Ethics for Behavior Analysts

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Overview

• Scope of competence
  – Clinical / Supervisory
• Supervision
  – Effective Supervision and Training
• Clinical Practice
  – Behavior Assessments / Graphing
  – Rural practice considerations
  – Interdisciplinary work

Break
Overview

• Decision tree / Flow chart group activity
  – Interdisciplinary scenarios
• Ethics Jeopardy
Disclaimer:

I am not a lawyer. I cannot give legal advice.

I do not speak for the Behavior Analyst Certification Board (BACB), or can I absolve you of wrong doing related to your certification.

Resources

https://www.abainternational.org/constituents/practitioners/resources/abai-hotline.aspx

ABAI Science, Practice, and Education Hotline

As the field gains in stature, behavior analysts increasingly need access to consultation services and advice on a wide variety of issues related to science, practice, education, and association services. ABAI understands that members need immediate responses to their pressing questions, and is pleased to serve members with the ABAI Hotline. The Hotline is your link to professionals in the field who are equipped to provide advice and consultative services on a wide variety of subjects, including ethics and ethical questions, billing and insurance reimbursement, evidence-based practices, scientific research, working in schools, assessing and treating serious maladaptive behaviors, specific clinical applications, and much more.

Please use the following form to send correspondence to the Hotline; in most instances you will have a reply within one to two days from a noted expert in the field.

Your Name:

Your Email:

Confirm Email:
Purpose and Objectives

• Participants will be able to describe practicing within scope of competence.
• Participants will be able to identify what effective supervision of behavior analysts entails.
• Participants will be able to navigate interdisciplinary behavior program planning ethically and effectively.
• Participants will become more familiar with the BACB Compliance Code and be able to locate sections relevant to their practice.
Professional and Ethical Compliance Code for Behavior Analysts

- https://www.bacb.com/ethics/ethics-code/
Ethics is an interesting and exciting topic

- Good movies have ethical dilemmas
Have you ever felt in over your head?

- Maybe bitten off more than you can chew
- Can’t quite get to all clients
- Questioning your expertise with a particular ongoing problem
- Might not be as effective as you would like
Starting discussion about Scope of Competency in BA

• Brodhead, Quigley, & Wilcynski (in press)
  – Field of Behavior Analysis (BA) is growing at rapid pace
  – Demand doubled between 2012 and 2014 (Burning Glass Technologies, 2015)
  – Efforts in credentialing and licensure

• Other fields that have had discussion
  – Medical
  – Psychology
Defining differences

• Scope of practice
• Scope of competency
Scope of Practice

• “Range of activities in which members of a profession may be authorized to engage in by virtue of holding a credential or license.”

• Examples
  – BCBAs operate within scope of activities described by BACB
    • Compliance Code
  – Speech-Language Pathologists within scope of practice described by American Speech-Language-Hearing Association (ASHA)

• Regulatory bodies overseeing practitioners
Scope of Competence

• “Activities within a profession’s scope that each credentialed professional is uniquely competent to perform.”

• BACB Compliance Code 1.02

• BCBA may be competent in early language development of individuals with ASD, but not behavioral treatment of adults that engage in self-injury.

• Determined by coursework, experiential training, and supervision by expert.
Expanding scope of competency

• LeBlanc, Heinicke, and Baker (2009) in *Behavior Analysis in Practice*

• Diversification is good, beneficial for individual and field

• Professional Development Tasks
  1. Increase Professional Competence with New Population
  2. Identify and Manage Employment Opportunities
1. Increase Professional Competence with New Population  (LeBlanc, Heinicke, & Baker, 2009)

• Why…if principles of behavior analysis are universally applicable?

• Specific needs and Characteristics

• Codes related 1.02 (Competence), 1.03 (Professional Development), 2.01 (Accepting Clients).

• Contact Literature
  – Search relevant terms
  – Special issues in Journals
  – Literature outside Behavior Analysis
1. Increase Professional Competence with New Population (cont.)

• Contact relevant professional groups

• Pursue retraining and supervision
  – Identify professional mentor in target area
  – Contact mentor to identify training opportunity or partnership

• Identify professional credentials
  – Credentials outside of BA?
  – Search engines on national organization’s website
2. Identify and Manage Employment Opportunities

• Develop effective communication skills
• Increase your professional profile
• Determine employment options
• Locate funding sources
• Market the power of behavior analysis
What skills are necessary for all practitioners? (Brodhead et al.)

