Welcome To Special Learning's

Ethics in Action
Ethics in Practice Training Series

PRESENTER: Jon Bailey, PhD, BCBA-D

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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 about 7 to 10 days.
5. CEU format change: Essay to Multiple Choice. You will be able to submit for your CEU once the recorded webinar has been uploaded to our system.
6. You will receive an eMail with login instructions.

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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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Panelist Bio: Sarah Winningham

Sarah Winningham, MA, BCBA is a Board Certified Behavior Analyst from Indiana. She received her Master's degree in Special Education from Ball State University with certifications in Applied Behavior Analysis and Autism. Sarah has been working with students on the Autism Spectrum for 9 years.

She has worked for three ABA centers as a therapist, trainer, clinical lead and clinical director. She is an adjunct faculty member at Capella University teaching Master's level ABA courses.

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Panelist Bio: Amanda Fishley

Amanda Fishley, MA, BCBA, COBA is a Board Certified Behavior Analyst and Certified Ohio Behavior Analyst. She has experience working with children, adolescents and adults in variety of settings including school, home and mental health facilities. In each of these environments, she worked closely with parents, teachers, and paraprofessionals to develop and oversee implementation of behavior intervention plans. She has extensive experience mentoring and providing supervision to RBTs, BCBA candidates and behavior analysts.

As an Associate Director of Clinical Solutions for Special Learning, she is responsible for creating and presenting educational materials and promoting Special Learning's mission to positively impact the special needs community.

She received her Master's degree in Special Education/ABA from The Ohio State University. She has been working with in the field of ABA for over ten years.

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Resources and References

Resources

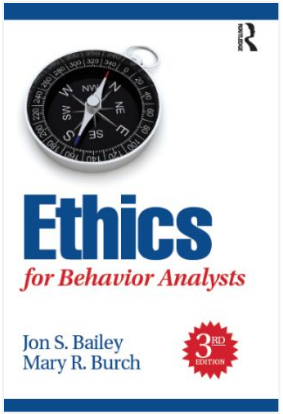
1. Professional and Ethical Compliance Code for Behavior Analysts
2. Full Presentation

References

Ethics for Behavior Analysts (3rd Edition)
http://www.coebo.com/the-code

Rutledge Taylor and Francis (Publisher) https://www.routledge.com

– 20% Discount Code: **SL16**



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Learning Outcomes

1. Participants will gain a deeper understanding of *Professional and Ethical Compliance Code for Behavior Analysts*.
2. Participants will gain a better understanding of how to use the ethical triage model as a tool to help determine priorities and course of action.
3. Participants will learn about real ethics scenarios encountered by BCBAs in the field and how to appropriately address these issues.
4. Participants will gain first-hand experience in using the “Triage of Ethics Violations” model to break down and analyze a series of cases with guidance from Dr. Jon Bailey.

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Genesis of the Bailey Ethics Triage Model

The Bailey Ethics Triage Model is a model that was developed by Dr. Jon Bailey in 2016 as a framework for breaking down Ethical scenarios into individual issues to better categorize and classify these “violation” in order to simplify the decision-making process.

The genesis of this model was a discussion between Karen Chung and Dr. Bailey regarding the lack of resources in International markets and how it would impact the decision-making process for BCBAs in delivering care. Triage is a way of sorting and allocating treatment to patients according to a system of priorities designed to maximize resources based upon urgency of the need for care.

Although the key consideration in developing this model was to evaluate International scenarios, the application of this method is universal. The Bailey Ethics Triage Model is “customer centric” and considers 2 key dimensions as it pertains to impact to a consumer.

The dimensions are:

- Severity of Harm
- Probability of Harm

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Introduction to the Bailey Triage Model

- The priority in terms of how to discharge the issues would start from the top left “box” (High probability of harm with severe potential for harm) with the lowest priority being the bottom right corner (Low probability of harm with mild potential for harm).
- Although highly subjective, as a starting point, Dr. Bailey “mapped” the BACB Ethics and Compliance Code into the individual boxes.

