



Understanding Ethics in Applied Behavior Analysis

Practical Applications

Ann Beirne and Jacob A. Sadavoy



Understanding Ethics in Applied Behavior Analysis

Drawing upon combined 35 years of clinical experience as well as the reflections of colleagues in the field, *Understanding Ethics in Applied Behavior Analysis* provides the foundation for a lifelong journey of ethical practice in service for individuals with autism spectrum disorder (ASD) and other developmental disabilities. This book includes an explanation of each element in the Behavior Analyst Certification Board® (BACB®) Professional and Ethical Compliance Code for Behavior Analysts®, along with insightful examples, thought-provoking considerations, and contributions from experts in the field. This text also addresses professional behavior for the behavior analyst when fulfilling roles as teacher, employee, manager, colleague, advocate, or member of a multidisciplinary team.

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Practical Applications

Ann Beirne and Jacob A. Sadavoy

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Dedicated to Will, Claire, and Sam, who inspire me every day to be better.
—AB

To my colleagues who have inspired me to be a better clinician and my
parents for teaching me to go beyond right and wrong.

—JAS



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Foreword

Molly Ola Pinney

When I was first asked to write the foreword to this book, my immediate thought was that I had a lot to say, and I welcomed the opportunity. Soon after, the reality of what that meant started to set in. I suddenly felt ill-equipped to do anything like that – to be the voice behind the first pages one reads when they open this book. It felt a bit strange that my first professional publication would be the foreword of a textbook. I did some research on forewords which confirmed what I already knew – the purpose of this section is to offer credibility to the book.

Credibility to this book.

As I thought more about this, and put writing it off to the last possible moment, I realized that the exact reasons I was resisting were likely a mirror of others' thoughts when they consider speaking out about any ethical issues. I hypothesized that others, when asked to comment on ethical issues, may also feel as though they're not credible or lack the authority to do so.

I tested this and asked a group of people if they felt they had any authority or power to speak out on ethical issues in the field of behavior analysis. Many said no. I also asked if they had opinions about aspects of the ethics code – many said yes. When asked why they hadn't spoken out, they cited reasons such as: "I don't know enough about it," or "maybe it's just me who sees it this way." Spoiler alert: it's not, and several people know that firsthand from talking quietly among their friends. One of the many people I spoke with said it seems like she's not really in a position to speak out on such things because she doesn't have a Doctorate. The irony, of course, being that you don't need a degree to know if something doesn't sit well, or seems problematic – and if it feels that way to you, there's a good chance it feels that way to someone else.

I soon realized that I was more than qualified to write this section of the book, as I had viewed the ethics code and its many challenges through the eyes of hundreds of practitioners who were navigating it all over the world. Fifteen years ago, I started the Global Autism Project, a US-based nonprofit organization that works to build local capacity for autism services worldwide. We do this by partnering with local autism organizations already providing services in their communities, and train them in the administrative and clinical skills needed to successfully run a center, and in some cases, to become Board Certified Behavior Analysts® (BCBAs)®. In order to train people to become BCBAs®, we build partnerships with universities around the world – and it was in this effort that we immediately recognized an urgent need for new voices in Ethics of Behavior Analysis.

Many of the practitioners I'd talked with in the field said that the ethics of this field in particular seemed more complex than others. It's definitely nuanced and specific, and I would argue that specificity gives rise to complexity. When I see questions such as "should I accept a glass of water on a hot day?" met with a strong "No," I feel concerned

about our interpretation and hyperfocus on the code. At times, I feel we're considering the minutiae of the code sometimes at the peril of the bigger issues, the larger questions and aspects that keep people from accessing services, or knowing about Behavior Analysis at all.

I know some people will read this and not agree and that's fine; as you start to engage in conversation about the ethics code you'll likely be met with conflict at times as well. That doesn't mean you should keep quiet. Ethics is not black and white. It can't be – humans and the human condition are not clear cut. There may be a subtle point made by someone else that changes your opinion on something. Nothing made this clearer to me than my experiences in Ghana, where I lived when I started the Global Autism Project, and learned the importance of learning from others' experiences and collaborating as much as possible before making any suggestions or recommendations.

In 2017, I was invited to do a TEDx talk on my "idea worth sharing." For those of you not familiar with this type of talk, it's limited to 18 minutes and highly suggested that you synthesize your "idea worth sharing" into a few words at most. I realized through the process of creating this talk that the key to our success as an organization was that, throughout it all, we'd done things *with* people and not *for* them. As a result of this specific approach, I've had the opportunity to view the ethics code with people from around the world and to engage in conversations that illuminated many of the intricacies and challenges with the ethics code as it stood.

One family in India laughed out loud as we explored the section relating to gift giving. The mother said that had you arrived in India and been unwilling to accept gifts, or not eaten the meal we'd prepared for you, we wouldn't have trusted you at all. Now thankfully the Board has clarified this section in their May 2015 newsletter and specified that intention of giving a gift should be considered and the response should serve to strengthen the professional relationship rather than compromise it. In order to elaborate on aspects of the code and make them more responsive to other people and places, the Board needs your feedback. They need to know that sections are problematic, or require clarification. In order to give feedback, you need to be able to think critically, and in order to do that, you need diverse opinions.

Chimamanda Ngozi Adichie, a Nigerian author, warns us about the concept of a single story. She explains that, growing up in Nigeria, she experienced the world of literature largely through books written by white authors with white characters and it hadn't occurred to her that people in books could look or sound like her. She explains how the impact of overgeneralizations can be problematic and dangerous.

She shares the implications of how impressionable and vulnerable we are in the presence of a single story, with one viewpoint being handed to generations of new behavior analysts, we've implicitly said that there's one way to view all of this, its immutable and any variation from the code is unethical.

Whether explicit or not, we all grew up with a set of morals and ethics and have some understanding of what it means to be unethical. No one wants to be called "unethical." For this reason, I believe many have an aversion to questioning or even trying to apply aspects of the code. There are aspects that are really challenging for some people.

One of the best things about my childhood is that I grew up in a town of just 1,400 people and knew everyone. My best friend's dad was my dentist, another classmate's mom was my teacher. Other professionals in our town went to school with my dad whose family had been there for three generations. Talk about dual relationships! But honestly, what option did we have?

Driving an hour out of town to find a dentist that I didn't have some sort of relationship with would have been completely impractical, and you only see a dentist twice a

year. Are we currently suggesting that dual relationships are so harmful that we need to be so sure we're not engaging in them that it's preferable for a child to get services from someone who's hours away rather than work with someone locally because they may be friends with the therapist in another context? Based on what I'm hearing from practitioners in the field, we seem to be, at least that's how it's being interpreted. I would submit it's a lot less ethical to provide services only monthly because that's how frequently the family can travel.

I will say, as someone who has passionately dedicated my life and my work to people who live in places where it's truly impossible to access services without leaving the country, the thought of someone not getting services from someone local to avoid dual relationships sickens me.

That said, maybe there's something I don't know about this that could change my mind. I'm open to thoughts, to discussion on this, and we need to be. Ethics is complex, ever changing, and requires consistent dialogue. I've had many discussions about this with practitioners from all over the world.

It is clear based on these conversations and others that this fresh new approach to looking at the Ethics code and its application is an idea whose time has come. I have spent years in the field listening to people say "the ethics book should really address that" or "the ethics book doesn't consider this factor." My and the authors' concern isn't so much the inherent biases and flaws in the ethics book, but that there is *an ethics book*, just one, that everyone uses to learn about how to conduct themselves in the field. This single story and simple yes and no answers encourage blind compliance and seem to even discourage discussion.

In this book, the authors, who each have over a decade of experience working internationally, share with you an interpretation of the code of Ethics as well as real-life examples that illustrate just how nonblack and white some of these issues are. The authors actively sought stories and applications from other fields, giving you an intimate and honest look behind some of the biggest experiments in human behavior. We know that human behavior cannot and does not occur in a vacuum, and the authors argue that neither should ethical practice.

The compliance code is 30 pages long, the first amendment being one sentence long. When one is learning about the first amendment, there are many possible sources which allow a rich and meaningful discourse, which is even encouraged. Ethics in behavior analysis, it seems, has not been taught in this way as a rule. And if it has, something about it isn't working, because, based on hundreds on conversations I've had about this, people are not looking at the grey area and interpreting anything about it at all. My hope is that the introduction of this book and hopefully many others allows it to be. Ethics is hard, there is rarely an easy answer, and to arrive at anything meaningful, there needs to be discussion; discussion with more than one voice. If there were easy, there wouldn't be entire fields of study dedicated to answering the question: what is unethical?

Many years from now, my hope is that this foreword is horribly outdated and that leading ethicists will look at ethics in this field and that behavior analysts will look at ethical issues with a more nuanced approach every day. This world and people's experiences are not becoming less complex as time moves on and how we interpret what is ethical shouldn't be either.

So, as you read this book – allow it to push you, question opinions as you see them and when you see something that you find problematic in the BACB® Code of Ethics, speak up. Please, speak up loudly, even if your voice is going to be the first people see when they open a book, or a post on social media.

Acknowledgments

This book has been an enormous undertaking and would not have been possible without the support of many, many people. It was exhausting much of the time, frustrating some of the time, and worth it all of the time. This was largely due to the fact that so many people not only cheered me on along the way but were genuinely interested in reading it. Every bit of encouragement allowed me to work just a little bit longer.

Our editors at Routledge, Amanda Devine and Olivia Powers, answered every panicked question and offered insight and advice about the process at every turn. As a first-time author, this was a very big deal. Amanda's enthusiasm from the very beginning gave us the confidence to believe we were onto something here and is a bit part of what made our vision a reality.

When we first envisioned what this book would be, we knew we wanted to include as many voices as possible. All of the contributors who said "yes" did so with enthusiasm, and this would not be the same without them.

Several of our contributors went above and beyond. Among these is Bobby Newman. Very few people come into your life and change it for the better to the extent that Bobby and his wife Dana Reinecke have for me. From the first day of our supervision, he has been encouraging and celebratory of every milestone. Almost every professional accomplishment I have achieved can be traced back to applying for the ELIJA Foundation's (Empowering Long Island's Journey through Autism) scholarship to be selected as his supervisee. Not only did he agree to contribute before we had secured a publisher, he submitted his brilliant contribution a week *earlier* than agreed.

Behavior analysts, as a general rule, are some of the busiest people you will ever meet. No matter how much enthusiasm they may have for this project, finding the time to do it is a challenge that may seem insurmountable. Merrill Winston, Noor Syed, Michael Dorsey, Mary Jane Weiss, Samatha Russo, Michelle Zube, and Peter Sturmey took that challenge seriously and provided us refreshing, thoughtful, and insightful viewpoints on the Code and on the importance of ethics. Peter Gerhardt, one of the busiest people I know, allowed me to intrude on his day for our interview, as did Manny Rodriguez, Yulema Cruz, and Megan Sullivan-Kirby. The challenge of finding even an hour for any of these professionals is not to be underestimated, and I am incredibly grateful they did. We are so grateful to have these fresh perspectives from each and every one of these authors.

A special note of appreciation should be extended to those contributors from outside the field of behavior analysis, who volunteered their time and insight to a project whose scope was outside of their field. The fact that these professionals took an hour of their time to talk to me, have the call recorded, and at the conclusion asked, "So what is this for again?" is compelling evidence of their generosity with their time and knowledge. Philip Zimbardo and Dan Montgomery were ready, willing, and able to share their

perspectives. Their interviews were amazingly informative and I am so grateful for their time and input.

The staff at the Global Autism Project have been the most supportive cheerleaders imaginable. My co-author, Jacob A. Sadavoy, treated this as a passion project from the very beginning and was always ready with the encouragement and inspiration to keep going. Cassie Harden never hesitated to offer her formatting help, insights, encouragement, and support. All of which were often sorely needed. Aidan Dunn's attention to detail was essential and greatly appreciated, given that I may have a way with words, but not so with typing them. Summer Lightfoot was a godsend, shining that light at the end of the tunnel in the final hours before submission.

I have been blessed with the opportunity to work with many self-advocates and have always appreciated their insight and perspective. The readers of this book are fortunate enough to hear from two of them: Archibald Brechin and Claire Sayers, and I am so grateful that they agreed to share their point of view here.

Special mention goes to Molly Ola Pinney. Molly has always had more confidence in my abilities than I have, just enough to propel me forward. I have often joked that there have been many people who make my work possible, but Molly makes saying no to an opportunity impossible. I will always be grateful for her constant nudging forward.

My parents were incredibly supportive throughout the entire writing process. Their support and encouragement ranged from asking how it was going to talking me off the ledge as I waited to hear back from peer reviewers, and even hosting a "writers retreat" in their home where they watched my children as I hid away writing. But, moreover, there was never a doubt in their mind that this was possible, even when there were many in mine.

My husband, David Freiman, has been incredibly supportive. I once heard that Leo Tolstoy's wife hand wrote six copies of *War and Peace* by candlelight each night after her children went to bed. If this is true, then David earns only second place in the competition for long-suffering spouse of an author. David provided a patient ear for rants on ethics, proofread early drafts (as well as later ones), and even secured interviews. And moreover, he provided constant encouragement when I needed it most, and also when it was just nice to hear.

My children have shown extraordinary patience and enthusiasm for this project and for all the work it has necessitated. Both their nonchalance as I left the house to find some quiet writing time and their enthusiasm when I returned made the work far easier.

Last but by no means least, I would like to thank all of the Global Autism Project's International Service Partners. These amazing professionals inspire us every day by doing the great work of ethical practice in underserved areas. It is a privilege to work with them, and to share with you what they have taught us.

Ann Beirne

Our clinical skills are a sum of our clinical experiences which is why I recognize how fortunate I have been to work with some of the best clinicians in the world. Ann, your passion and dedication has been infectious. Hopefully, there will be fewer slips of paper in your jar after publication. My parents, for instilling a sense of ethical behavior from Day 1 (the editing help was also appreciated). Our contributors, you have been a source of inspiration for years and having your experiences in this textbook has been humbling. I am overjoyed to have your stories enrich this textbook. Thank you! My colleagues, I am beyond grateful to many of you who have led by example and sought to grow and learn alongside me. Special thanks to Noor Syed, Michelle Zube, Lilianna Pomichter, Natali Wachtman Perilo, Robert Gauthier, Ksenia Kravtchenko, Peter Gerhardt, Mary

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J.A.S

Part I

Professional Behavior and the Behavior Analyst

Ethical Compliance Code[®]



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1 An Introduction to Studying Ethics

Importance of Ethics

Written by Ann Beirne

Before beginning a discussion of ethics for behavior analysts, it is important to talk about the value of discussing it in the first place. The Behavior Analyst Certification Board® requires that your coursework includes 45 hours in professional and ethical practices according to the Professional and Ethical Compliance Code for Behavior Analysts®, which is certainly a good enough reason to study it. It may be tempting, however, to simply assume that we can self-manage our own ethical practice without any outside guidance, letting our conscience be our guide. Sounds easy, right? What could go wrong?

As it turns out, quite a lot can go wrong, particularly when working with vulnerable populations. The horrors of what took place at Willowbrook, an institution for individuals with developmental disabilities, are an example of what can happen when care of the vulnerable remains unchecked. In this institution, residents were egregiously neglected, left languishing in their own feces or urine, placed in solitary confinement, or subjected to other inhumane treatment. Budget cuts had devastated the staffing at the Willowbrook, leaving up to 70 patients supervised by only two to three staff members (Bursztyn, 2007).

It would be easy, and even comforting, to dismiss those who worked at Willowbrook as anomalies – monsters who viewed those with disabilities as inherently less valuable, less worthy, and less deserving of basic human rights. However, characterizing the atrocities that occurred at Willowbrook as something that could never happen here or never happen under our watch allows us to distance ourselves from it too far easily. The fact is that many of these staff probably started off dedicated and well-meaning. They likely gained great personal satisfaction from their work, at least at first. Although we certainly have no clear data on this, I would guess that none of them set out to abuse the residents and it probably didn't happen overnight.

What happened was much more likely to have been a gradual change, a gradual descent toward this level of disregard and cruelty. This change could be described as what is metaphorically referred to as “boiling frog syndrome.” In this legend, a frog placed in hot water will immediately jump out, but a frog placed in warm water with gradually increasing heat will boil alive, unaware of how dangerous their environment has become. While this may not be a factual account, it serves as a powerful metaphor. There are many examples of gradual changes being almost imperceptible and affecting our behavior in such subtle ways that we are often unaware of the process that created this situation – the intolerable becomes gradually tolerable, eventually being simply accepted as the way things are.

This is not how we often understand ethical violations, or those who make them. It is often our inclination to conceptualize those who behave in unethical ways as inherently

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lacking in morality, or perhaps tempted by great rewards, such as fame and fortune. As in Goethe's *Faust*, we expect that a bargain is struck with the devil, resulting in rewards both grandiose and immediate. There may indeed be ethical violations that resemble this scenario, but there are a far greater number of violations that are the result of a slow degradation of our ethical stance over time. It is not one temptation, nor is it one decision, but many decisions over time.

When attempting to engage in ethical practice, it is essential to have a yardstick against which to measure ourselves. In the absence of that yardstick, we open the door for an erosion of our ethical foundation which can put practitioners in self-induced challenging situations or, worse yet, be a precursor for a second Willowbrook. Having a clear set of standards is simply the only way to avoid the lowering of our standards, one tiny bit at a time.

Ethics vs. Legality vs. Morals

Written by Ann Beirne

Many people who begin studying ethics have a bit of confusion as to what exactly they are actually studying. There is a common misunderstanding of the nature of ethical rules for behavior analysts and their necessity in guiding practice. Which is, frankly, no surprise. "Ethics" is a word that is often used interchangeably with moral philosophy. There are countless books, articles, and lectures on the topic of ethics, the work of ancient and modern philosophers in this topic, and the nature of being a "good person." And the reason that all of these books, articles, and lectures exist is that the nature of what we call "good" is debatable. What does it mean to be good, or responsible, or ethical?

As behavior analysts, our ethical obligations are not up for debate. They are spelled out in our code, which is enforceable by the Behavior Analyst Certification Board®. The Professional and Ethical Compliance Code® is not a suggestion or a philosophy, it is instead a set of enforceable set of regulations. However, it is easy to become confused when behavior analytic guidelines are set forth that include language about "responsibility," "integrity," and "ethics." We are far more accustomed to thinking of these concepts as something every person determines somewhat for themselves within the greater context of society.

There are many behavior analysts who report that ethical violations tend to be those behaviors which are deliberate – those in which the actor knowingly engaged in unethical behavior for personal gain. They talk about behavior analysts who falsify billing, complete fraudulent forms, and exploit clients or their families, and other egregious violations. I am not naive enough to disagree that these violations exist, or indeed that they are more common than any of us would want to admit. However, there are other types of ethical violations that I see playing out frequently: the violations of people who "follow their hearts" rather than the code.

When talking about ethics, I generally like to begin with a discussion of the many facets of what we like to think of as being "good." Being a "good" person, and certainly a "good" behavior analyst involves responsible practice at three levels: legality, ethics, and morals. You can think of this as a ladder as the level of responsibility involved moves up into "good person," with each rung representing a different level of responsible practice.

Legality describes the level of responsibility involved in complying with the law. Not quite as simple as it sounds, this means being familiar with clients' rights under the law, familiar with requirements for mandated reporting, and a host of other crucially important areas. I would refer to this as the lowest standard of ethical behavior: refraining from behavior that will lead to being arrested or sued.

Ethics would be the next highest level on our ladder. Ethics involves following specific rules laid out by a governing body. In our case, this would be following the Ethical Compliance Code[®] set forth by the Behavior Analyst Certification Board[®], referred to as the BACB[®]. It is not up to us as individual behavior analysts to decide what constitutes this code – it has been laid out before us. While there might be some debate as to how to follow aspects of the code in the way that benefits our clients, the code itself is set. Compliance with it has little or nothing to do with following our hearts.

The highest rung on our metaphorical ladder would be *morality*. This is the level where we can look into the mirror and be happy with the person that we see. Have I done all the good that I can do? Have I left a legacy and will the world be better off because I was here? These are moral questions, and their answers can certainly influence the quality of our work. However, they are not necessarily questions of professional ethics.

If you are reading this and saying to yourself, “But I got into this field because I wanted to help people! Can’t I be an ethical practitioner *and* a moral person?” the answer is “Yes of course!” While it might seem a bit demoralizing to point out the difference between ethics and morals, this distinction can actually help us to become more ethical practitioners.

I will often hear practitioners who say, “I am an ethical professional, no matter what the code says. I follow my heart and I know what’s right, I don’t just follow some list of rules!” Unfortunately, these are the same professionals who, in an effort to “follow their hearts,” create harmful multiple relationships (Code 1.06), violate confidentiality by seeking out guidance involving specific clients on social media (Code 2.06e), or engage in practices without any scientific support (Code 1.01). Understanding the difference between what we colloquially describe as “ethics” and what behavior analysts describe as “ethics” allows us to make a distinction between the actions that *feel* good – those things that make us proud to be moral people – and the actions that *are* good – those actions that are of the greatest benefit to our clients.

Absolute vs. Relative Ethics

Though it is certainly wise to separate ethics from morality for the purposes of studying professional ethics, it is helpful to consider the concept of absolute and relative ethics.

Absolute ethics refers to the notion that there are universal truths within a greater moral code and that such truths remain unchanged. An ethicist who holds this view would maintain that unethical acts cannot be mitigated by any circumstance. Right is right and wrong is wrong, and this remains true regardless of context.

Relative ethics, however, maintains that there are circumstances which alter whether or not an act would be considered ethical or unethical. In this view, context is essential to the determination of whether or not something is ethical. Our view of ethics may be affected by culture or upbringing, but may also be informed by more immediate circumstances as well. Stealing may be wrong, but stealing a loaf of bread for one’s starving family is excusable, and would be considered ethical. Though our upbringing may inform the belief that lying and vandalism are wrong, very few of us would condemn the characters of *The Sound of Music* for doing exactly that, as they make their escape from the Nazis.

Even the Ten Commandments of the Judeo-Christian tradition and the stories of the religious persons who upheld them seem to allow for the interpretation of relative ethics. Though the fifth commandment states, “Thou shalt not kill,” St. Joan of Arc’s holy work was in battle during the Hundred Years’ War. Interpretation of Judeo-Christian and other religious texts involve volumes of work over decades and centuries. Even the most literal analysis requires adjustment for our modern times. Such general rules cannot

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account for all possible scenarios and greater analysis must be pursued. Though the Ten Commandments were offered on stone tablets, their interpretation is anything but written in stone.

Though philosophers may apply the philosophies of absolute and relative ethics primarily to our morality, they may also apply to our study of professional ethics. Rather than being informed by our culture, upbringing, and learning history, our ethics are determined by a governing body. In this case, the Behavior Analysts Certification Board® has outlined our ethical obligation in the Professional and Ethical Compliance Code®. This Code may be conceived as similar to the “rules” that we learn as part of moral upbringing – the commandments, so to speak, of our ethical practice.

There are several elements of the Professional and Ethical Compliance Code®, which are *not* open to interpretation. Those which require us to be honest in our billing and documentation, to maintain confidentiality, and to use social media responsibly, for example, must be interpreted with an absolutist view. However, there are situations in which compliance with one Code element may conflict with compliance with another. Even in cases where the relevant Code element is clear, it may be difficult to discern a clear path forward.

The difficulty in complying with ethical requirements is often not in knowing the right thing to do. Commandments, whether they be religious dictates, rules, or the elements of the Professional and Ethical Compliance Code®, tell us in explicit detail what to do. The expectations for our behavior are abundantly clear. The difficulty, therefore, is instead in understanding *how to do it*. Balancing the client’s needs, as well as their preferences, with our own need to comply with this Code is perhaps our greatest challenge, particularly in the provision of services to vulnerable populations. Navigating the challenges of ethical practice may also involve balancing the requirements of one Code element against that of another.

In cases where we must prioritize the various Code elements, there is value in a more relativist approach. Greater interpretation of the “right” way forward may be necessary if a clear path eludes us.

Slippery Slopes vs. Slippery Slope Fallacies

Ethical practice is often referred to as a “slippery slope.” Where one misstep occurs, others are sure to follow. This certainly appears to be logical and is a theory easily supported by the example of the conditions at Willowbrook. What began with good intentions did not suddenly burst into the horrific conditions for those residents, but rather developed over time. One questionable action led to another, then another, and another.

We must, however, guard against *slippery slope fallacies* in our approach to ethical practice. A slippery slope fallacy is considered an unsound argument in which, without sufficient evidence, it is assumed that one step will lead to several others. As practitioners of the science of behavior analysis, we must approach any assumption without evidence with a degree of caution, and slippery slope fallacies are not an exception to this rule.

The distinction between avoidance of the slippery slope of unethical behavior and engaging in slippery slope fallacies is far from straightforward. Though following rules may be considered simple, in this case that is not synonymous with “easy.” All things being equal, an absolutist interpretation of the Code provides a clear path forward. However, in clinical services, all things are very rarely equal.

The creation of a false dichotomy between “ethical” and “unethical” may not protect us against engaging in unethical practice. Rather, understanding that not every problem can lead to a clear, black-or-white solution liberates us to find the answers that fit. Often, a more holistic analysis, accounting for all of the factors that may affect our decisions is

necessary. Engaging in this thoughtful and conscientious decision-making is the cornerstone of ethical practice, but it represents a formidable challenge for the emergent (and often the seasoned) professional.

This Book and Your Ethics Study

Written by Ann Beirne

When I began my mentorship toward becoming board-certified, I was asked my goals for the supervision process, and I said, “I don’t want to be confounded by cases anymore. I want to know the answers.” My mentor, Bobby Newman, wisely said, “Well, I don’t think I can do that for you.” And he, of course, was exactly right. Looking back, I did not learn all the answers. I still do not have all the answers. That was not what that journey at the time was about, and as I continue my professional journey, knowing the answers still is not the goal. What I gained from the process was the ability to ask better questions.

This book also makes no promise to teach you all of the answers. You may feel a bit of conflict between the moral level of “goodness” and the ethical level. That is understandable and will likely continue throughout your career. And there may not be a clear, black-and-white answer to every ethical dilemma. If there were, we could certainly just hand you this book and send you on your way, ready to face any challenge with the right answer 100% of the time. We cannot give you the answers, but we can strive to help you to ask better questions.

Nothing has been more effective to us in teaching this lesson than international travel with the Global Autism Project. Seeing how the stigma of an autism diagnosis affects families, the availability of services abroad has challenged us to think more deeply about the Professional and Ethical Compliance Code® and engage in active problem-solving when confronted with the challenges of working in another culture. It has also encouraged us to become more aware of the gaps in our knowledge and understanding and to examine our own cultural expectations and biases.

Even so, we must acknowledge that ethical practice might be better described as a journey than a destination. To be a truly ethical practitioner is to consistently recognize the need to improve. Ethical practice is in a constant state of evolution and much of our behavior is appropriately shaped by others in the field, as well as related fields. This is why we have included “reflections” in each chapter from relevant experts in issues ranging from staff training to functional assessments to collective bargaining agreements with employers. Many will offer opinions about the Professional and Ethical Compliance Code®, its importance, and its application to the daily realities of clinical practice. Some of these opinions may be different from yours, or even ours. Their viewpoints are included here not to dictate what your opinions should be, but to inform your own journey.

The chapters in Part 1 of this book include a review of a section of the code, including an explanation of each element, some considerations when engaging in ethical practice, and examples from the field experience of our team members and SkillCorps® participants. In addition, we also have included a reflection on each section of the code from someone in the field. Some of the reflections include perspectives on working with families, organizational behavior management, and research. In Part 2, we will explore the professional behavior of the behavior analyst and how to navigate the various professional environments in which we work, so that we can promote best practices and support lasting, meaningful behavior change.

This book is written with the benefit of the Global Autism Project’s years of experience teaching culturally relevant, sustainable practices in behavior analysis. As an organization

8 *Ethical Compliance Code*

committed to providing training to organizations working with individuals with autism around the world, we have partnered with local organizations in underserved areas on five continents as well as leading trips of professionals from areas where services are more readily available through our SkillCorps® program. We have seen some of the challenges of ethical practice in other cultures and have noticed that these challenges exist whether your work takes you across the globe or right across the street. Our goal is to provide you a compass to help guide you as you begin your journey as an ethical professional.

Part 1: Understanding the Code

If we are to approach ethical practice as following a set of rules, then where would we start? Couldn't we just print out the rules and have it over and done with? How hard could it be?

As you will learn in Part 1, there are certain questions, including "How hard could it be?" that are not necessarily rhetorical. In fact, the answer to "How hard could it be?" is often "Harder than it looks." This is precisely why Behavior Analyst Certification Board® requires coursework in ethics and professional behavior – because behaving ethically requires discernment, analysis, and, above all, practice.

In the chapters that follow, we will examine the sections of the Professional and Ethical Compliance Code for Behavior Analysts®, offering explanations, considerations, and examples of efforts to follow this code, along with some examples of a failure to follow it. You will read each Code element's exact wording, but we will also offer some context to help you make sense of its meaning.

Ethical practice is often a moving target. You may find in your discussions and over the course of your career that the search for one "right" answer to your ethical questions will elude you. Although we have often been told "practice makes perfect," practice within the Code may not ever "make perfect." Perfection is not the goal. The goal, again, is not to know every answer, but to ask better questions.

We hope that the chapters ahead will guide you in asking these questions and in shaping your practice.

Work Cited

Bursztyn, A. (Ed.). (2007). *The Praeger handbook of special education*. Westport, CT: Greenwood Publishing Group.

2 Section 1.0: Responsible Conduct of Behavior Analysts

Bobby Newman

Behavior analysts maintain the high standards of behavior of the profession.

The Behavior Analyst Certification Board® is continually evolving and making changes to requirements in terms of supervision, and coursework. Remaining current in the latest development can require considerable effort in our part. Despite the inconvenience, however, there is something to be admired in an organization so committed to growth and improvement. Certification in behavior analysis reflects more than simply what we studied (and may have mastered) many years ago, and it reflects our competence and commitment to the competent, professional, and ethical practice of behavior analysis.

It is not difficult to maintain standards that are not sufficiently high, but it is not particularly admirable either.

In this chapter, we will explore the first section of the *Professional and Ethical Compliance Code for Behavior Analysts*®. This section entitled “Responsible Conduct of Behavior Analysts” addresses the expectations for not only our day-to-day work, but our philosophical approach to that work.

1.01 Reliance on Scientific Knowledge

Behavior analysts rely on professionally derived knowledge based on science and behavior analysis when making scientific or professional judgments in human service provision, or when engaging in scholarly or professional endeavors.

Explanation

Written by Ann Beirne

Before we begin an explanation of this particular code, it is important to review what constitutes “knowledge based on science.” Many professionals working with individuals with autism spectrum disorder describe applied behavior analysis as “the only evidence-based treatment for individuals with autism.” This description is troubling for a number of reasons.

The first reason is that the definition of applied behavior analysis has little to do with autism spectrum disorder at all, to say nothing of its treatment. Applied behavior analysis is actually defined by Cooper, Heron, and Heward (2007) as “the science in which procedures derived from the principles of behavior are systematically applied to improve socially significant behavior to a meaningful degree. It is then demonstrated experimentally that these procedures were responsible for the change.” By this definition, applied behavior analysis can be used to solve any number of problems from quitting smoking to training guide dogs to encouraging community recycling. There are even behavior

analysts working on ending violence within communities and literally working toward world peace (Mattaini & Thyer, 1996). To describe applied behavior analysis as a treatment for autism spectrum disorder when its potential is so much more far-reaching is unnecessarily limiting to the science itself and to our potential as its practitioners to impact communities.

The second reason this description is troubling is that applied behavior analysis is, at its core, a science. It is not a treatment or a treatment package. It is not a collection of practices, nor a bag of tricks. While there may be many practices that are based on the science that describes how organisms learn socially significant behaviors, describing applied behavior analysis in this way separates it from other sciences and allows for some sloppy interpretations of what it is that we do.

Applied behavior analysis (ABA) is a *science*, not a set of practices. Like any science, it attempts to explain phenomena that already exist. It is not something to *do*, nor is it something to *believe*, since science doesn't care what you believe. Applied behavior analysis is a *science*, and as such it is something to *understand*.

But perhaps the most important reason that this description has never quite sat well with me is that it is a misplacement of emphasis. It is not that applied behavior analysis is the only treatment that is evidence based, but that the treatments based on applied behavior analysis rely exclusively on what is evidence based. Literature reviews of current practices (Wong et al., 2015) reveal that applied behavior analysis is not listed. Practices that are frequently applied are listed, certainly, but not applied behavior analysis itself. And there have been several practices added to this list since I first entered the field 20 years ago, as the evidence grew to support them. As these practices gained evidentiary support, they became part of standard practice within applied behavior analysis. In short, applied behavior analysis does not drive the evidence, it follows it.

So what exactly constitutes this evidence? For those of us working with individuals with disabilities (and specifically autism spectrum disorder), several practices have been identified as "evidence based." There is some agreement within the scientific community as to how this concept can be defined and it is also described by the National Professional Development Center on Autism Spectrum Disorders (Odom et al., 2015). Practices gained entry to this list of practices when it has been demonstrated in three randomized or quasi-experimental studies, five single-subject studies, or a combination of evidence – one randomized or quasi-experimental design combined with three single-subject design studies (Odom et al., 2015). The practices with evidentiary support are not limited to those which would be considered "comprehensive treatment packages" for individuals with autism. Evidence is not from conferences, workshops, opinion pieces, anecdotes, or guesswork, but from studies published in peer-reviewed journals.

Considerations

Written by Jacob Sadavoy

There exists a larger ethical dilemma when you come across a pseudoscientific approach that defies science and thus ABA. In situations like this, there are many options – from walking away all together at the thought of doing something that is not based in science to biting your tongue and hoping for the best. However, it is important to realize that ABA was not always evidence based. We deem strong evidence-based scientific evidence as those in which there is a careful assessment of the participants, objective, accurate, and reliable measurement of the intervention, replication (by multiple researchers), and peer review and publication in scientific journals. The *Journal of Applied Behavior*

Analysis (JABA) was founded in 1968. Thus, one could argue that those practitioners, before 1968, were not practicing an evidence-based science based on the aforementioned criteria. B.F. Skinner was heavily criticized by his contemporaries...and he should be (Chomsky, 1959). His critics were practicing philosophical doubt. Any scientist needs a healthy level of skepticism, as scientific knowledge should always be seen as fleeting. New discoveries can happen at any time. It is crucial for all scientists to come in contact with this research in an effort to be more effective (which is one of the reasons why continued education is mandatory in all science-based fields). The best scientists are those that embrace philosophical doubt and, in doing so, possess a keen intrinsic desire to remain open to other ideas, strategies, and therapies that may counter their own beliefs, which is a healthy, necessary component of scientific reasoning. There are a plethora of interventions for autism spectrum disorder (ASD) with varying levels of popularity and all of which are sworn to work by someone. However, popularity does not have a direct relationship with proof, not all interventions are effective, and even the most well-intentioned will not yield results.

So let us return to the question at hand: what does an ABA practitioner/scientist do when confronted by an intervention that is popular, but not rooted in evidence? There are important considerations that need to be made before the practitioner can feel confident that an ethical decision has been reached. The first and most important question a clinician has to ask themselves is whether or not the intervention is safe. If the intervention in question is not harmful (e.g. extra prayer between lunch and dinner or a change in diet), it may be worthwhile to measure those interventions' effectiveness. The clinical judgment of the Board Certified Behavior Analyst® comes into effect in these situations. With a little education on ABA and demonstrating no link between acquisition of skills/maladaptive behavioral reduction for learners on a gluten-free/casein-free diet, the guardians may opt to avoid dietary intervention. If they are insistent on pursuing a dietary approach, does it impede ABA principles? Is there a safety concern? The likelihood is that the answer to both questions is no. In ethics, the phrase "Is this the hill to die on?" can be used a lot. I would argue that, in most cases, a gluten-free/casein-free diet and ABA can coexist if the dietary intervention does not make food aversive or promote food deprivation effects within therapy. Now, if you ask yourself whether the intervention being proposed is safe and the answer is "no," like the industrial bleach sold as the supplement "Miracle Mineral Solution" or putting your child downstream in a basket as a means to ward off evil spirits you are obligated to share your concerns and provide scientific-based evidence as support to protect the client. ABA and harmful therapies cannot coexist.

Maintaining a client, if they are involved in a pseudoscientific therapy, is certainly not ideal. However, it can be worthwhile if the guardians desire to pursue the unsafe intervention can be shaped and eventually extinguished. It is also important to realize that our clients are allowed to have philosophical doubt too. I have seen many cases in which parents are vilified for trying something we know is harmful yet they feel could be a miracle "cure" from a blog or a testimonial. It is our responsibility to educate and ensure the health and safety of those we serve. When presented with a new treatment strategy, a scientist would not say, "this is flawed because I practice something else," rather they would say, "I practice ABA, which is evidence-based and shown to be effective backed by decades of research. Could you please share some research for your intervention? I want to do what is best for the client and it will be helpful for me to understand the effectiveness of your strategy coupled with the risks involved."

As mentioned earlier, ethical decision-making can be complex and sometimes decisions can be ethically sound yet, off-the-mark at the same time. Imagine a scenario in which a clinician has agreed to suspend services because the guardians of a client they are treating

are looking at alternative therapies. Suspending services for this reason would be acceptable (i.e. ABA hours are being decreased in favor of a pseudoscientific therapy). Instead, a worthier response would be to examine why this behavior is happening. The likelihood is that the client is dissatisfied with the learner's progress or do not fully understand the principles of ABA. Conveniently, both deficits are within the BCBA's® repertoire of mastered skills to educate the client. After providing more information, if the guardians wish to pursue other interventions, they are exercising their philosophical doubt which should not be the sole reason for suspending services for a client. Clinicians that sever services due to pseudoscience interventions may not be taking into account the safety of the client (by not having ABA) or their role to promote ABA.

Example

Written by Jacob Sadavoy

Imagine you are working with a client who is making slow progress across his skill acquisition plan and this same client also participates in a Facilitated Communication (FC) program where he is making rapid progress on his FC targets. You recently learned that his parents are considering cutting his ABA hours in favor of giving him more time to finish a book on poetry he is writing with his facilitator. As a BCBA®, what is the right thing to do? I can tell you that being in this situation was not fun. It is especially challenging to promote the benefits of ABA when the parents are clearly more reinforced by the “results” and promises that come from FC. However, who can blame them? It is not the fault of the parents but rather the responsibility of the BCBA® to promote and teach the parents why evidence-based practices are so important and why investing time and resources in FC is fruitless. An inappropriate reaction would be termination of services. The BCBA® is incorrect to assume that the parents should intrinsically favor ABA: further the BCBA® is obliged to help the client access the best services available (ideally one without FC). Some potential ways a BCBA® can accomplish this is by pointing out some of the shortcomings of FC (e.g. “why isn’t he able to mand or answer questions across novel keyboards with novel people?”, “why is his language and grammar so sophisticated despite not having formal language art lessons?”, “when did the client gain his knowledge on Norse Mythology to write a sonnet about Vikings and Valhalla?”, etc.) or highlighting the research that demonstrates the effectiveness of ABA coupled with the research that demonstrates FC’s ineffectiveness.

A consulting firm hires a BCBA® to develop organizational behavior management strategies to help a construction company meet targets on time while promoting a safe work environment for their employees. Despite a concerted effort by the BCBA® to offer simple reinforcement strategies and incentives based on staff performance, upper management continues to reprimand and berate subordinates when targets are not met. One course of action is to refuse providing recommendations for a management staff who is content employing a positive punishment approach to supervision. However, just as in the previous example, it is the BCBA's® responsibility to teach this management group the benefits of the science so that they can learn that positive punishment will not be successful in the long term and how the recommendations made by the BCBA® will yield optimal results (if attempted). The company will not intrinsically know the pitfalls of employing a positive punishment approach (it is likely entrenched in their learning history hence resistant to behavior modification). The BCBA® once again not only has to come up with an intervention plan, but relate it back to the science to give the clients the “why” they need in order to follow through on the recommendations.

The common thread in both examples is return to the science. There is no sense in vilifying those that do not readily access proofs or seek evidence-based interventions. It is the responsibility of the behavior analyst to support their client's ability to engage in philosophical doubt. Hopefully it overgeneralizes, as there is no such thing as too many scientists.

1.02 Boundaries of Competence

(a) All behavior analysts provide services, teach, and conduct research only within the boundaries of their competence, defined as being commensurate with their education, training, and supervised experience.

(b) Behavior analysts provide services, teach, or conduct research in new areas (e.g. populations, techniques, behaviors) only after first undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas.

Explanation

Written by Ann Beirne

For behavior analysts, a “fake it till you make it” philosophy is ethically unacceptable, and often downright dangerous. As behavior analysts, we know that people will undoubtedly be hurt in attempts to fake what we are not capable of doing well. It is not just doing something *passably*, but doing it *well* that is the standard of ethical practice. Simply put, a behavior analyst will commit to a clinical position only if they are able to perform that job well. When taking on new responsibilities, it is necessary to ask ourselves, “Is this a responsibility that I can fulfill? How can I contribute?”

This may lead to some awkward conversations about the details of our experience, when our urge to simply say “yes” may override our ability to make an honest assessment of our own skills as well as the needs of the client. But that honest assessment is essential to ensure that those needs are met.

This does not necessarily mean that we are precluded from ever gaining new experiences, nor that we must immediately drop cases if the client's needs change or as new issues develop. Code 1.02(b) clearly allows us to acquire new skills. This code simply states that we cannot be delivering services responsibly if those skills are not yet acquired from training and supervision under someone who already has them.

Essentially, this code tells us that we need to seek support when trying new things rather than just learning as we go or doing our best because we want to serve clients even if we don't necessarily know the best way to do that. Having the humility to seek out support is essential in ethical practice. We never need to do it alone.

Considerations

Written by Jacob Sadavoy

There is a great feeling when you pass your BCBA[®] exam. You are now an expert in behavior analysis and with that is the feeling that you can change behaviors readily based on the principles you have studied for years. But knowing what you don't know is as crucial as knowing what you do know. You can effectively shape behaviors and develop great task analytic chains, but does that equate knowing how to create a program to teach a learner to tolerate being in the same vicinity as a hand dryer or redirect masturbatory

behavior? If you haven't been exposed to a specific skill or strategy during supervision, you are not an expert in that skill or strategy. Thus, one should consider whether or not to develop an intervention without support from an expert. There is no shortage of continuing education (CEU) or articles to gain exposure to an unfamiliar topic. It is the responsibility of a BCBA[®] to know what interventions they can competently create, without support, and which interventions are outside their realm of expertise. This allows us to avoid breaking the ethical code, but also to avoid a scenario in which your client and practitioner are put in harm's way.

This is true for seasoned BCBAs[®] too. Even though you may have years of experience, it is irresponsible and unethical to develop interventions outside your level of expertise. If you have ten years of experience working in a pediatric center applying the principles of ABA in an early intervention program; would you be a fit for an ABA-based behavioral safety practitioner position in a car manufacturer plant? The answer is clearly no. However, that can change if that same practitioner completes a few CEUs on behavioral safety and becomes an attentive protégé to an organizational behavior management mentor with expertise in applying behavior analytic interventions in safety procedures. Another example of this is crisis management. Those that are not certified to train others in crisis management do not; it is both illegal and dangerous. It would be equally harmful to watch a video on crisis management and begin implementing procedures without proper training. That same standard should be applied to unfamiliar behavior analytic practices regardless of the number of years of experience or how fundamentally routed in ABA the intervention may be. If in doubt, ask for help. There is no shame in requesting assistance, after all, we are all always adding new experiences into our learning histories.

This can get challenging when working on multidisciplinary teams or on teams where some members are not credentialed. In such a situation, the ABA practitioner must practice within their competency; however, you are also obliged to ensure that the interventions being developed are evidence based, which is not a hallmark of some related fields. If the learner needs a desensitization protocol for new foods, as a BCBA[®], it would be inappropriate to implement that intervention based on anecdotal accounts from a member of a related field or non-credentialed practitioner. If the intervention is unsuccessful, the learner could find eating aversive which has many negative impacts for the learner's health and the future rate of acquisition for the target (e.g. you may need to now target tolerating being in the room with novel foods because of an errant intervention). The best course of action is to take continuing education courses in order to develop expertise in the concept in question so that the learner can rely on a behavioral evidence-based approach as opposed to anecdotal accounts from a practitioner from a related field.

Examples from the Field

Written by Jacob Sadavoy

Early in my career, I was working with a client with severe self-injurious behavior and, if blocked, he would become severely aggressive. Thankfully, I was working at a place that saw the value of contacting outside experts to help analyze the data and come up with an intervention that would reduce the behavior. Had we not consulted an expert and relied on our own experience to reduce the behavior, we could have done tremendous harm both to this young man and to ourselves.

I have had the honor of working abroad and meeting a variety of practitioners from other countries who are just discovering ABA. In these situations, despite being a BCBA[®], I am still aware of my limitations as a clinician as I am unaware of the societal norms or what this unfamiliar society deems as socially significant which is not the case when I oversee ABA programs in North America. My expertise is collaborating with local communities to build an ABA program. I would not go to Lusaka, Zambia, and tell them how they should build an ABA program or provide a one-off training, on a topic that is of interest to me, without subsequent supervisory oversight. That would be wholly irresponsible. I could complete assessments and observations of their students, but without being familiar with Zambian society, how would I be able to address needs that are socially significant? Upon learning about Zambian culture and society, I would be much better at making Zambian-specific recommendations; however, every culture is different and I must realize that my new knowledge of Zambian culture should not be overgeneralized if I have the same position in Tunis, Tunisia (Fallon, O’Keeffe, & Sugai, 2012). Essentially, if you are not an expert, one needs to ask questions and learn if they hope to write an effective behavioral program.

1.03 Maintain Competence through Professional Development

Behavior analysts maintain knowledge of current scientific and professional information in their areas of practice and undertake ongoing efforts to maintain competence in the skills they use by reading the appropriate literature, attending conferences and conventions, participating in workshops, obtaining additional coursework, and/or obtaining and maintaining appropriate professional credentials.

Explanation

Written by Ann Beirne

It may have disappointed you slightly to learn that your academic journey would not end with gaining your Board Certified Behavior Analyst[®] (BCBA[®]) certification. After all of this study and work, when can we be considered “experts”? The answer is not that simple, I’m afraid. The Behavior Analyst Certification Board (BACB[®]) has specific requirements that must be met in order to maintain certification and these include continuing your education in order to stay current in the field.

Frankly, I find this code far from disappointing. In fact, it is one of the more beautiful aspects of scientific inquiry and of our field. Philosophic doubt is one of the assumptions of science and maintains that a scientist must “continually question the truthfulness of what is regarded as fact” (Cooper, Heron, & Heward, 2007). There is always more to be learned. Every behavior analyst is a colleague of every other behavior analyst. There is no one so high above us that they too do not need their continuing education forms signed by the proper authorities.

Rather than being a lifelong title, “expert” is one that needs to be maintained. Think about the medical “experts” of the middle ages, for example. Would their expertise be matched by doctors today?

As a field committed to scientific inquiry and a reliance on scientific knowledge, we must maintain that knowledge. Remaining current within our field is an essential element of delivering high-quality services. The requirements of the BACB[®] are merely a check on the adherence to this philosophy. It is the ethical obligation of the behavior analyst not only to maintain high standards, but also to maintain the drive and the willingness to learn and grow.

Considerations

Written by Jacob Sadavoy

In all science-based fields, learning and maintaining your understanding are paramount because science-based fields are dynamic. They change, as new theories are developed and proven to be more effective or parsimonious. As such, as a practitioner, it is an obligation to be aware of the latest research so that you can be the best clinician you can be for your clients.

Accessing research can be accomplished in a variety of ways. There are many journals that focus on ABA. Some titles are *JABA*, *Behavior Analyst*, *Analysis of Verbal Behavior*, *Behavior Modification*, and *Journal of Experimental Analysis of Behavior*. All of these publications will have articles that will help a practitioner stay informed with the latest research in the field.

In addition to journal publications, podcasts, local ABAI Association for Behavior Analysis International-affiliated chapters, and continued education units are all ways for practitioners to stay informed.

Examples from the Field

Written by Ann Beirne

The Behavior Analyst Certification Board® requires that certain continuing education requirements be met in order for certification to be maintained. There are several options for maintaining certification. Beginning in January 2020, the BACB® has determined that the continuing education should be acquired in any of the three categories: *learning*, *teaching*, and *scholarship*.

Gaining continuing education hours through the *learning* category involves any activity on which the Board Certified Behavior Analyst BCBA® or Board Certified Assistant Behavior Analyst BCaBA® is in the role of student. Some of the options are taking college or university coursework in behavior analysis within a verified coursework sequence. This coursework must be at the graduate level for BCBA®, but can be at the undergraduate level for BCaBA® and the coursework must be behavior analytic in nature. One continuing education credit is offered for each 50 minutes of instruction. In North American institutions, this translates into 15 continuing education credits for one semester and ten for each quarter. Documentation must be provided by submitting syllabi and transcripts. The learning category may also include participation in CEU events by BACB®-approved providers as well. In this case, documentation would include the certificate awarded for the CEU event. There are also occasions where the BACB® will offer opportunities to acquire CEUs through events or activities initiated by their organization. These may include participation in surveys or other activities to make improvements to standards and requirements. For these activities, the BACB® adds the documentation directly and there is no additional documentation required.

Within the *teaching* category, teaching behavior analysis can also be used as a continuing education activity. If the applicant is the instructor for CEUs presented by authorized providers, or is the instructor for courses within a verified course sequence, the hours spent in this activity may also be counted toward continuing education. Each event may be counted once, and can be documented with a letter from the approved continuing education (ACE) coordinator or department chair on official letterhead.

Finally, behavior analysts can also acquire continuing education credits through the *scholarship* category. If a behavior analyst publishes an applied behavior analysis article in a peer-reviewed journal, they can receive eight hours of continuing education. Serving as a reviewer or action editor for a journal can also be a continuing education activity and each review is equal to one continuing education credit.

These continuing education credits can be acquired through a number of means. Attending live conferences and workshops hosted by ACE providers can be an enjoyable way to gain CEUs, as well as an opportunity to meet and network with other professionals. This may not be practical in all cases, however, and gaining CEUs online are a practical solution when traveling or live attendance are not possible.

The requirements may seem daunting at first glance, but the requirements can be easily met with only a minimum of planning. And doing so improves not only our own efforts as professionals, but the profession itself as well.

1.04 Integrity

(a) Behavior analysts are truthful and honest and arrange the environment to promote truthful and honest behavior in others.

(b) Behavior analysts do not implement contingencies that would cause others to engage in fraudulent, illegal, or unethical conduct.

Explanation

Written by Ann Beirne

This would appear to be somewhat obvious: do not lie, cheat, or steal. However, as behavior analysts we should be cautious of any instruction of what *not* to do. As we know, behavior must follow the “dead person’s test” (Cooper et al., 2007). This test, in summary, states that if a dead person can do it, it cannot be considered behavior. If the Code element is simply, “Do not be *dishonest*,” this would be a problematic definition.

It is the second part of section A, along with section B, that clarifies this a bit. Not only do behavior analysts avoid acts of dishonesty, they “promote truthful and honest behavior in others.”

What would it look like to promote honest and truthful behavior? What contingencies would need to be in place for those in the settings where we work to feel comfortable both being honest and being receptive to honesty in others?

Some aspects of an environment where honesty is actively encouraged might be an environment where growth is encouraged and feedback is given in order to promote that growth. If feedback is only given in a disciplinary manner, or if employees or supervisees believe their jobs are in constant jeopardy, they will be less inclined to accept feedback well and more inclined to cover their tracks when mistakes are made.

Another aspect of such an environment to keep in mind is the creation of a culture where those who would offer an honest assessment of where we can improve are believed and honored. As scientists, we acknowledge that there is always (yes, always) room for improvement and, as ethical professionals, we need to always (yes, always) strive to do better. When we know better, we do better.

Considerations

Written by Jacob Sadavoy

This code seems “commonsensical”; however, the importance of integrity cannot be overstated. As a clinician you have duty to uphold the science of ABA, but is equally important to do so in a way that is both truthful and honest. Most professions value honesty; however, we would argue that valuing honesty is not enough in our field. We must be proactive and make sure that we hold ourselves accountable to a higher standard of truthfulness than other professions.

We often work with clients that are learning to self-advocate and assist families that are vulnerable, or are considering other pseudoscientific approaches or businesses that are under a great deal of pressure to meet their performance targets. These clients can be crestfallen or desperate at times; they can be rife with risk of exploitation. This is the reality of working with populations that are seeking behavior changes to improve social well-being. It would be naïve to assume that others will approach these same clients with the same concern for honesty and truthfulness. Is there an ethical code to the “doctor” who prescribes hyperbaric oxygen therapy for patients with autism spectrum disorder, a method that has not been demonstrated effective in treating any of the presenting behaviors? Are they obliged to give clients all the information that they have at their disposal? We fully believe they want to make the lives of their clients better, in some capacity; however, we also believe they really want to sell a \$4,000 piece of equipment or, at a minimum, set up recurring appointments. We, as a field, will set ourselves apart by abiding to our ethics and being uncompromisingly truthful.

Examples from the Field

Written by Jacob Sadavoy

I wish I could say that I have yet to experience dishonesty in my work environments, but that would be dishonest. I have had worked with various companies and agencies that did not value honesty and, speaking from experience, those environments are challenging to work in. For me, it started off as being asked to make a small lie. I was asked to tell clients that I had been working with the agency for years despite being on the job for a month. I understand why the business would want clients to think I was a seasoned employee; it builds trust and potentially covers up a turnover issue. I would argue, vehemently, that protecting an agency’s image over being truthful is a poor tradeoff. My main objection is not fear of getting caught; rather, it is creating and promoting a workplace culture that is deceitful. You could have ten very ethical practitioners, but if you put them in an environment in which their ethics are compromised one of the two things will occur: you will lose ethically bound staff or their ethics will regress to the mean.

Another fear of misleading clients with a simple inaccuracy is that if it is reinforcing to the business to do so once, the likelihood is that they will engage in lies in the future. My aforementioned agency, the first lie I was aware of was about years worked at the agency. I would later learn that there were many more. Baseline data on assessments would be altered to demonstrate a need for continued services. A therapist who returned from vacation learned that insurance was billed for the duration of the days off, even though the client did not receive any ABA services. This transcends a simple “white lie” dishonesty; it is outright illegal. However, turning a blind eye to the smallest fallacy could leave you vulnerable to ethical violations that are occurring unbeknownst to you. Agencies like this give ABA a bad name and, if not careful, you may be associated with the company or engage in poor ethical conduct. We, as practitioners, need to hold ourselves up to a higher caliber of honesty not only for our clients, but also for the field to combat those agencies who do not value the importance of running a business on integrity. The best way to accomplish this is to confront deceit in your workplace and know that any instances of dishonesty, even the smallest white lie, can result in larger negative outcomes. Taking an ethical stand could be received poorly from the organization. If that is the case, I would be very wary to continue working in an organization that is not interested in improving their ethical practices.

1.04 Integrity

(c) Behavior analysts follow through on obligations, and contractual and professional commitments with high-quality work and refrain from making professional commitments they cannot keep.

Explanation

Written by Ann Beirne

This is one of the simplest elements of the code. In many cases, simple is not the same as easy. However, in this case, we are very fortunate. There are some simple (and easy) tactics that ensure you will follow this code.

When a behavior analyst receives a contract, it is essential to read it. Unfortunately, it is not as common as one might assume for people to take the time to read contracts before signing them. It really is as simple as reviewing all the elements of your contract and making sure that everything within it is something you can work with. If changes need to be made, make them before signing rather than accepting a verbal reassurance along the lines of, “Oh that doesn’t matter.” It matters. Your contract matters and your signature, which is your promise to follow through with high-quality work, matters.

Have a clear definition of “high-quality work” and schedule the time required to provide it. If it is important enough to require your signature and the application of your talent, it is important enough to put on a calendar. Without that, the likelihood is that it will never be done and the quality of your work will be compromised.

If you misjudge your ability to follow through, correct the situation right away. Everyone makes mistakes, and it is often in making them that problems become evident. We have all started on a task with a completion date in mind only to discover that it ended up being more time consuming than we had originally planned. It is simply a matter of readjustment, which cannot be accomplished by ignoring the problem.

Considerations

Written by Jacob Sadavoy

I often get asked what is the optimal number of cases a BCBA[®] should oversee? I would respond with another question. Are you able to follow through on your responsibilities for all the cases you have assumed (both contractual and professional)? If the answer is no, we have a problem. If the answer is yes, I would ask, “are you content with the quality of work you are providing your clients?” I am saddened to say that a lot of the time the answer is no to my second question.

The BACB recommends that a BCBA[®] should not exceed 24 clients (and that is with the assistance of a BCaBA[®]). Caseload is affected by many variables: needs of clients, length of workweek, setting, expertise and skills of the BCBA[®], indirect hours, BCBA[®] supervision, proximity, etc. (BACB, 2014). There is no formula that takes all of these factors into account which is why a definitive magic number is unknown. What I do is I ask myself, am I content with the quality of work I am providing my clients? The one time I answered no to that question was the day I informed my employer that my caseload was too large and that the treatment integrity of my programming was compromised because of the volume of work on my plate. The field of ABA does not need martyrs who bite off more than they can chew. They need thoughtful practitioners who are cognizant of their

own self-care needs and advocate for themselves. If you are dissatisfied with the quality of your work, you are not providing your clients with the quality they are entitled to in an ABA program.

A way to combat this challenge is to stipulate the quality of work expectations before signing a contract. Insist on a clause in which your employer will allow you to reassess the number of cases you have upon having concerns about case volume and expectations. If this is not possible, consider having specific guidelines as to the catchment area that you will work (travel obligations can greatly impede your ability to effectively supervise clients).

Examples from the Field

Written by Ann Beirne

Once when I was providing remote supervision, I received an email that my supervisee would have to cancel a meeting the next day. I emailed back, saying that this was fine and letting her know what my availability would be. She responded, saying that she was in the hospital and appreciated my flexibility.

I was, of course, concerned. I assumed that she was with a family member and hoped that whoever she was with would be okay. When we did meet later that week, I started by asking her what had happened and if everything was okay.

“Thank you,” she said, sighing and a bit embarrassed, “I am so sorry for cancelling last minute. I had a heart attack.”

As we discussed this, she told me that she had gone to work that day even though she was not feeling well. There was a fire drill scheduled and, as a teacher of adolescents with autism spectrum disorder, she was concerned that her students would have difficulty and that her help would be needed. “What if it had gotten worse?” I asked, “How would you be able to help your students?”

This is often the best argument for those of us in human services who tend to think of others before ourselves.

I told my supervisee this story and asked,

What if you *had* felt worse? What would the principal and school nurse have been doing? Would they be supporting your students or would they have been taking care of you? Wouldn't it have been better to play it safe and stay home so that they could plan what needed to be done rather than taking the risk and leaving both your class and the support staff high and dry in the midst of a fire drill?

Among our obligations to our employers, coworkers, and clients, we also have an obligation to ourselves. We simply cannot follow through on these obligations with high-quality work if we are exhausted and burnt-out. Self-care is not selfish. It is actually one of the more ethical things we can do, not only for ourselves, but for our clients as well.

1.04 Integrity

(d) Behavior analysts' behavior conforms to the legal and ethical codes of the social and professional community of which they are members.

(e) If behavior analysts' ethical responsibilities conflict with law or any policy of an organization with which they are affiliated, behavior analysts make known their commitment to this Code and take steps to resolve the conflict in a responsible manner in accordance with law.

Explanation

Written by Ann Beirne

While this may also seem simple on its face, it can be more involved than it seems. While following the legal and ethical codes of the communities of which we are a member is simple, this becomes more complicated when considering section (e).

It is important to consider that any organization that we work with has their own policies and that those policies exist to address real issues within those organizations. Their policies are an example of what we commonly refer to as their “corporate culture.”

“Corporate culture” may seem like an odd phrase, since we generally think of “culture” as being synonymous with ethnicity, religion, or country of origin. But behavior analysts think of “culture” in a very different way. Sigrid Glenn (1988) defines culture as a set of interlocking behavioral contingencies. The behavior of new members of a group is shaped by the behavior of current members of that group, and this results in the consistency of behaviors that we refer to as “culture” (Glenn, 1988). In any organization, these social contingencies can play out in a variety of ways, but its evolution is part of what creates the policies, as well as the set of behaviors, of that organization.

To extend this a bit further, it is easy to see how “culture shock” can play into the adjustment to a new work environment and how conflicts can make it seem as though a conscientious behavior analyst is just not fitting in.

It is often best to resolve these conflicts by allowing others the benefit of the doubt. Understand that these policies are not in place to deliberately skirt the ethics of our profession, but to avoid other problems that may have been a concern. I have found that a good starting point is to point out the conflict and simply to inquire what is the purpose of the policy in place, whatever it may be. The problem that this policy was designed to address can be addressed in other ways, but it may require a bit of creativity and compromise.

So yes, this deceptively simple element of the Code does address the lowest rung on our ladder of “being a good person” – complying with the law. However, when climbing a ladder, you cannot start in the middle. Each rung still needs to be climbed.

Considerations

Written by Ann Beirne

One area where conflict may arise is the set of regulations regarding child abuse reporting. In New York State, where I practiced for many years as a special education teacher and supervisor, mandated reporter laws state that mandated reporters who have a reasonable suspicion of abuse must report it to state authorities or risk prosecution for failing to file a report. There can be no preconditions to making a report, not from supervisors, administrators, or anyone else.

At one center where I worked, training on this seemed easy enough, since the regulation was so clear. Following the state-mandated training, I would review the information with staff by saying, “True or false: all you have to do to make a report is to knock on my office door, ask to use the phone and call? False! Knocking on the door and asking to use the phone are preconditions.” I made it clear that I was available for support, but the final determination of whether or not to report would be theirs. They had all received the same training I did, so it certainly seemed simple enough.

And yet, I was told, “we can’t have providers just report abuse whenever they suspect something!” But in fact, that is exactly what we *must* do, at least according to New York State law. A master’s degree is not required, and teacher certification is also not required.

All that is required is knowing what to look for and the willingness to report when you see it. And, also according to New York State law, there can be no preconditions required by an employer to doing so.

This was not an easy situation to navigate, and what I ended up doing was to provide additional training. While the requirements remained the same, I also addressed the fact that other issues could be addressed through careful observation as well. If injuries were not caused by abuse, we could address their root cause, including referring for services to prevent injury caused by motor issues, or providing family support to address impulsivity at home. This satisfied the administration, but allowed us to maintain our commitment to the legal requirements for reporting.

There is a reason that mandated reporter laws exist. They exist because making such a report is scary. And the repercussions can be severe for families. To make reports responsibly is admirable. However, resistance to reporting at all is not how to maintain responsibility, and legal requirements must be complied with.

Examples from the Field

Written by Jacob Sadavoy

Working internationally is very rewarding but has its own set of challenges, one of which is that laws are not universal and things that are mandated in work environments in North America do not apply in other countries. I can assure you this will be challenging. For example, Personal Information Protection and Electronic Documents Act (PIPEDA), Health Insurance Portability and Accountability Act (HIPAA) of 1996, and General Data Protection Regulation (GDPR) apply to Canada, the USA, and Europe, respectively, as a safeguard to protect client's personal information and limit the sharing of any data or notes relating to that patient without signed consent. In other parts of the world, these safeguards do not exist. Full student lists can be shared over email, pictures of clients can be taken and shared without consent, and, in one environment I visited, the student's name and IQ scores were posted on the wall of the classroom. These are all serious violations of privacy and would result in disciplinary actions in North America. However, it is also important to note that HIPAA is the oldest of these acts, originating in 1996 and GDPR has only recently been implemented. How can we impose the same strict guidelines in a foreign country which does not have similar acts? In some countries, posting IQ scores is not considered a violation of the learner's personal information even though it *feels* wholly unethical.

As a practitioner working with young children, we are mandated reporters. If we observe or have cause to suspect abuse, maltreatment, or neglect, we are obligated to report. Under these circumstances, HIPAA provisions do not affect the responsibilities of mandated reporters. So imagine a situation in which you consult a center in Asia, where you see a child physically abused because of their lengthy response latency. What do you do? Do you leave the center immediately and discuss that their teaching practices are archaic? Do you lambaste the staff for aggressing on the child for something largely out of their control? Or as a scientist and teacher of ABA principles, do you educate the staff about the benefits of fluency programs and reinforcement and the harm that comes from physical abuse? This is extremely difficult. But I would challenge someone to refute that question three is in the best interest of both learners (the staff and the student). ABA challenges us to apply the principles in the learning environment in which we are working, and a program in Memphis, TN will look very different than a program in Memphis, Egypt, because what is socially significant in Tennessee will be different than the former capital of Egypt (Fallon et al., 2012). Assuming otherwise is culturally insensitive.

1.05 Professional and Scientific Relationships

(a) Behavior analysts provide behavior-analytic services only in the context of a defined, professional, or scientific relationship or role.

Explanation

Written by Ann Beirne

Almost every time that I tell someone that I am a behavior analyst, they joke, “Analyze me!” Though I am still working on a witty reply, I have noticed that this doesn’t often happen outside of service fields. I have never heard anyone jokingly say, “Review *my* stock portfolio!,” “Be *my* secretary!,” or “Administrate *my* office!”

The fact is that we bring with us an expertise in the science of behavior. That expertise is not something that can be turned on or off and it is expected that it would carry into our personal lives, whether or not someone facetiously asks us to use it. And what prompts the joke in the first place is that knowledge, or even a tiny sample of it, can be incredibly helpful to people. We may find ourselves in situations where some knowledge of behavior or of evidence-based practice in the treatment of behavior disorders could be helpful to someone we know. How do we draw the line between being helpful and informative and overstepping our relationship? This can be accomplished with a clear idea of what we mean by “services.”

When we refer to “providing behavior analytic services” this generally means that we have an ongoing professional relationship and that we receive compensation in exchange for our services (There are a few exceptions to this, which are explored a bit further in other elements of the Code). This is not to say that we are not able to “spread the word” about behavior analysis by giving workshops or onetime consultations as a supplement to ongoing services. Nor does it mean that we cannot give general advice or (as I have) talk to an overwhelmed mother of a recently diagnosed child about evidence-based practice as we both push our children on the playground swings. It means only that we are obligated to make it clear that pushing swings side by side is not the formation of that professional relationship. To avoid the problems associated with understanding our roles, it is necessary to take the small amount of time that it takes to define them.

Considerations

Written by Ann Beirne

Before there was a Professional and Ethical Compliance Code for Behavior Analysts®, there was the Guidelines for Responsible Conduct®. The Guidelines for Responsible Conduct® was the main document outlining our ethical obligations as behavior analysts. And with repeated use of phrases such as, “to the extent possible,” there were many who felt it did not go far enough to keep behavior analysts accountable for maintaining ethical behavior.

And so the Behavior Analyst Certification Board® set to work, creating a document that would be clear and enforceable, and the Professional and Ethical Compliance Code for Behavior Analysts®.

For those of us who have been in the field for a while, the comparison between the two documents has been interesting. And one notable change has been in how our professional relationships are described.

In the Guidelines, our previous resource, professional relationships were described as “remunerative,” meaning that such services would be paid. Other definitions include the phrases “financially rewarding” or “earning a salary,” but certainly the idea that this should be of benefit to the practitioner – and specifically, of financial benefit – is clear.

This can sometimes be difficult to navigate, especially for those professionals first starting out. Many of us entered the field out of a strong desire to help people, and the desire to profit from what we do can seem antithetical to that idea.

But it is important to remember that, for good or ill, we live in a society that requires that we participate as consumers. We cannot, and should not, provide services without some form of remuneration because we simply cannot do our best work if we are struggling financially.

But perhaps an even better argument is what happens to the professional relationship if we treat our work as a favor rather than a job. When we are not compensated for our work, we are no longer performing a job. Instead, we are doing the client a favor. We have set up an unequal dynamic. Whether we intend to exploit them or not, this client owes us something, and that dynamic can be fraught with problems.

While it may seem unnecessarily cool or distant to formalize our relationships, that commitment allows us to offer clients the clarity that protects them from exploitation. This, again, is the precaution that is ethical, rather than what merely makes us feel good.

Examples from the Field

Written by Jacob Sadavoy

Spending time with my toddler cousin has opened a new social circle for me. I am now surrounded by new anxious parents. It starts with the quiet pleasantries and naturally the conversation always shifts to “what do you do for a living.” Upon explaining the BCBA[®] acronym or giving them details of what you do for a living the next thing out of their mouth is a behavioral conundrum; “my daughter refuses to eat vegetables,” “why won’t my daughter use the potty,” “my son goes to bed too late,” “what is my daughter’s diagnosis?,” etc. These are hard questions because you want to be socially appropriate; however, it would be irresponsible to comment because the behavior-analytic services you offer must be in the context of a defined, professional, or scientific relationship or role. Also, one would not understand the behavior or the environment after several anecdotes so offering strategies without data or even an observation is poor behavior-analytic practice. One simple way to navigate the awkwardness of being seemingly defiantly unhelpful is to provide resources that may prove useful coupled with an explanation as to why it is inappropriate for you to offer recommendations without observing the situation.

