. The Nature of the Behavior being Treated
2. Sufficient Personnel to Administer the Program
3. Is the Mediator Well Trained?
4. Is the Setting Appropriate?
5. Is the Behavior Analyst Experienced in Treating this type of case?
6. Is there a risk to others present?
7. Is there Buy-in from Key people?
8. Personal Liability? Risk to you?

# 5 General Benefits

1. Client Direct Benefit?
2. Indirect Benefits to the Setting
3. Benefits to Mediator and Caregivers
4. Benefits to others in the setting
5. Reduction in Liability in the setting

## 2.0 The Behavior Analyst's Responsibility to Clients

### 2.10-2.15 Documentation and Fees

- Keep appropriately detailed documentation and notes.
- Maintain records for at least 7 years.
- Signed contract outlining **the responsibilities of all parties, the scope of behavior-analytic services to be provided**, and behavior analysts' obligations.
- As early as is feasible, **specify compensation and billing arrangements**.
- Do not accept of pay for referrals.

## 2.0 The Behavior Analyst's Responsibility to Clients

### 2.16 Interrupting or Discontinuing Services.

- Make reasonable efforts to **plan for facilitating care in the event that behavior analytic services are interrupted** by factors such as the behavior analyst's illness, impending death, unavailability, or relocation or by the client's relocation or financial limitations.
- **Behavior analysts do not abandon clients.** Behavior analysts terminate service when it becomes reasonably clear that the client **no longer needs the service, is not benefiting, is being harmed by service, or requests discontinuation.**
- Prior to termination for whatever reason, except where precluded by the client's conduct, the behavior analyst discusses the client's views and needs, **provides appropriate pre-termination services, suggests alternative service providers as appropriate,** and takes other reasonable steps to facilitate transfer of responsibility to another provider needed

## 3.0 Assessing Behavior

### 3.01 (NC) Behavior-Analytic Assessment

- Behavior analysts **conduct current assessments prior to making recommendations** or developing behavior-change programs.
- When behavior analysts are developing a behavior-reduction program, **they must first conduct a functional assessment.**
- Behavior analysts have an **obligation to collect and graphically display data** in a manner that allows for decisions and recommendations for behavior-change program development.

## 3.0 Assessing Behavior

### 3.02 (NC) Medical Consultation

- Behavior analysts recommend seeking a medical consultation if there is any reasonable possibility that a referred behavior is influenced by medical or biological variables.

### 3.03 Behavioral Assessment Approval (Consent).

- Explain assessment process, participants, and use of results.
- Must get written consent prior to conducting assessment.

### 3.04 Explaining Assessment Results

- Behavior analysts **explain assessment results using language and graphic displays of data that are reasonably understandable** to the client.



# Case study

- Jim is a BCBA who conducted a functional behavior assessment for a child in a classroom as part of the child's IEP. When the IEP team is scheduling the meeting to discuss the results and the Behavior Intervention Plan, the meeting is scheduled at a time he cannot attend. The team asks that he submit his report. Should Jim submit the report even though he cannot attend?

# Case study

- The parent of a 9 year old with autism provides a short list of preferred activities that the BCBA hopes to use as reinforcers. According to mom, the child doesn't engage with very many toys or activities. During the preference assessment and informal observations, the most preferred activities were watching Barney and other preschool cartoons. However, the child's mom says she doesn't want the BCBA to use them because they are not age appropriate. She only wants age appropriate activities to be used. The BCBA assesses numerous activities and videos and cannot find any age appropriate reinforcers. What should the BCBA do? What are the ethical concerns?

# 4.0 Behavior Analysts and the Behavior Change Program

## **(NC) 4.01 Conceptual Consistency.**

- Behavior analysts design behavior-change programs that are conceptually consistent with behavior analytic principles.

## **4.06 Describing Conditions for Program Success.**

- Describes to the client the environmental conditions that **are necessary for the program to be effective.**

- Dr. Jones supervises an in home program for a 10 year old with autism. A primary goal for the family is to get him toilet trained. Dr. Jones reviews the baseline data with the family and goes through the recommended behavioral protocol. During the meeting the parent voices concerns that putting her son in underwear will result in lots of messes and she doesn't agree with using edibles as reinforcers. Dr. Jones feels the behavioral program is the best, most effective strategy given the research base and given what he knows of the child's preferences. He discusses the rationale and the parent ultimately agrees. At his next visit, he reviews the data and asks about the procedures. The parent has a difficult time describing what they have been doing for toilet training and the data do not seem to reflect what the parents are describing. Dr. Jones thinks they are not complying with the protocol and are making up data. What ethical concerns are involved? How should Dr. Jones proceed?

# 4.0 Behavior Analysts and the Behavior Change Program

## 4.07 Environmental Conditions that Interfere.

- (a) If environmental conditions **prevent implementation** of a behavior-change program, behavior analysts recommend that **other professional assistance be sought**.
- (b) If environmental conditions **hinder implementation** of the behavior-change program, behavior analysts **seek to eliminate the environmental constraints**, or identify in writing the obstacles to doing so.

# Case study

- Sam is an 8 year old with autism. He is minimally verbal and engages in a lot of repetitive and stereotypical behaviors. At times he becomes disruptive and makes messes throughout the house. He is also not toilet trained. After a thorough assessment, a goal meeting is scheduled to discuss a comprehensive treatment plan with the family. At the meeting the parents indicate that one of their top priorities is to teach Sam to wear a Yarmulke in accordance with their Jewish faith. The BCBA is stunned that this would be a top concern given all of Sam's other issues. How should the BCBA respond?

# Social Validity

- Behaviors that are targeted should be socially relevant (Baer, Wolf & Risley, 1968).
- Choose targets that are important to the child and the family and that will help the child achieve the most out of their life.
- These targets are based on the child's needs, the family's wants and the consultant's assessments.

# 4.0 Behavior Analysts and the Behavior Change Program

## 4.02 Approving Interventions (Consent).

- Behavior analysts **involve the client in the planning of and consent** for behavior-change programs.

## 4.05 Describe Behavior-Change Objectives.

- Behavior analysts describe, in writing, the objectives of the behavior-change program to the client before attempting to implement the program. To the extent possible, a risk-benefit analysis should be conducted on the procedures to be implemented to reach the objective.



# 4.0 Behavior Analysts and the Behavior Change Program

## 4.08 Punishment.

- Recommends reinforcement rather than punishment
- If punishment procedures are necessary, the behavior analyst **always includes reinforcement** procedures for alternative behavior
- (NC) Reinforcement-based procedures are implemented first **unless the severity or dangerousness of the behavior necessitates immediate use of aversive procedures**
- (NC) **Aversive procedures are accompanied by an increased level of training, supervision, and oversight.** Behavior analysts must **evaluate the effectiveness of aversive procedures** in a timely manner and modify the behavior-change program if it is ineffective. Behavior analysts **always include a plan to discontinue the use** of aversive procedures when no longer needed

# 4.0 Behavior Analysts and the Behavior Change Program

## 4.10 Avoiding Harmful Reinforcers.

- Minimizes the use of items as potential reinforcers that maybe harmful to health and development of the client or participant (e.g., cigarettes, sugar or fat-laden food)—parentheses removed from NC.