• Defer this discussion to specialization leaders…

• Starting point is the BACB requirements for RBT, BCaBA, BCBA

• Scope of competency related to billing insurance
  – Example: New Mexico
    • General care providers
    • Specialty care providers
Behavior Analysts as Supervisors: Supervisory Competence

- Code 5.01 -- Relates to code 1.02 (Boundaries of Competence)
- Code 5.02 Supervisory Volume
- Code 5.03 Supervisory Delegation
- Code 5.04 Designing Effective Supervision and Training
- Code 5.05 Communication of Supervision Conditions
- Code 5.06 Providing Feedback to Supervisees
- Code 5.07 Evaluating the Effects of Supervision
- Taking Full Responsibility: the Ethics of Supervision in Behavior Analytic Practice (Sellers, Alai-Rosales, & MacDonald, 2016)
Supervisory Competence- 5.01 (Sellers, Alai-Rosales, & MacDonald (2016)

• Example: June trained in early intervention but was hired by a company who works with older adults with severe PB. June provides supervision for an individual at the company pursuing certification. June recommends the supervisee conducts descriptive behavior assessment data. The behavior programs for the client do not reduce the behavior, but instead increase the frequency and intensity of the behavior.

• Increased risk of harm to clients
Supervisory Delegation- 5.03

- Supervisor needs to confirm supervisee has skill set to effectively carry out a given task independently.
- If not, supervisor should create opportunity for supervisee to acquire skill while being supervised.
- Example: John is a BCBA who is working in schools. He is providing supervision hours to Tiana, a teacher pursuing certification, who is taking online classes. John needs to make sure all students on IEPs have functional behavior assessments conducted. He asks Tiana to conduct FBAs for all students in her classroom assuming she knows how to conduct FBAs from her online coursework.

"The responsibility for teaching the subordinate must be assumed by his supervisor, and not paid for by the customers of his organization, internal or external."
— Andy Grove, former CEO & Co-founder of Intel in High Output Management

Read more at: GetLighthouse.com/Blog
Designing Effective Supervision and Training - 5.04

- Use principles of behavior
- Model high-quality supervision so supervisee can also be an effective supervisor
- Stay in touch with literature base on supervision and training (Carr & Briggs, 2010)
- Systems and curriculum to track supervisee performance and ensure you’re meeting content requirements
Summary of scope of competence

- Pioneers of field of BA wanted society to experience large scale positive impact
- Fields of medicine and psychology also have approached competency
- Self-detect personal limitations
- Be aware of contingencies in place that might push your ethical boundaries
- Expand your scope of competence (Leblanc et al.)
- Follow guidelines for supervision (Sellers et al.)
Ethics in Clinical Practice and Teaching
Assessing Behavior 3.0

• 3.01 Behavior Analytic Assessment

• “When behavior analysts are developing a behavior-reduction program, they must first conduct a functional assessment.” (BACB code, 2016)

• “The physician must be able to tell the antecedents, know the present, and foretell the future — must mediate these things, and have two special objects in view with regard to disease, namely, to do good or to do no harm.” – Of the Epidemics
3.01 cont.

  - Conducted statewide survey on use and perceived utility of functional assessment
  - Majority (67%) of practitioners believe functional analysis (FA) is most informative assessment tool, only 34.6% indicated they typically use it.
  - Biggest barriers
    - Lack of space to conduct FA
    - Lack of trained staff to conduct FA
    - Lack of support or acceptance of the procedure

Bloom et al. (2011)-conduct trial-based FA
Lambert et al. (2014)- trained staff in 2-3 hours
Hanley (2012)-humanistic rationale and practical reasons
• Do you know how to conduct a functional assessment?
  – If not, refer back to “expanding your scope of competence”
• Reminder: LeBlanc, Heinicke, and Baker (2009)
Still 3.01…

- “Behavior analysts have an obligation to collect and graphically display data, using behavior-analytic conventions, in a manner that allows for decisions and recommendations for behavior-change program development.” (BACB code, 2016)

- Does everybody know how to graph?

- CREATING SINGLE-SUBJECT DESIGN GRAPHS IN MICROSOFT EXCEL™ 2007 (Dixon et al., 2009)

- Free on PubMed
  - Complete TA

  - Journal of Early Intervention
Considerations for Rural schools (Menendez, Mayton, & Yurick, 2017)

• BCBA + rural setting = interesting scenarios
• Client intake and a biting grandma
• Collaboration with schools and less support due to geography.
• Don’t have a team of BCBAs to support, less familiar with roles and responsibilities
• ECHO (Extension for Community Healthcare Outcomes) at the Thompson Center
Considerations for Rural schools (Menendez, Mayton, & Yurick, 2017)