TRIAGE OF ETHICS VIOLATIONS

SEVERITY OF HARM CAUSED BY VIOLATION

Probability of Harm	Severe	Moderate	Mild
High	Codes 1.01, 1.04, 1.07, 2.09, 2.15, 3.02, 4.03, 4.08		
Moderate		Codes 1.02, 1.03, 1.05, 1.06, 2.01, 2.02, 2.03, 2.06, 2.12, 2.13, 2.14, 3.01, 4.01, 4.02, 4.06, 4.07, 4.09, 4.10, 4.11, 5.01, 5.02, 5.03, 5.04, 5.05, 5.06, 5.07	Codes 2.04, 2.05
Low			Codes 2.07, 2.08, 2.10, 2.11, 3.03, 3.04, 3.05, 4.04, 4.05, 6.01, 6.02, 7.01, 7.02, 8.01, 8.02, 8.03, 8.04, 8.05, 8.06

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Ethics in Action: Breaking Down the Case

For each scenario presented:

1. Break down the case scenario into individual issues (if there are multiple)
2. Review the BACB *Ethics Code* to determine areas of the code in question (or violation)
3. Use the Triage Model to assess:
   - Severity of Harm (Mild, Moderate, Severe)
   - Probability of Harm (Low, Moderate, High)
4. Place issues into appropriate areas of the Triage Model
5. Force rank individual issues in terms of priority (which issue(s) needs to be addressed first?)
6. Suggest actions which need to be taken to best address the situation

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Triage Model in Action: Case Example

- Example: A BCBA uses another consumer's behavior intervention plan for **hand biting** with a new client by only changing out the name.
- Where does it fit within the matrix?
  - What is the severity of the harm (to the consumer) caused by this violation?
  - What is the probability of harm to consumer?
- **Always consider:** What is the potential for harm?

Moderate Violation of #4.0 (Behavior-Change Program) Each client should have individualized treatment plan. May result in recommendation for additional training and/or supervision.

Note: If the issue is a direct (and severe) violation of the BACB Ethics Code, and is reported to the BACB, upon review of facts, the BACB may take these following actions:

- **Mandate additional training**
- **Mandate additional supervision**
- **Issue Sanctions (including revocation of license)**

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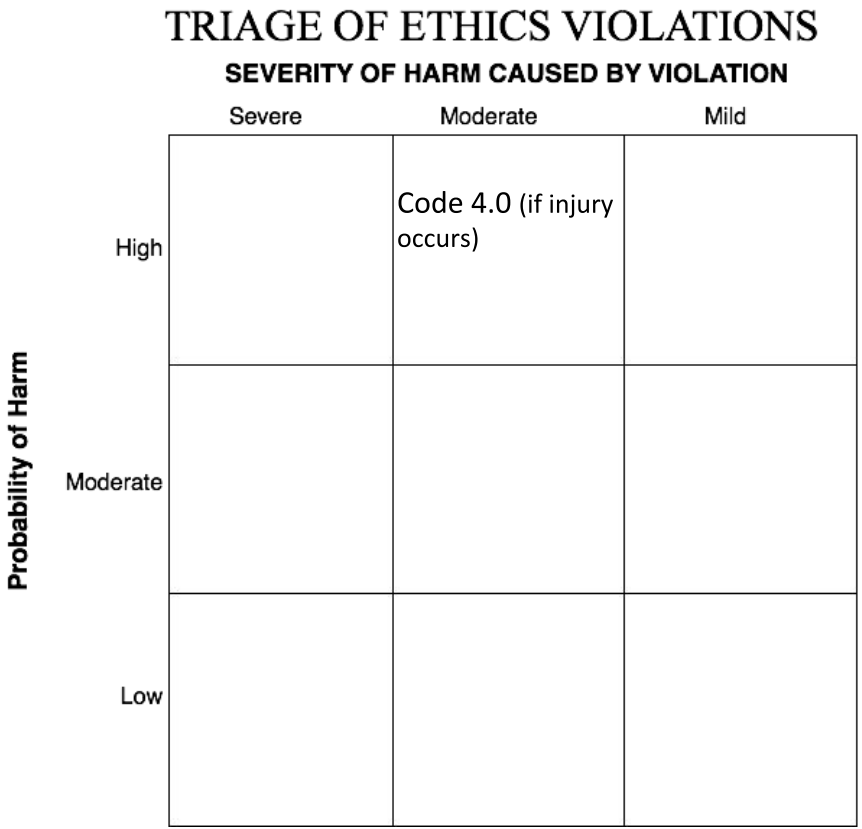
Issue Categorization: Case Example



Use of Triage Model: Example

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TRIAGE OF ETHICS VIOLATIONS

SEVERITY OF HARM CAUSED BY VIOLATION

NOTE: "Harm" to the **CLIENT**

Probability of Harm

	Severe	Moderate	Mild
High			
Moderate		**-Not recording data** **-Not analyzing data** **-Not updating programs** **-Not supervising RBTs** **-Faking documents**	**-Recommending more hours than needed**
Low			**-Insurance Fraud**

