Welcome To Special Learning's

Ethics Code Deep Dive:

Code Section 4.0

Behavior Analysts and the Behavior Change Program



Ethics in Practice Training Series

PRESENTER: Jon Bailey, PhD, BCBA-D



Housekeeping



- 1. Post questions. If your question is selected, we may unmute you and request that you repeat your question verbally.
- 2. If you experience technical issues during the webinar, contact Gotowebinar directly by calling (877) 582-7011.
- 3. There will be a 5 minute break near the half way point.
- 4. A recorded version of this webinar will be available next week. You will receive an eMail with login instructions.



Speaker Bio

Dr. Bailey received his PhD from the University of Kansas and is currently Professor Emeritus of Psychology at Florida State University, where he was a member of the graduate faculty for 38-years and produced a record 63 PhDs. He is currently Director of the FSU Panama City Masters Program in Applied Behavior Analysis.

Dr. Bailey is a Board Certified Behavior Analyst. He is Secretary/Treasurer and Media Coordinator of the Florida Association for Behavior Analysis, which he founded in 1980.

Dr. Bailey has published over 100 peer-reviewed research articles, is a past editor of the Journal of Applied Behavior Analysis, and is co-author of Research Methods in Applied Behavior Analysis, How Dogs Learn, Ethics for Behavior Analysts, 2nd Expanded Edition, How to Think Like a Behavior Analyst, and 25 Essential Skills and Strategies for Professional Behavior Analysts, all co-authored with Dr. Mary Burch.

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Resources and References

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Resources

- Professional and Ethical Compliance Code for Behavior Analysts
- 2. Full Presentation

<u>References</u>

Ethics for Behavior Analysts (3rd Edition)

http://www.coebo.com/the-code









Ethics for Behavior Analysts 20% Discount Code



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Learning Outcomes



- Participants will have an in-depth understanding of all sections of code 4 of the Professional and Ethical Compliance Code for Behavior Analyst.
- Participants will know the responsibilities of involving clients in planning and consent.
- Participants will know the importance of tailoring behavior-change programs to the individual client's needs.
- Participants will learn how to describe objectives of the behavior-change program in writing.
- 5. Participants will discuss environmental conditions that interfere with implementation.
- Participants will learn about discontinuing behavior-change programs and behavior-analytic services.

Code 4 Triage Model



TRIAGE OF ETHICS VIOLATIONS

SEVERITY OF HARM CAUSED BY VIOLATION

SELECTION OF THE PROPERTY OF T					
ſ	Severe	Moderate	Mild		
High	Codes 4.03, 4.08				
Moderate		Code 4.01, 4.02, 4.06, 4.07, 4.09 4.10, 4.11			
Low			Code 4.04, 4.05		
	Moderate	High Codes 4.03, 4.08 Moderate	Codes 4.03, 4.08 Code 4.01, 4.02, 4.06, 4.07, 4.09 4.10, 4.11		



4.0 Behavior Analysts and the Behavior-Change Program



 Behavior analysts are responsible for all aspects of the behavior-change program from conceptualization to implementation and ultimately to discontinuation.



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4.07 Environmental Conditions that Interfere with Implementation



- (a) If environmental conditions prevent implementation of a behavior-change program, behavior analysts recommend that other professional assistance (e.g., assessment, consultation or therapeutic intervention by other professionals) 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.



4.07 Environmental Conditions that Interfere with Implementation





Scenario presented by Cheryl:

"A teacher is a BCBA and is receiving push back from his or her supervisors at the school or in the school district for the behavioral practices within the classroom. The teacher is following the code but now the school administrator is telling the teacher that he/she cannot implement specific behavioral practices."

"How should the teacher/BCBA proceed?"

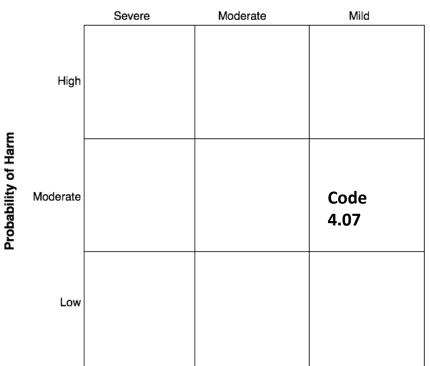


Example Triage Model



TRIAGE OF ETHICS VIOLATIONS

SEVERITY OF HARM CAUSED BY VIOLATION





4.08 Considerations Regarding Punishment Procedures

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- (a) Behavior analysts recommend reinforcement rather than punishment whenever possible.
- (b) If punishment procedures are necessary, behavior analysts always include reinforcement procedures for alternative behavior in the behavior-change program
- (c) Before implementing punishment-based procedures, behavior analysts ensure that appropriate steps have been taken to implement reinforcement-based procedures unless the severity or dangerousness of the behavior necessitates immediate use of aversive procedures.
- (d) Behavior analysts ensure that 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 behaviorchange program if it is ineffective. Behavior analysts always include a plan to discontinue the use of aversive procedures when no longer needed.