Upon having a defined behavior-analytic role, one still needs to remain careful that they do not drift to other responsibilities that are not outlined in your roles and responsibilities. What would you do if a parent of the client you are treating inquires about relationship support because their marriage is suffering, or if a business owner likes your work in organizational management so much that they request that you take a quick walk-through of his sister’s company? These two examples happen frequently, and it is important to maintain a focus on the behavior-analytic role that is defined and to avoid deviation; otherwise, you may find yourself offering recommendations that are outside your contractual obligations.

1.05 Professional and Scientific Relationships

(b) When behavior analysts provide behavior-analytic services, they use language that is fully understandable to the recipient of those services while remaining conceptually

systematic with the profession of behavior analysis. They provide appropriate information prior to service delivery about the nature of such services and appropriate information later about results and conclusions.

Explanation

Written by Ann Beirne

There are few things more alienating than the feeling that you are in a conversation with someone who is not talking to you. In an effort to assert our own authority, or even simply out of habit, it may be tempting to discuss principles of behavior analysis as if the listener already knows all of the same terminology. However, it is important to realize that many do not, and even some of the words that sound familiar to the general public can have very different meanings in our field. Using a common language is not “dumbing down” the information and is no more unethical or unprofessional than the use of translators at the United Nations.

The onus is not our potential clients to be able to understand the services that we provide or the science behind how we provide them. Instead, the onus is on *us* to help support them and promote greater understanding.

Considerations

Written by Ann Beirne

Imagine that two parents arrive at a meeting with the Board of Education and try to advocate for services. Parent #1 says, “My son is doing so much better than last year. He is learning so fast! When we walk down the street, he is pointing things out and saying their names. He’s also asking for things all the time, even if I don’t ask him what he wants” The second parent walks into the meeting and says, “My daughter’s communication across all verbal operants has improved. She has mastered over 50 targets in the past 6 months! Her tact repertoire is much greater and she is engaging in pure tacts under naturalistic conditions. Her spontaneous and independent mands have also increased and they are controlled by the motivating operation without the need for a verbal stimulus at all.” It is easy to see who is more likely to get the services they ask for, even though they are essentially saying exactly the same thing.

While we certainly want to make our language understandable to the recipients of our services as well as stakeholders, we also want to empower them to be able to effectively advocate for themselves or for their children. This cannot be accomplished by remaining entrenched in our ivory tower.

Examples from the Field

Written by Jacob Sadavoy

I used to be that guy. That guy that would go to a meeting, armed with my knowledge of the ABA glossary in the back of Cooper, Heron, and Heward, and proceed to flaunt. I would explain at length about how behavior contrast is the root of the problem or how ratio strain was the cause of poor rate of skill acquisition. I soon learned that this strategy was a brilliant way of being ignored by the teaching staff. My goal going into this meeting was not that the staff at the school were impressed with my vocabulary; my goal was to fuse behavior analytic strategies in an educational environment for our mutual student. The staff had not studied ABA in teacher’s college. They did not care that I had several

years of experience in behavior-analytic programming. They wanted solutions to help their students, not hear some gibberish from a supposed expert. So, my behavior was shaped pretty quickly upon learning that my recommendations were not applied when the school team were unable to understand me. Conversely, I was more successful when I started to provide strategies using colloquial terms that were familiar to the classroom staff and not rhyming off ABA concepts from the back of the *White Book*.

Providing telehealth supervision has also been instrumental in helping me deliver recommendations that are clear and concise. In these situations, communication is of the utmost importance and can be extremely challenging at times as a supervisor cannot be on site observing the program and video samples of a program can only go so far. It is the supervisor's responsibility to establish a sound behavior-analytic program for their client, part of that would be to make sure that the recommendations are understood and practiced so that the data reflects the interventions put in place. There is no benefit from the supervisor "talking over" their target audience. They will not get accurate information and since they are unable to provide in-person observations, they will have to wait until the next supervisory call in order to learn that there was a miscommunication which is inefficient and unnecessary.

This challenge is compounded when you require the need of a translator to help with your supervisory discussion. When using interpreters, it is important to be aware of best practices for disseminating information. I have provided weekly clinical recommendations for a school in Nanchang, China. None of the clinicians at this school speak English, so my discussions with them require an interpreter. I cannot be sure what I am saying is understood. What I can do is:

- Speak clearly and concisely
- Ask questions about the concepts being discussed to learn if the clinicians are able to repeat the recommendation accurately
- Ask for videos of the content you are discussing to see if it is understood (if a picture says 1,000 words, surely a video will be informative)
- Provide an agenda and common terms that will likely be discussed to help prime the interpreters for greater chance of understanding
- Presume competence; always presume competence

Understanding recommendations and ensuring that they are understood is my responsibility as the BCBA[®]. Failing to do so is failing the clinical integrity of the program and I firmly believe that not all programs can move forward with an interpreter. Fortunately, for me, I have video and data that demonstrate the effectiveness of my supervisory call; however, I am not going to fool myself in thinking that this supervision is ideal. This school would benefit from a mandarin-speaking BCBA[®] and, with one, I would anticipate an improved rate of acquisition of the concepts being discussed.

1.05 Professional and Scientific Relationships

(c) Where differences of age, gender, race, culture, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status 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.

(d) In their work-related activities, behavior analysts do not engage in discrimination against individuals or groups based on age, gender, race, culture, ethnicity, national

origin, religion, sexual orientation, disability, language, socioeconomic status, or any basis prescribed by law.

(e) Behavior analysts do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, race, culture, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status, in accordance with law.

Explanation

Written by Ann Beirne

Simply put, behavior analysts do not discriminate. The quality of our work depends on nothing beyond our ability to do it and not on whether or not we accept, understand, or approve of the culture of those with whom we work.

Often it is necessary to have a bit of humility about the limitations of our own knowledge. However, it is equally important to be willing to learn more.

We are not required to know everything about a given culture before we begin working with clients. And we do not necessarily need to know everything about it to support our clients' participation in that culture. Part of being a behavior analyst is understanding that learning is a lifelong journey that must be enthusiastically embraced. Rather than shut out new knowledge we need to be open to it.

Considerations

Written by Ann Beirne

I consider myself to be reasonably socially aware. I am a white woman living in New York City, comfortable with the word "feminist" and happily living in a diverse area where my children attend New York City public school. As a parent, I make sure that their library at home reflects the diversity we see in the world and, although they range in age from three to eight, they are no strangers to social justice protests, including a march on Washington.

Recently, I took the Implicit Attitudes Test on race available from Project Implicit (Xu, Nosek, & Greenwald, 2014). This social cognition test is designed to illustrate preferences among race in order to detect implicit biases and data has been contributed by over 2 million volunteers.

When I had completed the test, I saw the results. There it was in print:

"You moderately prefer white people over black people."

It would certainly be easier for me (and far more comfortable) to continue giving myself credit for my inclusivity. Easier, yes, but far less honest.

The fact is that no one is without bias and often it remains invisible until it becomes a problem. In order to engage in ethical practice, we must also engage in some uncomfortable honesty with ourselves. And we must do it repeatedly and often.

Becoming aware of our biases empowers us with knowledge to address them. When we know better, we can do better.

Examples from the Field

Written by Jacob Sadavoy

I am disappointed to share that not all my work environments have been positive, and I regret to report that some work environments were discriminatory. I am fortunate that I

have not witnessed discrimination across all the categories mentioned within this code, but I have witnessed discrimination across many. It is hard to witness even when you are the one that is not being discriminated against.

Discrimination can take many other forms as well. In one of my past working environments, I was employed at a private school in which tuition was very expensive. Students were naturally selected into the program based on their socioeconomic status, for those that did not have the funds were unable to attend the program. There was one student in the school who did not have the funds to pay for tuition the following year. Instead of the school doing its ethical due diligence in finding this student an alternate program, she was discharged without a transition plan or a receiving program for her to attend the following school year (which is its own ethical issue). Naturally, the school needed to be compensated, via tuition, for their services; however, it was clear that more effort was made for a student that was discharging the program because they were moving to another school compared to the student who was discharged for being unable to afford another year's tuition.

Being male in a mostly female profession has given me an unfair advantage. I have been told how hard it must be working with only women. I have been promoted ahead of candidates that may have been more qualified because I represented "a necessary change in dynamics based on having a Y chromosome," and I have been viewed as a greater authority on ABA topics in meetings with parents because I have "a deeper voice which commands respect." This is wrong, but is aligned with societal norms in other disciplines. As behaviorists that focus on social change, we should be leaders in overcoming gender bias in our workplaces and set an example for other disciplines. At ABAI in Chicago in 2016, one would assume that the percentage of women in attendance would be similar to the percentage of women on stage. This was not the case as the percentage of females in attendance was much greater than the percentage of women who presented. In 2015, 82.2% of Behavior Analyst Certification Board® certificants are female, including 68.3% of those who are certified at the doctoral level (i.e. BCBA-D™), yet female authors accounted for 55.5% of authors who published in the *JABA* in 2014, 27.1% of authors who published in the *Journal of the Experiential Analysis of Behavior*, and 28.6% of the presidents for ABAI (Nosik & Grow, 2015). Further, there is a gender wage gap in our field too (Li et al., 2019). Why is that? Male privilege. Gender discrimination. Patriarchal favoritism. It is called many different things, but it does exist. And it sadly exists in our field, which is extra concerning as our decisions should be based on behavior and not biased.

Another thing that was apparent at ABAI Chicago was the percentage of Caucasians in the crowd compared to attendees that were non-white. As a result of this inaccurate distribution of race coupled with the fact that white privilege is societal privilege that benefits Caucasians, the field of ABA is limited from this lack of diversity among practitioners. It is clear that it would be best to have agents for social behavioral change across as many ages, genders, races, cultures, ethnicities, national origins, religions, sexual orientations, disabilities, languages, and socioeconomic status as possible to have more cultural awareness within the field (Fong et al., 2016). Perhaps there is less of a focus on societal structure behavior changes, as the majority of Caucasian practitioners, who reap the benefits of white privilege, are less personally aware and affected by societal discrimination.

We need to do better as a field to accommodate others and overcome our prejudices. ABA should be readily available in all communities. We need to do a better job of dissemination outside the comforts of our own community.

1.05 Professional and Scientific Relationships

(f) Behavior analysts recognize that their personal problems and conflicts may interfere with their effectiveness. Behavior analysts refrain from providing services when their personal circumstances may compromise delivering services to the best of their abilities.

Explanation

Written by Ann Beirne

Behavior analysts are human. We are fathers, mothers, daughters, sons, wives, husbands, sisters, brothers, students, citizens, and patients. It is foolish to assume that these other roles would not affect our ability to perform our role as a behavior analyst to the high standards set by the field.

And yet this Code element is consistently compromised. Many employers are of the mindset that your personal life (or lack thereof) is irrelevant, and that mindset often causes behavior analysts to start behaving as if they believe that is the case as well.

Just as in the example of the masks on the airplane, it is essential that we take care of ourselves in order to help others. Application of self-care (including the care of our relationships, our loved ones, or our health) is not selfish, nor is it unprofessional. Allowing ourselves to breathe allows us to give to others.

Considerations

Written by Jacob Sadavoy

Personal problems and conflicts are unavoidable. What is avoidable is providing subpar behavior analytic services because of distractions that are happening in one's personal life. The client's therapy should not be negatively affected by intrapersonal conflicts that are unrelated to the client. This is easier said than done and it requires an awareness on behalf of the clinician to know when they need to engage in self-care.

Something I have witnessed in my many years in the field is burnout. This is often described as emotional and physical exhaustion, reduced personal accomplishment, loss of interest, and/or a negative attitude. These are not causes, but rather outcomes of burnout. Under these conditions, one cannot be effective in their work. If you had to pick between getting that assessment completed on time and overcoming burnout, I would argue that the client would be happy waiting a few days for that assessment if it is written thoughtfully and not under exhaustive conditions. After all, a mentally and physically healthy clinician will be able to make a greater impact and make better decisions than one that is despondent.

Being mindful and acting on your self-care needs are different. Do the latter. Set observable and measurable goals, collect data, graph your data, and actively invest in your own self-care. Your client's will benefit from a better you.

Examples from the Field

Written by Ann Beirne

As an instructor of an exam prep program for the Behavior Analyst Certification Board® exams, I am always interested in the questions that surface and what they reveal about how people approach the material.

One day, one of our participants said, “I know that it’s unethical to take three weeks off to study for the exam, but is it okay to take one week off?” A bit confused, I asked her a bit more about this and she said that this had come up in some of her other study. A mock exam had used taking three weeks off to study for the exam as an example of unethical behavior.

Once that explanation had been given, I could see why she would be confused, and I could also see the details she missed that made it clearer. Behavior analysts do not abandon clients. Telling a family that their child would not get services for three weeks without any preparation would certainly be considered unethical. And that is likely to be the point that was made by what she had read.

However, behavior analysts are well within the confines of ethical practice if they go on a vacation, get married, have a baby, or get the flu. Taking three weeks off may, in some cases, be more ethical than trying to take on too much and allowing the quality of your work to suffer as a result.

So, if you are too anxious about the exam to concentrate, then maybe a bit of time off would be helpful, but it must be handled in a way that abandonment is not an issue. Make arrangements, give notice, and try and find an adequate replacement. The same is true if you need to take care of yourself after (and certainly during) a bout of the flu, to care for a sick relative, or to pick up the pieces after a divorce. Taking a break is not an act of selfishness, but it is an act of self-awareness.

1.06 Multiple Relationships and Conflicts of Interest

- (a) Due to the potentially harmful effects of multiple relationships, behavior analysts avoid multiple relationships.
- (b) Behavior analysts must always be sensitive to the potentially harmful effects of multiple relationships. If behavior analysts find that, due to unforeseen factors, a multiple relationship has arisen, they seek to resolve it.
- (c) Behavior analysts recognize and inform clients about the potential harmful effects of multiple relationships.

Explanation

Written by Ann Beirne

It is necessary here to clarify what is meant by a “multiple relationship.” It is, essentially, just what it sounds like. The term multiple relationship describes a situation in which a clinician has both a personal and a professional relationship with a client. Those multiple relationships which are obvious from the outset, such as a clinical relationship with a relative, should be avoided. However, it is often the case that a multiple relationship may develop over time, even if it begins with a strictly professional one. In this case, a relationship that begins with the behavior analyst in a strictly defined professional or scientific role and evolves into one that includes other roles as well. The behavior analyst becomes the friend or the confidant rather than restricting their role to what was their original purpose.

Of all of the elements of the Code, I find this to be the most challenging to explain to new professionals. After all, many of us entered this field out of a strong desire to help people and the emotional gratification of seeing our clients’ progress is often our most potent reinforcer. It can be difficult to explain that, although it may seem as if developing these relationships is part of a more compassionate approach, there is the potential for harm.

There are certainly situations in which multiple relationships may be difficult, or even impossible, to avoid. Some behavior analysts have brought up that, in rural areas, there are often limited opportunities to avoid these multiple relationships. If there is one car

mechanic, or one grocery store owner, or one cardiologist in the area where you live and work, avoiding these relationships may be trickier than it seems.

Even when these multiple relationships can be avoided, it is important to consider the level of intimacy that is developed when you enter into a family as a service provider, particularly for those professionals providing home services. We are often working with families in crisis and privy to the most intimate details of their family life at a time when they are incredibly vulnerable. The fact that this relationship is one sided can be incredibly disconcerting to families. To them, the relationship is not “multiple” or strictly professional, it is just reciprocal, or it is not.

Here is where the third part of this Code element becomes important. Clients must understand what multiple relationships are and their dangers. If clients are informed that our distance is to protect and not to offend, the communication can be clearer and we can truly work together to accomplish goals.

Considerations

Written by Ann Beirne

This is perhaps the most difficult concept for those entering the field to understand. The idea that loving the children we work with is not our job is a pill that is far too bitter for many to swallow. Many teachers will angrily tell the story of the supervisor or professor who told them, “You care too much.” “How is that even possible?” they will ask. “There’s no such thing as caring too much!”

This is where the breakdown in communication about this Code element begins. And because so many people who work with vulnerable populations are so emotionally tied to their work, it often stays broken down.

I have learned that one metaphor that seems to work to explain this element of the code is this: when I bring my children to the doctor for a vaccination, it is not the doctor’s job to consider how much the shot will hurt. As the parent, that is *my* job. It is my job to think of what they will need, to plan our trip to the ice cream parlor afterwards, to pack Giddyup and Lulu, their beloved stuffed animals, and to kiss any subsequent boo-boos. If the doctor is preoccupied by all of these things, she would be unable to do her own job efficiently. And that is the job that my children really *need* her to do. While I am certainly happy that my doctor also greets my children excitedly and laughs at their jokes, that is simply not her job. It’s a delightful extra, but it is still extra.

One helpful litmus test for whether or not we are forming a potentially harmful multiple relationship was shared with me by a social worker at an agency training years ago. She said, “Before I say something to a parent about a common experience, something about my kids for example, I ask myself, ‘Is this for them or is this for me?’.” Often we may begin thinking we are engaged in these multiple relationships for others, but the benefit is for us. So we must ask ourselves: does this allow me to do the job that must be done? Or is it something that makes me feel good?

Our emphasis should not be on feeling good, it must be on *doing* good.

Examples from the Field

Written by Jacob Sadavoy

Providing in-home services for children can have a unique set of challenges. When we enter a family’s home, we immediately develop a sense of intimacy with them. We see them at their most vulnerable and frequently at their greatest moments of crisis.

You might assume that, in this situation, it would be far more challenging to work with parents with whom you have very little in common. Though working with families where we do not get along comes with its own challenges, I have found that it is harder to maintain ethical practices with people whose company I actually enjoy.

One particular client comes to mind. The client himself was, as most toddlers are, adorable. And the mother was a kind and considerate person, a great listener, and an enthusiastic learner of all things behavior-analytic. She was genuinely interested in me and in my life, was funny and insightful, and simply a joy to be around. She flattered me relentlessly and seemed impressed by everything from my knowledge of the basic principles of behavior analysis to my Play-Doh sculptures and animal noises. As required by my agency's policy, she was present for all sessions and, though it is uncomfortable to admit, I loved chatting with her.

The start of the relationship began innocently enough. As I was leaving a team meeting, I mentioned that I was a singer at an opera company about a block from where the father worked. Since most people are not interested in opera, I expected a polite nod and no future mention of it. But the next time I went to the house for a session, the mother had a copy of my opera company's schedule for the season and asked, "Which operas are you performing in? When can we come and see you?" I was terrified at first, thinking that I had crossed a line by even mentioning it. After discussing it with my supervisor, I realized that had not created a multiple relationship – not yet, at least. But I knew that I had to start developing some better guidelines to prevent my relationship with the mother to take over my clinical relationship with her son.

Using the question "Is this for me or is this for them?" as a guideline, I set up some "ground rules." Any recreational chit-chat had to be outside of our session time, either before or after. I never volunteered information on any of my performances unless directly asked and then provided only what they asked for. If they attended a performance, I would greet them afterwards, just as I would any other guest, and I would introduce them as friends. During sessions, I would redirect any conversation to a discussion of the programming or other concerns, and I kept a laser focus on his needs. After the client had transitioned and no longer needed my services, I allowed *them* to make a decision about whether or not to begin a friendship. They had my number, and I knew they would call if they wanted to see me socially. They did, and we became friends rather than having a professional relationship. This was possible, in part, because I made every effort to have only one relationship at a time.

I never shared any of these self-imposed rules with the family; I simply enforced them with myself. They did notice, however, and, rather than being offended that I was unnecessarily chilly and distant, they understood that I was focused on the clinical relationship. After the clinical relationship had terminated and a friendlier one began, I shared my personal email address with the mother. In response, she exclaimed, "The boundaries are falling like the walls of Jericho!"

It is natural to want to make friends with friendly people, but we must remember that the *first* relationship is the one that must demand our attention first. We are there as behavior analysts and if we cannot do that, we do not have any business fulfilling any other roles. It is when those other roles begin to take over that the multiple relationship becomes harmful. A bit of self-discipline can go a long way in fulfilling the role we began with.

1.06 Multiple Relationships and Conflict of Interest

(d) Behavior analysts do not accept any gifts from or give any gifts to clients because this constitutes a multiple relationship.

Explanation

Written by Ann Beirne

This Code element would seem to require little explanation. In practice, however, this becomes more complex and there are certainly questions that come up. For example, how are we defining “gift”? If a parent lays out snacks for a team meeting, does this constitute a gift? If you have a glass of water in a client’s home, does that constitute a gift? If you accept a drawing that a five-year-old client makes for you, is this a gift?

In their May 2016 newsletter that clarifies the elements of the Professional and Ethical Compliance Code (BACB Newsletter May 2015), the BACB® does actually acknowledge that adherence to this element can be tricky, but it remains necessary. An example cited is one where a family alleges abandonment of a client, saying, “I can’t believe our behavior analyst would leave us after all we have done for them” (BACB Newsletter May 2015). After a bit further digging, it was discovered that the family had invited the behavior analyst to participate in family celebrations in an effort to make them feel included (BACB Newsletter May 2015). Such relationships can be problematic and can unintentionally create a “quid pro quo” arrangement, or at least send the message that such an arrangement would be acceptable.

Many behavior analysts find it helpful to begin the relationship by having clear communication about the Code and informing families in particular of the prohibition of gifts. A clearly written agreement that specifies, among other things, what will constitute a “gift” helps to clarify the expectations. As with many of the Code elements, open communication goes a long way. Perhaps not all the way, but a long way nonetheless.

Considerations

Written by Ann Beirne

This is often considered to be one of the most controversial elements of the code, and one that is potentially difficult to navigate in clinical practice when working with children and families. And here again, it is important to remember the essential component of the professional relationship with consumers or their families: *they are not the professionals*. It is our obligation to maintain professional boundaries, not theirs. It is our obligation to uphold the Professional and Ethical Compliance Code®, not theirs. And this includes this Code element.

Certainly open communication is helpful, but as we all know, it is the enforcement of rules, rather than simply rules themselves, that have the biggest impact on behavior. In most environments, “no gifts” is a request that is rarely complied with. I know that I personally have written “no gifts necessary” on many a birthday party invitation, only to be greeted by the parents of my children’s classmates with, “I know you said no gifts but...” And I have read many party invitations that said, “no gifts” and thought “Well, I can’t come empty-handed!” Our history of reinforcement certainly indicates that we should not take this statement too seriously.

So how do we handle the inevitable gift-giving? How do we politely refuse in a way that will maintain the relationship?

First, as is acknowledged by the BACB®, intention matters here. Often the intention of giving a gift is to express gratitude for the impact that treatment has had on a family’s life, so a gracious thank you is certainly in order. Following that, sometimes an equally gracious reminder that we are prohibited from accepting gifts is probably in order. I sometimes

recommend that behavior analysts (or those in training to become behavior analysts) ask the gift giver for a favorite charity to which the gift can be donated so that the intention is served without any miscommunication regarding a “quid pro quo” relationship.

And, as stated above, what actually constitutes a gift can also be confusing, and a bit of analysis of intention is necessary here too. There may be situations where accepting what would be considered a “gift” might be clinically beneficial. For example, when teaching someone to eat at a restaurant, are we truly preparing them for this activity if no one else at the table is eating? Are we preparing a client to be able to eat at the family dinner table if they never sit next to someone with a plate of food? In these cases, food would not be considered a “gift,” it would actually be program materials necessary to teaching social skills. In home-based programs, food is often offered during meetings because families are uncomfortable having people in their house who are not eating. In this case, would accepting food establish a “quid pro quo” relationship, would it distract from the work that needs to be done, or would it allow the family the bit of comfort necessary for a working relationship? The answer may not be as clear when offering food as it may be when offering something else.

As for gifts from younger clients, some special consideration would be necessary here as well. I would say that a gift from a child often has the intention of gaining a bit of social reinforcement, something that we should be encouraging if we are to establish ourselves as conditioned reinforcers (or, as they say in other fields, to establish rapport). While it may also be wonderful for us, accepting a handmade card may also help the client in this case by encouraging this social interaction. It is more likely to help the professional relationship, and refusing the gift is more likely to harm such a relationship.

As we have all been told about gift-giving, it is the thought that counts. It would be dishonest to pretend that such thoughts are not appreciated – you are permitted, even encouraged, to appreciate the good thoughts of appreciative clients. So appreciate the thought and the intention, but be clear that it’s the thought that has your appreciation.

Examples from the Field

Written by Jacob Sadavoy

It was December, and before the holiday break at the end of the month, it was customary for parents to give envelopes (some with gift cards) for staff. Having a niece in preschool, I have learned that this is a common practice across schools (at least in schools in New York City). I was working at a pediatric center at the time and I was one of the four therapists who were given an envelope by one of my client’s parents. I was not sure of the contents but I was aware that the others on my team did accept the envelope. I adamantly refused the gift thinking that this was the right ethical decision and that I would not be swayed by peer pressure. Upon further reflection, it dawned on me that the socially appropriate behavior was accepting the card and not engaging in that target behavior could have actually produced a greater strain on the relationship between myself and the parent. I was the only one who refused the envelope – what a wonderful way to bring attention to yourself. The reason I did it was to maintain a healthy professional relationship with the parent. I later learned that the parent interpreted the gesture as an expression of displeasure working with her son. The relationship that I sought to protect was damaged because of my socially inappropriate behavior.

When working in a multicultural city like Toronto, one has to be more aware of the cultural differences and expectations. When going to a consult in student’s home, there would be times that I was offered to try a homemade dessert, which they had made

specifically for the visit. Saying no to food in an Eritrean, Hungarian, or Indian home was not an option. It would have been considered an insult and would have damaged the relationship. The ethical code, for the most part, is black and white. Avoiding multiple relationship is simple enough. However, when it comes to gifts, one has to consider the cultural relevance in turning down a “gift.” It is outright disrespectful for visitors to enter a home and not have something to eat in some cultures. In these cultures, food isn’t a “gift,” it is a mandatory gesture to welcome someone in your home. It would be an entirely different gesture had I been offered center ice tickets to a Toronto Maple Leafs game, the product of which could be entering a dual relationship or have expectations that exceed professional client-therapist boundaries.

1.07 Exploitative Relationships

(a) Behavior analysts do not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, and clients.

Explanation

Written by Ann Beirne

Here it is important to explain what is meant by “exploitation.” We can all agree that exploitation means, in layman’s terms, using someone or taking advantage. As professionals in service fields, we have a tremendous amount of power over vulnerable populations, and it is essential that we refrain from abuse of that power. But are we clear on what constitutes taking advantage?

As in most ethical concerns, the devil here is in the details and it is often the less obvious violation that may be more easily missed. Demanding that a student or a supervisee pick up your laundry in order to get a favorable evaluation would be pretty recognizable to most as exploitation. But other things such as bringing lunch to a meeting, overlooking lateness, or accepting repeated last-minute cancellations may challenge our ability to recognize what goes “above and beyond” expectations.

Also, as in most things in the Code, open communication goes a very long way toward preventing problems. In order to clarify what meets expectations and what exceeds them, we have to make such expectations as clear as possible. We should anticipate at some point running into a supervisee, a student or an employee that may want to treat us with kindness. This is certainly not a license to exploit them, and it is also not their responsibility to avoid our exploitation. It is our responsibility not to exploit them. Just as we clarified in our explanation of the Code involving gifts, setting expectations from the outset may avoid the problems of any feelings of obligation. And, as we also discussed, being gracious is also in order.

In summary, being gracious to generosity is different from expecting excessive generosity. Having the opportunity to exploit is different from exploiting.

Considerations

Written by Ann Beirne

I was part of a recent exchange where there were some professionals questioning the ethics involved in writing a letter of recommendation. If the person involved was qualified and the letter itself was honest, I personally would not anticipate any ethical issue here.

However, there was some debate. What if they got the job, some wondered, and then offered to take you out to dinner? Would that be exploitation? And if that is considered exploitation, should we avoid it by not writing a letter of recommendation?

At some point, we must self-manage whether or not we are exploiting others rather than try to rid the world of temptation. I do not have to wear handcuffs to prevent myself from shoplifting – I choose not to do it because it is wrong. I do not have to live in a convent to avoid cheating on my husband – I choose not to because it is wrong.

Just as I have the choice to refrain from shoplifting or adultery, I have the choice to refrain from exploiting those over whom I have some authority, even if they offer to take me out to dinner. I have the choice to politely decline and to remind them that they got themselves the job, all I did was offer an honest assessment of their abilities. If I choose to go out to dinner with them, I have the choice to order something reasonably priced rather than the lobster and a bottle of the finest wine. And I certainly have the choice to split the check rather than ducking out to the bathroom as the waiter comes to the table.

Exploitation can be a problem, but trying to avoid any opportunity for it means that we are often running in circles.

Examples from the Field

Written by Jacob Sadavoy

Exploitation can be hard to navigate and, in the moment, can be hard to decipher. I unfortunately had one employer who was a master at exploitation. It is how he conducted business. It started off with ridiculous caseloads. The BCBAs[®] in this agency were expected to see 15–20 cases twice a month. With the vast majority of cases being after-school programs, it does not take a mathematician to see that things do not add up. In sharing my concerns and reminding him that my contract specifically said that the position stated that the work day was from 9:30 to 5:30 and “the odd” later evenings, he was wholly unhelpful and highlighted that the other BCBAs[®] in the agency do not have a problem with their caseload. The definition of exploitation is the action or fact of treating someone unfairly in order to benefit from their work. We don’t associate exploitation with inhumane work hours but that can be an example. I was only able to stay at the job for six months because I was determined to see the students twice a month and more if the instructor therapist was new or was struggling with the program. As a result, my days were long... very long. My time was being exploited.

At this same agency, a year later, a former colleague of mine turned down an invitation for the staff holiday party stating that he would attend his significant other’s holiday party, which was scheduled on the same day. The employer threatened to remove his promotion and proceeded to change the employee handbook mandating all staff attend the holiday party. This colleague was working towards being a state-licensed behavior analyst and was reliant on the agency for necessary paperwork to support that process. It is hard to know if the employer was taking advantage of being in a position in which the employee needed something. Being a Canadian working in the USA, I need working visas, and if I am to leave my job, without another visa for another workplace, I have ten days to leave the country. This puts the employer in a position of power. Unfortunately, power can come to the employer in a variety of different ways and most of the time it will not be abused. But exploitation is in the code for a reason; it does happen.

If you suspect it is happening to you ask yourself these three questions:

- Am I being treated differently than my colleagues/classmates?
- Am I having to do more than what is required for the position without acknowledgment or remuneration?
- Am I uncomfortable with this learning/work environment?

If you answered yes to one of the three aforementioned questions, acknowledge that you may be in an exploitative situation. Try to work through the situation with your employer or supervisor as they may be unaware and willing to assist you in making the environment more inclusive. If that is not possible, talk with someone outside your agency. Aside from being unethical, feeling exploited is dreadful. I have been fortunate to have the opportunity to reach out to my ethics professor when I have been faced with ethical dilemmas in my past. I encourage you to do the same or reach out to someone who can help you be objective regarding the challenging situation before you.

1.07 Exploitative Relationships

- (b) Behavior analysts do not engage in sexual relationships with clients, students, or supervisees, because such relationships easily impair judgment or become exploitative.
- (c) Behavior analysts refrain from any sexual relationships with clients, students, or supervisees, for at least two years after the date the professional relationship has formally ended.

Explanation

Written by Jacob Sadavoy

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment.

(U.S. Equal Employment Opportunity Commission, 2009)

Behavioral analysts entering a relationship that compromises their work with their client is a destructive voluntary decision. Clinicians break this rule knowing it is wrong, but fully believing that they will be the outlier in which their judgment will remain intact and the relationship remain professional. I am not sure if it is naiveté or ignorance, but this train of thought is deeply flawed and can ruin a career, practice, school reputation, marriage, or even a life. It is hard for me to imagine one's logic when pursuing a sexual relationship knowing that there are a slew of negative life-altering consequences which would immediately put the client, student, and supervisee in an exploitative position.

There could exist a belief that you will not get caught, or that the victim (yes, when one person is in a position of power, the other person is a victim) won't tell anybody. One study of employed women found that 38% had experienced sexual harassment in the workplace (Potter & Banyard, 2011). The reason this is not seen as a problem of epidemic proportion is because it is underreported. With respects to sexual harassment, four out of five women don't report it. For those that do, 80% found no change after reporting,

whereas 16% said their situation worsened (TUC, 2016). It is fair to assume that there are probably many examples of sexual relationships that never get reported. Out of sight, out of mind, right? Breaking the code is never OK and not getting caught could lead to other ethically unsound decisions (assuming the sexual relationship was reinforcing).

Last, the ethical code's intention is not to be the antithesis of Cupid. If there is a chance that this relationship could result in a happily-ever-after scenario, wonderful – all the Code asks is that you wait two years. After all, if you love something, let it go (for two years). If it comes back to you, it's true. If it doesn't, then it was never meant to be.

Considerations

Written by Jacob Sadavoy

There really are no considerations. This is a bad decision all the time, under every possible circumstance.

In some cases, these relationships are consensual, and both parties agree to take the risk and jeopardize their professional credibility and licensure. In some cases, these relationships are not consensual. These relationships are often entrenched in a history of sexually charged interactions. Let's dissect how one can enter such a relationship and attempt to figure out how it can be plausible given the harsh penalty of being caught.

This is how we interact; we were just having fun ~ The shift from civilized interaction into threatening behavior is all in the hands of the aggressor. Given the power dynamics, the prey may feel that his or her only option is to comply to a mentor's advances or feel ashamed to address it in public. This could explain why a history of inappropriate interactions is tolerated. If you are unsure whether your behavior is sexually inappropriate, apply the *spouse test*. The spouse test is simply would you engage in the behavior in question in front of your spouse (for those that aren't married spouse can be substituted for supervisor, dean, boss, significant other, or parent). If the answer to that questions is a hard no, you are doing something wrong. Stop.

I thought she was into it because of the way she dresses ~ Your supervisee/student dresses provocatively. Whether it is premeditated or accidental, her choice of clothes could bring her unwanted attention and unwanted behavior from men. Isn't it as much her fault as his that an unexpected sexual advance occurred? NO! That assertion is ridiculous. To argue for a scenario in which a woman invites sexual abuse because of her choice of clothing suggests that members of the male gender are incapable of remaining professional when presented with the visual stimulus of a body they find aesthetically attractive. It is wrong and wholly callous to hold people who are victimized responsible for the crime.

I didn't think she cared. I was just being flirtatious ~ If your behavior is altered because you are physically attracted to your supervisee, student, or client, you are doing something gravely wrong. It is best not to confuse being personable with being sexually inappropriate. Differentiating how one's interactions can be interpreted can be challenging. A gender-based joke may be delivered with the best of intentions, but it can still be offensive. Putting an errant hand on a shoulder could be seen as comforting or could be viewed as a sexually inappropriate touch. These lines are less blurred when the perpetrator is in a position of power and, in many situations, what someone would call being flirtatious or having fun is in fact sexual harassment and sexual assault, respectively. As a BCBA[®], you are to model ethical and professional behavior. If your comment or actions could potentially be misconstrued, it likely was not professional to begin with. A quick test, as stated before, is whether you would engage in the same behavior with your spouse, boss, dean, previous supervisor, or parent.

It was happy hour. I apologized. ~ Believe it or not, being drunk does not excuse one's behavior. No lawyer practices the "blackout drunk defense" because it doesn't exist. If you

have a tendency to engage in poor judgment when drinking, do not do so in front of colleagues or clients (that latter should never be a scenario to begin with because a social drink with a client sounds rife for a multiple relationship scenario). Also, an “I am sorry” may not be enough. Sexual abuse/harassment is known to leave emotional scars. Half a minute of poor judgment could trigger symptoms of depression, anxiety, acute stress, or symptoms of posttraumatic stress disorder. As such a simple “I am sorry” likely won’t cut it.

A good way to avoid sexual relationship with a client, supervisee, and student is to recognize precursor behaviors (e.g. flirting, extra glances, or more salient examples, sweaty palms, increased pulse, etc.) and avoid engaging in any behavior that could be misconstrued as sexual. Pursuing a sexual relationship is under all of our control. It doesn’t just happen. If these signs appear, recognize it and alter course immediately.

Examples from the Field

Written by Jacob Sadavoy

Our field is young in terms of years ABA has been around (compared with other scientific disciplines) and young in terms of those practicing. There exists an unofficial direct proportionality between age and maturity. This is not an excuse, but it is the rationale for some of the behaviors I have witnessed at my place of work; perhaps these behaviors exist in other workplaces and have nothing to do with maturity (which is a scary thought). In the first center I was employed in after completing my undergraduate degree, I saw a male staff member slap or kick the bottoms of female staff members. This individual was not in a supervisory role, but he was also not reprimanded for engaging in this behavior. The culture of the organization is now one in which it was acceptable for a man to touch the bottom of a female colleague. Female staff as a result are becoming desensitized to inappropriate physical touch. You may wonder how this relates to sexual intercourse between a supervisor and a supervisee or client. If the culture is created in which staff can be touched inappropriately and the administration is indifferent, is it not possible that a slap on the bottom become a caress which could become a grope (simple shaping procedure). If it escalates more and if it is seen as predatory and reported, the organization has a sexual assault issue on its hands when there were numerous opportunities to provide feedback before the escalation. If it goes unreported, the culture in that workplace remains fraught with discord.

1.07 Exploitative Relationships

(d) Behavior analysts do not barter for services, unless a written agreement is in place for the barter that is (1) requested by the client; (2) customary to the area where services are provided; and (3) fair and commensurate with the value of behavior-analytic services provided.

Explanation

Written by Ann Beirne

While most of the Code is more conservative than previous ethical requirements have been, this Code element represents a *less* conservative approach. In this Code element, we have a few situations where bartering is acceptable

- 1 *when requested by the client/(3) when fair and commensurate with the value of behavior-analytic services provided*

There may be times when the provision of services may be financially prohibitive to the client. In some cases, the ability to barter for services allows individuals to access services that would be unattainable otherwise. That is when our primary concern is allowing individuals to access services, not how they access them.

2 *when customary to the area where services are provided*

In some ways this is similar to our obligation to refrain from discrimination and the need to follow the policies of the organizations for which we work. If payment in kind (in other words, goods or services) is an acceptable form of payment within the area where we work, they can certainly be an acceptable form of payment to us.

Within these parameters, and with an agreement that sets up expectations, we can barter for services. But only within these parameters. Because it is not just our permission to do something that is relevant, it is how we ensure that we are doing these things responsibly.

Considerations

Written by Ann Beirne

If there is one thing that is perhaps the most challenging aspects of beginning a practice, it is setting rates. There is nothing in the Behavior Analyst Certification Board's®-approved coursework sequence that prepares us for the task ahead. If we unnecessarily limit our incomes, we limit the quality of our work. We make it necessary to work more for less, which can lead to taking on a larger caseload than is reasonable.

Given the difficulty of setting a monetary value on the work we do, it can be even more challenging for this to be translated into the value of another service for the purposes of bartering.

It is perhaps best to start by being as objective as possible. If you have decided on your own rate, begin with that rate as a starting point. Restrict what you will accept as barter to those things where the value can be easily and objectively determined. In other words, make sure that you are bartering for *professional* goods and services, rather than favors or treats. If you will be engaging in a barter arrangement with a client, you should not be simply exchanging behavior analytic services for other services, but exchanging one *professional* service for another. As an example, bartering with a hobbyist baker who only does their children's birthday cakes would not constitute an exchange of professional services. If you will be working for cupcakes, those cupcakes should be for sale to the general public and you should have a good idea of what they would cost. The equality of the value of what is exchanged should be established by *what each service or item would ordinarily cost*.

The caution we are urged to use is appropriate here. It is not an arrangement to be entered into lightly, even if we are trying to convenience families. A remunerative relationship is nothing to apologize for, as we will explore in an upcoming chapter. In this case, it is important that neither side in this bargain makes unnecessary compromises.

Examples from the Field

Written by Jacob Sadavoy

So business is bad. Money is scarce. And a client you have worked with, for a long period of time, is asking to pay you in refurbished electronics from his business or to take the grand piano in their living room. Without even mentioning the ethical code, I hope you cringed a little bit and recognize that this path is reckless and negligent. However, if

you do not come up with a payment plan of sorts, this client of yours will not be able to continue therapy. Isn't it unethical to not treat this client based on their economic status? As a BCBA®, and a human being, this is a hard decision to find yourself in. Bartering is never an option. This ethical code is in place for a variety of reasons one of which is to protect both the client and the practitioner from entering a problematic remuneration relationship. The best thing you can do is to give the parents strategies so they are able to maintain some of the targets from the program. It is not wrong to check in periodically, but it would be to offer free services. Behavior analysts cannot work for free.

In the business world, things may seem to be trickier, but the same rules apply. Would you be able to accept stocks in a startup as payment for OBM consulting? What if they did not have the capital to pay you? Or they offered to trade you free tax consultation for free management consultation? This situation may seem harder because stocks could end up being more lucrative than your hourly wage or you could really appreciate having someone else do your taxes, but similar to the previous example, bartering in all forms is against the ethical code.

Reflections: Know the “Why” to Guide Ethical Decision-making

Written by Bobby Newman, PhD, BCBA-D™, LBA

SUPERVISEE TO ME: I was told by my professor that I could not take any of the cookies his mother baked for the team meeting I was running as the BCBA® on the case, as that would constitute accepting a gift. Everyone thought I was being really rude and his mother seemed really hurt. Since that time, the family has been kind of standoffish with me.

ME TO SUPERVISEE: My Grandma Tillie used to bake challah bread. She would bake them into fun animal shapes. Her challahgator was particularly awesome, and the tail was the prized part. Turn that down if she offered it to you and you would be dead before you hit the ground. Even if your life was spared, you CERTAINLY would never be invited back into the apartment to help anyone work on social skills. That is how seriously gifts of food, particularly handmade food from scratch, were taken in the culture of the Lower East Side. You would have committed a seriously insulting cultural blunder.

And therein, my dear sweet friends, lies the rub. You are trying to follow the BACB Compliance Codes® and to be an ethical provider. Those very Compliance Codes, however, seem to sometimes put you into conflict situations (e.g. between Compliance Code 106(d) “Behavior analysts do not accept any gifts from or give any gifts to clients because this constitutes a multiple relationship” and Compliance Code 105(c)

Where differences of age, gender, race, culture, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status 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).

To try to tease such apparent dilemmas apart, it is most important to look beyond the black and white of the rule and look to the *why* behind the rule. In discussions of this rule, the BACB® has been very clear that the purpose behind the gifting rule is avoiding dual or even multiple relationships that might cloud judgment or otherwise interfere with

the BCBA[®]-client relationship (see, e.g. *On Gifts* from the May 2015 BACB[®] newsletter). Some argue that there is a slippery slope. Accepting a bottle of water during a 13-hour toilet training session will gradually lead to accepting a much larger and more expensive gift. After all, if you accepted the bottle of water in the heat of July during the toilet training procedure, on what basis can you turn down the \$500 gift card or the really expensive bottle of wine or whiskey in the cold of December holidays? Carrying this through, before you realize it, your judgment or client expectations could be compromised (e.g. from the aforementioned BACB[®] newsletter article: “I can’t believe the behavior analyst terminated services after all I’ve done for her.”). On the other hand, as mentioned above, mishandling this situation could not just alter the BCBA[®]-client relationship, it could terminate it. In some cultures, the unmistakable sentiment would be “Anyone so devoid of social skills as to refuse the gift is not someone who will ever work with my child,” and no amount of pre-planning or pre-explaining at the outset of the relationship will alter that. In fact, even opening the discussion would be considered so rude that we would be done before we began. Working as I do in New York City’s culturally diverse climate, I have handled many such calls from upset parents who wanted a new BCBA[®] on the case due to the unintentional offense.

Therefore, one has to walk a tightrope in terms of considering gifts and cultural context in order to maintain proper ethics and necessary objectivity. It can get even more complicated. Twice a year, I bother many of my fellow behavior analysts as I form TEAM ABA to take part in two fundraisers. In February, TEAM ABA dives into the frigid Atlantic as part of the Long Beach Polar Bears, as we raise money for the Make-A-Wish Foundation. In April, TEAM ABA moves South and we run the Country Music Marathon in Nashville to raise funds for St. Jude Children’s Hospital. We also add other events periodically, forming teams of behavior analysts to raise money for other nonprofits in addition to these two annual events.

I never solicit from clients for such fundraisers. I am concerned that clients might feel pressured to make a donation. A donation to the cause, even if it does not benefit me directly, could be seen as gift-giving. And while I personally do not accept any of the perks of the fundraising (e.g. a free flight or hotel room if I raised enough money for the marathon), perhaps a client might think they are helping me towards that and, thus, think they *are* directly benefiting me. Even forgetting such monetary gains, perhaps it does benefit me directly, as I derive the reinforcer of raising a good sum for the noble cause.

As fate would have it, while I do not solicit donations from clients, there are times when they hear about the fundraising efforts on social media or through some other means (e.g. a friend of a friend has joined TEAM ABA that year). They then donate. What do I do? Should I ask Make-A-Wish or St. Jude to return the money? Should I give it back out of my pocket? Should I have sent out a mass email warning people not to donate? We can see how difficult this can be. Don’t get me started, by the way, on school or agency fundraisers that *do* directly benefit staff in that the agency or school continues to exist and has funding for staff salaries and materials. Do you not accept money from the parents of former or current students or clients? Do you give the money back? Do you send out an email warning them not to give? I’ll wait. Anybody? Anybody at all?

In a broader context, I also worry about what this stance does to our image as behavior analysts and the image of the field in general. I have dedicated my career to changing this perception, right down to adopting a purposely comedic stage name/persona and aiming my books and popular magazine articles at popularizing our science to direct care providers, parents, and the public at large. It is no secret that behavior analysts have long struggled against a public image of being too cold and objective, and fundamentally not being nice people. Note that the prohibition on gifts includes giving as well as receiving.

You are going to work for a week in Australia. You know that your client loves the Wiggles™. Not coming back with a small and inexpensive Greg doll that is only available Down Under is a precise recipe for convincing people that you are not a nice person, or even an acceptable person to work on social skills with the child.

I am concerned that in our desire to be good and ethical providers, we are inadvertently reinforcing the very stereotypes of the behavior analyst we have struggled so hard to change. The best we can seem to do is to again harken to the words of the BACB® and do the best we can. One more quote from BACB® newsletter, May 2015 (p. 3): "...context is always considered by a BACB® Review Committee; if professional judgment can be described that demonstrates that rejecting the gift would have proven more harmful than otherwise, then a violation might not have occurred." Note the emphasis described at the outset: the danger to the BCBA®-client relationship. That is the *why* behind the rule, and I would argue that the same logic applies to gift-giving.

Let us consider another case where we need to understand the why behind the rule. Behavior analysts are generally discouraged from bartering for services. The Compliance Code is 107(d): behavior analysts do not barter for services, unless a written agreement is in place for the barter, that is, (1) requested by the client or supervisee; (2) customary to the area where services are provided; and (3) fair and commensurate with the value of behavior-analytic services provided.

This straightforward rule has another Compliance Code at its root: 107(a) Behavior analysts do not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, and clients.

How is a bartering relationship exploitative? It might not be, but the basic laws of economics create a dangerous situation. Consider a situation where a client does not have the necessary money or insurance to pay for ABA services. She is, however, an auto mechanic and wishes to barter her services as a mechanic. She will keep Nyssa, my beloved mini-cooper convertible, in perfect running order. It might seem to be a straightforward relationship. But consider an inherent difficulty in the relationship. There are very few BCBAs® relative to the number of auto mechanics. In other words, that makes it a lot easier for me to walk away from the relationship than for the auto mechanic, or for me to set terms that are inherently advantageous to me as the BCBA®. Note that the Compliance Code anticipates this possibility in the third condition for bartering relationships noted above. Given the wide range of fees, various providers charge in the real world; however, the auto mechanic is in a difficult position. Again, we see the why behind the rule, in the form of another part of the code. You may have been seeking a means of helping a person who could not otherwise pay for services to do so in a bartering relationship. The code discourages this, and sets out very precise conditions under which it might be permissible.

Snap decisions in ethics are rarely possible. When I teach ethics, I inform my class on the first night that many stances are possible before all is said and done. One must never, however, think in slogans and bumper stickers. One must be prepared to think one's positions out fully, predicting likely implications, and be able to answer the question "and then what?" Sometimes we realize that we need to alter our first impulse behavior, or we create exactly the "and then what" we have been trying to avoid all along.

And now, gentle reader, I am heading to the biyearly clinical visit with an oncologist who has been treating a family member for years for a life-threatening condition. He noted a race shirt I wore once and always asks me about my marathons and obstacle course races since we last spoke. During that conversation, our mutual enjoyment of beer and whiskey came up. I always bring him a growler of my homebrewed beer or a bottle of whiskey that we both enjoy.

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3 Section 2.0: Behavior Analysts' Responsibility to Clients

Archibald Cantor Brechin

2.0 Behavior Analysts Have a Responsibility to Operate in the Best Interest of Clients

The term *client* as used here is broadly applicable to whomever behavior analysts provide services, whether an individual person (service recipient), a parent or guardian of a service recipient, an organizational representative, a public or private organization, a firm, or a corporation.

In this chapter, we will discuss the section of the Professional and Ethical Compliance Code[®] related to our responsibilities to clients. How do we operate in their best interests? Are the ways in which we assume accomplishing this goal actually standing in the way?

These are not insignificant questions for those of us who provide direct clinical services. And they are questions that have always challenged behavior analysts. In his 1978 article, *Social Validity: The Case for Subjective Measurement or How Applied Behavior Analysis Is Finding Its Heart*, Montrose Wolf writes:

Colleagues, editors, and community members were asking us about the behavioral goals that we had chosen for training the teaching-parents and the youths participating in the community-based, family-style, behavioral treatment program at Achievement Place. They would ask us: "How do you know what skills to teach? You talk about appropriate skills this and appropriate skills that. How do you know that these are really appropriate?" We, of course, tried to explain that we were psychologists and thus the most qualified judges of what was best for people. Somehow, they didn't seem convinced by that logic.

(Wolf, 1978)

In this chapter, we will be exploring the very messy process of addressing the needs of our clients rather than assuming that we know best.

2.01 Accepting Clients

Behavior analysts accept as clients only those individuals or entities whose requested services are commensurate with the behavior analysts' education, training, experience, available resources, and organizational policies. In lieu of these conditions, behavior analysts must function under the supervision of or in consultation with a behavior analyst whose credentials permit performing such services.

Explanation

Written by Ann Beirne

This is very similar to Code element 1.02, which reminds us that we must do the tasks that we can perform well, and seek out additional support if we feel we cannot provide services, teach, or train others. Our obligation here is very similar. There is simply no, “fake it till you make it” when the real lives of clients are at stake. Such risks *cannot* be taken.

However, in both of these Code elements, we also have some exceptions. When accepting clients, it is permissible to expand our skill set by taking on new challenges. New experiences can be undertaken, but only if the conditions for success are ensured. Simply put, we are prohibited from taking on these challenges alone. The only ethical way forward is to do so with the support and oversight of those qualified to provide training.

Considerations

Written by Jacob Sadavoy

The Dunning-Kruger Effect is simply those with a skill deficit are often unaware. This deficit is often exacerbated by continuous mistakes and erroneous assertions due to ongoing ignorance as a result of not knowing what you don’t know. This concept makes sense. In the field of applied behavior analysis, this could not be truer. We all have the *White Book* and we can all change behaviors, but what do we not know. As mentioned earlier, we discussed working within your expertise in Code element 1.02. Knowing what client to take and what client you cannot take is based on your level of expertise. The Dunning-Kruger Effect is a cautionary social psychological effect that suggests that we know less than we presume; essentially, we overestimate our competence (Dunning, 2011).

So, extrapolating the Dunning-Kruger Effect into practice, when assessing a new client, one should thoroughly look objectively at the projected program and ensure that you, as a clinician, can provide thoughtful, informed, and sound treatment for this prospective client. When doing this, anticipate the needs of the client and the environments in which the client will require services. Have you performed similar interventions effectively? Have you had success across similar learning environments? If you are about to take on client that seems to differ than your typical case, it is worthwhile to explore what the difference is and whether or not the difference is within your competency to treat. As stated earlier, competency is not stagnant; it is not a quantifiable number you get upon becoming a licensed Board Certified Behavior Analyst (BCBA[®]) and goes unchanged throughout your career. We are obligated to enrich our experiences and improve upon our level of expertise through continuing education (CEUs) and by being aware of the latest literature in our field. Remember, *Maintain Competence through Professional Development* (1.03).

Being aware of your deficits is challenging. As a BCBA[®], we often work in isolation where the only feedback we receive is from the client themselves or behavior technicians, neither of which will likely be able to offer you critical analysis of your treatment plans. A saying you have probably heard is that “data never lies.” If your client is not making gains, it could be due to a variety of reasons. One of the reasons that needs to be ruled out is that the treatment plan is the root of the ineffectiveness and perhaps the required treatment plan is outside your realm of expertise. It is best to anticipate before accepting a client whether or not it will be a fit. If after some time, the client is not making gains, take into consideration whether another BCBA[®], with different expertise would have better results.

*Examples from the Field***Written by Jacob Sadavoy**

All behavior therapists need to analyze their own competence and assess whether they can effectively provide a behavior-analytic program when presented with a new client. There are not many clinicians who have had the opportunity to provide sustainable international telehealth behavior-analytic services. As such, a BCBA-D™ or a well-published clinician, who may have vast experiences providing behavior-analytic services in North America, could find themselves not possessing the expertise required to create a behavior-analytic program for a client in an under-resourced area outside their continent. Just a few things to consider would be ways to build capacity and engage stakeholders, learning what is considered socially significant in an unfamiliar culture, and knowing where to start in order for the staff to build behavior-analytic skills to promote sustainability. These considerations would not be common in the typical North American work environment. Had that client been in North America, a BCBA-D™ or a well-published clinician would have been within their level of competence to provide applied behavior analysis ABA strategies. Extrapolating those experiences and presuming competence internationally would be erroneous.

Once upon a time, I flirted with the idea of a career change into the field of organizational behavior management (OBM). I was attracted to the challenge of taking the concepts that I have used with students and apply them to organizational systems. I took a six-month course which supported my fascination. I was ready. I changed my resume to reflect competency as an OBM practitioner and was ready to pound the online pavement. I started getting interviews. That is when it dawned on me that even though I had taken a six-month course and was competent applying the principles of ABA in an educational, home, community, or clinical setting, I did not have the expertise assessing performance metrics to a company's mission or shifting communication processes and feedback to ensure staff meets performance goals. It became clear that I would need a mentor and that I would need to volunteer in order to gain the experience that I needed in order to competently work as a responsible OBMer. Personally, the volunteer experience and mentoring was invaluable and now, I am able to practice OBM responsibly thanks to the six-month course, volunteer experience, mentoring, and staying informed by reading the latest OBM publications.

2.02 Responsibility

Behavior analysts' responsibility is to all parties affected by behavior-analytic services. When multiple parties are involved and could be defined as a client, a hierarchy of parties must be established and communicated from the outset of the defined relationship. Behavior analysts identify and communicate who the primary ultimate beneficiary of services is in any given situation and advocates for his or her best interests.

*Explanation***Written by Ann Beirne**

An interesting aspect of this Code element is the use of the phrase, "all parties *affected by* behavior analytic services." Our concern is this case is not only the effect that our services will have on the client, but the effect those services will have on others.

This Code element is particularly relevant to those situations in which a behavior analyst is working for a corporate entity. A behavior analyst working for a large corporation

and providing organizational behavior management services, for example, must have a clear idea of the primary beneficiary of services. In such a situation, the behavior analyst might ask themselves, “Should my suggestions benefit labor or management? Should my primary concern be employees’ safety or the company’s profitability?”

However, even for those of us who provide behavior-analytic services for individuals with developmental disabilities, as many of us do, the question could have multiple answers. A child, a parent, or a school could be considered clients. In this case, a determination must be made regarding who is considered the primary client, and it is this individual’s benefit that must be our primary concern.

Considerations

Written by Ann Beirne

So who exactly are we working for? That question may have a less obvious answer than we think. In some cases, the interests of one party considered to be a client may conflict with another. While teaching the skill of verbal refusal may be in the best interests of an individual client, for example, it can be complicated in a school setting.

It is in this situation that the stipulation “a hierarchy of parties must be established and communicated from the outset of the defined relationship” becomes relevant. We might also add to this stipulation that such a hierarchy must also be communicated *throughout* the defined relationship.

In addition, some situations may more clearly indicate a hierarchy than others. At the Global Autism Project, we partner with centers that provide services for individuals with autism and provide training and consultation to clinical and administrative staff. As part of our SkillCorps® program, clinicians from areas where services and professional training are more readily available volunteer to travel to these partner sites to provide on-site training as well. However, our emphasis is on empowering the local individuals to build their own capacity, rather than building our own presence within these countries. When we are, for example, presenting workshops or training, what is our role with respect to participants, which may include family members, students or other professionals?

This might be considered a variant of the issues involving multiple relationships discussed in Chapter 2. Although we are providing a service that ultimately improves the quality of life for the clients at those centers, *our primary relationship is with the center*. It is from this relationship that the hierarchy develops.

Examples from the Field

Written by Jacob Sadavoy

Who is your client? This can be confusing. Is it the learner? Center/educational institution? Insurance provider? Parents? Employee? Organization? The science? The quick answer is the learner, but that is not always the case. When you sign a contract and work for your employer, you are obligated to follow their rules and procedures. This is ultimately best for the learners as they will be working in a program in which all team members are working in unison following the same rules and procedures. This can become difficult when you are faced with a center-wide intervention that counters your beliefs based on your learning history. For example, I was faced with an intervention where I was required to swab the inner cheek of a client with hot sauce every time he aggressed. I was new to the field of ABA. I was unaware of the factors that lead to that decision. I did however

know that I absolutely did not want to perform this intervention and I was also aware of the challenges, for the learner, to have individual consequence procedures by individual staff members. Here, my responsibility was to voice my concerns with the center, but follow through on the consented treatment procedure for aggression.

As a clinician, you are responsible for improving socially significant behaviors. But who is it that prioritizes socially significant behaviors? I worked with a student who would track his index finger as he moved it across his face from his right temple to his left temple. This learner's parents wanted this behavior reduced as did the center in which I was employed. We took partial interval data and would interrupt the behavior by providing a verbal "hands down" and a physical redirection. Some autistic self-advocates would argue that this behavior could be a means of expressing himself or a coping mechanism. Would it be socially significant for the learner? How far does a behavior analyst go reducing behaviors that are not harmful and the social significance is a factor of a society that stigmatizes behaviors that are not perceived as normal? It is important to review and be aware of all the various stances to inform your clinical decision-making especially your data and research. In this example, research would support intervening as stereotypical behaviors can increase in duration and intensity if left untreated (Militeri et al., 2002). Establishing a hierarchy of parties and reviewing it periodically is a great way to ensure that everyone is on the same page while limiting ambiguity.

2.03 Consultation

(a) Behavior analysts arrange for appropriate consultations and referrals based principally on the best interests of their clients, with appropriate consent, and subject to other relevant considerations, including applicable law and contractual obligations.

(b) When indicated and professionally appropriate, behavior analysts cooperate with other professionals, in a manner that is consistent with the philosophical assumptions and principles of behavior analysis, in order to effectively and appropriately serve their clients.

Explanation

Written by Ann Beirne

Within each of the sections of this Code element, there are two things to consider: when to seek out and cooperate with consultants and when not to.

Behavior analysts, while they are expected to have some level of competence, are not expected to be omniscient. Challenges may arise in the course of our work that necessitate an outside observer, and it is our obligation to seek this out when necessary. When such referrals are made, it is our obligation to work collaboratively for the client's benefit.

There should be some limits, however, to our willingness to make such referrals as well as our willingness to collaborate. These referrals must be made in the best interests of the client and must be done openly, honestly, and within the boundaries of our other responsibilities. In addition, our cooperation must be within certain limits. When seeking consultation or collaborating with those who provide such consultation, we are behavior analysts first and foremost and must adhere to our other professional and ethical obligations. These include our responsibility to rely on scientific knowledge in making recommendations (1.01). Although other fields may not have similar ethical requirements, we must consider these obligations when working with others.

Considerations

Written by Ann Beirne

Collaborating with professionals from other fields can frequently be challenging for behavior analysts, since behavior analysts view behaviorism not simply as a job, but as an overriding philosophy. Behavior analysis after all is a science, and as such it is not something to *do*, but something to *understand*.

While it may be tempting to examine all decisions through the narrow lens of what is right or wrong, it is important to acknowledge that each professional from each field brings expertise. It would further behoove us to remember that each profession has its own ethical standards and that “different” is not necessarily synonymous with “wrong.”

This will be further explored in an upcoming chapter, *The Behavior Analyst and “The Team”*

Examples from the Field

Written by Jacob Sadavoy

One of the best teams I have ever been on was when I was working on a multidisciplinary team with a psychologist, speech and language pathologist, occupational therapist, physiotherapist, social worker, special educator, and paraprofessional. We would go out in teams of two, and we would bring our collective learning histories to classrooms. It was enriching and insightful and even though we did not always speak the same language, having shared observations with a common goal made collaborative efforts within this consultative model very positive.

I would be lying if I said all my collaborative efforts with other service providers were fruitful. I would also be lying if I said all my collaborative efforts with other BCBAs[®] yielded favorable results too. It can be incredibly challenging when you are working through an extinction procedure for a behavior in which you know the function is to gain attention and another service provider runs to the learner to commence a sensory diet. Similarly, decisions that are suggested without data can be very challenging to take seriously. However, it is in the best interest of your client (whether it is the school, center, learner, parents, organization, employee, etc.) to be an active participant in consultative meetings. Part of being an active participant is being an active listener, being respectful, and speaking colloquially. You are not helping your client by limiting the collaborative efforts of a multidisciplinary team. I personally have benefited greatly by using some of the strategies that were published by speech and language pathologists, occupational therapists, psychologists, and social workers.

In the previous chapter we discussed the importance of dissemination. When in a multidisciplinary meeting I always view it as an opportunity to disseminate the science. I am excited when I am met with related-service professionals who do not agree with ABA or disagree with a behavioristic approach. Sometimes, their concerns are sound and based on their learning history working with an ABA team who were not collaborative or successful applying the principles of ABA. Other times, they are unfamiliar with ABA or focused on promoting their discipline. Regardless the reason, when in meetings with related-service professionals who rather I not be at the table, I focus on the mutual client and focus on the common goal. I provide a thick schedule of reinforcement and begin to disseminate what I know will work for the client referencing the work of the related-service professionals throughout. This may be a lengthy process (largely based on a history of aversive pairing) but behavior analysts are obligated to disseminate and who better to disseminate the science to than a related-service professional who may work with similar clientele and whose collaborative support is instrumental to the success of your shared client.

2.04 Third-Party Involvement in Services

(a) When behavior analysts agree to provide services to a person or entity at the request of a third party, behavior analysts clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and any potential conflicts. This classification includes the role of the behavior analyst (such as therapist, organizational consultant, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.

(b) If there is a foreseeable risk of behavior analysts being called upon to perform conflicting roles because of the involvement of a third party, behavior analysts clarify the nature and direction of their responsibilities, keep all parties appropriately informed as matters develop, and resolve the situation in accordance with this Code.

(c) When providing services to a minor or individual who is a member of a protected population at the request of a third party, behavior analysts ensure that the parent or client-surrogate of the ultimate recipient of services is informed of the nature and scope of services to be provided, as well as their right to all service records and data.

(d) Behavior analysts put the client's care above all others and, should the third party make requirements for services that are contraindicated by the behavior analyst's recommendations, behavior analysts are obligated to resolve such conflicts in the best interest of the client. If said conflict cannot be resolved, that behavior analyst's services to the client may be discontinued following appropriate transition.

Explanation

Written by Ann Beirne

There are two relationships to be considered when discussing the Code element: the relationship with the client and the relationship with another entity.

It has been said that "too many cooks spoil the broth." If there are several parties involved in the provision of services, it can be confusing to consumers who exactly is in charge and what recommendations to follow. It is essential therefore to bring as much clarity to these roles as possible. It may be helpful to clarify, in writing, the roles of each entity at the start of service. This can be easily incorporated into a contract. A simple "phone tree" listing the people responsible for various areas that clarifies which types of questions they are most able to answer can work wonders for providing this clarity for consumers.

When considering the relationship with another party, clarity also goes a long way. A contract here is required which includes the responsibilities of all parties involved. The negotiation of this contract is a good opportunity to clarify your commitment to the Professional and Ethical Compliance Code.

Honesty with all parties is the best policy in this case, and can often prevent later problems.

Considerations

Written by Ann Beirne

It is always important to remember that, whether we are discussing individual clients, service agencies, or corporate entities, everyone comes to a situation with their own distinct responsibilities. The client's family is responsible primarily for the safety and care of the client and any other concern is secondary (often by a wide margin). Our obligation is to our ethical practice and we are required to follow this code. An agency or corporate entity is accountable to state agencies in the case of a nonprofit organization and may be

accountable to investors if such an organization is for-profit. While these may be different responsibilities, it is important that each be acknowledged.

In the case of conflict, it is essential that the behavior analyst prioritize the needs of the client while also acknowledging the responsibilities of other parties. Without understanding the perspectives of each side, any negotiation becomes impossible.

Examples from the Field

Written by Jacob Sadavoy

I had submitted a reauthorization assessment for a case who had made wonderful gains. Based on the data which showed zero occurrences of the targeted challenging behaviors over several months coupled with an ongoing successful school integration transition plan (in which the therapist was only present twice a month), I recommended discharge. My employer had shared that they would like me to change that recommendation to get a mandate for another six months of services. The rationale was that he may need assistance when his teacher changes in the following school year and a “reauth is easier to get than putting in a new claim in September.” Am I responsible for the client (where assigning a shadow could adversely affect his dignity, socialization skills, and independence) or the employer? Is the employer acting in the best interest of the client or the insurance provider? It was commonplace for reports to be returned or altered based on the needs of the individual’s insurance provider. Is this to maximize hours? Is that in the learner’s best interest? Insurance has given access to ABA services to learners that would not have had it otherwise. However, we must be mindful and ensure that our reports and practice are not shaped by the whims of the insurance provider who are a third party and whose interests may not be aligned with your clinical recommendations.

In many cases, the third party’s preference is for the clinician to do a job as quickly as possible. While working in Nigeria, I was working with a clinician who did a masterful job supporting a student’s transition to school. His behaviors, that were impeding his ability to be successful in the classroom, had reduced greatly and we were discussing a gradual and systematic fade-out procedure. Unfortunately, that was compromised in support of an immediate fade out. The clinician responsible for the successful inclusion did the correct thing by voicing her concerns, providing an alternative, and sharing that she would try to be available if the challenging behaviors reoccurred. Unfortunately, they did.

Stipulating your clinical and ethical needs in a contract with a third party is essential. Anticipate what resources and time you will need and have that agreed upon before investing in the case.

2.05 Rights and Prerogatives of Clients

(a) The rights of the client are paramount and behavior analysts support the client’s legal rights and prerogatives.

(b) The client must be provided, on request, an accurate and current set of the behavior analyst’s credentials.

(c) Permission for electronic recording of interviews and service delivery sessions is secured from clients and relevant staff in all relevant settings. Consent for different uses must be obtained specifically and separately.

(d) Clients must be informed of their rights and about procedures to lodge complaints about professional practices of behavior analysts with the employer, appropriate authorities, and the Behavior Analyst Certification Board® (BACB®)

(e) Behavior analysts comply with any requirements for criminal background checks.

Explanation

Written by Ann Beirne

As explained in our introduction, the lowest rung on the ladder of being a “good person” or a “good behavior analyst” is following the law. Client rights under the law must be maintained. A few distinct client rights are highlighted here.

The right to safety. This involves not only being safe but also *feeling* safe. Clients must have access to a clinician’s relevant information, including credentials and any criminal background.

The right to consent. Clients must consent both to recording and to any future uses of recording.

The right to a redress of grievances. Clients must be informed as to how to make complaints.

For each of these rights, we must not only uphold clients’ rights but also explain to clients what their rights are and empower them to do the same for themselves. We cannot expect or require that clients be their own advocates without the knowledge to do so.

Considerations

Written by Ann Beirne

There are several considerations here that are spelled out for us, making the behavioral expectations for recording sessions, sharing qualifications, and compliance with background checks clear. However, there are two aspects of how to follow that can be a bit unclear without further research.

Many practitioners may not necessarily understand their client’s rights under the law. Having provided consultation in countries where there are no laws currently in place protecting children, the standard of rights under the law becomes irrelevant. It may instead be more relevant to rely equally on two other sources: the United Nations Declaration of Human Rights and the seminal article, “The Right to Effective Behavioral Treatment” (Van Houten et al., 1988).

Within these documents, several key points are made clear. According to the United Nations, every person, regardless of their nationality, gender, sexual orientation, or any other factor, has the right to personal safety and autonomy, the right to express themselves, and the right to have fulfilling work, relationships, and leisure activities. According to Van Houten et al., the responsible behavior analyst must be prepared to assist clients to access them in the most effective ways possible.

If we are to summarize the rights spelled out within these two documents, several common themes emerge. Individuals have a right to safety, to education, to autonomy, and to free expression. To uphold these rights and enable clients, to execute them should be our primary goal.