• Scenario #1

• Jackie is a BCBA who is employed by a behavioral services agency. Her assignments include working with several young adults who have moderate and severe disabilities and are living in a state-funded residential school. When Jackie completes an initial review of records for her new client (Bill) at the school she finds that his physician has warned he meets the criteria for obesity, has borderline high blood pressure, and is prediabetic. After conducting preliminary observations of Bill, Jackie notes that the staff and faculty of the school give him high-calorie snacks, such as cookies or candy bars, when they arbitrarily and individually determine that He has been “good.” They often withhold her snack during group snack time to use it as a reward” at other times during the day. Jackie also notes that when Bill has behavioral outbursts, staff or faculty sometimes give her these snacks to “calm him down.
Codes applicable to Scenario #1

• Code 4.0 Behavior Analysts and the Behavior Change Program
  – When behavior analyst accepts a case she becomes immediately responsible for all aspects of the behavior change program.

• Code 4.07 Environmental Conditions that interfere with implementation
  – Do existing practices interfere with the efficacy of the behavior change program?

• Code 4.09 Least Restrictive Procedures
  – Constrains individuals’ ability to engage in physical mobility and access to reinforcement.

• Code 4.10 Avoiding Harmful Reinforcers
  – Use of such reinforcers will be as limited as possible.
Scenario #2

- Jason is a BCBA working in a public school system providing consulting and professional development to teachers. At a training, a director of special education mentions that there is a teacher in their district, who is a behaviorist, and provides ABA services to students in their district, and that Jason should contact her to collaborate. When Jason speaks to the teacher (Kim) via email she refers to herself as a “behavior analyst” and mentions delivering only ABA services. Jason starts to collaborate with Kim and finds out she has her Master’s degree in Social Work and is currently taking graduate classes in ABA and is “not completely a BCBA yet.” He also notices she has listed BCBA after her name on her emails and materials.
Codes that relate to Scenario #2

• Code 10.07 Discouraging Misrepresentation by Noncertified Individuals
  – If a BCBA encounters someone representing himself or herself to others as a certificant, and there is evidence to the contrary, the BCBA must report the person to the BACB and to any board that licenses behavior analysts in the state.
  – If a BCBA encounters a professional in another field who is not a BCBA, but represents himself or herself as “behavior analyst” (or some variant of the term) the BCBA must report it to the person’s professional licensing board as well as any state board.
Digital communication and record maintenance: Cavalari, Gillis, Kruser, & Romanczyk (2015)

• Electronic records are commonplace, so how can we safely store them?
• Relevant Codes 2.07 Maintaining Records and 2.11 Records and Data
• U.S. Regulatory Parameters
  – HIPPA
  – FERPA
• Video in Clinical Services Settings
• Can you access your email on your phone? Is your phone password protected? Computer? iPad/Tablet?
HIPPA

- Health Insurance Portability and Accountability Act of 1996
- “providers must apply “reasonable and appropriate administrative, technical, and physical safeguards” in storage and sharing of electronic information. Exact parameters are not specified in order to allow providers to set safeguards that are appropriate for their agency size, function, and needs.”
FERPA

• Family Educational Rights and Privacy Act of 1974

• Providers who work in educational settings

• FERPA does allow schools to disclose student records, without consent, to “school officials with legitimate educational interest, other schools to which a student is transferring, specified officials for audit or evaluation purposes, appropriate parties in connection with financial aid to a student, organizations conducting certain studies for or on behalf of the school, accrediting organizations, appropriate officials in the case of health and safety emergencies, and state and local authorities (within a juvenile justice system) pursuant to specific State Law.” (FERPA; 20 U.S.C. § 1232g; 34 CFR § 99.31)

• This can apply to videos and pictures of students—must get a release of information
Video in Clinical Service Settings

• Video used for data collection, teaching, supervision.

• Is the service you use (e.g., Skype™, FaceTime®, Google Hangouts, Google Drive) HIPAA and FERPA compliant? Is the whole process compliant?

• Protections: terms of use, security settings, password protections, secure encrypted networks with firewall and virus-protection software.

