

ASHA & BACB Ethics Code

Ethics in Action





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This self-study online course was written by Tamara Kasper, CCC-SLP, BCBA. Funding to develop and deliver this course was provided by Special Learning Global Solutions.

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Learning Objectives

- 1. Describe Ethics Continuing Education Requirements for respective discipline (ASHA, BACB)
- 2. Access the Code of Ethics and describe the process of reporting ethical violations to ASHA/BACB
- 3. Identify potential ethical dilemmas given a case study
- 4. Apply an ethical decision-making model to contrived and actual case studies that involve ethical dilemmas
- 5. List the ethical considerations of tele-treatment and impact on service delivery
- 6. Identify 3 areas for collaboration between SLPs and BCBAs





Presenter Bio



Tamara S. Kasper, MS, CCC-SLP, BCBA, is a Speech-Language Pathologist with nearly 30 years of experience working with children with challenging behaviors. Tamara's commitment to the children she serves led her to pursue treatment methods outside the field of Speech-Language Pathology. Under the mentorship of renowned Behavior Analyst Dr. Vincent Carbone and his protégé, Tamara became a Board Certified Behavior Analyst. She has completed advanced training in application of Skinner's analysis of verbal behavior and Kaufman's strategies for apraxia of speech.

Tamara is a frequently invited international lecturer, treating clients and training professionals in countries including England, Italy, Greece, Ethiopia, Senegal. She enthusiastically shares her unique approaches and outside-the-box techniques that successfully build functional verbal behavior for children on the autism spectrum. She provides consulting and workshops in the U.S. and abroad (Kasper Enterprises, LLC.)

Tamara is also the Director/Owner of The Center for Autism Treatment, Inc. (www.centerautismtreatment.org) near Milwaukee, Wisconsin; A center which provides personalized intensive ABA intervention and group social communication skills training for children with autism and other developmental disabilities. Tamara's publications include the K&K Sign to Talk materials, Speak with Sign, and research supporting sign language intervention to promote vocal skills and phonetic hand cues. She is a past recipient of the Wisconsin Speech and Hearing Association's Clinical Achievement Award.



Presenter Bio



Jennifer Rumfola, CCC-SLP, BCBA is a dually credentialed professional, licensed and certified as a Speech Language Pathologist and Behavior Analyst (BCBA). She possesses expertise and advanced skill in teaching language to children on the autism spectrum having worked in Early Intervention, Preschool and School environments. She has participated on IEP teams as a Speech-Language Pathologist and a Behavior Analyst supporting behavioral, communication and academic goal areas. Over the past 10 years, she has successfully integrated both fields in her practice to most effectively support individuals with autism and their educational teams.

Jennifer conducts training for a variety of audiences including educators, related service providers, administrators, parents, para-professionals and undergraduate/graduate students across disciplines. Presentations are delivered as part of school-based staff training, local and state conventions, as well as guest lectures for local universities. She also maintains her volunteer adjunct faculty position at the University of New York at Buffalo, where she was formerly a part time graduate clinical supervisor.





Panelist Bio



Lindsay Lauters, MS, CCC-SLP has 11 years of experience as a school—based speech-language pathologist and has also provided hospital-based rehabilitation services in acute and a sub-acute care as well as intervention via private practice. As a school-based SLP, her roles include mentor, clinical supervisor, Positive Behavioral Interventions Supports Coach, collaborative educator, and diagnostician. She designed and co-teaches a first grade, language-based literacy curriculum in collaboration with a teacher and special education teacher. Her expertise in providing therapy for children with a wide variety of disabilities and early work providing intervention for students with autism and behavioral challenges inform her community and state-wide professional development offerings. She has specialized expertise in positive behavior interventions and supports, understanding behavior based on a functional behavioral analysis, and development and implementation of behavior intervention plans.

Her passion for individuals with special needs and their families has led her to present on implementation of special education in schools, Americans with Disabilities Act (ADA) rights and methods for supporting participants with special needs through recreational programs and crisis prevention practices. Lindsay is a certified trainer through the Crisis Prevention Institute. She is the owner/director of A Way with

Words, LLC.





Ethics in Action: Case Study

A director of a clinic accepts a contract for an alternative education placement with School District A for a higher functioning 8-year-old student with autism, severe problem behavior and communication challenges. A new BCBA with limited experience in addressing severe problem behavior is assigned to the case. He is asked to collaborate with a team including a speech-language pathologist as this was the treatment package negotiated by the lawyers representing the school district and the family.

Treatment has just been initiated when COVID:19 "stay at home" recommendations occur....

- Consider the ethical responsibilities of:
 - The Director
 - The Treating Board Certified Behavior Analyst (BCBA)
 - The Treating Speech-Language Pathologist (SLP)





Ethics in Action: Purpose

- The Behavior Analyst Certification Board® (BACB) and The American Speech-Language Hearing Association (ASHA) provide a Code of Ethics as a framework/guide/foundation to support day-to-day decision making related to professional conduct in practice.
- The goal of these codes is to preserve the highest levels of integrity and ethical conduct concerning consumers, research participants, one's professional conduct, the public, professional relationships as well as applicant and certificant protection.
- Ethical behavior goes beyond an individual's practice. It is also the obligation of the BCBA or SLP-CCC to monitor the practices of others within their respective fields and help guide them toward ethical practices.
- These codes provide a road map for decision-making when confronted with ethical dilemmas or unexpected crises such as our current Covid-19 pandemic.





