Ethics for Behavior Analysts and Other Professionals Serving Individuals with Autism and Their Families

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[Images of Joshua Sleeper and Amber Valentino]
Getting to know you!
On Jan. 27, Ms. Smith got a phone call from her daughter's school principal. There had been an incident, she was told. Her 9-year-old daughter, who has autism and is non-verbal, had been put in a filing cabinet by her special education teacher.

Autism Service Company has agreed to pay $600,000 to settle allegations it improperly billed Medicaid for services.

“…this is a situation that is ripe for exploitation. And sure enough, there are people who are making a bundle of cash from autism parents’ hopes for their children.”

Hidden cameras purportedly captured the disturbing abuse of a man with autism as his caregivers beat him, spat on him and menaced him with a chain and pellet gun last summer.
Just as Important Stories

A BCBA providing ABA services to a family, finds out the family attends their church

An ABA company asks a parent to tell another parent about their services

Therapists employed with an ABA company often go months without contact from their supervisor

Learning Outcomes

- Participants will be able to respond to a common ethical dilemma by identifying at least one corresponding ethical code to be considered in that situation
- Participants will describe at least 2 reasons it is important to create an organizational culture focused on professional and ethical behavior
- Participants will list at least 2 strategies that could be used to support ethical decision making in a human services organization
Context and Framework

- Exceptional demand for Services
- Insufficient number of providers
- Multiple service types and locations
- Providers operating at scale
Let’s take a closer look

- **Avoidance**
  - I want to do the right thing, but it’s unpleasant

- **Skill deficit**
  - I want to do the right thing, I just don’t know how

- **Environment lacks support or even punishes ethical behavior**
  - I want to do the right thing but I don’t have the resources or if I do, bad things will happen

Let’s take a closer look

- **Lack of knowledge**
  - I want to do the right thing I just don’t know what that is

- **Lack of clarity**
  - I want to do the right thing but everyone else has a different opinion and now I am confused

- **Lack of objectivity**
  - I want to do the right thing but I care a lot about this person/situation/organization
Importance of Clinical Standards
Process for Establishing

- Identify critical areas
- Identify critical processes related to mission
- Determine optimal standards
  - Gather and integrate current iterations
  - Compare to best practice recommendations
- Develop guidelines, manuals, and tools
- Disseminate and train
- Evaluate practice (ease, utility) and revise accordingly

Sample Critical Areas

- Data Collection and Progress Monitoring
- Intervention
- Ethics
- Supervision
- Transition Planning
- Training and Performance Management
- Interface with Consumers
- Assessment
Sample Critical Processes

- **Assessment**
  - Screening and identification – primary condition
  - Screening and identification – co-morbid conditions
  - Progress monitoring
  - Curricular planning
  - Preference Assessment
  - Functional Assessment

Determine Optimal Standards

- **Brainstorm and resource gathering**
  - What exists?
  - What do effective people describe doing or avoiding?

- **Review and integration of the literature**
  - Book chapters, manuals, and review papers
  - Synthesis products and recommendations
Effective Best Practice Guidelines

• Keep the main Best Practices broad and sequential
  • Overly specific and detailed isn’t as useful when you are operating at scale across multiple types of consumers and in multiple settings
  • Include how to:
    • prepare
    • execute
    • evaluate success
    • solve problems that might arise
Sample Recommendations

  - Require an observing response
  - Minimize inadvertent instructor cues
  - Arrange the antecedent stimuli and required behaviors
  - Use effective prompting and differential reinforcement
  - Troubleshoot stimulus control problems

Disseminate & Train
How ethics is a part of all we do (clinical standards)

Clinical Standards – It’s All Ethics!
In what part of your clinical work have you had ethics pop up?

Where do ethics matter?

