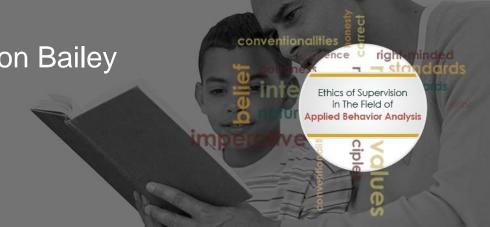
Welcome To Special Learning's

Questions and Answers with Dr. Jon Bailey August, 2016



Ethics in Practice Training Series

PRESENTER: Jon Bailey, PhD, BCBA-D



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- 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.



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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.

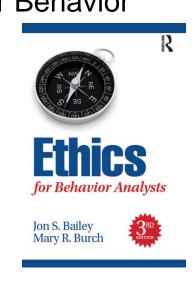
Dr. Bailey has published over 100 peer-reviewed research articles, is a past editor of the Journal of Applied Behavior Analysis, and is co-author of Research Methods in Applied Behavior Analysis, How Dogs Learn, Ethics for Behavior Analysts, 2nd Expanded Edition, How to Think Like a Behavior Analyst,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

Resources

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

References

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



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Scenario 1 (2.0)

Question from Mayra:

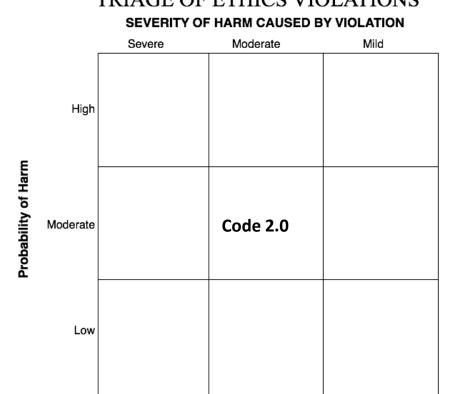
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"How do you address independent functioning skills that involve client's hygiene/care of a private areas (i.e. showering correctly – including appropriate cleaning of private areas, changing pads, OBYGN visits/breast exams, putting on/taking off a bra, shaving bikini area, etc.)?"







TRIAGE OF ETHICS VIOLATIONS

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Scenario 2 (2.0)

Question from Steve:

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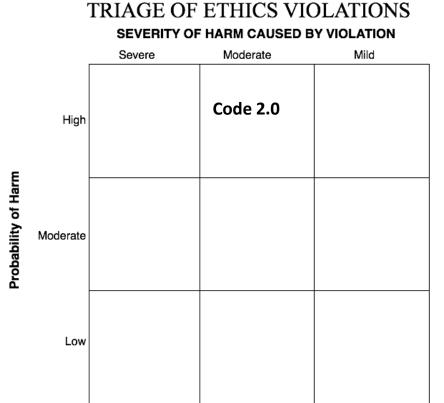


"I was recently referred by another BCBA to work with a severely obese client (300+ lbs/ age 13). I'm thinking I will need to collaborate with a nutritionist but the topic is extremely sensitive to single mom who's level of denial is unfathomably dense (during my initial visit, she served a whole wheel of cheesecake for clients personal breakfast and he ate it all). The weight impedes motivation to engage in any activity and makes significant programming (toilet training etc.) impossible."

"Do you have any experience/ references/ thoughts addressing this?"









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Scenario 3 (Code 2.06, 8.05)

Scenario presented by Katie:

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"I am supervising an individual accruing their hours within the school setting. My supervisee is my client but there are some issues that have come up within the school hierarchy in regards to teachers not using positive reinforcement. I have addressed this issue in a meeting with the CEO, school director and principal. The principal states that it is the teachers classroom to run as she sees fit.

I assured the principal we would be collaborating with the teacher (they have had experiences in the past of others coming into the class and disturbing the class) but I do not foresee the teacher being open to working with us or changing her ways.