4.08 Considerations Regarding Punishment Procedures





Scenario presented by Jenny:

- "I would like to know Dr. Bailey's thoughts on the ethical use of and level of restrictiveness/restraint of clothes used to prevent challenging behaviors (i.e., individuals wearing belts to prevent hands down their pants, overalls to prevent self-touching, body suits, swimsuits, pants vs shorts (putting hands up them), tight vs. loose clothing, high socks vs. low socks, gloves, boxers vs briefs, headphones to prevent ear pulling or hitting, etc. Are any ok to be used?
- 1. What if they are put on by parent prior to arrival at school?
- 2. What if client can put on and take off independently?
- 3. What if less restrictive/positive approaches have proven unsuccessful?
- 4. What if behavior being addressed puts others at a health risk? (i.e., touching others with bodily fluids)
- 5. With regard to clothing, how does he define the difference between "restrictive clothing" and "restraint"?

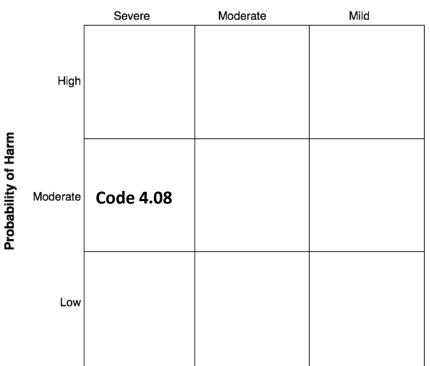
It is assumed that other replacement behaviors will be being taught simultaneously, but is the use of these items ever ok?

Example Triage Model



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4.09 Least Restrictive Procedures



 Behavior analysts review and appraise the restrictiveness of procedures and always recommend the least restrictive procedures likely to be effective.



4.09 Least Restrictive Procedures





Anonymous Scenario Presented by ABA student in India:

"A student of ABA and also a parent of child with Autism, visits a speech therapist. She finds the speech therapy necessary but the SLP does not use positive reinforcement, but rather has the child in a locking chair while doing speech therapy."

"How can the student/parent sort out this dilemma?"

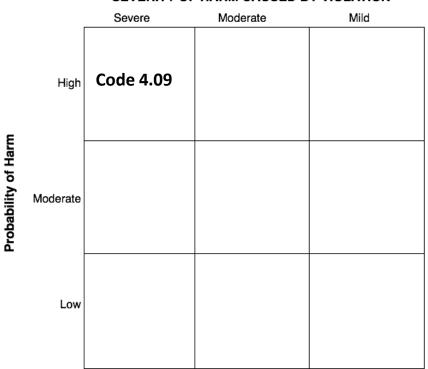


Example Triage Model



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4.10 Avoiding Harmful Reinforcers



 Behavior analysts minimize the use of items as potential reinforcers that may be harmful to the health and development of the client, or that may require excessive motivating operations to be effective.



4.10 Avoiding Harmful Reinforcers





Scenario presented by Chrystal:

"A behavior analyst is assigned a new case in a school setting with a 6 year-old child. The child has very few reinforcers but some of their most highly preferred items are candy, chips, and cookies.

The child requires very dense schedules of reinforcement and the behavior analyst is worried that using edibles as reinforcers could be harmful to the child in the long run so he stops using edibles and begins using sensory toys. The child's responding decreases."

"Should the behavior analyst reintroduce edible items?"

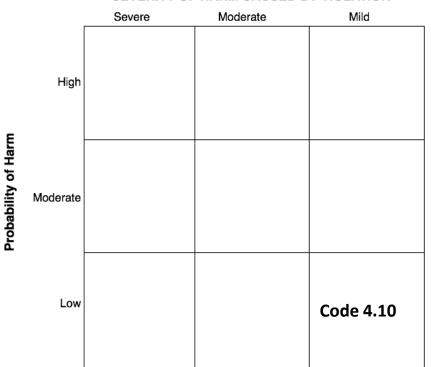


Example Triage Model



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4.11 Discontinuing Behavior-Change Programs and Behavior-Analytic Services