Ethics in Action: History and Requirements



Behavior Analyst Certification Board

- BACB established in 1998
- Professional and Ethical Compliance Code established January 1, 2016
- To obtain certification must pass an examination that contains 18 questions directly related to ethical conduct (BACB, 2012b)
- BACB certificants must practice in compliance with, and should structure their practices in accordance with, the Compliance Code
- Required 4 CEUS in Ethics/2-year certification cycle
- https://www.bacb.com/wpcontent/uploads/BACB-Compliance-Codeenglish_190318.pdf



American Speech-Language-Hearing Association

- ASHA originated in 1925
- Name changed to ASHA 1978
- Committed to a framework of common principles and standards of practice since ASHA's inception in 1925
- Formalized in 1952 as Code of Ethics
- To obtain Certificate of Clinical Competence must pass Praxis Exam for Speech-Language Pathology which includes items incorporating Ethics
- Expectations for scientific/clinical practice are based on principles of duty, accountability, fairness, and responsibility.
- Required 1 hour CE in Ethics /3 year maintenance cycle
- https://www.asha.org/Code-of-Ethics/





Ethical Obligations & Similarities Across Disciplines





- 1. Responsible Conduct of Behavior Analyst
- 2. Behavior Analysts' Responsibility to Clients
- 3. Assessing Behavior
- 4. Behavior Analysts and the Behavior-Change Program
- 5. Behavior Analysts as Supervisors
- 6. Behavior Analysts' Ethical Responsibility to the Profession of Behavior Analysts
- 7. Behavior Analysts' Ethical Responsibility to Colleagues
- 8. Public Statements
- 9. Behavior Analysts and Research
- 10. Behavior Analysts' Ethical Responsibility to the BACB

- Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner
- II. Individuals shall honor their responsibility to achieve and maintain the **highest level of professional competence** and performance.
- III. Individuals shall honor their **responsibility to the public** when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.
- IV. Individuals shall **uphold** the dignity and autonomy of **the professions**, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the **professions' self-imposed standards**.





Ethics in Action: Common Terms

<u>Client:</u> The term client refers to any recipient or beneficiary of the professional services provided by a behavior analyst. The term includes, but is not limited to: (a)The direct recipient of services; (b)The parent, relative, legal representative or legal guardian of the recipient of services; (c)The employer, agency representative, institutional representative, or third-party contractor for services of the behavior analyst; and/or (d)Any other individual or entity that is a known beneficiary of services or who would normally be construed as a "client" or "client-surrogate". For purposes of this definition, the term client does not include third-party insurers or payers, unless the behavior analyst is hired directly under contract with the third-party insurer or payer. https://www.bacb.com/wp-content/uploads/BACB-Compliance-Code-english 190318.pdf

<u>Risk-Benefit Analysis:</u> A risk-benefit analysis is a deliberate evaluation of the potential risks (e.g., limitations, side effects, costs) and benefits (e.g., treatment outcomes, efficiency, savings) associated with a given intervention. A risk-benefit analysis should conclude with a course of action associated with greater benefits than risks. https://www.bacb.com/wp-content/uploads/BACB-Compliance-Code-english_190318.pdf

<u>Informed Consent:</u> May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks. https://www.asha.org/Code-of-Ethics/#Terminology





Ethics in Action: Self-Reporting

- https://www.bacb.com/wp-content/uploads/Considerations-for-Reporting-an-Alleged-Violation 190509.pdf
- https://www.asha.org/policy/Practices-and-Procedures-of-the-Board-of-Ethics/



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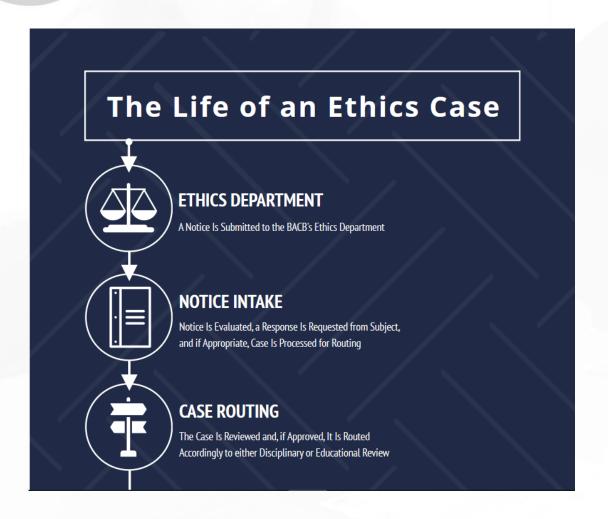
SL Global www.special-lerning.com

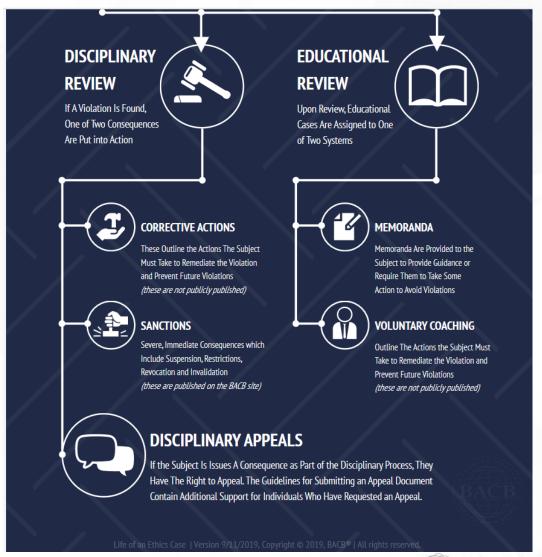
^{*}Asha-violation within the last 10 years https://www.asha.org/policy/Practices-and-Procedures-of-the-Board-of-Ethics/

^{*} BACB Reported Ethics Violations 2016/17: http://www.bacb.com/wp-content/uploads/180606 Ethics Violations and Code-Enforcement-Whitepaper.pdf