Examples from the Field

Written by Jacob Sadavoy

In my contracts with clients, I always include a paragraph outlining what to do if they have a complaint with my service. It is important to share this information, in the beginning of a professional relationship, so the client is aware that there are consequences for me, the supervising BCBA[®], for being negligent in my duties. It also provides an opportunity to discuss the BACB[®] and the behavior analyst’s ethical code; two things that should be known to clients. Prospective clients are bombarded with options and therapies for

services. It is important that we as a science ensure that we are informing clients of their rights regarding procedures and inform them how to lodge complaints about professional practices. This will provide a stark contrast from the competition by demonstrating credibility and assurance of services for the client.

2.06 Maintaining Confidentiality

(a) Behavior analysts have a primary obligation and take reasonable precautions to protect the confidentiality of those with whom they work or consult, recognizing that confidentiality may be established by law, organizational rules, or professional or scientific relationships.

(b) Behavior analysts discuss confidentiality at the outset of the relationship and thereafter, as new circumstances may warrant.

(c) In order to minimize intrusions on privacy, behavior analysts include only information germane to the purpose for which the communication is made in written, oral, and electronic reports, consultations, and other avenues.

(d) Behavior analysts discuss confidential information obtained in clinical or consulting relationships, or evaluative data concerning clients, students, research participants, supervisees, and employees, only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

(e) Behavior analysts must not share or create situations likely to result in the sharing of any identifying information (written, photographic, or video) about current clients within social media contexts.

Explanation

Written by Ann Beirne

It is necessary here to define what is meant by confidentiality and privacy. According to the U.S. Department of Health and Human Services (1993),

Confidentiality pertains to the treatment of information that an individual has disclosed in a relationship of trust and with the expectation that it will not be divulged to others, in ways that are inconsistent with the understanding of the original disclosure without permission.

Privacy is defined as, “having control over the extent, timing, and circumstances of sharing oneself (physically, behaviorally, or intellectually) with others.” Clients should expect that they need only to share only what is relevant to the behavior-analytic program. Clients also have a right to expect that the information that they choose to share with us will be used only for the purpose for which it was originally shared. Without our respect for confidentiality, we afford our clients neither confidentiality nor privacy.

Considerations

Written by Ann Beirne

Many inexperienced clinicians will believe that revealing confidential information might be possible, or even ethically excusable, in certain spaces. Spaces where the individual being discussed is unlikely to be present might be considered sufficiently secured, so that information might be shared. The odds of encountering the client themselves, or anyone who may know the client, may be reduced. Revealing information in this context is

sometimes thought of as the fallen tree in the woods – it makes no sound (or rather, no violation of ethics) if no one is there to hear it.

The Birthday Paradox (Flajolet, Gardy, & Thimonier, 1992), however, would be an example of the caution that must be taken when asking the question, “What are the odds?” This paradox states that among 24 people, it is likely that two will share the same birthday. While one might logically assume that the odds of two random people sharing the same birthday might be 1 in 365, this probability is affected by the number of people. Similarly, the probability of revealing more than we intend, or unintentionally revealing information to someone who knows the subject, is exponentially affected when communicating with a group of 15,000 on a social media page.

However, there is a more important reason to refrain from violating confidentiality than the possibility of repercussions. To do so is disrespectful of families, regardless of who may be aware of this violation. It is our responsibility to maintain confidentiality. If the tree falls, we are there to hear it.

Maintaining confidentiality in all spaces can be a simple matter of redacting any unnecessary information when communication is necessary. For example, using a numerical or alphabetic code rather than a client's name in the listed contacts on your phone may be a simple way to avoid this information being shared unnecessarily

Examples from the Field

Written by Ann Beirne

As a clinician in home-based programs, I would frequently have cases referred by word of mouth. My work was of sufficient quality, so that I began to develop a reputation among other service providers. One such case was referred to me by the director of a school where another client was seen by a psychologist and special education team.

On the day before I began this case, I spoke to my current client about the scheduling, explaining that there was a possibility I may be a few minutes late as I traveled from a new location. The mother asked, “Oh, is his name Billy [a pseudonym]?” I smiled and said, “I can neither confirm nor deny!” The mother, understanding that I was ethically obligated to maintain confidentiality, laughed and dropped the subject.

The next day, I was, as predicted, a few minutes late. As I arrived, I explained, without revealing any information, that I had traveled from another case. The mother, becoming visibly uncomfortable, said, “I want to stop you right there. I know that your new case is Billy. In fact, I know much more about it than I should.”

The mother then explained that the director of the school had asked her for my contact information, saying that there was a case where I might be able to help. The mother offered the information requested, and the director thanked her, explaining many of the details of the case, in addition to using the child's first and last name.

“I know that little boy,” the mother said, “and his mother. They attend my church.”

“Oh my goodness,” said the director, “I shouldn't tell you this,” but proceeded to give more information.

Even in a large metropolitan area like New York City, there can be unexpected connections (Hope & Kelly, 1983). It is best not to reveal any identifying information.

2.07 Maintaining Records

(a) Behavior analysts maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, electronic, or in any other medium.

(b) Behavior analysts maintain and dispose of records in accordance with applicable laws, regulations, corporate policies, and organizational policies, and in a manner that permits compliance with the requirements of this Code.

Explanation

Written by Ann Beirne

Our primary obligation in terms of maintaining records is to be accountable for them, rather than to simply complete them. Behavior analyst must be held accountable for these records, not only in terms of their content, but also in terms of who can access them and how.

In order to preserve the confidentiality of the information, the phrase that is perhaps most relevant here is “under their control.” In order to maintain the confidentiality of these records, it is essential that you yourself maintain them. It is ultimately the behavior analyst’s responsibility to make sure that these records *remain* under their control.

Considerations

Written by Ann Beirne

There is often only one alternative presented to a behavior analyst, teacher, or other human services professional who is unable to complete their paperwork during office hours – take it home and do it there.

This of course, significantly increases the difficulty of maintaining confidentiality. The apparent inconsistency can be confusing, and the devil is certainly present in these details. Many teachers bring work home, and many spend evenings or weekends grading papers, planning lessons, or creating materials. While this may be a common practice in grading, it can easily compromise confidentiality. In many cases, the information we have at our disposal is far more sensitive than the results of a quiz or the grade on an essay. It is essential to make sure that such information is protected.

Still, this may be an alternative if the behavior analyst lives alone, and can be assured that no one – no spouses, roommates, guests or children – will be able to view confidential information...or is it? Can records also be transported in a way that allows for confidentiality to be maintained? Or would something as simple as a flat tire compromise this effort?

A home office may not be the best option, and options for taking paperwork home must be considered carefully before agreeing to do so. It is important to consider all possible violations of confidentiality when assessing the best way to store, maintain, and transport records.

Examples from the Field

Written by Ann Beirne

I have worked for most of my career in the New York City area, which few people outside of New York realize is a geographic area comprised almost entirely of islands. In 2012, a storm known as Superstorm Sandy devastated the area served by an agency I was working with part-time, as well as the offices of the Global Autism Project.

In my work with that agency, I would often observe home programs. When I observed one clinician’s session with a client a few weeks after the storm, she shared with me that

there was currently no documentation for any of his programming. It had been stored in the basement of her home, she explained, and when her basement had flooded, it had all been lost. As a result, the client had no current programs, and no record of the progress made so far.

In contrast, the Global Autism Project continued as usual. Though we were unable to access our offices for several weeks while repairs were being done, all of the “paperwork” was actually completed using online paperless systems. All of our documentation had been stored in secure, cloud-based systems. Nothing was lost, and we were able to maintain our services to our partners with minimal interruption.

Perhaps more importantly, we were able to decide on appropriate next steps in the wake of a long repair process, volunteer at evacuation shelters, and help displaced family and friends without the distraction of starting all of our work over again from scratch or the worry of revealing confidential information to contractors or others who might be able to view it.

It is perhaps best to approach our documentation systems with a healthy level of pessimism – hoping for the best, but preparing ourselves for the worst.

2.08 Disclosures

Behavior analysts never disclose confidential information without the consent of the client, except as mandated by law, or where permitted by law for a valid purpose, such as (1) to provide needed professional services to the client, (2) to obtain appropriate professional consultations, (3) to protect the client or others from harm, or (4) to obtain payment for services, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. Behavior analysts recognize that parameters of consent for disclosure should be acquired at the outset of any defined relationship and is an ongoing procedure throughout the duration of the professional relationship.

Explanation

Written by Ann Beirne

This Code element refers to the situations in which the behavior analyst can disclose information. Essentially, information cannot be disclosed simply for the sake of disclosing it, there must be some other purpose for the disclosure and that should be directly related either to the specifics of the contract (in the case of obtaining payment) or to the best interests of the client.

For those of us working in areas where there are laws that mandate reporting the reasonable suspicion of child abuse or neglect, this legal requirement supersedes any confidentiality requirement. The protection of our client, as well as the protection of the general public, is our primary concern.

Considerations

Written by Jacob Sadavoy

Some behavior analysts will go through their entire career and never have to disclose confidential information without consent while others will do this on a daily basis (e.g. behavior analysts working in high-risk residential facilities). It should be clear either in an employee manual or in the organization’s policies and procedures as to circumstances in which disclosure of confidential information can be shared without consent and what

information to share. The client and the client's legal guardian must also be aware when you are obliged to share confidential information without their signed consent. This is not negotiable. This is to provide information to the client and employees in advance to limit errors and misunderstandings if a situation arises.

When working abroad, things get murky. In North America, if you are not paid for services rendered, the natural progression of this infraction would lead you to small claims court. Many countries do not have a small claims court. In those countries, collecting outstanding payment could prove to be challenging or perhaps impossible.

Internationally and domestically, laws protecting minors vary. Does the behavior analyst change the way he or she handles a situation if a minor is being threatened in one of the other countries or states in which minors' rights are limited? It is a very challenging situation because no crime has been committed and the society accepts the behavior as appropriate. There is nothing to report. There is however an obligation to train. An obligation to disseminate. An obligation to provide needed professional services to the client.

Therefore, it is important to know the local laws and be aware of your environment. You can find yourself in trouble if you disclose confidential information without consent for an infraction in your home state or country, but not in the state or country you are serving.

Examples from the Field

Written by Jacob Sadavoy

I remember the first time I had to disclose confidential information without consent was to report a paraprofessional for upbraiding a student. It was an awful feeling, because the student's information was being shared widely as the complaint escalated past the school and into the school board and legal team. It was hard to discuss the student to professionals that had no interest in the child's clinical well-being. They were focused on the incident I observed. I do not wish a similar situation to happen to anyone reading this; however, if it does, I hope sharing the client's information so broadly will be as uncomfortable to you as it was for me because that suggests that you uphold confidentiality and take great care in protecting your clients.

I was working in a home program in which I was told that the learner's mother mentioned killing her daughter "to make her life easier" by one of the learner's therapists. I was confident that the mother would not do such a thing because it was mentioned more as an exasperated expression; however, I immediately became concerned for the daughter, who had very low self-esteem, was incessantly seeking positive feedback from her mother, and took things very literally. I did not feel this was a safe environment and upon reporting it to the BCBA-D™ and owner of the agency, I was told not to disclose. It is a hard situation to be in. Had something happened, both of us would be liable for having clinical notes in which the incident was reported and discussed, and no action was taken. Fortunately, nothing did happen, but I regret not reporting as the environment was clearly destructive.

2.09 Treatment/Intervention Efficacy

(a) Clients have a right to effective treatment (i.e. based on the research literature and adapted to the individual client). Behavior analysts always have the obligation to advocate for and educate the client about scientifically supported, most-effective treatment procedures. Effective treatment procedures have been validated as having both long-term and short-term benefits to clients and society.

Explanation

Written by Ann Beirne

The primary focus of this particular Code element lies in the first phrase, “Clients have a right to effective treatment.”

This right was further clarified in the seminal article “The right to effective behavioral treatment” (Van Houten et al., 1988). This article focuses on what defines “effective behavioral treatment.” Among the distinctions that define this right are an environment responsive to their needs based on ongoing assessment, a program that focuses on building independence, using those treatments that have been demonstrated effective and overseen by a competent behavior analyst.

Considerations

Written by Ann Beirne

This Code element clearly states that clients have the right to effective treatment and that this is defined as “scientifically supported.” However, have we ensured that clients actually want it?

At the Global Autism Project, we have often said that the right to effective treatment does not stop at our borders, and it is our obligation as professionals who believe in the right to effective treatment to make sure that it is available. And it is our obligation as behavior analysts to ensure that selecting scientifically supported treatment is reinforced.

Why would a parent reject a treatment based on the best available scientific evidence? Particularly now, when we are inundated with more information at our fingertips than many of our grandparents could have imagined having access to over a lifetime, such willingness would seem implausible. Why would a family opt instead for fad treatments or those which have been testing through research?

For those of us in behavior analysis, the question “why would they do that?” is not a rhetorical one. Despite the fact that our work is dedicated to the science of how organisms learn and behave, we tend to overlook the contingencies in place for those who select pseudoscientific methods. It is essential that we understand that there are often powerful reinforcers for selecting pseudoscientific practices. They might include a sense of community, a listening ear, reassurances that everything will be okay in the face of uncertainty.

It is beneficial to take a look at these reinforcers, just as we would when analyzing the behavior of a client. Is the behavior of following through on behavioral programming sufficiently reinforced? If not, we run the risk that other behaviors may take its place.

Examples from the Field

Written by Jacob Sadavoy

Sometimes I am met with the ethical challenge of “how do you work internationally when you are not able to supervise effectively as stipulated by the BACB®” or “how can you responsibly fade out of supervisory duties if there are not credentialed behavior analysts to take over once you leave?” My answer is always simply stating that behavior analysts always have the obligation to advocate for and educate the client about scientifically supported, most-effective treatment procedures. I believe this is a right. I have the capacity and expertise to disseminate the science in under-resourced areas, as such it would be a huge disservice to ignore the wishes for access to the science because of legitimate supervision concerns. I overcome the supervision concerns by collecting data on the efficacy

of supervision and ensure that the client, the international program, is gaining the skills they need in order to support their learners who should be entitled to ABA services. Also, if the circumstances allow, the Association of Behavior Analysis International (ABAI®) permits alternate pathways, which are opportunities for universities to offer the BCBA® course sequence without a credentialed faculty for no more than five years. At about the four-year mark, students who graduated from the course sequence in years 1 and 2, and passed the exam, could take over the program as hired faculty.

I have been so fortunate to collaborate with so many passionate international clinicians who wish nothing more than to be able to provide quality applied behavior-analytic strategies to help their students.

Our science has to be mindful of the access challenges that exists internationally despite being an international credential. The vast majority of published work is only available in English, in many parts of the world (including the continent of Africa) exams from the BACB are unavailable, and those that have the means to enroll in a master's program risk not passing an equivalence evaluation for their international program to be a qualified institution. These are real barriers limiting ABA to disseminate internationally. The unintended consequence of this is having non-credentialed practitioners saying they are behavior analysts or BCBA's® or inadvertently allowing an opportunity for a pseudoscientific approach to become prominent as a result of inefficient or non-existent ABA programs.

2.09 Treatment/Intervention Efficacy

(b) Behavior analysts have the responsibility to advocate for the appropriate amount and level of service provision and oversight required to meet the defined behavior-change program goals.

Explanation

Written by Ann Beirne

As behavior analysts, it is our responsibility to ensure that the behavior-change programs that we design are set up for success. Part of acknowledging the importance of our work is making sure that we allow for the proper time and resources needed to accomplish the goals of our program. In order to do this, we must have both clearly defined goals and clearly explained conditions that are necessary to meet them.

Make sure that the oversight you propose will be ongoing. Leave nothing to chance in the implementation of behavior-change programs and allow more time that you think will be necessary for training and supervision of those responsible for carrying out programs. You may be surprised by what people have difficulty getting used to when it comes to implementation. A bit of planning can go a long way in the successful implementation of behavior-change programs.

Considerations

Written by Ann Beirne

How much applied behavior analysis would be considered “enough”? In his 1987 study, Lovaas described what is often considered the standard for “intensive” programming by stating,

Each subject in the experimental group was assigned several well trained student therapists who worked (part-time) with the subject in the subject's home, school, and

community for an average of 40 hr per week for 2 or more years. The parents worked as part of the treatment team throughout the intervention; they were extensively trained in the treatment procedures so that treatment could take place for almost all of the subjects' waking hours, 365 days a year.

(Lovaas, 1987)

In this study, there were two experimental groups: one which received more eclectic special education services and one that, because they lived too far from the center for a home program to be adequately staffed, received ten hours a week of services (Lovaas, 1987). This study was historic in its impact on the field, since it offered (or perhaps more accurately, popularized) a treatment option to families that had not been readily available. Eikeseth, Smith Jahr, and Eldevik (2007) also explored the effects of intensive programming and found similar effects, even for children who were elementary school age.

But perhaps a better explanation of what would constitute "enough" behavior analysis is explained by Dr. Bobby Newman (2002) who when asked how many hours are needed replies, "all of them." As addressed in a previous chapter, applied behavior is not a treatment, and is not a set of practices. It is instead a science, and as such it is not something that one can do or not do. It is instead something that we come to *understand*. When this science becomes a guiding principle of our programming, the approach informs all programmatic decisions.

Examples from the Field

Written by Jacob Sadavoy

A client will be prescribed an appropriate amount and level of service based on the results of the client's assessment and behavior-change program needs. Personally, when making a decision of this nature, I will often refer back to the literature. Prescribing too few service delivery hours may compromise the client's gains by not providing enough opportunities for the student to learn. Prescribing too many service delivery errors would be an inefficient use of resources and time. Thus, it is important to take into account a multitude of variables in the hopes of procuring an appropriate number of hours of behavior-analytic services per week.

I once consulted at a small center-based program, which would recommend the number of service hours they could provide based on their schedule. This is problematic for several reasons. First, the number of service hours must be based on the clients' needs and not the needs of the program. Second, if the client needs 30 hours per week of services but is being prescribed 10 based on availability and center capacity, the likelihood is that the gains made by the client will be limited by not having an appropriate number of clinical hours. Now, if the assessment called for 30 hours, but the client was only receiving 10, then one could come to the conclusion that the client needed more applied behavior analysis. However, since the report suggests ten hours, which is what he is receiving, the minimal gains made will be a reflection of the program or the center which would be false assertion if one had all the facts. Last, the perception of a client that needs 30 hours of services per week vs. 10 hours per week would be vastly different. The parents and receiving school will get an inaccurate profile and minimize the clinical support required.

It should also be acknowledged that the opposite scenario is also problematic. Some programs may feel it is best to maximize the number of service delivery hours (i.e. have the client receive clinical services for as many hours as can be authorized). This is inaccurate reporting and demonstrates a greater need for services than necessary which would be dishonest.

2.09 Treatment/Intervention Efficacy

(c) In those instances where more than one scientifically supported treatment has been established, additional factors may be considered in selecting interventions, including, but not limited to, efficiency and cost-effectiveness, risks and side effects of the interventions, client preference, and practitioner experience and training.

Explanation

Written by Ann Beirne

One of the unfair criticisms of applied behavior analysis programming as it is generally done is that it does not design programming to address a client's individual needs. According to Baer, Wolf, and Risley (1968), the dimension indicating that programs must be conceptually systematic would indicate that there is some basis to this. We are restricted to those procedures which are based on behavior-analytic principles, which frequently means that we may recommend certain practices repeatedly for several different clients. To the outside eye, it may appear that we have blanket recommendations that are made for many rather than individualized programming designed for each client.

However, this Code element requires that we address the many other factors that may interfere with or enhance the effectiveness of behavioral programming. As behavior analysts, we acknowledge that behavior does not occur in a vacuum and we must also acknowledge that promoting meaning and lasting behavior change also cannot occur in a vacuum. The cost-effectiveness of interventions, in terms of both financial cost and the cost of time and resources, must also be considered if our programming is to be effective. The risks of the interventions themselves must be assessed, along with the likelihood of proper training mitigating these risks and a description of what this training would entail. And perhaps most important, does this meet with the client's preferences as well?

Considerations

Written by Ann Beirne

This is a case where it benefits us to take a holistic view of the needs of the client and, if applicable, the client's family.

In addition to the requirements of the Professional and Ethical Compliance Code, the Behavior Analyst Certification Board's Fourth Edition Task List (BACB, 2012, 2018) and Fifth Edition Task List (BACB, 2018) also address this.

The Fourth Edition states that a behavior analyst must, "Identify the contingencies governing the behavior of those responsible for carrying out behavior-change procedures and design interventions accordingly" (BACB, 2010). The Fifth Edition, focusing primarily on staff performance, uses the somewhat different phrasing, "Use a functional assessment approach (e.g. performance diagnostics) to identify variables affecting personnel performance." Despite the differences in focus and approach, both of these address two underlying assumptions that guides our work with clients and is too often ignored when working with staff or families: a) behavior does not occur in a vacuum and b) every phenomenon occurs for a reason.

When we make recommendations for behavior-change procedures to be implemented by staff or family members, it is necessary to remember that their behavior is also maintained by reinforcement and by the avoidance or removal of aversive stimuli. I have often heard beginning behavior analysts lament that "parents refuse to follow through" and

very rarely do these same professionals ask *why* this may be the case. When working directly with clients, there is an understanding that the function of a given behavior must be determined and addressed, and yet this understanding evaporates when addressing the behavior we describe as “following through.”

When working as a trainer or with families, I would often clarify,

If I ask “Why hasn’t this been done?”, I am asking as a sincere question. I assume that there is an answer. Maybe the answer is, “It was too difficult”. Maybe it is, “There were other issues that interfered”. Or maybe it is, “It simply wasn’t a priority”. But whatever the answer, we need to know what it is so that it is addressed.

The information that behavior-change programs were not implemented properly, or perhaps not implemented at all, is, in and of itself, data. And, like any good scientists, we must pay attention to the story that it tells us.

Considering the factors involved in the selecting of interventions is not a procedure. It is not an item on a list to be checked off when completed. It is a process that is ongoing. As in all things we must allow the data to guide our understanding of where we are, so that we can move forward to where we want our client to be.

Examples from the Field

Written by Jacob Sadavoy

I have many examples from behavior plans to the addition of unnecessary supports in which parsimony is ignored. Often times, going overboard on an intervention will not yield negative results, but it can and thus should be avoided. When presenting a strategy, I often employ the philosophical principle of Occam’s Razor, which states, “plurality should not be posited without necessity.” Essentially, the simplest course of action is preferred (Epstein, 1984).

I found myself in a classroom in Nigeria. I was training the shadow teacher who was trying to fade out and model appropriate strategies to the teacher who had no behavior-analytic training. The student needed reminders to stay on task throughout the lesson. One of my colleagues thought that a token board would be beneficial for the student. It absolutely would be, but how parsimonious is that strategy if the student needs to be taught to use a token board. We can’t expect the student to learn in the class with his teacher and 20 other students. We could remove him from the class and teach him in isolation or have the shadow teacher become a paraprofessional, abandon the fade-out procedure, and teach the student how to use a token board in class. All three are doable, but they aren’t optimal. The key here, like in most cases, was reinforcement. Token boards are a great way of visually demonstrating when reinforcement is coming but a First → Then contingency visual would serve a similar purpose and be significantly easier for the shadow teacher to use and continue to fade out (not to mention it is a good visual support for the teacher to prompt the learner).

There are many protocols for toilet training. I have used a variety; some I like more than others, but the reality is most ABA toilet training strategies get the job done (Leader, Francis, Mannion, & Chen, 2018). I was working at a center and the BCBA[®] was adamant on using a standard toilet training strategy. We had used it with many learners in the school and it was effective. However, the strategy, as written, word-for-word, was applied for a more advanced learner. This strategy is effective; however, the BCBA[®] in this situation is guilty of overgeneralization and neglected to consider the individual learning

profile of the new client. The previous learners, for whom the toilet training protocol was used, had limited verbal vocabulary. This new student was very verbal and had strong receptive language. It made little sense not to have him involved in the toilet training procedure and having an overcorrection procedure for the first error seems wholly inappropriate when the desired behavior could have been explained to the client.

2.09 Treatment/Intervention Efficacy

(d) Behavior analysts review and appraise the effects of any treatments about which they are aware that might impact the goals of the behavior-change program, and their possible impact on the behavior-change program, to the extent possible.

Explanation

Written by Ann Beirne

There are several underlying assumptions about behavior analysis. Among these is the assumption that behavior does not occur in a vacuum, but that behavior change is affected by the factors of an individual's environment. The circumstances in which the behavior occurs can have effect on the behavior, on its frequency, and on the trends of its change.

Reynolds (1961) describes the interaction between stimuli causing behavior change. He notes the effect of contrast, a phenomenon in which the rate of responding under certain stimulus conditions is in contrast to the rate of responding to other stimulus conditions. This might be summarized as being similar to Newton's third law, "every action has an equal and opposite reaction."

Each behavior-change program, therefore, would necessarily affect all others. Behaviors of an individual are never treated in a vacuum, and the effects of these programs are likely to intersect. In some cases, this may mean that the benefits of one are compromised by the effects of another. This is not necessarily to say that behavior-change programs must be stopped if such effects occur, or that the risk of these effects is great enough to preclude implementation. The assessment of these risks, however, is imperative.

Considerations

Written by Ann Beirne

There is an interesting phrase here which deserves careful consideration in an analysis of this Code element: "about which they are aware." Certainly, if this were a strictly behavior-analytic program, it would be designed and guided by a BCBA[®], who would then oversee all staff members. All treatments would utilize those procedures, which would be considered conceptually systematic. In that case, the supervising BCBA[®] would be aware of all programs.

However, the implication here is that there could certainly be programs which would be implemented with the client without our direct oversight. There is also an implied risk that these programs could run counter to our efforts at supporting lasting meaningful behavior change.

One could follow the letter of this Code element and still remain within an ivory tower. However, the spirit of such a requirement would still not be met.

Examples from the Field

Written by Jacob Sadavoy

Practicing in New York City, it was commonplace for clients to dabble in other therapies. In addition to behavior-analytic services, I have worked with clients who were also implementing biofeedback therapy, therapeutic listening, Son-Rise, camel's milk consumption protocol, facilitated communication, primitive reflex therapy, and so on. These strategies could overlap with behavior-analytic clinical hours and could erroneously be credited for gains made due to their behavior-analytic program or maturation. It was important to consider these treatments in the data and graphical analysis to appraise their effects and support the client in being able to ascertain which therapy was yielding positive results. Under these circumstances, the behavior analyst has to demonstrate that applied behavior analysis is the most effective of the therapies or risk having hours reduced in favor of one of the aforementioned fad strategies. It is also important to note that "data" from those intervention strategies are subjective and not replicable.

2.10 Documenting Professional Work and Research

(a) Behavior analysts appropriately document their professional work in order to facilitate provision of services later by them or by other professionals, to ensure accountability, and to meet other requirements of organizations or the law.

(b) Behavior analysts have a responsibility to create and maintain documentation in the kind of detail and quality that would be consistent with best practices and the law.

Explanation

Written by Ann Beirne

There are several aspects of these Code elements that behavior analysts must be aware of. This Code element, rather than simply stating the behavioral expectation of the element, explains the rationale behind it. Documentation is not simply for its own sake, but plays a pivotal role in the work that we do.

To facilitate the continued provision of services. In order to ensure that services are continued in our absence, it is important to have contingency plans in place. If the behavior analyst is unable to continue on the case for whatever reason, the client's right to effective treatment remains intact. Behavior analysts must ensure that services can be continued with some degree of fidelity in their absence.

To ensure accountability. Throughout the Professional and Ethical Compliance Code®, the responsibility of behavior analysts is to provide services of the highest quality possible. It is only through consistent and well-maintained documentation that we can ensure such responsibilities are upheld.

To meet other requirements of organization or the law. Many organizations, including educational or health care agencies, will have specific requirements that must be adhered to. These regulations may deal with legal issues, such as insurance or Medicaid regulations, and the repercussions of their violation could be serious. It is the obligation of the behavior analyst to understand such regulations and to follow them to the greatest extent possible. As always, it is best to research the information needed rather than guess. Be sure to ask compliance officers, immediate supervisors, or colleagues with more experience about the specific legal requirements at your fieldwork site.

Considerations

Written by Ann Beirne

How much documentation would be considered “enough”? This particular Code element does allow for some interpretation on this point. Though the requirement to provide documentation as required by law may provide some guidance, it is certainly not expansive enough to fulfill the other requirements of this Code element.

When considering the appropriate amount of documentation, I find it helpful to describe the concept of “enough” as behavior analysts describe many other concepts – by function, rather than the topography of what a correct volume of document might look like. Rather than taking data out of habit, it is perhaps best to occasionally revisit the role that data serves in our clinical work. I will often explain to trainees or supervisees that there are only three critical requirements of data:

Data must be taken. Though this may seem simple, simple is very rarely the same as easy. Is data being collected on a regular basis as recommended? Is the system clear and simple enough for others to collect data in our absence? Is the complexity of the system such that accuracy is being sacrificed? In order for data collection systems to give us the necessary information to move forward, these systems must work effectively to collect such information.

Data must be looked at and analyzed. Who is examining the data and how often? Are those direct service providers also advised to look for patterns in the trends of data? If patterns indicating progress are not evident, are they knowledgeable in what to look for that they can ask for help? Data must never be taken only to be sent into a black hole. It must be monitored, so that trends in progress – or lack thereof – can be detected.

Data must be used to modify behavior-change programs. This is the final, and perhaps most important, requirement of any data collection system. The information that is gained and shared through our data collection systems must inform our programming. All programmatic changes must be based on this data collection system and our review of the trends of the data. Ours is the science of behavior change, and our programming must always move forward.

Data must accomplish these three goals. However, anything beyond this is subject to other factors, including agency required practices, financial and human resources, and the preferences of the behavior analyst. Whether data is collected daily, weekly, or even less frequently, these requirements must be adhered to. There is considerable freedom in the way in which we collect and analyze, as long as we retain the ability to make data-based decisions.

Examples from the Field

Written by Jacob Sadavoy

Audit! I never understood why there would be a frenzy during the time of an audit unless there was something amiss with respect to the documentation of the clients’ files. This should never be the case. The file should be updated regularly and, if it isn’t, which I have known to be the case in several of my work environments, interventions need to be implemented to support staff in being able to accomplish this basic requirement.

I was recently asked for my clinical notes after performing a classroom consultation. I always surrender my notes with an apology for the handwriting. Transparency is important as is keeping good notes in the moment and penmanship, a skill that I have yet to master. Other times, the teacher is adamant that I do not take notes. In these situations,

I waver and assess the situation as to whether to take consultation notes in the moment. It is definitely my preference to do so; however, I have been given feedback that it can be unnerving to the teacher. It was shared that most professions do not have an analyst taking notes on their performance. I assured the teacher that it was about the student, and the notes would be helpful for both of us later. I also realize the teacher's lack of comfort is an unfortunate reality that they are not familiar with someone providing feedback for their performance which is a problem in itself. In the end, I will pair with the teacher, but, under some circumstances, I will collect notes after the session to respect the preferences of the teacher and to limit reactivity in the teacher's behavior. This is not possible when collecting data for the student, but, in those situations, I make it clear what I am writing and, most of the time, the teacher is pacified as long as it is not about their performance.

2.11 Records and Data

(a) Behavior analysts create, maintain, disseminate, store, retain, and dispose of records and data relating to their research, practice, and other work in accordance with applicable laws, regulations, and policies; in a manner that permits compliance with the requirements of this Code; and in a manner that allows for appropriate transition of service oversight at any moment in time.

(b) Behavior analysts must retain records and data for at least seven years and as otherwise required by law.

Explanation

Written by Ann Beirne

In the fields of human services, behavior analysts are set apart by our emphasis on data collection and documentation. The necessity of this consistent documentation is foundational in our approach to practice. What cannot be documented cannot be proven, and as a scientific field, we rely upon evidence rather than guesswork.

This acknowledgement of the importance of documentation brings with it a greater responsibility that such documentation be maintained responsibly, and greater difficulty in doing so.

Within the USA, there are two statutes which govern how this information is managed, and the decision of which statute's regulations to follow is dependent on the role of the behavior analyst, including the clinical setting and the funding source. These are the Health Insurance Portability and Accountability Act (HIPAA) and the Family Education Rights to Privacy Act (FERPA).

HIPAA regulates the use, disclosure and protection of health information and is applicable to therapists as well as those in the medical profession. Given that HIPAA addresses issues of electronic record keeping, it is often considered an appropriate standard. Any communication that includes individually identifying health information must be protected according to this standard. Email communication should include a HIPAA disclaimer and the use of identifying information (including names and images) should be avoided in texts or other communication. If records are kept on paper, these must be kept secure from the view of anyone else. FERPA not only ensures that educational records be kept private, but also maintains that families must have access to them if requested. Any educational records, defined here as information allowing for programmatic decisions, are subject to the protections ensured by FERPA. This statute applies to any and all educational records maintained by professionals in educational settings.

A full analysis of the legal requirements of HIPAA and FERPA are beyond the scope of this volume. However, there are several options for adhering to these requirements, and there is often little need for behavior analysts to reinvent the wheel. It is important to note that agencies and schools will likely have their own policies in place to address compliance with either HIPAA or FERPA. Additionally, many of the technologies used to share information such as program data will have addressed compliance with HIPAA and FERPA. An excellent guideline is to restrict communication to those technologies which have established such security and refrain from using any identifying information outside of these platforms.

Considerations

Written by Ann Beirne

For those behavior analysts in private practice, the greatest challenge in complying with this Code is not simply whether or not to do so, but how to do so. Many professionals do not have a dedicated office space, particularly as their practice begins. The need to maintain affordable options for compliance with HIPAA or FERPA is an important element to consider when establishing a private practice.

One possible solution is to simply have a locking cabinet or file box where paperwork is stored and to keep this in the behavior analyst's home, or even their car. This, however, does not meet the requirements of maintaining, storing, or disposing of records in a manner consistent with the requirements of this Code element. A residence is not a sufficiently secure environment. A car is even less secure, and does not adhere to the standard of the safe transportation of these materials.

Another solution that cuts down on cost is to use open-source documentation and simply redact any identifying information. Without such information, the use of such measures would comply with the letter of FERPA and HIPAA, though not their spirit. The use of documentation is integral to the effective application of behavior analysis. Redacting identifying information does not allow for the use of these records in advocacy for services or the provision of records to necessary entities, including insurance providers. Though this may be an appropriate stopgap measure, it may also prevent us from fulfilling other responsibilities.

Though the cost is certainly a consideration, the simplest and most ethical solution is the use of management software designed for this purpose. The increase in effort and cost is more than made up for by the security of ethical practice.

Examples from the Field

Written by Jacob Sadavoy

I have never been required to produce clinical notes or data from years ago, but it is absolutely essential to be prepared if that time comes. It is not easy to maintain records securely. Physically, I moved homes frequently in last decade and because I have only recently learned the value of investing in a quality computer, I have gone through an absurd number of hard drives. Client safety is my responsibility as is maintaining their clinical records for years after I leave the case. Had I had my client files on my computer during one of my hard drive meltdowns, I would have lost all the files. I would then have to call the client, who I have not spoken to in several years and explain what happened. For this reason, and the challenge of physically moving a good quality locked filing cabinet everywhere I go, I use a secure password-protected encrypted hard drive that I keep with

me or have locked in a desk drawer when I am not working. This gives me peace of mind that my clients' records are safe and are all in one place able to be accessed by only me.

Article 17 of the General Data Protection Regulation (the European equivalent to HIPAA) states,

The data subject shall have the right to obtain from the controller the erasure of personal data concerning him or her without undue delay and the controller shall have the obligation to erase personal data without undue delay where one of the following grounds applies.

(General Data Protection Regulation, 2018)

This directly conflicts with the behavior analysts' requirement to keep records for seven years. The way around this is to have the clients' request, in writing, that they wish their files and data to be terminated. I also highly recommend stipulating concerns regarding their decision for erasure of the file and have the client initial acceptance of each of the stipulated concerns.

2.12 Contract Fees and Financial Arrangements

(a) Prior to the implementation of services, behavior analysts ensure that there is in place a signed contract outlining the responsibilities of all parties, the scope of behavior-analytic services to be provided, and behavior analysts' obligations under this Code.

(b) As early as is feasible in a professional or scientific relationship, behavior analysts and the client reach an agreement specifying compensation and billing arrangements.

(c) Behavior analysts' fee practices are consistent with law, and behavior analysts do not misrepresent their fees. If limitations to services can be anticipated because of limitations in funding, this is discussed with the client as early as is feasible.

(d) When funding circumstances change, the financial responsibilities and limits must be revisited with the client.

Explanation

Written by Ann Beirne

This Code element addresses an area of great discomfort for many of us in the human services professions: compensation.

This Code element does not demand that we set rates at a certain point, but simply that we communicate our fees and determine the rate to be charged. Behavior analysts should provide a written invoice at the time of service or shortly thereafter. These invoices should be sufficiently detailed, so that the cost of services and the specific services provided are clear, and required information must be accurate.

This is one case in which honesty is indeed the best policy. Open communication regarding the financial compensation for providing services is essential in ethical practice.

Considerations

Written by Ann Beirne

I will often caution supervisees against undercharging for their services. The urge to do so may come from a good place – they do not want to unnecessarily burden families. In some cases, it may come from a less admirable position – undervaluing our own worth.

This is a particular challenge because our clients and their families are in a uniquely vulnerable position. What would you pay to hear your child's voice for the first time, to be able to have dinner as a family, or to overcome your own fear of flying? For many of us, the value services that behavior analysts provide would be priceless. As one parent of a client once told me, "We will never be even."

Those of us who work in human services often have an uncomfortable relationship with money. Many of us will say that we are not "just in it for the money." However, it is important to remember that applied behavior analysis is not a hobby, it is our livelihood. Behavior analysts do need to be mindful of charging prohibitive rates, but they must also be mindful of meeting their own needs. Many behavior analysts have families to support, student loans to repay, and many other expenses. Ignoring our own need for financial security does not do a service to our clients, and often forces us to provide inconsistent services or take on a caseload that compromises our effectiveness.

Discomfort with conversations about financial arrangement is not an excuse to compromise the quality of our work. Though it may be uncomfortable, it is a necessary part of our work.

Examples from the Field

Written by Jacob Sadavoy

I am going to repeat it again because it cannot be overstated. Though conversations about financial arrangements may be uncomfortable, it is a necessary part of our work. For some behavior analysts, it is not uncomfortable; it is part of the job and an important part of the contractual obligations of the behavior analysts. Personally, it is uncomfortable, as you will see in the following example.

In this anecdote, an agency in which I was not employed requested that I observe a client and provide Professional Crisis Management for the family and therapists in the home program (as I was a trainer at the time). We had discussed that compensation would have to come from the parents as I was not employed by this agency, but first, I was going to get a sense of what the needs were and if it made sense for me to join the home program. This was a mistake. A contract should have been discussed at this point with a rate known and agreed upon by the client and me, the behavior analyst. I went for an observation. I went for a second observation, to observe the other therapist working with the client. I inquired about visiting the client in school where I was informed he did not engage in disruptive behaviors (and his clinical team had not yet seen him in that environment). I didn't see the aggressive outbursts that were reported (granted it was only three observations, I went again to see the morning routine). I was called in to provide professional crisis management for therapists and caregivers; however, in the end it was decided that only the mother would get the training (which is hugely problematic because of behavior contrast not to mention likelihood of damaging the relationship between the son and the mother if she is the only person who is performing the crisis management protocols). At this point, still no contract. There was a discussion about rate, but my involvement was more clouded by the fact that crisis management was no longer being sought by the therapists and the entire family. In the end, I wrote a report, to provide strategies that could be effective for the client and we went our separate ways as the agency retained the responsibility of the client's clinical needs. I was not compensated for several hours of work. I am more disappointed that I devalued the science by providing my services for free than not getting a paycheck. Moral of the story, even if you are unsure of your role upon starting a relationship with a client, get a signed contract with remuneration stipulated before you invest any time.

2.13 Accuracy in Billing Reports

Behavior analysts accurately state the nature of the services provided, the fees or charges, the identity of the provider, relevant outcomes, and other required descriptive data.

Explanation

Written by Ann Beirne

Here again we have a requirement that we do the bare minimum: that we are honest in our billing, as is frequently required by law or agency policy. However, as is often the case, there is a bit more to it.

Billing requirements may be complex, especially as insurance companies and government agencies become involved in the oversight of applied behavior analysis programs, and errors can be very costly. At best, such errors could delay your income and at worst, could be interpreted as fraud. Many of the errors could be based on assuming based on previous practices. For example, many behavior analysts bill in 10- or 15-minute increments, but such practices may not be acceptable when billing agencies.

It is best to have a clear idea of what such billing requires. Read all regulations carefully and be sure to know who to ask if you have any questions. Assume nothing.

Considerations

Written by Ann Beirne

Behavior analysts are ultimately responsible for billing that is done in their name, even if this billing is done by someone else. Even if an agency or other organization submits billing to a funding source on your behalf, errors can have detrimental effects.

Despite the common discomfort discussing fees and billing arrangement, it is vital to ask question regarding billing procedures, including the person responsible for submission. The opportunity to review billing can prevent a simple billing error from becoming a much greater problem.

Examples from the Field

Written by Jacob Sadavoy

I often wonder, as a BCBA®, am I doing enough to oversee the billing of my clients? This is not a problem when in my private practice as I am solely responsible for billing and can ensure that invoices that I generate are accurate and descriptive.

My concern lies when working at a school or agency. In most cases, I never see the bills. I register hours or it is done centrally, and an invoice is generated by the finance department and sent to the client. An additional concern occurs when invoicing a client through insurance as each individual insurance company has its own specific standards as to what they want on the invoice. Some are elaborate, and others require just the hours and whether the service hours were direct or indirect. In the latter case, relevant outcomes and other descriptive data are absent from the invoice. More concerning is there have been times when an invoice has been returned and I had to cross-reference my hours. This gives me immediate fears that the finance department could be making more errors and potentially overcharging clients inadvertently (or not!).

As BCBAs®, we need to be more involved in all aspects of our work especially if we are not in a private practice. We need to make sure that our ethical code is being upheld by those in our organization who we are ultimately relying on to maintain our ethical standard.

2.14 Referrals and Fees

Behavior analysts must not receive or provide money, gifts, or other enticements for any professional referrals. Referrals should include multiple options and be made based on objective determination of the client need and subsequent alignment with the repertoire of the referee. When providing or receiving a referral, the extent of any relationship between the two parties is disclosed to the client.

Explanation

Written by Ann Beirne

Here again we are reminded that the client's individual needs must be our primary concern. As with many of the Code elements, this is cautionary. We are not instructed not to make referrals, only to make sure that such referrals are made in the best interests of the client, rather than our own. And here again, honest and open communication is the prevention that is worth a pound of cure.

Considerations

Written by Ann Beirne

I have had the good fortune to work for some wonderful agencies. But no matter how wonderful, the need is always greater than the number of qualified staff available and, as many agencies do, the human resources department used a bit of creativity. What they offered was an incentive for clinicians to recruit friends and colleagues. An employee who made a referral would receive a stipend once the clinician they referred had been employed for six months. Would this be considered an ethical violation?

It is important here to consider the “why” of the rule in order to determine if an ethical violation has been made. Who is this element designed to protect and how does it ensure that they are protected?

It might be helpful here to use an illustrative example. If a behavior analyst were to receive referral fee each time a referral was made to an occupational therapist, for example, this behavior analyst may refer all of their cases to this occupational therapist, regardless of the clients' needs. If the behavior analyst maintained another relationship with this occupational therapist without disclosing this relationship to the clients, referrals may be made that would lead to personal gain. Even if such referrals were made in the best interests of the clients, it would be difficult to avoid the appearance of impropriety.

The needs of our clients must always be our primary concern – this is the cornerstone of the Professional and Ethical Compliance Code[®]. Certainly a person-to-person agreement between independent providers, which compromises this ideal would be in violation of it. If an agreement with another provider leads to decisions that may not be in their best interests, this should be avoided.

However, referring a colleague (or even a friend or relative) for employment at an agency where you work has several important distinctions from such an example. The referral in this case would be to the *agency* rather than a specific client. The agency could then assign cases based on the specific clients' needs. Rather than a referral that has no basis in the needs of the client or the skills of the therapist, we adhere to the requirement that referrals be based on the “subsequent alignment” of both factors. In addition, agencies offering this incentive would likely receive more than one referral, which would additionally meet the requirement that multiple options be presented. The specific assignments of clinicians to clients can reflect both of these factors.

While such business practices may raise important questions to be asked, the questions themselves are not necessarily indicators of wrongdoing. Remembering both the details of the Code element and the rationale behind it can allow us to see more clearly.

Examples from the Field

Written by Jacob Sadavoy

I imagine many clinicians have been in the situation in which you have to refer a client to another BCBA[®] or a related-service professional. Personally, I have not come across a situation in which money, gifts, or other inappropriate forms of gratitude were exchanged between clinicians for a referral. However, I have worked in an environment in which parents could get a psychological, speech, behavioral, and occupational therapeutic assessment all under one roof. That roof also contained an intensive behavior intervention program as well as a private school that focused on speech-related clinical needs and small class sizes. Naturally, recommendations from that report would often lead parents to one of the two programs. This can be seen as unethical. A way to be able to offer assessments and clinical programs in the same location is to ensure that there are multiple referral options made based on objective determination of the client's needs based on the assessment. This can prove to be challenging for facilities in smaller populated communities that do not have multiple options for programming in the area. If that is the case, I would inform the client of this limitation.

If you are a behavior analyst, your decisions should be based on the individual needs of your client. Clinicians are obligated to provide their rationale for referrals, which should be based on the individual needs of your client coupled with the why you anticipate a match with the referred clinician. In all cases, try to make an effort to provide multiple options. This can be difficult especially if you are taking into consideration the individual needs of your client and foresee a fit with a specific clinician. Even if you foresee an optimal match, it is best to provide multiple referrals whenever possible to ensure that your client has choices.

2.15 Interrupting or Discontinuing Services

(a) Behavior analysts act in the best interests of the client to avoid interruption or disruption of service.

(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).

(c) When entering into employment or contractual relationships, behavior analysts 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.

(d) Discontinuation only occurs after efforts to transition have been made. Behavior analysts discontinue a professional relationship in a timely manner when the client: (1) no longer needs the service, (2) is not benefiting from the service, (3) is being harmed by continued service, or (4) when the client requests discontinuation.

(e) Behavior analysts do not abandon clients. Prior to discontinuation, for whatever reason, behavior analysts: discuss the client's views and needs, provide appropriate pre-termination services, suggest alternative service providers as appropriate, and take other reasonable steps to facilitate timely transfer of responsibility to another provider if the client needs one immediately, upon client consent

Explanation

Written by Ann Beirne

The most essential component of the Code element is simply stated in subsection (e): “Behavior analysts do not abandon clients.” That is not to say, however, that we do not *leave* clients. In fact, the goal of applied behavior analysis is often described as “working yourself out of a job.” The goal is not to remain accessible to clients, but to be involved in cases as long as we are needed and no longer than necessary.

Additionally, behavior analysts are human and we have lives. We move to new homes, get married, have children, and these life changes often come with necessary changes to our work lives as well. We cannot expect that we will never leave a client, but we can have standards as to how we will facilitate the transition to another provider.

Communication is necessary to make sure that the transition, whether it is for personal reasons or because our services are no longer needed or wanted. Clients must be given adequate time to make adjustments, referrals should be made, and a transition plan should be documented so that the next clinician can follow through with some degree of fidelity.

Considerations

Written by Ann Beirne

There is considerable debate within the field of behavior analysis as to what constitutes an ethical refusal to treat behavior or take on a client, and much of it centers around the phrase, “when the client...is not benefiting from the service.” This determination can be somewhat subjective. There are some behavior analysts who might say that if a client’s family is also pursuing pseudoscientific methods to treat behaviors or developmental disorders that this would run counter to our efforts and compromise benefit. There are others who might argue that an approach focused on reinforcing the behaviors we hope to see – specifically following through on recommendations that are based on behavior-analytic principles – might be more consistent with our science.

At another extreme, there might be resistance to leaving a case, even when a situation becomes untenable, for fear of abandoning a client. I might propose a radical idea here: if the safety or well-being of the clinician is compromised, this would compromise benefit to the client. If you are not being treated well as an employee, either by supervisors or by clients, the quality of your work will undoubtedly be compromised. The effects of harassment, for example, can have serious impacts upon physical and emotional health, causing excessive absenteeism and a loss of productivity. Certainly, this does not provide benefit to clients.

Your first job does not have to be your last job. If you are unhappy, this Code element does not obligate you to stay.

Examples from the Field

Written by Jacob Sadavoy

I was working in a school and, to this day, question the discharge plan for three clients in the same school year.

Student A engaged in no challenging behaviors that impeded his learning. He was sometimes rude to his teachers, but that was largely due to his thirst for knowledge and being frustrated that he was in a classroom with students that had challenges accessing the curriculum for a variety of behavioral challenges. This student demonstrated the

prerequisite skills needed to be successful in a regular education placement; socially he may struggle, but he certainly wasn't getting the social exposure he needed from his current classmates. The parents were concerned about bullying in a regular education placement and preferred that he stayed in a sheltered, centre-based program. The client's data demonstrated that he is neither needing the service nor benefitting from the service. You could make an argument that impeding his socialization skills is causing unjustified harm by continued services. It is difficult to discharge a client if the parents are adamantly against the decision but I would argue it is more difficult denying a student access to their least restrictive environment in favor of parent's non-clinical determination.

Student B formally requested to be discharged from the program. The program felt he would benefit from an extra year. The reality was that he was leaving. No transition support plan was provided because they felt he was being discharged too early. This is inexcusable. I mentioned earlier an example in the third-party involvement in which a Nigerian clinician responsible for the successful inclusion of a student in a classroom was asked to fade out of the classroom prematurely. She shared her concerns and proceeded to give the school what they needed to be successful. The same thing should have happened for Student B. You may not agree with the decision but providing a transition plan, a tour of the receiving school, or teaching some of the new expectations to prime Student B would have gone a long way.

Student C was discharged from the program because she could no longer afford services. She was given a lengthy discharge. However, toward the end of the discharge date, a receiving school was still not known. The student was without a learning environment. The student was abandoned. I was told that effort was made to assist the parent in finding a new school placement and there were accusations that the parent was not actively seeking a new learning environment hoping to stay in the program. This is a challenging situation. The fact is the student went from being under the care of a BCBA® to not being in any learning environment is an ethical violation. As a BCBA®, document everything and make sure every effort is made to support a transition for a discharged client.

Reflections

Written by Archibald Cantor Brechin

As trite and cliché as this may sound, I would like to start off by thanking each and every one of you for your invaluable service to both the autism and autistic communities. As an autistic self-advocate and former childhood recipient of ABA services at the Eden institute in Princeton New Jersey, I am deeply honored to impart some advice and ethical imperatives to current and future generations of BCBA®s and other purveyor of evidence-based early intervention services. Without the ongoing support of a multifaceted retinue of service providers I can with some degree of certainty state that I would have neither the skills nor the proclivity to effectively engage with my environment or even write this essay. It is at least in part, due to the dedication and perseverance of evidence-based early intervention services such as yourselves that I am presently able to exercise self-determination, pursue goals once beyond my wildest dreams, and most importantly devote my lifetime toward promoting autism acceptance and awareness and globally advance the neurodiversity movement.

As an autistic self-advocate and aspiring social worker, I would like to impart all of you some friendly suggestions to consider while working with neurodiverse clients and to foster a closer rapport with the wider autistic community. As perhaps one of your clients' earliest educators and gatekeepers to an exciting world of possibilities, you are

responsible for creating a positive learning environment conducive to your clients (not the parents, the insurance companies or the school districts) specific needs, interests, and most importantly future ability to exercise self-determination. While it might be easy to immediately write off the children you work with as “neurodevelopmentally challenged” “impaired” “socially deranged” “short-bus children” that will always require substantial support and never fully integrate into society, remember that some of the most brilliant minds are on the spectrum. The miracle of early intervention services is not that children eventually outgrow their autism and become future fodder for what disability rights activist Stella Young calls inspiration porn, but that it unleashes children’s potential and talents. Even if the children you work with do not grow up to become the next Bill Gates, Satoshi Tajiri, Benjamin Banneker, Temple Grandin, or Mozart, remember that they are still valuable human beings who deserve acceptance and a chance to integrate into society. Your job as an ABA therapist is not to “extinguish autistic behaviors” in the name of social conformity but to ameliorate quality of life outcomes and enhance the psychosocial well-being of your clients. It is imperative that you (in tandem with a cohort of other professionals) provide high-quality evidence-based non-aversive educational services, so that autistic individuals can maximize their potential, and, as my mentor Dr. David Larson Holmes so aptly states, “increase their degrees of freedom.”

Prior to indulging on a prolonged nagging rant on the virtues of autistic self-determination and the ethical imperatives of practitioners considering an “autistic” perspective on effective and appropriate early intervention services, let me take the time to introduce myself. I’m sure you all are wondering “what the heck is an excerpt from a non-ABA practitioner doing in an ethics book designed for BCBA®’s.” I’m Archibald (Archie) Cantor Brechin, an autistic self-advocate and aspiring international social worker. In line with the goals and imperatives of the global autism project, my primary lifelong mission is to spread the message of the neurodiversity movement internationally while adapting it to local sociocultural contexts. My journey toward self-actualization and integration to the larger world began with the unconditional love and support from my immediate and extended family. Without their unyielding commitment to my education, social integration, psychological well-being (in addition to a generous dose of good old-fashioned tough love), my present realm of possibilities would have been considerably more limited. My paternal aunt (at the time a social worker) first noticed that I was different from other children at the tender age of three. Then I demonstrated the classic signs of autism. I was not engaging in imaginary or pretending to play with other children; instead I preferred drawing circles in the outdoor sandbox and lining up toy trucks on her basement floor. I frequently wandered from my parents enchanted by opportunities for escape and solitude, but was not aware of the pervasive dangers that lurk beyond the protective embrace of my family. My idiosyncratic mannerisms and play patterns prompted her to call my mother and voice her concerns. The diagnosis of autism was later confirmed by a child psychiatrist from the University of Michigan, a diagnosis that would both for better and worse change the course of my life.

From the ages of three to six, I received specialized services from Eden Institute and Rockport prior to enrolling in a mainstream elementary school. Throughout my formative years, I benefited from a retinue of classroom teaching assistants, psychiatrists, school social workers, and counselors who helped guide me through my tumultuous adolescence and young adulthood. Since many of you are probably already exhausted from reading copious ABA ethics codes and attending myriad webinars and lectures pertaining to ethical conduct in the behavioral sciences, I will do my utmost to keep my suggestions short, concise, and relevant; however, as a caveat lector, brevity is notoriously not usually

a strong suit of mine. To make this essay easier to navigate, I have broken it down into five sections corresponding to several different ethical imperatives which are as follows.

- 1 *Cherish the worth and dignity of your client and teach skills to maximize their potential and promote future self-determination. Be careful as not to "break their spirit" or to foster a deep-seated mentality of blind conformity to neurotypical norms of behavior.*

One of the first things that students of social work do prior to commencing their field of study is scrupulously reviewing the National Association of Social Workers Code of Ethics. Although professional Ethics should act as an official moral compass regardless of the industry one works in, since as helping professionals (counselors, psychologists, psychiatrists, nurses, doctors, social workers, and of course special educators) we work directly with people, we should be doubly familiar with our ethical obligations short of having the entire document memorized. While continuously perusing the document, two principles have always stood out to me: (1) The dignity and worth of the individual and (2) what I call "the sanctity of human relations." The children and families you work with should be humans first and clients second. The golden (or platinum) rule should run through our humans, yes even people with autism thrive when included in social networks and psychologically deteriorate when isolated and ostracized. To more compellingly illustrate this point, consider the classic analogy used by international bestselling author Robert Fulghum in his classic book *All I Really Need to Know I Learned in Kindergarten: Uncommon Thoughts on Common Things*. The parable states that when inhabitants of a village in the Solomon Islands want to cut down a large recalcitrant tree, instead of chipping away at it with an axe, men with special powers spend 30 days cursing it until the tree, defeated and exhausted by the negative vibrational energies, eventually shrivels up and topples it over. The implication is that one does not need to be physically abusive or act untowardly to children. At times sparing the rod does not spoil but actually saves the child's spirit from being crushed by the harrowing torture chambers of social conformity.

When I first heard this story while watching the 2007 Hindi film *Taare Zameen Par* (Star's on Earth), I was indeed skeptical and questioned the veracity of the statement. However, that sentimental part of me continues to hold onto the story for its allegorical powers. The parable not only shook and inspired me to my core, but filled me with a conviction that every child regardless of where they end up in the lottery of life deserves to be nurtured and supported by their community, and showered with unconditional positive regard. The allegory implies that you do not need to use physical force on a child in order to break their spirit, our words, actions, attitudes, and low expectations are often enough to snuff out potential. This is also important since many children with learning differences are hypersensitive to environmental stimuli (I certainly was). From my personal experience and extensive research, this often translates to emotional sensitivities. I am not stating this to make you paranoid or feel as if appropriate evidence-based discipline is never appropriate, I just want you to become more insightful and reflective of your actions when working with neurodiverse children. I think that it is dangerously easy (especially if you are a new clinician) when working with more highly involved children to acclimate to the mindset that "these children are not really intune to their external environment anyway so why should I micromanage my thoughts, emotions, and countenance?"

To further illustrate this point, Ann Beirne, the senior author of this ethics text, once shared with me a story about a semi-shocking encounter she had with an evaluator from a school district. During a supervision session, Ann and the associate

were working with a kid who was highly involved on the spectrum and presenting challenging behaviors. At the beginning of the session, the technician looked incredulously at Anne while she was explaining an important theoretical concept and asked somewhat nonchalantly “can they learn?”; Anne was stunned not. “What are the best evidence practice methods to reach a child moderately or highly involved on the autism spectrum?” or “How do we evaluate this specific child’s needs and proclivities and create an appropriate treatment plan?” but “Can they learn?” As Ann so aptly interpreted, asking a child whether they can learn is near equivalent to asking if the child is a sentient being. I personally interpret such comments on the part of teachers and clinicians in training as, “Is this child worth my time and energy to fully engage, or should I just look busy and act like I’m providing services for a paycheck.”

Similarly, in order to effectively work with your clients (regardless of how “involved” on the spectrum they may be), you need to make a conscientious effort to understand their unique needs, and neuropsychological profile. This requires enormous empathy and clinical insight on your part. Developing empathy sounds “intuitive” or something you can learn vicariously – “Oh I’ll just use the golden rule”. One of my favorite professors in college, Dr Bommelle, insightfully distinguishes between “the golden rule” and “the platinum” rule and implore people to use the latter. The golden rule, as it is taught by virtually all the world’s major religions, is a law of reciprocity that implores people to treat others the way that they would like to be treated, namely with tolerance, consideration, compassion, and respect. The golden rule, although generally a good heuristic, has its limitation. The platinum rule is preferable: treat others the way they want to be treated. We are more than just entities to instruct or objects to uphold the integrity and effectiveness of behavioral sciences.

- 2 *Assure that the practice methods you use and the goals that you establish don’t inadvertently inculcate self-hatred or overly encourage normalization at the expense of your clients’ future self-esteem or well-being.*

As crass or even sarcastic as the aforementioned statement may appear, as a self-advocate, my reasoning behind including this as an imperative is actually pertinent and reflects some of the core tenants of the neurodiversity movement. There is a fine line between teaching an autistic child functional skills and imparting assimilationist strategies or trying to “make the child appear less autistic.” Increasingly within the autistic self-advocacy world, we are starting to finally articulate the fine line between teaching “functional skills” and promoting “normalization/neurotypicization.” In the past, many behavioral analysts have been accused of extinguishing socially awkward and idiosyncratic yet adaptive and distinctly autistic behaviors such as stimming, scripting, and echolalia. These aforementioned behaviors although unusual do not necessarily inhibit functioning and may actually enhance the person’s quality of life. If you are worried that your clients current set of coping skills such as stimming and scripting are distributive to the extent that it will severely limit opportunities for community engagement later in life, I recommend attempting to teach more socially appropriate and subtle ways (such as rubbing your thumb and index fingers together, scrunching your toes, twirling hair, tapping your shoulders, etc., but other professionals have suggested twirling your hair). This is especially important given the historic context under which the discipline of Behavioral Analysis developed in the USA under the guidance of Dr Lovaas, who was infamously known for establishing rigid expectations for social conformity. Particularly in one study, “Behavioral treatment of deviant sex-role behaviors in a male child.” That line of thinking was not unusual given its historic context where conformity and compliance with an upper-middle-class, heteronormative, worldview was more widely accepted as and it can be argued that behavioral approaches have evolved to fit more nuanced and pluralistic constructs.

However, it is ethically imperative for the field of behavioral analysis to continue undergoing a Schumpeterian process of creative destruction; that is, the field must continually evolve its philosophy, theory, and practice over time to better accommodate the communities in which they serve and advance in social justice initiatives.

- 3 *Realize that therapy and early intervention is a convoluted journey to encourage future self-discovery and instill self-confidence not a linear destination toward normality. Make sure that you are stretching them, but not snapping the rubber band.*

On that same note, another point I would like to emphasize is not to berate or reprimand children for failing to make consistent and linear progress. In fast paced, results-oriented hypercompetitive societies such as our own, we are all pressed for times and anxious for progress and this often permeates our outlook regarding children with divergent neurodevelopmental trajectories. This imperative reminds me of an old Chinese adage 拔苗助长(bá miáo zhù zhǎng), which roughly translates to “help the young saplings grow by pulling them upwards.” Although this may sound superficially positive and uplifting, this statement is actually meant to convey the dangers of applying too much force out of anxiousness for quick results. The story goes as follows.

Once upon a time there was a farmer in a rural village in China who eked out a living growing rice. One day he looked at his crops and thought that his were not growing fast enough. In desperation to speed up the planting and harvesting process, he pulled every single shoot up manually until they were tall enough to be harvested. The farmer went home exhausted but smugly satisfied. He boasted to his family,

Ha, ha, look at how shrewd I am. From now on all of my plants will steadily grow faster and I will harvest and sell my grain sooner than the other farmers. Now I am quite fatigued and will rest.

Curious to know how the saplings were doing, the son went out to have a look. Much to his surprise, all of the saplings had shriveled and died.

There is a fine line between stretching the rubber band (as Temple Grandin famously says, “You got to stretch them” enough so they supercede their previous limitations and start embracing new possibilities, but not so much that the rubber band snaps and the person retreats back). But, even after the rubber band breaks, hope is not at all lost, and it must be mended.

However as most helping professionals would probably tell you in relationship to their clients, the therapeutic process is often incredibly frustrating and the road to progress is often strewn with myriad thorns, thistles, detours, and setbacks. Old habits and deeply entrenched maladaptive coping mechanisms die hard and destructive self-injurious behaviors are no exception. Take me, for example. All throughout my adolescent and adult life, I have struggled with at times extremely debilitating mental health issues. Anxiety, depression, negative self-talk, and pernicious cognitive distortions permeate every crevice of my psyche. Over the years through copious amounts of cognitive behavioral therapy, the unyielding support of my loved ones and books worth of candid advice from therapists, I was able to overcome some major obstacles that once impeded me from reaching my full potential and, most importantly, productively serve society. As much as I would like to say that my personal therapeutic journey has been a straightforward linear process, the truth has been far more and I have left more times stuck and crestfallen than uplifted and fixed. As the clinical scholar, consultant, and researcher and dear friend Barry M. Prizant once told me during a dinner at the Autism Society of America's 50th national conference, and I paraphrase, one of the major differences between an ABA therapist and a technician is that while a technician is trained in executing the procedures, therapists should

always be yearning to scratch beneath the surface to analyze the antecedents of behavior and address the biopsychosocial factors that could possibly attribute to regressive detours. For these aforementioned reasons, I think not giving up on your clients when they undergo setbacks is not only commendable, but also ethically imperative.

- 4 *Practice within your discipline and area of expertise but work in tandem with other professionals to get a holistic biopsychosocial perspective of your clients' educational trajectory.*

As the senior author of this text, Ann Beirne aptly states throughout this book, work predominantly within the confines of your profession. Refrain from using newly acquired or developed techniques on us unless you are certain of their therapeutic effectiveness and the imperial evidence surrounding it. The reproductions of your action do matters not just in a vague ethical sense, but your clinical integrity. In the past, the field of applied behavior analysis has garnered a somewhat infamous reputation for professional exceptionalism, which I would implore current practitioners to re-evaluate and adopt a more interdisciplinary collaborative approach. Consult other clinical and “helping” professionals (i.e. social workers, psychologists, psychiatrists, speech and occupational therapists, etc.) for new insights into autistic behavior and incorporate their feedback appropriately into your clients' treatment plan.

I feel as if my aforementioned comments regarding ABA professional exceptionalism arrant clarification. Although I am not a scathing critic of the field of applied behavioral analysis, and am actually quite thankful for the positive support I received from behavioral analysts and other service providers, I am a scathing critic of the culture of professional exceptionalism that has recently engulfed the field.

- 5 *Be aware of the recent controversy surrounding behavior approaches to autism treatment. Take into consideration advice and admonishments from autistic self-advocates rather than becoming overly defensive or outright invalidating their experiences.*

Although it may seem natural and deceptively appropriate to retort to scathing criticism of your profession with simple retorts “well that’s not all ABA,” “you’re overreacting,” “You didn’t receive the right type of ABA therapy” “ABA is different now.” In fact, through contextual analysis of the claims, fire-breathing Internet forum assailants and anti-ABA crusades is hard if not impossible to conduct while responding to vitriol. However, as a service provider working with autistic individuals, there is no better way to tarnish your professional reputation than by denying or minimizing the oftentimes traumatic experiences of former recipients of ABA. After all it is nothing short of hypocritical (but not entirely beyond our ever-elusive human nature) to encourage autistic people to speak up and then simultaneously silence those same. While some self-advocates such as John Elder Robison, Amy Gravino, Temple Grandin and myself envision a modified future involving the use of behavioral analysts in conjunction with other evidence-based practices (i.e. floortime, speech and language pathologists, occupational therapists, social skills training, etc.), there are many autistic self-advocates who are just as vociferously advocating defunding of all behavioral intervention services by insurance companies and the eventual obliteration of the field of behavioral analysis in its entirety.

In case you may be unaware, here is a composite perception gleaned from a hodgepodge of online forum and literature contributions from an increasingly vocal sector of the autistic self-advocacy community. To give you an idea of how some autistic self-advocates perceive ABA, I’ve synthesized and paraphrased a couple of descriptive and at times vitriolic Quora posts by autistic people who have been through ABA to inform you of a popular perspective espoused by the autistic community. Just for clarification, the following paragraph is not a representation of my personal opinion, but rather a montage of rehashed statements that I have heard from self-advocates both in person and on online forums.

“ABA therapy, regardless of the cheerful facade of the therapists or the delectable treats practitioners use as reinforcers, is psychiatric abuse in its most flagrant form. I don’t care how long you have been working with children, how many degrees you have on your wall, or how many children you work with, what matters is the opinion of autistic people. ABA punishes children for being autistic by taking away things and extinguishing coping strategies that we use on a daily basis to survive in a world that is often frightening and overstimulating to us. I’m sorry that we are such a burden to you all and that our echolalia and vocal stimming make you uncomfortable but the fact is you people will never know what it is like to be autistic and have no right to impose your neurotypical behavioral norms on our psyches. Under the current medical model of disability, our bodies and minds do not belong to us. ABA causes PTSD, a fact which has been substantiated by repeated testimonials. As co-founder of Autistic Self-Advocacy Network (ASAN) Ari Ne’eman stated on the record, if you are a parent working with an ABA provider, your child has no hope for ever reaching their potential or leading a fulfilling life. I don’t care. We are not caged circus animals merely existing for your amusement and sense of self-righteousness. Stop trying to cure us; there is nothing to cure. Cease your practice now and for once let us exist as Autistic people.”

My question to all of you is, how would you interact with a person who was either skeptical or derisive of your profession? Would you spring into action with a defensive litany of trite denunciations (however cleverly they may be refreshed), and pontificate about the importance of evidence-based practices, or listen attentively to their aversive experiences while withholding retaliation until the person has completed sharing their points of view.

Many parents and self-advocates are increasingly contending that ABA is based on a cruel premise of making autistic people appear as neurotypical as possible at the expense of their emotional health and well-being. According to many neurodiveristy activists, this works against ABA. A dark history whose systemic remnants continue to reverberate even today with horrific accounts from residential facilities, such as the Judge Rotenberg Center, using drastic measures to force compliance, such as electroshock therapy (measures which the United Nations cite as torture). Lovaas, while known for outstanding research, has once gone on record saying,

you see you start pretty much from scratch when you work with an autistic child. You have a person in the physical sense – they have hair, a nose, a mouth – but they are not people in the psychological sense. One way to look at the job of helping autistic kids is to see it as a matter of constructing a person. You have the raw materials, but you have to build the person.

It is exactly this dehumanizing rhetoric that many anti-ABA activists site that I implore all of you to challenge both within and outside the profession.