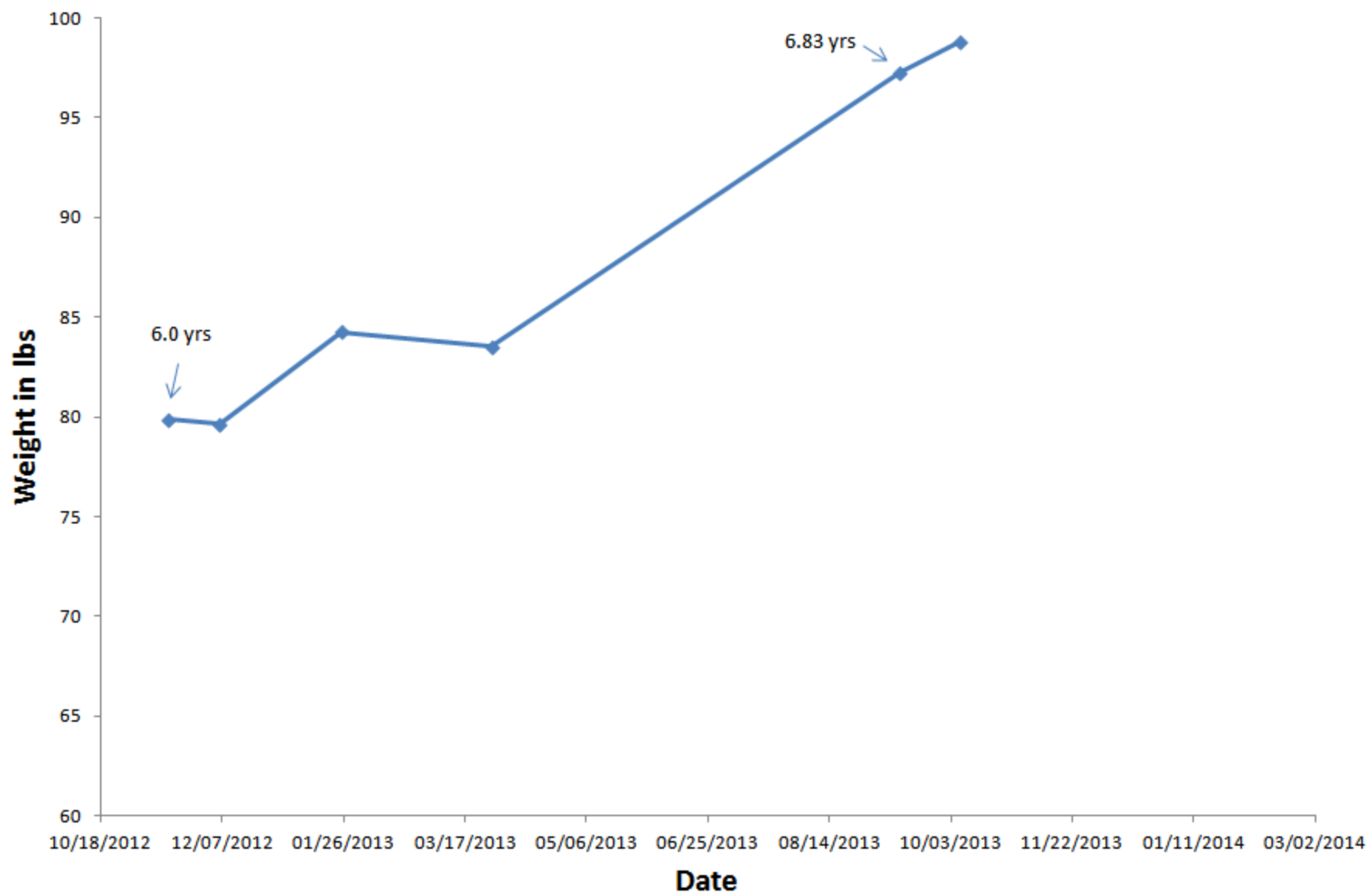
# Avoiding Harmful Reinforcers

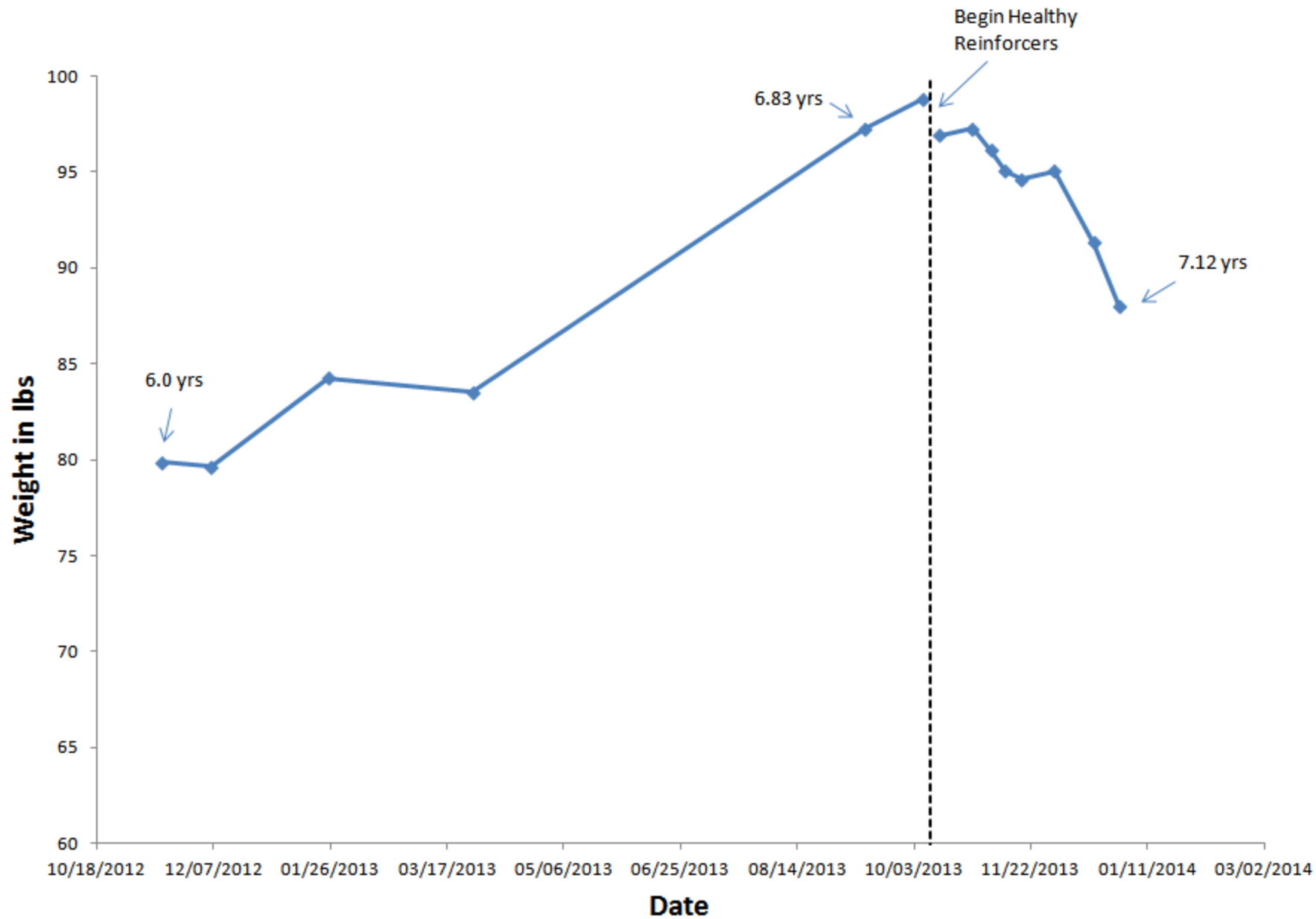
- Obvious and not-so-obvious
- Edibles in programming for kids with limited range of reinforcers