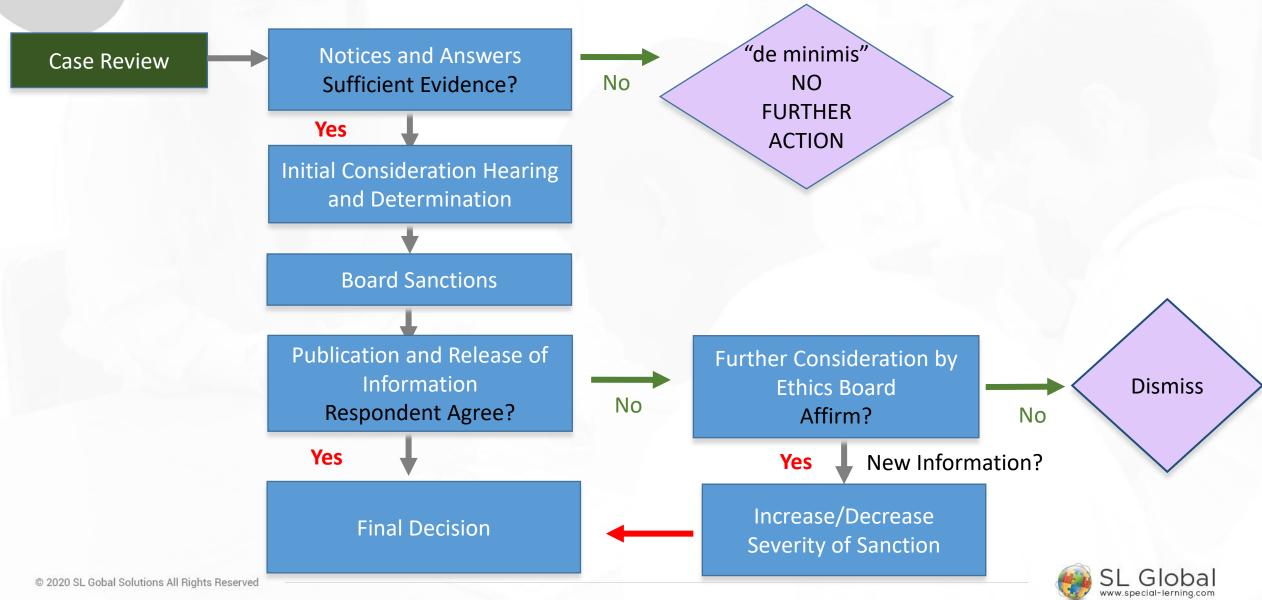
Ethics in Action: BACB Complaint Adjudication





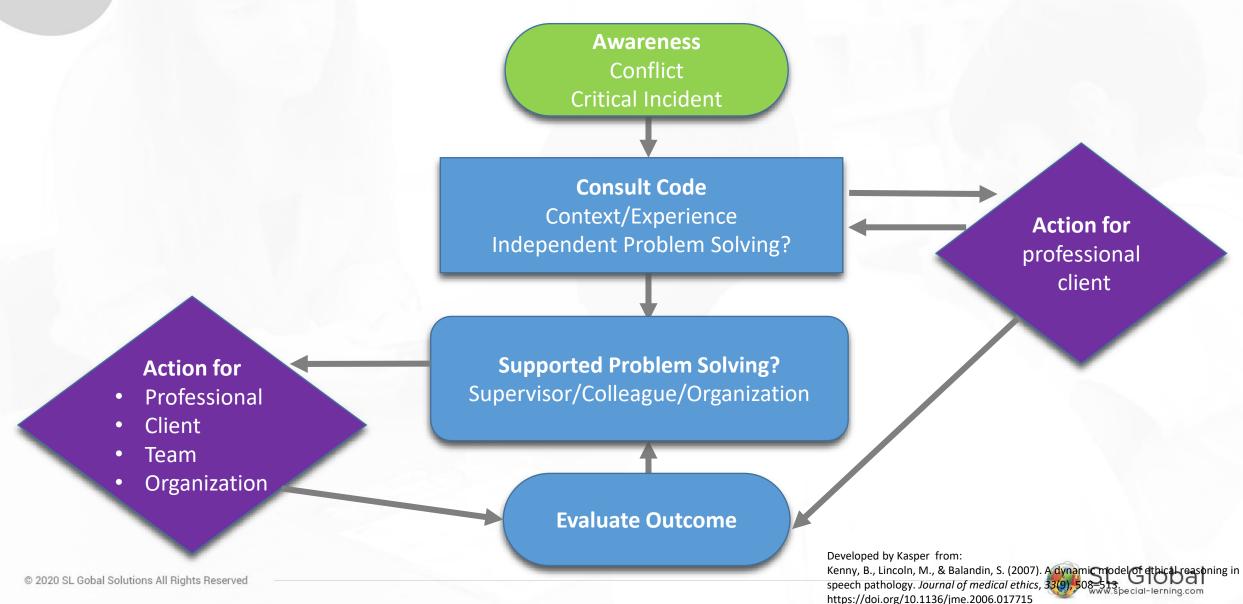


Ethics in Action: ASHA Complaint Adjudication





A Dynamic Model of Ethical Reasoning





BACB (ABA) and ASHA (Speech) Ethics Resources





ASHA

- https://www.asha.org/practice/ethics/
- ASHA's Code of Ethics and Code of Conduct
- Board of Ethics Complaint Adjudication
- Fthics Guidance
- Everyday Ethics
- Sanctions and Violation History
- Student Ethics Essay Award
- Ethics Education
- ASHA Maps