- **Interface with Consumers**
  - Consent for services
  - Confidentiality and protection of privacy
  - Fees and financial arrangements

- **Assessment**
  - Functional Behavioral Assessment
  - Uses assessments in your scope of practice
  - Use understandable language in reports

- **Data Collection**
  - Collection of ongoing data and use to guide decisions
BACB Code of Conduct

• 2.0 Behavior analyst’s responsibility to clients
  • 2.04 Third Party requests for services
  • 2.05 Rights and prerogatives of clients
  • 2.06 Maintaining confidentiality

• 3.0 Assessing behavior
  • 3.01 Functional Assessment
  • 3.03 Behavior Analytic Assessment Consent

Where do ethics matter?

• Intervention
  • Conditions for success and barriers to implementation
  • Right to effective treatment; evidence-based treatment

• Training and Supervision
  • Design competent training programs
  • Describing evaluation requirements, providing feedback, using reinforcement and other behavioral principles
  • Supervising under the specific agreements of a signed contract
BACB Code of Conduct

- 4.0 Individual Behavior Change Program
  - 4.01 Conceptual Consistency
  - 4.05 Describing behavior change program objectives
  - 4.07 Environmental condition interference

- 5.0 Behavior Analyst as a teacher and supervisor
  - 5.01 Supervisor Competence
  - 5.06 Providing feedback to supervisees

The Ethics Network!
Build and Define
RULES!

1. You SHALL!
2. You WILL!
3. You MUST!

Culture of active discussion

Ethical problem solving repertoires

Reinforcement for asking & reporting
The Ethics Network

- Proactive
- Handle ethical dilemmas swiftly
- Build capacity at all levels
- Facilitate open and proactive discussion
- Develop effective and ethical problem solving at all levels
Six Components Ethical Decision-making

1. Recognize the problem
2. Define the problem
3. Generate potential solutions
4. Evaluate the advantages and disadvantages of potential solutions
5. Implement a solution
6. Evaluation
Activities

• Training
  • Newly hired therapists
  • All BCBA

• Continuous Discussion
  • Monthly Talking Points
  • Quarterly Clinical Team Discussions
  • Yearly/semi-annual Leadership Discussions
  • Ethics Fun Fact

• Immediate support
  • Internal ethics hotline

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Common Dilemma

We often develop close ties with the clients and families that we serve. Sometimes our clients or their caregivers may be so grateful for our services that they wish to give us a token of their appreciation. Whether a gift is small and personal or costly, the offer of a gift from a client presents an ethical dilemma that is addressed by the codes of conduct of the American Psychological Association and the Behavior Analyst Certification Board. Though not expressly prohibited in either code, the guidelines pertinent to dual relationships are directly relevant. Note that all TBH team members are held accountable to these guidelines and the high standard of conduct whether they hold the credential of psychologist or BCBA or not. Thus, everyone from the Therapist level up is affected by this issue.

Relevant APA and BACB Codes

• APA: 3.05 Multiple Relationships
  • A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

• BACB: 1.06 Dual Relationships and Conflicts of Interest
  • (a) In many communities and situations, it may not be feasible or reasonable for behavior analysts
Coming to dinner
What are some strategies you can use to support ethical decision making?
Common Ethical Dilemmas

Scenario 1

A family you are working with tells you that they are considering not vaccinating their younger sibling for fear that they would develop autism as well. They say that they can always get a “religious exemption” for vaccines so that their child can still attend public education later.
What are the relevant BACB Codes?

What do you do . . . In the moment? Teaching/Training others?
Scenario 2

Sarah is a BCBA managing a caseload in your organization. Her daughter, a sophomore in high school, gets out of school at 3:00 and has soccer at 5:30. Sarah lets her sit in the car outside of a consumer’s home and do homework while she is doing her evening session at the client’s home.
What are the relevant BACB codes?

What do you do . . .
In the moment?
Teaching/Training others?
Scenario 3

A parent asks a therapist in your organization to be a character witness or personal reference (a person who testifies in a trial on behalf of a person). Such testimony is primarily relevant when honesty or morality is in question.
What are the relevant BACB Codes?