"We are planning another meeting in which I plan to discuss our code of ethics and 4.08 Considerations Regarding Punishment Procedures (b) If punishment procedures are necessary, behavior analysts always include reinforcement procedures for alternative behavior in the behavior-change program."



Continued on next slide

Scenario 3 (Code 2.06, 8.05)





Scenario presented by Katie (Cont'd):

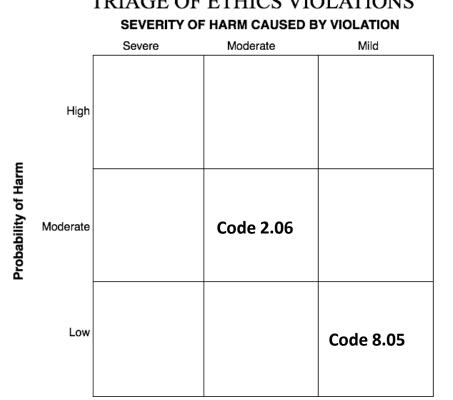
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"My question is if the school is unwilling to change their policies and procedures am I still ethically able to provide supervisor to my supervisee?

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Scenario 4 (Code 2.06, 8.05)

Scenario presented by Madoki:

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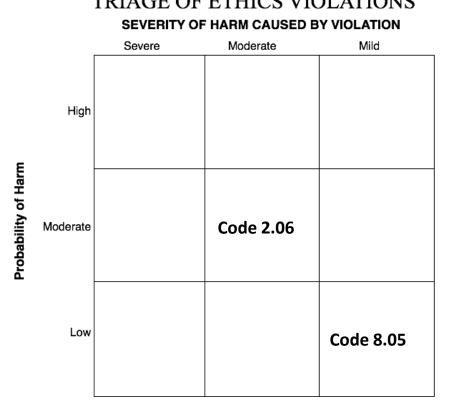


"I would like Dr. Bailey's thoughts on recruiting parent testimonial for a clinic/home-based services. I learned a few days ago that one of the consumers' parents had been asked by the owner of the business to write a testimonial on the Facebook page of the business. The parents did not want to disclose their identity, and they had been "pretending" that they forgot."

"What could be a safe way to promote testimonial from consumers?



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Scenario 5 (Code 2.06, 2.07)

Scenario presented by Sarah

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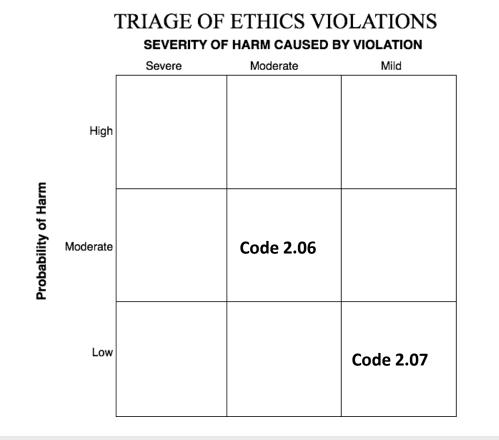


"A center has recently had issues with clinical leadership giving out their log in information which allows unauthorized individuals access to confidential files. The issue has been addressed with those in clinical leadership and passwords have been changed."

"Is it the responsibility of the center to inform parents about the breach?"



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Scenario 6 (Code ???)



"There is a local ABA provider who has recently decided to take on families in which the BCBA works only from home, meaning she has never met the family or the learner in person. All observations, meetings, etc. are done via phone or facetime/skype. I understand this is a technological time, but can't help but be frustrated by this as I do not see the likelihood of success without direct contact. In this case it is not due to out of state needs, the families are local to the BCBA and she simply chooses to work from home."