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- (a) Behavior analysts establish understandable and objective (i.e., measurable) criteria for the discontinuation of the behavior change program and describe them to the client. (See also, 2.15d Interrupting or Discontinuing Services)
- (b) Behavior analysts discontinue services with the client when the established criteria for discontinuation are attained, as in when a series of agreed-upon goals have been met. (See also, 2.15d Interrupting or Discontinuing Services)



4.11 Discontinuing Behavior-Change Programs and Behavior-Analytic Services





Scenario presented by Jennifer:

"A health plan has provided funding for a child diagnosed with ASD for the past three years. The child has received intensive levels of treatment (average 27 hours per week) and good program Supervision by a BCBA throughout. The child's treatment program has included the parents and other caregivers along the way and all parties have been enthusiastic participants in the child's treatment and treatment response.

The child has progressed slowly but steadily, consistently demonstrating positive behavior changes as a result of ABA services. Nonetheless, he continues to face significant challenges in verbal and social behavior and requires focused teaching to acquire the ever evolving adaptive behaviors associated with his increasing age. Though the health plan has appropriately funded an effective treatment program for this child for the past three years, current reauthorization requests for services are now being declined. (Cont'd)

4.11 Discontinuing Behavior-Change Programs and Behavior-Analytic Services





Scenario presented by Jennifer:

(The plan contends that the parents have been adequately trained and are now equipped to take over for BCBA and ABA services and, therefore, ABA services are no longer considered "medically necessary." To no one's surprise, the parents feel quite differently arguing that Autism is a chronic health issue that requires long term health care - in this case ABA.

"If a child/adolescent/adult is benefitting from ABA and consistently mastering new skills and behaviors, when should treatment reduce or terminate? Theoretically, a patient could continue to benefit from ABA throughout his/her lifespan. In this case of a CHILD continuing to demonstrate slow but steady progress, why terminate?" Can a parent/caregiver really be expected to acquire all the skills and expertise of a professionally trained and educated behavior analyst? Are there any other behavioral health or medical treatments where the caregivers are required to develop the skills of the health care provider in order to continue to serve the needs of the patient?"

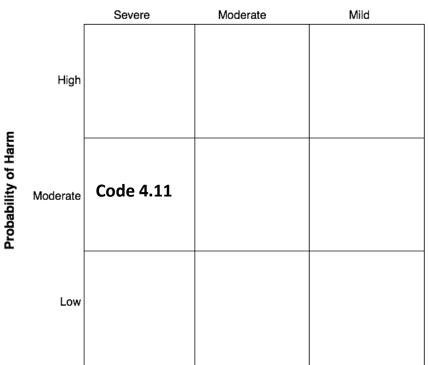


Example Triage Model



TRIAGE OF ETHICS VIOLATIONS

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International Scenarios and Considerations



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Unintended Consequences

Supply/Demand Imbalance



	Region	RBT	BCBA/BCaBA /BCBA-D	Total Credentialed
1	United States	17,562	20,845	38,407
2	Canada	155	845	1,000
3	United Arab Emirates	138	43	181
4	Romania	95	31	126
5	Italy	58	72	130
6	Australia	52	53	105
7	Korea Republic Of	48	31	79
8	Nigeria	47	-	47
9	Georgia	34	1	35
10	France	31	31	62
11	United Kingdom (gb)	23	234	257
12	India	23	23	46
13	Chile	22	1	23
14	China	18	60	78
15	Philippines	18	3	21
16	Japan	15	13	28
17	Ireland	13	107	120
18	Russian Federation	12	10	22
19	Netherlands	12	9	21
20	Greece	12	5	17
21	Malta	10	-	10
	Total	18,505	22,741	41,246
		45%	55%	



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International Concerns



Areas of Code 4 that are larger concerns for the international community:

- 4.06 Describing Conditions for Behavior-Change Program Success
- **4.07** Environmental Conditions that Interfere with Implementation.
- 4.11 Discontinuing Behavior-Change Programs and Behavior-Analytic Services.



Ethics in Action



Our next Ethics Webinar will be held 11/30/2016

- Special Guest Panelist Smita Awasthi, an international BCBA from India
- Focus: The Audience will have a chance to work through ethical scenarios with feedback and guidance from Dr. Bailey and our panelists.



Scenario Follow Up



Thank you for attending Special Learning's

Ethics Code Deep Dive:

Code Section 4.0 (Part 2)

Behavior Analysts and the Behavior Change Program

We would love to hear from you!

If you have an ethical scenario, or have information as a follow up to feedback from utilizing Dr. Bailey's suggestions please email swinningham@special-learning.com





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If you have any questions, please send an email to: training@special-learning.com