Ethics in Action: Case Study

- A director of a clinic accepts a contract for an alternative education placement with a school
 district for a higher functioning 8-year-old student with autism, severe problem behavior and
 communication challenges. A new BCBA with limited experience in addressing severe problem
 behavior is assigned to the case. He is asked to collaborate with a team including a speechlanguage pathologist as this was the treatment package negotiated by the lawyers representing
 the school district and the family.
- You have just initiated treatment when COVID:19 "stay at home" recommendations occur....
- Consider the ethical responsibilities of:
 - The Director
 - The Treating Board Certified Behavior Analyst (BCBA)
 - The Treating Speech-Language Pathologist (SLP)





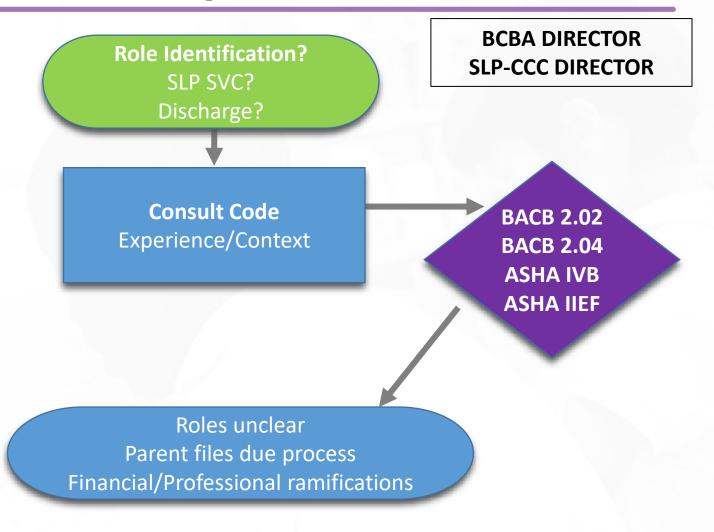
Scenario: Ethical Reasoning for Director

BACB Role Identification

- 2.02 Responsibility
 - Clearly define roles at onset and/or hierarchy of services
- 2.04 Third-Party Involvement in Services
 - (a) clearly define roles and protentional conflicts
 - (d) method to resolve conflict or discontinue/transition

ASHA Role Identification

- IV
 - b) exercise independent professional judgement, client welfare paramount
- •
- (e) supervisors do not direct/allow staff to practice outside of status, competence, education, training, and experience.
- (f) supervisors do not place staff in a position that will jeopardize their ability to exercise independent professional judgment







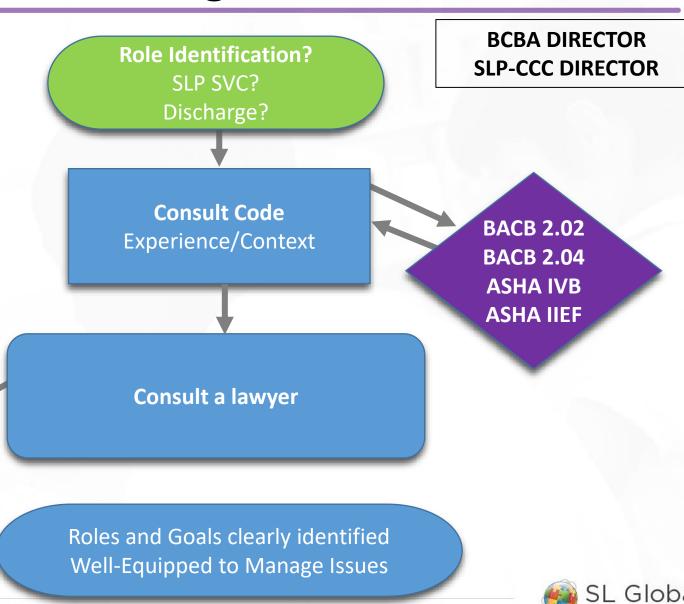
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- (f) supervisors do not place staff in a position that will jeopardize their ability to exercise independent professional judgment
 - Contract with school district(s)
 - 2. ISP with family
 - 3. Third party consultants school/ SLP





Scenario: Ethical Reasoning for Treating BCBA

BACB Competence/ Experience

- 1.02 Boundaries of Competence
 - Only practice, research, assess etc. that commensurate with education, training, and supervision experience
- 2.01 Accepting Clients
 - Only accept clients that commensurate with education, training, and supervision experience or work under supervision of a supervisor with such experience
- 2.03 Consultation
 - Arrange for consultation when in the best interest of the client

Read Article
 "Accept cases as assigned"

Treating BCBA Sufficient Knowledge? Experience? **Consult Code BACB 1.02** Experience/Context **BACB 2.01 BACB 2.03 Supported Problem Solving Consult Supervisor** Staff injured Staff quits/leaves field Supervisor reported to BACB



Scenario: Ethical Reasoning for Treating BCBA

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Treating BCBA Sufficient Knowledge? Experience? **Consult Code** Experience/Context **BACB 1.02 BACB 2.01 BACB 2.03 Supported Problem Solving Consult Supervisor** Staff injured Staff quits/leaves field Supervisor reported to BACB



Scenario: Ethical Reasoning for Treating BCBA

BACB Competence/Experience

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- 1. Supervision Training
- 2. Self-Study

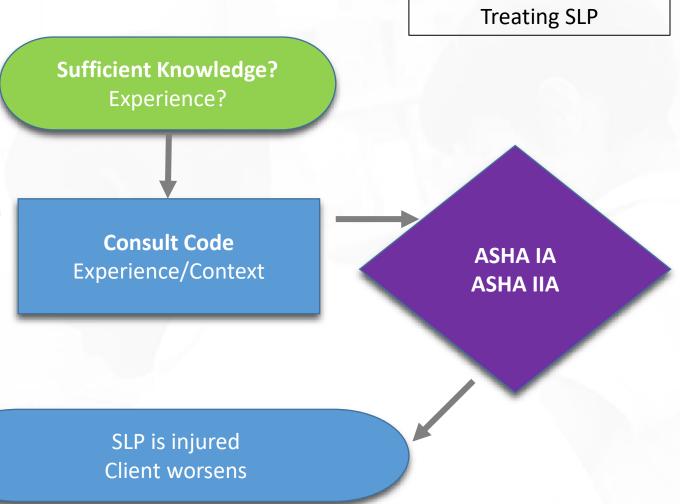
Treating BCBA **Sufficient Knowledge?** Experience? **Consult Code BACB 1.02** Experience/Context **BACB 2.01 BACB 2.03** BACB hotline Identify resources Consult supervisor Client progress Staff gains experience/skills Respect/Referrals