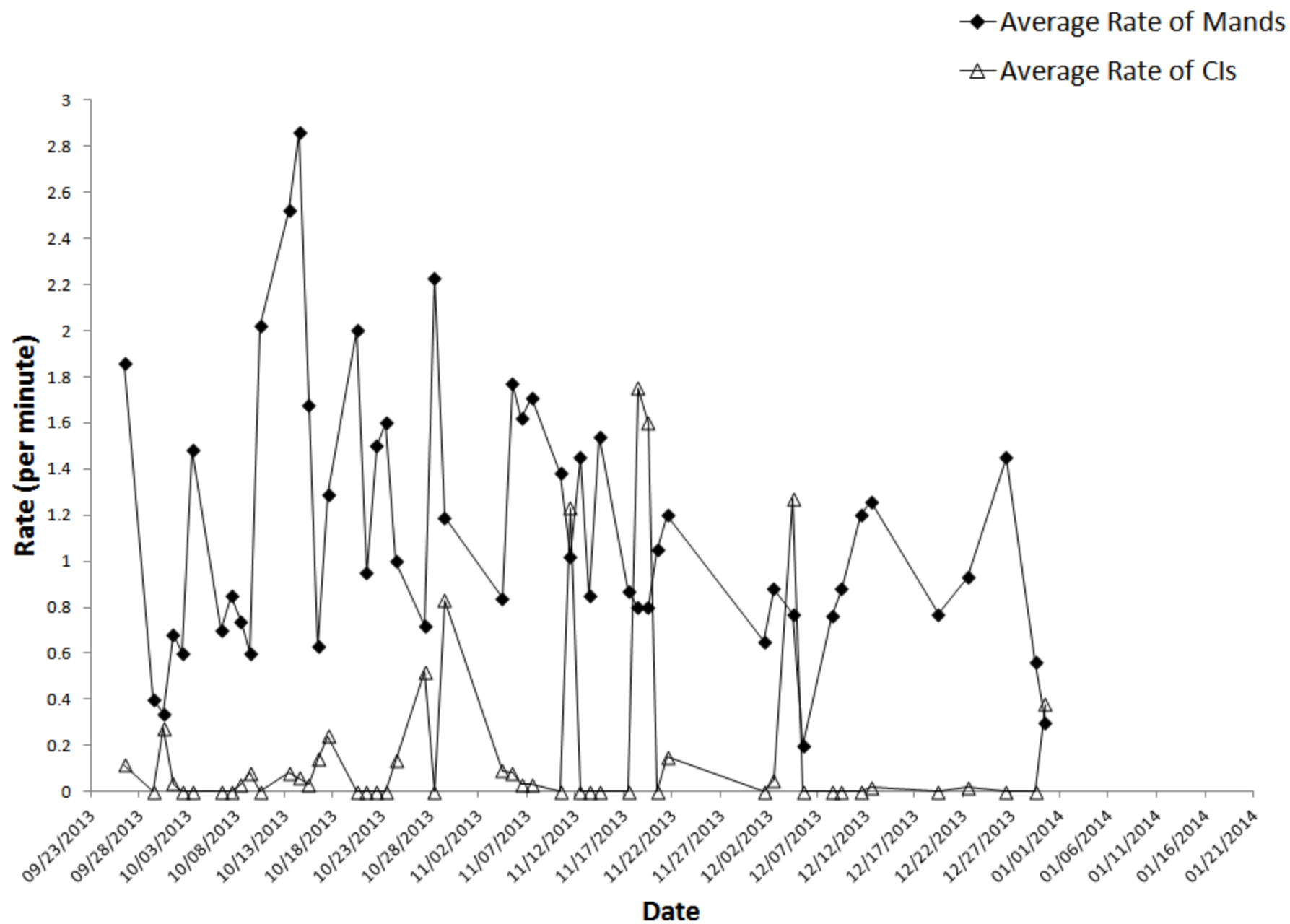


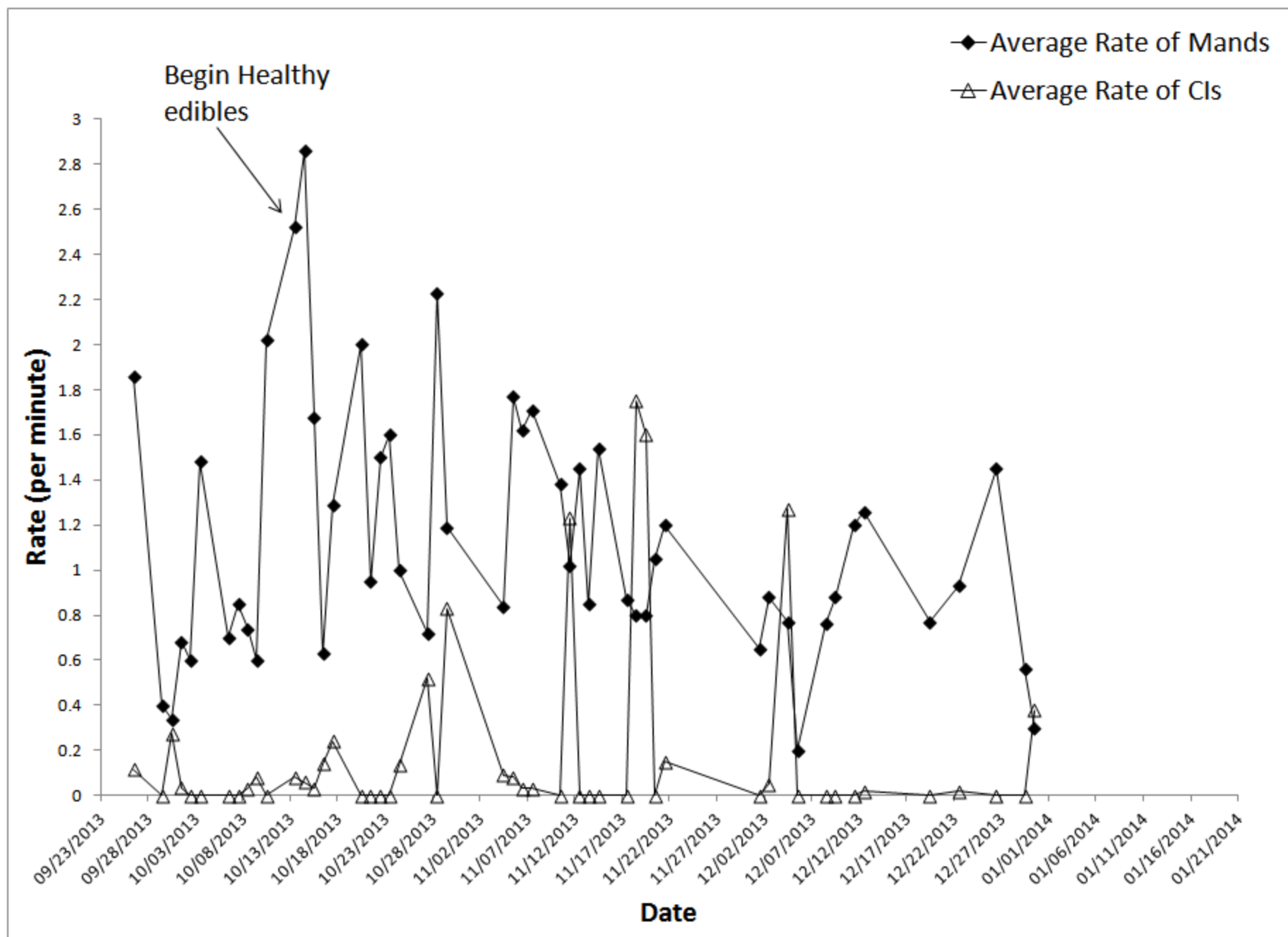
# Avoiding Harmful Reinforcers

- Repeated exposure to energy-rich food may be associated with an increased obesity risk (Anzman, Rollins, & Birch, 2010; Kenny, 2011)
- Delivery of high calorie foods might result in changes in food preferences
- Brain-imaging studies in obese and overweight humans
  - shown changes in the dorsal striatum indicative of reward hyposensitivity
  - the net result of which may be increased seeking of palatable foods (Stice, Spoor, Bohon, & Small, 2008)
- Children with autism spectrum disorder (ASD) are at increased risk for obesity (Egan, Dreyer, Odar, Beckwith, & Garrison, 2013)
- Curtin et al. estimated the odds of obesity in ASD to be 1.42 times the rate found in typically developing peers