• HHS recognizes that covered entities range from the smallest provider to the largest, multistate health plan. Therefore, the Security Rule is flexible and scalable to allow covered entities to analyze their own needs and implement solutions appropriate for their specific environments. What is appropriate for a particular covered entity will depend on the nature of the covered entity’s business, as well as the covered entity’s size and resources.-US Dept. Health & Human Services
Social media use (O’Leary, Miller, Olive, and Kelly, 2017)

- Facebook, Twitter, YouTube, LinkedIn booming in usage and valuable for networking
- Relevant Codes
  - 1.0 Responsible Conduct of Behavior Analysts
  - 6.0 Ethical Responsibility to the Profession of Behavior Analysts
  - 8.0 Public Statements
Suggestions to Members of the Field

• Real clients should be heavily disguised
• Avoid making treatment recommendations on-line, or in social situations.
• Refer readers back to the literature
• Write a disclaimer in your online media/posts
• Provide resources
• Organizational training
Social Media Ethics cont. (O’Leary et al., 2017)

• Scenario #1

• “A BCBA, with a large caseload, needs to address elopement for an in-home case. She requests guidance on an online chat board on how to address this behavior since it is attention maintained. Responses from other users include non-contingent attention on a fixed time schedule. The BCBA immediately puts in place an FT 5 min schedule for non-contingent delivery of attention, without researching these schedules or understanding the need for an additional consequence-based contingency. The behavior actually increases in rate because the consequence is not altered and adventitious reinforcement occurs.”
• Code 1.01 behavior analysts rely on scientifically and professionally derived knowledge when making scientific or professional judgments in human service provision, or when engaging in scholarly or professional endeavors.
Scenario #2

An Occupational Therapist who went back to school to get their BCBA is in charge of behavior programing for children with ASD at an outpatient clinic. The clinic is brand new and received a donation for sensory toys, swings, and trampolines. Sensory Integration Therapy (SIT) is common at the clinic the BCBA works in, and he finds himself using the SIT protocols. He thinks he’s discovered something effective most BCBAs don’t use and posts on a behavior analyst Facebook group that more behavior analysts should be using SIT.
• Code 6.01 Above all other professional training, behavior analysts uphold and advance the values, ethics, and principles of the profession of behavior analysis.

• Code 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.” The disclaimer should be placed alongside the names and descriptions of all non-behavior-analytic interventions.

• Code 1.01, 1.03, and 2.09
Maintaining Professional Relations: Strategies for Navigating Recommendations for Individuals

Matthew T. Brodhead

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Abstract Due to an increase in research and clinical application of behavior analysis with individuals with autism spectrum disorder (ASD), one setting a Board Certified Behavior Analyst (BCBA) may work within is an interdisciplinary setting. This article presents strategies for maintaining professional relations and identifying strategies for navigating recommendations for individuals with ASD.

Ethical Considerations for Interdisciplinary Collaboration with Prescribing Professionals

Mindy K. Newhouse-Oisten¹ · Kimberly M. Peck¹ · Alissa A. Conway¹ · Jessica E. Frieder¹

Published online: 5 April 2017
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Abstract Behavior analysts often work as part of an interdisciplinary team, and different team members may prescribe different interventions for a single client. One such intervention that is commonly encountered is a change in medication. Changes in medication regimens have the potential to alter behavior in a number of ways. As such, it is important for all team members to be aware of every intervention and to discuss ethical considerations with prescribing professionals.
Ethics in Interdisciplinary care-Nonbehavioral Treatment recommendations

• Brodhead (2015)
• Behavior Analysts frequently work in teams
• Provider recommends non behavioral treatment → BCBA pushes back → Professional relationship erodes
• How do we assess non-behavioral treatments? And when should we try to make a stand?
• Flowchart
• Checklist for Analyzing Proposed Treatments (CAPT)
Identification of a non-behavioral treatment

Is client safety at risk?

Yes

Are you familiar with the treatment?

No

Familiarize and reassess client safety

Yes

Is treatment success possible when it is translated into behavioral principles?

No

Will the treatment negatively interfere with the goals of the client?

Yes

Consult the CAPT

No

Are the impacts to the client sufficient to justify the possibility of compromising the professional relationship?