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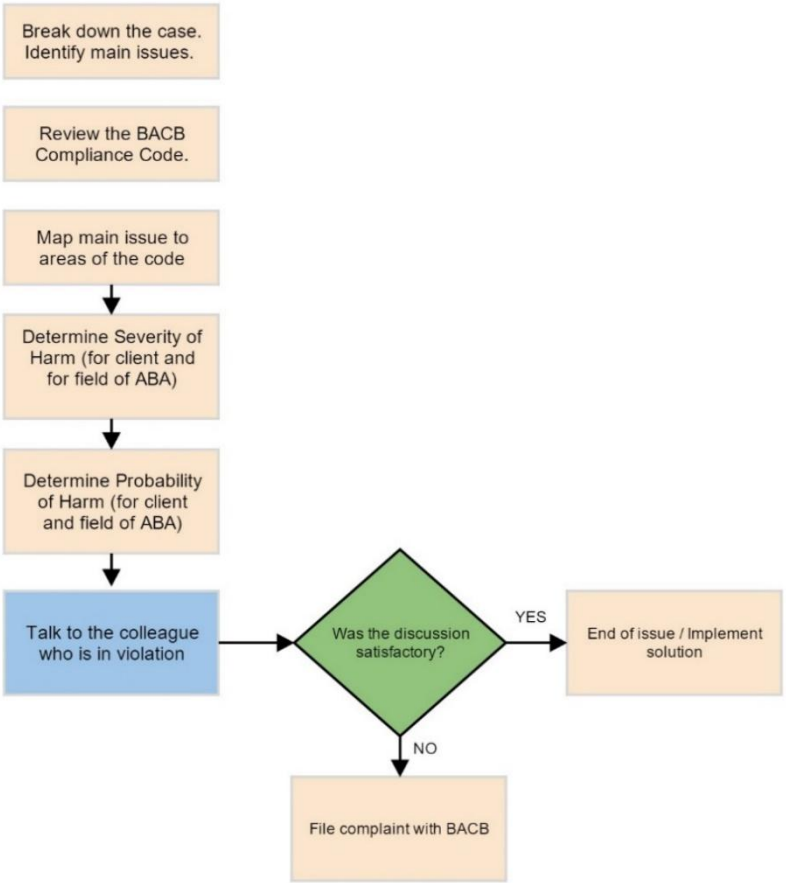
Where Do You Start?



Case Scenario

Submitted by: Anonymous

"I am a BCBA working in a public school system. I am not in a supervisory role or an administrator. I consult with teachers and provide recommendations in programming for students with ASD and other developmental disabilities however it is up to the teacher whether to implement. The structure in the district is not up-to-date with evidence-based practices.

Continued on next slide

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Case Study Analysis Breakdown

Anonymous Scenario Continued:

"My question is regarding my ethical responsibility if a teacher chooses not to follow best practices when teaching a student on the spectrum. I have consultation notes showing my recommendations and the teacher's response. I have brought the issue to the Special Education Director and to the principal. I have provided information and research on evidence-based practices for the population to the Director and principal as well. I am involved with the student's education because I am on the student's IEP."

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How Would You Analyze this Case?

1. What are the main issues?
2. In which area(s) of the BACB Ethics Code do they fall under?
3. Where do these issues fall within the Triage Model in terms of **Severity of Harm**?
4. Where do these issues fall within the Triage Model in terms of **Probability of Harm**?
5. How would you rank these issues in terms of priority? i.e. In which sequence would you address these issues?
6. What are the action steps you would take to address these issues?

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Where Does it Fit in the Triage Model

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TRIAGE OF ETHICS VIOLATIONS

SEVERITY OF HARM CAUSED BY VIOLATION

Probability of Harm	Severe	Moderate	Mild
High			
Moderate			
Low			

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Case Study Analysis Breakdown

Anonymous Scenario Submitted to Dr. Bailey:

"I have an ethical question about a client. The client's parents are hoarders and there is not a spot in the house to safely do therapy. We have repeatedly asked them to clear a spot and have an area free of distractions and clutter for the child to work in order to allow us to establish stimulus control and provide a safe place for our staff to work.

We unfortunately do not have an office or clinic at the moment and won't until next year. We have offered referrals to several clinic based programs that may be a better fit for the family.

Continued on next slide

Case Study Analysis Breakdown

Anonymous Scenario Continued:

"Despite our efforts to gently and professionally discuss this subject, we did have to let them know that when they do not have a place for us to work, we will need to cancel the sessions. We always call the night before to confirm.

The parent is very angry and sent a text yesterday saying they don't want us to work with them anymore because they can't have a clean spot in the home to work. We understand and want to make sure we provide an appropriate transition of services (if they want it) so we don't "leave the client hanging". However, we also cannot put our staff in an unsafe situation. In addition, all appointments thus far have been ineffective as we cannot establish stimulus control."