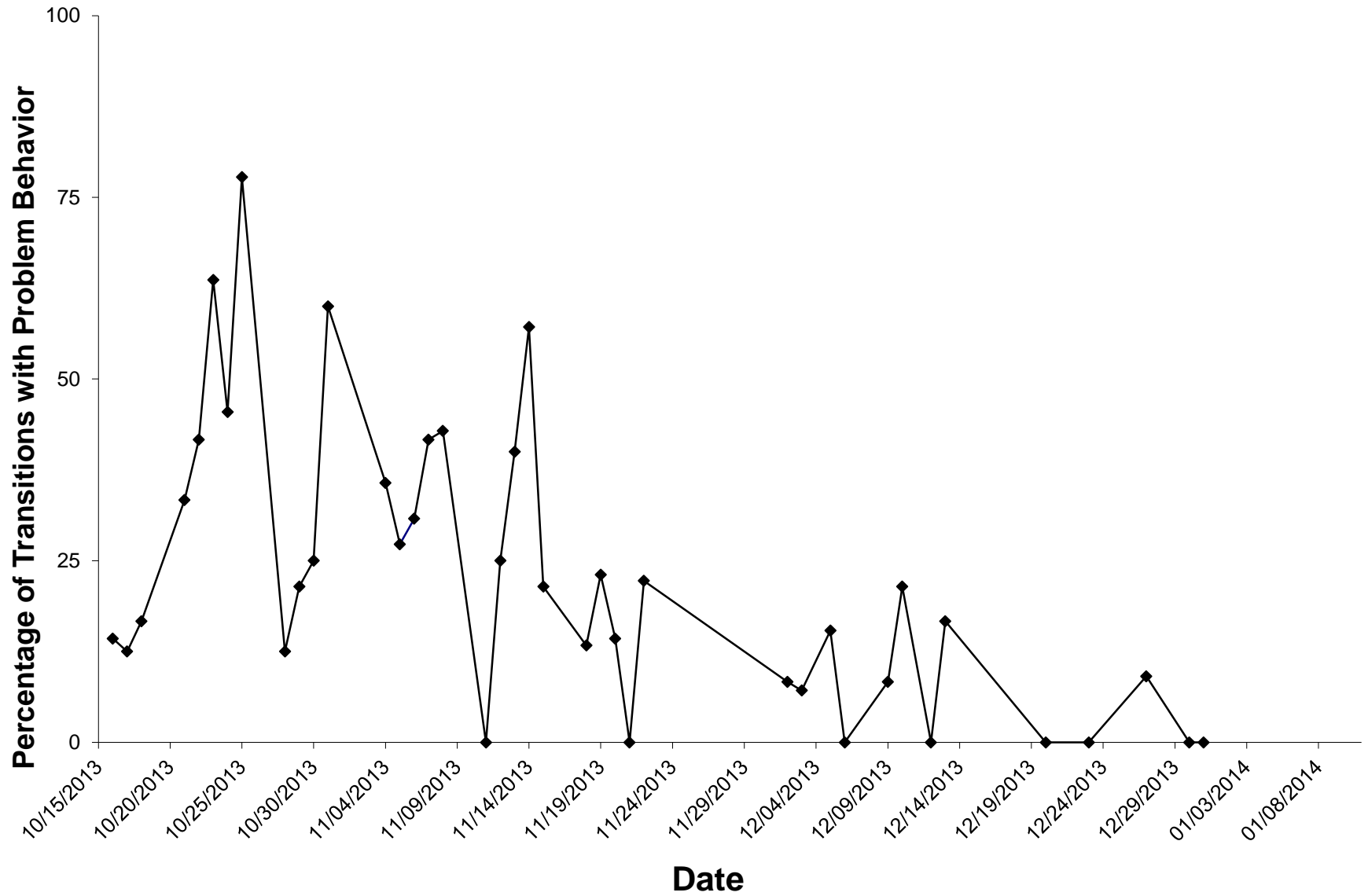


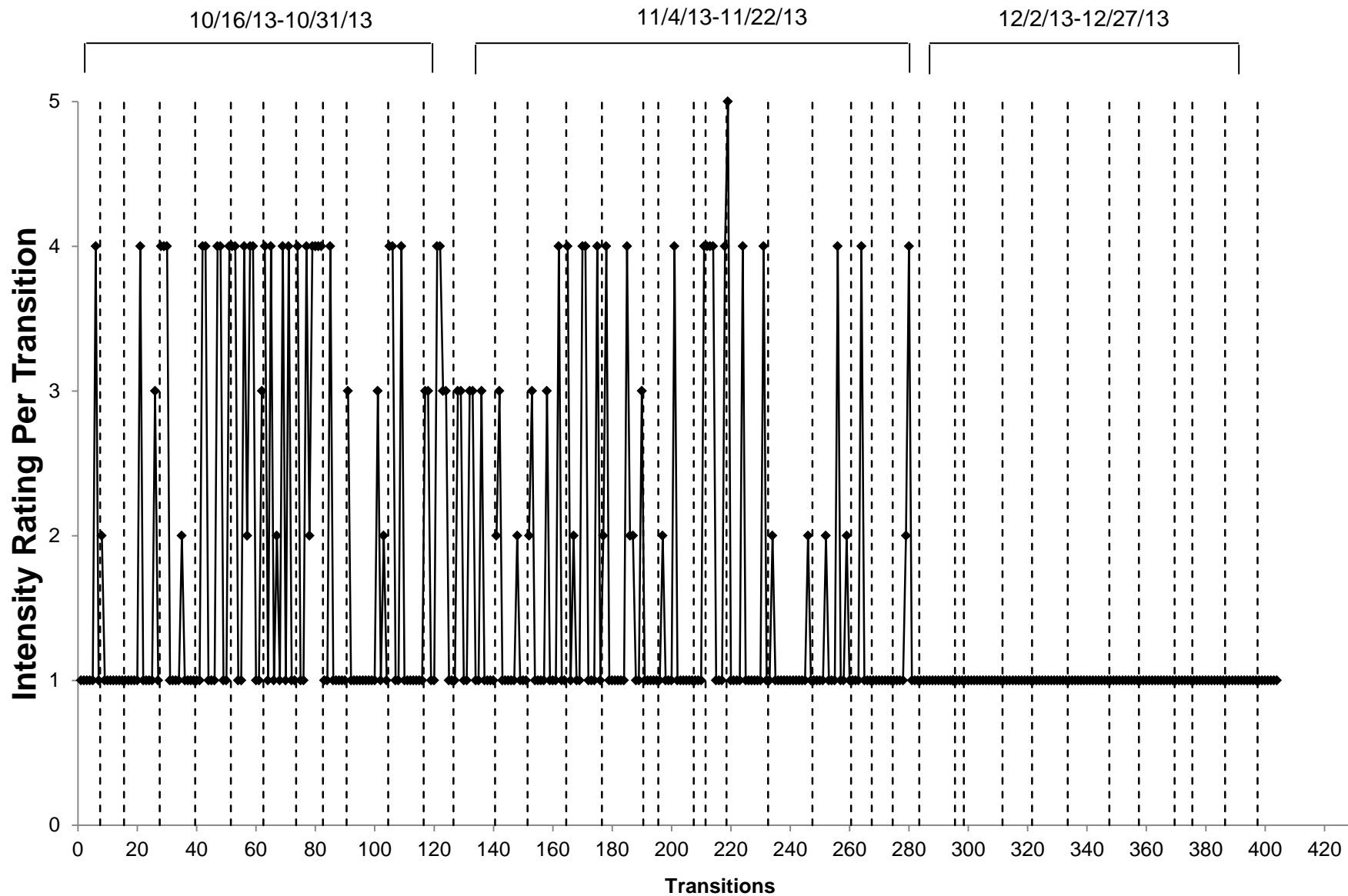












1: No Problem Behavior

2: C-grip

3: Baskethold

4: 2 therapists

5- 3 therapists

# Case study

- Kelly, a BCBA, is called in to consult with a school regarding the loud stereotypical vocalizations of a student that disrupts the other students and is “irritating” and causes headaches in the staff. The staff would like to move the student to an isolated classroom so that the other students’ work is not disrupted. Further, they have found that if he listens to music on headphones, he is quiet. Therefore, the staff have been leaving him in headphones all day. What ethical guidelines apply and what next steps should the BCBA take?

# 4.0 Behavior Analysts and the Behavior Change Program

## 4.09 Least Restrictive Procedures.

- The behavior analyst **reviews and appraises the restrictiveness of alternative interventions and always recommends the least restrictive procedures** likely to be effective in dealing with a behavior problem.

# Case study

- Beverly is working with a 4 year old and his family whose primary language is Spanish. Neither parent speaks or understands English very well. During sessions Beverly asks if their 15 year old daughter can translate their sessions. Is this OK to do? What ethical concerns should be considered?

## 5.0 The Behavior Analyst As Supervisor

### 5.03 Supervisory Delegation

Behavior analysts delegate to their employees, supervisees, and research assistants only those responsibilities that such persons can **reasonably be expected to perform competently.**

## 5.0 The Behavior Analyst As Supervisor

### 5.04 Designing Competent Training Programs and Supervised Work Experiences.

- Behavior analysts seek to ensure that the programs and supervisory activities:
  - are competently designed
  - provide the proper experiences
  - and meet the requirements for licensure, certification, or other goals for which claims are made by the program or supervisor.

# Case study

- Dr. Jay is the director of a large organization that provides ABA services to children with DD. In addition to supervising employees he often takes trainees who are attempting to fulfill the supervised work experience requirement in pursuit of certification. Dr. Jay has two trainees who spend 80% of their time in direct service delivery with clients. Dr. Jay has not had time to observe his students in the last 6 weeks but has provided phone and email consultation and plans to make up the missed supervision time. What are the ethical concerns?



# BACB.com Newsletter

## Supervision requirements

- Q: When will supervisees be expected to comply with the new limit of no more than 50% of experience hours in direct implementation of behavioral programs?
- A: Any experience obtained after the publication of the **September 2012 BACB Newsletter** should comply with this requirement. As of January 1, 2014 [BACB] will monitor (and may audit) applications to ensure compliance with this requirement.
- Q: Does the 50% maximum apply to each supervisory period?
- A: No, this requirement applies to the experience as a whole. If you are currently accruing experience, you should take steps to ensure that you will have met this requirement by the time your experience is completed.

## 5.0 The Behavior Analyst As Supervisor

### 5.01 (NC) Supervisory Competence

- Behavior analysts supervise only within their areas of defined competence

### 5.02 (NC) Supervisory Volume

- Behavior analysts take on only a **volume of supervisory activity that is commensurate with their ability to be effective.**

## 5.0 The Behavior Analyst As Supervisor

### 5.06 Providing Feedback to Supervisees.

- Behavior analysts design feedback and reinforcement systems in a way that improves supervisee performance.
- Behavior analysts provide documented, timely feedback regarding the performance of a supervisee on an ongoing basis.