Yes

Address treatment

No

Do not address treatment

Fig. 1 A decision-making model for assessing nonbehavioral treatments
<table>
<thead>
<tr>
<th>Domain and category</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Function-based treatment</td>
<td></td>
</tr>
<tr>
<td>Treatment addresses the function of behavior</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>Treatment will not increase challenging behavior</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>Treatment will result in the acquisition of an alternative replacement behavior</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>(2) Skill acquisition</td>
<td></td>
</tr>
<tr>
<td>Treatment will result in acquisition of functional skills</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>Treatment does not increase inappropriate behaviors</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>Treatment does not negatively affect other acquired skills</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>(3) Social outcomes</td>
<td></td>
</tr>
<tr>
<td>Treatment promotes inclusion into social situations</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>Treatment results in the acquisition of socially appropriate skills</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>(4) Data collection</td>
<td></td>
</tr>
<tr>
<td>Data will be collected</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>Data collection captures target behavior(s) of interest</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>Data collection will capture treatment efficacy</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>(5) Treatment integrity</td>
<td></td>
</tr>
<tr>
<td>Stakeholders can be trained to implement the treatment</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>Treatment is likely to be implemented consistently</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>(6) Social validity</td>
<td></td>
</tr>
<tr>
<td>Treatment corresponds with the short-term goals of the stakeholders</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>Treatment corresponds with the long-term goals of the stakeholders</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>The client will favor treatment</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>The form of reinforcement is appropriate</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>The targeted outcomes are socially acceptable</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>(7) Resources</td>
<td></td>
</tr>
<tr>
<td>Treatment does not require significant financial resources</td>
<td>Low/medium/high/NA</td>
</tr>
<tr>
<td>Treatment does not require significant time resources</td>
<td>Low/medium/high/NA</td>
</tr>
</tbody>
</table>
Ethics in Interdisciplinary care-Medications

• Newhouse-Oisten, Peck, Conway, & Frieder (2017)
• Interdisciplinary team may involve doctors that prescribe medications
  – Change in medication has potential in alter behavior (e.g., motivating operations)
• Reviewed
  – American Medical Association’s Medical Code of ethics
  – American Psychiatric Association’s Principles of Medical ethics
  – American Psychological Association (APA) Ethical Principles of Psychologists
• Ethical Guidelines
  – BACB and APA stress need for assessment and collaboration
Ethics in Interdisciplinary care-Medications cont.

- Recommendations for Practice
  - Universal Strategies
  - Intervention Changes
  - Levels of evidence base support and compatibility with current treatment
Fig. 1 Decision-making process for ensuring intervention compatibility and use of evidence-based interventions. *EB* evidence-based, *NEB* not evidence-based, *C* compatible, *IC* incompatible
References


Interdisciplinary Flowchart Practice

Jill, a BCBA, was asked to collaborate with a group of professionals who were meeting to improve a student with ASD’s public school program. The group of professionals included the BCBA, a classroom teacher, a speech-language pathologist, and an occupational therapist. All of the professionals attended the student’s Individualized Education Program (IEP) meeting, and during that meeting, an animal-assisted intervention (AAI) was suggested for social skill development. Cheryl did not like the idea, but was unfamiliar with AAI. She questioned the team and found out the AAI would be conducted 2 days a week for 60 min sessions.
Interdisciplinary Flowchart Practice

• Eddie is a BCBA working for a private company and does home visits to work with Johnny a 5 yr old with ASD. Jeremy’s parents are very involved with his treatment and want Eddie to meet with Jeremy’s teacher and SLP from school. Eddie agrees, and at the first meeting Jeremy’s teacher reports that Jeremy is biting children at recess and also bit the recess supervisor. Jeremy’s teacher think that Jeremy needs express his frustration in healthy way so she brings him inside to the gym after he is biting kids to play with toys and throw balls. What should Eddie do?
Interdisciplinary Flowchart Practice

- Sadie is a BCBA who does private consulting. She works with Maxwell who is a young boy diagnosed with ASD and ADHD. Maxwell really enjoys playing with his plastic tools (e.g., hammers, drills, screws, etc). Lately Maxwell has been hitting his sister with his plastic hammer. Maxwell’s parent’s want to take away all of Maxwell’s favorite toys that could be used as weapons. Maxwell’s family therapist also has suggested this option. What should Sadie do?
Marcus, a BCBA, received a referral for a preschool-aged child with diagnoses of autism spectrum disorder, attention deficit hyperactivity disorder (ADHD), and bipolar II disorder. The child, Jason, was originally referred to Marcus’ treatment team for behavioral services due to erratic sleep patterns affecting activities of daily living. Multiple medication changes occurred during the assessment period, each followed by drastic changes in behavior. Behavior problems no longer included just erratic sleep patterns but also severe self-injurious behavior and physical aggression toward others. Jason had to be hospitalized, and began receiving services from the hospital physician and psychiatrist. The hospital physician recommended Jason take Ambien to sleep, and the psychiatrist put Jason on a daily dosage of Risperidal. How should Marcus navigate this situation?
Interdisciplinary Flowchart Practice

• Ruby is a BCBA working in a group home setting. She receives reports from staff that one of her clients is not sleeping well at night. Staff also mention that this client, Mick, has behavior problems during the day following a night when he did not sleep well. Ruby also sees that Mick’s doctor has started to prescribe Mick melatonin to sleep at night. Ruby is familiar with Mick’s doctor as the doctor serves many clients in the group home. What should Ruby do in this situation?
Thank you!

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