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A Behavioral Systems Approach to Ethics Training and Supervision

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SPARTANS WILL.

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I know what you are thinking

- “Not another ethics talk.”
- “Time to catch up on e-mail.”
- “I wonder if I’ll have time to stop by the grocery store on the way home?”
- “Did I leave the oven on?”

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I, too, am sick of boring ethics presentations

- I promise I won’t sit here for 2.5 hours and list ethical code after ethical code and say: *follow these rules or else bad things will happen*
- I have made it a mission to make this content interesting, and most importantly, relevant

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Background

- Based on a chapter from my forthcoming book, *Practical Ethics for the Effective Treatment of Autism Spectrum Disorder*
- Visit www.mattbrodhead.com to pre-order the book and view supplementary materials

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Applied Behavior Analysis Collective

ABOUT THE ABAC • PRACTICAL ETHICS BOOK • RESOURCES • BLOG

The Applied Behavior Analysis Collective is an autism and behavioral science research group at Michigan State University. The ABAC is directed by Dr. Matt Brodhead, Assistant Professor in MSU's College of Education and the Research Director of MSU's Early Learning Institute.

Dr. Brodhead is the author of the forthcoming book, *Practical Ethics for Effective Treatment of Autism Spectrum Disorder*. You can learn more about Dr. Brodhead's book, and pre-order a copy if you are interested, by clicking here.



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Ethics Defined

- “Behaviors, practices, and decisions that address such basic and fundamental questions as: What is the right thing to do? What is worth doing? What does it mean to be a good behavior analytic practitioner?” (Cooper, Heron, & Heward, 2007)

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Ethics Defined

- “The emission of behavior in compliance/coordination with the verbally stated rules and behavior-analytic cultural practices guiding practitioner behavior that are espoused by the BACB Code.” (Brodhead, Quigley, & Cox, in press)
- We are concerned, primarily, with following the BACB Code

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Ethics are Important

- Many of us provide behavioral services to some population of individuals
 - If not, you currently, or may one day, provide supervision to those who do
- Sometimes, our oversight of professional and/or ethical behavior may go by the wayside
 - Especially since time spent promoting these skills may not translate to billable hours
- However, ethical and professional behaviors should not be ignored

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Unethical Behavior

- Unethical behavior may result in
 - 1) loss and/or harm to consumers
 - 2) damage to the company's reputation
 - 3) litigation
 - 4) harm to the field of Applied Behavior Analysis (ABA)

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Behaving Ethically

- Most of us know what we need to do
 - Very few people wake up in the morning and say, “I'm going to do wrong today”
- The difficulty lies in translating our guidelines into behaviors that produce desired outcomes in practice
- May occur for a few reasons
 - Training may rely heavily on teaching memorization of the code and case studies that may or may not be relevant to practice
 - Difficulty establishing and maintaining situation-specific behavior that meets standards set by the BACB

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Behavior Analysis Has (Mostly) Failed Us

- There is a dearth of information on how to define, and how to teach, ethical behavior in applied behavior analysis
 - This is alarming, given our long and cherished history on operationalizing human behavior
- Very few good training materials exist
 - Very few textbooks
- Very few experts exist
 - Or are at least visible to the mainstream
- Due to lack of information, a lot of training focuses heavily on reciting and describing the BACB Code
 - I doubt this has little effect on behavior
- Universities are stuck with little resources to train the MA level practitioner
- Organizations and professionals are left with little to no information how to make the BACB Code work for them

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There has to be a better way.

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Purpose of Presentation

- To demonstrate how organizations may use readily available tools to inform systems of ethics training and supervision that meet BACB guidelines and the organization's own needs
- Outline
 - 1) Describe a conceptual process for developing systems of ethical and professional behavior
 - 2) Provide examples of three systems while humanizing their importance
 - 3) Discuss the importance of cultural considerations in service delivery
 - 4) Discuss the need for of continuous quality improvement and research in ethics and behavior analysis

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Behavioral Systems

- Behavioral systems may be the answer we are looking for
- What is a system?
 - "An organized, integrated unified set of components, accomplishing a particular set of ultimate goals or objectives" (Malott & Garcia, 1987)
- Behavioral systems allow for the standardization of processes and policy that occasion desirable employee behavior
- Systems are purposeful, not random
- Additional reading:
 - Sigurdsson & McGee (2015)
 - Diener, McGee, & Miguel (2009)

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Behavioral Systems

- A well designed system meets the needs of an organization
- **Example:** The goal of a baseball team is to win
 - When the team performs well, they win
 - When they perform poorly, they lose
- **Example:** Organizations aim to act in the best interest of their clients
 - When the organization behaves ethically and professionally, they achieve this goal
 - When the organization is unethical and/or unprofessional, they do not achieve this goal

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Example: Discrete Trial Instruction

- **"An organized, integrated unified set of components, accomplishing a particular set of ultimate goals or objectives"**
- Goal: Systematically provide instructional opportunities
- How is accomplished?
 - Standardization of instructor behaviors
 - Train instructors and provide feedback
 - Observe instructor behavior over time to ensure high treatment integrity
- Discrete trial instruction is a system that must operate smoothly in order for individuals to learn

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Example: Functional Analysis

- **“An organized, integrated unified set of components, accomplishing a particular set of ultimate goals or objectives”**
- Goal: Analyze the environmental variables that may be responsible for the occurrence of problem behavior
- How is this accomplished?
 - Train employees how to identify potential controlling variables
 - Train employees to develop and implement experimental conditions
 - Observe implementation over time to ensure high procedural fidelity
- Functional analysis is a system that must operate smoothly in order for instructors to accurately identify variables responsible for problem behavior

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Ethics

- The systems necessary for engaging in ethical behavior are often much less clear
- Examples:
 - Be a good collaborator
 - Avoid multiple relationships
 - Operate within your own scope of competence
 - Provide appropriate supervision
 - Act in the best interest of your clients
- When people behave unethically, we often blame them for their own actions
 - *Victim blaming*: saying the victim of the problem is the cause of the problem

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The organism is always right.

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The organization is responsible for employee behavior, because the organization has control over the environment.

*Technically, organisms behave, and organizations do not.

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Behavioral Systems

- In a clinical organization, systems of ethical training and supervision must be established
 - to meet the needs of the organization
 - to comply with the BACB Code of Ethics
 - to best meet the needs of its clients
 - as an antecedent strategy to promote appropriate behavior
 - as an antecedent strategy to prevent misconduct
- The **6 Steps of Behavior Systems Analysis** provides a straight-forward tool for making changes and meeting goals within an organization

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The 6 Steps of Behavior Systems Analysis

- Analyze the natural contingencies
- Specify the performance objectives
- Design the system
- Implement the system
- Evaluate the system
- Revise until you reach performance objectives
- ASDIER: a tool for systems change

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Six Steps of BSA

- Analyze the natural contingencies:
 - Is there a need for change?
 - What are the problems we face?
- Specify the performance objectives:
 - What organizational needs have to be met?
 - "...organization will teach, maintain, and monitor behavior that complies with the BACB Code of Ethics."