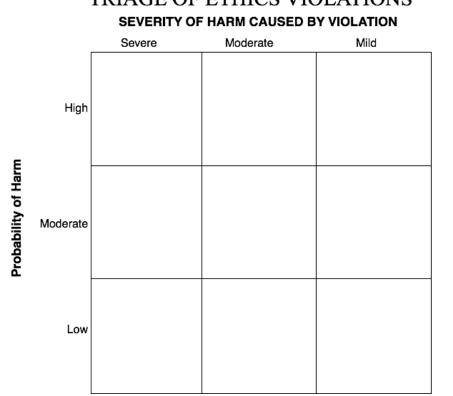
"Thoughts, is this ethical?"



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Scenario presented by Lindsay:

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Scenario 7 (Code 2.08)



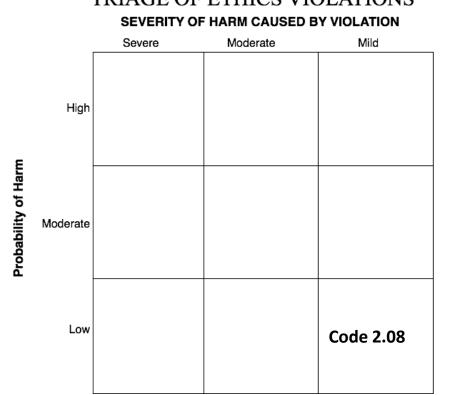
Scenario presented by Kimberly

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"You live in a small town where everyone knows each other. Everyone in your community knows that you are the BCBA and they already know all the clients you provide services for. Everyone knows each other. One day, a related health professional e.g. a Speech Pathologist that does not provide services for one of your clients with severe speech delays inquires how your client is doing in ABA therapy. The SLP has no professional relationship with your client but is a close family friend of the client's family."

"How do you respond if the SLP already knows identifying information regarding your client? How do you handle this situation?"

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Scenario 8 (Code 2.10)

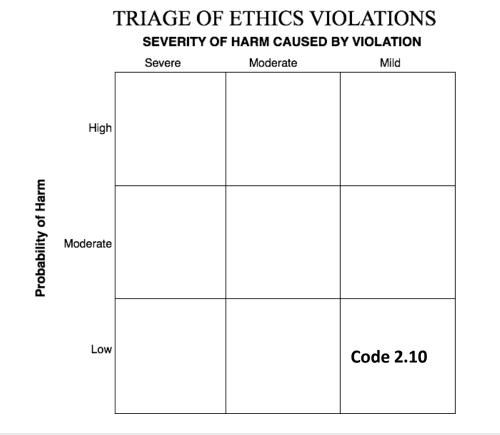




Scenario presented by Sarah:

"If a therapist sees that the data being provided to parents in a report is not accurately reflecting how data was taken for the client, how should he or she handle this situation?"





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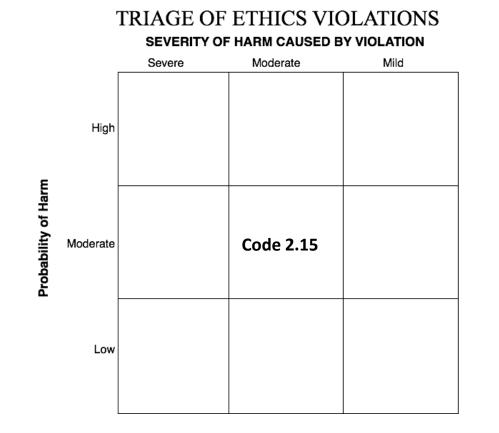
Scenario 9 (Code 2.15, 4.11)



Scenario presented by Lindsay:

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"How would you recommend approaching a family who is reluctant to end/terminate services. The learner is older (almost 20 yrs) and engaged in severe SIB, which has now been drastically reduced. There is not much further need for services other than parents don't want to stop "a good thing." The BCBA feels as though our job is done and it is time to fade. Ethics on fading if there is low frequency moderate intensity of SIB (hitting head on surfaces and skin picking resulting in scabs (attention function)? School intermittently reinforcing resulting in resurgence every 2 weeks or so, and have been thoroughly trained and have their own BCBA who says she's doing all she can. Residential has been strongly recommended for many reasons, but one being a single, more consistent environment; unfortunately, parents disagree on this and the conversation 🚄 is pause continuously. BCBAs feel stuck!" Special Learning