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Where Does it Fit in the Triage Model

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TRIAGE OF ETHICS VIOLATIONS

SEVERITY OF HARM CAUSED BY VIOLATION

Probability of Harm	Severe	Moderate	Mild
High			
Moderate			
Low			

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International Scenarios and Considerations

Supply / Demand Disconnect (Countries with 10 or more BCBAs)

Rank	Region	Total BCBA et al.	Population	Est. Prevalence (1 in 100)	Ratio of BCBA
1	United States	23,002	327 Million	3,270,000	1 in 142
2	Canada	926	36.7 Million	367,000	1 in 396
3	United Kingdom (gb)	249	65.5 Million	655,000	1 in 2,600
4	Israel	117	8.3 Million	83,000	1 in 700
5	Ireland	113	4.7 Million	47,000	1 in 416
6	Italy	86	59.8 Million	598,000	1 in 7,000
7	China	77	1.4 Billion	14,000,000	1 in 182,000
8	Australia	55	24.6 Million	246,000	1 in 4,500
9	United Arab Emirates	49	9.4 Million	94,000	1 in 1,900
10	France	43	65 Million	650,000	1 in 15,000
11	Korea Republic Of	40	50.7 Million	507,000	1 in 12,600
12	India	30	1.3 Billion	13,000,000	1 in 433,000
13	New Zealand	29	4.6 Million	46,000	1 in 1,600
14	Romania	27	19.2 Million	192,000	1 in 7,100
15	Germany	22	80.6 Million	806,000	1 in 36,600
16	Sweden	16	9.9 Million	99,000	1 in 6,200
17	Taiwan	16	23.4 Million	234,000	1 in 14,600
18	Japan	15	126 Million	1,260,000	1 in 84,000
19	Saudi Arabia	15	32.7 Million	327,000	1 in 21,800
20	Netherlands	14	17 Million	170,000	1 in 12,000
21	Spain	14	46 Million	460,000	1 in 33,000
22	Russian Federation	11	143.4 Million	1,434,000	1 in 130,000
23	Switzerland	11	8.5 Million	85,000	1 in 8,000
	TOTAL	25,102	7.5 Billion	750 Million	1 in 30,000

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Case Study Analysis Breakdown (International)

Scenario presented by Katerina:

"My question relates to **1.06 Multiple Relationships** and especially how this paragraph can be interpreted and applied in contexts/countries where there are very few Behavior Analysts and where cultural practices differ. The scenario is one where a BCBA, one among two in the entire country, is consulted by a family from the BCBA's neighbourhood whose child has been diagnosed with ASD. The family wishes the BCBA to work with their child and helps them put in place an ABA program (in the clinic or at home). The BCBA is aware of the fact that multiple relationships should be avoided but considers that the benefit of the client is of outmost importance (and this is often jeopardized in multiple relations), therefore considers referring the family to the other BCBA in the country."

Scenario continued on next slide

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Case Study Analysis Breakdown (International)

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Scenario presented by Katerina (Cont'd):

"However, it turns out that the other BCBA lives hundreds of kilometers far from the family and has no availability to take up new clients at the moment."

"Given the client's benefit is the priority, should the BCBA consider offering ABA services to this family, i.e., would forming a multiple relation be more beneficial or harmful for the family than not availing of ABA services at all? What measures could be taken to guarantee minimal interference from the existing "neighbors" relation if the decision is to offer the services?"

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Are there any special consideration when addressing this case because it is an International issue?

Volunteers????

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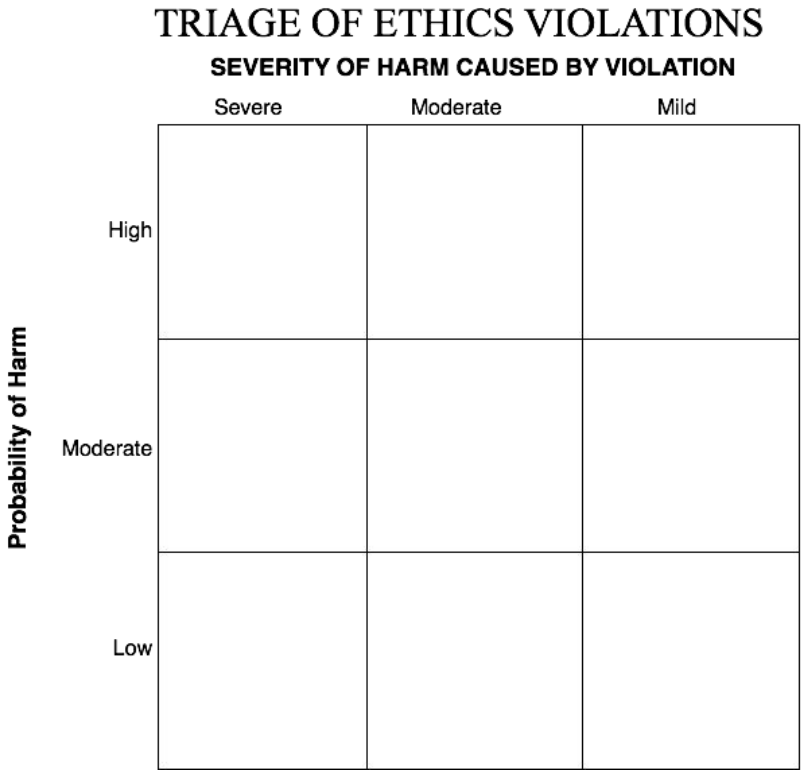
Where Does it Fit in the Triage Model