## 6.0 The Behavior Analyst and the Workplace



## 6.0 Ethical Responsibility to Behavior Analysis

### 6.01 Affirming Principles. (previously 7.01)

- **Above all other professional training**, behavior analysts uphold and advance the values, ethics, and principles of the profession of behavior analysis.
- Behavior analysts have an obligation to participate in behavior-analytic **professional and scientific organizations** or activities.

### 6.02 Disseminating Behavior Analysis.

- Behavior analysts promote behavior analysis by making information about it available to the public through presentations, discussions, and other media.

# 7.0 Ethical Responsibility to Colleagues.

## 7.01 (NC) Promoting an Ethical Culture.

- Behavior analysts promote an ethical culture in their work environments and make others aware of this Code.

## 7.02 Ethical Violations by Others and Risk of Harm.

- First determine whether there is potential for harm, a possible legal violation, a mandatory-reporting condition
- If a client's legal rights are being violated, or if there is the potential for harm, behavior analysts **must take the necessary action to protect the client**
- **Informal resolution**--behavior analysts attempt to resolve the issue by bringing it to the attention of that individual and documenting their efforts to address the matter. If the matter is not resolved, behavior analysts report the matter to the appropriate authority
- If the matter meets the reporting requirements of the BACB, behavior analysts **submit a formal complaint** to the BACB.

## 8.0 Public Statements.

- Public statements include but are not limited to paid or unpaid advertising, brochures, printed matter, directory listings, personal resumes or curriculum vitae, interviews or comments for use in media, statements in legal proceedings, lectures and public oral presentations, and published materials.

## 8.0 Public Statements.

### 8.01 Avoiding False or Deceptive Statements.

- Do not make public statements that are false, deceptive, misleading, exaggerated, or fraudulent, either because of what they state, convey, or suggest or because of what they omit, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.
- Behavior analysts claim as credentials for their behavior-analytic work, only degrees that were primarily or exclusively behavior-analytic in content.



## 8.0 Public Statements.

### 8.01 Avoiding False or Deceptive Statements.

- Behavior analysts do not implement non-behavior-analytic interventions.
- Non-behavior-analytic services may only be provided within the context of non-behavior-analytic education, formal training, and credentialing.
- Such services must be clearly distinguished from their behavior-analytic practices and BACB certification by using the following disclaimer: “These interventions are not behavior-analytic in nature and are not covered by my BACB credential.”

## 8.0 Public Statements.

### 8.01 Avoiding False or Deceptive Statements.

- Behavior analysts do not advertise non-behavior-analytic services as being behavior-analytic.
- Behavior analysts do not identify non-behavior-analytic services as behavior-analytic services on bills, invoices, or requests for reimbursement.
- Behavior analysts do not implement non-behavior-analytic services under behavior-analytic service authorizations.

## 8.0 Public Statements.

### 8.03 Statements by Others.

- Behavior analysts **who engage others** to create or place public statements that promote their professional practice, products, or activities **retain professional responsibility for such statements.**
- Behavior analysts make **reasonable efforts to prevent others** whom they do not oversee (such as employers, publishers, sponsors, organizational clients, and representatives of the print or broadcast media) from **making deceptive statements** concerning behavior analysts' practices or professional or scientific activities.
- If behavior analysts learn of deceptive statements about their work made by others, behavior analysts correct such statements.
- A paid advertisement relating to the behavior analyst's activities must be identified as such, unless it is already apparent from the context.