Scenario: Ethical Reasoning for Treating SLP

ASHA Competence/Experience

- IA
 - Individuals shall provide all clinical services and scientific activities competently
- IIA
 - Individuals who hold a Certificate of Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training and experience







Scenario: Ethical Reasoning for Treating SLP

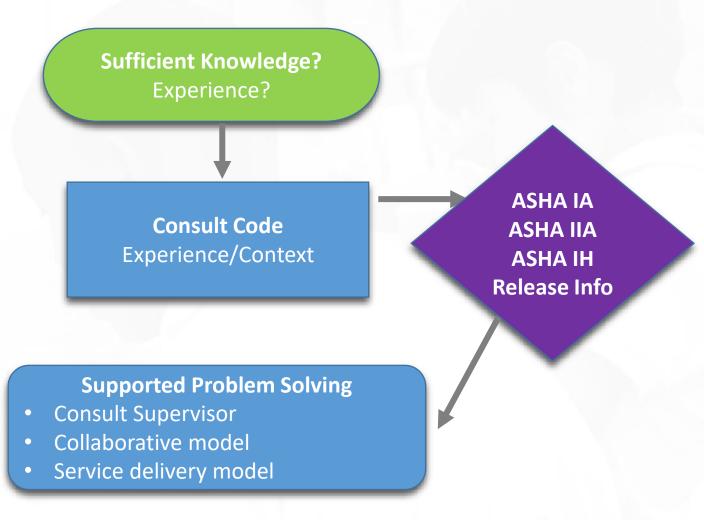
Treating SLP

ASHA Competence/Experience

- IA
 - Individuals shall provide all clinical services and scientific activities competently
- IIA
 - Individuals who hold a Certificate of Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training and experience

ASHA Competence/Experience

- IH
 - Individuals shall obtain informed consent from the person they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes information persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served in suspected, individuals should seek appropriate authorization for services . . .







Ethical Interprofessional Collaboration

- ASHA adapted the <u>World Health Organization</u> [PDF] definitions of *interprofessional education* (IPE) and *interprofessional practice* (IPP), also called *interprofessional collaborative practice*, to reflect audiologists' and speech-language pathologists' (SLPs') engagement in IPP in both health care and education settings.
- In ASHA's definition, IPE is an activity that occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve outcomes for individuals and families whom we serve.
- Similarly, IPP occurs when multiple service providers from different professional backgrounds provide comprehensive healthcare or educational services by working with individuals and their families, caregivers, and communities- to deliver the highest quality of care across settings.





Ethical Interprofessional Collaboration

Lindee Morgan (2020) sites potential barriers to interprofessional practice (IPP) including:

- Overlap in practice
- Divergence in theoretical orientation
- Profession-specific terminology
- Collaboration enforced by top-down administrative decision-making
- Perceived/actual competition; loss of autonomy

Enhance collaboration

- Provide service only when scope of practice overlaps with scope of competence
- Recognize common roots of both fields in Applied Behavior Analysis and Speech-Language Pathology
- Demonstrate Conceptual Humility
- Capitalize on Competence Areas





Professional Scopes of Practice and Overlaps in Competencies

SLP

BCBA

- Basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.
- Normal and abnormal human development across the lifespan
- Communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
- Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification
- > Fluency and fluency disorders
- Voice and resonance, including respiration and phonation
- Hearing, including the impact on speech and language
- Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span
- Principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

Fundamental Elements of Behavior Change

- Positive and negative reinforcement, schedules of reinforcement
- Shaping, prompts and prompt fading, chaining
- Modeling and imitation training.
- Task analysis
- Analysis of communication, language and verbal behaviors., including echoics, requesting/ manding; labeling/ tacting, conversation/ intraverbals, and listener training
- Structured/ Discrete-trial and Naturalistic/ free-operant arrangements.
- ♦ If Then: Premack principle

Specific Behavior-Change Procedures

 Use instructions and rules and contingency contracting (i.e., behavioral contracts)

Behavior-Change Systems

- Self-management strategies, token economies and other conditioned reinforcement systems
- ♦ Direct Instruction
- Functional communication training
- Augmentative communication systems
- ♦ Operant conditioning
- Response generalization

(BACB, 2012; Vail et al., 2015)

- Foundational Knowledge
- Contingency-shaped behavior (A-B-C) vs rule based behavior
- Respondent conditioning (CS-CR), operant conditioning and respondent-operant interactions
- Stimulus control, stimulus discrimination, and stimulus equivalence
- Conditioned and unconditioned motivating operations, and the distinction between the discriminative stimulus and reinforcement effects
- Fundamental Elements of Behavior Change
- Positive and negative reinforcement/ punishment and schedules (time-based or noncontingent)
- Combinations of reinforcement with punishment and extinction.
- Differential reinforcement (e.g., DRO, DRA, DRI, DRL, DRH).
- Specific Behavior-Change Procedures
- Interventions based on manipulation of antecedents, such as motivating operations and discriminative stimuli and discrimination training procedures.
- Independent, interdependent, and dependent group contingencies
- Behavioral contrast effects, matching law and recognize factors influencing choice.
- Behavioral momentum/ high-probability request sequences
- > Pairing procedures
- > Errorless learning procedures
- > Matching-to-sample procedures.
- ♦ Behavior-Change Systems
- Direct Instruction, precision teaching, incidental teaching and personalized systems of instruction
- Measurement Concepts
- > Rate, duration, latency, interresponse time
- Continuous and discontinuous measurement procedures