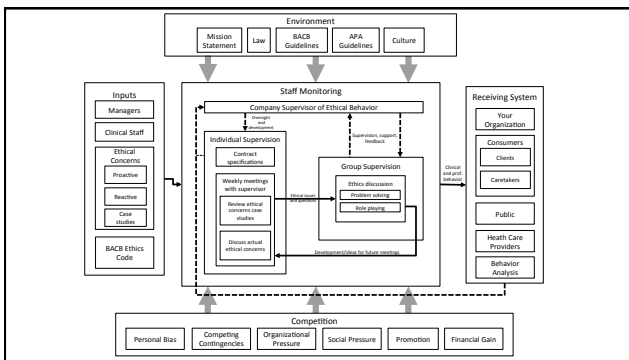
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Six Steps of BSA

- Design the system:
 - Who will manage the change?
 - Who will take over when it's finished?
 - Will it be an addition to a job description or require the creation of an entire department?
 - In this case, it's often helpful to diagram system you want to create.

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Final Steps of BSA

- Implement the system:
 - Once it's designed, execute the plan.
- Evaluate the system:
 - What measures can be used to judge its success?
 - Feedback from consumers.
 - Feedback within the organization.
 - Social validity.
 - Feedback from other health care providers.
 - Feedback from the field of behavior analysis.
- Recycle until you reach the performance objectives:
 - Analyze the data, and make changes accordingly.
 - Most likely, you'll never get past this phase.
 - There is room for improvement at every level of every organization.
 - There is no perfect machine; there is no perfect system.

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The 6 Steps of Behavior Systems Analysis

- Analyze the natural contingencies
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- ASDIER: a tool for systems change

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Sample Systems

- I designed three examples that demonstrate how to use behavioral systems analysis
 - System 1:
 - How an ethical monitoring system may be incorporated into an organization
 - How ethical behavior may be taught and maintained by an organization
 - System 2:
 - How employees may be taught to engage in proper interdisciplinary collaboration
 - System 3:
 - How to identify your own scope of competence and operate only within that scope of competence
- Each example walks through the six steps of BSA
 - With an emphasis on analyzing the natural contingencies and designing the system

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Sample Systems

- Each system translates the BACB Code into processes designed to improve employee behavior
 - Processes should inform **what to do** instead of **what not to do**
- Standardizing processes also increases the probability that employees will make the right choices
 - Reduces judgement that results in errors

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Example 1: Organization-Wide Ethics Training and Supervision

- An example of how to integrate a system into an organization that meets a general need for ethics training and supervision
 - Based on Brodhead and Higbee (2012)
- Inspiration
 - Employee brings a client to a party

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Analyze the Environment

- Most organizations lack systems to teach and maintain ethical behavior
- Behavior change does not occur through osmosis

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Specify the Performance Objectives

- Organizations should provide training in the content area of ethics and professional behavior
- Organizations should create a culture of openly discussing ethics
- Employees should engage in ethical behavior
- Note: large organization, but relevant for one at any size

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Design the System

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Ethics Coordinator

- The ethics coordinator functions as the resident expert of ethics by
 - Overseeing and monitoring individual and group supervision
 - Developing and revising training materials
 - Attending advanced workshops and presentations on ethical conduct
- Desirable skills:
 - Master's or Ph.D. in behavior analysis (or similar)
 - Considerable supervision experience
 - Willingness to serve as a reference for the organization
 - Understanding of relevant local, state, and federal laws
 - Advocate for employees
 - Non-compete clauses

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Ethics Coordinator

- Non-compete clauses
 - “Usually the agreement will define the length of time, a geographical radius and type of activity in which the employee promises to refrain from working after leaving his/her job” (Mullins, 2014)
- Seems legit, right?

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Non-compete clauses

- Pertain to about 30 million people
- Costs to workers
 - Bargaining power is reduced
 - Increase chance that workers to leave occupations entirely
 - Reduced job churn is a concern for the US economy
 - Many do not understand implications of non-compete
 - Many are asked (37% lowball number) to sign a non-compete AFTER signing on to a job
 - Many firms ask workers to sign non-competes that are entirely or partly unenforceable in certain jurisdictions,
 - Only ¼ of workers actually poses trade secrets

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Ethics Coordinator

- Non-compete clauses
 - Legislation has been proposed to eliminate non-competes in Massachusetts and in other states, such as Illinois, non-competes are being widely contested in courts (Georgiadis, 2014)
 - Some have argued that non-competes have helped local and state economies thrive when they are not enforced, and may cripple economies when they are (Gilson, 1999)

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Non-compete Clauses

- Caveat:
 - BACB Code 2.15c states that a behavior analyst and an employer “provide for orderly and appropriate resolution of responsibility for services in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the ultimate beneficiary of services.”

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Parol Evidence

- Not to be confused with *parole* :-)
- Clarify roles and agreements in a contract
 - e.g.,
 - Caseload
 - Mileage reimbursement
 - Supervision load
 - Operate only within scope of competency
 - Professional development money
- Agreements made face-to-face and in e-mail cannot be introduced as evidence in the event of a dispute

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Mutual Benefit

- Both parties (i.e., the organization and the behavior analyst) should benefit from any contractual agreement
- Instances in which only an employer benefits from contractual agreements are considered poor practice

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Ethics Coordinator

- Additional examples
 - Mandated reporting laws
 - Transmission of electronic data (Cavalari, Gillis, Kruser, & Romanczyk, 2015)
 - Telehealth services (Quigley, Blevins, Cox, Brodhead, & Kim, 2018)
 - Understanding of laws is essential as research provides little to no guidance in this area

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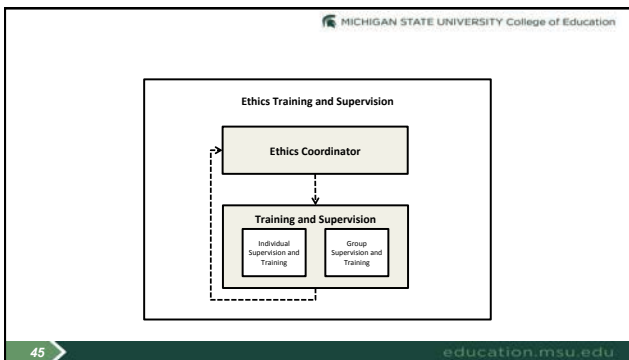
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Ethics Coordinator

- Ethics coordinator should also draft a declaration of professional services (Bailey & Burch, 2016) for each type of service the company provides
 - This helps to “clarify rules and boundaries with consumers at the initiation of services, before the meteor shower of ethical issues comes raining down” (p. 254)



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Individual Supervision and Training

- During weekly meetings, ethics are always a point of discussion
- Supervisor provides feedback on the appropriateness of the individual's behavior
- Supervisor discusses issues that have happened in the past that may arise again
 - Archive of past incidents