Scenario 10 (Code 1.01, 2.09, 2.13)

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Question from Agnieszka:



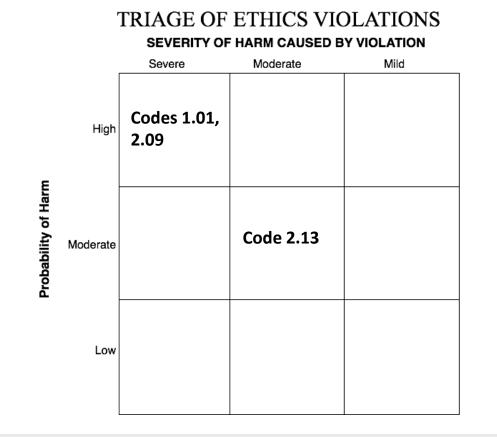
"While working for a company I experienced a lot of pressure from the owners to incorporate many non-behavioral practices and refrain from using ABA vocabulary. I was surprised as I was hired as a Behavior Analyst. It turned out that the owners had a strong anti-ABA approach and openly talked about "providing better services than ABA" but had to have a BCBA on board. Having the clients in mind I decided to educate the owners, and I started seeing some changes in their approach to

When I discovered the company's unusual billing practices I thought they did not understand the billing issues. I decided to approach the owners and explain what can be billed and who can bill for given services. Quickly I realized that they did not quite care about billing accuracy, as billing itself was the main concern for the company. At this point I felt I attempted to fix the issues but was not going to be successful so I removed myself from this environment and quit."

"Could I have done something different?"



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International Scenarios and Considerations



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International Scenario 1 (Code 1.06)



"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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Scenario presented by Katerina:

International Scenario 1 (Code 1.06)



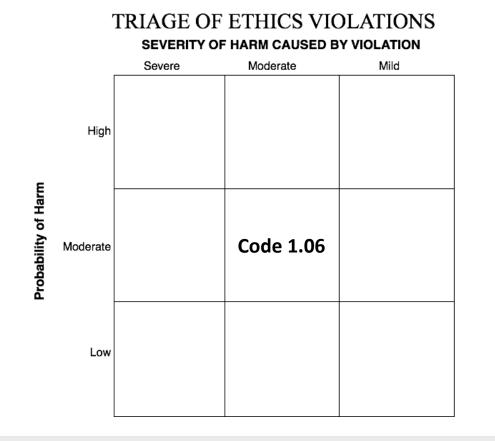
Scenario presented by Katerina (Cont'd):

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"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?"





International Scenario 2 (Code 1.06d)



Scenario presented by llene from Vietnam

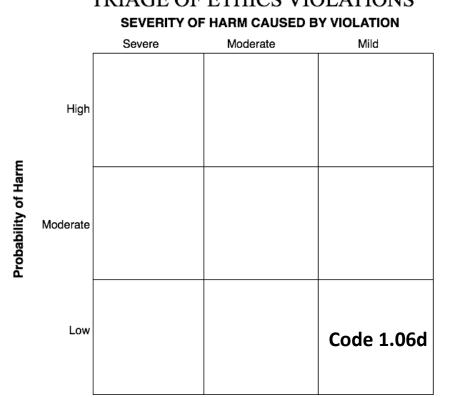
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"You are meeting the parents of a new client for the first time in their home. The family is from a different cultural background than yours. In their culture it is considered an insult not to share a beverage during a visit. When you arrive, the family is sitting at the table and there is a tea service prepared. They offer you a cup of tea. Although the guidelines are quite clear that you should not accept the tea, it seems that it would be rude and off-putting to not accept. "

"What do you do since you are committed to developing a positive relationship with this family"



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