- 6 *Be mindful of person-first vs. identity-first language when addressing the wider autistic community, and when in doubt always ask an autistic person what they prefer.*

One of these long-standing debates raging between autistic people and coteries of parents, educators, and medical professionals relates to the usage of person-first vs. identity-first language in rhetoric concerning autistic people. You may have noticed that, throughout this article, I use the terms “autistic person” and “person with autism” interchangeably. My choice of diction is somewhat purposeful as I am upholding the Global Autism Projects’ official position of simultaneously honoring the intent of the person-first movement, while giving credence to the wishes and desires of the broader self-advocate movement. While individual self-advocates may vary in their phraseological preferences,

the consensus among the larger self-advocacy community demonstrates the overwhelming preference of identity-first language for a variety of reasons.

- 7 *Be aware of the broader sociocultural shift from an exclusively medical model of disability to a more sociological nuanced conceptualization which equally validates the empirical and the broader human rights and social justice implications.*

This past decade has witnessed a gradual theoretical shift from the pathological medical model of disability (which implores neurodivergent people to adapt to a largely theoretical and culturally constructed notion of acceptable human behavior) toward a more inclusive social model, which analyzes the sociological barriers that prevent differently abled people from fully participating in society. Largely due to an increasingly vocal segment of self-advocates and the organizations whose voices will and should no longer be relegated to the margins of discourse. Personally, I think both models are of equal value and should be consulted when forming treatment plans.

I graciously thank you for your time and consideration to reading this reflection and I wish you all the best of luck out in the field.

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4 Section 3.0: Assessing Behavior

Michael Dorsey and Mary Jane Weiss

Behavior analysts using behavior-analytic assessment techniques do so for purposes that are appropriate for given current research.

Before beginning our chapter on assessment, it is necessary to, as behavior analysts frequently do, begin by defining the concept we are discussing. Cooper, Heron, and Heward (2007) describe assessment as a “full range of inquiry methods” that allow us to determine the scope of an individual’s strengths and needs.

To speak in more simplistic terms, assessment refers to the array of information-gathering activities that allow us to arrive at a hypothesis. These hypotheses may address the topography of a given behavior, the reinforcer that maintains behavior, or the behavioral deficits that must be addressed in a skill acquisition program. The clinical practice of applied behavior analysis can accurately be described as the application of behavioral principles to promoting lasting meaningful behavior change. Assessment, in a sense, is the overall picture from which we draw conclusions. These conclusions allow us to engage in the work of promoting lasting meaningful behavior change.

3.01 Behavior-analytic Assessment

(a) Behavior analysts using behavior-analytic assessment techniques do so for purposes that are appropriate for given current research.

(b) Behavior analysts have an obligation to collect and graphically display data, using behavior-analytic conventions, in a manner that allows for decisions and recommendations for behavior-change program development.

Explanation

Written by Ann Beirne

This section of the Code begins with a warning: we are only to use assessments for “appropriate” purposes. In order to determine the appropriateness of our intended use, it may be helpful to review the purpose of assessments in general.

A behavioral assessment is essentially a compilation of data that reflects a client’s skills and needs. In order to do this, we need to use assessments in ways that reflect these needs honestly and conservatively, so that we detect those areas which need to be addressed. Such assessments must honestly reflect the current skill level of the client where they are. In the case of assessments to determine the function of a given behavior, these assessments must accurately reflect the antecedent and consequent conditions that are likely to control behavior.

A skills assessment is an evaluation of the client’s current needs and level of progress. In order to address behavioral deficits, these deficits must be made clear.

I will often explain to supervisees that data must meet three requirements: (1) data must be taken, (2) data must be looked at and analyzed, and (3) data must be used to modify behavior-change programs. Anything beyond these requirements is at the discretion of the behavior analyst, who can decide on other factors based on any criteria—personal preference, convenience, or aesthetics.

Considerations

Written by Ann Beirne

Where the assessment is a skills assessment, as might be required periodically for a program update or at the start of services, this would mean determining the clients' needs in the most conservative manner. This conservatism is not necessarily common to practitioners at other levels, or to families, and we will often need to train others in the responsible implementation of assessments. It is a natural instinct to want the client to do their best, which may lead us to gloss over areas where responding is inconsistent in an effort to "give them credit." However, this may lead to an assessment of the skills we anticipate that the individual *will* have rather than those they actually *do* have.

I often explain the importance of "meeting our clients where they are," so that we can carefully shape those behaviors which are going to be most meaningful, as assessment is often referred to as a "snapshot" – an honest and objective picture of the client in this moment. It is not a vision for where they *could* be, but an evaluation of where they are *now*. Without the assessment of where we begin, we cannot possibly track progress accurately.

Examples from the Field

Written by: Jacob Sadavoy

Is it an Applied Behavior Analysis (ABA) program without data? I believe everyone reading this book would answer no. Without data, you cannot make informed decisions about programs, without informed decision-making you are guessing or relying on your own learning histories which are limited and insufficient in meeting the client's needs.

I asked this question because I have had colleagues who are unable to get data for their clients in a residential home facility. Often times, those that are employed to work with adults in a residential home facility are not Registered Behavior Technicians™ or interested in pursuing a career in behavioral studies (Smith et al., 1992). As such, there is minimal effort to increase their task demand and collect data. How can a Board Certified Behavior Analyst® (BCBA) make informed decisions in this environment? In these challenging circumstances, the BCBA is responsible for shaping the behavior of the staff and not the other way around. If it is not a behavior analytic environment, it should not be labeled as such.

I oversee a program in China in which there are more than 100 students and fewer than 30 teachers. Parents and guardians have to accompany their child to school and act as a prompter in all group instruction classes. It has been challenging to implement systems for data collection not because of a lack of desire but because of the challenge of supervision and ensuring the data is accurate. I have no doubt that it will happen but until it does, it is not an ABA program.

Last, when I worked for the school board, I would visit classrooms for students on my caseload. Some of those classrooms were great at collecting data. I would reinforce the teacher and demonstrate how the data helps with decision-making. In other classrooms, the teacher was unable to collect data. Either the classroom was too hectic, or the data collection sheet was missing, or it was too complicated.

The BCBA® has an obligation for the programs they oversee to have a data collection system. It is acceptable to compromise quality (e.g. asking for a count recording even if

it is more helpful to get time sampling data) if it means getting data for your client as opposed to nothing. Uncomplicating data sheets in the hopes of getting accurate reporting is a responsibility I have across all of the various programs in which I have been involved. I anticipate that this will be a skill that I will employ readily until I retire.

3.02 Medical Consultation

Behavior analysts recommend seeking a medical consultation if there is any reasonable possibility that a referred behavior is influenced by medical or biological variables.

Explanation

Written by Ann Beirne

There is a common cognitive bias that plagues all of us, but it is of particular interest to those of us in human services professions. Known as the law of the instrument, it is best explained as Abraham Maslow did in 1966, stating, “I suppose it is tempting, if the only tool you have is a hammer, to treat everything as if it were a nail” (Maslow, 1966).

Behavior analysts are not immune to such cognitive biases and it is our responsibility to ensure that we actively prevent their interference with our effective work with clients.

It is important that we are observant not only of the circumstances in which the learner exists, but also of the indicators that there may be other factors that affect behavior. There may be precursor behavior to the target behavior that offers some indication of a medical or biological cause, and those need to be noted.

Considerations

Written by Ann Beirne

While it is true that behavior can be analyzed according to antecedents and consequences and that these are often observable, it is equally true that many of the things that affect behavior are internal. Even the most radical of radical behaviorists acknowledges that pain and fatigue exist. It is not that we do not acknowledge the existence of these phenomena. B. F Skinner himself did so, stating “a private event may be distinguished by its limited accessibility but not, so far as we know, by any special structure or nature” (Skinner, 1965). There certainly exist those factors which cannot be directly observed. Our inability to see them does not mean that they do not exist.

And yet, many of us would take issue with the clinician who consistently claims that self-biting is “because he’s hungry” or that inconsistency in responding is not a reflection of whether or not the client knows the skill, but a symptom of illness.

Acknowledgment that such factors exist does not mean that we are assuming that they are always responsible for behavior – we are merely acknowledging that behavior *can be influenced* by such factors.

Examples from the Field

Written by Jacob Sadavoy

I can think of numerous examples in my career in which both behavior analysts and related service providers are quick to chalk up a medical or biological cause for an inappropriate behavior. As behavior analysts, we are required to seek medical consultation if there is a reasonable possibility that a referred behavior is influenced by medical or

biological variables. Reasonable possibility is quite vague and, often times, there are benefits to playing it safe. However, if a behavior plan is not working, it is more likely a result of the plan itself or the execution of that plan as opposed to a medical or biological challenge (Carr, 1994). I have found this to be true.

The neighboring classroom had a student that was vomiting his meals. As per the sick policy, the student was promptly sent home. Many professionals were worried about the possible development of gastroesophageal reflux disease or the potential for malnutrition by not absorbing nutrients from lunch. As a behavior analyst, I was curious about context. Was this happening at breakfast and dinner? Is there something different about his lunch food items? Upon learning that this was something that was only happening at lunch, we changed some of the variables and learned that, if the food was heated, he would eat his meal thoroughly without any instances of regurgitation. In this instance, adopting a behavior-analytic approach yielded a positive outcome whereas waiting for an appointment to see a gastroenterologist while the learner practices the behavior would not have been the best course of action.

3.03 Behavior-analytic Assessment Consent

(a) Prior to conducting an assessment, behavior analysts must explain to the client the procedures(s) to be used, who will participate and how the resulting information will be used.

(b) Behavior analysts must obtain the client's written approval of the assessment procedures before implementing them.

Explanation

Written by Ann Beirne

Before beginning an assessment, client consent must be obtained, and such consent must be documented. While the latter may seem an unnecessary component, the documentation of the procedure itself, along with all of the information that must accompany the description of this procedure, performs an essential component in the consent process. This documentation allows the client or client's surrogate the time necessary to review information, and the ability to continue to review it periodically.

Considerations

Written by Ann Beirne

When working with families, we may encounter some resistance to assessments. There are several reasons why this may occur, and among them are the possible misuse of such information and the misunderstanding of why (or if) such information is necessary.

The idea of "testing" children may indeed be a foreign one to many of the families that we work with, and the particular way in which educational testing is performed may be particularly unnerving. Many families will be offended if we cannot simply take their word that "he can do that, he does it at home." The methods of assessment and the information that will be used must be made as clear as possible.

Equally important is the stipulation that is highlighted in section (b): written approval must be obtained. While this certainly allows us to ensure that we have some basis to our claims should a disagreement arise, there is a more compelling reason to provide this documentation. Having written consent allows the time to sit down and review the

procedures, to answer questions and to check for clarification. The act of reviewing such a document allows the client and client surrogates to give informed consent to any assessment or programs.

Examples from the Field

Written by Jacob Sadavoy

I am a huge fan of these meetings. I make it a point to discuss the desired assessment outcomes with parents and my goal is not necessarily to get signed consent, even though that is a common outcome, but rather to create a positive dialogue on how to effectively manipulate the independent variable across all learning environments. In many cases, this is a phenomenal opportunity to brainstorm how to problem solve the challenging behavior if it presents itself at home or in the community with the consenting adult and know how much to reduce the behavior in the clinical environment before an opportunity for generalization could present itself based on their level of comfort.

I have heard many clinicians complain about the lack of parental involvement in their client's program. In those situations, I question whether or not we are truly supporting the parents' involvement in the assessment process, for if we are taking the time to explain the procedures of all assessments to the parents, it would be awfully hard for them not to be involved. I would argue that the goal is not for involvement, but for engagement or active participation. Fortunately, behavior analysts know a few things about promoting and reinforcing engagement.

3.04 Explaining Assessment Results

Behavior analysts explain assessment results using language and graphic displays of data that are reasonably understandable to the client.

Explanation

Written by Ann Beirne

While the visual communication that we use with one another may seem perfectly clear once we have gained fluency with it, it is important to consider that many of the clients or families we work with have not had the opportunity to gain fluency themselves. It is essential that behavior analysts share this information and be ready to explain it.

Considerations

Written by Ann Beirne

This is an important Code element to bear in mind when working with children and families. When explaining assessment results, it is essential that we bear in mind what was repeated several times in Chapter 2, and must be repeated here once more: *parents are not professionals*. It is unreasonable for us to require, or even to expect that they will have the same or equivalent knowledge base or understanding of behavior-analytic assessment.

It is essential that families have an opportunity to ask all of their questions – those that we anticipate and those that we may come as a surprise. Perhaps the most important thing we can do is to make sure that families understand all of the information presented. It is the behavior analysts' responsibility not only to document the results of assessments, but

also to ensure that caregivers completely understand those results. It is best to take the time necessary to talk to families about the assessment results, and about what that means.

This said, it is also our responsibility to empower families with knowledge. Truly understanding the results of assessments does not mean possessing only a superficial understanding. Rather, it is an opportunity to understand the assessment itself and what it may mean in the development of goals and intervention plans.

Investing the time in sitting down with a family, explaining results, and allowing opportunities to clarify any questions will create amazing returns in the effectiveness of our programming as well as the enthusiasm of those who assist us in carrying it out.

Examples from the Field

Written by Jacob Sadavoy

I can hear the voices of many clinicians clamoring that the client is disinterested in the data or do not care about graphical interpretation of the client's performance. That has happened to me too, numerous times. But, as a behavior analyst, I have to make a greater effort to help the client understand the data and relate it to something of value to them. It is not up to the client to interpret the data I collect, it is up to me to display it in a way they can understand. In Chapter 1, we discussed language and the importance to share behavior analysis colloquially; graphic displays and data are no different.

3.05 Consent-client Records

Behavior analysts obtain the written consent of the client before obtaining or disclosing client records from or to other sources, for assessment purposes.

Explanation

Written by Ann Beirne

Consent is an essential concept and, according to the Professional and Ethical Compliance Code[®], one that is an essential component in many aspects of our work. Clients and client surrogates, such as parents or guardians, have a right to both privacy and confidentiality. Privacy refers to the client's right to decide what is disclosed, whereas confidentiality refers to the right to decide *to whom* such information is given. To review information without such consent may not violate a client's right to privacy, since this has already been revealed, but does violate confidentiality.

When assessing behavior, it is necessary to obtain consent for the client or client surrogate before seeking out information from other sources or disclosing information. The stipulation that such consent must be written is of paramount importance, in part to protect the behavior analyst from liability. However, another compelling reason is to allow the client or client surrogate the opportunity to give consent in a way that reflects that it is informed. Clients must be informed which records are requested or shared and must document their assent to disclosure.

Considerations

Written by Ann Beirne

It has often been said that patience is a virtue. In behavior analysis, particularly for those of us who work with vulnerable populations, the opposite may in fact be true. It is our

impatience, rather than our patience, that provides the motivating operations necessary for us to engage in the difficult work of human services and to maintain our “teaching behavior.” Our impatience is what motivates us to promote meaningful behavior change rather than waiting and seeing what will happen without our intervention. It is central to the right to effective treatment that we intervene in the establishment of behavior change. Impatience, in behavior analysis, is a virtue. And it is a virtue that many of us have in great supply.

It is in our adherence to the Code element that we return to the idea of patience being a virtue. Our drive to resolve the issues and the motivation of own desire or the desire of others to change a problematic behavior can often cloud our judgment. We may be pressured to complete evaluations before consent is given by school administrators or other stakeholders who fail to understand why we “can’t just take a look.” We must guard against either the internal or external pressures to move forward with an assessment, and certainly a behavior plan, until consent is acquired. Additionally, we must understand that their impatience is also often a virtue, and guard against our impatience acting as a vice in this case.

In the cases where consent is not given, we often have little choice but to accept that the individual or the individual’s family is simply not ready to begin this process. It may not, at this point, represent a persistent or severe enough referral problem to necessitate assessment or intervention. And, in those cases, we must accept that an assessment should not be performed.

The science of behavior analysis is one of tremendous power and that power must be used responsibly. Using the science of behavior analysis, we *can* teach anything. However, this is not an indication that we *should* treat *everything*. Nor is it an indication that every behavior should be assessed, regardless of our opinion on its importance. Only those behaviors which have relevance that is indicated by consent to assess should become a priority for teaching. Priorities are not decided by the behavior analysts, but by the clients.

Examples from the Field

Written by Jacob Sadavoy

On occasion, I have been asked to share graphs and data with a third party. It does not happen frequently and if it does, it is usually with a medical professional or, on occasion, a related service provider. In these instances, I make sure I receive a formal signed request even when the client prefers that I accept an informal email outlining their request. The extra task demand on the client is not only a nuisance for them, but also a way to demonstrate the severity in which behavior analysts safeguard confidential information.

Ethics and Functional Analysis

Written by Michael Dorsey and Mary Jane Weiss

Introduction

Functional assessment and functional analysis (FA) technologies have been extant in the field for decades, and the mandate to use these tools has also been clear for decades. One of the historic defining differences between the field of behavior modification and the field of applied behavior analysis (ABA) has been the advent of the functional analysis age (Bailey & Burch, 2005). Instead of focusing solely on behavior reduction, as was the case in the “B Mod” era, interventionists seek to understand the maintaining variables

and develop function-based treatments to address them. This was a monumental shift in the way in which challenging behaviors were construed and treated. Clinicians sought to identify the communicative function of behaviors and create more comprehensive approaches to behavioral intervention. Support plans contained both preventative/antecedent strategies, to reduce the likelihood of the behaviors, and replacement skills, which enable the person to meet their needs in a prosocial and appropriate alternative manner.

Reviewing the existing literature for the support of functional analysis technology is beyond the scope of this paper. However, suffice it to say, functional analysis is an evidence-based practice that has been shown to be highly effective in identifying and treating many complex challenging behaviors. While there has been some criticism of the methods (e.g. based on time efficiency, need for training, risk of implementation), there has been strong consensus that FA methods should be used to increase the efficiency and effectiveness of behavioral intervention. A number of variations of the Standard FA procedure have been developed (e.g. brief FA, latency-based FA, precursor FA, trial-based FA), and several of them have accumulated substantial evidence, while others are promising and await additional data (e.g. an interview-informed synthesized contingency analysis or IISCA). Some of these variations address some of the logistical and safety concerns raised about the Standard FA (Hanley, Iwata and McCord, 2003; Iwata and Dozier, 2008; Dixon, Vogel, and Tarbox, 2012). The Standard FA remains the most tested and empirically supported format, and is the basis for the variations that have been explored.

While the field has embraced function-based treatment and the need for assessments to guide such individualized interventions, there is still a lack of consensus about how these procedures should be trained and implemented. There are also myriad examples of conduct around these matters that might be described as unethical, or at least as clinically questionable. In this piece, we will explore the ethical challenges that may arise in the context of functional assessment/analysis and provide some guidelines for adherence to ethical conduct guidelines in this regard.

The Ethical Mandates

It is clear from the Behavior Analyst Certification Board® Professional and Ethical Compliance Code® that functional assessments and functional analyses are required. Code Section 3.01 on Behavior Analytic Assessment states, “Behavior analysts conduct current assessments prior to making recommendations or developing behavior change programs.” Further, it states that, “the type of assessment is determined by client’s needs and consent, environmental parameter, and other contextual variables. When behavior analysts are developing a behavior reduction program, they must first conduct a functional assessment.”

Additional sections of section 3 of the Code add more clarity to the mandate. For example, in Section 3.02, it states, “Behavior analysts recommend seeking a medical consultation if there is any reasonable possibility that a referred behavior is influenced by medical or biological variables.” Here we are reminded of the need to ensure that medical issues are assessed and addressed, and that the biological-behavioral interface is thoroughly considered. Section 3.03 outlines the need for consent, stating, (a) “Prior to conducting an assessment, behavior analysts must explain to the client the procedure(s) to be used, who will participate, and how the resulting information will be used. (b) Behavior analysts must obtain the client’s written approval of the assessment procedures before implementing them.” While behavior analysts are generally meticulous about obtaining consent for intervention, they may not be as careful around assessment. In fact, written consent is required for any assessment.

In Section 3.04, behavior analysts are also reminded of our obligations to explain the results of assessments, “using language and graphic displays of data that are reasonably understandable to the client.”

In addition, other code sections outline our obligations to provide the least restrictive alternative (4.09), to ensure the right to effective treatment (2.09), to operate only within our scope of competence and accept only clients whom we have the ability to effectively serve (2.01 and 1.02). In all of these sections, we are reminded of the need to operate in the best interests of the client and of our obligation to use state-of-the-art, evidence-based procedures.

In addition, the Task List, which outlines all of the skills, abilities, and knowledge objectives associated with mastery of the field’s content, also specifies specific content relevant to functional assessment/functional analysis. In the Fourth Edition Task List, clinicians must be able to “design and implement a full range of functional assessment procedures.” In the Fifth Edition (2020), clinicians will need to conduct a functional analysis and interpret FA data (F-8 and F-9). Furthermore, there is an expectation that the FA technology could be extended to assessing performance problems in staff (I-6).

Gap in Practice

Given these strong data, and given the professional consensus and ethical mandate, one would assume that FAs are highly valued and routinely used by practicing behavior analysts. Sadly, this is not the case. Oliver, Pratt, and Normand (2018) found that close to half of behavior analysts surveyed reported that they did not use FA procedures. There appears to be a gap between what the professional literature and the governing professional organizations have concluded about the need for using this technology and the skill set of the everyday behavior analyst in practice.

Furthermore, the ways in which FA are used may have associated ethical risks. The following hypothetical cases reflect some areas of concern/danger that clinicians may encounter.

Scenarios

Joe is a behavior analyst working in a residential setting who oversees 54 cases. He often is scrambling to get his work done and spends many days “putting out fires.” One day he receives a call about Anna, a 54-year-old woman with developmental disabilities who is refusing to go to program. For the third day in a row, this woman has stayed in bed instead of going to program. The behavior is new and unusual. Joe recalls that Anna has a history of escape-motivated behavior, and tells the staff member to prompt Anna to get out of bed and to get to program. Fast forward a month, Anna has continued to refuse to go many places, has lost weight, and has begun sleeping excessively. After a thorough medical evaluation, Joe and staff learn that Anna has a serious illness that has impacted her energy.

Joe has violated several ethical codes here, as well as best practices. Providing recommendations in the absence of direct observation or a new assessment is not appropriate, especially since the behavior is new. Behavior analysts do not provide plans in the absence of assessments (3.01). In addition, the omission of a medical consultation is a notable problem (3.02).

Bob is involved in supervised independent fieldwork. His supervisor has suggested he do a latency-based FA to assess severe aggression. Bob has never done a latency-based FA, and expresses trepidation. His supervisor hands him a couple of articles and a review paper, and tells him to give it a whirl.

Bob's supervisor has engaged in inappropriate delegation of tasks, assigning Bob tasks he is not qualified to do and failing to provide adequate preparation and competency-based training (5.03 a and b). This is likely to result in ineffective treatment (2.09).

Tyler is a 23-year-old man with autism who exhibits severe self-injury. The behavior analyst (Jeanine) notes that it has been some time since his last FA, and decides to conduct a new one, thinking it may shed new light on function. Jeanine plans a Standard FA, despite the voiced concerns of several team members concerned about the level of self-injurious behavior. Jeanine also does not consult with the nursing team about the FA, about how and whether protective equipment should be used in the FA, and does not invite them to the sessions to provide medical monitoring.

Jeanine has failed to include medical personnel in important elements of this high-risk assessment (3.02). She has also failed to consider the most appropriate format for the assessment, given the characteristics of the learner and the dangers involved (3.01a).

Research Questions

There are many unanswered questions about FA methodologies, as it is an evolving evidence-based practice. It would be interesting to develop the means to identify the function of a challenging behavior and an effective function-based treatment in the absence of an FA. Identifying and training a nuanced skill set in this regard could greatly increase the efficiency of assessment and intervention, leading to significant outcomes sooner. More refined methodologies need to be extended to several continuing challenges, including the identification of functionally equivalent replacement behaviors and the interpretation of confounding FA results. More research on FA interviews, including component analyses and validation studies, is needed. Replication methodologies and extensions are also needed, as well as methods for examining the impact of setting, the sequence of settings used in a phased assessment, and the role of cultural and language issues in FA.

What Is a Clinician to Do?

It is important to consider ethical practice at every stage of assessment and intervention, especially in the realm of challenging behaviors.

- 1 Obtain written and informed consent for all assessments and all treatments
- 2 Ensure medical rule-outs, clearance, and monitoring as appropriate
- 3 Consider the range of FA alternatives and choose the best procedure for the clinical presentation context
- 4 In training and in supervision, remember the delegation of obligations. Ensure that trainees and supervisees are not asked to do procedures for which they have not

- demonstrated competence. Ensure competence and comfort before expecting independent implementation
- 5 Stay abreast of research and developments results in clinical guidelines as they relate to the evolving technology of FA. Read the research literature and attend trainings on this topic.

Take Home Messages

As delineated in the above section on research questions, the FA technology is impressive, but many elements of its use require skill, training, and analysis. The need for training and supervision in the context of FA is crucial to developing clinicians who can use this powerful technology safely, humanely, effectively, and in a conceptually systematic manner that aligns with the core principles of ABA.

The ethical obligations include the need to assure that clinicians considering its use evaluate whether they possess the skill set or need assistance in planning and implementing the procedures. It is also imperative that medical and safety concerns are considered in planning and in consent, and that a risk-benefit assessment is part of every decision to conduct an FA. Behavior analysts are encouraged to stay abreast of developments in the research literature and in the ethical guidelines that surround the application of these procedures. On individual and organizational levels, behavior analysts must strive to create, nurture, and maintain an ethical culture of assessment and intervention.

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5 Section 4.0: Behavior Analysts and Behavior-Change Programs

Peter Gerhardt

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

This section of the Professional and Ethical Compliance Code[®] addresses our responsibilities with respect to designing and implementing programming. How do we operate in our clients' best interests? Are the ways in which we assume we are accomplishing this goal actually standing in the way?

These are not insignificant questions for those of us who provide direct clinical services. And they are questions that have always challenged behavior analysts. In his 1978 article, *Social Validity: The Case for Subjective Measurement or How Applied Behavior Analysis Is Finding Its Heart*, Montrose Wolf writes:

Colleagues, editors, and community members were asking us about the behavioral goals that we had chosen for training the teaching-parents and the youths participating in the community-based, family-style, behavioral treatment program at Achievement Place. They would ask us: "How do you know what skills to teach? You talk about appropriate skills this and appropriate skills that. How do you know that these are really appropriate?" We, of course, tried to explain that we were psychologists and thus the most qualified judges of what was best for people. Somehow, they didn't seem convinced by that logic.

In this chapter, we will be exploring the sometimes-messy process of addressing the needs of our clients rather than assuming that we know best.

4.01 Conceptual Consistency

Behavior analysts design behavior-change programs that are conceptually consistent with behavior-analytic principles.

Explanation

Written by Ann Beirne

In the very first issue of the *Journal of Applied Behavior Analysis*, the tone was set for what and would not meet the standards of the field. In this article, Baer, Wolf, and Risley (1968) laid out the expectations for publication, and, by extension, for practice. They wrote that, in order to progress, the field should strive to remain *conceptually systematic*. In other words, any procedures that we use in practice are based on behavior-analytic principles.

Any programming that we implement should be based on these behavior-analytic principles without adding "extras" from other fields. Not only would you be very unlikely to

see an article that explores the use of past-life regression therapy to teach toilet training, you should not be using it in practice either.

Our programming must adhere to the principles of our field. Just as we practice within the boundaries of our competence, we also practice within the boundaries of the principles of behavior analysis.

Considerations

Written by Ann Beirne

Within this Code element, we arrive at an interesting conundrum. If we are required to restrict our practice to those which are consistent with behavior-analytic principles, how then can we be adequately assured that other practices are inconsistent with scientific evidence? And by extension, how can we be sure that our own principles and the practices that are derived from them are evidence based? It is often said that absence of evidence is not evidence for absence. With that in mind, how can evidence be determined?

In one study, sensory integration techniques are compared to behavioral techniques in the treatment of challenging behavior (Devlin, Healy, Leader, & Hughes, 2011). It should be no surprise to those of us in the field of behavior analysis that the results concluded that behavioral intervention was far more effective in decreasing challenging behavior. This study would certainly add to the body of research in support of our work, but would it be considered ethical?

In clinical work, this question becomes even more pressing. Can our work incorporate tactics associated with other philosophies and methodologies and remain conceptually systematic?

In Chapter 2, in our explanation of the obligation of behavior analysts to rely on scientific knowledge, we discussed that the efforts to remain consistent in our approach to behavior may be challenged by clients who wish to try methodologies which are not behavior-analytic.

Some of these methodologies, however, can be considered behavior analytic if framed correctly. While the use of an oral sensory chewable piece of jewelry to decrease self-biting may not be considered behavior analytic at first, could this be considered a similar procedure to a differential reinforcement of alternative behavior? Perhaps it could if the programming reflected this philosophy. If we were to agree to follow a “sensory diet,” could this be planned as a noncontingent reinforcement procedure? Perhaps it could if the activities were preferred and the planning of such activities were done with this philosophy in mind.

Applied behavior analysis is a science, and, as such, explains phenomena that already exist. These phenomena exist in a world that includes sensory activities and these stimuli can be incorporated into a behavior-analytic program.

Examples from the Field

Written by Jacob Sadavoy

This seems intuitive. Behavior analysts follow behavior-analytic principles to create behavior-change programs. However, in reality, that is not always the case. Last week, I was consulting a classroom in China. They had a system of “reinforcement” in which the students in the classroom would earn a happy face icon on the whiteboard upon completion of each of the three stages of the lesson. Upon getting the third happy face, the

class would be over and the students would transition to the next class. In this example, the happy faces are not reinforcers, as they do not increase the likelihood of a targeted behavior. Despite this “working” for the classroom, as per the teacher, this approach is not consistent with behavior-analytic principles.

In a different school in China, they are using a sensory-based assessment to measure the student’s biannual progress. This assessment is reported to be quicker to complete than the Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) and, as such, it is the assessment of choice. For a school of over 120 students, I appreciate the desire to do a quick assessment. However, one cannot perform an assessment, and develop targets based on the assessment results if it is based on sensory developmental and still call it a behavior-analytic program.

A related service provider demonstrated a concerning method to elicit mands; the practitioner would make the learner uncomfortable. In an attempt to have the learner say “I don’t like this” or “I want to go,” the practitioner was encouraged to lay atop the learner, squeeze them tightly, or stand on their feet as a means to promote discomfort and elicit the mand, “I don’t like this” or “I want to go?” The general procedure for positive reinforcement manding entails presenting a preferred item to the learner and prompting an appropriate response to request the preferred item. Once the appropriate request response is made, the preferred item is provided. This procedure is widely recognized and outlined by many authors and the area of positive reinforcement manding is well-documented and empirically validated (Charlop, Schreibman, & Thibodeau, 1985). By contrast, the literature on manding for negative reinforcement of nonpreferred items is limited (with the exception of correspondence checks, which is a different way of manding for the removal of a non-preferred item entirely) (Frost & Bondy, 2002).

4.02 Involving Clients in Planning and Consent

Behavior analysts involve the client in the planning of and consent for behavior-change programs.

Explanation

Written by Ann Beirne

Clients must be involved in their own programming. There it is, explicitly stated in the Code.

In order for our programming to be successful, it helps if clients can approach it with enthusiasm. It would stand to reason that the things that are the easiest to learn are those things you really *want* to learn. After all, the learning itself could then serve as a reinforcer. As the behavior change begins to take hold, that change would be supported.

At the Global Autism Project, we are committed to working with our service partners, which means that we do our work *with* them, rather than *for* them. Rather than make assumptions about the appropriateness of proposed interventions in a country we have never visited, with our feedback translated into a language we do not speak, we have to begin by listening. What do these individuals in this situation need? What do they want? What are the unique challenges and hopes of this particular center, here and now?

If we begin by involving our clients in the programming, the results can surpass our greatest expectations.

Considerations

Written by Ann Beirne

Many of the practitioners of applied behavior analysis are neurotypical individuals working with individuals with autism spectrum. And many of us may have entered the field hearing that applied behavior analysis was “the most effective treatment for autism spectrum disorder.” And some may have tossed about the words “recovery,” or even “cure.”

As the voices of individuals with autism begin to be heard, there is a bitter truth that rises to the surface: many autistics (as self-advocates often refer to themselves) *are not interested in a cure*.

In some cases, the term used for recovery from autism spectrum disorder is “best outcomes.” Surely, many behavior analysts say, through a neurotypical lens, recovery from autism is the best outcome. What other outcome could we want? But to many autistics, this erases an integral part of their identity. The best outcome is not necessarily being “indistinguishable from peers,” as many describe recovery, but being able to live full and rich lives. Having a life that includes health, safety, relationships, gainful employment, pursuing one’s own interests, happiness in all of its forms – this is a life that many would consider the best outcome. Who among us really wants to be indistinguishable from peers?

Applied behavior analysis, referred to as ABA, places great emphasis on social significance. In fact, the first “A” in “ABA” stands for “applied.” The question then becomes, “socially significant to whom?” Is the goal here to promote meaningful behavior change or to make everyone else more comfortable? What is the benefit of this program *to this client*?

Applied behavior analysis does not need to be a curative intervention. It can instead be a supportive one. We do not need to “cure” autism, or even imply that such a cure is necessary or beneficial. Instead, we can focus on meaningful behavior change – reducing self-injury, promoting communication, and establishing autonomy.

It has been said that we have two ears and one mouth, so that we can listen twice as much as we speak. It is the responsibility of every behavior analyst to listen to their clients, even when what they say is a bit difficult for us to hear. This is the best way to promote lasting *and meaningful* behavior change.

Examples from the Field

Written by Jacob Sadavoy

The Global Autism Project promotes a neurodiverse workplace. One of the great things about a neurodiverse workplace is how they promote approved staff behavior across all employees. All employees are required to evaluate their performance quarterly and come up with a few meaningful goals to improve work efficacy. For example, punctuality is a target goal for a few employees that is shared across those that are neurotypical and autistic. Strategies will be discussed on how to improve punctuality, which is individualized, and data will be collected and evaluated to ensure that the employee is given timely feedback whether the skill is trending positively or negatively.

One of the most rewarding experiences was sitting in a transition plan meeting for a client I have had for many years who was able to self-advocate for him and select the job placements that he thought would be an appropriate fit for himself. Our ethical code recognizes the importance of the client to have an active role in their own program; choice is critical (Parsons et al., 2012). Who is better to tell us how to proceed with a behavior-analytic program than our clients?

4.03 Individualized Behavior-change Programs

- (a) Behavior analysts must tailor behavior-change programs to the unique behaviors, environmental variables, assessment results, and goals of each client.
- (b) Behavior analysts do not plagiarize other professionals' behavior-change programs.

Explanation

Written by Ann Beirne

Applied behavior analysis, though often referred to as a treatment for autism spectrum disorder, is not a treatment at all but the science which involves the application of behavioral principles. There is nothing in either the definition of applied behavior analysis or the common practices that indicate that behavior-change programs cannot be individualized. Behavior-change programs must be individualized to the client's needs and the needs of the environment.

In addition, it is our ethical obligation to give credit where credit is due. This relates directly to another Code element, which requires that behavior analysts are truthful and honest. Behavior analysts do not take credit for the works of others. This may be dealt with in the same way that plagiarism is dealt with in your classes – by providing citations.

There are several additional advantages to the provision of citations within a behavior plan. In addition to allowing credit to be given to those who have laid the foundation for our clinical practices, it also affords us the opportunity to do more thorough investigation into the necessary components of these procedures.

Considerations

Written by Ann Beirne

A frequent criticism of applied behavior analysis is that it is a cookie cutter approach that does not address individual client needs. Detractors often claim that applied behavior analysis programs are indistinguishable, particularly those that address the needs of children with autism spectrum disorder. And many of us in the field often do battle against this accusation by refuting these claims, insisting that every program is individually tailored for each client.

However, it is true that for those of us who tend to specialize in certain age groups and who work on skill development that many of our programs do bear a striking resemblance to each other. The developmental needs of two children with emerging speech, for example, will undoubtedly be similar. Just as two preschool classrooms with different children may be similar in their approach, two behavioral programs that address similar needs may look very much alike.

It is not necessary that the programs we design look drastically different from each other. It is necessary only that the program addresses the individual needs of the client. If those *needs* bear similarity to each other, then a program that addresses these needs will undoubtedly do so as well.

Examples from the Field

Written by Jacob Sadavoy

I have often been asked what I thought about ABA Software Systems. There are several on the market and some are really comprehensive and thorough. My big concern with ABA Software Systems is the potential for behavior analysts to be lazy and use the

program as written. This has happened several times with a home program I was overseeing. There are many advantages, for example, access to graphs instantly, data access without physically going to the home, a program bank, etc. However, I found the program to be less individualized than other home-program clients that used a paper binder to track progress. I was also concerned that new behavior technicians were not given the opportunity to critically examine and problem solve what the next target could be, as it was provided in the program based on the program mastery or revision criteria. Last, I do not see how a computerized program can consider the applied aspect of ABA. How can the program know the client's individualized profile based on the environment and what constitutes social significance? Further, what is socially significant in one part of the world will differ from what is socially significant in another part.

I firmly believe that one could have an excellent individualized program using ABA Software (Artoni et al., 2018). I would however always worry about the new therapist who is not getting the experience of putting pencil to data. Or maybe I am just old fashioned.

4.04 Approving Behavior-change Programs

Behavior analysts must obtain the client's written approval of the behavior-change program before implementation or making significant modifications (e.g. change in goals, use of new procedures).

Explanation

Written by Ann Beirne

Clients must approve the behavior-change program before its implementation and when any significant changes are made. Simply put, programs cannot be implemented without such consent.

As Wolf (1978) states in his description of social validity, this concept includes the social appropriateness of the procedures. If we do not have the consent required, such social appropriateness cannot be established and thus our programming would no longer be considered "applied."

The social significance of our programming is not secondary to our work. It is the cornerstone of it.

Considerations

Written by Ann Beirne

When working with families and children, it is often tempting to simply get to work, rather than take the time to stop and review the procedures and goals. However, the importance of the words "in writing" cannot be overstressed in this case.

It is important to remember that, like any human service profession, behavior analysts are often working with clients or families in crisis. Many families come to us in desperation, ready to do virtually anything to ensure their child's health and safety. The professionals who work with these families may not take into account how distracting this desperation can be without every opportunity to understand the procedures used in behavior-change programs. Even with the best of intentions, families may unwittingly commit to more than they can reasonably do, or more than they can completely understand. I have encountered many families who have not understood the details of a

behavior-change program, or even the fact that such a program had been put in place, simply because they had only given verbal consent.

Having the procedures clarified in writing allows the client or client surrogate the time necessary to review the components of the behavior-change plan, to ask any necessary questions, and to gain a full understanding of the procedures and their rationale.

Examples from the Field

Written by Jacob Sadavoy

Whoever coined, “it is better to beg for forgiveness than ask for permission,” was not a behavior analyst. Under no circumstances should a behavior-change program be implemented or altered without signed consent. I recall a horrific situation in which a client was on a behavior plan for screaming. His strongest reinforcer was watching YouTube videos on his computer. The protocol is that the computer would be removed from his visual field if he screamed. I would be lying if I said this was a successful protocol and the classroom lead’s frustration was mounting as the behavior was not lessening. In an instant, this therapist broke protocol and, in that moment, which he later called “probing,” removed the student and put him in a closet as opposed to his computer. There are no words to describe how awful this is from a behavior-analytic perspective or through the lens of client dignity.

Any behavior analyst would agree that the above example does not constitute a probe. Further, one is not allowed to try something new in the middle of a behavior-change program. Sudden changes in protocol need to be discussed and signed consent secured before moving forward. It is a method to ensure that everyone is in agreement and prevent rogue and ill-conceived decision-making “probes.”

4.05 Describing Behavior-change Program Objectives

Behavior analysts describe, in writing, the objectives of the behavior-change program to the client before attempting to implement the program. To the extent possible, a risk-benefit analysis should be conducted on the procedures to be implemented to reach the objective. The description of program objectives and the means by which they will be accomplished is an ongoing process throughout the duration of the client-practitioner relationship.

Explanation

Written by Ann Beirne

This Code element requires that we describe the goals of the intervention. What do we hope to gain from this behavior-change program? How will we know when this goal is met? What procedures are in place to meet this goal? And finally, is the recommended procedure the most effective and least hazardous way to accomplish these goals?

In order to meet the requirements of this code, any program description must include these elements: a description of the goal, a description of the procedure, a rationale for the proposed procedure, and a rationale for the consideration and rejection of other interventions. In addition to a description of the goal and a criterion to determine the mastery of this goal, an analysis of the risks and benefits of the proposed intervention and those of different interventions must be included as well.

Considerations

Written by Ann Beirne

What should a goal in a behavior analysis program look like? Certainly as more and more behavior analysts are advocating for the provision of services through health insurance companies, it becomes a pressing issue. How can we adequately state the goals of our intervention in order to ensure that such interventions are adequately funded? And how do we insure that these goals are relevant for a given purpose?

It would seem that an appropriate area of focus in this case would be the application of these goals to two of the current dimensions of behavior analysis. Goals must be behavioral – behavior that is observable and measurable must be the focus of programming. The outcomes of behavior-change programs must also be effective – the success of such program must achieve practical results for the client (Baer et al., 1968). Additionally, goals must be applied – they must be socially significant.

Here we may look at the recommendations that are often made in educational settings. Teachers are often encouraged to “S.M.A.R.T. goals” in the development of educational objectives for their students (O’Neil & Conzemius, 2006). The acronym “S.M.A.R.T. goal” refers to goals which are strategic and specific, measurable, attainable, results-based, and time-bound. Beginning with the first element, a strategic and specific goal would relate to a particular response or a particular response class. A goal which states, “Jimmy will ask for up to 15 items when these items are present in the room” would be an example of such a goal, whereas “Jimmy will increase his language” would not. The second element states that such goals must be measurable, which certainly aligns with the behavior analysts’ obligation to focus on objective observation in the development of programming. It could be argued that the behavior analyst is separated from other human service fields by exactly this distinction – behavior analysts do not guess what individuals think or feel. Rather, they *observe* what they *do*. A S.M.A.R.T. goal must also be achievable. Every effort must be made to ensure the success of the behavior-change program and to eliminate or compensate with factors that may affect the success of a program. Goals that would be considered S.M.A.R.T. goals must also be results-based.

The requirement to create goals that are results-based and time-bound is directly related to the effectiveness of proposed interventions. Baer et al. (1968) describe the effectiveness of interventions in applied behavior analysis by stating that such behavior-change programs “produce practical results for the client.” Goals focus on these practical results and place a time limit on meeting them.

Examples from the Field

Written by Jacob Sadavoy

I had practiced ABA for several years, as a behavior therapist, before coming across a risk-benefit analysis in a behavior-change program (hopefully all the Board Certified Behavior Analysis® I had worked under previously now include them in their behavior-change plans). I find them extremely helpful. In doing a consent meeting for a behavior-change program, I make it focus to discuss the risk-benefit analysis. Most of the time, the client and I agree; other times, I learn that the behavior is not a concern. One instance in which the latter prevailed was around a food desensitization program; the client’s food repertoire was either a specific brand of chicken nuggets or frozen pizza. I was concerned about the client’s nutritional value. Upon discussing the risk-benefit analysis, we agreed to target the behavior. The purpose of the risk-benefit analysis was not to convince the client to sign off

on a behavior-change program but rather to discuss the scenarios in which the problem behavior may progress or maintain without an intervention. The parent opted to intervene for fear of dietary neglect which could impact her son's health in the future.

4.06 Describing Conditions for Behavior-change Program Success

Behavior analysts describe to the client the environmental conditions that are necessary for the behavior-change program to be effective.

Explanation

Written by Ann Beirne

It has been said that if you fail to plan, you plan to fail. In order to ensure the success of behavior-change programs, planning for success is necessary. What provisions are necessary for a behavior-change program to, in Baer et al.'s words, "produce practical results for the client" (Baer et al., 1968)? The answer to this question differs depending on several factors, including the complexity of the task being taught, the prerequisite skills involved, the communication needs of the client, and the resources available.

It is essential that the necessary provisions for the success of the program be explained as part of the behavior-change program. An honest assessment of what is needed is necessary to move forward with any behavior-change program.

Considerations

Written by Ann Beirne

Many of us in behavior analysis came to this field with a deep desire to promote lasting behavior change and make a difference in the lives of our clients. To some extent, every case begins with a wish list of what we hope to accomplish – the difference that we hope to see and the support and enthusiasm of those who are responsible for implementing the plans we develop.

This is an admirable trait and one that should be cultivated in supervisees and newly minted BCBAs[®]. However, it is equally important to be realistic about the resources in terms of manpower and time.

A behavior-change program must promote change. If such a plan fails to do so, then it must be modified until a meaningful change in behavior is achieved. When we say that behavior-change programs must be effective, what that means is that if such programs do not produce meaningful behavior change, they are modified again and again, and the environmental conditions are also continuously and repeatedly modified.

Over-ambition is the downfall of many behavior-change programs. It is essential to be realistic enough to base behavior-change programs on what is currently available while also being flexible enough to modify plans based on what can be done given the resources available.

Examples from the Field

Written by Jacob Sadavoy

I was consulting a home program and the protocol for aggressive behavior was to put the learner in the closet and wait for him to de-escalate. The closet was located at the other

end of the main hall, in the parent's bedroom. Nowhere in the behavior-change program was it stipulated on how a clinician or a parent would physically transport him from the location of the incident to the closet (none of the team members or parents had crisis management training) or whether the closet would be available during every session. By not clearly describing the environment, I anticipate the consequence for this behavior-change program would be highly variable; many of which are outside the control of the therapists. One can reduce confounding variables and inaccuracies in execution by providing clear and concise expectations regarding the environment in behavior-change programs; otherwise, there will be various contingencies for the same target behavior which will greatly limit progress (Alwell, Hunt, Goetz, & Sailor, 1989).

4.07 Environmental Conditions Which Interfere with Implementation

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

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

Explanation

Written by Ann Beirne

At first glance, it might appear that (a) and (b) are talking about the same thing – an environmental constraint that is an obstacle to program implementation. But there is a subtle distinction that I think deserves some closer attention here.

The first part of this Code element deals with conditions that *prevent* implementation of programming. This means that programming is not possible. Being in a full-leg cast prevents a client from learning to ride a bike. It is time to bring in another professional. There may other medical conditions, along with other considerations that would prevent implementation, certainly. But I would hesitate to call many environmental conditions those which would preclude implementation.

The second part of the Code refers to environmental conditions which *hinder* implementation. This means that programming is more difficult, but not necessarily impossible. Those environmental conditions which hinder implementation can be worked around, or possibly eliminated through careful consideration and adjustment to the training procedures, data collection systems, or adjustment of other aspects of the environment.

Understanding and carefully identifying those conditions that either prevent or hinder implementation is a necessary skill for behavior analyst. However, even more essential is understanding the distinction between them.

Considerations

Written by Ann Beirne

Ethical practice is often a question of self-management. I have found that one of the keys to effective self-management is the mediated response of asking oneself questions in order to self-monitor ethical (or unethical) behavior.

In our discussion of multiple relationships, we explained the importance of asking the question, "Is this for me or is this for them?" Here there is an equally important question to be asked, "Is this essential, preferable, or preferable to me?"

Those environmental considerations which are *essential* would be those conditions on which the success of a behavior program depends. There must be adequate staffing to implement the plan in the first place, there must be reinforcers available, and there must be data collected. For those aspects that would be considered *preferable*, there may be greater flexibility. Is it necessary for staffing to be limited to a few trained individuals, for the reinforcers to be edible, or for data to be collected daily? Those elements which are described as “*preferable to me*” would be those aspects which are a factor of habit more than that of the impact on effectiveness. Is it necessary for those implementing programs to be BCBA[®], for data to be collected during certain times, or for chocolate chip cookies to be used as reinforcers?

Asking yourself the question, “Is this essential, preferable or preferable to me?” is one way to acknowledge the differences between those environmental conditions that prevent implementation and those that merely hinder it.

Examples from the Field

Written by Jacob Sadavoy

Upon being certified as a trainer in Professional Crisis Management, one of the focal points when crisis happens is being aware of the environment. All scenarios need to be carefully thought out, discussed, and consent signed before an intervention be implemented. In some cases, it is necessary to have two staff for transport or immobilization. If there is only one staff member available, the crisis management plan changes accordingly.

A colleague once shared his frustration regarding a physical behavior-change program for a larger client. He was successfully able to follow the protocol as written, but nobody else on the team could and the client’s mother certainly could not. In this scenario, environmental conditions hinder implementation of the behavior-change program, thus my colleague should seek to eliminate the environmental constraints, which in this case is implementing the protocol as written without support. If this cannot be rectified, my colleague should acknowledge the obstacle in writing and seek an amendment in the behavior-change program, so that it can be carried out as written by all members of the team.

4.08 Considerations Regarding Punishment Procedures

(a) Behavior analysts recommend reinforcement rather than punishment whenever possible.

Explanation

Written by Ann Beirne

The phrasing of this Code element is abundantly clear. Reinforcement strategies are the intervention of choice if any choice is available. Many beginning behavior analysts interpret this to mean that punishment is never recommended, or that punishment is ineffective. I have heard many students of behavior analysis claim that punishment “doesn’t work.”

The belief that punishment does not work is, unfortunately, easily refuted. Punishment, by definition, is a procedure that results in a decrease in behavior. Given that it is defined by its effect, punishment *must* be effective. Punishment, by definition, does decrease behavior and to perpetuate the idea that it does not is both naive and unscientific.

Where then does punishment fit into our understanding and why is reinforcement preferred? Is our preference for reinforcement yet another example of action that *feels* good

rather than one that *is* good? Does this stance allow us to maintain a high standard of ethics, or are we allowing our ego interfere with our ability to support meaningful behavior change that would make a difference in the lives of our clients?

In order to determine what constitutes meaningful behavior change, it may be helpful to review what is meant by the term “behavior” – anything that an organism does. Behavior must be actively performed and must pass the “dead person’s test,” which states that if a dead person can do it, it does not meet the criteria to be considered “behavior.” By this standard, the behavior change caused by the use of punishment alone would be substandard. The focus of such a procedure would in fact be on the absence of behavior rather than behavior itself. While such a procedure may be effective, an emphasis on non-behavior is not the same as an emphasis on behavior itself. An emphasis on termination of behavior would violate the “dead person’s test.” In other words, punishment does not promote learning, but rather stops it. By emphasizing behavior increase, however, behavior analysts are engaged in the work of learning – the establishment of meaningful behavior change.

Considerations

Written by Ann Beirne

The considerations within this Code element are embedded in the phrase, “whenever possible.” Here we are challenged to question what would be what within the realm of “possible.” What are the limits of this possibility?

There is considerable room for judgment in this case and there are certainly behavior analysts whose views fall on either extreme. There may be some who claim that to stand idly during the painstaking process of more gentle teaching approaches would be a less ethical choice than an intervention that would take hold more immediately. If safety or health is a concern, there are those who may argue that a more time-consuming but less restrictive approach represents a failure to act in the best interests of the client.

However, there are many other behavior analysts who would argue that punishment procedures are rarely, if ever, necessary. These professionals maintain that any behavior problem can – and moreover, should – be treated through the use of reinforcement for alternative behaviors.

The phrase, “whenever possible” brings with it, to some extent, a burden of proof. We must be able to demonstrate – through the analysis of baseline data, through the analysis of the effects of various treatments, and through a thorough risk-benefit analysis – that such a procedure is necessary. This burden is on us to demonstrate that punishment procedures are a necessity.

Though the Behavior Analyst Certification Board® does not directly prohibit the use of punishment, it does not allow punishment procedures to be implemented as a first course of treatment without further consideration.

Examples from the Field

Written by Jacob Sadavoy

I firmly believe reinforcement should be exhausted before punishment is considered (unless certain circumstances require a punishment approach immediately because the target behavior puts the client or others in the client’s environment in danger). This needs to be stated in the ethical code because punishment can be as effective as, and often times more effective than, reinforcement.

I was working with a client and was shown an approach, by a related service provider, that was used whenever the client screamed. The client would be propped up against the wall, unable to move and his lips were kept shut by the practitioner's dominant hand. The parents were on board because it was effective; the behavior was decreasing. Our ethical code did not allow me to perform such a protocol. Previously, I promoted a reinforcement system for positive behaviors, which was also effective. The challenge was that the latter approach was not used consistently, whereas the punishment approach provided immediate positive reinforcement for the practitioner.

Another common example of punishment I see in practice is token removal. Often times, removing tokens is not thought of as a punishment procedure but it is; you are decreasing the likelihood of the behavior from reoccurring by removing something desired (in this case, a token). Similar to the previous example, this strategy (also called a response cost procedure) can yield desired results but employing a response cost needs to be carefully thought out. A target behavior must be known to the learner and the instructor before a response cost is implemented, but, more importantly, it needs to be decided as to whether a response cost is needed at all. A clinical decision based on data as to whether to remove tokens is very different than an emotional decision based on a practitioner's "feeling" that the student does not deserve the token or reinforcement. The latter scenario would benefit the practitioner, whereas the former scenario would support the client.

(b) If punishment procedures are necessary, behavior analysts always include reinforcement procedures for alternative behavior in the behavior-change program.

(c) Before implementing punishment-based procedures, behavior analysts ensure that appropriate steps have been taken to implement reinforcement-based procedures unless the severity or dangerousness of the behavior necessitates immediate use of aversive procedures.

(d) Behavior analysts ensure that aversive procedures are accompanied by an increased level of training, supervision, and oversight. Behavior analysts must evaluate the effectiveness of aversive procedures in a timely manner and modify the behavior-change program if it is ineffective. Behavior analysts always include a plan to discontinue the use of aversive procedures when no longer needed.

Explanation

Written by Ann Beirne

One of the assumptions of a functional assessment, and of our science as a whole, is that all behavior is maintained by reinforcement. To phrase this more simply, behavior persists because it is successful in acquiring reinforcers and avoiding aversive stimuli. The only appropriate answer to the question, "Why does this client engage in this behavior?" is simply, "because it works." Behavior persists because of reinforcement.

It is not a great leap of logic to assume that, if reinforcement maintains behavior, motivating operations, or those environmental conditions which affect the effectiveness of reinforcers, would also be present. These motivating operations might be casually described as "desire" – the uncomfortable conditions that increase the likelihood of behavior and make the reinforcer more valuable. If those conditions persist as well, they must be equally addressed.

While a specific behavior may be a problem, the fact that it addresses a specific need or desire may not be. Everyone deserves and is entitled to attention, a break from demands and physical comfort. The uncomfortable conditions that evoke the behaviors that gain access to these do not necessarily disappear, even if the behavior does.

Increasing a behavior that addresses these motivating operations allows us to decrease a disruptive or dangerous behavior while also meeting the client's needs. In this way, learning is promoted and encouraged, rather than simply halted.

Another essential component of a responsibly and ethically implemented punishment procedure is the oversight and training of those responsible for implementing such procedures. The responsible implementation of punishment procedures is not to be taken lightly, and is never to be left to the judgment of those who may be unaware of the ethical considerations involved.

It is a phenomenon of structured punishment procedures that the act of delivering punishment can be reinforced. When the target behavior, which is presumably aversive to the observer, decreases, it results in *negative reinforcement* of punishing. This can be a seductive lure to those invested in a decrease in behavior. The power of reinforcement is a factor that behavior analysts recommending such procedure must be aware of, guard against, and plan for.

Considerations

Written by Ann Beirne

As stated previously, applied behavior analysis is a science rather than a set of practices. As such, it is the study of phenomena that already exist. The behavioral principles that we have identified through the experimental analysis of behavior existed long before they were discovered or named and it is important to acknowledge that they have always been used deliberately. However, it is equally important to acknowledge that this procedure has also been the result of natural consequences.

It is a common misconception that behavior analysts use punishment liberally and without discrimination – that applied behavior analysis practitioners use it regularly and have historically done so. As difficult as this may be to hear, it is important to acknowledge that punishment procedures are in fact woven into the tapestry of our history. If we are committed to honest representation of our work, we must make the painful admission that yes, punishment has been used in applied behavior analysis programming.

It could be argued, as I often have, that punishment was more universally used across the board at one time and that it is only the use of behavioral technologies and the study of the power of reinforcement strategies that has encouraged their use as an alternative. Punishment remains the treatment of choice in many areas around the world, particularly in programs that do not employ behavior analysis. However, the use of punishment procedures in our past as well as in our present is a reality, and it is best to face that with open eyes.

Some, though certainly not all, behavior analysts do use punishment procedures as part of their practice. It is not expressly forbidden by the Professional and Ethical Compliance Code[®], though it is by no means applied liberally either. The use of punishment procedures carries significant risks, and those that implement these procedures must follow these Code elements in order to do so ethically.

Examples from the Field

Written by Jacob Sadavoy

I was consulting a home case and the mother was explaining the behavior-change program that was created by her BCBA[®]. It was a complicated transport procedure from his desk in his bedroom where he works to a safe area, a closet in his parent's bedroom. The belief was that he would return to the work task upon being given a contingent break where he was unable to make contact with a therapist or family member (because he was

in his enclosed safe area). The first question I asked, and I had many, was: what is the replacement behavior we are trying to teach? Are we teaching him to request a break? How can we reinforce him for engaging in an appropriate behavior? Her response was that he would be given a checkmark for successfully completing the task and, upon getting all but one of his checkmarks for the day, he would access a reward at the end of the day. It was great that reinforcement is available for the absence of the behavior, but again I asked what specific behaviors are we reinforcing? Does your son know what the expectations are and how to earn a checkmark? By Socratically asking the right questions, we had a punishment procedure that wasn't fully thought out. The client would essentially be punished by removing him from the work task without a targeted behavior to teach as a replacement, designated for reinforcement.

Many therapists, including me, have at some point employed a response interruption and redirection (RIRD) strategy. In an RIRD, a client's vocal stereotypy would be interrupted by requesting the learner to complete a high probability series of mastered demands and then redirecting the learner to respond accordingly. The clinician would essentially be decreasing the probability of vocal stereotypy and increasing appropriate behaviors (e.g. answering social questions or responding to echoic targets) (Ahrens, Lerman, Kodak, Worsdell, & Keegan, 2011). This is a positive punishment approach and though effective in the moment, there have been studies that raise questions as to the effectiveness of an RIRD approach with respect to generalization and effectiveness in reducing the behavior long term (Cassella, Sidener, Sidener, & Progar, 2011).

As discussed earlier, there is a place for punishment-based procedures if they are used to protect the client from being in a dangerous situation. This is the only time in which reinforcement can be forgone in an effort to protect the client or others in the client's environment. As a Professional Crisis Management trainer, there would be situations in which it was essential to use crisis management strategies before implementing reinforcement-based procedures. For example, one would not use a planned ignoring strategy for a client who is running toward a busy street. In this instance, I would use a vertical immobilization and likely a vertical transport if appropriate, both of which are positive punishment procedures.

Having a client fitted for a helmet or wearing boxing gloves to soften self-injurious blows to the head are both examples of strategies that could be implemented prior to using a reinforcement-based procedure to minimize damage to the skull.

In all examples in which punishment-based procedures are initiated before reinforcement, the goal remains the same; increase a designated replacement behavior(s) and use reinforcement for that behavior as soon as possible.

Aversive procedures, like any program, should have a revision criterion as well as a plan for discontinuation (similar, in a way, to a mastery criterion). However, unlike your typical program, aversive procedures must be reviewed regularly, all irregularities must be reported to the supervising clinician, and limits must be in place to ensure there are safeguards for practitioners and the client.

There was a student I met in India who was kept in social isolation for having a variety of challenging behaviors. There wasn't a supervising behavior therapist on site, so having a prolonged aversive procedure went unnoticed. Every effort should have been made to support the student's reintegration into his classroom as soon as possible.

4.09 Least Restrictive Procedures

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

*Explanation***Written by Ann Beirne**

There are many procedures that may promote behavior change for our clients and often the development of behavior-change programs involves not one obvious choice, but rather a selection of several possible choices.

As written above, there are several factors which may affect the decision of which behavior-change procedure is ideal for this client and for this environment. Among these factors is the restrictiveness of the procedure. Restrictiveness is often considered to be subjective and informed by social acceptability of the procedures in relation to the severity of the behavior. Several other factors are also considered in the acceptability of procedures, including the effectiveness and intrusiveness of proposed procedures. Procedures that focus on the reinforcement of behavior, rather than punishment procedures, are considered to be a more ethical alternative.

*Considerations***Written by Ann Beirne**

When considering our requirement to consider the least restrictive alternatives, it is necessary to point out that we do not seek the least restrictive alternative, but rather the least restrictive and ethical alternative that is likely to support lasting meaningful behavior change. The anticipated effectiveness of recommended procedures must also be a factor in the decision-making process.

Our ethical requirement to consider the restrictiveness of a given procedure is not free license to stand idly by if a client is in danger, but rather a caution against the implementation of restrictive procedures when other alternatives are available, as they often are.

Certainly, there are many factors to be considered when recommending procedures, and the behavior that is potentially dangerous must be treated. Just as certainly, the safety and dignity of clients must be maintained. The balance between these may be difficult to maintain, but such considerations must be taken into account when developing behavior-change programs.

*Examples from the Field***Written by Jacob Sadavoy**

I was responsible for the transition of students from a 1:1 intensive behavior intervention program to a classroom environment. The 1:1 program was on the ground floor, whereas the group learning environments were on the second floor. It was deemed necessary that, every time one of the transitioning students had a serious problem behavior which impeded the learning of his classmates, the student would be removed from the classroom and taken downstairs. This procedure was absurdly restrictive. Imagine transporting a student down stairs or in an enclosed elevator. This procedure put the student and practitioner at a greater risk of injury. A least restrictive procedure would have the client moved to the hall or the other students resuming the lesson in a different classroom.

4.10 Avoiding Harmful Reinforcers

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

Explanation

Written by Ann Beirne

Behavior analysts must, as Wolf (1978) suggests, be mindful not only of the immediate effects of intervention on behavior, but also of those unintended and farther-reaching effects. There may seem to be little effect of a single piece of candy used to reinforce a given behavior, but the cumulative impact of the use of similar reinforcers over time is likely to be detrimental to the health of a client.

Of equal concern is the requirement that we be mindful of those reinforcers that “require excessive motivating operations to be effective.” If, for example, we are to use breaks from work or opportunities to rest as reinforcers, we must be mindful that the motivating operations for these will likely be the creation of aversive conditions. Though the reinforcers themselves may not be harmful, there could be harm in the conditions which alter the value of the reinforcer value.

We are tasked with finding the items most likely to serve as effective reinforcers, and it may be tempting to put all judgment of their long-term appropriateness aside in that search. If a client appears to be motivated only by sugary foods, or more strongly by cigarettes, we may be lured into assuming that the effects will be minimal, or that the individual will consume such items in either case, making our involvement in them irrelevant. However, we must uphold our responsibility to the safety of our clients in both the short and long terms. Our solutions to a lack of effective reinforcers can often be resolved by using a bit of creativity. Reinforcer repertoires can be expanded through the application of conditioning procedures as new items are paired with more established preferences. Edible reinforcers that are high in fat or sugar can be replaced with healthier alternatives. Money can be used in reinforcing the behavior of clients with more mature interests.

This Code presents the particular challenge of selecting reinforcers without judgment toward the client while remaining conscientious of our selection of alternatives. It is important to recognize that this Code element governs our own behavior – we do not sit in judgment of the interests of our clients. Rather, we acknowledge a limited community of reinforcers as a challenge without encouraging the use of reinforcers that may be considered harmful.

Considerations

Written by Ann Beirne

Bannerman, Sheldon, Sherman, and Harchik (1990) address this issue in their memorably titled article, “Balancing the right to habilitation with the right to personal liberties: The rights of people with developmental disabilities to eat too many doughnuts and take a nap.” In this article, the right to habilitation is defined as the right to being taught “the skills needed to live as independently as possible” (Bannerman et al., 1990). As part of this right, the right to choose and refuse is paramount (Bannerman et al., 1990).

What is it that constitutes choice and what is it that constitutes a “good choice”? As Bannerman et al. (1990) point out, many of us engage in behaviors that would be considered poor choice-making. Many of us procrastinate on tasks, eat fatty foods, or engage in unproductive activities without judgment. And many of us accept willingly the consequences of these choices, whether or not they would be considered “good.” For many individuals with disabilities, this opportunity is not afforded to them, often because the fear of their bad decisions outweighs our commitment to allow them the chance to make any choices at all.

Choice-making, however, can be considered a behavior, as could the acceptance of the consequences of our choices. Like any behavior, this can be learned and may, in and of itself, represent a treatment goal. The ability to make choices and experience the consequences of those choices is a valuable and meaningful pursuit, and can be a life-changing target for intervention.

Examples from the Field

Written by Jacob Sadavoy

Are edibles considered harmful? I worked with a student who worked for pickled ginger or biltong and another who worked for blueberries. Those can be harmful in large quantities, however, the edibles that I have used in the past that concern me are Smarties, Skittles, Sprite, or salt and vinegar chips. A clinician providing sugary or salty snacks with minimal nutritional value as a consequence for a target behavior could put the client at risk for oral disease, insulin resistance, diabetes, weight gain, future cardiovascular risks, not to mention challenges focusing as a result of intake of caffeine and sugar. This is less concerning if edibles are used infrequently, isolated for specific behaviors, and when delivered, very small amounts are provided. Conversely, if quantities are large or plentiful, there could be serious health risks taken at the expense of the client. If you are in the latter situation, it is your responsibility to explore other ways of reinforcing your client that doesn't involve unhealthy edibles. One could consider shaping food item to a smell, use infused water instead of juice or carbonated infused water instead of pop, stevia, erythritol, or xylitol as sweetener replacements (again in small amounts), brush frequently throughout session where appropriate, and try to fade to non-edible reinforcers/naturally occurring reinforcement as soon as possible.

Another client was reinforced by inappropriate misogynistic videos on YouTube. One could argue that these videos could be seen as age appropriate and part of the sexual development of prepubescent males. However, I would caution against exposure to such videos in general but specifically for this learner since the client possessed challenges initiating conversations, imitation skills were an area of strength, and a preexisting aggressive relationship with his sister. My recommendation in this situation was to do a preference assessment and begin teaching sexual health, safety, and intimacy training.

4.11 Discontinuing Behavior-change Programs and Behavior-analytic Services

(a) Behavior analysts establish understandable and objective (i.e. measurable) criteria for the discontinuation of the behavior-change program and describe them to the client.

(b) Behavior analysts discontinue services with the client when the established criteria for discontinuation are attained, as in when a series of agreed-upon goals have been met.

Explanation

Written by Ann Beirne

For those of us in the field of autism treatment, this particular Code element seems counterintuitive. The notion of "success" in the education of individuals with autism is often considered a moving target. Each step forward brings with it a new set of goals to be worked on and lessons to be learned. If we understand "autism spectrum disorder" as the referral problem, it may stand to reason that the only possible measurable criteria for discontinuation would be if an individual no longer meets the description of the diagnosis.

Although the diagnostic label of autism includes the word “disorder,” Baron-Cohen (2017) argues that this distinction may not be warranted. Autism is often referred to as a “disability”; however, this label can also be considered functional (Baron-Cohen, 2017). “Disability” suggests that an individual requires support in order to function in a given environment (Baron-Cohen, 2017). Baron-Cohen (2017) writes,

If someone is tone-deaf, that is only a disability in a situation where the person is expected to sing. Expanding on the quote attributed to Einstein, a fish will appear as having a disability if required to climb a tree. And to expand on the quote attributed to a person with autism, “we are fresh water fish in salt water. Put us in fresh water and we are fine. Put us in salt water and we struggle to survive.”

“Difference,” on the other hand, implies that an individual may be different in some way than is typical, but that this difference does not impede their ability to function (Baron-Cohen, 2017).

Our responsibility therefore is not necessarily to ensure that an individual with autism can be “indistinguishable from peers” (Lovaas, 1987). Rather, our responsibility is to support behavior change that will allow them to function in environments in which they are accepted and have as much choice and self-determination as possible. Autism spectrum disorder is not necessarily a referral problem, or indeed a problem at all. Rather, it is the behavioral deficits and excesses which impede an individual’s full inclusion in their community that must be addressed. Our goals must reflect the goals of the individual. To expand on the metaphor attributed to Einstein, our goal should necessarily be to teach a fish to climb a tree, but to help them to be the best swimmers they can be and increase their access to more welcoming water.

It is necessary for behavior analysts to develop clear and measurable goals, aligned with the goals of the client and/or client surrogate and for our programming to reflect the target behaviors that will indicate the accomplishment of these goals. I often say to students of behavior analysis, “In applied behavior analysis, we *can* teach anything, but that doesn’t mean that we *should* teach *everything*.” Target behaviors must be clarified at the outset of treatment and the criteria set for the mastery of these goals. Criteria for the reduction of services or the transfer of oversight to others must also be included. Our focus must always be on “working ourselves out of a job.”

Considerations

Written by Ann Beirne

There is a delicate balance to be struck between adherence to our obligation to discontinue services that are no longer needed and our obligation to make these transitions as smooth as possible. Code element 2.15 (e) states,

Behavior analysts do not abandon clients. Prior to discontinuation, for whatever reason, behavior analysts: discuss the client’s views and needs, provide appropriate pre-termination services, suggest alternative service providers as appropriate, and take other reasonable steps to facilitate timely transfer of responsibility to another provider if the client needs one immediately, upon client consent.

(BACB, 2014)

Discontinuation of services should not be avoided for the sake of teaching what does not need to be taught. However, it should also not be entered into lightly.