(Vall et al., 2015; BACB, 2012)

(ASHA, 2020; Vail et al., 2015)





Ethical Interprofessional Collaboration

What the Behavior Analyst Brings to the Table (Sundberg, 2011)	What the SLP Brings to the Table (Kasper, 2020)
 Behavioral teaching procedures (ABA methodology) Functional analysis of language Functional analysis of behavior problems Criterion-referenced verbal behavior assessment Intervention (teaching the verbal operants) Analysis of language barriers Contact with the behavioral literature Clinical skills Materials and teaching tools 	 Thorough topographic description of an individual's speech-language repertoire Procedures to shape vocalizations Developmental sequence of speech production Developmental sequence of language, grammar, and social skills Knowledge of anatomy and physiology of the respiratory and oral mechanisms Component analysis of speech production in terms of place, manner, and voice Appropriate speech target selection Contact with the speech-language literature Materials and teaching tools

Sundberg, M. (May, 2011). Form and function: Uniting speech and language pathologists and applied behavior analysts. Presented at The Applied Behavior Analysis International Annual Convention, Denver, CO.

Kasper, T. (August 2015). Evidence-Based Speech Production Training for Children with Autism.. Presented at The National Autism Conference, State College, PA.





Scenario: Collaborative Model-Treating SLP/BCBA

ASHA | Competence/Experience

- A. Provide all clinical services competently
- B. Use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure quality
- E. Delegate tasks other personnel, only if those persons are adequately prepared/supervised. Welfare remains with certified individual.

ASHA IV Harmonious

Inter/Intraprofessional Relationships

- A. Work collaboratively with members of profession/other profession to deliver the highest quality of care.
- B. Exercise independent professional judgment in providing services when a source prevents welfare of persons served paramount

BACB Competence/Experience

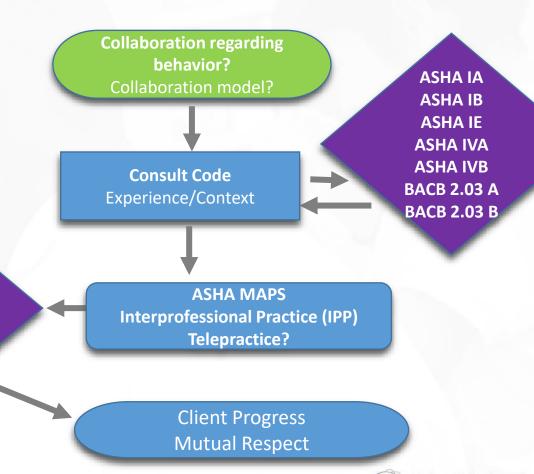
2.03 Consultation.

(a)Behavior analysts arrange for appropriate consult and referrals based on the best interests of their appropriate consent including applicable legal and contractual obligations. (b)When indicated and professionally appropriate, behavior analysts cooperate who other professionals consistent with the philosophical assumptions and principles of behavior analysis, in order to effectively and appropriately serve their clients.

. Consult BCBA

- 2. Assess
- 3. Synchronous
- 4. Develop goals and roles
- 5. True collaboration

Treating SLP Treating BCBA











Delivery of Service In A Covid World

• On March 16th, the President of the United States issued an updated Coronavirus Guidance for America. This guidance states that: "If you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule."

Is Applied Behavior Analysis an essential service?

- For individuals with autism, ABA is an essential, necessary and non-elective health service according to the Association for Professional Behavior Analysts.
- According to BACB Compliance Code 2.15 b. Behavior analysts make reasonable and timely efforts for
 facilitating the continuation of behavior analytic services in the event of unplanned interruptions (e.g., due
 to illness, impairment, unavailability, relocation, disruption of funding, disaster).
- Therefore, it is our responsibility to work towards mitigating the challenges Covid-19 presents to providing medically necessary services to our clients based on a Risk-Benefit Analysis.
- BHCOE has recommended following OSHA guidelines if practitioners choose to continue providing services.
- Result of Autism Speaks poll:
 - 71% of callers stated their clinics were temporarily closed
 - 27% of callers stated their clinic had remained open
 - 2% had not yet closed but are planning to





Delivery of Service In A Covid World

Is Speech-Language Therapy an essential service?

- According to Jeffrey Regan, MA, Director of Government Affairs and Public Policy, ASHA, the
 federal government designates Speech-Language Pathologists as Caregivers under the essential
 personnel definition, however; it is the state government, employer or employee union that
 regulates whether Speech-Language Therapy is considered "essential" in each state.
- ASHA Principle of Ethics IT states that, "Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services."
- Therefore, it is our responsibility to work towards mitigating the challenges Covid-19 presents to providing essential services to our clients.
- Kim Delahanty, Infection prevention specialist and ASHA presenter stated that ASHA should consider provision of a Decision Matrix to assist in a Risk Benefit Analysis.





Delivery of Services in a Covid World

- Who is providing services?
- Who is providing only telehealth?
- Who is providing a combination of services?
- Result of Autism Speaks poll just after the Federal Stay-at-home, Shelter-in-place orders revealed
 - 71% of callers stated their clinics were temporarily closed
 - 27% of callers stated their clinic had remained open
 - 2% had not yet closed but are planning to.
- What do our survey results reveal?