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Group Supervision and Training

- Conducted in conjunction with other trainings or as a stand-alone training
- Benefits (Valentino, LeBlanc, & Sellers, 2016)
 - Opportunities for observational learning
 - Peer feedback
 - Modeling and rehearsing positive and productive discussion
 - Developing empathy
- During group training
 - Discuss complex issues
 - Q and A with Ethics Coordinator

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Additional Steps of BSA

- Implement the system
- Evaluate the system
 - You can evaluate training and supervision by
 - Administering period tests that contain scenarios with ethical dilemmas
 - Monitoring the number of complaints received from consumers
 - Direct observation of employees
- Revise until you reach performance objectives

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Summary

- Designation of a supervisory role, with respect to ethics, may help to ensure employees have access to the best information possible
 - May also help to protect employees
- Purposefully establishing a culture of ethics discussion in individual and large group supervision may help to increase the probability of ethical behavior

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Example 2: Interdisciplinary Interactions

- An example of a systematic process for making decisions
 - Based on Brodhead (2015)
- Inspiration
 - Damaged relationships due to criticism of colleagues

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Analyze the Natural Contingencies

Interdisciplinary: “involving two or more academic, scientific, or artistic disciplines” (Merriam-Webster, 2014)

- “Interdisciplinary involves the combining of two or more academic disciplines into one activity. It is about creating something new by crossing boundaries, and thinking across them” (Wikipedia, 2014, emphasis mine)

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Interdisciplinary

With respect to autism, many different professions are likely to be involved in an interdisciplinary approach (Cox, 2012)

- Speech and language pathologists to improve communication
- Psychologists or counselors to improve social-emotional behavior
- Occupational therapists to improve sensory-motor behaviors and daily living skills
- Special education consultants to improve cognition
- Behavior analysts to address behavior management/skill acquisition
- Physicians and/or nutritionists or medical personnel to address biomedical needs
 - 90% of people who work with individuals with autism have at least one client on some type of psychotropic medication (Li & Poling, 2018)
 - “Slipshod training”

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Interdisciplinary

- Though collaborative skills are important, they are rarely addressed in ABA pre-service and in-service training
- This is concerning, since collaboration amongst team members can improve consumer outcomes

Kelly, A., & Tincani, M. (2013). Collaborative training and practice among applied behavior analyst who support individuals with autism spectrum disorder. *Education and Training in Autism and Developmental Disabilities*, 48, 120-131.

Hunt, P. Soto, G., Maier, J., & Doering, K. (2003). Collaborative teaming to support students at risk and students with severe disabilities in general education classrooms. *Exceptional Children*, 69, 315-332.

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Interdisciplinary

When a treatment that is not behavior-analytic is proposed, we may

- accept the treatment
- or
- reject the treatment
- suggest an alternative treatment

Old BACB Code of Conduct 9.01: “The behavior analyst should promote the application of behavior principles in society by presenting a behavioral alternative to other procedures or methods.”

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We delight in asking “where are your data?,” poking fun at other models, and engaging in vigorous and withering discourse regarding our science. Although this repertoire may have served us well in establishing our field, it may be non-functional now.

Foxx, R. M. (1996). Translating the covenant: the behavior analyst as ambassador and translator. *The Behavior Analyst, 19*, 147-161.

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Interdisciplinary Interactions

- The nature of addressing non-behavioral treatments places the behavior analyst in a tough position
 - We are obligated to promote client safety and the science of human behavior in the best interest of our clients
 - Assuming client safety is not compromised, excessive or inappropriate complaints may erode clinical relationships and possibly limit a client’s access to needed behavior-analytic services
 - This may be especially problematic if questionable treatments are actually effective or empirically supported

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Specify the Performance Objectives

- Behavior analysts should engage with colleagues in a manner that maintains and improves a working relationship
- Behavior analysts should act in the best interest of their clients

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Design the System

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graph LR
    Input[Input  
Analysis of natural environment  
2.02 - Responsibility to clients  
2.03 - Consultation] --> Process[Process  
Research and Development]
    Process --> Output[Output  
Decision-making model for non-behavioral treatment recommendations]
    Output -- Feedback --> Process
    