# Language and Learning Clinics

*Approximately 63 percent of children are nonvocal at admission. Of the children treated, 100 percent acquire functional communication.*

We offer intensive one-on-one and small-group intervention based on the science of Applied Behavior Analysis (ABA) and Verbal Behavior (VB) to children with significant language, social and adaptive skills delays and behavioral concerns. Interventions are offered in a variety of settings, including clinic, home, day care and school.

# Case study

- Dr. Mom is a BCBA and supervises a team of therapists who provide in home ABA therapy to a 6 year old with autism. The child attends the same school as her daughter. During a PTA meeting both Dr. Mom and the parent of her client show up. Dr. Mom does not greet the parent but during the meeting the parent of her client voices her concerns that the school is not addressing her child's needs and that she is having to pay out of pocket to get appropriate services. She motions toward Dr. Mom and says, "she can attest to how bad the services are here for kids with special needs and that ABA guarantees improvement." What ethical concerns are at play here. What should Dr. Mom have done prior to the meeting and what should she do following the meeting?

# Case study

- You are a highly respected clinician and prolific researcher. A client contacts you for services but your caseload is full. In your attempts to provide some other resources and referrals you come across a website of a provider that states that he was trained by you. You have never had this person as a student or employee but your professional workshop registry shows that this person attended a 2-day workshop that you gave about 6 years ago. Is there an ethical concern? What should you do next?

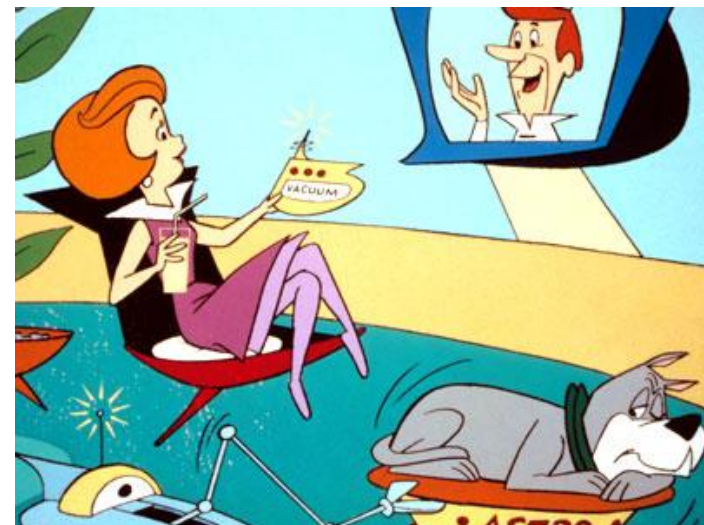
## 8.0 Public Statements.

### 8.04 Media Presentations and Emerging Media-Based Services.

- Behavior analysts using electronic media (e.g., video, e-learning, social media, electronic transmission of information) obtain and maintain knowledge regarding the **security and limitations of electronic media** in order to adhere to this Code.
- When behavior analysts provide public statements, advice, or comments by means of public lectures, demonstrations, radio or television programs, electronic media, articles, mailed material, or other media, they take reasonable precautions to ensure that
  - (1) the statements are based on appropriate behavior-analytic literature and practice,
  - (2) the statements are otherwise consistent with this Code, and
  - (3) the advice or comment does not create an agreement for service with the recipient



# Technology, Telehealth, and Social Media





# Technology, Telehealth, and Social Media



# Case study

- Adam needs to get a report to a parent prior to an IEP meeting. However, they do not have a meeting scheduled and the parent has asked for Adam to email it. What concerns should Adam have about emailing the report? What should he discuss with the parent and are there alternatives?



- DataMotion SecureMail encrypts messages using strong algorithms and stores the encrypted messages in a database.
- The recipient receives a notification email with a link and information on how to log in to the SecureMail portal. Using the login information, the recipient can not only access the message and all attachments via a secure server, but also reply to the sender via the same secure portal.

# Case study

- Terry is a BCBA who supervises services in a clinic and home-based program. He frequently requires his staff to take video of sessions to discuss in supervision. His staff take video using digital cameras, smartphones, and tablets. Is this ok? What precautions should Terry be taking for the different methods of video capture.



**(Boisvert, Lang, Andrianopoulos, & Boscardin, 2010)**

- The World Health Organization has identified that there is a shortage of individuals with specialized training in treatments for ASD
- Shortage is most pronounced in rural and isolated areas
- Shortage of BCBAs in the US
- Fiscal burden associated with travel to remote locations
- Not likely that we will meet these needs with trends in training

**(Boisvert, Lang, Andrianopoulos, & Boscardin, 2010)**

- Telehealth (Telepractice, telemedicine) involves application of communication technologies such as computer-based video conferencing and internet, to enable specialists to consult and provide services in real time over a geographical distance.

# Metanalysis

(Boisvert, Lang, Andrianopoulos, & Boscardin, 2010)

- Included 8 studies
  - Total of 46 participants
- Services were provided to teachers, parents, and therapists working with children with ASD
- Skype<sup>®</sup> and iChat<sup>®</sup> and other video conferencing software with web cameras and internet connections were used
- Studies focused on fidelity with trained procedures
- 7 of the 8 reported successful implementation of services trained via telehealth
- One study reported technological challenges

# Metanalysis

(Boisvert, Lang, Andrianopoulos, & Boscardin, 2010)

- Telepractice as the sole means of delivering services to children with ASD, without additional onsite training or consulting, should not yet be considered an evidenced-based approach.
- However, the studies reviewed here do suggest that telepractice is a promising approach for this population and that additional research is warranted.

# Behavioral Intervention Telehealth

- Telehealth for Expanding the Reach of early Autism Training for Parents (Vismara, Young, & Rogers, 2012 in *Autism Research and Treatment*)
- Evaluating the Treatment Fidelity of Parents who Conduct In-Home FCT with Coaching via Telehealth (Suess et al. 2014 in *Journal of Behavioral Education*)
- Conducting FCT via Telehealth to Reduce Problem Behavior of Young Children with Autism (Wacker et al. 2013 in *Journal of Developmental and Physical Disabilities*)



# Considerations

- Equipment requirements
  - Bandwidth requirements reduce quality of the transmissions
  - Lower internet speeds in rural areas
  - Should have back up method to communicate, ie phone

# Considerations

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
  - Requires safeguards to ensure the privacy of information transmitted electronically.
  - One manner to protect privacy during tele-practice procedures is to use a virtual private network (VPN). A VPN can provide several types of data protection, including confidentiality, integrity, data origin authentication, and access control.
  - Use of a HIPAA compliant system (e.g., WebEx)

# Considerations

- When providing informed consent
  - Provide the involved parties with information regarding how services may be different if delivered via telepractice as opposed to face-to-face
  - Describe risks and benefits specifically associated with telepractice and how breeches in confidentiality may be difficult to remedy