Determining if the goal of treatment has been met may mean looking beyond the data-based criterion and addressing the practical results for which we had hoped. Cooper, Heron, and Heward's definition of validity as it relates to data refers to the relevance of a given measure to the behavior of interest (Cooper et al., 2007). Wolf's definition of social validity addresses the importance of the given goal within an individual's community and the acceptability of all results (Wolf, 1978).

One tactic useful here would be to combine these two definitions and determine if the stated goal of the intervention is one that has addressed the presented need. A "valid" result would be one that is not only reflected by data which is relevant to the target, but also reflects social importance. However, it is equally important that the results of intervention themselves address the referral problem. If improvement is noted, this *must* make an impact on the problems identified in the assessment process. These "practical results" that serve as a definition of a program's effectiveness (Baer et al., 1968) must be reflected in the story that the data tells. Programming must address not only the targeted behavior, but also the socially significant impact of the target behavior.

Examples from the Field

Written by Jacob Sadavoy

I was taught, early in my career, that the ultimate goal is to work yourself out of a job. I had taken over a home program from another clinician and was told the goal for the client was to reduce several socially inappropriate behaviors that were impeding the client's ability to be successful in the community (e.g. the local grocery store and synagogue) and at home. With an individualized behavior-change program, the client was successful both in the community and at home. I could have stayed involved and targeted other pertinent skills (e.g. self-advocacy or conversation skills); however, the established criteria for discontinuation were attained and the series of agreed-upon goals were achieved. I did not want to change the nature of my involvement for that would be unethical even though there were other skills that needed to be taught. Instead, I referred the client to a speech and language pathologist (SLP) with the hopes that the client and the SLP will develop a new criterion for discontinuation coupled with a series of predetermined goals to signify discontinuation upon mastery.

Guest Contribution: Peter Gerhardt

In presentations and workshops, Peter Gerhardt will often explain the meaning of the word "NT" within the autism community, particularly among self-advocates. This abbreviation for "neurotypical" is often considered a tongue-in-cheek insult to the neurotypical community, and particular to those who serve individuals with autism. As a behavior analyst with over 30 years of experience working with adolescents and adults with autism spectrum disorder, Dr. Gerhardt has also formed relationships with several adults with autism and proudly says that some have referred to him as "one of the good NT's." In the following interview, we discuss how attempting to be "one of the good NT's" can influence goal selection, shift priorities, and allow for more socially significant and ethical practice.

AB: So, I want to start off with one question. You have some friends in the self-advocacy community who've referred to you as "one of the good NTs." So, could you explain that description a little bit?

PG: I think it's because, working with adults for a long period of time, you learn that it's their life. You know, and that it's not about me establishing control. It's about me helping them control their own life. And, you know, respecting that and understanding that. You know, it becomes a partnership when you work with other individuals. Little kids like, you're their teacher. You're the behavior analyst. Me, I have to be like, one part of their life. You know – help them achieve *their* goals – whether they're high verbal or not verbal at all. I still have to help them figure out their goals. And then my job to is to put myself out of a job.

AB: Right.

PG: You know, it has to be their life. It has to be what they want. And I think that if you adopt that posture, I think it becomes easy to be one of the “good NTs.”

AB: That's the whole secret.

PG: Yeah, it really is. It's not about me. You know, it's about this person. And if you look at the behavior of typical people, it's incredibly crazy. Seriously, I mean just the diversity of behavioral expression of typical people and what we do in private and what we do, like... And then I worry about this person hand flapping? When I need to get him to use the public bathroom? I'd rather get him to use a public bathroom and not worry about hand flapping right now, you know?

AB: Right.

PG: And what's also nice is, I think, at least I know in this area of the country, people know autism. So they don't think, they don't see a kid engaging in stereotyping and think “oh what's that weird kid doing?” They think “oh, he's got autism.” And then it's “Oh and he's shopping!”

AB: And you've also talked about how your goal isn't necessarily to have someone indistinguishable from peers but to get them 80% of the way to where they want to be and then society picks up the other 20%. So I guess my question is – what if someone *did* think “hey that kid is weird,” are we just going to say that's not the 20% we're going to worry about? We're going to seek out more...

PG: Normally, that's what I do. I think 25% of the typical world out there is great. Wants to help us, in understanding, is supportive. Sometimes they try to help too much. They become almost, like, enablers you know? Fifty percent *wants* to help us but just doesn't know what to do. So they're the ones that we, as professionals, behavior analysts, whatever our role is, have to give them some encouragement and support – we have to shape their behavior in the right way. Twenty-five percent I think are just untrainable, and I just walk away from them. I don't have the time to worry about them. And that still gives me 75% of the population.

AB: And also, is this the best use of your time and resources to be an advocate for people who are not willing to meet you part of the way?

PG: Right. Now I've always thought that if the autism community ever got its political act together. You know, take this 1 out of 54 number or whatever it is, multiply that by two parents, four grandparents, aunts, uncles, teachers, you know, all of us in the field... we're bigger than the NRA.

AB: That's a good point!

PG: We're bigger than the AARP! We would be the biggest advocacy group in the country. You know, we would be the ones who would set the agenda! You know, but we don't do that.

AB: What do you think prevents it?

PG: In the autism world, whether you're a parent or a professional, I think we agree on 90% of the issues, disagree on 10% and then spend 90% of the time fighting about the 10%.

AB: That's actually an incredibly good point.

PG: Yeah, I think we're like, "Well, they're a VB person." Well, they're a behavior analyst. You know? Or "Well they're a speech path." Like, Skinner never wrote about iPads. So, you need somebody who understands augmentative systems. You know I can find commonality among all these groups. Again it's what I love about – And I've only kind of recently come to this realization – that's what I love about behavior analysis. Because I think it truly is a field that is not about me at all. It is just about this student, this adult, and their data. That's all. You know, Keller said: "the student's always right." Skinner said "the rat's always right," Keller said "the student is always right." That's what it is. I don't get to say I'm right or not. He or she will tell me if I'm right.

AB: That's what I say all the time, I say, "Well, they'll tell us if it works."

PG: Yeah, so my ego is out of it. So, if I think the fastest way to get this kid to the goal that he or she needs to accomplish is to coordinate with these people who I might disagree with, I'm gonna coordinate with them. Because it's not about my ego. It's just about what this kid needs.

AB: That's so important, and one of the questions that I encourage people to ask in this book is, "Is this for the client or is it for me?" That's really the essential question. What you're thinking about is the responsibilities of clients, because it really isn't about us.

PG: No, it's really not. We're a tool. We're a well-researched, highly educated, professional tool, but we're still just a tool.

AB: So, another thing that I like to say is that in ABA the "applied" comes before anything else, comes before "behavior," before "analysis"...

PG: YES, 100%.

AB: So, how do you ensure that your recommendations are socially significant? I know that's a huge interest of yours.

PG: Umm, I don't always. I would love to be able to, but it's very hard because it's time-consuming to do it. Some of it is built just on experience. But there are times where we will actually do social validity studies. You know, there's a great article, Montrose Wolf, about social validity, "How behavior analysis found its heart again." You know, and it's not...we've become so enamored with *how* we teach that we've forgotten that *what* we teach is equally, is more important. One of my slides in one of my talks is "Independent of how evidence-based your interventions are, teaching the wrong skills well is no better than teaching the right skills poorly." So you could have the most beautifully, clinically appropriate, well-designed intervention, and if you're teaching stupid stuff, who cares?

AB: Right. When I think of all the years that I wasted teaching preschoolers conversation scripts that began with an introduction. And then I realized, not only do my neurotypical kids not do that, but *I never do that*. I never start off meeting someone by saying, "Hi. My name is Ann." I start with some sort of commonality.

PG: There was a study, where they asked employers in terms of social skills what were really important social skills. And then they looked at a large group of IEPs for transitioning kids with autism. And, like, none of them matched. And as a matter of fact, one of the things that employers said is that, you know how we will often teach kids who use an augmentative system to tap someone to get attention? *Don't do that*. In today's society, touching another person without consent is not a good thing. So, if you're walking around and you're tapping people? Like, have a button on their augmentative system that says, "Excuse me?" You know? There are hundreds of other ways, but that's become our sort of "default." And if you look at social validity, that's

a really bad skill. So, that's kind of what we need. And I've talked about, when I was working in Manhattan and we asked people at the supermarket "What's the most important skill for us to teach?" And they basically told us, "teaching kids to pay quickly." That they didn't care if he was talking to himself, they didn't care if he was engaging in stereotyping, there were some boundaries, but if he paid slowly it screwed up their lives. It slowed them down. The rest, they were like, "Eh, that's just him." I mean of course, this is New York. The definition of appropriate behavior is kind of broad.

AB: If I had a dime for everyone that talked to themselves at the grocery store!

PG: But it was really eye-opening. And so one of the things that we did, we changed the task analysis. Instead of waiting for the cashier to say, "That's 14 dollars" and then take out your debit card, as soon as you put your stuff on the conveyor belt, take out your debit card, and get it ready. And now we're moving into ApplePay with everybody. Because it's easier, it's what everybody's going to be doing. I've spent 20 years of my life teaching kids to swipe their debit cards and then they put chips on them! So now we go to ApplePay, because it's easier, it's consistent, you know? The world is changing in our favor. And so I've spent years on travel training. Well, now we have Uber and we're gonna have self-driving cars. This kid can just, can access, can get an Uber and take it to work, or 10 years from now there'll be a car available that's a self-driving car. That sort of stuff is changing and it's hard to keep up with all of the changes that are coming in technology that I think are going to benefit us. That sort of drives me crazy because I always think I'm missing something.

AB: But it is kind of a "champagne problem" because things are going to be so much easier but then the issue is how to we adapt to these changes?

PG: Right. And it's a different skill set you're gonna need. So how do I figure out how to do these things? Especially now, working out of a school. The one thing that I keep coming back to is the one resource that we don't have enough of. We have BCBA[®], we have – you can't swing cat without hitting a BCBA[®] in New Jersey – we have great special educators, we have speech and language pathologists, we have dedicated parents. We don't have time. Six hours a day for 240 days. Take out a lunch, take out time to use the bathroom, we're down to four and a half hours? It's not a lot of time. To teach you everything they need you know for the rest of your life. You know, that's why our mission now is not – Like, I hate – I'm going off on a tangent here but – when schools have missions like "allow our students to achieve their highest potential." Because it's a cop-out. It's like, no matter where the kid goes, we say "that's their highest potential." It's like, no...Our [mission at EPIC School] is very operationally defined. Our kids have to graduate, not employable, but employed, 20 hours a week. And our kids have to graduate not just with social skills, but as a member of a social community. Our kids have to graduate, not under *my* stimulus control but under stimulus control of the environment. My kids have to graduate, not with me controlling their behaviors but them being able to manage their behavior across environments. Very clear, very concrete, very operational: *those* are the goals. Not, "he'll achieve his highest potential." Like, what the fuck does that mean?

AB: And it's also so subjective. What I might think that someone's highest potential is not necessarily what *they* think their highest potential is.

PG: So that's the idea, how do I do that? That's the...that's what keeps me up at night now, is how do I do that? Especially when we look at the adult service system, which – resources are significantly less. Personnel tend to be less trained. They also tend to be somewhat more transient. There's much higher turnover ratio in the adult service world. So how do I make sure that this *kid* has all those skills independently and doesn't have to rely on this person being properly trained.

AB: What I've noticed is that – I haven't had a lot of experience in adult services but the experience I do have – that those who working adult services is very fear-oriented in a lot of ways, like safety. Their own safety is the biggest part of their job that they are concerned about.

PG: Right, as that's a big thing, in terms of the ethics of what we do that our field doesn't talk about. We talk about professional liability issues. But with independence comes risk. And we do five-year plans for parents about their kids starting at the ages of 12. So, okay, 12. At 17 what's he doing? So we have something for them to shoot for. But also, at that meeting we have them define what they mean by independence. Because they may think independence means grocery shopping when the staff is 10 feet behind them. I think independence means we wait in the van. But if that's what independence is, then what are the risks associated with that? And, it's interesting, some of the risks that people come up with that are not – I mean the most common one is "He's not going to get everything on his shopping list." Well, neither do I.

AB: I almost never do.

PG: Right. Or, "Well, he takes stuff off of the shelves that's not on his list." Right, and that's called a reinforcer selection. He's doing a big preference assessment and that's okay. "Oh, he might open a bag of Doritos and eat them first." Like one out of ten people. As long as you pay for the bag when it's empty, I don't really care. Because independence has to be...we get so hung up on these little things that aren't really risks that we don't even look at the big risks.

AB: What do you think are the big risks in that example?

PG: The big risk in that example is that the individual would go out a door that we don't know about, would wander off the premises without us being aware. That would be the biggest. So now again, how do we address that? Do we address it? Because his iPhone now has a tracker on it so that we can sort of see where he is at all these times. There's other ways around it. But I think we really need to have that discussion as professionals, we need to have that discussion with parents. And to extent possible we need to have that discussion with clients. You know, I was just at a meeting this morning and it was "he knows he's not supposed to do that." And I always think, "the best times in my life are when I knew I wasn't supposed to do it." Seriously. What I think of all the stuff that I did that I knew if I got caught, those were the best. And then we wonder why our kids will do things like that – it's like, "because it's fun." Because the reinforcer in the moment is *doing that*. It is not this delayed reinforcer or the knowledge of "I'm not supposed to do it." But we expect them, we hold them to higher standards than we hold ourselves. And we do it all the time. So that's I think a big transition between certainly raising a child and moving more into adolescence – allowing them that kind of freedom.

AB: And as a stepmom of neurotypical kids, I was always felt like I had a job to do. If my stepdaughter didn't do her homework, I had to say "You have to do your homework." She was expected to lie to me about whether or not it was done. Everybody kind of did their jobs. So, but when there is such a clear difference in the amount of power and agency that someone has, are there ways that you can navigate it where that there are still the logically accepted consequences of "Well, you should've done your homework"?

PG: Well, I think that it's an ongoing process, I really do. And the example that I often use is typical four-year-olds. If people are visiting and one of them goes to the bathroom, it's not unusual that four-year-old to run to the bathroom and see what they're doing. It's curiosity, it's funny, but now we have to think, if a four-year-old on the spectrum does it "Can we let this become a habit?" Your typical four-year-old will

sort of, developmentally, get out of it on their own but I can't allow [this behavior]. So where do I draw this line between saying "that's typical behavior of a four year old but I really shouldn't allow it because I don't want that to be a habit that's going to be much harder to change five years from now."

AB: Also, the typical four-year-old is still going to encounter the consequences of the behaviors that will be, while more casually, targeted for decrease in some way. So grandma will say, "You have to get out of the bathroom and give me some privacy."

PG: I think it's always, "What are the implications of what we are doing?" And then, also for me it's like, "how does this play 5 years from now? And what does he or she need to know 5 years from now?" That's foremost in what we should be doing. And I think that there's also a contradiction there because I think that good behavior analysts are kind of very zen. Because we should be very "in the moment" and we should be analyzing contingencies *as they occur*, you know? And making clinically based evidence-based decisions based upon those data points as they are occurring. But at the same time we have to think long term. So we have this inherent – I think – challenge between doing what's good right now and doing what's good for five years from now. And tying that in with, "But I want to put myself out of a job and I want to do it as soon as possible. And I want him to be happy. And I want him to be employed." And I also have to say, "Well, am I wanting something that he doesn't want?" I keep myself up at night with this stuff because I get tied into knots. Thinking about what is really in the best interest of this person – and not because of me, because I want to say "we got all these kids employed." I can do that. I consider contingencies to get all of these kids employed. But if he doesn't want to work there, I haven't improved his life. You know? So, it's really freaking hard is what I'm trying to say.

AB: It is. So, how do you navigate the client preferences, particularly in terms of employment? What sort of considerations do you think about when trying to find the right employment for a particular individual?

PG: I think when we're looking at employment the big question is "What type of environment and when would this person like to work? In which type of environment would this person like to work?" Secondly, is then "Doing what?" I think we tend to focus on the "doing what." So we look for the job where he can assemble something, or where he can fold clothes at REI or she can bus tables, or that kind of stuff. For individuals with more challenges, and then for people who are higher verbal, but still it's that "*What* do you do?" The fact is the "*where*" and "*when*" are probably more important. We've all had, I've had jobs in behavior analysis for 38 years now. When I would change jobs, it's not because I didn't like *what I did*. I was bored with *where* I was. And so, "Do I like working in the morning? Do I like working at night? Do I like standing up? Do I like sitting down? Do I like music on in the background? If I do like music in the background, what kind of music do I like in the background? Do I like being able to, on my break, buy something there? Do I like having a lot of communication with people? Or do I like kind of being left alone?" Then it's "Well what am I doing then?" So when we start 16 bringing kids out, those are the variables that we really start to look at. The work task itself is the easiest freaking thing to teach. Yet we put 90% of our effort there. And folks on the autism spectrum, across the ability spectrum rarely lose jobs because of inability to do the work tasks. They lose them for all the social and navigational stuff. That's where they state they're in trouble. But we don't look at those or we look at it in a very checklist sort of way. And I think we've taken a very simplistic approach to social competencies in our field. And I don't think there's a set of skills that are more context-based than social skills. And, so if I'm trying to teach you work skills in a classroom, I'm not teaching the right

skills, I guarantee it. Like in the old days, when people tried to teach grocery shopping at the fake grocery store in the classroom? Didn't generalize? Shocker. Because none of the skills are even close to what you really have to use. But we do the same thing with social skills without going out and going to REI or some other employer and spending ten hours or so there and watching what people actually do. And seeing what the social norms are there. And then coming back and saying, "these are the things we've gotta really work on." So, while she's there we can practice those things but then also when we come back. We've got to get some practice to doing these things so that they become part of our repertoire. But we don't think in those terms. And it always comes back to – I also have to look at their co-workers and how much of the slack are they gonna pick up. Because I'm never – in the time I have – I'm never going to get this kid to be 100% socially competent in this environment.

AB: Do you think that anyone is 100% socially incompetent in any environment?

PG: No. No. I know I'm not. Are you kidding? Absolutely not! No!

AB: I always say that having children really made it very clear to me the boundaries of my social competence. Particularly initiating social interactions. I still struggle with it.

PG: Right, I talk about myself sometimes. When I do workshops or presentations, people expect me to present in a certain way now. And I have had people come up to me when I didn't curse during a talk and ask me why I didn't. Because that's become expected. But if I was a new professional, I could not get away with that. But it's because over the years it's become, my behavior's been shaped in that direction so it's appropriate for me to do it and it's not appropriate for other people to do it. But that's how complex social skills are.

AB: I went to one conference where you talked about the social skills involved in riding an elevator. And all of the rules that you mentioned: walking to the back of the elevator, pressing the button and moving to the back of the elevator, and you could only speak to somebody who you would have some sort of common experience with. And this was a conference and – I have to tell you, I'm sure that other people have told you this – the lunch break was right after your talk. And that was the most awkward elevator ride I have ever been on. Because everyone was so hyper-conscious of whether or not we were following those rules.

PG: Right. And on the flipside, because I often do the "urinal rules."

AB: About which urinal to stand in –

PG: I've learned that I do it now every much toward the end of the day when I am not going to have to be in the men's room. Because if I do it earlier, I'll be in the men's room at a urinal and some other guy will come in and take the urinal next to me and start talking to me just to break the rules. And it freaks me out.

AB: That just seems so deliberately combative.

PG: Well, I see, they're trying to be funny, and I get it. So I'm appreciative that they were listening to it. But at the same time, it so violates the norms that it bothers me. I'm like, "there's like four other urinals."

AB: But it's interesting. Those rules really are, to some extent, universal, but we don't think about them. I remember that I was an adjunct professor at the time and I recommended the urinal game to one of my students. And, just as a test of social validity, I spoke to my dad, who does not work with this populations and I said, "Try this game out." And he got every answer correct. He was like, "This is fascinating but yeah, there are definitely rules."

PG: Yeah and I think that our non-verbal social repertoire is more important than our verbal repertoire. And that we don't concentrate on at all. Knowing where to sit on your break. Eating neatly. Waiting in line appropriately in the cafeteria. All of those

things – and what I mean by “appropriate” is that you can’t cut the line. Those sort of things are the ones that really piss the typical world off. If you violate those non-verbal rules. But in our field, we tend to focus on social skills as verbal – the greeting skills. They’re “Excuse me,” they’re “Can I help you?” They’re those things. They’re part of it and they’re important, but it’s much a bigger universe than that.

AB: And the universe is not really generally as polite as we teach clients to behave, particularly children. I’m always very suspicious that we’re teaching kids to socialize with adults rather than other kids.

PG: A hundred percent. You know, one of the fun things that I have done with the five-year plans with the 12-year-olds is with this one family – his twin sister – fraternal twins, obviously. And we were talking about greeting skills. And I said, “So like 12-year-old boys, do they high-five?” And she went, “Oh, please, no.” And I said “What, do they fist-bump?” and she said, “No.” I said, “What do they do?” And she said “They say hi and they grunt. They punch each other” That’s the typical interaction. And the I have to sort this thing about five years down the road.

AB: How do you navigate the context of who you can punch and who you cannot punch?

PG: I think – I always think about five years down the road and I think at some point DSM 6 – I guess or whatever – I think giving a high five is going to be diagnostically autism/on the autism spectrum. Because they’re the only kids who are taught to do a high fives anymore, are kids with autism. We can pick them out of a crowd because we can greet people with a high five. And it’s kind of an awkward high five. Nobody else does it anymore but we continue to do it. That’s where we screw up. Well, it’s not a screw up. It’s just, is this really what we should be doing? That’s all.

AB: We talked a little bit about incorporating client preferences and making sure that they have a place, particularly in employment where they really feel comfortable. So how do you incorporate client preferences when the client has a little bit more difficulty communicating? Like clients who may not be vocally verbal?

PG: There’s always behavioral indicators that we can look at. Whether it’s affect that we can look at, time on task, the rate of production. Even – we have one student right now who we can look at data – willingness to go to work. We have two students who have significant behavior challenges. Both of them, when they’re working at actual jobs, have fewer behavioral challenges than when they’re with us.

And I think it’s because they know they’re doing “real stuff.” I can’t get in their heads, it’s all private event stuff. But I can make assumptions that the environment is set up to support this, other people are doing it. They feel like they’re part of something real, as opposed to another make-work thing. I think all those things really play into it.

AB: And all the things do affect your productivity.

PG: Yes. In the world of supported employment, if you really get into the SE world. It’s like the four Fs: Flowers, Food, Filth, and Filing. Those are supposed to be the “low-hanging” bad jobs. Fast food, horticulture, recycling is filth and cleaning, and filing is office-related stuff. But first of all I’m a believer that none of us – our first jobs, all of our first jobs sucked. That’s why you land another job. So, we try that sort of stuff but also if I have someone who loves walking around, you know what? Delivering the mail or collecting the garbage in an office is probably going to be something that they’re going to like to do. And isn’t that what I’m trying to do anyway, give them a job that they like to do? And that they find desirable? So, there’s this segment of our field that gets kind of elitist. And again, it’s not about them, it’s about him. And I fully agree. And I fully understand that we’ve often gone for the low-hanging fruit. And we haven’t looked at what real jobs people can do. But I also don’t want

to discount anything that someone might want to do because, again, it's not about me, it's about him. And if I can find something that he wants to do, my job is done. You know, I don't have to worry about the token system, I don't have to worry about anything. Because he wants to do it.

AB: So, do you think the environment affects that? I'm thinking of one individual I know who does mostly custodial work, which he didn't love, but one of his jobs is at a zoo, which was way more fun because there's all these animals.

PG: And yes, can it be less about the job tasks and more about what you're doing it, and that can be the fun thing. Or just that you work with people who like you and appreciate you, and treat you with respect. And that can be enough for you to keep doing what might typically be a shitty job. But, you know, that's a valuable resource when you can find that sort of stuff. And increasingly we find that people really want to help, you know? We had a meeting recently with a medical center in the area – I won't say the name – because we want to start having some kids doing job training and internships there. We had the president, we had the director of human resources, we had five VPs of this major medical center, who were meeting with me and our SLE Coordinator. Their combined salaries for this one-hour meeting was probably a year salary for one of my staff. But that's how important they saw this. And how important do they see their contribution to the communities. Like being able to offer jobs to our students and then our adults when they graduate out. That's what's been the biggest change that's been enabling us to do a lot of stuff. They can do this and then hiring someone with autism is not just a good PR thing, it's good for your business. You know, you get another reliable employee – I'm going off on another tangent here. But that's where we see change in what we do here. That people reach out to us as often as we reach out to them about the possibilities.

AB: That's amazing. I do want to talk a little about leisure skills and I came here with a bit of an agenda. It's hard to pick my favorite of the stories I've seen you present. But if I had to, I would say the one about your client, you worked with a client who only watched *Sesame Street*. Would you mind telling that story a bit?

PG: Well, first of all I think that teaching functional leisure skills is one of the hardest, if not the hardest things we do. Because leisure skills by definition have to work for the person. And I think we often end up teaching things that look like leisure but are not leisure. So, trying to find stuff that really relaxes the person, that the person enjoys is incredibly difficult. But we had an individual who loved – his favorite thing in the world – *Sesame Street* videos. And we tried to pair it with other stuff that was more age-appropriate and all these things, and failed miserably. Because he loved [*Sesame Street*]. And we finally – you know, dawn comes to Marblehead after a while – we realized that, you know, worst case scenario, this makes him happy. And, good, bad, or indifferent, I sort of equated it to like – it's like his pornography. And we said, "If you're at work and you want to take a break and watch *Sesame Street*, that's great, but watch it on your iPod with your headphones, so it's like a private thing. Don't put it on a big screen." And, once you sort of came to that realization, that we can adapt it so his life is still good, he can have access to what he wants. We don't have to worry about taking – all of a sudden life became so much easier for everybody. You know, do his co-workers know? He works independently. Do his co-workers know? Yeah. But do they care? No. But he also does it in a way that just works for him. I am a comic book geek. Not necessarily the most age-appropriate behavior, quite honestly. You know, if you look at from a very typical point of view. I read comic books. You'd think I'd have grown beyond that. But you know, don't take it away from me. Because it worked for me.

AB: Yeah, and I think that sort of a privilege of being neurotypical is that we get to choose our own leisure skills. I tell that story about the individual who watched *Sesame Street* and your ultimate decision to just say this what he likes...

PG: It's his life.

AB: But I always add to it that there is a museum near where I live, The Museum of Moving Image with a permanent Jim Henson exhibit. It's like a 20-minute walk from my house, my family and my children go there all the time. And my children are in the minority. It is mostly adults walking around this exhibit and enjoying it. And they may add a level of pretension about like how "I'm really interested in this early avant-garde stuff." But we're all there looking at Muppets.

PG: Yes, and you know what I think is interesting? I think culturally the leisure skills of – millennials? I guess what it is now. And I don't mean this negatively, but they've regressed. Because, like, they have like these kickball leagues that they play in. And they are really social things. So they like play a game and they drink. But I can get a lot of my students who play kickball involved in that league. And they're going to kick ass because they're going to be sober the whole time. And the example I use is Connect Four. I have never met a person that I worked with who saw Connect Four as a leisure skill. But they are all taught to play it. They never go, "Damn! I want to play Connect Four!" You know, it's just this stupid work task we talked about. Dave and Buster's – this restaurant, the one in Times Square – one entire wall is a Connect Four game. And they have leagues of Connect Four. So, now again, those sorts of things are becoming more and more accessible again because culture is allowing – society is allowing – these things to happen. There is a thing called Foot Golf. There are 289 Foot Golf Courses around the country. They are associated with golf courses. There are only 9 holes. But the hole is, like, three feet across and you use a soccer ball. So it's like Frisbee Golf. But it was designed for families to be able to go out and play. Now, every kid I know can kick a ball. But if I can now get him to kick the ball there but I can also have him drive the golf cart, which would be a lot of fun. While he has a Diet Coke. And I can add all of these things so that – maybe this kicking the ball, which isn't an all-that-exciting thing, but that whole event now becomes fun and it's a low-skill, fun event now. And like I said, there's an American Foot Golf Association. Do you know – this has nothing to do with anything – I was flipping through the channels, two weeks ago and on ESPN there was the United States Invitational Cornhole Tournament. There are people who actually do this professionally. They cross beanbags at wooden boards with holes in them. So, all of that stuff is out there if I really wanted to try and access it. That's because that's moved down, it's no longer a kids' game anymore. All of this stuff that was kids' games, now adults do them. So, I can try and integrate those sorts of things now. But society is changing in ways that, again, help us and don't hurt us, which is good.

AB: What advice would you give to a clinician who wanted to be "one of the good NTs"?

PG: I think, I would go back first of all to what you said earlier. That ABA is a three-term contingency. And I think that we've become enamored with behavior analysis part and not the applied part. And it's all about applied. And if you look at the seven dimensions: the number one is socially significant behavior change. And then the last one is interventions designed to continue it after intervention has terminated, so we're looking at generalization and maintenance. If you want to be one of "the good NTs," look at socially significant behavior change, based upon that person's environment, that person's culture, that person's goals. And then come up with ways to get yourself out of the picture. You know, of the seven things that we're supposed to do, we're not really good at least two of them.

So I think if you can do that, that's the movement to the right direction. The other thing that I think – and it took me a really, really long time to get more comfortable with this. Don't be afraid to fail. A lot of the stuff that we try to teach, that we develop interventions for, there is nothing in the literature about. We just got some grant money to do a protocol and to study, we're working on sort of a manual, on women's health care issues and in autism. Because there's nothing out there and so our role is really to teach girls with classic autism to have a gynecological exam. There's nothing out there about this. And this is something that I think is so important for typical women, but nobody has thought about this for people on the spectrum? You know, why is that? You know that we work with kids, with our young adults who buy their own clothes. We don't have somebody pick them out for them. Because, you know, that's how life should be. You've probably heard me say it when I do the sexuality talk – the one thing I know about women, for sure, is that when it comes to feminine hygiene products, everyone has a very particular choice. And if it's on the shopping list and I get sent to the grocery store that is a no-substitution thing on that list. If it says Tampax Pearls, I cannot come back with OB. That's a choice that so important to typical women. Do we ever think about it for women on the spectrum? I don't even know how we would do it. I have no idea. I have no claim to knowledge there. But those are the questions that we need start asking. If we really want, at the end of the day, if we want our goal to be quality of life. It is why can't we do this for him? Why can't we do this for her? And I think we use the terminology correctly. I like the word "client." Because I work for them. I'm the hired gun. And I think that, if you realize that, it's very humbling. But you also get overwhelmed by the importance of what we really want to do.

AB: I usually describe it as – I sang opera for many years – and so I'll describe the relationship to people by saying, "In operas – like when The Met hires a director – the director comes in and says 'I want horses going down the stage', 'I want flames coming out here' or 'I want white, red whatever' And the stage hands sit down and say, 'Okay. How are we going to do that?'" Then I clarify, "You're the director, and I'm the stage hand."

PG: Right, I think that's a great way to put it. I really do. It is *his* life. And how do I do it so that when he or she is 21, it's a good life. But this process keeps going on until his 70s, 80s, and 90s. And we know nothing about that. And that's where I think we need to – we have a truly amazing field of behavior analysis that it is incredibly broad and incredibly rich in resources and evidence. But we've only scratched the surface as to how we apply it to folks on the spectrum. There's so much more to figure out and that's the beauty of the field. You know, you're ever done. In this field, you are never, ever, ever done. It's really annoying. But it's what keeps me coming back. There's always a next step, there's always a next step.

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6 Section 5.0: Behavior Analysts as Supervisors

Manny Rodriguez

When behavior analysts are functioning as supervisors, they must take full responsibility for all facets of this undertaking.

Before we begin to discuss supervision, it is helpful to begin with a few definitions. As you begin (or perhaps continue) the process of gaining the required hours for your supervised fieldwork, you may have already begun the process of what you and your supervisor refer to as *supervision*. For the purposes of attaining your certification in behavior analysis, supervision has a specific definition and purpose. The pursuit of your certification requires specific documentation and practices. Supervision in this case is so specific that there is little room for compromise, and the rigidity of those requirements allows for the quality of such supervision to be maintained. Within the confines of the requirements of this type of supervision, which will be referred to here as *Supervision*, the practices are clear.

Outside the confines of *Supervision*, however, we have *supervision* which involves the oversight of employees or other professionals. In this role, the supervisor has fewer requirements, but also less structure. How then can the same high standards and focus on the quality of supervision be achieved?

This section of the Professional and Ethical Compliance Code® provides some insight as to how such a goal can be accomplished. In this chapter, we will address not only the requirements of *Supervision*, but also the ethical requirements of the behavior analyst in the roles required during *supervision*.

5.01 Supervisory Competence

Behavior analysts supervise only within their areas of defined competence.

Explanation

Written by Ann Beirne

Again we hear a variation on a familiar theme: behavior analysts do the work that they can do well. A responsible behavior analyst neither experiments with what they cannot do nor uses the client as a learning opportunity. The time spent on the “learning curve” must not be at the expense of the client. Mastery of skills is required before a behavior analyst can responsibly train others in the acquisition of those skills.

When it comes to *Supervision* toward the Board Certified Behavior Analyst®, or BCBA®, this may become problematic. How can one adequately gain the skills required if the supervisor lacks the necessary experience?

The Behavior Analyst Certification Board®, or BACB®, does, however, encourage those pursuing certification to “have multiple experiences” (BACB, 2012). Supervisees

should work in multiple settings, with different populations and highlighting different activities. While this may not always be practical, since many students of behavior analysis pursue certification at their places of employment, it is still a worthy goal to be strived for. Even within the same organization different supervisors may have different skill sets and different areas of interest.

In section 1 of the Professional and Ethical Compliance Code®, we reviewed the behavior analyst's obligation to remain within the boundaries of his or her areas of competence. However, there remained the caveat that new experiences and the acquisition of new skills were encouraged, so long as the development of these skills was not at the expense of the learner's time and resources.

When in the position of a supervisor, we must address the client's need for high-quality services and the supervisee's need for the skills necessary to help them. We begin with a degree of humility. Are we, as supervisors, able to assess what the needs of the client are and what behavior change programs might be necessary to address them? Are we, as supervisors, able to select an intervention that would adequately address these needs? And are we, as supervisor, capable not only of implementing this intervention, but also of training others to implement it as well?

Many of us understand the concept of generation loss – the fact that a copy of a copy loses the quality of representation of the original. In terms of training, generation loss can also occur. If we as supervisors lack true fluency in the techniques that we are teaching, there are likely to be several elements missing, several aspects of the aspects of the procedure that we have overlooked.

Perhaps one of the most valuable lessons that we can teach, particularly to those who are receiving *Supervision* is the task analysis of practicing this humility. Begin by seeking out experts in the area of need. Begin by reaching out to your immediate circle. How many colleagues may have some expertise in this area? Then widen your circle of community – who has published in this area? Are these publications sufficiently technological? Where do these experts currently practice? Would they be open to questions, or do they have students or protégé who might be willing to discuss the procedures? Would they be able or willing to make referrals?

Just as we are not responsible to know all of the answers as clinicians, we are also not expected to know all of the answers as supervisors. Perhaps the best we can do is to model how to ask the right questions and how to find the person to ask.

Considerations

Written by Ann Beirne

During my own supervisor experience with Dr. Bobby Newman, he would routinely use stories from his own experience to illustrate his points. While giving an example of a descriptive analysis to determine the function of behavior, he recalled an example of a child in a school who had refused to leave the lunchroom. The student had been slightly aggressive with his paraprofessional and that paraprofessional had left, citing union requirements for immediate trauma counseling. Dr. Newman explained how the school principal had dressed in a costume and led him from the lunchroom, offering the student ice cream. My colleagues and I were shocked, which was the intention, of course. My response was, "Bobby, how did you keep yourself from saying, 'What are you people using for brains?'" Bobby, wisely, replied, "If someone is hiring me, they are hiring someone to say, 'What are you guys using for brains?'. If they hire you or some other of my colleagues, they are hiring someone to finesse it a bit more."

Year later, I retold this conversation, which Dr. Newman had not remembered, as an example of some of the best advice I had ever received. Though Dr. Newman jokingly accused me of implying a lack of social skills on his part, nothing could be further from the truth. In fact, I realize that if the role I was to play was one of a sterner consultant, it is unlikely I would do so successfully. I believe that this story was an excellent example of knowing one's strengths and embracing them.

I will often explain to supervisees that there are many different kinds of behavior analysts. Whatever kind of behavior analyst you are, there is a client that needs *precisely that kind of behavior analyst*. When overseeing the *Supervision* of future behavior analysts, it is perhaps best to make sure we are addressing the strengths and needs of this particular future behavior analyst. Does this supervisee have a model for the type of behavior analyst they will be, or hope to be? And do they have the skills to do so in a way that enhances their ethical practice?

It is not a requirement of the supervised experience to emulate the supervisor, but to enhance their own skills. Encouragement of personal growth is an essential piece of this puzzle.

Examples from the Field

Written by Jacob Sadavoy

A good behavior analysis is not necessarily a good supervisor. In my experience, supervision was an afterthought; a conversation about my current caseload and, if I was lucky, a discussion on a related research article. As a supervisee, in hindsight, I could have done a better job of bringing an agenda to my supervision meetings or providing research articles with prepared questions to enrich the conversation. My supervisor could competently supervise; she chose not to. The reality is neither of us made the effort and that is on both of us.

Supervision is essential; it is what helps our science evolve. If we are not effectively passing down the skills necessary to be an effective behavior analyst, we are inadvertently promoting a generation of behavior analysts that will practice the science incorrectly. The BACB® mandates 1,500 supervision hours (for independent fieldwork) and on January 1, 2015, supervising BCBAs® were required to complete an eight-hour Supervision Training with the purpose of facilitating the delivery of behavior-analytic procedures while reading supervisees to be able to apply the science professionally, analytically, and ethically (BACB, 2017). Supervisors have an obligation to the supervisee. I would argue that a supervisor that does not take this responsibility with the utmost sincerity is incompetent. They may have the clinical skills to supervise, but they should not for the betterment of the supervisee and the science.

5.02 Supervisory Volume

Behavior analysts take on only a volume of supervisory activity that is commensurate with their ability to be effective.

Explanation

Written by Ann Beirne

Here we also see similarities to other Code elements for behavior analysts. A behavior analyst refrains from making commitments that they cannot keep. This is true not only of our clinical practice, but our supervisory practice as well.

The requirements for BCBA[®] *Supervision* are sufficiently involved so that supervisory volume must be managed. The hours of group supervision cannot exceed the number of hours of individual supervision in any supervisory period; a supervisor contact must be a minimum of two observations or two contacts per month. In addition, meetings must represent 5% of the hours accrued toward the certification. Meeting these requirements alone would make it challenging to create an unmanageable volume of supervisees.

Challenging, however, is not the same as impossible, and it is necessary to evaluate whether we are in fact offering the best experience to our supervisees in the activities of *Supervision*. And, just as is our responsibility when assessing our effectiveness in our clinical work with clients, it is necessary to continually assess if the needs of each supervisee is being met. The requirements of the Behavior Analyst Certification Board[®] provide a minimum standard for adequate supervision, which includes a minimum number of contact hours between the supervisor and the supervisee. Meeting this minimum requirement does not adequately meet the needs of the clients this supervisee will serve.

It is necessary to continuously ask ourselves not only, “Is there adequate time to *meet with* supervisee?” but “Is there adequate time to *support* supervisees?” If this is our guideline for the provision of supervision, we can build a schedule that considers the needs of everyone involved, as well as everyone ultimately affected.

Considerations

Written by Ann Beirne

This question is somewhat easier to consider given the requirements of *Supervision* toward board certification in behavior analysis than it is when engaged in the activities of *supervision*, or the oversight of direct service providers. Often such providers are poorly paid and give little training and support. Even in the best-case scenario, in which direct service providers would qualify as Registered Behavior Technicians[®], this would involve only one week of didactic training in behavior analysis and the successful completion of the competency assessment. Though annual renewals are required, there is room here for considerable error.

I have often said when discussing training of professionals in school that there are two kinds of supervisees. One will immediately launch into a litany of complaints, presenting a list of those behaviors which must be treated. While this may be problematic, there is a strange comfort in knowing precisely where to start in planning interventions.

The other type of supervisee is certainly pleasant but presents a greater challenge for the supervisor. This supervisee replies that everything is “fine” when asked about ongoing programs and replies “no” when asked if they have any questions or concerns. However, problems become more evident as more observation continues and reveals the gap in understanding.

The Dunning Kruger effect (Dunning, 2011) is a phenomenon which might also be described as “meta-ignorance.” In short, this phenomenon is best described by the phrase “you don’t know what you don’t know.” It is difficult for one to be knowledgeable of the gaps in one’s own knowledge, and this becomes particularly challenging when learning new skills. We cannot rely on our supervisees to ask us to fill in the gaps in their knowledge, since this assumes they will be knowledgeable in the boundaries of their knowledge.

When providing training and oversight in the activities of *supervision*, it is necessary to provide additional guidance to ensure that the inevitable gaps in a trainee’s knowledge

do not impair the client's programming in any way. It is not their responsibility to understand the breadth of what must be learned, it is ours. And this responsibility, both to the supervisee and to the clients, must be fulfilled.

Examples from the Field

Written by Jacob Sadavoy

Supervision should be time consuming. If done correctly and thoroughly, the supervisor may invest more time on a supervisee than some of his or her clients on any given week. A behavior analyst is expected to manage time accordingly to ensure that all roles and responsibilities are done meticulously and accurately [similar to Code element 1.04 (c)]. Therefore, when I agree to supervise, I ensure that I can afford the time to plan each supervisory meeting in advance, meet for the prescribed length of time stipulated by the number of hours they have worked, have comments prepared based on observations of their performance, and have sent resources and latest research on the topic of discussion a week in advance. I am not doing my due diligence as a supervisor if I cannot deliver on all these requirements. A supervisor must put quality over quantity. As discussed in Code element 1.04 (c), overseeing too many clients will adversely affect your ability to provide behavior-analytic services, similarly too many supervisees will impede your ability to supervise.

5.03 Supervisory Delegation

(a) Behavior analysts delegate to their supervisees only those responsibilities that such persons can reasonably be expected to perform competently, ethically, and safely.

(b) If the supervisee does not have the skills necessary to perform competently, ethically, and safely, behavior analysts provide conditions for the acquisition of those skills.

Explanation

Written by Ann Beirne

There is a term from the information technology and design fields that is useful to remember here: “end-user.” In the technology or design this refers to the individual who will ultimately use the product or service designed. While a company may hope to provide a product that will be easy and inexpensive to manufacture and sell, what purpose will this product serve for the “end-user”? What need will be addressed by this product or service and how well will this product meet it?

In their capacity as supervisors, it is necessary that we take a long view and remember that we too must consider the needs of our “end-user” – the client. Even when we are working directly with staff members or those pursuing certification, our ultimate responsibility is to the clients that they serve. It is essential that we as behavior analyst remember the great responsibility of our role. Whether we work in direct services or provide supervision oversight or training to those that do, our ultimate responsibility is to the “end-user” of our services. How will our services, even when these are indirect, positively impact the lives of clients?

One way is to ensure that our supervision has a positive impact on the clients who will ultimately be served. For those who are pursuing BCBA[®] certification in the process we

refer to as *Supervision*, the skills we teach must be taught in a way that allows the supervisee to perform them independently, at a minimum, at the conclusion of their supervision. Until mastery of these skills has been achieved, continued supervision and training must be provided, and the mastery of these skills must be supported.

Considerations

Written by Ann Beirne

As many working mothers do, I often fall prey to “it’s easier if I just do it” syndrome. Rather than invest the time and energy teaching my young children how to clean their room, I will often do it myself, even though I do acknowledge that, in the long run, this is certainly not easier. And it is not necessarily the best thing for my children if they cannot engage in this task or other household tasks independently.

It is a necessary stage of the supervision process to transition to providing less guidance and more opportunities. I will often say to supervisee at this stage that I am now offering them “tricks” rather than necessary skills from the current Task List. It can be difficult to have the self-discipline to allow supervisee to come to their own answers rather than providing them. This, however, is a necessary part of the process of supervision. Supervisee must be allowed the space to thrive and they cannot do so under the weight of our agendas or our need to control the experience.

Just as we must “work ourselves out of a job” when working directly with clients, so too must be our aim when working with supervisees. In the case of those, whose work we oversee, as they fulfill more subordinate roles, we must ensure that they are able to complete the responsibilities of these roles independently.

Examples from the Field

Written by Jacob Sadavoy

As a supervisee, I was writing behavior plans and skill acquisition programs with minimal oversight. In some cases, the supervisor would be absent for weeks and the Educational Director, who was not a behavior analyst, would make the decision to implement the plan as written. In conversations with other BCBAs[®], I learned that others were unfortunate to be put in a similar position. As a supervisee, I admit, it felt liberating and exciting to see my plan implemented as designed. However, as a supervisee, I am entitled for feedback and support on all proposed plans. This way, I can improve my ability as a behavior analysis opposed to learning through trial and error.

The roles and responsibilities of the supervisee should be stipulated in the contract. If you are a supervisor, make sure you demonstrate professionalism and model appropriate clinical judgment by ensuring the supervisee is performing the duties in which they are responsible or provide direct oversight for duties that go beyond their responsibilities. If you are a supervisee, ask questions. Demand that your supervisor supervises. Your clinical hours are precious; avoid wasting them in silence.

5.04 Designing Effective Supervision and Training

Behavior analysts ensure that supervision and trainings are behavior analytic in content, effectively and ethically designed, and meet the requirements for licensure, certification, or other defined goals.

Explanation

Written by Ann Beirne

It is important to separate an explanation of this Code element into the two contexts in which supervision is provided: that of *supervision* and *Supervision*.

In the context of the oversight that we refer to as *supervision*, we are often tasked with designing training for those who are entirely new to the field, many of whom have not had any training or experience in working with the population that we serve. It is essential that these trainings be adequate to ensure that they are able to perform all of the tasks required. In their book, *The Supervisor's Guidebook: Evidence-Based Strategies for Promoting Work Quality and Enjoyment Among Human Services Staff*, Reid (2012) provide several strategies for assuring quality in staff training. As a first step, it is extremely important that supervisors have a clear idea of the responsibilities of staff and that these duties be task-analyzed. Written descriptions must be provided and staff must have an opportunity to practice and receive objective feedback on their performance (Reid, 2012). These steps should be repeated until staff demonstrate competency in the target skills. This requires a considerable amount of time, but the return on this investment ultimately benefits the client to a much greater extent than what is saved by forgoing effective training.

In the context of *Supervision*, we are provided some guidelines in the provision of effective training and the requirements both for us and our supervisees. Supervision must address the core areas of the current Task List published by the BACB®, and this does allow a framework from which to develop our supervised experience. Although many of the items on this list may come up organically as part of the conversation during the required meetings, there will undoubtedly be those that will be missed. It is certainly a challenge to address the needs of each supervisee in this context, since not every work environment will have ample opportunities for each item. However, opportunities to address these basic skills should be provided.

Considerations

Written by Ann Beirne

Is it true that those who can do and those who can't teach? Reid (2012) would disagree with this statement and attest that supervisors must have intimate knowledge of the procedures they are training.

As a consultant in a new applied behavior analysis (ABA) program in a preschool, I had banned the use of one word: just. The intention was to raise the awareness of how we might diminish a student's skills or the goals of our teaching, since the phrase "He's just playing" is remarkably different from the phrase, "He's playing." However, it may offer an insight into the assumptions of a supervisor as well. How many times have we heard or even used the phrase, "*Just* do this" as if the completion of the task was utterly simple? In some cases, staff members may not have the fluency with the skills needed to "just" do what is required. And in some cases what seems simple to us may in fact be more complicated. What appears to be a simple task is often simple because we have gained fluency on the task, not because the task was simple to begin with. In this case more training would be necessary, so that the supervisee could gain fluency as well.

And, in other cases, the task itself may be more difficult than can we can anticipate. There may be other factors that affect the ability of our supervisees to implement the strategies that we suggest or the plans that we develop. When making recommendations, it is best to model the procedures ourselves. This allows us to assess the level of

interference. We must have a complete sense of what the obstacles may be to successful implementation in order to address these obstacles.

Determinism, the belief that all phenomena occur as the result of other events (Cooper, Heron, & Heward, 2007), is among the cornerstones of scientific inquiry. In layman's terms, this means that everything happens for a reason. Rather than simply say, "*Just* do this" we need to reframe this statement into the question, "*Why* isn't this being done?" Whether the answer is that the supervisee has not yet gained sufficient fluency in the skills or perhaps that the tasks were more complicated than originally supposed.

Examples from the Field

Written by Jacob Sadavoy

When I was a supervisee, the content of my supervision meetings were almost exclusively focused on my clients and, all references to Task List items would be discussed in relation to the week's events. I thought nothing of it. From my supervisor's standpoint, they were reviewing their caseload while providing BCBA[®] supervision at the same time. I copied this model when I started supervising. In discussing the poor pass rate with one of my supervisees, I began to wonder if this was a symptom of the educational institutions or if it was supervision (Shepley, Allan Allday, & Shepley, 2018). Because I had no control over the former scenario at that time, I began to look at the model of supervision that was used for my independent fieldwork hours which I passed on to my supervisees. As a supervisor, it is my duty to ensure my supervisees are clinically competent, critical thinkers, committed to ethical behavior, culturally competent, possess the ability (and willingness) to collaborate, and able to talk about behavior analytic principles fluently both professionally and colloquially. Reciting the task list or even passing the exam are secondary responsibilities for the supervisor. In order for the science to advance, more focus needs to be invested in providing quality supervision. The future of the science is at stake if the focus of future BCBA's is on memorizing the task list or exam preparation courses.

5.05 Communication of Supervision Conditions

Behavior analysts provide a clear written description of the purpose, requirements, and evaluation criteria of supervision prior to the onset of the supervision.

Explanation

Written by Ann Beirne

In this case we have an ethical requirement more easily addressed by the common practices of *supervision* in a workplace than *Supervision* toward board certification. As we have already seen in several other Code elements (and will continue to see in our continued analysis of the Professional and Ethical Compliance Code[®]), behavior analysts must be aware of our responsibility to manage expectations.

I have often said of the *Supervision* process in pursuit of the BCBA[®], "You get out of it what you put into it." While much of the quality of the supervisory experience depends on the skills and teaching methods of the supervisor, a large part is also dependent on the supervisee's level of dedication to this process. However, the extent to which "what you put into it" can be measured is often subjective. Supervisees must have a clear idea of their own responsibilities as well as what to expect from their supervisor: what can they hope to gain from this process? What will they be expected to contribute?

To the greatest extent possible, supervision expectation must be made clear so that supervisees have a precise idea of what they must “put into it.” We must empower them as much as possible to both gain and give in this process.

Considerations

Written by Ann Beirne

It is a common misconception among those outside of the field of behavior analysis that communication of rules or expectations should be enough to change behavior. Now that the client or student “knows what to do,” this should be sufficient for behavior change to take place.

Unfortunately, promoting lasting and meaningful behavior change is rarely as simple as communicating a rule. We tend to learn from the enforcement of rules – known as *contingency-shaped behavior* – rather than from the rules themselves.

This means that, while communication before the onset of supervision is a necessary step, it is hardly the last of such steps that must be taken. Expectations must be made clear, and often must be communicated over and over again. The agreed-upon consequences as spelled out in a supervision contract must be upheld.

Our commitment to these consequences not only provides structure that allows the relationship to be more successful and the supervisee to be supported in the pursuit of their goals, but it, in and of itself, is also a valuable model. By upholding the agreements that we make with our supervisees, we show an example of this behavior to them as well.

Examples from the Field

Written by Jacob Sadavoy

When it comes to supervision, I employ a Behavior Skills Training method for all my supervisees. It complements this Code element wonderfully because supervision needs to be evidence-based and consist of performance and competency-based strategies (Reid et al., 2003). The supervisee would be provided with a detailed task analysis of the procedure to be performed. This task analysis would have clear and concise requirements and evaluation criteria in which their performance can be measured. Essentially you have created a procedural integrity data sheet with observable and measurable operationally defined targets. This data sheet must be shared and discussed with the supervisee *before* the observation period. The supervisee goes into the observation session aware of what is expected which allows them to objectively discuss and evaluate their performance (Parsons, Rollyson, & Reid, 2012). I have received solicited (because feedback should go both ways) positive feedback from most of my supervisees who appreciate this method of supervision. In many cases, I find that they are effective in evaluating their own performance which is a great skill to possess as a behavior analyst and as a future supervisor or trainer if they continue along that career pathway. Over time, I will have them work on creating their own procedural integrity data based on research and our supervision meeting discussions.

5.06 Providing Feedback to Supervisees

(a) Behavior analysts design feedback and reinforcement systems in a way that improves supervisee performance.

(b) Behavior analysts provide documented, timely feedback regarding the performance of a supervisee on an ongoing basis (see also, 10.05 Compliance with BACB Supervision and Coursework Standards).

Explanation

Written by Ann Beirne

It is ingrained in the culture of behavior analysis that reinforcement is the way that we change behavior. As addressed in our review of the Code elements regarding punishment, behavior analysts are cautioned against using punishment and are required to following the procedures outlined in Section 4 of the Professional and Ethical Compliance Code®. Punishments are not to be recommended or implemented without careful consideration. In fact, in clinical practice, many behavior analysts refrain from punishment altogether.

However, as is reviewed in our analysis of the Professional and Ethical Compliance Code®'s restrictions on the use of punishment, this is not merely because it meets the criteria for what we would consider ethical, it is because reinforcement is more effective in the formation of new behavior. Punishment does not encourage or sustain learning. Punishment can only stop or prevent it.

In order to teach the skills necessary for the practice of behavior analysis, behavior analysts must remember that this applies to any learning activity. Whether we are teaching the skills necessary to become a behavior analyst in the activities of *Supervision* or training direct service providers as we engage in the activities of *supervision*, skills are taught through reinforcement and this reinforcement must be consistent enough to ensure that the skills will be supported and maintained.

Considerations

Written by Ann Beirne

When I first began providing both *supervision* and *Supervision*, I was surprised by how much I enjoyed it. It was inspiring to see so many new professionals, to be swept up in their excitement and enthusiasm at the potential of applied behavior analysis to change lives. I am fortunate enough to work with some incredibly dedicated professionals.

However, the transition from direct service to a more administrative and supervisory role came with many challenges, the greatest of which was the adjustment of my concept of what could be taught.

As a clinician, the underlying assumption of every program was confidence in the client's capabilities. Though the road ahead may be long and the journey tiring, I began with the assumption that the client was limited in their ability to learn only by my ability to teach. If they struggled to learn a skill, this was my struggle to find a way to teach them. "There is no such thing as an unsolvable problem," I was fond of saying, "There are only solutions that we have not yet found."

When I made the transition to a supervisory role, that idea needed to be adjusted. The science was still the same; the capacity of every organism to learn what was effectively taught still remained the same. But the time and energy required for teaching now came at a greater cost – the time and resources of the client.

While it may still be true that anyone can learn anything, here again we have the questions, "If we *can* teach anyone anything, does this necessarily mean that we *should* teach everyone everything?" When working with a client, one may have less inclination to assume that a particular skill was not worth the effort involved in teaching it, as the

socially significant behaviors we are teaching have already been identified as important. However, when working with staff or supervisees, the learning curve comes at a cost to the client in time and resources. We are forced to ask ourselves, “While it may be true that this staff member is capable of learning the skill I am trying to teach, is teaching them the best use of my time and resources?” The time spent in staff training could be spent on treatment plan development, data review, or other tasks that could be of direct benefit.

If the supervisee does not correct their performance, we may have to make the difficult decision that the training they are receiving is not working out, and may even have to terminate their employment.

Examples from the Field

Written by Jacob Sadavoy

As a behavior analyst, I do not understand how a BCBA[®] supervisor could supervise a supervisee without using the principles of applied behavior analysis. The goal for supervision is to improve the competency of the supervisee in applying the principles of applied behavior analysis. In order to do so, mustn't the supervisor use reinforcement? Provide timely and ongoing feedback? How else could a supervisor accomplish the goal for supervision?

I find a telehealth model for supervision to be a little trickier to provide adequate feedback and reinforcement when compared to in-person supervision. In the latter environment, I can intermittently reinforce the supervisee's behaviors because I have a greater opportunity to observe their performance by being in the same physical location. In a telehealth model, I am reliant on videos and have to base my feedback on what I see. In order to make up for this imbalance, I will have my telehealth supervisees complete assignments of which they will receive feedback on their ability to exemplify critical thinking skills for Task List items and be reinforced for their ability to relate the assignment to an applied setting. It is my responsibility to supervisees to increase their behaviors related to applying the principles of behavior analysis in a similar way I have a responsibility to the client to increase targeted socially significant behaviors.

5.07 Evaluating the Effects of Supervision

Behavior analysts design systems for obtaining ongoing evaluation of their own supervision activities

Explanation

Written by Ann Beirne

This should be a familiar refrain. In our interactions with clients, behavior analysts acknowledge the need for continued evaluation in order to assess progress and current needs. The ongoing documentation of behavior change is acknowledged as necessary in order to make data-based decisions.

When providing supervision, however, this is often overlooked. Despite our knowledge of the science of behavior and the importance of reinforcement, we often overlook it when supervising staff. Consistent evaluation of the effects of our intervention is acknowledged as important in our direct work with clients, though not necessarily in our work as supervisors.

In the case of the oversight referred to as *supervision*, it is necessary to have a clear understanding of the responsibilities of those requiring our oversight. What are the tasks that they are required to perform? Are there clear task analyses for these responsibilities? Are the behaviors we hope to see operationally defined?

Just as in our clinical work, our measure of the success of our intervention must be in the behavior change that we see. Just as assessments, well-defined goals and clear road-maps must be present in our clinical work, so it must be in the supervision of others.

Considerations

Written by Ann Beirne

In order to evaluate the effectiveness of supervision, it is necessary to define the goals of the supervision process. In the case of the process toward gaining board certification in behavior analysis, this may be considered a goal.

However, if our goal is simply to gain a certification, more letters to be placed after our name on a resume or business card, then this goal would not uphold the values which bring us to this field. How many of us entered this field to change lives, to improve the quality of life for children and families, or to increase independence and agency for some of society's most vulnerable citizens. Certainly, the accolades and acknowledgment are wonderful, but many of us are more motivated by the possibility of promoting lasting meaningful behavior change.

The goal of the supervision process is not simply to become certified, but for that certification to be meaningful. The goal is not to be a behavior analyst, but to be a good one.

One possible solution to this issue is to develop a clear curriculum for supervision. What are the necessary skills to be learned and what is a reasonable timeline to meet to develop these skills within the supervised experience? Having clear benchmarks for a successful supervised experience will allow us to measure whether or not those benchmarks are being met.

Supervision must be based on the current Task List and address the supervisee's needs and goals. It is a delicate balance to provide for the individual needs of supervisees, but to do so is an effort worth making. This individualization of goals and activities is a vital aspect of behavior-analytic practice, and a valuable skill to model for supervisees.

Examples from the Field

Written by Jacob Sadavoy

I would not be sharing my method for supervision had I not had first-hand exposure to a poor model of supervision (my own as a supervisee) and received positive feedback from supervisees coupled with favorable pretest vs. posttest data for the curriculum-based Task List-driven supervision model. One cannot know whether or not their supervision is effective unless they collect data. It is also highly unlikely you will get any data without asking for it as supervisees are not in the habit of offering unsolicited feedback. A supervisor can collect data on the quality of their supervision by doing a pretest-posttest design, having supervisee's complete a questionnaire (e.g. Likert scale), collecting data on procedural integrity, collecting data on the number of times a supervisee writes the exam before passing, etc. In applied behavior analysis, decisions are made by data analysis. It is essential that decisions regarding supervision are objective and data based. If not, we are doing a great disservice to students of the field as well as to their future students.

Reflections: An Interview with Manny Rodriguez

Manny Rodriguez is a BCBA® who has the unique distinction of having a foot in two worlds: autism treatment as well as organizational management. In the following interview, we discuss the similarities and differences between the practice of applied behavior analysis in organizational behavior management and supervision, at the approach that a behavior analyst takes to problems at the organizational and individual level, and determining the appropriateness of goals.

AB: Many current BCBAs® work directly with individuals with autism but you’ve kind of taken a different path from direct service, so I’m just curious: what is it that appealed to you initially about organizational behavior management? How did you come into this?

MR: Yes, great question. So, for me the initial interest anyway was the field of behavior analysis, first and foremost. As I came from a college of psychology at Florida State University and I went to a “Careers of Psych” course and Jon Bailey actually came in as a guest lecturer to talk about the field of applied behavior analysis and all of its many discipline areas, including organizational behavior management. So, at the time I worked for a living while I was going to college and part of that was to pay bills, but part of it was just my general interest in business. So it’s important that I mention this because I need to really put it into perspective – psychology and business at the time that was kind of a new thing, I was an undergrad at the time of course so I was still learning.

Anyway, so quick fast forward, so as soon as Jon Bailey made the connection for me about this rigorous, scientific, objective science that existed within the field of psychology or as – what I learned later of course – a distant relative as you will to the world of psychology and then applying it to business. And I was already enthralled in the world of business just being an employee of many different companies, I said yes this is great. So, for me going into the field of behavior analysis, my interest of application has always been in the world of business. So as I moved up from undergrad to graduate school that was always my passion and always my focus. I did do about four years in the world of clinical behavior analysis, mostly focusing with children with ADHD [attention deficit hyperactivity disorder], oppositional defiant disorder and I had a couple of cases in anorexia bulimia, but I never worked with a child with autism. And at that time – this was the early 2000s – there were of course clinicians working in the field with children and adults with autism, I just wasn’t. So, I was doing this work in clinical ABA doing things like positive parenting, training, behavioral contracting, working with children with contingency management, self-management, things like that, and then working with teachers.

And then it became very clear to me there was a link in the clinical world that got me even further along in OBM [organizational behavior management], which was I started working with schools and school administrators. So I was working with principals and assistant principals and not necessarily working with the kids themselves. Then my first internship in grad school was with Aubrey Daniels International which is one of the largest OBM consulting companies in the world, and I worked with them, did an internship with them at a nuclear power plant and I knew right away I was hooked. So my second year in grad school I started my own S-corporation [private company] and I started doing small business consulting while I was finishing grad school, and so essentially I was doing my OBM practice while in grad school, because back then the grad program actually was only focused on clinical ABA. It

was myself and a colleague of mine that worked with the professor there to create the OBM program at Florida Tech, and that's where I went to grad school. So my second year of grad school was the first year of the OBM program in Florida Tech. So my whole career motion was in the field of OBM so taking ABA and applying it to the world of work.

So after I graduated from grad school I did a little bit more work with Aubrey Daniels international as an employee, and then that contract ended and I ended up working for one of their competitors and the rest is kind of history. So, I guess to answer your question that was kind of a long-winded answer, but to answer your question, I've just always been focused on the moment I learned about applied behavior analysis and its implication to improving lives of people and then my affinity for working in business, it was just a perfect fit for me. So it's been the driving force of my entire career and I've been very fortunate to have worked with the largest consulting companies, start my own business then I ended up working for a chemical company after about eight years post grad school and that was amazing. I did four years within an international chemical company, working in environmental health and safety. So basically applying OBM specifically in the area of safety which we call behavior-based safety or behavioral safety, but its behavior analysis just applied to safety. And I did it as a manager in a chemical company for four years. Just until about April of this year I was in the world of education and dissemination, so I was working for ABA technologies/Florida Tech Online and that's how I got involved in the OBM certificate.

So we created the OBM certificate, educated people in OBM dissemination, wrote books kind of thing. And all the while I was still doing the consulting bit, so I was doing consulting as well and that's how I got into the world of human services in particular because the last four years, a lot of the clients and students at the Florida Tech ABA online program are in the field of human services, right? Are ABA clinicians. So potentially a lot of that people that read your book are clinicians out of the field and many of whom probably studied through Florida Tech's ABA online program, because it's one of the largest programs. So when I got affiliated with them and I started a consulting part of OBM consulting with them, through them it was very instantaneous that we attracted the ABA firms, the ABA clinical companies. And I started consulting to them over the last three years to, I don't know, maybe about 20 or so? Some of the larger ones, some of the startups and just started learning about all of the different challenges in the field of ABA, but from an OPM perspective.

AB: So it seems that you've had a lot of really varied experiences you have done some direct, a little bit of direct services and you've worked with human services organizations and also these for-profits, like big industries: a chemical company, a nuclear power plant. So my question: how is your approach either similar or different when you're working with say a chemical company vs. working with an individual client or working with a human services organization, do you have a different approach and coming into that situation?

MR: Yeah sure, so I think there are some similarities and then I think there are some differences. So if I was to start with similarities: I'm a big believer of trust but verify. And I've learned that the hard way. So I was always just a lot of degree I still I am, I'm a pretty trusting person, like I'll trust people on face value, I don't ever think that people have an intention to harm me or harm others or be malicious in any way. But I've learned the hard way that's not true. And people have these major motives, so I've learned the hard way that you can't trust everybody at face value. So a lot of times when I find it's a similarity is in an organizational context because you're

working with so many people and they all have different motivating operations, they all have different motivations, they all have different drivers, they all have different consequence histories, you can't trust and not verify, so if they say something is true verify that it's true.

The same I apply to individuals. So if I'm working directly whether it's with a CEO or director or a manager or supervisee, and if I was doing clinical practice if I was working with a parent, for example, I do the same thing. So if they tell me something is true and they stated almost as factual I would trust but I'd also verify. Like show me the evidence, show me the data, show me the proof in the pudding, right? Because if there's no proof, if there's nothing there to validate this quote-unquote "truth". It's not that they're lying it's just that there's no evidence and what I've learned the hard way is that people that tell me something, they promise me something, they tell me something is true and it ends up being not true or the promise is broken, it's very difficult to move past that.

So the trust but verify ideology, I guess you could say, or philosophy came to me from some good mentoring and also just learning the hard way. So that a big similarity to me no matter if it's an organizational context or an individual context, if you are a practitioner in this field and you're looking to be ethical and practice ethically but also ensure people you're working with they're being ethical. Trust, trust that human beings have good intentions but verify their good intentions, that's number one. One of the other similarities I think that won't be a surprise, I think, is the use of data. So the use of data and everything we do and that's true in terms of my own self-monitoring behavior, in terms of how many hours I bill or how many clients I interact with or how much progress I'm making on a project, right? All of that is data, self-monitoring data. But also, when it comes to ethics and being ethical, it's good to collect data in terms of the behaviors that we would define as ethical and good practice vs. things that are unethical.

So at a very simplistic level, I was working for a company once that was notorious for rumors, and bad rumors spreading all over the company and all the way to the point that the executives were complaining about all these damn rumors that were spreading across the company, from employees all the way to even the executive ranks that were bad rumors because they were totally untrue. And they were rumors about the company in terms of the financial health of the company, whether the company was going to be bought out, whether the company was going to buy some other company. You name it – there were sex scandals going on in the company – I mean, everything you could think of there were rumors going all over the place about that. So they wanted to decrease the rumors, they wanted to stick with facts.

So what we started to do as a management team of this company is attract rumors. So anytime we hear a rumors or heard something that could be a rumor we would mark it down on a document, we would say okay we heard this is it fact or rumor and so we started having like these meetings where we would present on these things we'd heard from people in the company – all anonymous – and then we would create a "fact or rumor sheet," and that "fact or rumor" sheet, for almost a year, was then communicated transparently to the entire company. And sure enough, there were things that were rumors, absolute rumors that were false and then there were things that were being spread that were absolutely fact, they just shouldn't have been spread so widely because it wasn't information that was intended to get out, such as a merger or an acquisition or whatever. But it did, and so the executive committee had responsibility to address it. And that's kind of an example of a similarity that I would also take at an individual level, if I'm working with an individual – whether it's a parent

or a CEO, it doesn't matter – and I'm tracking data on their behavior, on their actions that should correlate with what they say vs. what they're doing. And that's something that is probably another kind of similar ideology or philosophy that I follow that I've learned along the way, so similar to trust but verify there's really understanding the difference between say vs. do correspondence, are you familiar with that?

AB: Yes.

MR: Yes, so that's super powerful and that's a big similarity between working with individuals say vs. do, vs. working in organization, say vs. do. And I do that a lot with organizational managers, with managers and executives. If our vision and mission statements say this what are we doing that matches that, or what are we doing that doesn't match that? If I was back in clinical work I would probably do the same thing with parents, okay parents what are your expectations of kids, okay so what are you doing to reinforce those expectations, are you doing things that counter the reinforcement contingencies for those expectations? So that's a similarity, so let's talk about differences there are lots of differences right. So in an individual capacity I probably wouldn't audit an individual as rigorously as I would an organization.

So, because organizations are filled with people and people have all sorts of learning histories and consequence histories, an organization does not have the luxury of hoping that people do the right things. I actually believe that organizations have an absolute responsibility to the employees of the company and the customers of the company to do rigorous auditing of practices, whether it be procedural practices or safety practices or even ethical, following ethics code of conduct policies. Whatever it is, a company has an obligation to its people and customers and stakeholders to do rigorous routine audits, so that they are not going with the ideology or philosophy that people have good intentions and will do good things because of their good intentions, because that doesn't work and that's irresponsible. So I think that's a huge difference in comparison to simply working with a child or a parent because the motivating operation of a parent and the contingencies that are driving a parent's behavior are not the same as, say, an executive of an oil and gas manufacturing facility.