```

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Assumptions

- Assumptions
 - Consent to provide treatment
 - The behavior analyst should be adequately trained, or under adequate supervision, to provide interdisciplinary services
 - The behavior analyst has a role in the interdisciplinary team that affords them the opportunity to evaluate and possibly comment on a non-behavioral treatment

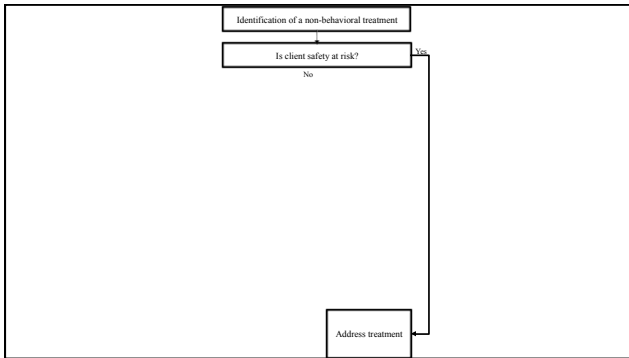
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Identification of a Non-behavioral Treatment

- Definition: any approach outside of the scope of traditional behavior-analytic practice
 - May be different due to
 - Name
 - Procedures
 - Targeted outcomes
 - Measurement systems
 - Hypothetical constructs
 - Causal agents

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Is Client Safety at Risk?

- Before moving forward, ask whether or not client safety is at risk
 - Examples include, but are not limited to,
 - Inappropriate applications of aversive stimuli
 - Likely damage to body, tissue
 - Facilitated communication
- If client safety is at risk, address the issue with your colleagues

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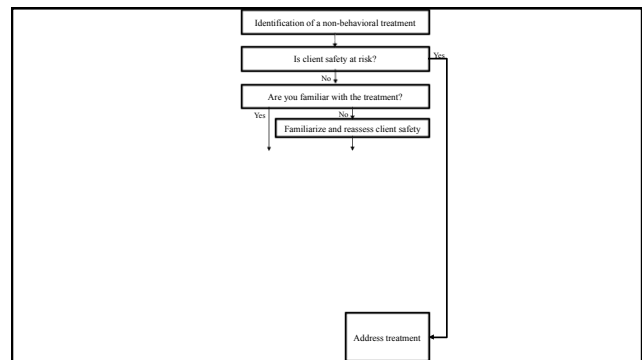
The Strange Case of Anna Stubblefield

She told the family of a severely disabled man that she could help him to communicate with the outside world. The relationship that followed would lead to a criminal trial.

By DANIEL ENGBER OCT. 20, 2015

Source: New York Times

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Are You Familiar with the Treatment?

- If client safety is not likely to be at risk, ask whether or not you are familiar with the treatment
- Remain skeptical about the proposed treatment until you have gathered adequate evidence about that treatment
 - A skeptical appraisal does not mean to discount the treatment
 - A skeptical appraisal is meant to assess the validity of the recommendation based on all available evidence

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Social Thinking

- Popular social skills curriculum
- Becoming highly sought-after
- Used by many behavior analysts

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What's the Verdict?

- "At the present time, there are only two published studies (only one of which was published in a peer-reviewed journal) attempting to evaluate Social Thinking®, and both studies have serious methodological flaws... Although there is a perception among consumers that there is an abundance of written material supporting the efficacy of Social Thinking, the nature of the written documentation does not satisfy the requirements of evidence science."

Behavior Analysis Practice (2016) 9:152-157
DOI 10.1007/s40617-016-0108-1

DISCUSSION AND REVIEW PAPER

Social Thinking®: Science, Pseudoscience, or Antiscience?

Justin B. Leaf¹ · Alyse Kassarjian¹ · Misty L. Oppenheim-Leaf² · Joseph H. Cihon³ · Mitchell Taubman⁴ · Ronald Leaf¹ · John McEachin⁵

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Science	Pseudoscience
Evidence obtained via experimentation informs beliefs; belief in a claim is withheld if evidence is not available; relies on entire body of evidence.	Beliefs are formed first and evidence is sought to support; relies on credulity; disconfirming evidence is rejected to preserve belief.
Makes conservative and tentative claims based on evidence; beliefs change with new evidence; open-minded.	Makes sensational claims without evidence; rejects new evidence against belief; close-minded.
Uses precise terminology to aid understanding and independent verification; rejects unverifiable claims.	Uses vague language and jargon to avoid criticism and inhibit verification; accepts unverifiable claims.
Knows, understands, and applies the rules of logic with body of evidence to make claims.	Uses logical fallacies and cherry-picks evidence to make claims.
Treats critics as colleagues and values criticism from a community of scientists; engages in honest debate.	Does not value criticism and condemns dissent; works in isolation and dishonestly engages in debate.

From Traverse (2016)

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Social Stories

Publications
Carol has written several articles and chapters in addition to the resources that are listed below. Many of them are available as a free download in The Planning News Service Author Journal section of this website, and may also be highlighted below.

- Gray, C. (2016). The new Social Story books, 10th Anniversary Edition.
- Gray, C. (2015). The last bedtime story that we read each night. Arlington, TX: Sensory World / Future Horizons.
- Gray, C. (2015). The new Social Story™ books: Revised and expanded 10th anniversary edition. Arlington, TX: Future Horizons.
- Gray, C. (2014). Social Thinking™ 10.0. *Journal of Autism and Developmental Disorders*, 44(10), 2-21.
- Gray, C. (2014). *Insights on the question: Can Social Stories cause the best?* Includes Walsh, Helen, more others, available in *10 Simple Up and Down: Autism Author Journal*, 14(10).
- Gray, C. (2010a). *Writing Social Stories with Carol Gray* (Dolier and accompanying worksheets). Arlington, TX: Future Horizons.
- Gray, C. (2010b). *Social Stories in context: The Planning News*, 11, 175. 20 page up and down.
- Gray, C. (2010a). *Social Stories and Comics: Step Communications* (pp. 167-196). In Shapiro, E., Wechsler, G., and Kunka, L. (Eds.), *Autism Spectrum and High-Functioning Autism*. New York: Pluribus Press.
- Gray, C. (2010b). *The Essential Social Story worksheets: The Planning News*, 10(2), 24 page up and down.
- Gray, C. (2010). *Teaching children with autism to read: social stories*. In Quirk, G.A. (Ed.), *Teaching Children with Autism: Strategies to Enhance Communication and Socialization*. New York: Demos Publishers, Inc.
- Gray, C. (2010). *Comic strip communication*. Arlington, TX: Future Horizons.
- Gray, C. & Kassarjian, J. (2010). *Social Stories: Improving communication of individuals with autism with accessible social information*. *Focus on Autism Behavior*, 5, 1-10.
- Gray, C. & White, A. L. (2010). *My Social Stories book*. London: Jessica Kingsley Publishers.

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Social Stories

- Research is better than *Social Thinking*, but still mixed
 - "While Social Stories had low to questionable overall effectiveness, they were more effective when addressing inappropriate behaviors than when teaching social skills" (Kokina & Kern, 2010)
 - "Using the WWC 5-3-20 guidelines to determine evidence of social stories, social stories intervention would not be considered an evidence-based practice for individuals with ASD based on visual analysis, but would be deemed an EBP based on nonoverlap indices" (Qi et al., 2015)

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Are You Familiar With the Treatment?

- Conduct a literature review
 - Look outside of the pages of behavioral journals
 - Growing body of behavior-analytic research on non-behavioral treatments

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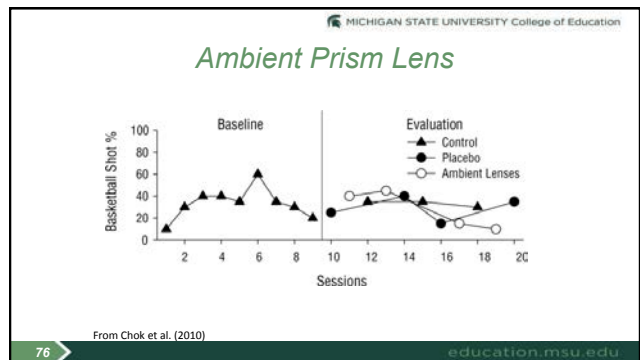
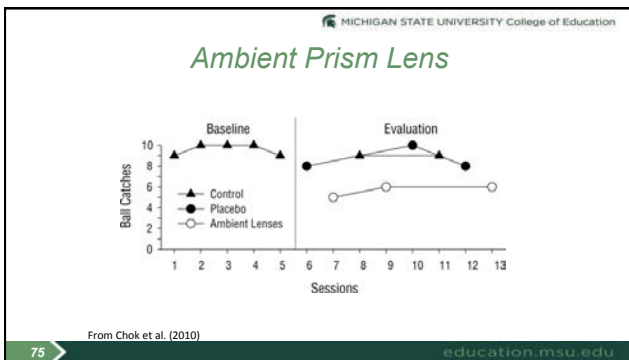
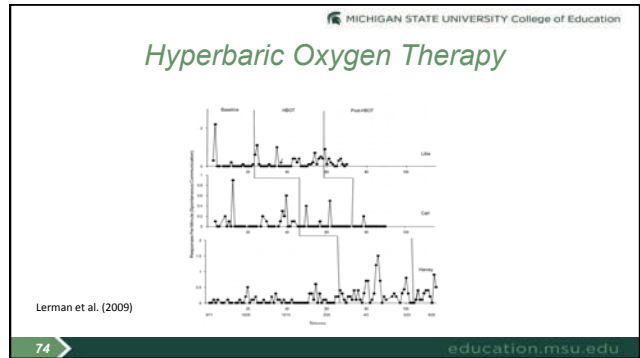
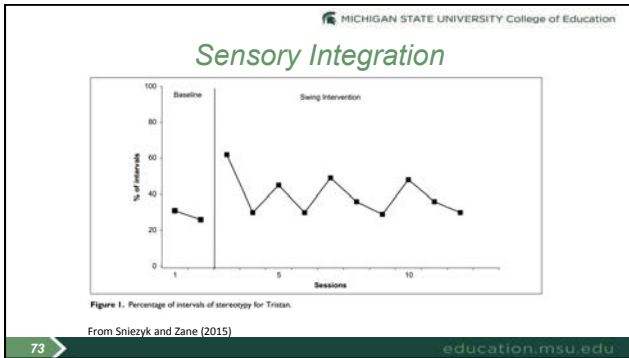
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Weighted Vests

Morty: Weighted Vest Assessment

From Quigley et al. (2011)

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Important Note

- The previous studies only demonstrate that the interventions were not successful for the specific participants
 - Do not pass judgment based on this information alone