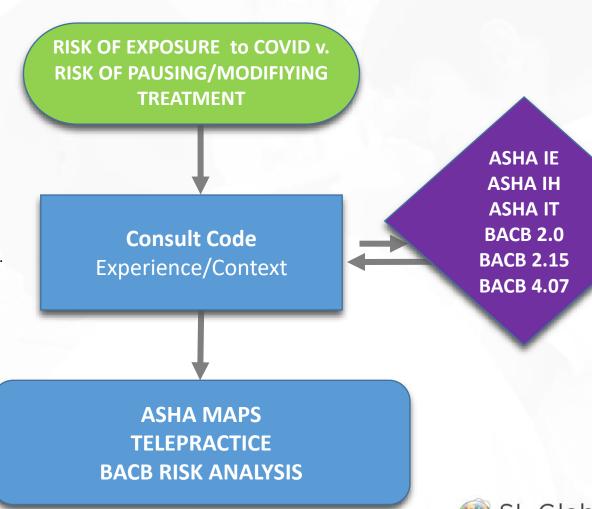


Scenario: Treatment Team

Risk-Benefit of Client Services

Treatment Team

- ASHA- IE Responsibility to Client
 - delegate tasks to other persons only if those persons are adequately prepared and are appropriately supervised
- ASHA- IH Responsibility to Client
 - Individuals shall obtain informed consent
- ASHA- IT Responsibility to Client
 - Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.
- BACB- 2.0- Responsibility to the Client
 - Behavior analysts have a responsibility to operate in the best interest of clients.
- BACB- 2.15- Interrupting/Discontinuing Services
 - (a) Act in the best interest of the client & supervise to not disrupt services
 - (b) Make reasonable accommodations to continue services in times of unplanned interruptions
- BACB- 4.07- Environmental Conditions that Interfere with Implementation
 - (b) If conditions hinder implementation of the behavior-change program, behavior analysts eliminate the environmental constraints, or identify in writing the obstacles to doing so.





Risk-Benefit Telehealth Services



Determine if the safety of the client, their family and onsite clinicians can be maintained.



Factors such as the rate and severity of aggression, SIB, and property destruction as well as age and size of the client and the experience of direct care staff in addressing severe maladaptive behavior must be considered.



Ensure safety in crisis situations by keeping local emergency numbers available. Identify the non-crises number for the police or other agency that might be able to provide support.



Be mindful that if 911 is called from the provider's home, it will be traced to the provider address, not the address of the client.





Client Name:



Risk – Benefit Analysis Decision Making Rubric for Determining Service Delivery Model During COVID-19

Current CDC Guideline Checklist:

Client Supervisor: BCBA

Check "yes," if you agree that the following can and will occur while continuing to provide in-home

ABA services. All required items must be checked "ves." in order for ABA services to be able occur in-

Required:	Less than 5 people gathering in one place in home location only (could			
x YES □ NO	be difficult with larger families and multiple providers present).			
Required:	x Social distancing: maintaining at least 6 feet between individuals			
x YES □ NO	without provider(s) wearing surgical mask. (See: Open Door & Greeting Protocol*)			
	OR			
	x While working with client, if close contact is necessary (within 6 feet)			
	and could include instances where there is direct contact with infectious			
	secretions (respiratory droplets), provider(s) must wear disposable			
	surgical mask or reusable clear face shield/mask at all times in protection			
	of the client, as "The Centers for Disease Control and Prevention (CDC)			
	identify an increased risk of COIV-19 infection and more acute			
	conditions if infected – for individuals with intellectual disabilities and			
	developmental delays regardless of age. MASK TOLERANCE UNKNOWN			
Optional:	For their own protection, provider(s) may also choose to wear PPE (e.g.			
X YES □ NO	respirator mask) under their surgical mask or under their clear face			
	in order to further prevent their own exposure to infectious secretions			
	of others (respiratory droplets) while working with a client. If THE			
	CENTER is able to order/receive N95 masks, this will become a required			
	item.			
Required:	 Provider(s) will wash hands with soap and water for at least 20 			
	seconds immediately upon arriving at a client's home.			
X YES 🗆 NO				
Required:	 When soap and running water are unavailable, provider 			
	will use an alcohol-based hand rub with at least 60%			



Required: X YES □ NO	 Provider(s) will avoid shaking hands or giving high fives to parents/clients- if contact occurs, wash hands as described.
Required: X YES □ NO	Provider(s) will use elbow to cover coughs/sneezes.
Required:	 Provider(s) will avoid touching eyes, nose, or mouth- if inadvertent contact occurs, wash hands as described.
X YES NO	,
Required:	Provider(s) will avoid close contact with people who are sick, and will contact their healthcare provider immediately upon known
X YES □ NO	exposure and/or upon displaying concerning symptoms and follow recommended steps.
	ADDITIONAL CENTER PROCEDURES
Required: X YES □ NO	Provider(s) will refrain from public gathering and disclose to director if anyone in household is exposed to large groups of people
Required: X YES □ NO	 Provider(s) will sanitize vehicle by wiping down steering wheel and all handles/knobs/controller with sanitizing wipe
Required: X YES □ NO	 Provider(s) will wipe down phone and treatment area upon entering household

Risk vs. Benefit Analysis:

Wellness Check: Clinician to call and/or text client prior to entry, to confirm the following:

- Have you been in contact with anyone with a confirmed or suspected diagnosis of COVID-19?
- We need to assure your home is a safe place for staff to enter. Is client or members of the household currently exhibiting any symptoms identified by the CDC: Fever, cough, shortness of breath.

1.	Parent/Caregiver/Guardian has confirmed desire to continue in-person services from BT/RBT's and/or Supervisor(s) (and/or has not cancelled in person sessions):	X YES If yes, skip to #3.	□NO	
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CLIENT A



Risk-Benefit Analysis Variables

Can the CDC Guidelines be followed?