So, I think that's a huge difference. In my approach to working in business I definitely look at things like auditing protocols. And in ABA speak we would call that "what are our observation methods" to observing people in the workplace, like momentary time sampling are we doing any continuous monitoring, that kind of stuff. And I think that's super valuable in the organizational context especially when you think about ethics which is not always easy to measure, but if you have a set of rules that people are supposed to follow on an ongoing basis like timekeeping or record-keeping or safety policies those are easy to observe and you should be observing those all the time. Versus things like proper record-keeping, you don't have to watch people actually record things on paper but you can measure the permanent product and audit the permanent products of the records themselves on a regular basis.

So I think that's a huge difference, at least from my standpoint, of how I attend to the world of business vs. an individual. And then, last but not least, I think one key difference around organizational settings is the role of a manager and executive in particular. And a lot of times if you were to google, for example, "ethics in business" you're going to find a lot of training and professional development for people in management and executive positions. And I think there's a reason for that, and I think it's appropriate. And the reason I think that is true is, from an ABA perspective, is: think about who owns the majority of contingencies in a workplace? It's not the employee, right? The employee comes punches in and out does the work, does a job part of the way that they get trained and the way that they get consequences. A manager, and

an executive in particular, are the architects of those contingencies, they're the ones that are going to make changes happen, and they're the ones that are going to make decisions, they're the ones that are going to make bad or good decisions. If they want to do a merger acquisition, that starts all the way at the CEO level. If they want to change the whole organizational structure and how who people report to, all of that is at the helm of the management team. So, it doesn't surprise me and I think it's appropriate. And it's one of the differences is when we address ethics into one place, it starts at the very top and you work your way down to the management ranks. So that we are addressing the very behaviors of managers and executives specifically the behaviors of group decision-making when it comes to good ethical practices, and I think that's a huge difference in comparison to working with individuals.

AB: How would you encourage a shift from an environment that differentially reinforces one set of behaviors like compliance vs. a move toward incentivizing other behavior like innovation? How do you handle behavior change at an organizational level?

MR: Yes, that's a great question. So a couple ways to answer that. Let's start with the ABA approach, that first and foremost there has to be an MO [motivating operation], there has to be a motivating operation for change to exist. So if you think about ethics, for example, why would an organization change their ethical beliefs or ethical practices? Well, for starters, they got caught doing something wrong, so immediately that sets an MO, right? That sets an MO for change. So, another way could be there's a new executive on board and they want to see change happen. So they didn't get caught doing anything wrong but the new executive on board says "Yeah I don't like the way we're doing things, it's not my preference so I want to change." So there has to be a want, there has to be a want or a need for change, that's step number one. Most OBM consultants don't actually step foot in a door in a company unless the company brings them in because they have a want or a need, right? Similar to an ABA clinical practitioner, right? Typically, an ABA clinical practitioner is not going to be setting foot in a person's home now unless the person opens the door and says "Welcome." And/or the Department of Children and Families says you must have a behavior analyst in your home. So there's a want or a need. The same is true in an organizational setting so that's step number one. Step number two is to start at the very top. That when it comes to organizational change every book, every methodology from OBM to biopsychology to the world of business in general you don't start change from the bottom up. You don't. With the exception of maybe unionized workforce that's probably the only change when the union drives the change and demands change that's probably the only exception there's probably a couple others but that's like the biggest one.

But typically, when an organization has the MO for change, you start at the top. And you get alignment with the management team and executive team "What is the change that we're trying to see happen, and what's the end result look like, so what does 'good' look like?" And that probably doesn't sound very different to when you talk to a parent with a child with autism and you're trying to operationally define behaviors and the parent says, "I just want my kid to stop doing X." And then you're trying to help them operationally define the alternative behavior. You use the question "Well what do you want them to do and what does 'good' look like?" So, there's a lot of parallels. So, the same is true at an organizational context you have multiple "parents," you have multiple managers that you're trying to get to define what does good look like and what does the good change look like. So from an OBM perspective that's how change starts. You have to make sure there's a strong MO for change. In the business world they wouldn't call it motivating operation, they call it a

“business case for change,” and that’s a pretty popular term. Business case for change is just a fancy way to say there’s an MO, there’s a why, there’s a what, there’s a driving force behind making this change happen whether it’s market demand, whether it’s a new leader, whether there’s pressure from some external agency like the government agency or the law, so there’s an MO for change the business case for change. Okay so that’s on the ABA side, in the world of business there’s actually a great deal of methodologies and discipline called change management. Are you familiar with change management?

AB: Not with that terminology, no.

MR: Yes, so change management is the process and methodology for organizational change. And what they do is they say this is the emotion, this is to attend to the emotional side of change. So what a lot of literature in the world of business and change management talks about is that nobody likes change, they argue – to some degree they have some statistics and data, mostly survey data – but they’ll argue and they’ll say most people hate change, most people and companies anyway, they don’t want things to change, especially if they feel like things are going well. And then of course there’s the “active resistors” and the “passive resistors.” So change management came out of the world of business and the world of psychology to attend to the emotional side of change and how to deal with those emotions: how to attend to them, how to respond to them, how to effectively manage those emotions. Now I’m using the word “emotions” particularly because that’s how they speak, that’s what they say and really speaking what they are attending to is what I will term as “active versus passive resistance.”

So people verbally saying they freaking hate this change and they don’t want it to happen, or people not saying anything and nodding their head. There was a company and – this is a fun story – there was a company years ago I worked with one of the fortune 50 companies, major company across the globe. And they were constantly changing things like organizational change was just part of the very fabric of their being. So there was one time that they would say not a month goes by without something else changing, sometimes small changes sometimes very large changes. So I was one of the consultants, many consultants on the team and one of the things I learned very quickly was what they would call the head nod, so I used to call it the name of the company nod but I can’t say that so let’s go with the “Acme nod,” okay Acme nod.

So the “Acme nod” was infamous that any meeting at any time anywhere in the globe, if we were discussing an organizational change one or many of the members of the meeting would be doing the “Acme nod,” so their heads would basically going in a motion of the like the “yes I agree” kind of motion, but it is not what they meant it is not what they agreed they were just simply reinforcing whoever was speaking about the change just to move on and just accept it.

AB: More of “I grudgingly accept.”

MR: “I accept the fate that change is happening” And usually the people that were more active resistors were in the executive or the upper management ranks. Because they had worked their way up to a position of power or a position of influence where it was acceptable and heavily reinforced to resist or to debate a change, but if you were an employee – a supervisor or employee or even some level of management – you performed the “Acme nod.” And it was so that, one day if you wanted to move up the ranks you have earned the right to then speak up. So how did I get there? Because it was just a quick aside, that was fun...so okay back to change management and emotions, so that’s an emotion right we would probably label that as an emotion, it’s

just passive resistance or it's passive aggressive or it's passive emotions it's not actively emoting anything, it's just nodding your head.

But, internally, so that covert behavior is what a lot of companies want to see overtly. So change management from an ABA perspective is essentially getting covert behavior to become overt – that's step one. So speak your mind right? Speak your mind, what's your problem what are you afraid of, what are you angry about? I can go on and on right but it's getting that covert emotion over, that's step one. And then step two change management, the word "management" is not coincidental change management is typically trained to managers and executives on how to respond to that new overt behavior, on how to respond to that emotion and how to do it professionally, how to do it practically. So sometimes that overt behavior is in the moment, it's not like you had a lot of prep time. So you see somebody in the hall that's usually quiet you say "Hey what do you think about the new organizational structure?" and they just blurt out "I freaking hate it, I don't like it, it's bullshit." So how do you respond to that in the moment vs. how do you respond to things that are more planned out, like in a town hall meeting or in a big forum where there's lots of people where somebody stands up and says "I want to talk about and address the elephant in the room that I think this change sucks"? So how do you address that? So change management, just full circle, change management it's a methodology, a process, and even a set of principles that a lot of OBM professionals who come from the school of behavior analysis have adopted and learned and then adapted to. Because in the world of business change, management has become an is a household name in the world of business vs. organizational behavior management is not necessarily a household name, so that's why I brought it up.

AB: So this sort of brings up another question that I had, especially introducing new behaviors and this is something that – as a clinician who then moved into more supervisory roles, I had a very difficult adjustment. Coming from a posture of you --meaning the client-- you are capable of learning anything, to more of the posture of you are capable of learning anything but it may not be the best use of my time and energy to teach it to you. As a clinician that was a very difficult adjustment for me to make, so how do you think we should compromise between allowing a learning curve and maintaining high standards and making sure that we spend our time and energy doing things that are going to be effective and have the best results for the end user which in applied behavior analysis clinical settings or human services is going to be the client?

MR: Yes, this one is a really good question but it's kind of tough because I'm not sure I'm totally following, can you give me an example of the behavior that the client would want to work on that a clinician would say is kind of a waste of their time?

AB: Well I think that's there's kind of a mindset among particularly clinicians who work with kids with developmental disabilities that we might spend years trying to teach this kids to talk and it will be worth it. Whereas if you're now a consultant in the school and you're trying to teach teachers to take data, you don't have years to spend on that, that's something we need to have in place. You can allow somewhat of a learning curve and encourage what is really a new behavior. It needs to gain fluency, but at some point the cost of the time and energy required to spend on this person is going to be too much of a cost in terms of the benefit that the students get, does that make more sense?...I think particularly for this supervised experience toward achieving the certification, there is a certain extent to which we do need to allow more because they are learning. Many of them are students when they're going through supervision. But at a certain point, how do we make that determination?

MR: Let me give a good parallel that happens all the time. I think this happens no matter what industry, it seems. And the word of the day is “time management.” So, people absolutely suck at time management more often than not. Typically, it’s a rarity in life, and this includes myself. We all run into the trap of not being able to manage and juggle everything we’ve got going on our and so time slips through our fingers. Supervisors, whether they’re involved in manufacturing setting, in the banks and ABA have multiple things going on and they’re trying to manage these things and time slips through their fingers and they don’t know how to effectively manage their time. A lot of what happens in my practice in consulting and coaching is I have a behavior and outcome that we’re trying to achieve. More revenue, more sales, more productivity, those kinds of things. And, more often than not, we’ve run into identifying behaviors that the performer doesn’t know how to do, like time management. But I only have so many number of hours in a day to focus in on the problem, the behavior or of – let’s say in the case of revenue – about how they interact with customers, how they sell, what they say and in the selling process, vs. how they manage their time to get the most customer interface possible. And in the world of ABA, a supervisor who has to manage multiple techs has to manage multiple cases, and we are focusing on their interactions with parents or their supervisions of techs. So if I only have so many hours in a day, or I have to focus in on coaching them or that my behavioral plan is about their qualities of supervising techs, not about how they manage their time to manage of all the techs that they have to manage, it’s very easy to see and help experience that the person I’m working with needs help with time management. And they say, “I know we’re supposed to focus on this but I’m struggling with how to manage my entire a day-to-day basis and life and all that.” So I’m a big believer that in order for me to do my job well, even in the confines of so much time and to do that in order to get out of the obstacles of the person that I’m working with or the people who I am working with is chipped away or removed, right? Whether I remove it if I have the ability to do it or not is the first question. So, I’ve taught time management. I have some time management strategies in my back pocket that I can use. Things that I’ve applied that work. If I could take this much time to disseminate and educate on some practice that could help them apply it and then I can work on the stuff that I am supposed to work with them, then I will take that time. Because the response effort is not very high. But let’s say it’s a bigger challenge. Here’s a real example: so, not too long ago I was working with an executive. An executive who runs an ABA Company but is not a BCBA®. And not only is he a BCBA®, he also has very little experience with applied behavior analysis. And he’s taken some courses, like interim ABA, and he’s listened to the clinicians. He even uses words like “reinforcement” a lot, right? But he really doesn’t really understand it at a methodological perspective. And even more so, he was struggling with idea of the ratio between supervisors and techs [registered behavior technicians]. Because for him, as a businessman, running a business as an ABA company, the higher revenue stream doesn’t come from your BCBA®s it come from your techs, right? So, from a business standpoint, if you look at it just in terms of revenue, you want more techs, right? But you need supervisors to supervise those techs, right? So, anyway – so we can go on and on about this – But I was there to work with him on doing a diagnostic assessment of his company and in terms of how the company looks at performance indicators, measures, and things like that to analyze the health of the company. And my end result of the diagnostic was to come up with a list key performance measures and indicators that they should be measuring and monitoring to assess the health of the company. So, that’s what I did but every so often he would come up to me and say, “Manny, I don’t understand

why is my so and so director of ABA or why do these BCBA[®]s constantly push back on me when I want to bring in more techs? And they constantly, they throw at me the code of ethics and they throw at me the Board standards or they throw at me supervision requirements, but they don't understand the business – we're suffering." So, there is no way that I would be able to educate him with this much time in comparison to, like, time management. So, that the level of effort from me was too high. So, my advice to him was to actually do something that he had never done before in the history of owning this company, which is to go shadow and observe the BCBA[®]s supervising the techs and to do it almost like an undercover boss, but not do it undercover. I would not do it fully uncovered, do it fully exposed. But do that for a period of like a month so that he can see data himself, what it takes. And he did it, to his credit, he did it. He called me and said, "Ok, I get it. I got it" It's a lot of work and the ratio needs to be tight. Now he's working with his financial people to figure out revenue, ratio, and where's the sweet spot. And I could not teach him that. I mean, I could have but it would take me forever to try and do that. Alright, so to answer your question – that was just a way to illustrate what I think we're getting at here. But what I think we're getting at here is the combination between the level of effort for the practitioner to educate and remove the obstacle vs. thinking about it in terms of the value to the person. Because I think a practitioner in our field should not – this is my point of view – should not be making an assessment of value of the other person and what they're struggling with in terms of "should I or should I not be working on that with them?" Because that person's struggling with it and it's a value to them, regardless of how we interpret it.... So, I think the same is true if a behavior analyst is supervising somebody, like a tech, or if a clinical director provides a bunch of BCBA[®]s, it doesn't help the relationship, it's almost inappropriate if that person of the manager or the supervisor or the BCBA[®] or The OBM practitioner or whomever doesn't attend to some level to that person's need or want or to what they are struggling with. It doesn't mean that we have to attend to it to the degree that we have to solve it for them. So, going back to the time management example. There have been times that the time management, that the issue that the person was having was so severe to the degree that they weren't getting *anything* done. Rather than me giving them all of their little tools and techniques and stuff for a couple of hours, I would recommend to them to actually do a formal time management course and go get trained about the use of time management. And then I would work with them on applying the time management but not trying to teach it for them if that makes sense. Let's use your example, this is a good question. So, if I was working with a parent and I was a supervisor for a BCBA[®] or a BCaBA[®] or whatever and they were working with a parent and the parent wanted to work on behaviors that were not in the behavior plan – and there's a parallel to business by the way in this one, in OBM but let me finish this. If the parent wanted to do that, my responsibility in my job would be to sympathize with the parent and what they're struggling with, right? And to attend to their emotional behavior and say that they're frustrated about something, and try to get them to go seek appropriate support for it. And remind them that our time is dedicated to the behaviors that we identified in the behavior improvement plan that was approved by insurance, right? That was medically necessary, right? I think it's a term that I've learned over the last three years in the world of ABA that it was a term that was not used back in the early 2000s when I was a clinician. Medically necessary treatment. That was not around back then but, man, I would be using that now! I was just telling somebody the other day that I would want to work with parents who wanted to work on certain things but not on ABA and not working on the things that

we need to work on. I said, “The magic words are ‘medically necessary treatment.’” Medically necessary treatment. If the parent can really understand what that means you know there’s objective. The parallel to business is that goes back to that business case for change. I’m a consultant to a company and I’m working on a project say, improving revenue or improving some procedure, that’s my objective, right? The moment I lose sight of that objective and I go do other things, that goal for the company is not going to be achieved any faster. So, whenever anyone wants to derail me in the world of business, I go back to “These are my priorities. These are the goals of the business. This is what I’m here to do.” If I start attending to that thing, those things don’t get done. We can’t do that. It’s all about prioritization.

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7 Section 6.0: Behavior Analysts' Ethical Responsibility to the Profession of Behavior Analysis and Section 7.0: Behavior Analysts' Ethical Responsibility to Colleagues

Megan Sullivan-Kirby

Behavior analysts have an obligation to the science of behavior and profession of behavior analysis.

Written by Ann Beirne

Just as when considering the ethics of accepting gifts, it is important to consider intention, ineffable though it may be, when considering our ethical obligations to colleagues. Our responsibility can, and perhaps should, be interpreted as potentially farther reaching than our interactions with one colleague. Our efforts at maintaining ethical practice on an individual level can be challenging enough, and this challenge is exponentially greater when considering that as a field we are only as strong as our members. It is among our most important obligations, and certainly our most uncomfortable, to encourage ethical practice among colleagues.

In *The Second Jungle Book*, Rudyard Kipling explores the group dynamic in a poem entitled "Law of the Jungle," recited by the wolves. They state in unison, "As the creeper that girdles the tree trunk, the law runneth forward and back/ For the strength of the pack is the wolf, and the strength of the wolf is the pack." When we collaborate with others, or when we hold them to a high standard of ethics, are we doing so for the benefit of clients, the edification of the professional in question, or the greater good of the field? Are we, as the characters adhering to the Law of the Jungle in Rudyard Kipling's, focused on the greater good for all those affected by our actions, or our inactions? Does our effort to strengthen this "wolf," in turn, strengthen "the pack" as well?

In this chapter we will review our obligation to the field of behavior analysis and how our fulfillment of our responsibilities has the power to strengthen or weaken our "pack." Such a community can support us during the more difficult decisions, allow us to focus on our values and principles, and remind us of the value of dialogue. If our decisions and actions are guided by our principles and values as behavior analysts, service providers, and human beings, we may find the answers to our concerns somewhat less elusive.

6.01 Affirming Principles

(a) Above all other professional training, behavior analysts uphold and advance the values, ethics, and principles of the profession of behavior analysis.

Explanation

Written by Ann Beirne

"Ethics" in the context of our practice as behavior analysts, refers to our adherence to the regulations of a governing body for the professional. In the case of behavior analysis,

these rules are specified by the Professional and Ethical Compliance Code[®]. From this standpoint, this Code element urges us to uphold our professional ethics, rather than values that may be more personal.

The principles of our profession can also be more objectively examined. As a scientific field we are committed to allowing scientific evidence to guide our practice. As a field of human service, we are equally committed to providing high-quality services to our clients, who are often among society's most vulnerable. The training that we provide in the field, either publicly or to supervisees and clients, must uphold these values as equally important.

Considerations

Written by Ann Beirne

The mention of "values" in this Code element may cause some confusion with "morals." Let us review here the distinction between ethics and morals.

While "ethics" refers to the adherence to the Professional and Ethical Compliance Code[®] as provided by the Behavior Analyst Certification Board[®], morality is far more subjective. Morality refers to our individual values, which are often influenced by our experiences, upbringing. Morality is often considered to be influenced by culture as well.

"Culture" as behavior analysts understand it refers to interlocking behavioral contingencies (Glenn, 1988). Those behaviors which are reinforced by other members of a group become the repertoire of behaviors that we consider a "culture." Culture, therefore, is not a label restricted to ethnicities or countries of origin. Rather, the term can be expanded to include groups of every kind – families, or even fields of study. Bearing this in mind, behavior analysis is a culture as well, with its own social contingencies, as well as its own values.

The values that we hold as individuals will likely have considerable overlap with those of the field of behavior analysis. However, we must be prepared to make distinction between those values that we hold as individuals and those that we hold as members of this professional community.

Examples from the Field

Written by Jacob Sadavoy

I strongly believe in affirming the principles of applied behavior analysis. Many of my career highlights involve sharing the principles of the discipline to under-resourced areas who eagerly implement the strategies to enrich the lives of their clients. There is no better feeling than seeing applied behavior analysis in countries where it had previously never been practiced. Further, it provides hope and optimism in their communities where often times the prevalent view of autism is synonymous with being uneducable or, even worse, demonically possessed.

I often times wonder if I am neglecting this code item when I watch a client use other discredited intervention strategies. Should I intervene and insist the program be behavior analytic or do I respect that the client is exercising philosophical doubt? I was taught, during supervision, that I should only intervene if the intervention strategy in question is harmful to the client. But, what about my obligation to uphold and advance the values, ethics, and principles of applied behavior analysis? Further, the service hours devoted to applied behavior analysis would lessen as a result of the time invested in an alternate intervention. This could negatively affect the client's rate of skill acquisition or worse. Could this be considered harmful? Negligent? This is not an easy question to answer because it very much depends on the relationship of the clinician and the client as well as

the environment. If your client is eager to try a refuted strategy and they are not bought in to applied behavior analysis yet, I would avoid being too forceful when it comes to promoting and upholding applied behavior analysis for fear of the client favoring the refuted strategy. It is in nobody's best interest to demand a client to uphold behavior analysis if the result is discontinuing the program. The goal is for the client to uphold the principles of behavior analysis and sometimes we have to reinforce successive approximation to that target behavior knowing that a discredited intervention will not produce results.

6.01 Affirming Principles

(b) Behavior analysts have an obligation to participate in behavior-analytic professional and scientific organizations or activities.

Explanation

Written by Ann Beirne

Maintaining membership and participation in professional organizations has many benefits. Membership in these organizations allows us to attend conferences and workshops and to remain current with the research in our field. Before the Professional and Ethical Compliance Code[®] was put in place, behavior analysts were encouraged to participate in such organizations and to attend conferences.

However, the phrasing of the Professional and Ethical Compliance Code[®] is distinctly different. Membership and participation in these organizations is not merely encouraged, it is our obligation, and it is important to understand the rationale behind this Code element.

In any scientific field, we depend on one another. Science cannot exist in a vacuum, we rely on our colleagues to move our field forward. While there may be several self-management tactics suggested here, it is our accountability to ourselves, our clients, and one another that separates us from other human services fields.

Unfortunately, for many of us, particularly those who work directly with children and families, the work itself can be incredibly isolating. We go to work as the only professional and then go to our homes. It can be difficult for us to convey to others what it is that we do, and nearly impossible to gauge whether we are doing our absolute best.

Part of the benefit of participating in "professional and scientific organizations and activities" is certainly the access to new materials, the opportunity to add new tricks to our toolkit. However, an equally important part of participating in these organizations is making connections with other behavior analysts. This is our community, our group of colleagues who will serve as resources, as advisors, and as friends who truly "get" what we do.

It has been said that "no man is an island." Behavior analysts must also acknowledge that our work can, and should, be done in community with colleagues. No behavior analyst is an island, and these connections allow us to serve our clients with greater accountability, and ourselves with greater care.

Considerations

Written by Ann Beirne

Several years ago I attended an annual convention of the Association for Behavior Analysis International and in my interactions with other attendees overheard the lamentations from practitioners outside of the field of autism treatment. Because of the popularity of applied behavior analysis in the treatment of autism spectrum disorder, the convention

was overwhelmingly focused on presentations related to autism and other developmental disabilities. Although the science of behavior analysis can be applied to many different situations, the focus had shifted to this application.

Applied behavior analysis, by definition, is the science in which behavioral principles are applied to socially significant behavior. It is not a treatment or a treatment package, but a science, and as such applies equally to all organisms. The principles of behavior analysis can be applied to any behavior and have been successfully applied to higher education (Keller, 1968, Kulik, et al., 1979), encourage compliance with painful medical procedures (Kelley et al., 1984), and even the comfort of zoo animals (Forthman & Ogden, 1992).

Many years ago, I attended my first Association for Behavior Analysis International convention and was advised to seek out research and presentations from outside my area of professional expertise. I have followed this advice at every convention that I have attended since, with fascinating results. I have conversed with behavior analysts specializing in applied animal behavior, including that of both domestic and exotic animals, specialists in pain management for children, and those doing experimental research.

Although there are conferences devoted to areas of specialty, participating in conferences for a more general audience of behavior analysts has allowed me to broaden my understanding of the science. That broadened understanding has allowed me to be more creative in problem-solving for the clients that I have served. Rather than treating the science of behavior analysis as a bag of tricks to be learned, my understanding is enriched by seeing the many possibilities of applications of this science.

The Association for Behavior Analysis International in particular is an organization which represents a broad view of the possibilities for the impact of applied behavior analysis in the creation of a better world. Special interest groups (SIGs) with the Association for Behavior Analysis International represent a wide array of interests and areas of specialty. These groups address interests in social responsibility, military and veterans' issues, gambling, sports and fitness, and, of course, ethics. Exploring these special interest groups can help expand the knowledge of both the beginning and experienced behavior analyst.

Examples from the Field

Written by Jacob Sadavoy

Behavior analysts have an obligation to *participate* in behavior-analytic professional and scientific organizations or activities. The Behaviour Analysis Certification Board® is essentially saying that being a member is not enough, one has to participate. Without an operational definition of *participate*, I am going to create a participation spectrum. On one side you have member and on the other side you have Board of Directors with contributor in the middle. I have joined Ontario Association of Behavior Analysis, Dissemination of Behavior Analysis-Special Interest Group, Ethics of Behavior Analysis – Special Interest Group, Organizational Behaviour Management Network and a collection of applied behavior-analytic-focused Facebook groups. I am not on the Board of Directors and, by using the spectrum I created, I would definitely put myself closer to member than contributor. Thus, I need to do a better job with respects to participating in these groups or be guilty of falling short of this Code element. The problem with being a member and not a contributor is that I am not interacting with my colleagues which can be isolating and lead to stagnancy as opposed to contributing and advancing and developing my clinical skill set.

One of the modern-day challenges with contributing in behavior-analytic special interest groups is social media. I find Facebook impersonal and I am often offended by

negative condescending posts which is why there is an announcement at the top of each of my behavior-analytic Facebook groups imploring members to follow the Golden Rule. One should never be made to feel subordinate because of a different learning history; that is not ABA.

6.02 Disseminating Behavior Analysis

Behavior analysts promote behavior analysis by making information about it available to the public through presentations, discussions, and other media.

Explanation

Written by Ann Beirne

Given the caution that is necessary when undertaking the roles of trainer and supervisor, this Code element may seem a bit unnatural. We are cautioned, after all, against allowing supervisees to implement procedures or delegating responsibilities if we are unsure that they can adequately perform the tasks which they are assigned. Would it then be considered responsible to make information about behavior analysis available to the general public?

In some cases, a bit of caution is certainly in order. The Global Autism Project's focus on building sustainable partnerships is, in part, a response to the "hit and run" training frequently provided for those working with vulnerable populations. Training of staff working with individuals with autism, particularly in developing countries, is typically performed in this fashion, with an emphasis in the number of people being "trained" rather than on any durable change in their teaching behavior.

However, making information about behavior analysis available to the public is not equivalent to providing inadequate training. We are simply communicating that better alternatives exist. For those of us who believe that the science of behavior analysis can improve the quality of life for our clients, or in some cases even be lifesaving, this is inherently logical. If I could save a life simply by telling someone there was an option available, I certainly would.

Considerations

Written by Ann Beirne

One of the central ideas in behavior analysis is that we cannot change a person's behavior, we can only change the antecedents and consequences. How then can we use the science of behavior analysis to change the world for the better?

In our discussion of punishment, we addressed the issue of the function of behavior. The fact that behavior is maintained by reinforcement implies that the controlling variables also include motivating operations, those environmental conditions which affect the value of a given reinforcer and the frequency of a behavior that accesses it. Additionally, we have repeatedly made the point that applied behavior analysis is a science that applies equally to all living things. The question remaining is therefore, "If the general public does not use the techniques of applied behavior analysis, does not understand the necessity of looking at behavior in terms of controlling variables in antecedent and consequent conditions, what is the alternative?"

Sadly, the alternative can in many cases be tragic. Some parenting resources have sparked tremendous controversy for its liberal use of painful aversives with children as young as 6 months old. The results have been, in some cases, tragic. In all cases, better alternatives are available.

Here we have a heartbreaking example of the importance of disseminating the science of behavior analysis. How could these families have been helped, and how could these deaths have been prevented, if the parents had understood the value of reinforcement, the dangers of punishments, or even simply the developmental appropriateness of given goals? The science of behavior analysis can improve lives, and in some cases save them.

Dissemination does not mean that we provide inadequate training on a large scale, it means that we spread basic knowledge and better options. We cannot change the behavior of others, but we can offer better alternatives.

Examples from the Field

Written by Jacob Sadavoy

Before I pursued board certification in behavior analysis, I was a special education teacher in a self-contained classroom for children with communication delays and multiple disabilities. Since most of my experience, even at that time, was with individuals with autism, I was less knowledgeable in the practices of physical therapy. One of my students was a young boy with cerebral palsy who had changed physical therapists at the beginning of the school year. The current physical therapist began the year by explaining to me the importance of stretches to prevent surgeries and promote muscle development. This has been shown to lessen the need for surgery to lengthen muscles and tendons, she claimed. It sounded logical to me and I thanked her for the information.

A few days later, the former physical therapist approached me and told me that that information was incorrect – stretching had no effect on the need for surgery. It was pointless, she claimed. She added, “I could show you tons of articles about how it doesn’t do anything.”

I was not convinced by either point, only confused.

I was reminded of this in a recent conversation about a media depiction of Rapid Prompting, a variant (or, perhaps more accurately, a rebranding) of facilitated communication. Facilitated communication, debunked as a method of genuine communication in several studies, remains persistent in its appeal. As a result, many companies that participate in awareness raising activities, from Apple to *Sesame Street*, have, perhaps unwittingly, modeled this as a legitimate form of communication (Elliot, 2016).

But is this the fault of Apple or of *Sesame Street*? Perhaps I am simply loath to condemn *Sesame Street*, but I do not believe so. Instead, I believe this to be our failure as a field. How the public continues to gravitate toward a method which has been repeatedly debunked, and proven over and over again to relay the words of the facilitator of the communication rather than the individual who we assume is communicating? How does this become the best option for seeking help for a nonverbal child?

There are certainly better solutions, one which increase autonomy and respect the rights of the communicator rather than stealing their voice and replacing it with another. Given the passion that with which many of us approach such a divisive issue, it may be tempting to argue with vehemence the inclusion of such methods, and condemn those who, perhaps mistakenly, equate these methods with those that are evidence based. On our vehemence, we may shut down the advocates for the voiceless when we believe their advocacy to be misplaced.

Would this instead to greater confusion? Would our audience then do as I did and decide not to pick a side in this argument. Or, worse yet, would their decision be to abandon evidence-based practice entirely?

The question that we must ask ourselves is, “How can we present this methodology, which we believe to be the best available as supported by scientific evidence, in a way that people actually believe that also?”

We would never insist as a condition of beginning treatment that a family attempt six or seven pseudoscientific methodologies. And yet we allow this to happen, often without any further analysis of why it is happening. It is not the obligation of the general public to research the different methodologies and philosophies of behavior change. It is ours. If we are not the first and best option that parents have heard about, then we have failed to disseminate effectively.

Section 7: Behavior Analysts' Ethical Responsibility to Colleagues

Behavior analysts work with colleagues within the profession of behavior analysis and from other professions and must be aware of these ethical obligations in all situations.

The introductory paragraph to this section of the Professional and Ethical Compliance Code® addresses our work with two groups: colleagues within the field and other professionals.

Work with Colleagues within the Profession of Behavior Analysis

It has been said that “a rising tide lifts all boats” – what helps some of us will generally help all of us. To apply this metaphor to the field of behavior analysis, when the field is helped to a high standard, we all benefit. A field of scientific inquiry cannot exist in a vacuum and applied behavior analysis is no exception to this rule. We depend on our colleagues to share resources, information, and current research. We depend on them equally to hold us accountable and allow us all to achieve a high standard of quality service provision and ethical practice. We learn from each other, and it is our obligation to help the tide lift all boats.

Work with Colleagues from Other Professions

Behavior analysts, sadly, are not always known for their ability to work and play well with others. Although our profession maintains a high ethical standard, collaboration and co-operation with professionals can be challenging. This is frequently well-intentioned, as we often expect that our own ethical standards are the *only* ethical standards. In fact, several other professions have ethical guidelines and obligations of their own. To assume that a different set of ethical standards is equivalent to a lack of ethical standards is not only incorrect, it can interfere with our ability to work collaboratively to the benefit of our clients.

In this chapter, we will be discussing our ethical obligations to colleagues within and outside of our own profession.

7.01 Promoting an Ethical Culture

Behavior analysts promote an ethical culture in their work environments and make others aware of this Code.

Explanation

Written by Ann Beirne

Before we begin a discussion of ethical culture, it is important to describe how behavior analyst conceptualize culture. While culture can often be thought of as an ineffable concept, behavior analysts can and have define this in a way that is far more objective. Sigrid Glenn (1988, 2004) defines culture in term of interlocking behavioral contingencies. Members of a given culture who respond similarly create the practices which we

refer to as “culture” as such behaviors are reinforced by members of the group (Glenn, 1988, 2004). The behaviors become cultural norms as they are maintained by these social contingencies.

How can we promote an ethical culture in our workplace? If we are to approach this as an arrangement of the contingencies involved, the task becomes significantly simplified. In this case, the obligation to promote an ethical culture relies heavily on the antecedents and consequences of the behavior we refer to as ethical or unethical. Is the environment one that encourages honesty, communication, and maintaining dignity of clients and others? Are staff encouraged to self-monitor their own ethical behavior?

While the idea of promoting a culture may be somewhat elusive to us, the provision of contingencies that encourage and support behavior change is integral to our daily practice. It is essential that we remember that applied behavior analysis is a science. As such, it applies equally to all living things, whether we refer to clients, families, or staff. Contingencies, including the antecedents and consequent conditions in place, should aspire to promote an ethical culture within our workplaces.

Considerations

Written by Ann Beirne

As an organization that organizes travel for SkillCorps® team members we have learned that cultural differences can have a tremendous impact. To avoid conflicts, frustration, or offense to our hosts, the Global Autism Project hosts an orientation before each trip. In this orientation, SkillCorps® members are told about our service partners, as well as the common practices in the country. Many of us have experienced firsthand the frustration of adjusting to a new culture when your own culture has informed your idea of the “right” way to perform even the simplest tasks. What we perceive as the “right” way, we are surprised to learn, is not the only way.

As behavior analysts we are occasionally blessed with the opportunity to create a program from the beginning. The social contingencies are well-controlled and we have a full understanding of each program’s rationale and inner workings. Unfortunately, such blessings are only occasional. More often, we are hired by an agency company or other organization whose culture, or social contingencies, have already been established. Just as we would if visiting a new country, we must adjust to the culture of this new environment.

In some cases, we may feel that changes to the antecedents and consequences may be necessary in order to promote maximum benefit for our clients. If this is the case, it is essential to remember that, no matter how odd they may appear, the practices in place have been shaped in ways that may differ from our own recommendations but made sense at the time to those involved.

Culture shock often goes both ways. We must be mindful if the environment that we are stepping into, whether that other culture represents another country, another ethnic group or simply another family. Each has their own set of values, expectations, and social contingencies.

Examples from the Field

Written by Jacob Sadavoy

Having worked in a variety of environments, I can delineate common similarities in which the culture was ethically rich and those that were not. Those that I found most rich were focused on analyzing the behavior of the organization and implementing changes based on that analysis in order to improve clinical processes, stakeholder engagement, employee

satisfaction, and promoting a high level of autonomy and alignment. These are combined behaviors of the majority leading to macrocontingencies which has a cumulative effect on the organization as a whole (Glenn, 2004). By contrast, clinical programs that made less of an effort to promote a sound ethical culture were often more focused on getting more clients rather than clinical effectiveness, adversarial with parents, high rate of staff turnover, and poor communication. Similarly, these shared macrobehaviors within the workplace culture lead to macrocontingencies and also have a cumulative effect.

When I think of Sigrid Glenn's definition of interlocking behavioral contingencies I think of a tapestry. Each thread of the tapestry is pulled tightly and is weaved to fit with a neighboring thread. Upon each thread being in the correct place, you have a work of art. If we replace the threads with employees and tapestry with ethical culture one gets the idea of the role each employee plays in contributing to the ethical culture of the workplace. When the administration of a behavior-analytic program does not operate in an ethical manner the loom is broken; the individual threads will not be able to be interwoven, and the art flawed. Thus, administration needs to lead by example. In order to do so they must provide a solid foundation. In addition to prioritizing clinical processes, stakeholder engagement, employee satisfaction, and promoting a high level of autonomy and alignment, the organization can also prompt an environment in which ethical conversations are generated to improve the organizations awareness and increase likelihood that decisions will be made with ethical considerations. This will strengthen the employees' sense of ethical conduct and promote alignment in the offices behavioral contingencies.

7.02 Ethical Violations by Others and Risk of Harm

(a) If behavior analysts believe there may be a legal or ethical violation, they first determine whether there is potential for harm, a possible legal violation, a mandatory-reporting condition, or an agency, organization, or regulatory requirement addressing the violation.

(b) If a client's legal rights are being violated, or if there is the potential for harm, behavior analysts must take the necessary action to protect the client, including, but not limited to, contacting relevant authorities, following organizational policies, and consulting with appropriate professionals, and documenting their efforts to address the matter.

Explanation

Written by Ann Beirne

Our first obligation in this case is to determine if there is, in fact, an ethical violation. Is it essential here to remember that ethics in behavior analysis, as discussed in Chapter One, describes adherence to a set of rules rather than a more ephemeral idea of morality, we must ask ourselves, is this a violation of the letter of the Professional and Ethical Compliance Code®, the spirit of this Code or both? Would this be a situation in which an absolutist approach to ethics is in order, where there is a clear "right" or "wrong" answer to a given ethical question? Or would a relativist approach, where the answer may be somewhat more "gray," be adequate?

If this is indeed an example of an ethical violation, is there potential for harm? And if so, what is the extent of the harm? And finally, what are our other obligations in terms of reporting to agencies, or even to law enforcement?

This, of course, is something that behavior analysts know all too well, and it certainly seems simple enough. However, simple is very rarely the same as "easy." It is with good reason that behavior analysts and other human services professionals are reticent to make

such reports. It is indeed a tremendous responsibility, and the risk of soiling a colleague's reputation is one that should certainly be taken seriously.

It is all the more important to remember our values and principles in this context. Our ultimate responsibility in this case is to the client. If the client is in danger of harm, it is our responsibility to respond. Additionally, there is a greater risk – that the unethical behavior, unchecked, will be continued, or even shaped to a more extreme version. We must consider the needs, not only of this client, but of future clients as well.

To carefully consider the awesomeness of this responsibility is understandable. However, to refuse to take such responsibility serves no one.

Considerations

Written by Ann Beirne

There is considerable room for ethical judgment in the decision to report a possible ethical violation. The decision to report a colleague is a difficult one, particularly if this colleague has considerable influence or power, or is well respected in the field. Even in cases where the violation is clear, the decision as to what to do about it may not be easy.

It is often necessary to evaluate the arguments for and against reporting unethical behavior, as well as the potential for harm. This is a lonely task, and the fear of making a false or unnecessary report can be one of the obstacles to addressing unethical behavior and protecting clients.

In these cases, it is helpful to have a trusted colleague or supervisor to assist in this process. Though the final decision as to whether or not to report remains with us, having a support system with knowledge of our ethical obligations is essential.

Though we often work alone, we should not have to. If you do not have access to trusted colleagues at your workplace, it may be necessary to seek out such communities where you can find them.

Examples from the Field

Written by Jacob Sadavoy

I was told by a therapist that our mutual client had incorrectly been billed while they were on holiday. It could have been an honest mistake, but it also could have been insurance fraud. I brought this error to the attention of my employer and the situation was resolved. I assumed they would be more diligent with billing and that this was an honest error; however, later, when I resigned from that same agency largely because of size of caseloads, catchment area, and unwillingness to make changes to either, the organization withheld a paycheck a full payment cycle and then proceeded to make deductions without my consent. The reason for the deductions were to replace a broken work computer and to charge me for having to change the lock on the door because I still possessed a key to the office (which I subsequently mailed back to them prior to the lock being changed). Neither allegation was true. The organization had made ethical violations around case size and remuneration; however, I anticipated they would be able to defend both claims in front of a Disciplinary Review Committee (i.e. provide an example of a Board Certified Behavior Analyst[®] who is satisfactorily managing as large a caseload as mine and admittedly refuting the working order of the computer I returned). Therefore, I opted to take them to small claims court in the hopes that the process will punish them from trying something similar to another outgoing employee. Based on the conduct of the organization, when I reflect on that reported billing inaccuracy, I fear it was insurance fraud as opposed to an honest mistake.

I had four courses of action in the above example. Report legal and ethical violations, just legal, just ethical, or remain silent. My preference was to remain silent. Once I received the final paycheck, with the unlawful deductions removed, it was over. I did not want to relive the stress of this situation by filing a legal claim or notice of alleged violation. In the end I did, four months later. The driving force in moving forward with a legal claim was a hope that losing in court would punish the employer's behavior of employee mistreatment and making false accusations.

7.02 Ethical Violations by Others and Risk of Harm

(c) If an informal resolution appears appropriate, and would not violate any confidentiality rights, behavior analysts attempt to resolve the issue by bringing it to the attention of that individual and documenting their efforts to address the matter. If the matter is not resolved, behavior analysts report the matter to the appropriate authority (e.g. employer, supervisor, regulatory authority).

Explanation

Written by Ann Beirne

When we hear or read the term “ethical violation” often our mind goes immediately to the professional who has or no regard for our ethical Code. This individual knowingly engages in unethical activity, consistently and without remorse.

While I am not naive enough to assume that such professionals do not exist, I would caution against the characterization that every ethical violation is perpetrated by such and individual. Many ethical violations are simply errors of either judgment or oversight.

Additionally, behavior analysts understand that all behavior is maintained by reinforcement and this is also affected by motivating operations. It may be necessary to determine the function of this behavior. Was this individual unsure of how to market their services when presented with the need to do so? Were they unsure of how to describe the status of being “almost ready to take the exam” and did so in ways that violated the Professional and Ethical Compliance Code®? Or were they simply unaware of this ethical violation? While this may not be a defense to an ethical violation, we can certainly fix the problem more easily and quickly by allowing the individual the opportunity to take immediate steps to correct it.

Allowing the individual the opportunity to correct the problem ultimately serves both that individual and the field at large. It puts us in the position of teacher rather than an enforcer, and creates a culture of working together rather than policing one another. This is truly how we as a field can move toward an ethical culture.

Considerations

Written by Ann Beirne

In the past few years, the #metoo and #timesup movements have changed many conversations about reporting sexual assault and misconduct. These movements have expanded to more intersectional concerns, including the marginalization of women, people of color, and individuals with disabilities. Though sexual harassment and sexual assault laws themselves have remained unchanged for decades, many in powerful positions who have ignored them are being held accountable for their actions. The communicated contingencies are being enforced with greater vigor than we have seen before.

These movements, like any cultural shift, have not been an easy adjustment for the public or for those in any industry. Many of those whose actions are criticized are shocked

by the accusations, and the justifications from their supporters can, ironically, vary between “this is not who this person is” and “that’s just who he is.” The argument being made is that by either of these lines of defense is the same: the behavior should not be considered more important than the person. There is considerable concern that careers being destroyed by what may amount to simple “jokes” or a provocative statement. The prevalence and power of these movements have changed how we might interpret the stipulation “if an informal resolution appears appropriate.” What are the boundaries of “appropriateness”? Should an informal resolution be pursued? How do we assess who this person is – by judging them by their best or their worst?

It is important to note that here may be situations in which people are too ashamed, angry, or intimidated to speak directly, and there may be situations in which the acceptance of the behavior is so public it is baffling as to how to do it. The phrase “if an informal resolution seems appropriate” implies that it would be likely to be successful, and this is a reasonable standard of “appropriateness.”

It is important to point out as well that the efforts to deal with unethical behavior informally should also be documented. An informal resolution, whether or not such an attempted resolution is successful, should not be interpreted as permission to continue unethical behavior unfettered.

Additionally, it seems necessary here to assert several points about the science. As behavior analysts, we do not develop assessments of “who someone is.” Rather, we analyze *behavior*. And if someone’s behavior is called into question, and if they, perhaps for the first time, are held accountable for it, this is simply a consequence of this behavior.

I would propose here that the tragedy of a fallen hero is not necessarily the fall itself, but the distance from which they fell. Some have claimed that they are still adjusting to the world in which “all the rules about behavior and workplaces were different,” as those accused have frequently done. In this case, they have failed to adjust in the decades since conversations about sexual harassment and the importance of creating a safe work environment began. In an environment that does not hold such leaders accountable, offensive behavior is shaped by a dangerous combination of accolades and inaction.

Is such a sudden shift in our approach unfair? Perhaps, but silence is not a better option. Particularly for those in a position of influence and power, our responsibility to maintain an ethical culture must be our priority.

Examples from the Field

Written by Jacob Sadavoy

There have been times in my career where I considered reporting an ethical violation to the BACB®. In all those situations, I have brought each concern to the individual who committed the offense and documented the discussion accordingly. For example, I told my supervising BCBA® that I was wholly uncomfortable discharging a client without a receiving educational program based on the client’s recent financial difficulties. The supervising BCBA® informed me that the client had been trying to prolong the discharge date while continue to access free services (which is also a violation of the ethical code). The response did not appease me because discharging a client is a variable under our control; however, accessing a new educational environment was under the client’s control, and had the school continued to wait, she would have continued to be getting behavior analytic services for free.

Another such example was a colleague who was transporting a student back into the classroom after he eloped into the hall. During the transport, the student fell to the floor in the hall. My colleague proceeded to pull this client by the leg and drag him into the

classroom. This action was neither safe nor dignified and was naturally not in the behavior plan. I shared my observations with that colleague who could have either appreciated my concerns and we could have brainstormed ways to better support the client's transition back into the classroom after his eloping behavior or he could simply listen. He did the latter and the following week the same thing occurred. I raised my concern with the supervising therapist and shared our conversation from the previous week. Fortunately, the client thoroughly enjoyed being dragged on the floor by his leg; however, from a behavior-analytic standpoint, rogue decision-making like this cannot happen for the sake of the clients, future clients in the care of this colleague, as well as the program as a whole.

7.02 Ethical Violations and Risk of Harm

(d) If the matter meets the reporting requirements of the BACB[®], behavior analysts submit a formal complaint to the BACB[®].

Explanation

Written by Ann Beirne

The decision-making process of reporting an ethical violation is certainly difficult enough to warrant careful attention within this volume. However, the process of reporting itself is something that many of us – thankfully – have little experience in.

At this writing the Behavior Analyst Certification Board[®] has a specific protocol for reporting violations to the Professional and Ethical Compliance Code[®]. If you have decided that such a report is necessary, you are obligated under this Code element to report by completing a Notice of Alleged Violation form. This report asks for details such as the date of the violation, the nature of the violation and any documentation available.

If you feel that unethical behavior must be reported to the BACB[®], it is your obligation to do so as soon as possible. Nothing can be gained by waiting, and it is certain that a great deal can be risked.

Considerations

Written by Ann Beirne

An essential component of this Code element is the phrase, “If the matter meets reporting requirements.” If an ethical violation has been made, this indicates that a specific Code element or elements have been violated. “Ethics” refer to compliance with the regulations of a governing body and not with our level of personal comfort. Before making the decision to report, identify the Code element that has been violated.

It is also important to remember that the Behavior Analyst Certification Board[®] is available to you to answer questions. If you have questions about the process of reporting, it is best to ask them rather than wonder.

Example from the Field

Written by Jacob Sadavoy

The clinical matter meeting reporting requirements takes into account that you assessed the legal ramifications and have documented notes on conversations you have made with the individual whose behavior is in question as well as the appropriate authority.

The next step would be to file a Notice of Alleged Violation, where you would provide an explanation and evidence of the alleged infraction. It is important that detailed notes are taken throughout the entire process because you will be asked for all correspondence, plans, and forms that accompany this complaint.

So let's go through the process. A junior clinician consumes a sambusa at the home of a client during a home visit, which is cause for concern because of the potential of a dual relationship being formed by accepting the gift of the triangular appetizer.

Step 1 ~ There are no legal concerns.

Step 2 ~ Matter was discussed with the junior clinician. He acknowledges that he accepted food item but claimed concern for jeopardizing the professional relationship with the client had he refused to eat it which could be viewed as a gesture of disrespect in the home of a client originally from Eritrea.

Step 3 ~ Matter was discussed with junior clinician's supervisor.

Step 4 ~ If dissatisfied that proper measures are not in place that ensure that ethical decision-making will be upheld next time or the gravity of the claim warrants a BACB® ruling; put together a claim with all supporting documents and a completed Notice of Alleged Violation form.

Step 5 ~ The BACB® will review the submission within 30 days and respond via email as to whether the violation was accepted, deferred, or declined.

The above example is meant to depict that some Code elements do not need to be escalated to the attention of the BACB® (had the gift had monetary value, that would be a different story). Other violations require a thorough completion of the outlined process. As stated earlier, one must overcome the discomfort of going through the above process as an obligation to protect the science and the vulnerable population that many behavior analysts' serve.

Reflections: An Interview with Megan Sullivan-Kirby

Megan Sullivan-Kirby is perhaps best known by other behavior analysts as one the administrators of the Facebook group and contributor to the blog UncomfortableX. This group, which has at the time of this writing has over 5,000 members, arose from a desire to promote activism and respectful dialogue about larger issues within and outside the behavior-analytic community. In the following contribution, she addresses some of the challenges of maintaining respectful dialogue as part of our ethical interactions with colleagues.

AB: You have spoken a lot about the need for respectful dialogue, what do you think are the defining features of respectful dialogue?

MS: Respect is a subjective term, and bound by both personal history and societal and cultural constraints (micro- and macroeconomics). Within the context of interacting with behavior-analytic professionals, I emphasize and use the word "respectful" because I've observed our tendency to become defensive when engaging in conversation where our thoughts and ideas may not be reinforced by the listening partner. The alternative is to shame an individual by cutting them off in conversation, attributing a category to their verbal behavior, and engaging in public "call out" behavior that will extinguish future attempts to learn from each other through conversational exchange with people "outside our immediate network" (e.g. not a part of our daily group of peers we interact with in person or our friends we choose to share our lives with).

Respectful dialogue is characterized by a genuine willingness to consider another's viewpoint (openness to diversity), aligned with appropriate use of silence to actively listen to others (behaviors such as nodding one's head, facial expressions, identifying key information shared by the speaker), and clarifying information and then responding to the partner's comments/questions specifically before changing the subject. Dialogue implies that there is a back-and-forth conversation – respectful dialogue must consider and then contribute to a meaningful conversation where the speaker and listener are in a mutually beneficial learning relationship.

AB: What are some of the ways that supervisors in particular, but also colleagues, engage in dialogue that is not as helpful?

MS: Taking on the role of an expert, rather than a partner in a relationship where learning is bidirectional; no one is ever an expert – we should always be learning, and we should drop the egotistical view that someone can be considered an “expert” rather than a “really good resource for (topic)”

Interrupting another person while they are talking, even if it is in agreement (I am still working on this, myself!); Try not to disrupt someone else's message to interject with your own, as it conveys a message that your input is more valuable than theirs (and you no longer are engaging in a mutually beneficial dialogue).

Telling more than asking for clarification or follow-up questions.

Using the word “ethical” in conversations where more specific information would be beneficial.

Is the supervisor or colleague always the provider of information and never one to reciprocate asking questions and going to others?

Assuming that your experience and knowledge is generalizable to the unique situation present before you.

AB: Why is it important that we listen first?

MS: Our behavior is shaped and strengthened by a history of antecedents and consequences. Although a quick response is often efficient and we have good intentions in providing an answer, in novel experiences, we run the risk of delivering feedback and recommendations that can do more harm than good. Listening allows us to consider the context and history of our communication partner's issues or problems at hand, and then use our best clinical judgment to decide if we are equipped with experience and knowledge of practice to provide the right answer. Listening allows us to respect the other person's time and efforts in coming to us for input, placing them in a vulnerable position to start!

In UncomfortableX, most of our members can be classified as listeners. They do not participate in ongoing dialogue, but rather prefer to learn through observation.

AB: How would you define “listening” in behavioral terms?

MS: Overt: conveying interest in what someone else is saying by exhibiting public behaviors such as gesturing, nodding one's head, making eye contact, displaying appropriate facial expressions while also repeating back key points or including information in your response.

COVERT: complex set of behaviors that support our ability to attend to another person's expressive language and accurately understand their presented ideas, information within context of the environment and situation. It entails suspending judgment and evaluation of the situation/information presented; your private behavior (thoughts) are related to the speaker's verbal behavior – you are actively redirecting any competing thoughts you may have that prevent you from comprehending what your speaker is saying.

AB: You are an administrator for a Facebook group (UncomfortableX) that really works hard at promoting this idea of respectful dialogue even on uncomfortable topics. What are some of the topics that you think make people the most uncomfortable to discuss?

MS: They say that the principles of behavior analysis are “universally applicable.” I often hear the statement, “Who better than to exhibit pro-social behavior than a behavior analyst?” However, in both positions, we tend to forget that we were all individual citizens and students of the world before we became behavior analysts, and we – as a global community at large – still have a long way to go in learning how to question societal problems and human rights issues. Barbara Kaminski and I started the Uncomfortable group after the 2016 US Presidential Election so that we could form a community of behaviorist activists. We wanted to discuss the politics of applied behavior analysis (lobbying for insurance coverage of ABA therapy involves political action). Almost two years later, we find our online community on Facebook (over 5000 members and growing) still having trouble accepting that issues of race, discrimination and harassment are correlated with politics and advocacy, and that we should actively care about our communities and world at large by working together to change harmful behaviors.

AB: How can we do better at discussing these issues?

MS: With UncomfortableX, we’ve built a community of trust and respect, and have shown even ourselves to be vulnerable to feedback received, either solicited or unsolicited, that makes us feel inadequate, or even a failure.

Discussing race, racism, discrimination, politics, harassment in a public forum would not be possible at this time due to concerns we all have that we could be “reported to the Board.” In a larger online community or face-to-face, we’re often afraid that our questions may be considered naive or even portray us as uneducated, and we do not wish to hurt others. Discussing issues related to charged topics requires a dedication to actively listen to one another and understand that we all bring our own behavioral repertoires, cultures and work histories to the table and no one thought or idea is better than another’s. The concept that behavior analysts are infallible, omniscient needs to cease – it is when we stop learning that we stop advancing our science and our own work.

AB: When do you think is a good time to speak up?

MS: As scientists and as advocates, we don’t formulate position statements or make arguments unless we are provoked. When we have questions or comments that will contribute to the advancement of our science and practice of behavior analysis, that will address disparities that exist in our field and in society, we should speak up. We need to take action when we see our fellow human beings at risk of being harmed, or worse, victims of human rights violations. It is overwhelming, lonely, and possibly egotistical, to believe that we are the only ones to have a particular thought or question. It is within a community that we need to speak up and share when we have information to consider that will improve the lives of others’, through our own practice or through systems change.

AB: You recently posted, “We value feedback, even the stuff that hurts us and attacks us personally.” It can be very difficult to listen when the message is hurtful. How can we do that?

MS: We have to be grateful that someone took the time, and expended calories, to provide us with individualized feedback. While I wish everyone was more kind and that we took the time to reach out to each other to ask questions and seek a common ground on differing views, such “response effort weakens the MO [motivating operation].” So, the key is to thank someone for their feedback and then decide if it is constructive. I usually have to give it some time (days or weeks) to reduce the risk of bias in assessing feedback I’ve received. I often have to talk to friends or my spouse about whether or not I should heed another’s recommendations, and I have to decide

if it will help or harm my intentions and future responding. I can never tell someone else to “not take it personally,” since some words have longer lasting and visceral effects. For example, I once received written feedback after a conference presentation that referred to me, the speaker, as a “liberal snowflake.” Those words were chosen by that writer for a specific purpose of categorizing and harming the intended reader, me. So, we must also keep into account that while I can have influence over my own responding, I cannot please everyone at every time, nor can I control the values and culture that the bring to the table! In the end, I decided that feedback was not constructive, and that I should let it go.

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8 Section 8.0: Public Statements

Mary Jane Weiss and Samantha Russo

Behavior analysts accurately represent all of the services they provide.

As a Catholic school student, I was required to wear a uniform. This made it easy to identify which school I attended – a fact that the sisters would consistently point out whenever we went on field trips. “Remember,” they would say, “you are representing your school.”

When we make our way in the professional world, we are also representing our field, and it is crucial that we do so in a way that reflects the Professional and Ethical Compliance Code®. The face that we present to the world is not merely a reflection of our own individual practice, but it is the field as a whole.

The central point of this section of the Code is this: what we present to the world is what they will see. If we truly believe in the right to effective treatment, it is our obligation not only to make clear to the public what “effective treatment” entails, but to make it palatable to the public, to make applied behavior analysis the best option available rather than merely the most evidence based. It is our obligation to represent the best that applied behavior analysis methodologies can be, to be representative of applied behavior analysis at its most ethical, its most precise, and, above all, its most compassionate.

In this chapter, we will review the Professional and Ethical Compliance Code’s® requirements with regard to public statements – how to represent the field of behavior analysis in the best possible light.

8.01 Public Statements

Behavior analysts comply with this Code in public statements relating to their professional services, products, or publications, or to the profession of behavior analysis. Public statements include, but are not limited to, paid or unpaid advertising, brochures, printed matter, directory listings, personal resumes or curriculum vitae, interviews or comments for use in media, statements in legal proceedings, lectures and public presentations, and published materials.

Explanation

Written by Ann Beirne

It is necessary when reviewing this Code element to address the various audiences to whom we would be communicating and the types of ethical pitfalls that we must avoid. Potential audiences would be:

Potential employers. These individuals would view resumes and curriculum vitae. This would be a somewhat narrow audience and we could reasonably expect more knowledge

of the science of behavior analysis and the ethical obligations of behavior analysis, though this expectation may not always meet the reality of every work environment.

Potential clients. This category refers to those who would be viewing advertisements, finding our names in directories or reading brochures. If asked, we must provide other credentials as well, as specified in Code element 2.05 (b) and discussed in Chapter 3. However, they are the target audience for our marketing.

Community members. This category applies to the audience of our most public of public statements. It refers to those who view public presentation, including those in social media, blog posts, or other media or publications. This would be our widest audience and we might reasonably expect little knowledge of the science, of applied behavior analysis methodologies, or of our ethical obligations as behavior analysts.

Because some of these audiences would not have a level of expertise in the ethical obligations of our field, it becomes all the more important to be conscientious of these obligations.

There are specific common pitfalls in our representation, which can be problematic:

Confidentiality and consent. Data should not be presented publicly without consent. Even with consent to share data, information about specific clients should never be revealed, nor should any information that could lead to their identification be revealed. Pseudonyms should be used in any presentations.

Boundaries of competence. Marketing materials should send a clear picture as to what a practitioner does, without including areas outside of this demonstrated competence.

Misrepresentation. Marketing materials, presentations, lectures, and publications must clearly identify the behavior analyst's true credentials and to the best available scientific evidence.

Considerations

Written by Ann Beirne

One of the trickier aspects of the transition from student to behavior analyst is how to explain that transition to potential employers or clients. Finding a way to explain the state of being “not quite a behavior analyst yet” can be complex.

The reality is that being a certified behavior analyst is a binary state: you either are a certified behavior analyst or you are not. Presenting oneself as “almost a behavior analyst” or “Board Certified Behavior Analyst® (BCBA®) eligible” is not only confusing to potential clients, but it also misrepresents the field as a whole. It is worthy of note here that using the phrase “pending” is not authorized and would be considered misrepresentation. This is a situation in which an absolutist approach to ethics would be necessary. *Misrepresenting one's credential is a violation of the Code which could interfere with an applicant's eligibility for the exam, and the importance of adherence to this requirement cannot be overstated.*

The status of pursuing certification is not an irrelevant detail in pursuing employment, however. The question then becomes how advanced coursework, an interest in opportunities for advancement, or the need for supervision, observation, or even simply flexibility can ethically be conveyed.

Rather than placing emphasis on a credential that has not yet been acquired, it would be best in this case to do what behavior analysts do best: focus on observable and measurable phenomena, and this is essentially the guidance provided by the Behavior Analyst Certification Board (BACB®) on this matter. According to the BACB®'s September 2008 newsletter (BACB, 2012), the best alternative is to simply list the coursework and

experience as part of the resume. Include your status as a student under your education and your responsibilities under your work experience without mention of eligibility for the credential itself (Favell & Shook, 2008). Those familiar with the BCBA[®] credential will recognize your pursuit, and those who are not need only know that it is an international credential in behavior analysis.

Examples from the Field

Written by Jacob Sadavoy

Behavior analysts must be truthful in how they advertise themselves and their services. This can be complicated when others, in other disciplines, do not do so. There was a man that was prescribing drugs claiming to be a doctor of applied behavior analysis in Indonesia. Now picture two non-credentialed clinicians who were getting BCBA[®] supervision trying to get clients when a doctor of applied behavior analysis was in the neighboring town and was offering cures in the form of grey oblong pills. If you were a client and interested in applied behavior analysis (ABA) services in an under-resourced part of the world, I would venture to think that the doctor of applied behavior analysis would be the rational choice. Extrapolate that to North America where we are in a resource-rich area, but clients have a plethora of service options to choose from, many of which are not evidence based, without a code of ethics, and are not obligated to be truthful. Despite these real-world challenges, we must stay truthful so clients everywhere can rely on practitioners of applied behavior analysis. To quote Michelle Obama, “when they go low, we go high.” In Indonesia, clients will come to the two non-credentialed clinicians based on educating the communities on the principles of applied behavior analysis and through word of mouth upon providing sound clinical programming.

We were faced with a similar challenge in Nigeria in which teachers getting ABA training from a BCBA[®] had the same credentials as the teachers they were training. Had we provided them with an informal and internal credential, for example, Global Autism Project Trained Therapist, they may have been taken more seriously. It is best for dissemination of ABA principles in Nigeria to come from Nigerians. The fact that they are unable to access any credential from the BACB[®] while in Nigeria limits ABA dissemination efforts globally.

8.02 Avoiding False or Deceptive Statements

(a) Behavior analysts do not make public statements that are false, deceptive, misleading, exaggerated, or fraudulent, either because of what they state, convey, or suggest or because of what they omit, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. Behavior analysts claim as credentials for their behavior-analytic work, only degrees that were primarily or exclusively behavior analytic in content.

Explanation

Written by Ann Beirne

As discussed previously, the Professional and Ethical Compliance Code[®] applies only to professionals within the field of behavior analysis and only behavior analysts are required to adhere to it. The general public does not have knowledge of the science of behavior

analysis, of its potential, or of its limitations, and their ability to be effective consumers can be compromised by our inability to adhere to these requirements.

Behavior analysts must be mindful of using false or misleading statements. This becomes particularly difficult when other interventions, in particular those which use pseudoscientific or anti-scientific methodologies, continue to make outrageous claims and be well-received by the public. For a behavior analyst, however, honesty is the best policy. Behavior analyst must adhere to this and other Code elements, in particular Code element 1.04 which deals with the integrity of the behavior analyst and is discussed further in Chapter 2. Maintaining honesty in both what we say and what we refrain from saying upholds the principles and values of our field. Behavior analysts are mindful not only of making false or misleading information themselves but also aware of how such statements may be received by the general public. In this case it is best to refrain not only from impropriety itself but from the appearance of impropriety as well. If statements about the possible effects of applied behavior analysis are exaggerated, such claims could easily be confused by the general public. What has been stated several times throughout this text bears repeating here, and bears consistent repetition in our clinical practice. Applied behavior analysis is not a set of practices. It is not a set of tools in our toolbox. It is not a bag of tricks. Applied behavior analysis is a *science*. It is the science of how organisms learn, not a treatment or treatment package for autism spectrum disorder. Though much of our clinical practice is based on this science, our practice is not the science itself. Rather, it is an application of the science. A science is not something that you do, it is something that you understand.

Here again it is our responsibility to focus our attention on the observable measurable phenomena involved in the methodologies of clinical practice. Whether or not such methodologies effectively treat the behavioral deficits and excesses associated with autism spectrum disorder should not be our primary concern, but simply that these methodologies can affect lasting meaningful behavior change.

Considerations

Written by Ann Beirne

As a behavior analyst who believes deeply in the inherent compassion of effective treatment and the importance of data-based decision-making in the support of meaningful behavior change, I am often dismayed by how applied behavior analysis is described by those who are not practitioners. In describing the day-to-day practice, the words “abuse” and “dehumanizing” often appear, and my heart breaks for the family seeking treatment for a child that is struggling. In contrast, many of the alternatives suggested seem to be abuses of inaction, dismissive of the need for a child’s health and safety to be protected by interventions aimed at decreasing dangerous behaviors or increasing communication.

The Fourth Edition Task List for Behavior Analysts requires us to “identify the contingencies governing the behavior of those responsible for carrying out behavior-change procedures and design interventions accordingly” (BACB, 2012). The Fifth Edition, which goes into effect in 2022, focuses instead on staff considerations, requiring us to, “Use function-based strategies to improve personnel performance” (BACB, 2017). In both task list items, the message is clear: our obligation to analyze behavior. It is necessary to analyze the behavior of those who would choose pseudoscientific methods just as we would analyze the behavior of our clients. The factors affecting choice must be considered when analyzing the reasons for a family to select what we would consider a less desirable option.

This then leads us to consider what these options are offering that our own marketing lacks. Much of the “awareness raising” materials that describe autism spectrum disorder paint a dehumanizing and distressing picture of the future for a child with autism. This

harrowing picture can provide a powerful motivating operation and set many families on the desperate path for a cure. The power of this distress is a ripe opportunity for an intervention that offers this promise, without necessarily delivering. Many of these interventions describe a sense of community, an opportunity for parents to fight their child, and, above all, hope.

While we cannot, should not, and will not promise a cure for any diagnosis, the way that these pseudoscientific “cures” are presented can inform how we describe our interventions. We cannot offer a cure, but we can offer a more accepting and empowering picture of what a diagnosis of autism spectrum disorder can mean for a child and family. We cannot offer false promises, but we can offer community, and we can and should offer hope.

Examples from the Field

Written by Jacob Sadavoy

You are a client and you are offered a choice of service: a miracle that will change your child’s behavior within two months or a time-consuming, expensive, approach that will be gradual, systematic, and data driven. It is not hard to see the temptation of the claims of the former service. It is hard, for me, to see behavior technicians refusing to work with clients who entertain a pseudoscientific approach. It is best not to take it personally, understand that the client wants the same socially significant gains that you do, and understand that this is the reality. We are not going to make false claims, other therapies will, and that will attract prospective clients. We will continue to provide evidence-based strategies, we will continue to improve based on research literature, and we will continue to be an alternative for clients when they are ready for something that is time-consuming, expensive, gradual, systematic, but effective.

8.02 Deceptive Statements

(b) Behavior analysts do not implement non-behavior-analytic interventions. Non-behavior-analytic services may only be provided within the context of non-behavior-analytic education, formal training, and credentialing. Such services must be clearly distinguished from their behavior-analytic practices and BACB® certification by using the following disclaimer: “These interventions are not behavior analytic in nature and are not covered by my BACB credential.” The disclaimer should be placed alongside the names and descriptions of all non-behavior-analytic interventions.

(c) Behavior analysts do not advertise non-behavior-analytic services as being behavior analytic.

(d) Behavior analysts do not identify non-behavior-analytic services as behavior-analytic services on bills, invoices, or requests for reimbursement.

(e) Behavior analysts do not implement non-behavior-analytic services under behavior-analytic service authorizations.

Explanation

Written by Ann Beirne

This might be a bit confusing at first glance, since this Code element would appear to be contradictory. Behavior analysts do not implement non-behavior-analytic intervention, and yet when they do there are certain restrictions on how to do what they are not permitted to do. Some clarification is certainly in order.

In the early years of my pursuit of certification in behavior analysis, there was no restriction on the area of concentration for the master's degree. When I asked about this, I said, "So I could have a master's degree in Russian literature or French pastry and complete the coursework requirement and get a BCBA?" The answer was an enthusiastic "yes." This has been changed in response to the needs of consumers to assure the quality of intervention, but the intention was a broader interpretation of the science. Given that this is the science explaining the processes of learning for all organisms, a focus on the effective teaching and learning strategies could benefit anyone in any field, including Russian literature and French pastry.

There are behavior analysts who are also speech therapists, personal trainers, or even novelists. Just as the original intention of the BACB[®] suggested, their knowledge of the science of behavior informs their practice in these areas. However, the intention of this Code is to clarify to the general public what is applied behavior analysis and what is not. Once a practice deviates from the scientific validity and data-based decision-making, that differentiates behavior-analytic practice.

Behavior analysts are not restricted from following other interests and in fact many do. This Code element does not require restriction of our activities, whether they be personal or professional pursuits. This Code element requires that the behavior analyst be clear about what activities are behavior analytic and what are not, and to maintain that clarity for the consumer.

Considerations

Written by Ann Beirne

When the majority of my work was with young children, parents would often say to me, "We don't like ABA, but we like you. You don't really do ABA, it's more like modified ABA." I would often cringe when I heard it, thinking of Bobby Newman's words, "You can't do modified ABA any more than you can have a modified pregnancy." Using the science of behavior analysis is binary state – either the science guides practice or it does not. One day my husband pointed out the obvious by asking, "Why do they call it modified? Is it because you're nice?"