- If anything, the previous studies provide a framework for how you may systematically evaluate the non-behavioral treatment if it is implemented

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Are You Familiar with the Treatment?

- Visit the Association for Science in Autism Treatment Web site (asatonline.org)
- Consult with a professional from the field providing the treatment of question
- The purpose of this is to
 - understand the perspective your colleagues are taking (or to understand the contingencies controlling their behavior)
 - understand the research that informs their practice

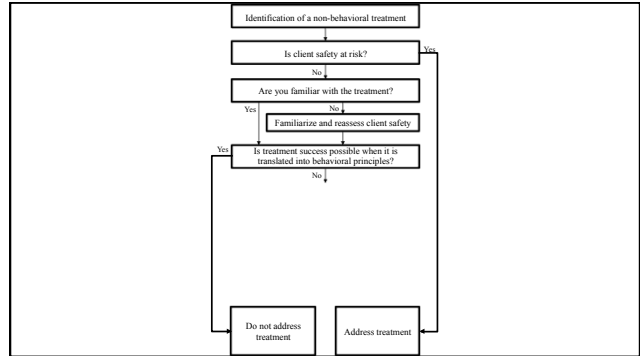
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Revisit: Is Client Safety at Risk?

- Now that you understand the treatment in question, revisit whether or not client safety is at risk before you move forward
 - It is possible that, during your review, you uncover negative side-effects of a treatment that may put client safety at risk

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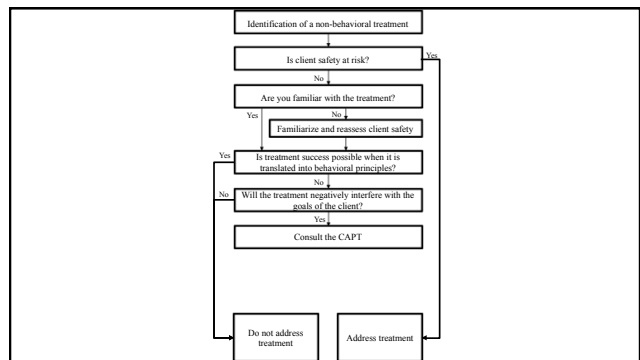


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Non-behavioral Treatment	Translation
Occupational therapist recommends access to sensory stimulation	Abolishing operation for automatically maintained behavior
Vet scientist recommends presence of therapy animals	Discriminative stimuli for social interactions
Nutritionist recommends changes to diet	Removal of aversive stimuli associated with discomfort in body

Note: BCBAs should have the competency necessary to translate treatments into behavior-analytic principles. BCBAs in training or front-line employees may need additional support and consultation from a BCBA.

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Consult the Checklist

- The checklist
 - helps evaluate non-behavioral treatments
 - is a general guideline, and
 - is not all encompassing
- The checklist is designed to put matters into perspective
- Each question may be weighted differently, depending on the situation

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Checklist for Analyzing Proposed Treatments

Domain and Category	Probability
1. Function-based Treatment	
Treatment addresses the function of behavior	Low / Medium / High / NA
Treatment will not increase challenging behavior	Low / Medium / High / NA
Treatment will result in the acquisition of an alternative replacement behavior	Low / Medium / High / NA
2. Skill Acquisition	
Treatment will result in acquisition of functional skills	Low / Medium / High / NA
Treatment does not increase inappropriate behaviors	Low / Medium / High / NA
Treatment does not negatively affect other acquired skills	Low / Medium / High / NA
3. Social Outcomes	
Treatment promotes inclusion into social situations	Low / Medium / High / NA
Treatment results in the acquisition of socially appropriate skills	Low / Medium / High / NA
4. Data Collection	
Data will be collected	Low / Medium / High / NA
Data collection captures target behavior(s) of interest	Low / Medium / High / NA
Data collection will capture treatment efficacy	Low / Medium / High / NA

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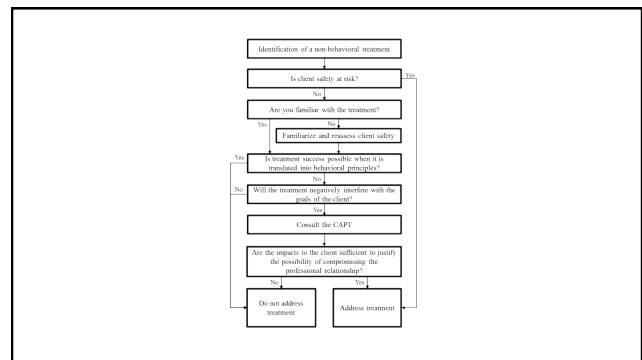
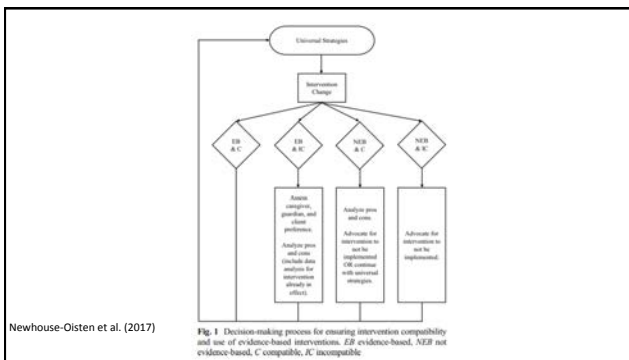
Checklist for Analyzing Proposed Treatments

Domain and Category	Probability
5. Treatment Integrity	
Stakeholders can be trained to implement the treatment	Low / Medium / High / NA
Treatment is likely to be implemented consistently	Low / Medium / High / NA
6. Social Validity	
Treatment corresponds with the short term goals of the stakeholders	Low / Medium / High / NA
Treatment corresponds with the long term goals of the stakeholders	Low / Medium / High / NA
The client will favor treatment	Low / Medium / High / NA
The form of reinforcement is appropriate	Low / Medium / High / NA
The targeted outcomes are socially acceptable	Low / Medium / High / NA
7. Resources	
Treatment does not require significant financial resources	Low / Medium / High / NA
Treatment does not require significant time resources	Low / Medium / High / NA

Note: outcomes may be weighted differently depending on the needs of the client

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- ### Alternative Model
- Newhouse-Oisten, Peck, Conway, and Frieder (2017) proposed an alternative model to evaluating treatments
 - This model is specific to prescription medication recommendations, but it may also be useful beyond that
 - This model stresses that all treatment providers are aware of all types of treatments that are being implemented at all times
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- ### Post Checklist Consultation
- Given the impacts you identified, their likelihood, and the resources they will require, ask "is this non-behavioral treatment *really* worth addressing?"
 - Will addressing the non-behavioral treatment jeopardize the clinical relationship?
 - If yes, is it worth it?
 - By addressing the non-behavioral treatment, are you working with the group or against it?
 - Remember that the definition of *interdisciplinary* includes combining professional activities and thinking across them
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- ### Additional Steps of BSA
- Implement the system
 - Evaluate the system
 - If your process is a model of decision-making, monitor adherence to the process
 - Percentage of correct responses
 - Hypothetical or real-life scenarios
 - Social validity from consumers (Luiselli, 2015)
 - Revise until you reach performance objectives
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Summary

- Behavior analysts are likely to encounter multiple disciplines
 - With this, we must work with multiple treatments, some of which may non-behavioral
- When navigating non-behavioral treatments, we must ask what is in the best interest of our clients
 - Sometimes, that means minimizing or foregoing the promotion of behavior analysis to our colleagues
- We owe it to our clients to create an environment where professionals are working together
- Decision-making models may reduce the probability of inappropriate judgement

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Scope of Competence

- A system that ensures clients get access to the most effective treatment from the most qualified individual(s)
 - Based on Brodhead, Quigley, and Wilczynski (under review)
 - *Scope of Competency and Specialty Care for ABA: Do We Create Guidelines or Risk Having Them Developed for Us?*
- Inspiration
 - BCBAs providing services to a case they are not qualified to handle

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Definitions

- Scope of practice refers to the range of activities in which members of a profession may be authorized to engage by virtue of holding a credential or license
- Scope of competence refers to activities within an individual's scope of practice that he or she, as a credentialed and/or licensed professional, is **uniquely competent** to perform

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Analyze the Natural Contingencies

- The last two decades have seen a rapid growth in the number of individuals providing behavior-analytic services (Deochand & Fuqua, 2016).
- The growth of behavior analysis raises at least a few issues with regards to clinical practice
 - BACB does not specify training requirements beyond those of supervision, coursework, and the task list
 - eliminates any need of disorder specific, or other group specific, training

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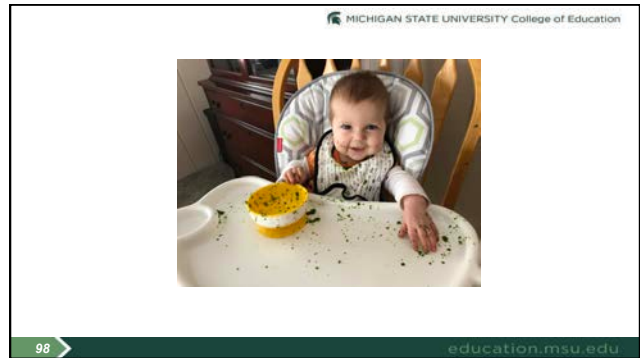
"When you have a hammer, everything looks like a nail."
 - Traditional

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Causes of Accepting Cases Outside Our Scope of Competency