# Specific Telehealth Consent

## TELEMEDICINE/TELEBEHAVIORAL HEALTH CONSENT

MRN# \_\_\_\_\_  
Account/HAR# \_\_\_\_\_  
PATIENT IDENTIFICATION

1. I understand that my health care provider, \_\_\_\_\_ at \_\_\_\_\_ (current healthcare facility), wishes me/my child to engage in a Children's Telemedicine/Telebehavioral Health Visit with Dr. \_\_\_\_\_.
2. I hereby authorize and voluntarily consent to Children's Healthcare of Atlanta (Children's) and its employees to provide me/my child with basic treatments and medical and diagnostic procedures. I understand that Children's has nurse practitioners, physician assistants, medical students, interns, residents and fellows who may participate in the care of the patient under the supervision of the attending physician. I further understand that additional clinical students may participate in the care of me/my child. I hereby consent to their participation in the care and treatment of me/my child.
3. Some or all of the healthcare professionals performing services at Children's are independent contractors and are not hospital agents or employees. Independent contractors are responsible for their own actions and Children's shall not be liable for the acts or omissions of any such independent contractor.
4. It has been explained to me how the video conferencing technology will be used to conduct a visit. I understand this visit will not be the same as an in-person visit due to the fact that me/my child will not be in the same room as the healthcare provider at the distant site.
5. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that either the healthcare provider or I can discontinue my/my child's telemedicine/telebehavioral health visit if it is felt that the videoconferencing connections are not adequate for the situation.
6. I understand my/my child's healthcare information may be shared with other individuals for treatment, healthcare operations, and billing purposes. I understand that information contained in psychotherapy notes will be shared only after obtaining additional authorization from me.
7. I understand Children's may participate in one or more health information exchanges (HIEs) and I consent to Children's electronically sharing the patient's health information, including but not limited to, information related to infectious or contagious disease (including HIV and/or AIDS), drug or alcohol abuse or treatment, genetic testing, and/or psychiatric or psychological conditions, for treatment, payment and/or healthcare operations purposes with other participants in the HIEs. I agree that if I do not want the patient's information shared with any HIE in which Children's participates, I must opt-out by filling out a form that can be at <http://www.choa.org/hie>.
8. I understand it may be necessary for others to be present during the visit other than my/my child's healthcare team and provider in order to operate the video equipment. These individuals are bound to maintain confidentiality of all information obtained. I further understand that I have the right to request the following when nonmedical personnel are present to: (1) omit specific details of my/my child's medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the examination room; and/or (3) terminate the visit at any time.
9. I have had the alternatives to a telemedicine consultation visit explained to me, and in choosing to participate in the telemedicine visit, I understand that some parts of the exam may involve physical tests conducted by the

# Case study

- Jane logs into her Facebook account and sees a friend request from the parent of a 4 year old child she served about 6 months ago. The family discontinued services due to transportation and other logistical reasons. Jane really liked the mom and thought it would be fine to get to know her personally. What should Jane do? Is there an ethical violation in becoming friends?



# Case study

- Amanda is a BCBA who works with children with developmental disabilities and problem behavior. One of her friends on facebook posts an op-ed story about parents who let their kids watch hours of TV to get other things done around the house. Amanda posts “another example of lazy parenting” on the link. A few days later Amanda sees a post on the same link from a parent of one of her clients who happens to also be friends with Amanda’s friend on facebook. The parent’s comment is in defense of parents who have difficult kids and are sometimes exhausted. What should Amanda do and not do?



# Case study

- The marketing department of a large organization sends Dr. Freud, BCBA-D an email asking for “good families” to contact to speak on behalf of the services they received. The marketing team hopes to get some good sound bites to include in the new services brochure. How should Dr. Freud respond? What are some alternatives?

## 8.0 Public Statements.

### 8.05 Testimonials and Advertising.

- Behavior analysts do not solicit or use testimonials about behavior-analytic services from **current clients** for publication on their webpages or in any other electronic or print material.
- **Testimonials from former clients** must identify whether they were solicited or unsolicited, include an accurate statement of the relationship between the behavior analyst and the author of the testimonial, and comply with all applicable laws about claims made in the testimonial.
- Behavior analysts may advertise by describing the kinds and types of evidence-based services they provide, the qualifications of their staff, and objective outcome data they have accrued or published, in accordance with applicable laws.



# 10.0 Ethical Responsibility to BACB.

10.01 Truthful and Accurate Information Provided to the BACB

10.02 Timely Responding, Reporting, and Updating of Information Provided to the BACB.

- Ensuring that the BACB is notified within thirty (30) days of the date of any of the grounds for sanctioning status

Cheryl is super excited about completing her supervised field work and her required coursework. She is scheduled to sit for the certification exam in 3 weeks. She has already found several job ads that she is interested in. In her application she included her cover letter indicating that she is BCBA eligible and is most interested in working as part of a team with other BCBAs for a strong community of professional growth. What is the problem with this?

- “BCBA Eligible,” a “BCBA Candidate,” or “BCaBA Pending?” and similar designations are not permitted by the BACB.
- Individuals who have not been certified (regardless of whether they have applied or been deemed eligible) are not permitted to represent affiliation with the BACB or the BACB’s credentials in any manner.
- Doing so could be grounds for denial, suspension, or revocation of examination eligibility.

# 10.0 Ethical Responsibility to BACB.

10.03 Confidentiality and BACB Intellectual Property

10.05 Compliance with BACB Supervision and Coursework Standards

10.06 Being Familiar with This Code

- Lack of awareness or misunderstanding of a conduct standard is not itself a defense to a charge of unethical conduct

10.07 Discouraging Misrepresentation by Non-Certified Individuals.

- Report non-certified practitioners to the appropriate state licensing board and to the BACB if the practitioners are misrepresenting BACB certification or registration status.

# So you know the code, now what???

- Knowing the ethics code gets you only so far
- How to approach and resolve ethical issues is another set of skills



- Addressing situations that present ethical issues for you
- Addressing situations that require confronting another person's ethical issues

# Preventing and addressing your own ethical dilemmas

## ■ KNOW THE CODE

- No better way to anticipate and plan for ethical issues
- You WILL experience ethical issues

## ■ **Declaration of Services Document (Bailey & Burch, 2011)**

- Upfront information to help prevent issues down the road

1. Areas of Expertise; Credentials
2. Professional relationship, Limitations and Risks
  1. What I do: explains behavior analytic approach
  2. How I work: assessments, data-based decisions, termination
3. Client Responsibilities
4. Code of Conduct
5. Confidentiality
6. Appointments, Fees, and Emergencies

**LANGUAGE AND LEARNING CLINIC**  
**CONSENT FOR BEHAVIORAL ASSESSMENT AND TREATMENT**

I understand that \_\_\_\_\_ (*child's name*) will receive behavioral services as an outpatient at the Marcus Autism Center. Behavioral assessment will involve observation and monitoring of behaviors targeted for treatment. These behaviors may include communication skills, social skills, adaptive skills, and problem behavior. The assessment process may take several weeks, during which time problem behaviors targeted for treatment may be allowed to occur. Every effort will be made to minimize the risk of injury. I understand that this assessment period may be necessary in order to understand the behaviors targeted for intervention and develop a treatment. Once the assessment is completed, treatment options will be discussed with me. In most cases intervention strategies will be conducted during therapy sessions by a trained provider only. The treatment will not be in effect outside of these sessions until it is determined to be effective and training has occurred.

I understand that I may be asked to participate in assessment sessions, and that I will be involved in the process of selecting a treatment. I will be provided with training on how to carry out the treatment and will be asked to participate in treatment sessions in the building and/or in my home.

I understand that these behavioral services will be provided by trained staff who are supervised by a Licensed Psychologist or a Psychology Associate who is designated as the Case Manager. I will be kept informed of progress with assessment and treatment, and can request a meeting with the Case Manager at any time. All behavioral interventions that will be used have been approved by the Marcus Autism Center.

I understand that visits at the Marcus Autism Center may be observed live or via closed circuit monitoring. These observations may include tours for potential donors, oversight by case managers, and interdisciplinary rounds.

By signing below, I am indicating that all of my questions have been answered to my satisfaction.