The term "modified ABA" has been a popular one in educational circles. However, it is often unclear what exactly is modified about it if the intervention is focused on specific goals and emphasizes data-based decision-making. Applied behavior analysis, after all, is the science of how organisms learn, not treatment or treatment package. The analysis of antecedents and consequences and the use of data to make decisions as to the success of interventions to treat socially significant behavior are not modified in many cases. There is nothing within the science that mandates, or even suggests, that interventions cannot be compassionate or playful. There is nothing that mandates compliance above all else, regardless of the public perception of applied behavior analysis programs. The only thing that is modified in this case is the perception of applied behavior analysis as an intervention that promotes blind obedience.

If practitioners use this terminology, however, it is understandable that consumers would view applied behavior analysis programs as being stodgy and robotic at best and cruel and abusive at worst. To refer to intervention as "modified ABA" implies that applied behavior analysis requires modifications in order to be attentive to the social significance of our interventions. Rather, it is the "applied" that comes before the "analysis." Our interventions must reflect a commitment to social significance and our messaging must clearly communicate that doing so is not a modification. It must communicate that

playful behavioral interventions are still behavioral interventions, and that joy can be part of a responsible program. Kindness and compassion are not modifications, but they should be integral to programming.

Examples from the Field

Written by Jacob Sadavoy

I started out in the field as a home programmer. I was supervised by a BCBA® and I invoiced the family as a therapist doing ABA services. However, not all of my duties were as an ABA therapist. There were times I was asked to spend an evening with the learner and provide respite for the parents. I am not technically doing the home program; however, I am doing ABA (I don't think I could stop seeing the principles of ABA in my everyday life if I tried). When in doubt, it is best to stipulate that the services rendered are different and to denote that on the invoice. Sometimes costs of services can vary and a remuneration breakdown would be beneficial. I have done so in the past in which a school training, parent training, and professional crisis management course training were all of different rates.

An old client of mine, from four years ago, still sends me inquiries about whether I can come visit her son. Her son has never really had a home program, as she does not wish for the principles of applied behavior analysis to be used at home because it “impedes her son's happiness”. It is a long story. In any case, if I decided to go and work with this client again, I would have to stipulate that my time, which I am billing the client for, is “not behavior-analytic in nature and are not covered by my BACB® credential.” I have zero interest to create an invoice identifying non-behavior-analytic services and developing a rate for those services.

8.03 Intellectual Property

(a) Behavior analysts obtain permission to use trademarked or copyrighted materials as required by law. This includes providing citations, such as trademark or copyright symbols on materials that recognize the intellectual property of others.

(b) Behavior analysts give appropriate credit to authors when delivering lectures, workshops, or other presentations.

Explanation

Written by Ann Beirne

Credit of authorship is essential. Any student knows that they claim as their own ideas at their own peril. Plagiarism is often severely punished in academic circles and a student who engages in academic dishonesty can risk failure in an assignment or class or even expulsion from an academic program. In a description published by the Writing Program Administration, plagiarism is defined as, “when a writer deliberately uses someone else's language, ideas, or other original (not common-language) material without acknowledging its source” (Council of Writing Program Administrators, 2003). Essentially any statement that goes beyond that is considered “common knowledge” must include a citation. The general recommendation is that if you are in doubt, a citation is the best option.

Beyond our academic life, use of intellectual property without the proper trademark and copyright symbols can also come with steep consequences. It is essential to use the

correct symbol when referring to trademarked materials. Inclusion of such a symbol indicates a trademark (™) or a registered trademark® (Bryer, 2015). Be sure to check the accuracy of such symbols if there is any room for doubt.

An additional point to discuss is that such a symbol does not indicate affiliation with an organization or company, and such an affiliation should not be indicated. As our repeated theme in the Professional and Ethical Compliance Code® suggests, honesty is the best policy.

Considerations

Written by Ann Beirne

Many of us in the field of behavior analysis began in a position that would evolve into what is now known as a Registered Behavior Technician®. Before there was such a certification, the role was still fulfilled and was called many other things, including “line therapist” or “direct service provider,” but the responsibilities were similar. Less training and structure was available to the “line therapist,” but there were many who, like myself, pursued this training over several years or decades and eventually became behavior analysts.

After many years of receiving such training and decades spent in the field, our fluency increases and we are faced with an interesting dilemma – how to determine what constitutes “common knowledge.” Common knowledge within our field is not necessarily common knowledge to the rest of the world, but, when the skills begin to come naturally to us, it is easy to conflate knowledge of the science with common sense.

The “common sense” guideline refers to common sense among the general public, not merely common sense among those who have already learned the scientific support for various methodologies. When communicating clients or clients’ families, citing this scientific support for our suggested interventions is a necessary step. We cannot uphold. Or, as a colleague of mine once stated, “If you would have to explain it to your grandmother on a picnic, cite” (Y. Cruz, personal interview, May 2013).

Examples from the Field

Written by Jacob Sadavoy

This textbook has many contributors, many citations, and many referrals to trademarked and copyrighted material (e.g. the Compliance Code). Before we started this process of writing this textbook, we contacted the BACB® Compliance Coordinator asking for permission to reprint and/or display the BACB document entitled “BACB Professional and Ethical Compliance Code for Behavior Analysts.” Permission was granted upon sharing legal name/title, the exact materials we were requesting to cite or use, the exact nature of intended use, the period of time during which we will be offering the cited materials (i.e. period of publication), and to identify the publisher. The BACB® has a Compliance Coordinator in order to ensure that the material they produce is protected and will not be misrepresented in any form or medium.

We have contributors to enrich the ethical dialogue for our readers. I do not take credit for their words as they would not take credit for mine. In some cases, I may disagree with a view they have written in their reflection or they may find issue with one or more of my examples. The ideas in this textbook is the intellectual property of the authors. It is to invigorate conversations about ethics and hopefully generate future publications from other voices in the field. We will discuss the stealing of ideas in Code Element 9.07 Plagiarism.

8.04 Statements by Others

(a) Behavior analysts who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Behavior analysts make reasonable efforts to prevent others whom they do not oversee (e.g. employers, publishers, sponsors, organizational clients, and representatives of the print or broadcast media) from making deceptive statements concerning behavior analysts' practices or professional or scientific activities.

(c) If behavior analysts learn of deceptive statements about their work made by others, behavior analysts correct such statements.

(d) A paid advertisement relating to behavior analysts' activities must be identified as such, unless it is apparent from the context.

Explanation

Written by Ann Beirne

Behavior analysts are responsible for the image that they present to the world. In addition, they are responsible for their image *as presented to the world*. When we are represented by others, we remain responsible for this communication as well.

It is vital that we communicate clearly about our work to anyone that has the potential to represent it. We must be candid and forthcoming about what applied behavior analysis is capable of, as well as what it cannot accomplish. If any false, misleading, or deceptive statements are made regarding our work, we must be prepared to correct this as soon as possible.

Honest communication is essential in working with clients, but it is equally important in reaching out to potential clients. We must consider the necessity of honest communication beginning at there.

Considerations

Written by Ann Beirne

I have often been told that behavior analysts do not need to market or advertise their services or that they should refrain from doing so. The rationale is often that "most behavior analysts have more work than we know what to do with" and that such efforts are unnecessary. Another concern raised in such discussion is that we should be cautious in presenting ourselves as excessively polished. Given that so many pseudoscientific methodologies engage in slick and artful marketing with no evidence to back up their claims, we would be engaging in similar unethical behavior if we were to market our services.

However, it is not the marketing of such interventions that causes us to question the ethics of those involved. The questionable ethics are demonstrated by the methods these individuals use. It is not the description of the behavior that is unethical, it is the behavior itself.

I would also caution against the idea that we do not need to market our services because "we have more work than we know what to do with." It is reasonable to assume that marketing efforts can and should lead to more clients and allow us to make our businesses sustainable, and that is the primary purpose of most marketing activities. However, marketing is often described as saying what you do repeatedly and often. Explaining applied behavior analysis repeatedly often allows us to disseminate the science

and its power to support lasting meaningful behavior change. Our efforts at marketing have the potential to reach anyone who is interested in behavior analysis as a potential client, an advocate, or a future clinician. Therefore, it is not a question of whether or not every behavior analyst has enough work, but a question of whether or not every client has access to effective treatment.

If we truly believe in the right to effective treatment, the onus is on us to ensure that applied behavior analysis is the first and most appealing treatment option that families hear about. In order to do this, we do not have the luxury of viewing marketing as an unsavory concept. Marketing our services does not imply that deception is taking place. Deception is deception and marketing is marketing, and they are not interchangeable just because they are not mutually exclusive. Dissemination is our ultimate goal, and marketing activities are the tools that we use to accomplish it.

Examples from the Field

Written by Jacob Sadavoy

In my experience, negative statements about ABA are not generated in a vacuum and a great way to get to the root of the problem is to use a Socratic method and not take their experiences personally. I was speaking to a headmaster in the United Kingdom who was against the use of ABA in the school setting. Instead of correcting her and delivering a speech regarding the necessity for evidence-based practices, I Socratically asked her to share her experiences. She provided an example in which a BCBA[®] came into her school and openly criticized the teacher for allowing a student to engage in physical stereotyping by saying, “you just let him do that” in front of the student and his classmates. The comment is insensitive and undermines the student’s dignity. I cannot align myself with the fellow BCBA[®] from this story. She is correct. That should never have happened but that is not a flaw of ABA but a glaring lapse of judgment by an individual.

At the Global Autism Project, on any given day, we could have more autistics in the office than neurotypicals. I remember when I first came into the field it was drilled into me that when referring to autistics, I had to use person-first language. I was given the rationale that you don’t say “cancerous woman” but “women with cancer,” and you should show the same respect for individuals with autism because the person comes before the disability. I rarely use person-first language to describe autistics because I listened to self-advocates and the majority wish to not be referred to as “people with autism.” Ignoring this acknowledgment, of a population I work with and care so much about, is inexcusable (however, the majority does not speak for everyone in a population which is why both phrasings are interspersed throughout this textbook). Self-advocates are on a crusade to own and celebrate their autism, as many should. Many self-advocates have also painted a negative picture of ABA. In a speech delivered on February 1, 2017, Ari Ne’eman, leading autism rights advocate and founder of Autistic Self Advocacy Network, said of Lovaas that he set out to “recover” autistic children and make them “indistinguishable from their peers” (Ne’eman 2013). One could easily provide the argument that ABA in 1973 looks differently than it does in 2019, but I would argue that the concern here has less to do about Lovaas and has more to do with what is defined as socially significant (Lovaas, 1987). An autistic does not have to be indistinguishable from their peers or recovered from their autism (essentially making them an entirely different person, which I would argue nobody would want) to be successful members of society. Self-advocates are demonstrating success across all facets of society. ABA practitioners need to be aware of these successes while focusing on the behaviors that are truly socially significant in order to be autistic and an independent contributing member of society.

It is also important to acknowledge that the non-autistic population would also benefit from ABA to help improve socially limiting behaviors. Personally, I have a hard time

saying, “no” and expressing my emotional state to others. I would likely benefit from behavior analytic problems to help me with those two deficits with the goal of reaching my full potential and not “being indistinguishable from my peers” or “to be recovered.”

8.05 Media Presentations and Media-based Services

(a) Behavior analysts using electronic media (e.g. video, e-learning, social media, electronic transmission of information) obtain and maintain knowledge regarding the security and limitations of electronic media in order to adhere to this Code.

Explanation

Written by Ann Beirne

In this day and age, I believe we would be hard pressed to find a behavior analyst who did not use electronic media, particularly social media. While much has been said about the dangers of this technology, many of the most commonly heard complaints are similar to those used in response to technological changes such as the printing press, the easy availability of books, and even the written word itself (Bell, 2010).

Despite its flaws, social media is now the way that we communicate. It represents a cultural shift that is likely irreversible. This Code element does not discourage us from using these technologies, it merely requires us to use them responsibly. Digital communication is like any other form of communication, and all communication must adhere to the requirements of the Professional and Ethical Compliance Code®.

Considerations

Written by Ann Beirne

One of the challenges of using technology in our clinical practice is the speed at which the technology world tends to move. Whether we are using technology for data collection, program development, or training, the development of new technology often outpaces the evidence to support it. The laws of privacy and information sharing have required rewriting over and over again.

In our social media lives, it is best to remain conservative. There is no insincerity in being careful what we say and to whom we say it. Just as we would wear different clothes or engage in different behaviors at work than we would at home or would not invite a client over for dinner, maintaining professional distance is necessary online. Be mindful of what can be seen and by whom.

Examples from the Field

Written by Jacob Sadavoy

Technology is always evolving and, as a result, we as behavior analysts, who use that technology, must be aware of any changes in order to ensure that the content that is being shared is protected. I do a lot of international telehealth clinical supervision. I need to be aware of what can be used in the countries of my supervisees and need to make sure that the platform we use is Health Insurance Portability and Accountability Act (HIPAA) compliant. For email and file exchanges including videos, I have had success using G Suite which is HIPAA compliant as long as all correspondence are within the same G

Suite organization and those using G Suite are still mindful of the importance of client confidentiality. Access to technology has never been easier. I can update a behavior plan on a crowded train using a Google Docs app on my phone; however, I would caution anyone to avoid doing so because eyes can wander and you would not want confidential information being shared with the neighboring commuter because you could not wait to look at an email or file until you were alone. In China, Google is not an option, but Box.com has been an effective substitute.

As mentioned earlier, I use a supervision curriculum for my supervisees. That curriculum is on a Learning Management System or LMS. The LMS is not HIPAA compliant. I make sure that assignments from supervisees involve initials or pseudonyms as opposed to real names. This is somewhat a benefit for the supervisor as the focus of supervision is on developing the skill set of the supervisee as opposed to being a discussion on case load and clients. Similarly, when having conversations with supervisees, I often use a hybrid of social media video conversation applications such as Skype, Zoom, WhatsApp, or Hangouts. Some work better in some countries than others. None are HIPAA compliant so again care must be taken during conversations over these applications to protect the client's information. We are responsible for knowing what we can and cannot do with respect to each technological program we use.

8.05 Media Presentations and Media-based Services

(b) Behavior analysts delivering presentations using electronic media do not disclose personally identifiable information concerning their clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless the client has consented in writing.

(c) Behavior analysts delivering presentations using electronic media disguise confidential information concerning participants, whenever possible, so that they are not individually identifiable to others and so that discussions do not cause harm to identifiable participants.

Explanation

Written by Ann Beirne

In our use of social media, or in the use of any mass media such as YouTube videos or blogs used as a marketing tool, it is essential we preserve the anonymity of our clients and others affected by our services. There are several factors that may inform our ability to use social media without compromising our commitment to the Professional and Ethical Compliance Code®.

Understand what “identifying information” may be. There are several pieces of information that may lead someone to identify a particular client. While many of us understand the importance of refraining from using last names or images, other information such as first names, school, and, in some cases, neighborhood may also be an issue. Such information may inadvertently lead a client's identity to be revealed.

Use pseudonyms, as obviously as possible. When creating presentations, it is often best to change names. One of the cleverest examples of the use of pseudonyms was used in a presentation by Dr Dana Reinecke. Rather than simply use similar names to the subjects of her study, she used the names of the adults in the cast of *Sesame Street*. She also pointed this out with a humorous anecdote, saying, “What’s wrong with *Sesame Street*?” This made it clear to those in the audience that although names were being used, they were not the names of her study’s participants.

Considerations

Written by Ann Beirne

When attempting to decrease a behavior, or to prevent a behavior from occurring in the first place, behavior analysts are required to increase a behavior through reinforcement. This is referred to in the Fifth Edition Task List, which goes into effect in 2022 and is specified in the Professional and Ethical Compliance Code® in Code element 4.08 under considerations when using punishment, which states, “Before implementing punishment-based procedures, behavior analysts ensure that appropriate steps have been taken to implement reinforcement-based procedures.” The Fourth Edition Task List also emphasizes this point, stating “When a behavior is to be decreased, select an acceptable alternative behavior to be established or increased” (BACB, 2012).

Bearing all of this in mind, there are several alternative behaviors that we can engage in when communicating via social media or other media presentations in order to maintain the confidentiality of our clients.

Use social media socially. If you have had a difficult day or are feeling overwhelmed, there is no need to reveal why. Simply saying that you are exhausted will access the same tea and sympathy as providing details as to why.

Be aware of who has access and adjust accordingly. Unlike “real-life” settings, our social media lives have some measure of control. Simply using the privacy settings of social media platforms, including adjusting who has access to certain posts or the status of professional groups, can prevent unintentional breach. Even without specific identifying information, locations can reveal more than intended. Additionally, a clinician’s private life should ideally be kept private.

Rely on the network you already have. Once you have completed your coursework and supervision, your professors and supervisor may still welcome questions and concerns.

Find a trusted network. Asking for advice on social media is often symptomatic of a lack of resources. Find a trusted network of professional in your area if at all possible. Using the BACB’s® certificant registry, you may be able to find others who can share experiences and help guide you.

Examples from the Field

Written by Jacob Sadavoy

I do not have a personal anecdote in which I have viewed a presentation in which I am aware of an audience member knowing the identity of the participant being discussed. One of the most famous experiments demonstrating classical conditioning using a human subject is the Little Albert experiment. There were many ethical concerns regarding John Watson’s experiment; however, the correct use of a pseudonym, Albert, was not one of them. Under no circumstance should it be known to the audience the name of a client in a media presentation or any identifiable information regarding the client without signed written consent. Signed consent for participation in a study is different than consent to share personal information about the client to a live audience or one that is watching a recorded video. Again, the importance of confidentiality cannot be overstated: protect your clients and use pseudonyms.

8.05 Media Presentations and Media-based Services

(d) When behavior analysts provide advice or comment by means of public lectures, demonstrations, radio or television programs, electronic media, articles, mailed material,

or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate behavior-analytic literature and practice, (2) the statements are otherwise consistent with this Code, and (3) the advice or comment does not create an agreement for service with the recipient.

Explanation

Written by Ann Beirne

As discussed in our explanation of the importance of dissemination and the importance of Code element 6.02 in Chapter 7. Behavior analysts must “spread the word” about behavior analysis and its possible applications to problems faced by society. However, it is necessary to be mindful of our adherence to the Professional and Ethical Compliance.

Essentially, this Code element protects the behavior analyst from blame or tarnished reputation if an individual uses the techniques discussed without proper training but claims a consultative or professional relationship.

Considerations

Written by Ann Beirne

As an international organization, this is an issue that the Global Autism Project has faced on several occasions. Though many individuals and agencies provide international training, many do so using a less sustainable model, which becomes particularly problematic when disseminating behavior analysis methodologies in the developing world. Trainings are given for large groups, or on site for brief periods of time and only on a consulting basis. Following through on the recommendations of the consultant is often left up to the competence and dedication of the trainees and, to a large extent, luck.

Another method is to have a BCBA[®], often from an industrialized country, live on site temporarily to direct programming. While this may seem like a more sustainable solution, it is often only temporary. When the director is gone or the funding has disappeared, the support for the services provided disappears as well.

The Global Autism Project, for example, instead works in partnership with our international services partners to provide sustainable services. We partner with existing organizations and provide ongoing consultation and training in clinical service provision, administrative practices, and the development of outreach programs. Several times per year we also travel with our SkillCorps[®] program, bringing volunteers from the field of behavior analysis, special education, related services, or business practices to provide on-site training based on the goals and priorities of our partners.

This emphasis on sustainability is a necessity in international training, but is applicable to local practice as well. The goals of training, including that which is provided thorough media, must be sustainable for the trainee.

Examples from the Field

Written by Jacob Sadavoy

Media presentations can be challenging because you cannot control how the content is going to be received by the audience. Therefore, it is important to make sure those parameters are known beforehand to avoid confusion. I am contributing to a training for new teachers in Nanning, China, next month. I need to do my due diligence in ensuring that

the teachers are not going to leave the training thinking they are ABA practitioners, or worse, Registered Behavior Technicians™. One way to do this is to provide a certificate at the end of training acknowledging participation of a training but not completion of a course or subject (e.g. _____ has attended a two-day presentation on ABA Introductory Principles as opposed to _____ has completed a two-day ABA Workshop). Internationally, completion of a workshop could be used as a means to open up an ABA business. This can be the unintended consequences of practitioners going to other countries, doing a training, without follow up. We know providing a training without supervision or feedback is not best practice. I would argue that it can sometimes do more harm than good.

8.06 Testimonials and Advertising

Behavior analysts do not solicit or use testimonials about behavior-analytic services from current clients for publication on their webpages or in any other electronic or print material. Testimonials from former clients must identify whether they were solicited or unsolicited, include an accurate statement of the relationship between the behavior analyst and the author of the testimonial, and comply with all applicable laws about claims made in the testimonial.

Behavior analysts may advertise by describing the kinds and types of evidence-based services they provide, the qualifications of their staff, and objective outcome data they have accrued or published, in accordance with applicable laws.

Explanation

Written by Ann Beirne

This Code element encourages us to consider the effects of our actions on two distinctly different but equally vulnerable groups: those who give the testimonials and those who read them.

In considering the effects of our actions on those who provide testimonials for advertising or marketing purposes, there is an essential phrase that bears special attention. The most important phrase here is “Behavior analysts do not solicit or use testimonials about behavior-analytic services *from current clients*.” The rationale behind this particular element deserves some explanation. Current clients can be influenced and even exploited, particularly by those who provide direct services. Particularly for those behavior analysts who work with families directly in home-based services, there is a great deal of intimacy in the professional relationship, even if behavior analysts are committed to maintain professional boundaries. If we enter these families’ lives in the early days or weeks following a diagnosis of autism spectrum diagnosis, we may offer hope in a time of great uncertainty. For clients with other needs, we are still often coming into their lives in times of crisis, and this dynamic often permeates the relationship for as long as the relationship itself continues. Despite our efforts to the contrary, it is an inequality that often causes clients to feel indebted to us – a debt that can never be fully repaid.

In this context, asking a simple favor such as a small testimonial becomes far from simple. The likelihood of exploitation is simply too great, even if there is no intention of exploitation on behalf of the clinician.

Those seeking services are an equally vulnerable population. They also seek out services during a time that is likely marked by desperation and confusion. Interventions offered at this time can offer hope in the face of this bewilderment, but the responsibility of offering such hope cannot be overstated. It is a terrible disservice to offer hope if such

hope is false. The rationale behind this Code element is to avoid exploitation through the promise of unrealistic expectations of treatment outcomes.

While elements of the Professional and Ethical Compliance Code® often allow behavior analysts to develop their own alternatives to potentially unethical behavior, this particular element offers several. Rather than promise what cannot be honestly offered, a behavior analyst restricts their materials to what *can* be honestly offered. A behavior analyst offers information of what benefit their services *actually* offer rather than the promises that such services *could* offer.

Considerations

Written by Ann Beirne

Marketing is marketing and deception is deception. Just because they are not mutually exclusive does not mean that they are the same thing. A behavioral definition of deception must include some act or statement which is not true, and the lack of accuracy is a defining feature of deception. A behavioral definition of marketing, on the other hand, is simply talking about one's work to as many people as possible as often as possible.

There are many behavior analysts who believe that to offer marketing materials with mass appeal is by its nature unethical. After all, they often point out, this is what pseudoscientific methods do. Cloaked in the veneer of beautiful pictures and moving stories, they offer hope without evidence, and many behavior analysts recoil at sophistication of their messaging, assuming that it implies there is little underneath their lofty promises. Many hope to avoid the appearance of impropriety by avoiding the appearance of this sophisticated messaging entirely, which I believe misses the point.

As behavior analysts, it is important to exercise the skills we so often use with our clients and determine the function behind the actions of potential clients and their caregivers. Behavior occurs in the context of environment, and behavior that persists is maintained by reinforcement. To ignore the potential reinforcers of these methods or the persistence of the behavior associated with their access and insist that caregivers *should* seek out scientifically validated methods is to ignore data, and there is no greater sin in any of the sciences.

If we fail to deliver a message that is likely to be well-received in a way in which it will be well-received, we need not congratulate ourselves for our ethical stance. Rather, such a refusal restricts access to services for those who most desperately need it.

Every client has a right to effective treatment, including those who happen to enjoy a beautiful brochure.

Examples from the Field

Written by Jacob Sadavoy

When working with clients, I am aware that they are bombarded with recommendations from everywhere from an often-well-intentioned safety net. Once they are clients, it is my ethical responsibility to showcase the profession as the gold standard. If they are drawn to a new therapy, I take that as feedback of my performance in presenting the field of ABA and will make a concerted effort to refocus the client on using ABA principles. I can accomplish this goal without employing testimonials due to the plethora of resources and research that other pseudoscientific therapies simply do not have.

It has been mentioned throughout this textbook that there is a plethora of other therapies for clients to explore. When I am deciding on a restaurant, I go to an app on my phone, Yelp, to help me decide based on the testimonials of other diners. For hotels,

I read reviews and look at the number of stars. I do this 100% of the time. There are sites where teachers and physicians are given a grade based on past students and patients, respectively. If you are a parent of a recently diagnosed child and you are looking at therapeutic options, I anticipate that they will also read testimonials and may opt to try a program centered around Sensory Integration or worse, the Miracle Mineral Solution. Similarly, the business owner looking for a consultant to provide an analysis on existing operations is likely to google for testimonials and may make a decision based on reviews. As a parent, it is challenging to discern what therapies are right and which are harmful as there are resources that show that each therapy is the right one and likewise there are materials that demonstrate that each therapy is harmful, including ABA. Not every parent will know to intrinsically type “evidence-based practices” in a search engine. Is our advertising silence inadvertently supporting those therapies that do advertise?

8.07 In-person Solicitation

Behavior analysts do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential users of services who, because of their particular circumstances, are vulnerable to undue influence. Organizational behavior management or performance management services may be marketed to corporate entities regardless of their projected financial position.

Explanation

Written by Ann Beirne

It is necessary here to carefully define the term “actual or potential users of services” as well as the terms “unsolicited.” The generally accepted meaning of the term “actual or potential users of services” refers to individual clients or their caregivers. And we are cautioned against targeting this group because of their vulnerability. Though we often come into our clients’ lives in times of crisis, capitalizing on individual *moments* of such crisis would violate this Code element.

The meaning of “uninvited” or “unsolicited,” however, make it clear that we are permitted to market our services to those who are seeking out such services or in those contexts where such solicitations are to be expected. We are encouraged in other elements of the Code to disseminate behavior analysis and to advocate for the right to effective treatment. Participation in events such as information sessions, trade shows, or exhibits and expos at conferences is a part of this mission. Additionally, mailings and other or direct marketing would also meet this recommendation. As in all areas of behavior analysis, what sets the criterion for the level of appropriateness is the context. Marketing mailings are not unusual for corporate entities or businesses, nor is the participation in public events. Being accosted at the playground, however, is outside of the norm for marketing of services.

Considerations

Written by Ann Beirne

This is where there may be a conflict between our moral and stance and an ethical one. It may seem innocuous, or even generous, to share a business card with a struggling parent. The distinction between offering behavior-analytic services in this context and a doctor

helping a choking victim at a restaurant is a difficult one to illustrate. To the beginning behavior analyst, they may seem like similar scenarios. If we have the capacity to assist, it would seem both logical and kind to do so.

However, we must revisit the essential question reviewed in our chapter on the behavior analysts' responsibilities to clients, "Is this for me or is this for the client?" Offering services to a family struggling with their child's behavior may in fact be for our own benefit rather than the client's. The immediate benefit is to the clinician in this case, who acquires a new client. A client who is struggling, unlike the choking victim, does not receive the direct and immediate benefit.

Behavior analysts often struggle with the next step in scenarios such as these – how to provide the support for someone who clearly needs it. I have often heard behavior analysts asking what would be the correct response in adherence with the Professional and Ethical Compliance Code® and asking how one should respond "as a behavior analyst."

The Professional and Ethical Compliance Code®, however, does not offer guidance on what we should do if we encounter a parent struggling with a tantrumming child, but states only that we are not to seize upon the opportunity to market our services. If we are driven by compassion and morals, a better question may be how one could respond *as a human being*. If our response is to benefit of the client rather than for our own personal benefit, we may be more inclined to respond in more general ways by opening a door, picking up a dropped item, or even simply a smile.

Examples from the Field

Written by Jacob Sadavoy

On occasion, I have been put on the spot to offer some behavior-analytic recommendations for someone I have just been introduced to through a friend or family member. It is difficult to not offer some words of advice because the alternative of denying a recommendation or saying "I don't know" is socially inappropriate and providing a poor representation of the field, respectively. The response I would give would showcase ABA positively, but be too vague to constitute a recommendation. I would then proceed to offer ideas on how they can get access to the services they may need.

Would in-person solicitation be seen as problematic in North America when ABA was in its infancy in the 1970s? I often compare the awareness of ABA in North America in the 1960s and 1970s as comparable to what is currently available in under-resourced parts of the world. There is an acknowledgement that those seeking ABA services are prone to being vulnerable and in-person solicitation of someone that is vulnerable is unethical regardless of where you are and the resources available. It is this reason that the Global Autism Project's international outreach efforts are focused on dissemination, spreading Autism Spectrum Disorder (ASD) and ABA awareness, and community engagement (often focused on medical and educational institutions) as opposed to client recruitment.

I would also like to stress the need for solicitation in parts of the world in which ABA programming is largely unavailable. In all of the places I have consulted with internationally, encouraging them not to solicit business would result in losing stakeholders and ceasing to exist. In parts of North America, there are plenty of providers and resources for prospective clients to educate themselves on evidence-based therapies are available rendering solicitation unnecessary. However, there are rural parts of North America, services are minimal and disseminating and solicitation can look very similar (Mello, Goldman, Urbano, & Hodapp, 2016).

Guest Contributor: Confidentiality in the Age of Social Media

Written by Mary Jane Weiss and Samantha Russo

As behavior analysts, we often come across situations where our Professional and Ethical Compliance Code[®] serves as a compass for decision-making. It can guide the way, and it can right us when we are off course. In the context of confidentiality, we are very much in need of a compass. The risks and considerations have intensified as a result of the ways in which technology now intersects with our personal and professional lives.

Historically, confidentiality has always been an emphasis in the provision of human services and Applied Behavior Analysis. However, as behavior analysts, we may need to realize that “identifiable” may not be as clear cut as we think. A lack of identifiable information is commonly an emphasis during staff training, with a focus on sensitizing staff to unintentional violations. Typically, we think of this to mean discussions of client’s name, the client’s surname, and posting information in and around schools, clinics, or centers. It has also been drilled into behavior analysts to censor conversations in the community, to be cautious when discussing clients at dinner with colleagues, and to be aware of chance meetings with clients outside of the clinical setting.

A behavior analyst might shy away from using the client’s name or revealing their age; however, one must consider whether that is the only way the client is identifiable. If two behavior analysts are talking about a specific client’s challenging behavior, and someone close to the client overhears, is that enough for the client to be identified? Might a family member reading a description of a behavioral episode knowingly identify their own child?

These have been historic issues, and are not new concerns. However, as technology has evolved, the risk has changed. Social media is now a way of life and is used for both professional and personal means. Facebook, Instagram, Snapchat, and Twitter are all common for professionals to use to network with other professionals. There are study groups, online forums, and chat boards. All of them are easily accessible for professionals to pose a question, share an article, or just talk to other professionals. However, with constant access, there is an increased risk of virtually crossing paths with someone that is connected to the client or can identify them by descriptors.

This is a real-world problem with severe consequences. In the Professional and Ethical Compliance Code[®] (BACB, 2014), section 2.06 is devoted entirely to maintaining client confidentiality. Not only does the code specify that confidentiality must be maintained, it also outlines how information about the client may be used. Additionally, this section emphasizes that information must only be discussed for scientific and/or professional purposes. Furthermore, with the addition of section 2.06 (e), behavior analysts are specifically prohibited from any sharing of identifying information about clients or supervisees within a social media context.

Behavior analyst’s assessment of the risk associated with sharing information on social media is often inaccurate. Although information on sanctions are publicly posted on the BACB’s[®] website, this information is not reliably accessed by behavior analysts. Therefore, the risk factor and the reality of the potential consequences are not salient to most behavior analysts. In other disciplines, the potential risk of posting on social media has been more publicized. Mostaghimi and Crotty (2011) compared the social media world to the new generation’s elevator. Even if something is said without making specific reference to a client, the tone of the conversation may be enough to raise alarms. In 2011, a medical professional, Dr Alexandra Thran, was terminated from a Rhode Island hospital after she posted information online about a trauma patient. Even though she did not post the patient’s name, she wrote enough information on the posting that members of the

community could identify the patient. This issue of what is “identifiable” information is one that many professionals may overlook. And our assessments of the adequacy of disguise, sadly, are often lacking.

Mostaghimi and Crotty (2011) make several recommendations for physicians who are active on social media, which are still highly relevant to behavior analysts. The first and foremost is that all posted content should be considered public and permanent. An additional guideline to follow is not to post anything that would not be said or physically posted in the office. The authors also stress that no identifiable vignettes should be posted. While these guidelines may be in place for medical professionals, each one is a sound recommendation for behavior analysts as well.

There are also guidelines posted specifically for behavior analysts and social media use. O’Leary, Miller, Olive, and Kelly (2017) uses some of the same guiding principles from the medical profession, with the addition of a few that pertain more to behavior analysts and the code. For example, an important guideline in the age of instant advice is to avoid making treatment recommendations in an online forum. Advising on clients through a snapshot of the individual posted on social media could lead to an ethical violation of sections 3.0 Assessing Behavior, 4.02 Involving Clients in Planning and/or 4.03 Individualized Behavior Change Programs (BACB, 2014). O’Leary et al. also recommend referring readers of social media posts, blogs, or chat boards back to the extant literature. This recommendation may help behavior analysts to stay in compliance with 4.01 Conceptual Consistency (BACB, 2016). Finally, a good guiding principle is the recommendation for ongoing training. In order to stay relevant to the field, professionals must maintain competency through professional development (1.03; BACB, 2014).

Behavior analysts should also be aware of mishaps unrelated to the actual client served. Frustrations about work conditions, frustration with co-workers, administration or other employees could all be situations in which confidentiality is breached in one way or another. When an employee posts something in this context, there is most likely going to be a situation in which six degrees of separation leads to the information falling into the wrong hands. This could be something as careless as tagging the organization in the post, or as seemingly benign as being affiliated with the organization as an employee listed on Facebook. All of the information could easily find its way back into the hands of the organization. This could lead to a potential violation of 6.01 Affirming Principles, in which behavior analysts are tasked with upholding values, ethics, and principles of the field (BACB, 2014).

Scenarios

A behavior-analytic organization uses Instagram and Facebook to post pictures of their clients. The organization never posts pictures with the client’s name; however, they often post pictures from school dances, programs, and other events. Once the pictures are posted, parents will often comment on the pictures and talk about their child. Is this a concern if the behavior analyst comments on the pictures? What if they share the pictures in other contexts?

Yes, there is an enormous amount of identifiable information on the post. Once the client’s picture is posted, there is already personal information identified. Then if the parent starts to comment on the post, the client’s last name (assuming it is the same as the parent’s) is now publicly posted to the picture. If the behavior analyst then comments on the picture, he or she may have inadvertently shared confidential information. And sharing the pictures in other contexts literally expands the risk exponentially, and makes an inadvertent identification more likely.

A parent of a current student sends a behavior analyst a “friend request” on Facebook. Is the behavior analyst able to accept the request, and is this permissible?

While the professional and ethical code of conduct may not explicitly have a statement in this area, this is a dangerous and slippery slope. The most conservative interpretation of the code would explicitly prohibit this. The parent of the student could potentially gain access to personal information about the behavior analyst that could lead to blurred lines between the two. And the behavior analyst could end up mixing personal and professional worlds in a way that fails to protect the confidentiality of clients served. This could also lead to a multiple relationship or conflict of interest.

A behavior analyst who runs a small consultation service has a chat board in which she encourages parents to post success stories of their child as a way to network with the local community and other parents. The parents find comfort and share in each other’s successes as their children make progress on various skills. Is this ok?

Under 8.05 Testimonials and Advertising, this would be prohibited if the client is currently receiving services from the behavior analyst. Even if the information was from a former client, there must be a disclaimer announcing how the information was obtained (solicited or unsolicited) as well as a statement including information on the relationship between the behavior analyst and the client.

Furthermore, it may be that the behavior analyst is participating in public sharing of confidential information in a manner that exposes the individual to a violation of their privacy.

Guidelines for Navigating Social Media Risk

Individuals and organizations need to address the issues of social media risk in multiple ways. It is important to tackle the issue in a direct and clear way. It is a difficult task, in part because it is countercultural, especially for younger workers who are comfortable with and present on social media in many contexts of their lives. They need to be coached and instructed to have a different set of rules for themselves professionally and personally. Rationales should be provided to both clients and staff members about why social media interactions must be avoided and how engaging in social media contact may place clients at risk for violations of their privacy and confidentiality. Policies can assist staff members in adhering to the code. Supervisors can support staff, and staff members can support one another, by revisiting the issue frequently, by providing feedback when violations are noted or raised by others, by examining potential drift from policy, and by strengthening the organization’s overall commitment to the protection of confidential client information. In public discussions within the field, behavior analysts must take care to ensure that they are not providing advice inappropriately, disguising confidential information adequately, and using disclaimers to indicate that the information shared is not reflective of an actual or a particular context. With these safeguards in place, the unintended violations of confidentiality should be minimized. Behavior analysts are urged to be vigilant about the ways in which technology presents unique challenges, and to be mindful of the obligations to protect the privacy and confidentiality of the vulnerable individuals we serve.

Top 10 List of Strategies for Staying on Course

- 1 Train others in the risks associated with social media use
- 2 Share real-world examples of social media mishaps to sensitize individuals to the risks

- 3 Create social media policies within organizations
- 4 Inform clients about social media policy and about why staff members are prohibited from social media connections with clients
- 5 Address confidentiality and related policies up front with clients and periodically
- 6 Address confidentiality and related policies with staff at initial hire and at least annually
- 7 Develop drift patrol strategies to ensure all staff are following policies and behaving appropriately
- 8 Ensure that any online participation (in chats and list serves) follows best practice guidelines (e.g. do not give professional advice, direct individuals to the research literature)
- 9 Use disclaimers when presenting scenarios in training or professional contexts
- 10 Create an ethical culture around social media and other risks (encourage frequent discussions and evaluations of adherence to policy, empower all staff to raise issues and concerns in this regard).

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9 Section 9.0: Behavior Analysts and Research

Philip Zimbardo

Behavior analysts design, conduct, and report research in accordance with recognized standards of scientific competence and ethical research.

It is perhaps the highest calling of the behavior analyst to conduct research. As a scientific field, it is the research that is conducted that guides our practices at the clinical level. Scientific research is not secondary practice or an afterthought – it is the foundation upon which every clinical practice is built.

When reviewing the experimental designs commonly used in single subject research, I am often asked by supervisees or students, “How would you use these experimental designs in everyday clinical practice?” And my response is generally, “You wouldn’t, necessarily.”

However, that higher calling brings with it an immense responsibility. In the following chapter, we will discuss the responsibilities of the behavior analyst when engaged in the practices of research.

9.01 Conforming with Laws and Regulations

Behavior analysts plan and conduct research in a manner consistent with all applicable laws and regulations, as well as professional standards governing the conduct of research. Behavior analysts also comply with other applicable laws and regulations relating to mandated-reporting requirements.

Explanation

Written by Ann Beirne

It is necessary to have a deep understanding of the laws involving research subjects. While many of these may seem obvious, there may be some that escape our attention.

For younger subjects, laws and regulations may govern how frequently they are offered snacks or an opportunity to rest. Protocols which involve extended direct teaching may not be aligned with children’s needs, including snacks and naps, and this should be taken into account when designing intervention. Laws involving the treatment of animals should be considered as well.

As discussed in our introductory chapter, legality is the minimum standard for the behavior we consider consistent with being a “good person.” However, when conducting research, the considerations of relevant legal requirements may take a bit of research. Ignorance of such laws is an inadequate defense, for both legal and ethical violations.

Considerations

Written by Ann Beirne

In any mention of mandated reporter requirements, a certain amount of discomfort should be expected. Many of us in human services believe passionately in the rights of

clients, particularly children, to safety, and many of us are staunch advocates for children and are, at least in theory, prepared to make reports of abuse or neglect if necessary.

To be prepared in theory, however, is very different from being prepared in practice. The reality is that making such reports is often difficult. It is not a decision to be made lightly, and I know very few clinicians who have done so easily or without regard for the consequences for the family. In the case of research, other, less noble but no less valid concerns may also interfere with our judgments. If grant funding or the completion of a degree is in question, this may color our clinical judgment.

It is always important to remember that our first and most important obligation is to the client – for the benefit of their personal safety and welfare. Though the process is difficult and often traumatic, families often cannot be helped without the services provided. To hesitate on reporting abuse or neglect is often to deny families the support that is needed to maintain health and safety for everyone.

Examples from the Field

Written by Jacob Sadavoy

Completing research is an essential part of any scientific discipline. It is the evidence in “evidence-based” practice. If you look at the history of applied behavior analysis (ABA), there were 36 articles published between 1959 and 1967 (Morris, Altus, & Smith, 2013). In the same eight-year time period between 2009 and 2017, a search for all ABA-related research in just the *Journal of Applied Behavior Analysis* alone produced 79,936 results. Similarly, if one were to do an analysis on the prevalence of articles on alchemy, geocentric model of the universe, or facilitated communication, you would see a reverse trend in research production over time. A scientific theory will either gain more prominence as it is shown to be replicable, true, and of importance, otherwise the theory will fade into obscurity. It is the science community’s way of using natural selection to ensure that true science propagates at the expense of pseudoscience which does not survive.

However, generating articles is only a measure of success in the scientific world if there are regulations, rules, and laws to ensure that there are professional standards governing the conduct of that research. Internationally, in developing countries, there would be less provisions on researchers and consent procedures; as a result, the behavior Analyst Certification Board® is making a clear delineation that, even in under-resourced areas, a Board Certified Behavior Analysis® must conduct research ethically and uphold the standards required to conduct research as a BCBA® researcher. The Nuremberg code of 1947 was generally regarded as the first document to set out ethical regulations in human experimentation based on informed consent as a result of the Nazi experiments on concentration camp detainees. However, the Prussian guidelines of 1900 predate the Nuremberg code and should have been implemented to prevent the atrocities that befell victims of the Holocaust (Vollman & Winau, 1996)

Thus, applicable laws and regulations cannot be solely relied upon. Similarly, an independent, formal research review board cannot be the sole guarantor that research practices are ethical. The researcher has an obligation to go through our code and uphold its requirements regardless of where they are conducting the research and the laws that may be too lenient.

9.02 Characteristics of Responsible Research

(a) Behavior analysts conduct research only after approval by an independent, formal research review board.

(b) Behavior analysts conducting applied research conjointly with provision of clinical or human services must comply with requirements for both intervention and research involvement by client-participants. When research and clinical needs conflict, behavior analysts prioritize the welfare of the client.

(c) Behavior analysts conduct research competently and with due concern for the dignity and welfare of the participants.

Explanation

Written by Ann Beirne

As an attendee at conferences and workshops, it may appear that research is simply the public posting of data that we already have. As a data-based intervention, it may seem that we can simply present data from a successful program as part of a research study, collect our accolades, and call it a day.

There are, however, several steps to be taken before research can be conducted ethically. As a preliminary step, many institutions require a course in the ethics of research with human subjects, along with certification of the course' completion, which expires in three years. Such research also requires the oversight and approval of an Institutional Review Board. The members of this advisory group, which includes both scientists and nonscientists, must approve the methods proposed by the researchers, including the use of potentially sensitive information, the protection of confidentiality, and the potential harm and/or benefit of the procedures.

The oversight of an Institutional Review Board and the requirement of its approval certainly add a safety net, so to speak, for the protection of research participants. However, individual behavior analysts must also take responsibility for the welfare of those who participate in research.

Contributing to the overall knowledge in the field is a tremendous undertaking and should not be taken lightly. Those who assist us in this endeavor must be protected and it is the responsibility of all of those who oversee or design research to do so.

Considerations

Written by Ann Beirne

Perhaps the most infamous of psychological experiments is the Stanford Prison Experiment (Zimbardo, 2011). In this experiment of the situational effects of a prison environment, college-aged young men were randomly assigned the roles "prisoner" or "guard" and agreed to play these roles in a mock prison on the Stanford campus. The lead researcher, Philip Zimbardo, played the role of "prison superintendent." The experiment, originally planned to last two weeks, was cut short after six days. In that time, the "prison guards" repeatedly isolated, abused, and humiliated the "prisoners." Despite the fact that each of the participants expressed a preference for being a prisoner rather than a guard, the prison guards became absorbed in their roles, and grew to accept as normal the dehumanization of the "prisoners." Even Dr. Zimbardo himself became a participant in the environment, and was absorbed in the role of the "prison superintendent" as well, until he was finally urged to put a stop to the abuse and the experiment itself.

In Philip Zimbardo's later work, he has been forthcoming about the ethical violations of this experiment and describes the experiment as "both ethical and unethical." Following the termination of the Stanford Prison Experiment, Zimbardo himself called for an ethics review by the American Psychological Association. Given that the subjects had freely consented to participate, it was determined that there had not been ethical

violations as they currently stood, and the experiment could therefore be fairly described as “ethical.” However, many of the most egregious abuses of the “guards” were not anticipated, leading Zimbardo to describe it as “unethical.”

It is important to acknowledge, however, the value of this experiment in terms of its impact on our knowledge of the abuses of power. Disturbing though the Stanford Prison Experiment may be – and it certainly is – the knowledge gained from its efforts has given us greater understanding of the nature of similar oppression of abuse of power. Dr. Zimbardo has offered his expertise in this area to consult in other situations outside the laboratory, including an understanding of the psychology behind genocide and torture.

Research could accurately be described as a search for the truth. Bearing this in mind, it is difficult to deny the “bright side” of this particularly dark tale. Our understanding of the nature of what could be described as “evil” was undeniably changed by the knowledge gained by the Stanford Prison Experiment, and certainly one of our obligations as researchers is to the truth.

Our first and most critical obligation, however, is to the welfare and dignity of those who join us in this search for the truth. Whatever can be gained does not compare to this. Because of this experiment and others, we are able to know better, and when we know better, we are able to do better.

Examples From the Field

Written by Jacob Sadavoy

When research and clinical needs conflict, behavior analysts prioritize the welfare of the client. This seems simple, but this cannot be overstated as it has been challenged for decades, around the world. We had mentioned the horrific experiments executed by the Nazis under the guise of scientific advancements. Here in the USA, the Tuskegee syphilis experiment’s goal was to observe the natural progression of untreated syphilis in rural black men in Alabama (Emanuel et al, 2011). In both cases, highly vulnerable populations were exploited: German medical doctors undertook their experiments on concentration camp detainees while US medical doctors exploited black US citizens by studying the natural progression of syphilis without providing available cures, for four decades. In both cases, informed consent was foregone. There was no mechanism to ensure compliance of ethical practices despite the existence of ethical guidelines for conducting research at the time. These examples, though not in ABA, are critical to understand that humans have sought answers, through scientific reasoning, at the expense of human lives.

The field of ABA has no shortage of controversy as well. The role of societal intolerance in choosing target behaviors was mentioned in one of the Rekers/Lovaas studies where the authors concluded that it is more realistic to change those affected by intolerance than to change the intolerant behaviors of society. As a result, the Feminine Boy Project was created as a means to replace feminine behaviors (e.g. “maternal nurturance” and playing with girls) with masculine behaviors (e.g. playing with a toy submachine gun and roughhousing with boys) in gender-role-deviant young boys (Rekers & Lovaas, 1974). This is hugely problematic for several reasons despite the fact that homosexuality, at the time, was illegal and the parents provided informed consent for their child to partake in the study. For starters, there is no research/truth that suggests the life of a heterosexual male is superior to that of a homosexual male or that a boy having “feminine behaviors” results in adverse development. Thus, the Feminine Boy Project did not have a socially significant dependent variable and further, how can the dependent variable in this study be accurately measured when defining behaviors as being gender specific is absurd (with few exceptions, e.g. menstruating, lactating, penile erections, etc.).

9.02 Characteristics of Responsible Research

(d) Behavior analysts plan their research so as to minimize the possibility that results will be misleading

Explanation

Written by Ann Beirne

In this Code element, our obligation to the truth is clear. Research is the search for answers to questions and such questions must be honesty and clarity.

However, we must also bear in mind that our research will live beyond the seed of an idea where it first had its start. Communicating our findings is one of our obligations as scientists and is an essential component of the scientific method.

Communication involves two parties: a speaker and a listener. And therefore, miscommunication also involves two parties: one to misspeak and another to mishear. This Code element makes clear that we bear a good deal of responsibility not only for what we present, but also how it is received. Behavior analysts have an ethical obligation to tell the truth, to spread the truth, and to make the truth as clear as possible.

Considerations

Written by Ann Beirne

I will often say to supervisees that, looking back on the many behavior plans I have designed over the years, a pattern emerged and was particularly noticeable early in my career. I would often start a behavior plan with a tremendous amount of overconfidence and enthusiasm; becoming so infatuated with my creative idea, I failed to properly evaluate whether it was the best idea. In other words, the amount of confidence in my behavior plan was frequently inversely proportional to the likelihood that it would be successful.

This was not necessarily a reflection of the plans themselves, but in how they were approached. I would frequently begin implementation by expecting the plan to be successful rather than being open to making data-based decisions about the plan's success. I began implementation with the statement, "This will be successful" and set out to prove it. Instead, I should have begun with the question, "Will this be successful?" and modified programming accordingly.

The essential task of the researcher is to ask questions, not to prove a stated hypothesis. Certainly there is an implied answer to research questions such as "What is the effect of reinforcement on this behavior?" However, we must be prepared for what the data reveals. Having the humility to ask questions rather than make statements is perhaps the greatest tool a researcher can have.

Examples from the Field

Written by Jacob Sadavoy

It would be challenging for a researcher to produce a finding that is misleading inadvertently. The Institutional Review Board (IRB) and peer-review process are instrumental in uncovering inaccuracies in research works, which is why publications have polished works that do not mislead their subscribers. However, there are some cases in which omission of important details can lead your audience into false assertions.

A colleague of mine shared that her agency would demonstrate success of their two-month intensive program by completing some targets of the Assessment of Basic Language and Learning Skills – Revised (The ABLLS-R®) at intake and, in some cases twice as many targets at discharge. The improvement the client made would be indicative of their effective treatment model and would be shared with the learner’s guardians even though they were testing for more skills at discharge than they did during the initial assessment. These results were also published and presented at Applied Behavior Analysis International’s Annual Convention. The results looked impressive. However, no data was collected after the learner was discharged. The program showed great growth in the two months but if the skills are not known to be generalized in the natural environment/home, are these results socially significant? In addition to having issues with the results of the program, it is not best practices to conduct the ABLLS-R in such a short period of time (i.e. two months). Further, how does one put value of some contents of the assessment over others?

The best way to avoid misrepresentation of results is to be thorough and to share your results with others to ensure that findings are accurate and valid. Reputable publications are peer reviewed. The peer-review process puts scholarly work under scrutiny from experts in the field to ensure that research findings are not inadvertently misleading or erroneous.

9.02 Characteristics of Responsible Research

(e) Researchers and assistants are permitted to perform only those tasks for which they are appropriately trained and prepared. Behavior analysts are responsible for the ethical conduct of research conducted by assistants or by others under their supervision or oversight.

(f) If an ethical issue is unclear, behavior analysts seek to resolve the issue through consultation with independent, formal research review boards, peer consultations, or other proper mechanisms.

(g) Behavior analysts only conduct research independently after they have successfully conducted research under a supervisor in a defined relationship (e.g. thesis, dissertation, specific research project).

Explanation

Written by Ann Beirne

As clarified in many Code elements, behavior analysts do not dabble in those activities in which they do not have expertise. “Fake it till you make it” is not an ethical stance, and to do so would be grossly irresponsible. Behavior analysts must gain the skills and experience necessary to engage in professional activities competently before allowing clients to be put at risk.

This is equally true when engaged in research activities. We must first acquire the skills necessary to responsibly engage in research before taking on this role. Research is central to our field, and its implementation must be taken seriously.

Considerations

Written by Ann Beirne

I remember being asked to guess the most common participant in a psychological experiment. I often repeat this activity when teaching exam prep or in discussions with supervisees, and many are surprised by the answer – college sophomores (Heinrich et al., 2010).

There are many opportunities to engage in research, both as participants and as researchers. If opportunities to learn from researchers present themselves, it would be beneficial to take them. This may mean being the participant in a study and gaining some insight into the study's design and demonstration of a functional relationship. It may mean participating as a confederate and implementing the procedures studied. Whatever your involvement, much can be gained from the experience of engaging in research activities. Understanding how such knowledge is gained at each level of involvement can inform and enhance the skills of any clinician.

Examples from the Field

Written by Jacob Sadavoy

Conducting research requires a specific skill set. Reading countless articles does not equip one to attempt to do a research project independently. There are many “behind-the-scenes” variables that an aspiring researcher should be comfortable performing independently and the only way in which to ensure that is the case is to have successfully conducted research under a supervisor in a defined relationship (e.g. thesis, dissertation, or a specific research project). This Code element acknowledges that research has its own specific skill set, and expertise in conducting research can only be obtained with supervision from a seasoned researcher. It is the responsible way to support continued ethical contributions in ABA literature.

9.02 Characteristics of Responsible Research

(h) Behavior analysts conducting research take necessary steps to maximize benefit and minimize risk to their clients, research participants, students, and others with whom they work.

Explanation

Written by Ann Beirne

In casual assessments of risk, it is often stated that crossing the street also comes with risk. Certainly, this statement is true, but it can easily be argued that such a statement is also incomplete. Crossing the street comes with risk, but such risk is known to the pedestrian.

It is essential that we have an understanding of any and all anticipated risks of participation in a given study. It is equally important that such an understanding is conveyed to potential participants. We must make every effort to be honest and forthright in our descriptions of the risks involved to safety, dignity and privacy.

Considerations

Written by Ann Beirne

This Code element urges us to consider our obligations *to the participant* in research. In addition to the consideration of risks of participation, we must also be mindful of the *benefits* of research.

In Baer Wolf and Risley's article (Baer, Wolf, & Risley, 1968), the requirements for what is considered acceptable research in applied behavior analysis were made clear. These dimensions of behavior analysis, but primarily they are intended to be criteria for behavior analytic research. A behavior change program must be *effective*. This is described by Baer, Wolf and Risley as producing “large enough effects for practical value”

(Baer et al., 1968). There is considerable overlap with the requirement that such research also be *applied*, defined by Baer et al. (1968) as being a reflection of the social significance of the behavior. As the authors state it, “a primary question in the evaluation of applied research is: how immediately important is this behavior or these stimuli to this subject?” (Baer et al., 1968).

It becomes necessary for those of us engaging in research activities to ask ourselves, “Do the potential benefits of participation in this study have practical value? Will the behavior change that results be relevant to the participant?”

A focus on practical benefits to clients runs deep within our science, and research activities are not an exception to this focus.

Examples from the Field

Written by Jacob Sadavoy

It is important to acknowledge that there are always risks associated with research. Sometimes those risks are minimal, but other times those risks outweigh the value of the benefit of seeking scientific validation. This Code element is a reminder to reflect on the value of conducting research both on the research participant and on everyone else affiliated with the project. In Watson’s Little Albert experiment, contriving the environment to evoke reactions of fear in humans under laboratory circumstances would be considered unethical by our present-day standards.

I often think about ways I can support those I work with internationally to produce research to showcase their wonderful work coupled with promoting dissemination in their local communities. Currently, the majority of international partners are working on maintaining treatment integrity of their program and engaging stakeholders in their community. Research is rightfully a lower priority for them. Further, in order for them to do a research assignment, they would have to invest resources in getting the necessary data and interobserver agreement, which would mean withdrawing resources from other aspects of their work. In time, once they have built capacity and have a stronger foundation, they will have the resources to maintain their clinical integrity and conduct research concurrently.

9.02 Characteristics of Responsible Research

(i) Behavior analysts minimize the effect of personal, financial, social, organizational, or political factors that might lead to misuse their research.

(j) If behavior analysts learn of misuse or misrepresentation of their individual work products, they take appropriate steps to correct the misuse or misrepresentation.

(k) Behavior analysts avoid conflicts of interest when conducting research.

(l) Behavior analysts minimize interference with the participants or environment in which research is conducted.

Explanation

Written by Ann Beirne

There are ethical requirements within this Code element which can affect the integrity of a research study. In this Code element, the emphasis is placed upon the behavior analyst’s responsibility to the truth. Anything that threatens either the interpretation or the execution of a research study should be attended to.

The Stanford Prison Experiment again clearly demonstrates how insidious this influence can be. In the span of only six days, the researchers became as immersed in their roles as the participants. In his book, *The Lucifer Effect* (Zimbardo, 2011), Dr. Zimbardo recounts the impulse to protect “his prison” from insurgency when “prisoners” appeared ready to revolt. Though this immersion in his role as superintendent, and moreover his protection of the Stanford mock prison, appears, with the benefit of 20/20 hindsight, to be a clear example of interference.

We must not allow our own influence to impact results or interpretation. This remains true, whether such influence be in the subtle form of our own financial or personal entanglements, or in the more direct form of our actions within the study.

Considerations

Written by Ann Beirne

British Prime Minister Benjamin Disraeli famously said, “There are three kinds of lies: lies, damned lies, and statistics.” Although the science of behavior generally uses visual analysis rather than statistical analysis and focuses on clinical significance rather than statistical significance, the skepticism of this statement can still apply to our own research.

Often research is assumed to be biased by those most skeptical about the results. Studies showing the benefit of vaccines are dismissed.

Biases can inevitably impact research. Personal biases can impair judgment, which can affect results or how those results are expressed.

Examples from the Field

Written by Jacob Sadavoy

It is of the utmost importance for research to be objective and not influence by superfluous factors that could detract from the content of the research whether purposefully or inadvertently. Research should be conducted in environments that are as close to *in situ* as possible and free of extraneous factors that could influence the outcome or pose a conflict of interest.

When I was new to the field, I remember voicing displeasure when my supervisor had a colleague perform the ABLLS-R assessment on my assigned primary student (whom I was responsible for the graphs and maintaining the program). She correctly assessed that I was personally invested in the results and she was concerned that I would inadvertently give my client the benefit of the doubt as opposed to being more objective. This can be a challenge for researchers. Sometimes you want to manifest your hypothesis so much that you lose that objectivity needed in order for the research to be sound. Having an accurate ABLLS-R is of greater benefit for me even if it does not depict the growth between assessments that I was seeking. Similarly, thorough and valid research is of more value than a correct hypothesis.

9.03 Informed Consent

Behavior analysts inform participants or their guardian or surrogate in understandable language about the nature of the research; that they are free to participate, to decline to participate, or to withdraw from the research at any time without penalty; about significant factors that may influence their willingness to participate; and answer any other questions participants may have about the research.

Explanation

Written by Ann Beirne

In this Code element, we see the overlap of our obligations to participants and our obligation to the truth.

“Consent” is often ill-defined as synonymous with “permission slip.” There is, however, a meaningful distinction to be made between consent and the documentation of this consent. Though the documentation of consent is a necessary element, this is merely an indication of consent, and not consent itself.

In order for such consent to be truly “informed” as required, all participants must have a clear understanding of the fact that they will be participating in a research study, the procedures to be used and the study’s purpose, as well as any risks and benefits of participation (Department of Health and Human Services). Alternative treatment plans must also be addressed and fully understood. Participants must also be informed that their consent is voluntary and told who will be available to answer any further questions.

As with any communication however, what we say is only half of what must be considered. Even with a signed consent form, if a true understanding of the procedures, purpose, benefits, and risks of the study is to be achieved, what is heard is equally important.

Considerations

Written by Ann Beirne

My father once worked as a risk management consultant for a medical malpractice insurance company. When giving lectures to doctors on ways to minimize their risk of lawsuit, he would stand at a dais and ask the question, “What is the most important piece of equipment you can have when getting consent for a medical procedure?” There were several guesses: a pen, a clipboard, a written description of the procedure. After the doctors had run out of ideas, he would explain that many patients who sued their doctors knew they would sue even before the incident occurred. He said that they reported that they consistently felt rushed, that their doctor was too busy to talk to them, and that they were not paying attention. Even if the doctors said that they gave them ample opportunity to ask questions, that was not the patient’s experience. Then he would give them the answer to the question, “what is the most important piece of equipment when getting consent?” He would take a chair and place it on the table, saying, “This is it. A chair. When you are getting consent, sit down. It tells the patient that you are making time for them.”

Informed consent should not only follow the letter of this code, but also its spirit. In order for consent to be truly informed it should also feel that way to the participant. It is worth the extra effort and time to address all of the client’s concerns and let them know we will make that time for them.

Examples from the Field

Written by Ann Beirne

The essential components of informed consent are the understanding of both the freedom to participate and the freedom to decline to participate. Consent must be given freely and without coercion.

I was once told of a study in which parents who declined to participate were asked to first speak to a supervisor. The intention was to ensure that the study had been clearly explained and that parents clearly understood the benefits of participation. However,

this could be considered coercive and may cause families to feel that participation was necessary. If the study was being conducted by service providers, it may imply that participation is a required aspect of service.

Once a potential participant has declined to participate, the conversation must end. Whether or not any coercion is intended, even the appearance of it must be avoided.

9.04 Using Confidential Information for Didactic or Instructive Purposes

(a) Behavior analysts do not disclose personally identifiable information concerning their individual or organizational clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless the person or organization has consented in writing or unless there is other legal authorization for doing so.

(b) Behavior analysts disguise confidential information concerning participants, whenever possible, so that they are not individually identifiable to others and so that discussions do not cause harm to identifiable participants.

Explanation

Written by Ann Beirne

The researchers' obligation to the participants includes not only the respect for the safety and comfort of participants, but also respect for their personal information. Participants must be assured that their efforts to add to the field of knowledge will not be rewarded with a violation of their privacy.

Just as we must protect the privacy of our clients, we must also protect the privacy of research participants.

Considerations

Written by Ann Beirne

One aspect to be considered here is that any research should have some level of external validity. This refers to the extent that the results of a particular study will be applicable to the general public. Seeing impressive results decreasing gum-chewing in a population of eight-year-old boys is unlikely to generalize to decreasing smoking in college-aged women. However, what remains is the issue of the relevance of some information, and whether this information is necessary to share in the context of the research. In this example, the age and general health of the participants in a smoking cessation study may be relevant, but religious affiliation, parents' income, or sexual history would not be.

As the old adage says, "tell the truth but don't always be telling it." Information that is obtained in the context of a research study, and certainly the information that is communicated as a part of the study's description and results, should be relevant to the study itself. What we do not have access to, we do not fear revealing.

Examples from the Field

Written by Ann Beirne

In perhaps the best example of maintaining confidentiality, I once had the pleasure of watching Dr Dana Reinecke present her finding on her study increasing reinforcer repertoire. As the mother of a young child and a fan of the Muppets, she had selected unique

pseudonyms for her participants—Bob, Luis, and Maria, the adults who lived on Sesame Street. As a practitioner working with young children, I recognized the names immediately, but, for those who did not, she also made reference to this as a discussant.

The cleverness of this tactic was not only that she *used* pseudonyms, but that she used ones that were *easily identifiable as pseudonyms*. This avoided not only breaches of confidentiality, but also the appearance of those breaches. In addition, by using the names of the adults rather than other characters, she did this while still treating those participants with dignity.

It is essential to maintain the confidentiality of participants, but it is also possible to do so with creativity, humor, and respect.

9.05 Debriefing

Behavior analysts inform the participant that debriefing will occur at the conclusion of the participant's involvement in the research.

Explanation

Written by Ann Beirne

At the conclusion of a study, it is a general research practice to debrief participants. Debriefing, as understood by psychologists and other social science researchers, includes several elements.

During a debriefing, participants are told the purpose of the experiment. Their role in the research and in the addition of knowledge to the field should be explained. In the case of behavior analytic research, such studies will generally address specific target behaviors, in keeping with the requirement that such research be *behavioral* (Baer et al., 1968). Additionally, the target must have social significance, in keeping with the requirement that the study be *applied* (Baer et al., 1968). During the debriefing process, the researcher should explain to the participant the behavior that has been targeted and the social significance of this behavior change. If the study has resulted in any distress to the participant, the debriefing should be an opportunity for participants to attain “a sense of dignity, knowledge, and a perception of time not wasted” (Harris, 1988).

In addition, the debriefing process provides an opportunity to determine the social validity of a study. The information gathered in interviews can tell researchers about the experience of participation in research and the overall acceptability of the procedures employed within the study.

Considerations

Written by Ann Beirne

Much of what we do as clinicians can be fairly compared to swans who appear graceful on the water's surface but underneath it are furiously paddling. Especially for those of us who work with young children, a session can often appear deceptively casual. To the outside observer, it can seem as if we are casually playing and enjoying the company of our clients, when we are in fact constantly engaged in the activities of assessment and analysis. What seems like play is actually the very important work of goal-oriented teaching of socially significant skills.

The debriefing process is also deceptively casual. However, just as the process may appear casual to the client or observer, there is a great deal of methodological awareness that must be brought to the debriefing process. While the process may vary from one

research study to another, it is essential that the researcher has a process in mind. This process must be included in the description of the study and IRB approval request.

Examples from the Field

Written by Jacob Sadavoy

Debriefing is an important component that comes at the end of research and the function is twofold: justify deception and to explain the purpose and the findings. This is important because research specifics are often withheld during the consent stage. Researchers are encouraged to provide this information that was previously withheld and answer any questions that they were unable to answer previously in accordance with the study (Sharpe & Faye, 2009). This is an effort to erase any doubts about participation in a research study that may exist and occurs regardless of the findings. Full disclosure helps behavior analysts maintain a level of credibility and transparency in all facets whether it is in research or in a clinical environment.

9.06 Grant and Journal Reviews

Behavior analysts who serve on grant review panels or as manuscript reviewers avoid conducting any research described in grant proposals or manuscripts that they reviewed, except as replications fully crediting the prior researchers.

Explanation

Written by Ann Beirne

There has been much discussion in this chapter of two obligations to consider when conducting research – our obligation to the participant and our obligation to the truth. In this Code element, we are asked to consider another obligation – our obligation to our colleagues.

I once had a professor who would respond to some questions in an interesting way. If a student asked a question to which he did not know the answer, he would reply, “That’s a very interesting question, and would be interesting to study further. You should write a grant proposal.” In any scientific field, we depend on the contributions of our colleagues. As Isaac Newton stated, “If I have seen further it is by standing on the shoulders of giants.”

Acknowledging the work of others rather than implementing replication without proper credit is not standing on the shoulders of giants; it is restricting their work under the weight of our feet. A previous work must be cited appropriately and replications must credit original authors.

Considerations

Written by Ann Beirne

In the review process, there will be many ideas proposed, some of which will be enthusiastically accepted, some of which will be determined inappropriate, and many more of which are at, what I might call, the *seedling stage*. Just as a young plant requires a supportive environment to grow into a mighty oak, many ideas must germinate from their younger versions into a more complete vision.

While these types of studies may not have developed into a more mature form, replication of such proposals would still be unacceptable according to this Code element. Our obligations to our colleagues must be met.

Examples from the Field

Written by Jacob Sadavoy

This is a similar concept as Code element 8.03 Intellectual Property in which ideas and, in this case, research proposals are not to be used (stolen) as novel ideas. This gives a researcher who is seeking feedback through peer review an opportunity to get that feedback without fear of the idea being stolen by a clinician involved in the peer-review process. This Code element encourages researchers to seek peer review with peace of mind. After all, what value is a science if not communicated and disseminated widely.

9.07 Plagiarism

(a) Behavior analysts fully cite the work of others where appropriate.

(b) Behavior analysts do not present portions or elements of another's work or data as their own.

Explanation

Written by Ann Beirne

In this Code element, there is considerable overlap between two of the obligations mentioned here: our obligation to colleagues and our obligation to the truth.

In academic institutions, our obligation to academic honesty is clear, and clear contingencies are in place to prevent, detect, and, if necessary, punish violations to policies aimed at maintaining high standards of integrity. Once such contingencies are no longer in place, however, the behavior change may lack the support necessary to continue.

Avoiding plagiarism is not merely an exercise intended in ensuring the quality of work for individual students, and it is not intended exclusively for assessing students in academic settings. Rather, the behaviors that result in the avoidance of plagiarism must be learned and practiced in academic environments and then maintained throughout the behavior analyst's practice.

Considerations

Written by Ann Beirne

Many academics and researchers rely on the "common sense" rule of citation. In other words, if a statement is neither an original thought nor something that would be considered "common sense" by the general public, a citation must be given.

However, it has often been said that there is nothing more *uncommon* than "common sense." The longer we spend in highly specialized fields such as behavior analysis, the more what we define as "common sense" may be determined more by our own level of fluency than by what is known by the general public.

As a field dedicated to the practice of evidence-based strategies, it is essential that such evidence be cited. What may be common knowledge within our own circle may be quite uncommon outside of it.