- Demand for services
- Financial reinforcers compete with willingness to refer clients or obtain additional training
- Behavior analysts may not receive training on how to identify areas of competency
 - University training systems may not explicitly teach this very important skill

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Negative Outcomes

- Harm to consumers
- Consumer loss
- Litigation
- Loss of funding
- Misuse of funds
 - Insurance fraud costs the average American family \$400-700 a year in increased premiums
- Time is wasted when clients could receive effective treatment
- Incongruent with BACB guidelines

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Why We Need to Define Scope of Competence

- Examples:
 - New Mexico has passed guidelines for specialty care providers
 - Human service professionals and lawmakers are creating guidelines, out of necessity, to distinguish one practitioner's scope of competence from another
 - Indiana
- This is concerning, as individuals without explicit training or knowledge of ABA are taking steps to define scope of competency because current guidelines for competency for behavior analysts do not exist
- Identified competency areas are not uncommon in other related disciplines
 - Medicine
 - Psychology
 - 15 specialty areas recognized

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Competency

- Three proposed areas that define competency
 - Academic coursework
 - Experiential training
 - Continuing education

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Academic Coursework

- The context in which the task list is taught helps to establish competency within the classroom
 - Special education
 - Psychology
 - Organizational behavior management
- Electives
 - Functional assessment
 - Skill acquisition
 - Systems analysis
- Thesis/dissertation
- Advisor's specialty area

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Experiential Training

- Setting
 - Schools
 - Clinics
 - Businesses
- Supervision
 - Supervision should only be provided by a competent individual (Sellers et al., 2016)
- Independent demonstration of successful outcomes
 - You have not been successfully trained in a specific content area until you have independently demonstrated your ability to successfully design and implement effective interventions in the context of your training

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Continuing Education

- Continuing education should focus on the topic of one's area of competency
 - CEUs should be relevant
- Behavior analysts should obtain consistent supervision from an individual or variety of individuals who specialize in their area of expertise
 - Allowing individuals to review your programmatic outcomes helps to remove your own bias in your evaluations of your practice and may occasion helpful feedback that improves your skills within your area of competency

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Expanding Areas of Competency

- LeBlanc, Heinicke, and Baker (2009) describe a systematic approach for developing competence in a new area
 - Contacting the literature in that new area
 - Becoming involved with relevant professional groups
 - Obtaining appropriate supervision
 - In some cases, a behavior analyst may need to pursue additional credentials in that specialty area

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Competency

- Until guidelines can be proposed and agreed upon, systems should be developed to place clients with skilled professionals with a history of successful treatment in similar cases
 - *Right to effective treatment*
- If case is not within the boundaries of competency, then additional training should be sought, and/or the case should be referred to a more qualified professional

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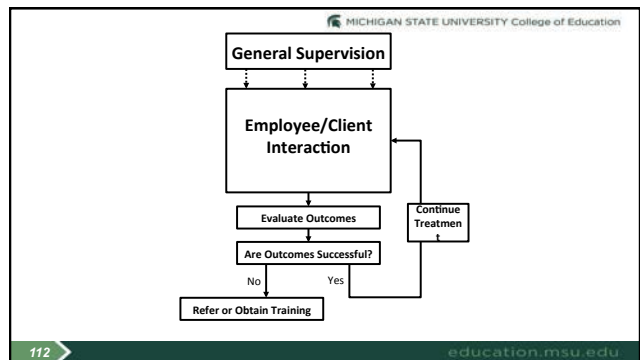
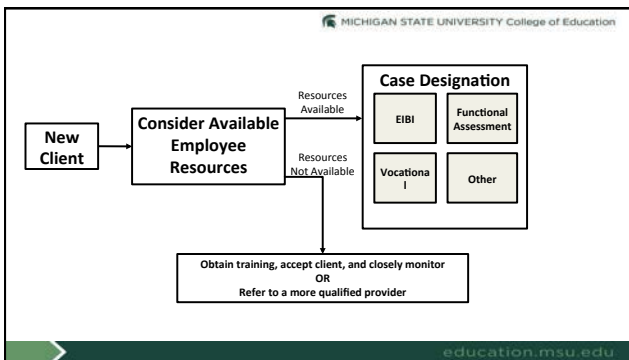
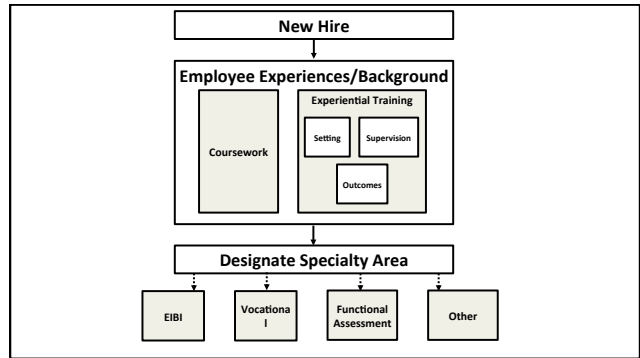
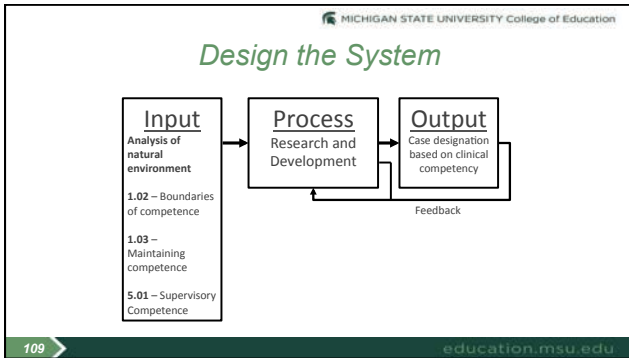
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Specify the Performance Objectives

- Organizations should identify the services they are qualified to provide
- Organizations should identify the services each employee is qualified to provide
- Organizations should develop a system for monitoring successful treatment
 - If success is not obtained, organizations should develop responsive systems to further train employees, or refer clients

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- ### Additional Steps of BSA
- Implement the system
 - Evaluate the system
 - Independent program evaluation may be beneficial
 - How often is additional training necessary?
 - How often are clients referred?
 - Revise until you reach performance objectives
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- ### Summary
- Scope of competence is an important consideration, as clients deserve the right to effective treatment
 - Behavior analysts should discuss clinical competency, and define areas of competence, before our non-behavioral colleagues do it
 - Organizations should ensure that each client is paired with the most qualified individual available, or they refer the client or obtain additional training
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Additional Considerations: Culture

- Based on Brodhead, Duran, and Bloom (2014) and Fong, Catagnus, Brodhead, Quigley, and Field (2016)
- Inspiration
 - A lack of appreciation for the differences between cultures receiving behavioral services
 - Repeated statements from “The Old Guard” that clients need to conform to the values of behavior analysts

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Culture

- Skinner (1953, 1971) defined culture as behavioral contingencies arranged by other people
- Sugai et al. (2012) defined culture as
 - “the extent to which a group of individuals engage in overt and verbal behavior reflecting shared behavioral learning histories, serving to differentiate the groups from other groups, and predicting how individuals within the group act in specific setting conditions.”
 - These differences allow us to distinguish cultures from one another, and allow us to infer how individuals from that culture may behave based on an analysis of the social environment (see Skinner, 1953)

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Cultural Considerations

- Cultural diversity refers to instances when individuals from one social group have different cultural expectations (contingency arrangements) and, as a result, reinforce different response forms (e.g., social interactions) than individuals from another social group

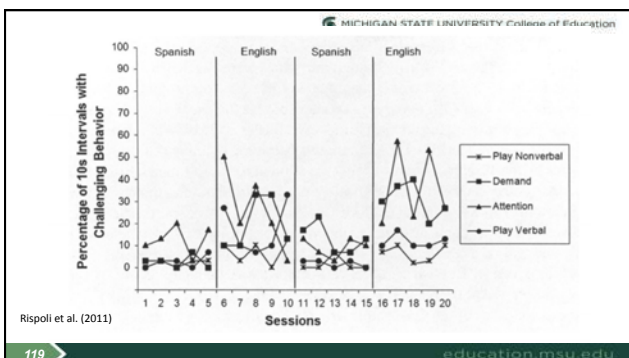
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Cultural Considerations

- It's important for behavior analysts to consider cultural variables when implementing interventions
 - Of 103 studies surveyed in JABA and TAVB between 2000 and 2011, only 9 reported the cultural background of participants, and only 1 study reported the language background of participants (Brodhead, Duran, & Bloom, 2014)
 - We don't have good information on how to adapt our intervention
- Single-subject research on culture is emerging, but scarce
 - Effects of English vs Spanish instruction on functional analysis outcomes (Rispoli et al., 2011)
 - Evaluating English and Spanish functional communication response (Padilla Dalmau et al., 2011)

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Cultural Considerations