What do you do . . . In the moment? Teaching/Training others?
Scenario 4

You come in to contact with a professional that is not a Board Certified Behavior Analyst, yet is claiming to provide services based on the principles of Applied Behavior Analysis. When observing or talking with them, you learn that they openly disagree with fundamental principles of ABA (e.g. they implement punishers before exhausting potential reinforcement based interventions, do not make data-based decisions, do not conduct functional behavioral assessment prior to implementing behavioral interventions, do not formally assess preferences to determine potential reinforcers).
What are the relevant BACB Codes?

What do you do . . . In the moment? Teaching/Training others?
Bonus Scenarios
Guideline 1 / 3 – Responsible Conduct of a Behavior Analyst / Assessing Behavior

1.03 – Competence / 3.04 – Accepting Clients

- Paul is a BCBA and a clinician. He has been assigned a client and after beginning the assessment, he learns that the client has severe aggressive behaviors and is dually diagnosed with a developmental disability and schizophrenia. Paul does not have any experience working with a client with this degree of problem behavior or a schizophrenia diagnosis. What should Paul do and why?

Guideline 1 – Responsible Conduct of a Behavior Analyst

1.07 – Dual Relationships

- Jean is a BCBA who has recently been assigned a new client. After reviewing the intake information, she recognizes the name. She realizes that she has a personal relationship with the parent (e.g., cuts her hair, they have a mutual friend and are often at the same social events, etc). What should Jean do and why?
Guideline 1 – Responsible Conduct of a Behavior Analyst

1.08 – Exploitive Relationships

• Sandy is a 30 something, single, BCBA who is providing supervision to associate clinicians and therapists. Sandy supervises Eric, who is also single. They have a lot in common and Sandy is attracted to Eric and is sure that he feels the same.

Can they date? Can they be friends? Why or why not?

Guideline 2 – The Behavior Analyst’s Responsibility to Clients

2.01-02 – Definition of Client and Responsibility

• Brian is a BCBA providing services to a 7th grade student who engages in aggression both at home and school. The principal felt that a behavior plan needed to be in place immediately, due to a recent injury to another student. Brian complied with this request. The school psychologist (autism specialist) offered to explain the program to the parents when they came to the next parents' night. Are there any concerning issues here?
Guideline 2 – The Behavior Analyst’s Responsibility to Clients

2.06 – Rights and Prerogatives of Clients
• Archie is a BCBA working with Jackie, a 4-year-old girl that receives an intensive 1:1 in-home ABA program. Archie has worked with Jackie since she was 18 months old. Jackie recently began doing the cutest thing. She has learned to use a hula-hoop. Archie videotapes Jackie (with permission from her mom) and later in the week shows the hula hooping to a group of colleagues while they are all attending a training together.
• Is there a problem here?

Guideline 2 – The Behavior Analyst’s Responsibility to Clients

2.09 – Treatment Efficacy
• Kate is an 8-year-old with autism that bites her hand. Bernard was assigned to work with Kate. His functional analysis shows a very clear escape function. The current treatment plan written by the occupational therapist includes a sensory diet and items to chew on. The special education teacher recommended removing materials, reminding Kate that she should not bite herself, and giving her a break. The parents requested a social story be written. Kate’s hand biting increased. The team is very supportive of the current treatments. What should Bernard do and why?
Guideline 3 – Assessing Behavior

3.01-02 – Environmental Conditions that Preclude or Hamper Implementation

- A family receiving ABA services consistently tells the therapists not to implement the behavior protocol as written and actively reinforces aggression by providing escape. The BCBA has trained the family to a mastery criterion and has spoken to them twice about the importance of fidelity in treatment. The family agrees during the meeting with the BCBA, but then continues to interfere with the implementation of the program. **What is the concern here and what should the BCBA do?**

Guideline 4 – The Behavior Analyst and the Individual Behavior Change Program

- Lacy is a BCBA just assigned to work with Barry who has been hitting himself in the head and screaming at school. The previous BCBA on the case resigned, but left behind a functional analysis note. Lacy wants to start intervention immediately because of the SIB. **Does Lacy need to do anything before starting treatment?**
Guideline 4 – The Behavior Analyst and the Individual Behavior Change Program Cont’d

4.05 – Reinforcement/Punishment

- Lacy, recommends a punishment procedure due to the seriousness of Barry’s SIB. She recommends the therapists loudly yell “no” close to Barry’s face after he attempts to hit himself.