- Less than 5 people in location?
- Entry procedures?
- Social distancing?
- Provider masks?
- Hand washing?
- Disinfecting surfaces?
- Avoiding handshakes/high fives?
- Cover cough with elbow?
- Avoid touching face?
- Avoid contact with those who are ill?
- Procedure for documenting staff/family compliance/health?





Risk-Benefit Analysis Variables

Determining the Service Delivery Model

- Parent agrees to in-person services?
- Parent agrees to telehealth supervision, assessment, parent training?
- Funding source for telehealth supervision, assessment parent training verified?
- Funding for RBT direct service via telehealth verified if appropriate for client?
- Client sessions can be reasonably delivered with support level that matches the parent's desire/willingness/skill?
- If RBT sessions cannot be delivered due to CDC items/telehealth not appropriate -- Are there potentially injurious/dangerous/extremely concerning outcomes that could result from no direct therapy over the 1-12 weeks?
- History of medical/behavioral/psychiatric visits for client/parent due to client?
- History of suspension/expulsion for school or program?





Risk-Benefit Analysis Variables

- History of behaviors that have resulted in injury related to aggression, toward others, property destruction, self-injury or elopement?
- History of regression of challenging behaviors documented when in-person services have been briefly withdrawn?
- Skills gained and functional replacements for problem behavior that are maintained and would reduce risk of injury/damage?
- Documentation of significant evidence of skill regression when in-person services have been withdrawn?
- Regression of skills that have required a year or more to teach which would be considered life altering?
- Risks to family members if in-person services are paused?
- Physical disabilities or unique differences that need to be considered?





Scenario: Treatment Team (continued)

Risk-Benefit of Client Services

- ASHA- IE Responsibility to Client
 - delegate tasks to other persons only if those persons are adequately prepared and are appropriately supervised
- ASHA- IH Responsibility to Client
 - Individuals shall obtain informed consent
- ASHA- IT Responsibility to Client
 - Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide orofessional services. 2. Direct by RBT
- - Behavior analysts have a responsibility to operate in the best interest of clients.

 Supervision BCBA is continuing Sorvices.
 - continuing Services

 - (b) Make reនេទានេស each modations to continue services in times of unplanned interpretions
- 4.07Ac apter grantal Conditions that Interfere

with Implesactivationsures

• (b) If conditions hinder implementation of the behavior-change program, behavior analysts eliminate the environmental constraints, or identify in writing the obstacles to doing so.

Risk of exposure v. Risk of loss of control?

Consult Code Experience/Context

ASHA MAPS

(a) Act in the best interest of the client & supervise to not disrupt services INTERPROFESSIONAL PRACTICE (IPP)

TELEPRACTICE

Risk minimized Progress maintained Client safe Parent safe

Treatment Team

ASHA IE ASHA IH ASHAIT BACB 2.15





Planning for Telehealth Checklist

PLANNING: Begin laying the groundwork for effective telepractice servi

STEPS	COMPLETE
Confirm that the school district/organization/practice has a	
Business Associate Agreement (BAA) to ensure encryption.	
Verify that you and the student have the proper equipment and	
Internet access.	
Verify contact information for students, including phone	
number, email, and address.	
Verify that a facilitator will be physically present to support the	
student during the session.	
Schedule sessions in advance with the family.	
Familiarize yourself with the telepractice platform you'll be	
using.	
 Ensure that your platform is encrypted and secure. 	
 Obtain parental consent as needed. 	
 Practice sharing the tools and different therapy 	
materials ahead of time.	
Prepare materials in advance for each session.	
 Keep material accessible and within reach. 	
 Make sure the materials are usable when accessed via 	
the telepractice platform.	
Plan for a break every few hours to stretch, take a walk,	
hydrate, etc.	

American Speech-Language Hearing Association.

https://www.asha.org/uploadedFiles /ASHA-Telepractice-Checklist-for-School-Based-Professionals.pdf





Impact of Telehealth: Choose Socially Significant Goals

- <u>Clients:</u> loss of routine, loss of instructional control, diminished quantity/quality of therapy, unstructured time, potential regression, potential increases in problem behavior/stereotypy
- Families: loss of routine, increased demands on time, confusion, changing roles, stress
- <u>Professionals:</u> loss of routine, new challenges, steep learning curve, professional challenges, group instruction challenge, ethical dilemmas, new policies/procedures, email overload, webinars/meetings
- Schools: loss of routine, group instruction challenges, steep learning curve, uncertainty regarding essential/meeting IEP requirements
- <u>Businesses:</u> loss of routine, loss of income, ethical dilemmas with staff management, insurance/reimbursement uncertainty, increased and shifting demands/information, steep learning curve





Ethics in Action: Ethical Codes are Essential

- Creating Ethical decision makers
- Training
 - Newly hired therapists
 - All BCBAs
- Continuous Discussions
 - Monthly Talking Points
 - Quarterly Clinical Team Discussions
 - Yearly, Semi-Annual Leadership Discussions
 - Ethics Fun Facts
- Immediate Support
 - Internal Ethics Hotline





Ethics in Action: Ethical Codes are Essential

- The purpose of a Code of Ethics is as a framework/guide/foundation to support day-to-day decision making related to professional conduct.
- These codes aim to preserve the highest levels of integrity and ethical conduct concerning consumers and one's professional conduct.
- The codes promote and emphasize the importance of Interprofessional Collaboration.
- The Codes of Ethics for the fields of Applied Behavior Analysis and Speech-Language Pathology provide a framework to support day-to-day decision-making related to professional conduct in practice.
- Both respective professional organizations, BACB and ASHA provide a wealth of resources to guide our practices during decision-making.
- These codes provide a road map for decision-making when confronted with ethical dilemmas or unexpected crises such as our current Covid-19 pandemic.





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