- “It is difficult for people in the US cultural mainstream, including researchers, to believe that there are any assumptions other than their own about how the world works, what a ‘person’ is, how we function, how time works, what feelings are, how to use language, what the goal of life is, how people interrelate, how and where it is appropriate to show feelings or to seek help, and the like. Most damaging would be any assumption that the mainstream clinician is neutral, and only the cultural differences’ of the client need to be dealt with. It is always a two-way street.”
- Bolling, M. Y. (2002). Research and representation: a conundrum for behavior analysts. *Behavior and Social Issues*, 12, 19-28.

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Culture and Parent Training

- "Different sets of parental behaviors coexist in different cultural contexts leading to culture specific parenting styles."
- "Parenting styles that are culture specific could lead to distinct behavioral consequences for a child."
- "Meaning and importance given to parental control and expectations of control levels are culturally-influenced."

Source: Akcinar, B., Baydar, N. (2014). Parental control is not unconditionally detrimental for externalizing behaviors in early childhood. *International Journal of Behavioral Disorders*, 38,118-127.

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Recommendations

- Develop a cultural awareness of self, which can be defined as verbal discrimination of our own behavior and values
- Develop a cultural awareness of the values of your client(s)
 - French parents may believe that child table manners are the essence of their culture. In Japan, in contrast, many children will leave the table during a meal, and it is acceptable in certain settings for them to run around, even in restaurants (Fong, Catagnus, Brodhead, Quigley, & Field, 2016)
 - Functional assessment and treatment of "inappropriate" attention maintained problem behavior

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Recommendations

- Let cultural values inform your clinical processes, including ethics!
- Example...
- *The Professional and Ethical Compliance Code for Behavior Analysts*
 - Effective January 1, 2016
 - Contains a number of timely changes
 - Social media
 - Testimonials
 - Non-behavioral treatments
 - Improved monitoring/reporting systems

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Gifts

- There may be instances, however, where our ethical guidelines may conflict with cultural values
- The addition of Guideline 1.06d may not enhance a BCBA's ability to adequately engage in culturally competent service delivery
 - "Behavior analysts do not accept any gifts from or give gifts to clients because this constitutes a multiple relationship."

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Gifts

- 1.06d may not allow the behavior analyst to provide culturally competent service delivery
- One notable component of cultural competency is "having developed adaptations to service delivery reflecting an understanding of cultural diversity" (Fong & Tanaka, 2013)
 - Adaptations include
 - Gift giving practices around holidays
 - Gift giving practices in times of sickness
 - Gift given practices for no other reason to be nice (a cultural practice in of itself)

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Gifts

- Willingham and Boyle (2011) noted that gifts may be broadly defined to include "all aspects of social interactions (for example, labour), immaterial things (like ideas), in addition to material objects."
- Merriam-Webster's Dictionary defines gifts as
 - "something that is given to another person or to a group or organization" and
 - "something voluntarily transferred by one person to another without compensation."
- Gifts may also be differentially defined by different cultural communities.

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Gifts

- Given the cultural importance of gift giving, and the broad definition of what a gift is
 - The refusal of a gift may result in the erosion of a clinical relationship
 - In direct conflict with Guideline 2.0
 - Witts, Brodhead, Adlington, and Barron (2018) found that
 - 43/57 (75%) of respondents reported accepting gifts from clients
 - 44/57 (77%) of respondents indicated it would be offensive to clients to refuse gifts

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Gifts

- Instead of a “black-and-white” approach to ethics, consider the context in which the target behavior occurs
 - Glass (2003) suggested the boundaries that a therapist sets for his or her clients should be “adapted to the needs of the individual patient.”

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Gifts

- *Boundary crossing*
 - Boundary crossings refer to instances where a practitioner steps into a “gray area,” such as accepting a small gift of gratitude from a client, that results in an improved clinical relationship.
- *Boundary violation*
 - Boundary violations refer to stepping into a “gray area” that results in the gross negligence or disrespect for the client, such as receiving sexual favors.

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Gifts

- Glass (2003) noted that scholars have
 - “cautioned against a rigidification of technique[s] that could... obscure subtleties in cultural expectations that could be critical for optimal treatment.”
- Brown and Transgrud (2008) noted that
 - “psychologists have an ethical responsibility to respond to client behaviors and gestures in ways that will support their client’s continued therapeutic growth, while minimizing any therapeutic harm.”

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Use Additional Guidelines to Inform Practice

- Fong and Tanaka (2013)
- Provide more specific guidelines that BACB Code
 - Where differences of ... **culture** significantly affect behavior analysts’ work concerning particular individuals or groups, behavior analysts obtain the training, experience, consultation, and/or supervision necessary to ensure the competence of their services, or they make appropriate referrals

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Fong and Tanaka

Standard 1. Ethics and Values

Behavior Analysts shall function in accordance with the values, ethics, and standards of the profession, recognizing how personal and professional values may conflict with or accommodate the needs of diverse clients

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Fong and Tanaka

Standard 2. Self-Awareness
 Behavior Analysts shall be aware of their own personal, cultural values and beliefs as one way of appreciating the importance of multicultural identities in the lives of people

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Fong and Tanaka

Standard 3. Cross-Cultural Application
 Behavior Analysts shall use appropriate culturally sensitive methodological approaches, skills, and techniques that reflect the professional's understanding of the role of culture in the life of the client

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Summary

- Cultural variables play an important role in service delivery
- Behavior analyst should recognize their own cultural values, as well as the values of those they serve
- Follow your guidelines, but always act in the best interest of your client(s)

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Evaluation of Behavioral Systems

- No behavioral intervention is complete without a commitment to collecting and analyzing data
- Behavioral systems are no different

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    graph LR
      Input["Input  
BACB  
Guidelines"] --> Process["Process  
Research and  
Development"]
      Process --> Output["Output  
Ethical  
Systems"]
      Output -- Feedback --> Process
    
```