*What else does Lacy need to include in her treatment recommendations? Should she make this recommendation? What things should she do and why?*

Guideline 5 – The Behavior Analyst as Teacher or Supervisor

5.10 – Feedback to Supervisees

5.11 – Reinforcing Supervisee Behavior

- Lucky is the supervisor for Spargo. Lucky is really busy and rarely meets with Spargo, but reviews documents and products developed by Spargo. Lucky provides feedback to Spargo via email. These emails are often harshly worded and focused on mistakes in the products with a recommendation to “do it over” but without specific helpful instructions and direction to resources for information.

- *Though this might not be fun for Spargo, is there any real ethical issue here?*
Guideline 6 – The Behavior Analyst and the Workplace

6.01 – Job Commitments

- Tony, accepted a post-doctoral position with an ABA company, which included a 1 year commitment and caseload and research obligations. Within two months of starting, Tony received an offer to work for another company and decided to take the offer with 2 weeks of notice. Due to the short timeline, Tony could not neatly wrap-up his work with the previous ABA company.

*What should Tony do about this new offer and why?*

Guideline 6 – The Behavior Analyst and the Workplace

6.05 – Conflicts with Organizations

- Lorenzo works for an ABA company that is undergoing an audit of consumer records and documentation. It becomes apparent many assessment protocols are incomplete. The company owner instructs Lorenzo to fill-in the missing portions of the assessments before the audit ensues.

*How should Lorenzo respond?*
Guideline 7 – The Behavior Analyst’s Ethical Responsibility to the Field of Behavior Analysis

7.04 – Discouraging representation by non-certified individuals.

• Larry is a BCaBA, recently hired by an ABA program that is marketed as having BCBA oversight and program development. Larry learns the only BCBA on staff recently resigned. The company has not updated marketing materials or notified families.

*What should Larry do? What are the two problems in this scenario?*

Guideline 8 – The Behavior Analyst’s Ethical Responsibility to Colleagues

8.01 Ethical Violations of Colleagues:

• Ben is a newly certified BCBA who has his dream job of working with a well known and revered behavior analyst, Dr. Cisco. Ben is responsible for assisting with research. Shortly after taking the position it becomes apparent Dr. Cisco is often drinking alcohol on the job… while conducting research. The research is still stellar and Dr. Cisco only drinks in moderation, but sometime before seeing consumers.

*How should Ben proceed?*
Guideline 9 – The Behavior Analyst’s Ethical Responsibility to Society

9.03: Public Statements

- Haden is a BCBA who has the opportunity to help secure ABA funding for a large group of consumers in a particular private school. She needs to present to the board, and knows the value of first impressions and hype. She states, “ABA is undeniably beneficial for all children diagnosed with ASD, and a proven miracle.”

Are there any ethical concerns here – what and why?

Guideline 9 – The Behavior Analyst’s Ethical Responsibility to Society

9.07 – Testimonials

- A BCBA has testimonials from currently served and formerly served families posted on their agency website. These testimonials are all glowing and talk about the great changes they have seen and are seeing in their child’s abilities since working with this provider. Another BCBA sees the website and knows that at least one of the families with a posted testimonial is still in service with the agency.

What is the problem and what should the second BCBA do?
Guideline 10 – The Behavior Analyst and Research

10.20: Authorship and Findings

• Sinbad is excited to work with Dr. Johnny on a research project. Dr. Johnny and Sinbad are putting together their presentation for an upcoming conference when Sinbad notices Dr. Johnny omits some of the data. It is only a few data points that probably have no real impact on the validity of the findings.

What should Sinbad do?
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