## **Service Agreement BTC Programs**

In considering the admission of \_\_\_\_\_ to the Behavior Treatment Clinics, it is understood that the following responsibilities described constitute necessary conditions for admission and continued treatment.

### **Responsibilities of the Behavior Treatment Clinics (BTC)**

1. The BTC agrees to provide a complete description of the program to all relevant individuals and to provide full details pertaining to the treatment plan for the patient.
2. The BTC agrees to conduct an evaluation of the patient, which may include medical, behavioral, and skill assessments, and to share the results with the parents and others with whom release of records has been secured.
3. The BTC agrees to provide and maintain a high standard of clinical treatment throughout the admission.
4. The BTC agrees to develop and implement treatment programs designed to reduce the patient's maladaptive behaviors and to increase adaptive functioning.
5. The BTC agrees to provide frequent and regular progress reports upon request to parents/guardians, or their designee.
6. The BTC agrees to train the patient's primary caregivers and other relevant parties in the implementation of his/her treatment program, as well as to assist the caregivers and other relevant parties in adapting the patient's treatment program for implementation at home and school.
7. The BTC agrees to provide specific written recommendations following discharge.

### **Responsibilities of Family or Caregivers**

1. The family/caregiver agrees to participate in assessment sessions and treatment sessions as outlined by their program.
2. Because the patient's treatment can only be successful if the family/caregiver participates regularly in assessment and treatment sessions, the family/caregiver should understand that the patient's admission will be reevaluated if excessive cancellations of sessions occur. The policy specific to each program is described below. Should the family/caregiver experience difficulty participating in assessment and treatment sessions, alternative days/times to reschedule these sessions will be discussed if available.



- Font Paragraph Styles
3. The family/caregiver agrees to notify the specified person at least 24 hours in advance if sessions need to be canceled. Based on the fee schedule and contract for the program, there may be fees for sessions that are not canceled with appropriate notice. The contact person for each program is listed below.
  4. The family/caregiver acknowledges that the recommendations of the BTC are based on years of research and experience treating children with severe behavior problems and/or language and communication deficits. Intervention procedures will subsequently be designed, and their efficacy will be demonstrated, by the use of direct observation data. At all times it is critical

Revised April 2013

that all individuals interacting with the patient do so in a manner consistent with recommendations. The family/caregiver agrees to consistently implement the strategies provided by the BTC for interacting with the patient during his/her admission.

5. When the family or caregiver has concerns about the patient's care or progress, they agree to call \_\_\_\_\_ or a Case Manager at 404-785-9400 between the hours of 8:30am and 5:00pm, Monday through Friday.
6. If, at any time, the family/caregiver disagrees with the behavioral management of the patient, the treatment team and the family/caregiver will meet to assess the utility of his/her admission.
7. If requested, the family/caregiver will be financially responsible for any augmentative communication systems or other ancillary supports necessary to support the treatment plan. Such systems and/or supports may include teaching materials (e.g., puzzles), protective equipment (e.g., helmets), organizational materials (e.g., notebooks, index cards, etc.), and any community outings or other activities (e.g., trip to museums, movie theaters, etc.) for the purpose of treatment generalization or assessment. Families/Caregivers are financially responsible for any associated costs for themselves as well as for MAC staff

systems and/or supports may include teaching materials (e.g., puzzles), protective equipment (e.g., helmets), organizational materials (e.g., notebooks, index cards, etc.), and any community outings or other activities (e.g., trip to museums, movie theaters, etc.) for the purpose of treatment generalization or assessment. Families/Caregivers are financially responsible for any associated costs for themselves as well as for MAC staff

8. For all sessions conducted outside of the clinic setting, a parent or other responsible adult (e.g., teacher, nanny, etc.) must be present.
9. If there is a contagious illness present in the home, the family/caregiver is responsible for reporting this to the contact person or Case Manager.
10. The family/caregiver understands there may be sessions in which the patient will not be in attendance. The family or caregiver will make arrangements for the patient's care during these visits.
11. For some programs, parents and caregivers are responsible for homework assignments, treatment sessions, and data collection. Completed homework, accurate treatment implementation, and data collection are essential components of treatment. Continual failure to complete homework, maintain treatment protocols, or collect data between sessions may result in a reevaluation of services.

The above document has been read, discussed, and agreed upon by all parties responsible for the care and treatment of the patient.

#### LLC Clinic-based programs:

- Participation of family or caregivers may be required during assessment, treatment, and treatment generalization. Parents will be notified in advance when their presence and participation is necessary.
- Contact Person for cancellations: Clinical Specialist or Lisa Berry (404) 785-9400
- Attendance at 80% or more of scheduled appointments is required. Excessive cancellations will be defined as dropping below 80% attendance in a given month. The clinical specialist or Case Manager will notify caregivers/parents if this becomes an issue.

#### LLC Home-based program:

- Participation of family or caregivers may be required. Monthly case consultation appointments with the Case Manager are required. Associated fees may be applied. Parents will be notified in advance when their presence and participation is necessary.
- Contact Person for cancellations: Clinical Specialist, Case Manager or Jim Coyle (404) 785-9464
- Excessive cancellations will be defined based on the client's weekly schedule. For a client receiving services 3-5 days per week, excessive cancellations are defined as three cancellations in a row and/or three no-shows.

# Declaration of Services Document

Bailey & Burch, 2011

- Language and Learning Clinic Family Commitments

# Preventing and addressing your own ethical dilemmas

- [www.APBAhome.net](http://www.APBAhome.net)
  - Sample contracts and consent forms
  
- Find a trusted peer supervisor
  
  
  
  
  
  
  
- ABAI ethics hotline
  - [www.abainternational.org](http://www.abainternational.org)

**SUPERVISION  
REQUIRED**  
**DO NOT LEAVE UNATTENDED**

# Addressing your own ethical dilemmas

- Communication skills
  - Responding to requests with ethical implications
    - ◆ Rely on the ethics code; refer to it in your response
    - ◆ Practice responses to common ethical situations
  - Keep emotions in check
    - ◆ Anger, disgust, defensiveness all affect how well you communicate with others
  - Empathy and Compassion
  - Build rapport/pair with reinforcement
    - ◆ Easier to have hard conversations when people like you
  - Clarify intentions and facts
    - ◆ Don't jump to conclusions
    - ◆ Ask questions, get their side of the story

# Addressing someone else's ethical dilemmas

- Communication skills
  - Conversations about ethics aren't a walk in the park
  - Addressing ethical issues can be uncomfortable and aversive
  - Common reactions to tough conversations
    - ♦ Avoid them
    - ♦ Face them and handle them poorly
  - Best response—Face them and handle them well
    - ♦ Address Ethical issue OR be polite
    - ♦ Live in the land of AND—Address the ethical issue AND be polite
    - ♦ Not the content of the message but how it is delivered

# Addressing someone else's ethical dilemmas

- Communication skills (cont.)
  - Keep emotions in check
    - ♦ Avoid communicating when emotions are high
  - Focus on your goal
    - ♦ Resolve an ethical issue
    - ♦ Protect a client
    - ♦ Teach someone about ethics to prevent future issues
    - ♦ State these as your objectives

# Addressing someone else's ethical dilemmas

- Communication skills (cont.)
  - Build rapport/pair with reinforcement
  - Ask for clarification or the other person's understanding of events
  - Do not infer or assume bad intent (Empathy)
  - Make it safe to talk
    - ♦ Indicate your concern not your disappointment
    - ♦ Talk tentatively



# Thank You!!!! Questions?

[Alice.shillingsburg@choa.org](mailto:Alice.shillingsburg@choa.org)