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Evaluation of Behavioral Systems

- If your process is a model of decision-making, monitor adherence to the process
 - Percentage of correct responses
 - Hypothetical or real-life scenarios
- Social validity from consumers (Luiselli, 2015)
- Notes/objective scores from supervisors
- Remember that systematic processes allow for more objective observations
- Use the data you obtain to improve your systems

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Research... On Ethics?

- As behavior analysts, we need to develop ways to systematically teach and measure the acquisition of ethical behavior
- There are a number of books and conceptual papers that exist, but we do not have any research that demonstrates ethical behavior change
- Ethics are perhaps the most under-studied, under-appreciated topic in ABA research

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Challenge: Fill the Void

- As professionals in the human service industry, we have direct access to the necessary participants... our employees and students!
- Research in this area will make a lasting impact.

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Take Home Point #1

- Behavioral systems are “an organized, integrated unified set of components, accomplishing a particular set of ultimate goals or objectives” (Malott & Garcia, 1987)
- Behavioral systems allow for the standardization of processes and policy that occasion desirable employee behavior
- Systems are purposeful, not random

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Take Home Point #2

- Systems of ethics training and supervision standardize employee behavior
 - Just as systems of discrete trial instruction and functional analysis standardize employee behavior
- Organizations should not expect employees to understand what they should do without the help of clearly defined performance objectives/standards

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Take Home Point #3

- Analyze the natural contingencies
- Specify the performance objectives
- Design the system
- Implement the system
- Evaluate the system
- Revise until you reach performance objectives
- ASDIER: a tool for systems change

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Take Home Point #4

- Occurrences of unethical behavior should be significant data for an organization that the organization has not implemented the proper behavioral contingencies
- *Victim blaming*: Saying the victim of the problem is the cause of the problem
 - Remember, the organism is always right!

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Take Home Point #5

- Behavioral systems may be designed to meet the specific needs of an organization
 - Describe *what to do* instead of *what not to do*
- The Professional and Ethical Compliance Code should inform organizational processes
 - No longer should we read and memorize the code

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Take Home Point #6

- Systems may reduce the chances for employee error, because processes are described

Take Home Point #7

- Systematically evaluate the outcomes of your behavioral processes, and make changes/adjustments if necessary

Take Home Point #8

- Consider the role(s) culture plays in your service delivery and let it inform your ethics/professional processes

Take Home Point #9

- Conduct research on ethics in behavior-analytic practice

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