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Case Study

Anonymous scenario from an international BCBA

"I am a BCBA working in a clinic setting and I recently was given a new case that involves two brothers, both diagnosed with ASD. One brother is 15, and the other is 11. This family is from East Asia, and mom does not speak any English. Dad continuously travels for work and is not available. Mom requires a translator for communication purposes.

Mom is experiencing significant mental health concerns (e.g., has commented on wanting to end her life). Mom also does not receive any help at home, as dad is not actively involved and the translator is only there when meetings occur.

Continued on next slide

Case Study (cont'd)

"The 15-year old engages in severe negative behaviors at home which include: eloping, physical aggression towards mom, etc. This stems from a severe addiction and removal to an online video game. The 11-year old does not have any functional communication skills and has within the last 8 months stopped independently eating (e.g., mom feeds him)."

"Currently I have recommended that mom seek help for her mental health concerns. My concerns are the following: Parent coaching needs to occur because a majority of the problematic behaviors only occur in the presence of mom. My fear is that the translator will not be able to translate correctly to mom what I am saying, especially because some technical terms do not translate directly."

"I want to help support this family but I am not sure what the best approach is or where to start."

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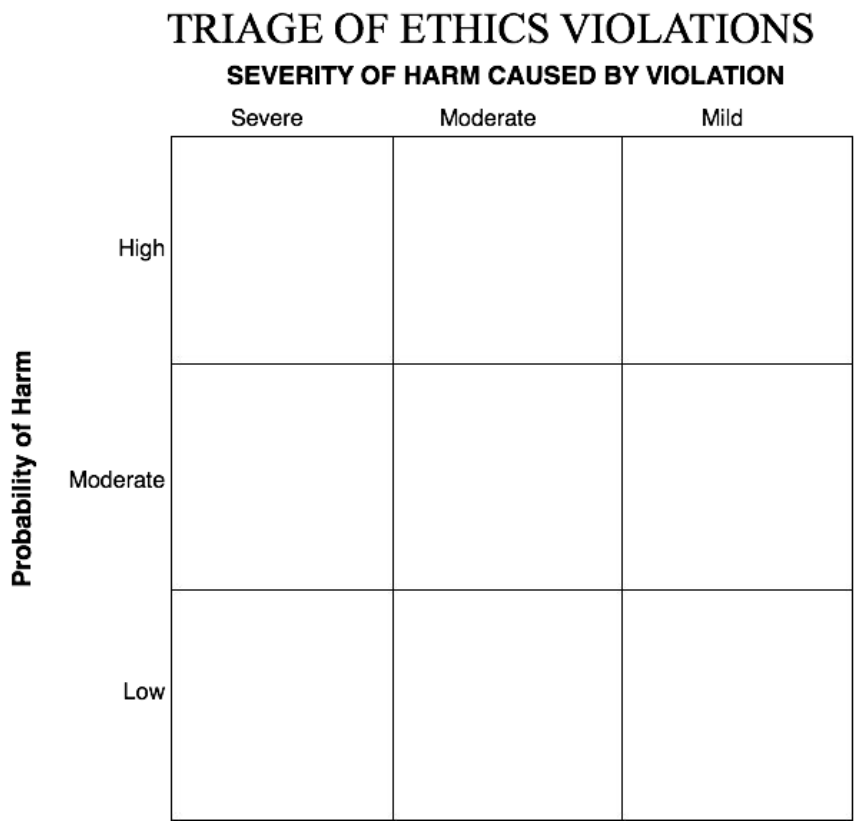

Scenario Follow Up

Thank you for attending Special Learning's
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We would love to hear from you!

If you have any feeback or suggestions, please email
kchung@special-learning.com

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