Examples from the Field

Written by Jacob Sadavoy

You were likely first introduced to plagiarism in middle school as a grave form of academic dishonesty and likely discussed, in syllabi, for the remainder of your academic life. Committing plagiarism is a serious offense where penalties range from being given a zero on an assignment to expulsion and/or fine. Under no circumstances is it acceptable to steal someone else's work as your own. Conversely, it is encouraged that new academic and research works make use of the available literature as a means of communicating truths. Publishing research is the most effective way for the scientist to take a position and operate in the free exchange of ideas and findings. The sharing of published works is an ideal forum for this exchange as long as those contributing are abiding by their ethical obligation as researchers and colleagues in the pursuit of new discoveries.

9.08 Acknowledging Contributions

Behavior analysts acknowledge the contributions of others to research by including them as co-authors or footnoting their contributions. Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Minor contributions to the research or to the writing for publications are appropriately acknowledged, such as, in a footnote or introductory statement.

Explanation

Written by Ann Beirne

Our obligation to our colleagues, as indicated in this Code element, is to give credit for work when credit is due. The criteria for credit of authorship are dependent on the amount of work and not on any other factor.

This requirement fits neatly within our general practice, as it is particularly objective and behavioral. The more subjective aspects of one's qualifications are irrelevant for the consideration of crediting authors. The behaviors included in the research activity are reinforced with acknowledgement of authorship and such reinforcers are only delivered contingent on those behaviors.

Considerations

Written by Ann Beirne

If it is true that many hands make light work, it is equally, or perhaps more, true that many hands are necessary to make published research. Research studies are frequently implemented with a team of those who contribute.

When discussing the need to acknowledge contributions of primary and secondary authors as such, it is also important to consider how to acknowledge the more minor contributions of those who assist in the implementation of a research study. Not every contribution warrants acknowledgement as author, but each contribution should be acknowledged.

Here we see the significance of the phrase, "The authors wish to express their gratitude to." This phrase allows acknowledgement to be offered to every person who contributed to the success of a study. The success of a study, after all, depends on each of these actors, and this simple sign of respect costs us nothing.

*Examples from the Field***Written by Jacob Sadavoy**

Another way in which researchers may mislead their audience is by omitting credit when due or taking credit for someone else's work. A colleague of mine saw her work posted, verbatim, in another language, on a co-presenter's website. This colleague's ideas and work were used without adequate acknowledgement or any credit. This is academic exploitation, which is a type of plagiarism (Martin, 1994). A website is not considered a reliable source for research literature; however, plagiarism is plagiarism regardless of the medium and a BCBA® should never plagiarize, ever. By not citing or acknowledging the work of the co-presenter, the owner of the website is guilty of stealing her contributions which is unethical.

Another example of this is a professor or research head adding their name, or the names of others, to a research project with whom they have no affiliation. This is commonplace in some academic programs despite being unethical and a misrepresentation of authorship (LaFollette, 1992). The benefit of having one's name on a research paper is to access the prestige and honor associated with advancing a scientific field. However, it is unethical for credit to be taken for someone else's work. There would likely be fewer instances of academic exploitation with harsher penalties. Thankfully, our ethics code considers this a serious offense.

9.09 Accuracy and Use of Data

(a) Behavior analysts do not fabricate data or falsify results in their publications. If behavior analysts discover errors in their published data, they take steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

(b) Behavior analysts do not omit findings that might alter interpretations of their work.

(c) Behavior analysts do not publish, as original data, data that has been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

(d) After research results are published, behavior analysts do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release.

*Explanation***Written by Ann Beirne**

This Code element clearly states our obligation to the truth. On our efforts to communicate our findings, we must be mindful of the honesty of such communication. The necessity of honesty and forthrightness in scientific writing cannot be overstated.

I have often advised supervisees that, "Data is a fancy word for information. There is no such thing as bad data, though there may be information that you didn't want to hear." Data that is part of a research study must be presented on its entirety, even if it includes results that may not be expected – or hoped for – by the researchers.

*Considerations***Written by Ann Beirne**

Though this Code element is clearly intended to address the behavior of the author-researcher, there is one aspect that deserves the attention of research readers as well. This

Code element states, “After research results are published, behavior analysts do not withhold the data on which their conclusions are based from other competent professionals.” Researchers have an obligation to stand by their results. If errors become apparent, they must take action to correct these and take the necessary actions.

What this also means is that behavior analytic researchers are obligated, and often willing, to share the details of their research with other professionals. Remember that researchers spend years, or sometimes the majority of their careers, studying topics about which they are passionate, and many are eager to share that passion with colleagues.

For those behavior analysts living in areas where there are few colleagues, this may be a good networking alternative. If you see a study you find particularly inspiring, reaching out to the researchers will likely be well received.

Examples from the Field

Written by Jacob Sadavoy

Data is necessary to measure the effectiveness of an intervention. There are many ways a behavior analyst can measure behavior and as such there are many ways data can be collected. This Code element acknowledges that data can be manipulated and stress the importance of data being reported accurately and honestly and be available for professionals who inquire to see data from a study. Any inaccuracies are often uncovered during the peer-review process whose primary focus is to vet studies and ensure the data being reported is true.

For a poster presentation at ABAI, data was collected for two dozen students’ performance on a series of task analyses with the goal to produce holi powder from dried cut flowers to a sellable bagged product in India. There were many ways the data could be shared: a few cases could be used, an average of all of the students, completed steps as opposed to the percentage of steps completed accurately, etc. Had we removed the clients who did a poor job on their task analyses and presented the average of the participants, we would have been omitting data, fabricating the results and submitting unethical research. Cause of error is moot; the behavior analyst is responsible for submitting quality data that reflects their findings explicitly.

Guest contributor: Reflections: An Interview with Philip Zimbardo

Philip Zimbardo is best known as the lead researcher of the Stanford Prison Experiment, a social psychology which attempted to discover the psychological and social effects of perceived power and the lack thereof. After only six days, the experiment had to be discontinued due to the egregious abuse of “prisoners” by those randomly assigned to play the role of “guards.” Although an investigation immediately following this experiment found no direct ethical violations, it is often considered one of the more unethical experiments and has been the subject of several documentaries and a feature film. Informed by the Stanford Prison experiment, Dr. Zimbardo’s work has focused on the situational and societal influences of behavior that is considered “evil,” as well as the psychology of heroism.

In the following interview, we discuss research ethics, the obligations of researchers, the challenge of communicating findings and correcting misinformation, the researcher’s obligation to the truth and the positive effects made possible by the Stanford Prison experiment.

AB: Thank you so much for agreeing to talk to me. I have a few questions. The first is: you have described the Stanford Prison Experiment as being both ethical and unethical. Could you talk a little bit about that description?

PZ: Yeah, so in *The Lucifer Effect*, which I wrote and published in 2007 or 2008, I have a whole chapter on the ethics of the Stanford Prison Experiment. And obviously, it's a very controversial experiment. I did mention that as part of the examination for psychologists there's always a question about "which of the following is an unethical experiment?" It's always Zimbardo and Milgram. Within our system it's evaluated as unethical. What makes it unethical is that participants suffered seriously over five days and were in a setting where it was not clear how to leave other than go to the parole board, which rejected everybody, or to have an emotional breakdown. Or a medical problem, which five of the participants did. And just the fact that even a single participant experienced so much stress that he had to be...that he ended up screaming and out of control and has said subsequently that this was the only time in his life he was totally out of control of his emotions and of the situation. That was Prisoner 8612. That alone is more prolonged stress than in any other experiment. In Milgram's study, the participants experienced stress for at most half an hour and then at the end Milgram said, "Hey, in fact you're not really shocking your student. He was a confederate." But they ... some of them still felt the guilt of knowing that they blindly obeyed the authority to go against, to commit actions that went against their moral conscience. To knowingly, continue to shock well beyond any reasonable level. In Milgram's study, two out of every three adult males and one group of women went all the way to 450 volts.

AB: Yes.

PZ: Now, in Milgram's Study, the reason it was judged unethical immediately was because he made a film called *Obedience*. Milgram wanted to be a filmmaker, in fact he made a number of films. And in the film you see the incredible stress and incredible ambivalence where the experimenter is saying, "You must go on," and they're saying, "I don't want to harm anybody." And the confederate, pretending to be the student is saying, "I have a heart condition, I want to quit." So Milgram's experiment, even though it was intense, it was a very short time. In the Stanford Prison Study, there were three guard shifts who worked eight hours each. The prisoners lived in the prison for 24 hours, 24/7. And within 36 hours the first prisoner, the prisoner demonstrated an emotional breakdown. Then that became, in a sense, a model for how to exit the prison. And each day, every single day thereafter another prisoner had an emotional breakdown. And one of them, that was 8612 and 4 others. And one of them had a medical problem, broke out in hives and had to be released to get his medicine. So that's what makes it unethical. I mean, you can't create a situation where people suffer. Now, what makes it ethical – and that's the interesting contrast – is that even though it's 1971, Stanford University had recently just instituted a Human Subjects Research Committee, which included several townspeople who were not personally connected to the university to make the judgment. And I presented the study [proposal for their review] with as much detail as we imagined. And they helped me prepare an informed consent statement that every participant read, and it said "If I am assigned to be a prisoner, I will live in this place for 24 hours [for as long as] the experiment will go, for perhaps a week or up to two weeks. There will be minimum adequate diet," I think we said there will be some stress, some deprivation, etc. I think it said "but there would be medical services available," which there always were. So what's ethical about it is, the Human Subjects Research Committee approved of what we were doing: randomly assigning college students to these two conditions, putting them in a cramped cell. I think somebody from the Subject Research Committee actually visited the location, which was the basement of the Stanford Psychology Department. And they approved it. So, that's the definition of

ethical, is that the Human Subjects Committee evaluated the protocol, prepares an informed consent statement along with the researcher, which is me, and every participant reads that statement and then signs on. So, I'm saying paradoxically it is an example of both one of the most unethical studies, or maybe the most unethical study ever done and also a very ethical one.

AB: And it's so fascinating that you can follow all of the rules and still have this [outcome]...you based the informed consent on the things that you anticipated. But it seems from reading *The Lucifer Effect* that there were a lot of aspects of this experiment that weren't anticipated...

PZ: The bottom line is we went out of our way to pick participants who were [as] normal and healthy as possible. That is...we gave him a battery of six personality tests, a clinical interview, a personal interview. And so when they started, these are normal, healthy American college students who knew what they were getting into, knew the role that they were playing. And so we, the staff – me and my graduate student staff – could never anticipate that anybody would have a quote, “an emotional or nervous breakdown.” And nor could they. And, in fact. To back up, on Day 1...Now I should say it's 1971, it's the middle of the civil rights era, the middle of the anti-Vietnam War student protests, the middle of women's lib, it's an era in which college students were rebelling against authority. Again, if you remember, many students in many colleges in the United States protested the Vietnam War, often the administration would call police onto campus, police often beat up the students who were protesting. In some cases, the police actually killed, or the National Guard actually killed, students. So nobody wanted to be a guard in my study. We asked, “Do you want to be a prison guard?” and – nobody. Actually, in the movie *The Stanford Prison Experiment* it really opens with the simulated staff asking the students, asking the actors playing participants, “Do you want to be a prison guard?” Everybody said, “No I don't want to be a guard. Nobody wants to be a guard. Nobody likes guards.” And that was true. But we told them, “I'm sorry. You're randomly assigned, you have to do it.” And on Day 1, nothing was happening, meaning that you could hear the video we made, which included excerpts from the video, we had 12 hours of videos made at various times throughout the study, at what we saw were key points. Where guards were giving the prisoners rules, a little bit on each of the three guards' shifts, which were 8 hours, morning, afternoon, and night. A little bit of visiting times, a bit of the parole board hearings. We couldn't afford to have around the clock videos, because in those days video recording was very expensive and we had a very modest budget. But, again, if you look at these first day videos you see the guards say, “Come on guys let's take it seriously.” The guard were telling the prisoners, “Let's take it seriously.” And the guards are giggling. At the end of the first day I said, “Okay look, this is not working. We wasted a lot of time with this big setup, you know” And, in fact one of the three guards on that first shift, he was sitting in a corner. And David Jaffe who was an undergraduate student who had performed a simulated prison in his dormitory as part of my class exercise...I'll back up, that's the reason we did the study. So I gave him the role of warden. And he says, to this guard who is doing nothing, he says “Really, you're getting paid to be a guard. You've gotta act like a guard, you've gotta get, quote ‘on the yard.’” And then he says, “You have to be firm and you have to act tough like a guard does.” And I'll get back to that because that's been a big critique. David Jaffe said to one guard on one shift, nothing beyond, “You have to be tough, you know, like real guards do.” But if you're a college student, you have no idea of what real guards do. And then on the second morning, the experiment started on Sunday August 14,

on Monday morning, August 15, something happened that changed the entire complexion of the study: the prisoners rebelled. The prisoners in two of the three cells locked themselves in the cells, ripped off their numbers shouting, “I don’t want to be a number, I don’t want to be dehumanized.” And then guards came to me and said, “What are you going to do?” And I said, “It’s your prison. What do you want to do?” And they said, “Okay we have to call in all the guards on all the guard shifts to confront these prisoners.” And there were two guards on each of three shifts, plus there were three backup guards, so they had 12 guards come down and they broke down the doors that were being barricaded, stripped the prisoners naked, there was actual physical confrontation, fighting between the prisoners and the guards. And the guards actually, obviously won. It was 12 guards against prisoners. Because prisoners in one cell, cell number one which was, quote “the good cell” did not want to participate in the rebellion. So that changed everything, because one of the guards said, “These are dangerous prisoners.” And from that moment, nobody used the word “experiment.” It was a prison run by psychologists. So that was the transformative experience, which essentially gave this experiment a new level of reality. So, boys knowingly playing the role of guards became guards. Boys knowingly playing the roles of prisoners became prisoners. See, the fascinating thing is, everybody knew this was an experiment. Everybody knew they were role playing. Everybody knew it wasn’t a real prison but the basement of the Psychology Department, so that’s one level of reality. Another level of reality is the guards now say, “We have to show them who’s boss, who’s in charge. We have to dominate them.” And for some part, “We not only have to dominate them, we have to break any potential future of these rebellions” And from that moment on, the situation got worse and worse. Now I describe in *Lucifer*, although the study is a demonstration – really it should not be called an experiment, it should be called the Stanford Prison Demonstration. It’s a demonstration of how situational forces, social situational forces can overwhelm individual resistance, individual personalities, individual dispositions. And what happens is some of the guards on some of the shifts got meaner and meaner over time. Each day more mean than the previous day, each day beginning to be what I call “creatively evil” or “sadistic.” Some guards were tough guards but never went really beyond their roles’ demands. They were tough with their prisoners and made them do pushups and sit-ups, obey them. Other guards were good guards who never challenged the bad guards but who never abused them. So there were individual differences. And we could not – we had personality data – the personality data that we analyzed could not predict who would be the tough guards, I mean the mean guards, the tough guards, and the nice guards. So the conclusion is not that when put in a powerful social situation, everyone caves in and becomes what the situation demands. The fact that some of them – normal and intelligent psychologically healthy college students – began to do unimaginably cruel, creatively evil things. That’s the legacy of The Stanford Prison Study.

AB: So, I talk a lot about researchers having obligations to participants, in terms of maintaining safety, and to colleagues, in terms of authorship and providing citations, and also to the truth in terms of making sure that our data is accurate and that our results are clearly communicated to the public at the large. Do you think that – that sort of insight into the human condition and the capacity of ordinary people to do extraordinarily cruel things – do you think we would have this level of knowledge without the Stanford Prison Experiment?

PZ: Not in the same way. I mean, we’ve seen this throughout, we’ve seen this with the guards in Nazi concentration camps. These are ordinary people, there’s been pictures

released of male and female guards having a picnic, singing and dancing. We have evidence that Dr. Mengele, who was Dr. Death, every Sunday night would have a musical soiree with Jewish musicians and dancers would perform for him. And, so again it's only when they went into that about the concentration camp – Auschwitz, Birkenau, any of them. And their job was not only to maintain law and order but to make these Jewish prisoners realize that they are nothing, they are vermin. But again, we saw this coming up now 40 years later, in Jonestown. Ordinary people from San Francisco, for Los Angeles, who are following a leader, Jim Jones, who said he was going to lead them to a new kind of freedom, away from a terrible life in the ghetto of Los Angeles or San Francisco. And they go to Jonestown, and suddenly they are in a concentration camp. And ultimately he gets them to commit to willingly die for their father, for God. So we didn't need this research to demonstrate this, there's been a lot of real world demonstration. However, in all of those we have no evidence to demonstrate who they were before they took the job, before they joined Jonestown, before they became Nazi guards. Here we know on Day 1 every single one of the 24 participants was psychologically normal, as judged by their performance of six on personality tests, normal in terms of what we psychologists could assess in interviews. So, we have a baseline of normality from which we could see the progression, which, over time – and you could see the increment...day by day got worse the meanness, the evil got worse and worse day by day over those five days. And as I said, we thought we'd run the study for two weeks. And I had to end it after five days because it was literally out of control. We couldn't predict what the guards would do next. After I decided on Thursday night – we prepared to end the study the next day, at the persuasion of my girlfriend, Christina Maslach – I went down, back to the prison cell. And I was not telling anybody about ending the study because the next morning on Friday a public defender was coming in to talk to all of them about release. And so I was going to wait till after he did that on Friday. I come in and I look at the video that had just been taken, and the guards on the night shifts got the prisoners to simulate sodomy. And so here's what happened in Abu Ghraib. The guards in Abu Ghraib were getting the prisoners to simulate fellatio. And here in a study at a college – in a study where everybody knew it was a study, in a basement, which is not a real prison, playing the role, they know that the other students are college students like them and not prisoners. Nevertheless, they're saying "You bend over, you're female camels. You get behind them, you're male camels. Now hump them." And they were simulating sodomy. And all three guards kept yelling and screaming and laughing.

AB: After only five days.

PZ: Five days, right. But the point is, I had already determined to end it. Surely as soon as I saw that, I would have ended it at that moment. Now that scene in the Stanford Prison Experiment movie, I don't know if you've seen that.

AB: I have.

PZ: That's the final scene. In the movie, there is the confrontation between my girlfriend and me. In the movie. But in the movie, they didn't have me say, "You're right. You're going to end this study." Because at that moment, it's a peak and then it's over. You can't do anything after that. So they had the confrontation and then I go back down, I look, I see what's happening. But every single thing showed in that scene was verbatim of what happened in the real study. Here again, it goes so far beyond anything in Milgram, anything imaginable. You can't imagine this. But in 2004, we had videos and photos of American prison guards in Abu Ghraib doing similar things, getting prisoners to say "Okay, you get down on your knees, you take your penis out," and to have them simulating sodomy, simulating fellatio.

AB: One thing also that struck me, watching the movie and reading *The Lucifer Effect* as well, there's one contrast that I thought was very interesting and I wanted to ask you about that. You've been very, very clear every time you've spoken about the Stanford Prison Experiment, about this is really a story of how ordinary people were situationally influenced.

PZ: Right.

AB: And particularly, you've been 100% consistent in trying to get that point across. But especially in public response to Guard Eshelman who was also called John Wayne and was one of the more creative of his guards in his cruelty. I was surprised reading *The Lucifer Effect* how much remorse he seemed to have during the debriefing. Because none of the other TV news magazine shows where I've seen that interviewed him really gave me that impression. And the movie didn't either. So one of the most important parts of research is communicating our results and our obligation to make sure that those results are clear. How have you tried to kind of get that point across? And it has been frustrating for you that the public still really wants to believe that there was something dispositional, especially about Guard Eshelman?

PZ: Yeah, but again, he is a phenomenon and still is. The problem is that over time the stories that each guard tells will change – memory distortion. Immediately after the study...okay, let me back up. The study ended on August 20, and on August 21 there was an alleged escape attempt at San Quentin State Prison where George Jackson, a black activist prisoner, was killed and the prisoners in solitary confinement were released and killed, others killed a guard, and that was the day after the prison study. And then three weeks later was Attica. And so those two events made this little demonstration suddenly nationally famous. Because I had involved a local TV station in the study in order to film the arrest, in order to, I think, persuade the Palo Alto Police Department to participate in making the arrest look very real, in a real police car and bringing prisoners to a real jail. So that when the thing happened at San Quentin, the associate warden, his name was Warden Parks, had a press conference. And one of the people at the press conference was from station KGO who had been involved in filming the prison arrest, the week before. And he said to Warden Parks, "Does this have anything to do with the way guards dehumanize prisoners, as was shown in the study at Stanford?" And Warden Parks went ballistic, you know, "They don't know what they're talking about." And so a TV station the next day invited me to have a debate with Warden Parks, which I did. And then somebody from NBC – some media person who was part of what was called *Chronologue* then, which was the forerunner of *60 Minutes* – heard that debate, called me and said, "Can I talk to you?" came to my home, said "Do you have any videos?" I said, "Yeah." I showed him what we had. He said, "Okay, we want to make a TV special of this." So they made a special and it was called "Prisoner 819 Did a Bad Thing."

AB: I was going to ask if it was "Prisoner 819 Did a Bad Thing."

PZ: What that means is that, within a month of having done that study, before we even analyzed all the data to prepare a write-up, it was now on national media. And then, in preparation for that movie, they asked me to have some of the prisoners and guards come down to be interviewed. And in one of those interviews they had Eshelman talking with Prisoner 416. Prisoner 416 is the guy who went on a hunger strike, the skinny kid. And 416 was now confronting him, because now they are equals, they are not in their prison uniforms. And he said, "You know, he said if I was a guard, I would be a guard." I forget the word... "It would not be such a masterpiece." That's the word he used. And so he said "You went way beyond anything you had to do." And then Eshelman says something like, "You put on your uniform. And

then you put on your glasses, you get a nightstick, and you become a guard. That's your job. That's what I did." And then he [Prisoner 416] says, "No, you did more than that." "Yes, I was doing some little experiments of my own." And then 416 says sarcastically, "Tell me about your little experiments?" he said, "I wanted to see how cruel I could be," or I don't know what word he used, "to get the prisoners to do horrible things until they refused. But they never refused. They never stopped me." So he's saying he was playacting, he wanted the prisoners to rebel, and they didn't. And because of that he just got meaner and meaner and meaner. Now, 10 years later he's interviewed and he says – he's been interviewed a number of times – it's got to be 10 years later and he says, "You know, in my role, I was like a puppeteer. And the prisoners were like puppets. And I could make them do anything." Now that's the ultimate dehumanization, that statement. A puppeteer means he's controlling them, he is pulling the string. Now again, more recently he has said, "No I was just acting, I was playing a role, I was not as bad as they make me out to seem." We have a video of the sodomy thing. We have the video of him, the prisoner is doing sit-ups and he is stepping on them and so forth. Over time the prisoners and guards, their story has changed. The reality of the video is what you see on the video of that time. Now are you aware of the recent controversy, all of the bloggers attacking me?

AB: I am. Although to tell you the truth, it doesn't seem like there is anything uncovered that you can't read in *The Lucifer Effect*.

PZ: You're right

AB: So it seemed to me...well we could talk a lot about science communication and how it can be misconstrued and certainly that's a very big issue.

PZ: I had to respond and I spent the last ten days every day talking to colleagues, preparing a response, and getting feedback. I wrote a 27-page rebuttal, point by point, with all the evidence in contrast. In addition to me we've got Craig Haney, who was my assistant, Christina Maslach who is the one who came down and intervened. We have a person who made the video of Doug Korpi describing his real breakdown. Because again the bloggers say he told them now, almost 40 years later, more than, 47 years later, that he was faking. But we have his word, and I use him in *The Lucifer Effect* as one of the prime positive outcomes of the study, because he said originally, "Because I was so ashamed that I lost control of myself, I went into clinical psychology to understand my unconscious so it wouldn't happen again." And then instead of becoming a therapist, he becomes a forensic psychologist, and he's working for 20 years in a San Francisco County Jail, which is where we made that movie, *Quiet Rage*. The segment is Doug Korpi in the San Francisco County Jail talking about that experiment 14 years later, saying "I totally lost control of my emotions, of the situation." We have it on record. And we also have a student who made that movie that I didn't even know about. He's not a psychologist, he was in communication and decide to make a movie and he tracked down Doug Korpi. I had no idea where Doug Korpi was. He has a statement saying, "I tracked him down, we had lunch together, I asked him, 'Would you be willing to recount your experience?' and he said yes." there was no coercion, not even question and answer, somebody [asks] "tell me about your experience." And so we have that statement. Scott Plous, who was a former graduate student of mine, he is the creator of this social psychology network, which is really a critical thing for you to look at. It's a brilliant center for everything happening in social psychology. He is the one invited me to have a subsection of his website called prisonexp.org. Everything in the prison study had been deposited there – all the videos, all the slides, etc. etc. So Scott Plous took the lead in helping me answer the rebuttal. So he's created a whole new website, it's prisonexp.org/response, and

if you click on that up comes my 27-page rebuttal and then on the side, you click on that and it has additional commentary and then all of the critiques in detail from Medium, from Fox, from LiveScience. And then after that, it has a full page of every single thing, every article, every movie everything ever written about the movie about the prison study. So it's a new resource which is remarkable. I've used the occasion to go beyond simply "Let me debunk these bloggers." It's like "Let me reiterate that this is a unique demonstration of situational power." Now again one of the things that the bloggers did, I don't read blogs, I don't pay attention to any of that stuff, but the way you get attention is "The story of lie. The Stanford Prison Study is a sham. It's a sham, it's a lie, it's a fraud. Zimbardo's a liar, it's dishonest. The study should be removed from scientific literature, etc. etc." And it's this really extreme hostile thing. And not only did none of them send it to me in advance, those resources, Medium didn't say, "Do you want to reply?" Which is really unacceptable. I wrote them recently, I said, "This is horrific. You put some stuff out. I didn't even know that it was stuff was out until I started getting letters – I do a lot of work in Hungary, Poland, China Japan and Brazil. No I'm getting media from all of those 5 countries saying, 'We're so sorry that your study is now disreputable and you're disreputable'" And so that's when I got alerted, when people I knew in those countries said, "Oh my God, how are you handling this?" In two weeks, I have been preparing this reply, so I know it's important for you to look at.

AB: So it hasn't just been a matter of you communicating your findings, but communicating your findings then communicating your findings on a much larger scale than most people do and then communicating them over and over and over again for 40-plus years.

PZ: Again, I'm the first one, I've always said, "Of course the study has flaws. It isn't a perfect study." On the other hand, it's unique in the history of virtually all research – that it went for more than 120 hours, not one hour. There were endless things happening. Nobody [that was in the experiment] was in control of things, prisoners were having breakdowns, parents are coming, the Catholic priests are coming, the public defender is coming, the parole board, students playing the role of prisoners are having emotional breakdowns in the parole board because the parole board leader, Carl Prescott, who is an ex-con, is berating them, is telling them that they're worthless, that they're never gonna get out. So again, it was...things are happening all the time. Again, the thing we underestimated, it's me, two graduate students, one undergraduate. So at any point any one of us is sleepy because there's only three. The last day Craig Haney, who's a senior graduate student, had a family emergency, so it's now just me and two other students. One of the students who lived on campus, he had a child who was sick. So again, I am working sometimes 18–20-hour shifts, so we're all under extreme stress. Obviously, I should have ended the study when the second prisoner broke down. When the first one broke down, Korpi, I was suspicious, I said "Yeah, he could be faking it." Because I didn't hear the final screams, etc. etc. But when the second one broke down, there was no question it was real. And the third one – again, I say that for me the biggest indication of the power of this situation was the impact it had on me. I became the superintendent of the San Francisco County jail. And in that capacity, I did not allow physical punishment, but I allowed psychological punishment. Because I could see, I could see what was happening. I didn't see the sodomy, but guards getting prisoners to spit in each other's face, to step on them, to do horrific things. So I should have ended it, and I say that. I should have ended it much earlier. But I got trapped in my own experiment.

AB: I think sometimes the research environment itself can lend itself to dehumanization and also deindividuation. And you referred earlier to Guard Eshelman talking about

his “little experiments.” There was one story that I was very curious about from *The Lucifer Effect*, when you described Dr. B meeting you in a hallway when there was a threatened rebellion and you had changed the location of the experiment. Dr. B’s question for you, seeing the prisoners was, “What is the independent variable?” I remember thinking that’s a very academic question, he wasn’t asking “Are these boys okay?” So how do we strike a balance between excessive involvement, like you mentioned getting wrapped up in your experiment, and too much distance?

PZ: He and I were college roommates at Yale, we were graduate students together. I was the best man at his wedding, so always we’ve been really close. He’s a very formal guy. For him, before he even wraps his head around what’s happening, he wanted to know, if this is an experiment, what’s the independent variable? So again I’m laughing to myself saying “Oh my God I’ve got a prison rebellion and this guy is asking reasonable questions, but in the wrong context.”

Now even later on he says, cause he’s seen that, he says, “No I was just kidding.” Well, I’m not sure he was just kidding that’s a question he would ask if somebody describes an experiment, “I could see all of these things but what’s the independent variable?” I said “random assignment of prison guards” and, essentially, “now get out.” I didn’t say that, “I’m dealing with rebellion.”

Again, I say in *The Lucifer Effect*, when there was the rumor of the break-in – In my class at Stanford, my social psychology class, one of the main topics is the psychology of rumor, and every student in that class for years would do demonstrations of rumor transmission and on distortion. So I’m interested in rumors. So, had I not been so involved I would have sat back and said “I am going to crack this. Let’s begin to break this. Who heard it first? What did you hear?” [I would] make a note of it. I simply assume it’s going to happen. There’s going to be a big confrontation and people could get really hurt. My job was to prevent any physical confrontation. And I call up the Palo Alto Police sergeant who arranged for the squad cars to do the arrests. And I knew there was an old jail which was not being used because they just built a new jail. And I persuaded him to let me move the prisoners to the old jail for one night. And then he called and said, “I’m sorry we can’t do it because the city manager said there would be a problem with insurance, say, if somebody got hurt.” And I went down and I confronted him. And I again I said – he must have thought I was a lunatic – he knows that it’s a fucking experiment! And I’m saying “You know, I’ve got a prison break on my hands, and there could be bloodshed.” I’m now totally losing it. But again that’s – if you want to say what is the power of the situation, it’s the impact it had on me. That I’m beginning to believe that the rumor of a prison break is not a rumor, it’s a reality that’s gonna happen. And now I’m in charge. I have to prevent disaster. And just totally losing it.

AB: Because of your involvement, and because you were the superintendent?

PZ: I’m the grown-up in charge of this whole play. So I have to make it happen. I have to prevent the rebellion. And then the next thing we did is when he says, “You know, we take all the prisoners we take them to a 5th floor storage room.” Which later, people tell me later, “Hey, it turns out there was asbestos in the ceiling in that room.” The effects could have been terrible. And then we kept them there for hours. Then we literally – we have in the film – we took the prison doors off and put them down. The scenario was, when you break in, say, “haha you’re too late. Nothing was happening in the study, we ended it. All the prisoners have gone home. All the guards have gone home. Get outta here.” And then once they left, then we would have time to get the technician in the psychology department to put in more powerful doors. So we were going to continue. I’m using this as a way to prevent physical confrontation and then for me to buy time to rebuild the prison to make it able to resist a break-in.

AB: So you at that point were very deep in the role of the prison superintendent

PZ: But I was not “in the role of.” I *was the superintendent*. Again, the first major thing I wrote about the prison study – so again, the critiques, breaking them down, say “You didn’t publish in a peer-reviewed journal because you knew it would be rejected.” That’s nonsense. The first publication was in the Naval Research Reviews because I had used some money left over from a previous grant from the ONR to fund the salaries for everybody, buying the beds, paying the technician to set up, etc. And they insisted that I reported that. The other thing I did is I took my graduate students to be the senior authors and I was the junior author. The next thing was the International Journal of Criminology and Penology because the editors of the journals heard about that study and invited us to do it. So we didn’t have to wait for a year to get peer reviewed and rejected. The major publication for me was in 1973, two years later in the *New York Times* magazine, which is not easy to get an article in. I wrote a long article called *The Pirandellian Prison* about how the study was really like Pirandello – Luigi Pirandello. I’m Sicilian, so he’s always been a hero. He wrote this, *Six Characters in Search of an Author*. So here now we have characters, we have a set, we have costumes, and we don’t have a script. And there’s really no director. So they’re going to have to make up the show. So that’s really what we did, we put people in costumes and we said, “Here’s your role, you’re going to do this, you are going to do that.” But we don’t give them a script. So the prison study is a study in improvisation. Everybody’s improvising what they imagine guards do, what prison staff do, or what prisoners do.

AB: I hadn’t thought of that in terms of the improvisation aspect. I did also want to ask you about the work that you’re involved in now with the Heroic Imagination Project and how the Stanford Prison Experiment has informed that.

PZ: So, again, at the end of my rebuttal, I say, “I want to end on my positive note.” I want to talk about three interesting domains that I personally have created which were engendered by my involvement with the Stanford Prison Study. The first thing was the psychology of shyness. That is, immediately after their prison study in talking to my students at Stanford, I asked how many students who intend to be prison guards? Nobody. “How many of you imagine being a prisoner?” Nobody. I said, “Why do you care about this study?” They look around. I said, “How many of you think of yourselves as shy?” And a lot of hands go up. And I said, “How many of you are too shy to even raise your hand?” And everybody laughed. I said, “Now isn’t shyness a self-imposed psychological prison?” The prison is a place – now, it’s a physical place but it’s also a psychological place. When you say someone is in prison, I mean you limit their freedom of speech, their freedom of association, and their freedom of movement – you can’t move out. And it’s self-imposed because nobody one ever accuses you of being shy. Shyness is unique because people put that label on themselves. They say, “I’m a shy person, therefore I can’t raise my hand to answer the question that I know the answer of, I can’t ask my boss for a raise, I can’t ask a girl for a date, etc.” So you become your own guard, limiting your freedom and you’re the prisoner, obviously, who’s the victim of this. I use that metaphor and then students came up afterwards and say, “Gee we’re really shy. Could you tell us more?” And I said, “No, I’m not shy, I never thought about it.” And I said – this is 1972, the year after the study – I said, “Okay, go to the library, get me a reference list and I’ll prepare a lecture.” And they come back and they say, “There’s nothing at all on shyness. Shyness does not exist. There’s no research ever done on the psychology of shyness for adolescents or adults.” And I couldn’t believe it. You know in those days you had to go to the library and I looked and there was...so I said, “Okay. I’m going

to have a noncredit shyness seminar for shy students. And we're gonna start the Stanford Shyness Project, we named it up front. We're gonna find out what shyness is, what people think it is, what percentage of people are shy" And that started the first scientific study of shyness. And then after 4 or 5 years, my students said, "Hey, we know enough about shyness to help other kids at Stanford who are shy." So we set up the Stanford Shyness Clinic, the first clinic ever – and it's still the first clinic with that name, "Shyness Clinic" – and we were able to cure literally everybody that we work with. And then a clinical psychologist heard about this and said "I would like to move this into the community, not just for Stanford students." And the Shyness Clinic is still in existence at Palo Alto University almost 50 years later. And also, I wrote several books: *Shyness: What It Is, What to Do about It*, which helped millions of people who have read that book, and also, *The Shy Child*.

The next thing is the psychology of time perspective, a whole area which I started. Because again, during our prison study, all of our sense of time was distorted. There was no windows, there was no clocks. Each guard shifts became almost like a day. When the shift were more cruel, it seemed like time was never-ending.

AB: And their sleep was disrupted too, which affects your time perception.

PZ: Yeah, yeah. So you get to think about time. And I created the first precise valid measure of time perspective, Zimbardo's Time Perspective Inventory. I wrote several articles in peer-reviewed journals. And now time perspective is an international phenomenon. There's international conferences on Zimbardo's Time Perspective every two years in different countries around the world. So that's another thing that came.

And then the third thing that came is the Hero Project. So in Chapter 16, I believe, of *Lucifer* [*The Lucifer Effect*], is where I introduced the notion that in all of this research by Milgram by Asch, by Zimbardo, There's always a small number – a minority – who do not conform, do not comply, are not obedient. And the interesting thing is we know nothing about them. Because we've always focused on the drama of the evil. We always focus on the devil within. And then I said – well I speculated – "What attributes would these people have that enabled them to resist these situational forces that make the majority of people go off?" And I said, "Could be this, could be this, could be that." And then I said, "You know, we could think of them as heroes" And then I began to think about the nature of heroism. And again, even in 2007 there was not a single psychology textbook that had any mention of heroes. The word "hero" is not on the index of any psychology text. It's not in the positive psychology movement started by Marty Seligman. And they have a huge book, *Human Strengths and Virtues*. Compassion, yes. Empathy, yes. Altruism, yes. Heroism, no. And I confronted Marty Seligman, who is a buddy. And he said, "Compassion and empathy are the highest private virtues. Heroism is a civic virtue." But I'm saying, "What good is empathy and compassion if it's not translated into behavior?" Heroism is a behavior. It's behavior that changes the world. Attitudes, values, feeling don't change the world. They put you in a position to appreciate the need for action, but it doesn't always lead to action. So that's my program, is teaching people how to act wisely and well to make a difference. That was the foundation of, coming out of this, creating what I call The Heroic Imagination Project. The idea is heroism starts in the mind. We're talking about a new kind of hero, not a military hero, not a political hero, not a religious hero but ordinary people who are willing to stand up, speak out and take action in a wise and effective way to make somebody feel special and make the world better in some way every day. So that's the foundation of the hero project experiment. And now what we do is, we do some research

on heroism. We have been doing some research on heroism. But in addition, the last thing is – what we do is – I have created a series of lessons or interventions which provide a foundation of how to be a wise and effective hero. One of them is “The Psychology of Mindset,” how to develop a dynamic, growth mindset in place of a narrow, fixed, static mindset. [This is] from the work of Carol Dweck. How to become, how to transform passive bystanders into backup heroes. How to change prejudice and discrimination into understanding and acceptance of others. So we have these lessons which I developed. Each of these lessons are two to three hours long. They’re in great detail with videos and provocative questions. And what happens is schools, businesses, school systems license the lessons and then I, or one of my team goes and does a training for up to 20 people – 20 teachers or we train trainers. And the program now is in a dozen countries around the world. It’s all over Hungary it’s all over Poland, it’s in Sicily, many many places. I have a list, I think somewhere on the website of all these countries. So for me, those three things are the legacy of the Stanford Prison Study. That three really positive things came out of that week of suffering. Out of that week of evil came three very positive transformative things. It transformed me and all the people connected with those projects.

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10 Section 10.0: Behavior Analysts' Ethical Responsibility to the BACB®

Noor Y. Syed

Introduction

In addition to our responsibilities to clients, to the field, and to each other, the Professional and Ethical Compliance Code® addresses our obligations to the Behavior Analyst Certification Board® (BACB) itself. This organization, whose inception was to protect consumers, can only accomplish its goals with our support and assent.

Again we are reminded of Rudyard Kipling's poem, "The Law of the Jungle," "As the creeper that girdles the tree trunk/The law runneth forward and back/For the strength of the pack is the wolf/And the strength of the wolf is the pack" (Kipling, 1894). For an organization to thrive, all members must participate in its success. The BACB®, like any organization, is nothing more or less than a collection of members. It depends on each and every one of us to uphold its standards. The strength of this organization is the strength of all of us.

10.01 Truthful and Accurate Information Provided to the BACB®

(a) Behavior analysts only provide truthful and accurate information in applications and documentation submitted to the BACB®.

(b) Behavior analysts ensure that inaccurate information submitted to the BACB® is immediately corrected.

Explanation

Written by Ann Beirne

I have, unfortunately, heard the same story told several times by several people. An aspiring behavior analyst seeks out *Supervision* to obtain the credential. A well-intentioned friend or relative offers, "I will just sign your experience form." Of course, I have also heard several accounts of the opposite occurring – an applicant asking for a signature from a supervisor with whom they have had little or no contact, indicating supervised experience that never happened.

Though recent changes to the documentation requirements for supervisees will likely make such occurrences rarer, it would be naive to assume that they would never again occur. If we are to maintain the high standards of a professional dedicated to lasting meaningful behavior change for vulnerable populations, those standards must be maintained for all of those who enter the field.

If we are to uphold the values of the field of behavior analysts, and the mission of the BACB®, our emphasis must be not only on increasing the number of behavior analysts, but also on increasing the number of *qualified* behavior analysts. Maintaining the quality of clinicians is essential to the representation to our field, but more so, it is essential to the vulnerable population who needs the services provided.

*Considerations***Written by Ann Beirne**

The application process for the BACB[®] examinations can be daunting. There are several steps to be taken in order to ensure that all of the requirements have been met. For those who recently completed a verified coursework sequence and fieldwork under a Board Certified Behavior Analyst[®] (BCBA[®]) supervisor, the process is difficult and overwhelming. For those who obtained a degree from a university outside of the USA or those who must have their coursework evaluated for its relevance to the BACB[®] coursework standards, the process is even more so.

Mistakes may, and frequently do, happen. Such mistakes are understandable and permissible. What is not permissible, however, is to overlook these mistakes. Nor is it permissible to refrain from correcting them. Each of us in the field must uphold that standards that we hope will be met by those who have the credential, even those who do not yet have the credential themselves.

*Examples from the Field***Written by Jacob Sadavoy**

As a BCBA[®] supervisor, I make sure that my supervisees get the necessary support to organize their paperwork. I see this as a moderately similar test to gain insight as to how they would manage and organize a caseload of clients. Those that struggle maintaining their forms will likely need organizational support. Being organized isn't a task list item per se, but it will affect your work and as such if it is a supervisee's skill deficit, it is my obligation to develop an intervention in promoting a system that will support organizational skills.

Also, it is best to have your completed forms checked before submission. When I was applying for an alternative pathway or to be an approved continuing education (ACE) provider, I received a lot of information by calling the ABAI and the BACB[®], respectively, to go over the application. Had there been errors, it would have delayed confirmation as to whether the applications were accepted or not.

10.02 Timely Responding, Reporting, and Updating of Information Provided to the BACB[®]

Behavior analysts must comply with all BACB[®] deadlines including, but not limited to, ensuring that the BACB[®] is notified within thirty (30) days of the date of any of the following grounds for sanctioning status: (a) a violation of this Code, or disciplinary investigation, action or sanction, filing of charges, conviction or plea of guilty or nolo contendere [the acceptance of a guilty plea without an admission of guilt] by a governmental agency, health care organization, third-party payer, or educational institution. Procedural note: behavior analysts convicted of a felony directly related to behavior analysis practice and/or public health and safety shall be ineligible to apply for BACB[®] registration, certification, or recertification for a period of three years from the exhaustion of appeals, completion of parole or probation, or final release from confinement (if any), whichever is later; (b) any public health- and safety-related fines or tickets where the behavior analyst is named on the ticket; (c) a physical or mental condition that would impair the behavior analysts' ability to competently practice; and (d) a change of name, address, or email contact.

Explanation

Written by Ann Beirne

The mission of the BACB® is focused on maintaining the quality of behavioral interventions. The mission of the BACB® states that its aim is to, “Protect consumers of behavior analysis services worldwide by systematically establishing, promoting, and disseminating professional standards” (BACB, 1998). The vision of how this is accomplished is described by their commitment to “Solve a wider variety of socially significant problems by increasing the availability of qualified behavior analysts around the world.” The key phrase is “qualified.” The organization itself is devoted to the protection of the maintenance of high standard in order to protect the consumer. The BACB® exists for the protection of consumers, and we are beholden to it; it is not beholden to us.

Behavior analysts are subject to the oversight of a governing body. Therefore, it is necessary that we allow that body the opportunity to reasonably govern. The BACB®, in an effort to meet its stated mission and realize its vision, must have the information needed to assess the qualifications of behavior analysts.

Professionals will often complain that the BACB® places emphasis on the needs of the consumers rather than the behavior analysts. However, this is precisely the purpose of the organization. To adhere to their guidelines is to maintain the standard of the profession, which benefits not only our own clients, but all clients who receive services.

Considerations

Written by Ann Beirne

Among the reporting requirements of the BACB®, one item has caused a great deal of confusion. The public safety requirement in this Code element includes traffic tickets, and much has been debated as to what necessitates reporting to the BACB®.

The November 2016 BACB® newsletter offers some clarity on this point. According to this newsletter, the behavior analyst is required to report the incident if the incident indicates a physical or mental health condition, which may interfere with performing the duties of a behavior analyst or indicates a Code violation. In addition, a report is required if the incident involved a client, required reporting to a governmental or regulatory agency, professional liability insurer, or a third-party payer designated by the client. A fine greater than \$750 is another indicator of the needs to report an incident

Those incidents which do not require reporting include violations where the behavior analyst is not named specifically as the violator, including parking tickets or red light cameras. Additionally, traffic violation that occur at the location of services but do not involve the client or where the client is not present would not need to be reported. Nor would a report be necessary if the incident does not indicate another Code violation or the fine is less than \$750.

Put simply, there is no need to report every single traffic violation. The Professional Ethical Code, in this as in all things, governs our work as behavior analysts.

Examples from the Field

Written by Jacob Sadavoy

The BACB® encourages full disclosure in a timely fashion (i.e. 30 days) as a means to protect clients from changes in one’s status based on violations to this code or public

health and safety. A BCBA[®] must report disciplinary investigations, actions, or sanctions or a public health and safety violation as soon as possible and no later than 30 days. The BACB[®], colleagues, and clients does not want a compromised clinician to continue working in the field as that would reflect poorly on the entire profession. A clinician has access to confidential information and if they show themselves to be unlawful and exercise poor judgment, it is best for action to occur to remove them from the case.

10.03 Confidentiality and BACB[®] Intellectual Property

Behavior analysts do not infringe on the BACB[®]'s intellectual property rights, including, but not limited to, the BACB[®]'s rights to the following:

(a) BACB logo, Verified Course Sequence (VCS) [approved course sequence] logo, ACE [approved continuing education] logo, certificates, credentials, and designations, including, but not limited to, trademarks, service marks, registration marks, and certification marks owned and claimed by the BACB[®] (this includes confusingly similar marks intended to convey BACB[®] affiliation, certification or registration, or misrepresentation of an educational ABA certificate status as constituting national certification)

(b) BACB[®] copyrights to original and derivative works, including, but not limited to, BACB[®] copyrights to standards, procedures, guidelines, codes, job task analysis, work-group reports, and surveys

(c) BACB[®] copyrights to all BACB[®]-developed examination questions, item banks, examination specifications, examination forms, and examination scoring sheets, which are secure trade secrets of the BACB[®]. Behavior analysts are expressly prohibited from disclosing the content of any BACB[®] examination materials, regardless of how that content became known to them. Behavior analysts report suspected or known infringements and/or unauthorized access to examination content and/or any other violation of BACB[®] intellectual property rights immediately to the BACB[®]. Efforts for informal resolution identified in Section 7.02c are waived due to the immediate reporting requirement of this Section.

Explanation

Written by Ann Beirne

This may seem to be one of the more fastidious Code elements. The rationale may be difficult to discern, as discussion of intellectual property is where we begin to depart from the comfortable realm of human services and enter a business mindset.

The practice of creating a name and visual representation which differentiates a business or product is referred to as branding. Branding of materials is an essential element of establishing the identity of one's business, including non-profit entities such as the BACB[®]. The necessity of establishing this identity has a distinct purpose – to grant assurance to clients and their families seeking out highly qualified professionals. If this branding is not protected by intellectual property, the risk is that it will lead to confusion among consumers. It would be difficult to distinguish a board-certified behavior analyst[®] from a practitioner who calls themselves “trained in behavior analysis” if the use of the logo and trademarks of the BACB[®] are not carefully controlled. A university which offers coursework using the logo and mentions the credentials could reasonably be assumed to meet the coursework requirements for certification. In order to achieve the stated goal of meeting the needs of certificants as well as clients, this branding allows the BACB[®] to preserve the sanctity of this certification.

Considerations

Written by Ann Beirne

It is not particularly natural to add a registered trademark symbol to a description of our credentials, since this is not required when indicating a degree. As a result, it may look a bit unusual and we may begin to question the necessity of this level of caution. When discussing how to avoid plagiarism, professors often advise their students, “when in doubt, provide a citation.” Just as in our obligation to maintain academic integrity, it is best to be conservative in our compliance with this Code element if in doubt.

Some of this doubt can be removed, however, by carefully examining which descriptors require a registered trademark symbol or require permission and which do not.

The terms Behavior Analyst Certification Board[®], board-certified behavior analyst[®], board certified assistant behavior analyst[®], registered behavior technician[®], and their abbreviations, BACB[®], BCBA[®], BCaBA[®], and RBT[®], respectively, are all protected trademarks. Descriptions of our job responsibilities or the philosophy behind them, such as natural environment teaching, discrete trial teaching, functional analysis, or functional communication training would not require registered trademark symbols.

To speak somewhat loosely, the essential difference here is that the registered trademark is required for the description of *who we are* – the brand with which we align ourselves. Description of *what we do* would not be subject to this requirement.

Examples from the Field

Written by Jacob Sadavoy

Branding is important. Companies use branding so that stakeholders, at a glance, are aware of the product and quality. The symbols and names within the field of ABA established by the BACB[®] serve a similar purpose. If anyone could post the BACB[®] logo or call themselves an RBT, how would prospective clients discern which are true BACB[®]-associated clinicians? For the same reason, if you are wanting to purchase a Coke, you would know something is wrong if there is blue on the can.

In working with a team in China, they were unaware of the importance of this Code element and had the BACB[®] logo on their site and were going to call participants of a two-day training an RBT[®]. Both are egregious errors that would confuse their clients. The prior error suggests that the program is affiliated with BACB[®] which is inaccurate and the latter error is falsifying a credential. Both of these mistakes substantiate the content on the site and the program which is misleading and wholly unethical.

10.04 Examination Honesty and Irregularities

Behavior analysts adhere to all rules of the BACB[®], including the rules and procedures required by BACB[®] approved testing centers and examination administrators and proctors. Behavior analysts must immediately report suspected cheaters and any other irregularities relating to the BACB[®] examination administrations to the BACB[®]. Examination irregularities include, but are not limited to, unauthorized access to BACB[®] examinations or answer sheets, copying answers, permitting another to copy answers, disrupting the conduct of an examination, falsifying information, education or credentials, and providing and/or receiving unauthorized or illegal advice about or access to BACB[®] examination content before, during, or following the examination.

This prohibition includes, but is not limited to, use of or participation in any “exam dump” preparation site or blog that provides unauthorized access to BACB® examination questions. If, at any time, it is discovered that an applicant or certificant has participated in or utilized an exam dump organization, immediate action may be taken to withdraw eligibility, cancel examination scores, or otherwise revoke certification gained through use of inappropriately obtained examination content.

Explanation

Written by Ann Beirne

In the preparation materials for some exams, including college entrance exams, it appears to be a measure of pride that questions from previous exam administrations are included. For the BCBA® exam, however, this is not acceptable. Those who develop preparation materials are prohibited from using question from the BCBA® exam itself.

However, this Code element clarifies that the prohibition on publication of questions directly from the BACB® exam is not limited to exam preparation materials or the companies that create them. Individual test-takers are also prohibited from sharing questions, either in organized formats, such as blogs posted for that purpose, or in casual formats such as a post on social media. Even these casual or individual actions can be considered a violation of this Code element.

Often, the individual who shares these questions intends only to clarify the question itself. While there may be no ill intention in the sharing of questions from the exam, this is still a behavior that would be considered unacceptable according to this Code element.

Considerations

Written by Ann Beirne

There are several exam preparation products that are available on the market to help this studying for the BCBA exam. As the instructor in our programs, I will often hear about other products and many of them include mock exams, as we do, to allow participants to practice test-taking strategies. However, given that none of these materials use actual questions from the exam itself, what is their purpose?

The purpose of mock exams is not to simulate the test itself. There would be little purpose to such an effort, since the items on mock exams would necessarily include items which would not be included on the exam itself. Rather, they are to be used as study aids. Ideally, the focus of mock exams would be to develop and practice generalizable skills necessary for test-taking, though that is infrequently how such resources are used. There is little value in rote memorization if such materials are not generalizable.

With exam preparation as with all things related to the professional work of the behavior analyst, our focus must remain steadfastly on the behavior in question. As in all other things, the goal is lasting, meaningful behavior change.

Examples from the Field

Written by Jacob Sadavoy

The goal here is to ensure that those that pass the test did so honestly. I wrote the exam on the May 12 which gave me over two weeks to share questions that I remember to others taking the exam later that month. All clinicians must know better than to do this act. The exam is in place to help discern those ready to be BCBAs® and those that are not. Interestingly enough, I often wondered about the advantage given by examination preparation courses. When was supervision and the BCBA® course sequence not enough

to pass the exam? Many of these examination preparation courses have wonderful data to demonstrate their effectiveness and many standardized tests have specific courses to help pass their exam too (e.g. Law School Admission Test, Graduate Record Examination, Test of English as a Foreign Language, etc.).

One of the limitations from insisting on trustworthy testing sites is that international opportunities are limited. The testing site Pearson VUE is used because it is consistent and reliable and the BACB® can be assured that, at these testing sites, cheating is not possible. However, clinicians abroad can't access the same quality of testing site. For example, there is a clinician in Kenya who has a BCBA® on site who would be a more than willing responsible certificant; however, according to a member of the BACB®, the Pearson VUE testing site in Eastern Africa is untrustworthy and cheating would be a concern. This predicament limits the field's dissemination efforts especially if credentialing is only available in some parts of the world.

10.05 Compliance with BACB® Supervision and Coursework Standards

Behavior analysts ensure that coursework (including continuing education events), supervised experience, RBT® training and assessment, and BCaBA® supervision are conducted in accordance with the BACB®'s standards if these activities are intended to comply with BACB® standards.

Explanation

Written by Ann Beirne

A behavior analyst must, as discussed in Chapter 2, maintain a high standard of integrity. Honesty is a value that must be upheld by the responsible behavior analyst. This value permeates the work of the behavior analyst and is the core component of communication in ethical practice.

One of the most important demonstrations of this commitment to honesty is in our association with the BACB® itself. Although the BACB® has some capacity to oversee the provision of coursework, continuing education, and supervision, the mission of the organization itself would preclude intensive oversight over every program, every continuing education offering, or every supervisor. The system as it currently stands allows for audits of documentation and requires that syllabi be submitted to the Association for Behavior Analysis International in order for coursework to be approved. However, the goal of disseminating behavior analysis and increasing the number of qualified behavior analysts worldwide necessitates that oversight be limited if it is to be sustainable. Although there could certainly be consequences for failing to meet such standards, and these consequences could be quite harsh, it is not the responsibility of the BACB® to directly oversee each aspect of the programs which we develop.

Behavior analysts who oversee such endeavors are required to self-manage their adherence to this Code.

Considerations

Written by Ann Beirne

Once you begin the coursework toward your pursuit of certification with the BACB®, there are several steps that need to be taken as supervised fieldwork. The first of these is to establish an account at the BACB® Gateway. Once the account is established, you will be able to receive emails from the BACB®. These may be job offers, requests to participate

in surveys or academic research, announcements of publications, or other information from organization that either seek services from or provide services to behavior analysts.

As required by law, each email will include a link to unsubscribe. However, the BACB® urges certificants and those pursuing certification to consider adjusting their email preferences instead. By logging into their portal, those with a Gateway account can manage their subscriptions to receive only the information that they find relevant and avoid the “noise” of emails that they are not interested in receiving.

Though it may seem simpler to simply unsubscribe, doing so would come at a great cost. Among the emails that offer or request services, those with a Gateway account can also receive the BACB® newsletter. These newsletters often contain crucial information, including changes to standards and regulations, insights as to the challenges of adhering to the Professional and Ethical Compliance Code® and updates from the BACB®’s legal department. The simplest route to maintaining one’s knowledge of upcoming changes, perspectives from the BACB® on current requirements, or practical solutions to common issues faced by BCBA®s is to keep the lines of communication open.

Examples from the Field

Written by Jacob Sadavoy

I have had the pleasure of being an ACE Provider coordinator, VCS coordinator, having co-created an RBT® course sequence, and performing BCBA® supervision. All require considerations to ensure that the BACB® standards are upheld. For example, the RBT® course sequence and continued education units have a temporal component. In order to ensure that we are honoring the stipulated amount of time as per the BACB®, we developed the content on a program that does not allow videos to be fast forwarded. This ensures that the audience (either a BCBA® seeking a CEU or a clinician completing the RBT® course sequence) are engaged in the material for the allotted time.

The reason that this is so important is that ABA practitioners cannot cut corners. We are bound by our ethical code to be professional, truthful, and adhere to the contents within. If we heedlessly and inconsiderately throw together a presentation that does not comply with the regulations set forth by the BACB®, we are not only doing a disservice to the clinician purchasing the training, but we are also setting forth an example of blatant disregard to the ethical code which demeans the science.

10.06 Being Familiar with this Code

Behavior analysts have an obligation to be familiar with this Code, other applicable ethics codes, including, but not limited to, licensure requirements for ethical conduct, and their application to behavior analysts’ work. Lack of awareness or misunderstanding of a conduct standard is not itself a defense to a charge of unethical conduct.

Explanation

Written by Ann Beirne

There are several remarkable aspects to this Code element. One is that this Code addresses the need to familiarize ourselves not only with the BACB’s® ethical requirements, but those of other ethical codes as well. Many behavior analysts have backgrounds in social work, education, psychology, or speech pathology. Each of these fields is overseen by governing bodies as well, and each has their own code of ethics, offering guidance as to the principles,

values, and ethical practice of each profession. The responsible behavior analyst does not ignore such ethical guidance, but incorporate it into the values espoused by the BACB®.

Perhaps the most striking phrase, however, is the phrase, “application to the behavior analyst’s work.” The emphasis here is not on merely knowing the Code, nor even on understanding it, but in its practical application. The Professional and Ethical Compliance Code® is not to be placed on a shelf, but incorporated into our practice. The values and principles illustrated in the Code inform all if the work we do.

Our ethical practice is not simply an academic exercise, but it is integral to our clinical practice.

Considerations

Written by Ann Beirne

As a parent, I often hear this excuse from my own children – “I didn’t know I wasn’t allowed to do it.” Whether the offense is jumping from the top bunk, holding your three-year-old brother upside down, or eating an entire box of cookies half an hour before dinner, ignorance of the rule itself seems, to them at least, a reasonable defense. And there is some logic to this. If they have no way of knowing that such a rule exists, compliance with it would seem to be an unreasonable standard.

In consideration of this Code element, it is paramount that we bear in mind the phrasing here, “*Behavior analysts* have an obligation to be familiar with this Code.” Those who have completed the certification process can reasonably be expected to have familiarity with the professional and Ethical Code. Mastery of this material is required as a part of their coursework and continuing education in ethics is required in order to maintain the certification, which would lend evidence to such an assumption.

For those pursuing certification through the process of *Supervision* or receiving training through *supervision*, assuming knowledge of the Code is not necessarily a reasonable assumption. As behavior analysts, educators, or those who work in human services, we acknowledge that skills must be taught before they can be mastered.

Within the activities of training and supervision, including Supervision of those pursuing certification, learning the Professional and Ethical Compliance Code® should be a goal of the process. Ethical issues should be discussed openly with the objective of the mastery of the Code, rather than expecting mastery before such training begins. The challenges during fieldwork provide many “teachable moments” in the problem-solving necessary in ethical practice.

Allowing a learning curve for those who are beginning their study is not to ignore this Code element, it is simply to be mindful of the purpose of training activities. In supervisory practices, as in all activities, our focus must remain on lasting, meaningful behavior change.

Examples from the Field

Written by Jacob Sadavoy

I always start with a discussion regarding ethics when I start supervising a new supervisee. Since ethics permeates all other task list items, it is important to provide a foundational knowledge right at the beginning and model making ethical connections with subsequent items from the task list as you go through supervision. Many clinicians work with a vulnerable population; this population is reliant on ABA practitioners’ responsibility to follow the ethical guidelines as written.

There will be ethical guidelines for all disciplines that are formally involved with the public health and safety sectors. Being aware of other ethical codes will provide insight as to how other disciplines would handle ethical challenges, anticipate their ethical decision-making, provide a stronger foundation for ethical conduct, and help provide a richer ethical understanding based on the specific applied environment.

It is also important to be aware of the BACB® Newsletter, which may have clarifications or examples about recent developments in ethical practices for ABA practitioners.

10.07 Discouraging Misrepresentation by Non-certified Individuals

Behavior analysts report about non-certified (and, if applicable, non-registered) practitioners to the appropriate state licensing board and to the BACB® if the practitioners are misrepresenting BACB® certification or registration status.

Explanation

Written by Ann Beirne

To refer to oneself as “ABA certified” or, in the most egregious and grammatically confusing example I have heard, “basically an ABA,” is to deceive potential consumers. The importance of preventing this cannot be understated. If those without the proper training and oversight represent our field, the results for consumers can be devastating. Those practitioners must be held accountable and their clients protected from poor quality services.

One situation where this is particularly confusing is in describing the status of someone pursuing certification. As behavior analysts, we are in the habit of promoting a behavior to increase whenever another behavior is targeted for decrease. To that end, there are several alternatives if you are struggling to describe your current status or the status of others who are in pursuit of the certification.

In the September 2008 newsletter, the BACB® clarified the options for those pursuing certification. Although there have been several changes to our ethical requirements since that time, the suggestions are still excellent alternatives.

The terms, “BCBA candidate,” “BCBA eligible,” or “pending BCBA” are categories that do not exist and using such descriptors would unnecessarily confuse consumers. Rather than assign a nonexistent category to the certification, the BACB® suggests a more objective approach. Describing the coursework that you have taken or using the phrase “working toward international certification” is sufficiently thorough to illuminate one’s qualifications without violating this Code element.

It is consistent with our approach to behavior to place our emphasis on more objective and observable phenomena. Our hopes and aspirations to become behavior analysts are not equivalent to the certification itself. We must always focus on what *has* happened, not what *may* happen.

Considerations

Written by Ann Beirne

For those who are pursuing certification, the issue of how to refer to this process can be complex. Many have, and will, mistakenly referred to themselves as “BCBA pending” or other nonexistent categories. Even if we clarify the importance of clarity and avoiding misrepresentation on the first day of supervised field work, we may already be too late to avoid this violation.

In the case of trainees or supervisees, it is imperative that we remember that those who have no training in the Professional and Ethical Compliance Code® cannot be expected to follow it. The difference between an honest mistake and misrepresentation should be acknowledged. In the case of a supervisee or trainee who has mistakenly referred to themselves as “ABA trained,” a simple correction and discussion of the importance of emphasizing behavior rather than aspirations may resolve the issue and prevent it from happening again. Just as we would with any other behavior plan, we can simply observe the effects of this far simpler approach and evaluate from there whether this is successful. This is consistent with Code element 7.02, addressed in a previous chapter, which states,

If an informal resolution appears appropriate, and would not violate any confidentiality rights, behavior analysts attempt to resolve the issue by bringing it to the attention of that individual and documenting their efforts to address the matter. If the matter is not resolved, behavior analysts report the matter to the appropriate authority (e.g., employer, supervisor, regulatory authority).

(BACB, 2016)

If this intervention is not successful, we would be well within our legal, ethical, and moral obligations to report such actions. However, many of our trainees and supervisees need only an opportunity to change their behavior on their own and the information that such change is required. If informal resolution may be more efficient and effective, to leap to reports may be the equivalent of using cannon fire to ring a doorbell.

It is important that we clarify this point to our students or colleagues who are in the process of pursuing certification. Certainly, following this Code would be reward enough. However, it also presents a learning opportunity in the difference between behavior and intention.

Examples from the Field

Written by Jacob Sadavoy

When I wrote the exam, my employer was discussing a new role for me in the organization even though I was still waiting for the results. They were creatively coming up with ways to distinguish me from my colleagues who were not BCBA®s (even though I was not one either). Being ethically sound, I advised them that it was necessary to wait for confirmation that I passed, and using terms like pending or candidate would be misleading and inaccurate. It is worthwhile to note that the BACB® credential are not degrees, so the titles for them cannot be comparable to descriptors for degrees which is why PhD or doctoral candidate is appropriate, but BCBA®-candidate is not. A BCBA® is a BCBA® in all clinical environments everywhere in the world. Any variation of that truth should be disconcerting to clients and unethical.

The Pressing Need for Ethical, Effective Supervision

Written by Noor Syed

The field of behavior analysis is constantly growing. As of September 2018, approximately 29,000 Board Certified Behavior Analysts, 3,000 Board Certified Behavior Analyst Assistants, and 44,000 Registered Behavior Technicians have been credentialed. These statistics do not include licensed behavior analysts per state, many of whom concurrently hold a BCBA® or BCaBA® certification. With the upcoming supervision requirements for BCBA® candidates and recent certificants (i.e. increased supervision hours and mentorship), it is clear that we must continue to refine best practices in supervision.

As we continue to research and improve supervisory methodologies, it becomes less clear how we will ethically continue to provide quality supervision for BCBA[®] hopefuls, BCaBAs[®], RBTs, and now licensure candidates. The need for quality behavior analysts is imperative, as recent statistics released by The Center for Disease Control and Prevention lists the prevalence of Autism Spectrum Disorder in the USA as 1 in 59 children diagnosed yearly, an increase from the previously published findings of 1 in 68 per year. I would argue that many behavior analytic college coursework focuses more intently on basic applied behavior analytic content, with less than optimal time spent on the application of these principles in practice. While it is understandable that we, as faculty, want to help our students gain fluency in the verbal behavior of our science, it becomes highly concerning to leave the cultivation of behavior analytic pedagogy to practice almost solely in the hands of individual supervisors.

It may be insufficient to require only an eight-hour supervisory course and three continuing education supervision credits per recertification cycle to be considered “supervisors,” as these supervisors undertake the responsibility of educating behavior analysts of our future. Due to the increased demand for behavior analysts worldwide, recent certificants are almost always requested to become supervisors immediately upon obtaining their credentials and some may not be ready to take on these responsibilities.

In addition to the above, we are now warring with licensure requirements for behavior analysts that differ by state. Students must decide early in their coursework if they plan to practice in specific states or abroad, as licensure requirements begin to diverge from those of the BACB[®]. Supervisors must become fluent in the BACB[®] and state regulations in hopes to provide supervision that will suffice for both. It should be noted as well that in states such as New York, supervisors may not be compensated for their supervision though the supervision requirements are more restrictive than the BACB[®]. In New York State specifically, two hours per week of individualized supervision must be obtained for a 40-hour work week; the candidate must only receive supervision with individuals medically diagnosed with autism spectrum disorder, and part of supervision must be completed as part of a New York State Education Department-approved program.

I must also mention the increased need for supervisors of Registered Behavior Technicians. While I applaud the BACB[®] for introducing this credential and incentivizing emergent knowledge of applied behavior analysis, the increasing number of RBTs becomes incredibly problematic. How will these RBTs be supervised? If the current trends continue, RBTs will continue to outnumber BCBA[®]s; therefore, BCBA[®]s are now tasked with supervising BCBA[®] candidates, BCaBAs[®] and BCaBA[®] candidates, RBTs, and perhaps licensure candidates, as well. In addition to this, and perhaps most importantly, BCBA[®]s must also provide ethical supervision of their own client programming. As the number of individuals with autism spectrum disorder rises, coupled with other disciplines that utilize ABA, we find ourselves faced with the sheer immensity of a population needing service.

Key Repertoires in the Development of Behavior Analysts

In addition to the development of soft skills, such as interpersonal relationships, it is extremely important to develop behavior analytic repertoires. Below I have highlighted just a few of these repertoires in which our behavior analysts must demonstrate fluency.

Contingency-shaped Behavior

Setting the environment up for successful client behavior change. Behavior analysts should be fluent in better practice ways of environmental manipulation leading to

better outcomes for their clients. For example, a practitioner should understand how to withhold highly preferred items for a learner who is just beginning to engage in manding as well as organize their materials for easy access, enabling immediate delivery of the requested item. Another example may include instructing teachers to post positively phrased rules at student eye level, grouping students by the level of ability per subject, and using behavior-specific praise. Yet another example might include publicly posting the number of days every employee arrived to work on time. While not every behavior analyst will be proficient in all implementations of applied behavior analysis, these strategies should be automatic for those who do claim proficiency with these populations.

Building rapport and developing instructional control. Developing rapport is critical in gaining instructional control with clients. When rapport is developed, the practitioner becomes a conditioned reinforcer, a contingency that functions as an establishing operation for engaging in target behaviors. This, in turn, allows the instructor to gain instructional control (often described as compliance), which ideally should be evoked by an instructional history of pairing with the behavior analyst through positive reinforcement contingencies. In other words, the client learner engages in one-step directions because the behavior has previously been reinforced.

Data collection, graphing, and first-level decision-making. Collecting data contemporaneously and graphing immediately upon the conclusion of the program or session should be automatic for all behavior analysts. With the advent of electronic data collection systems which graph for us, this behavior appears to be slowly declining. Supervisees have reported only collecting data while watching another supervisee or practitioner engage in instruction or coding through videos. This is simply insufficient and does a disservice to the development of behavior analyst candidates. Collecting accurate data while engaging in instruction is an initial behavior analytic cusp and must be obtained before higher order development occurs.

Additionally, BCBA[®] candidates must graph data before ending a session as this allows subsequent practitioners to make informed decisions about instruction. If using an electronic data collection system, graphs must be accessible immediately upon data entry. Candidates should engage in fluent visual analyses and engage in first-level decision-making, defined here as identifying ascending, descending, stable, and variable data trends, making decisions to continue with or change the program accordingly. For example, a teacher collects data on the latency between giving the discriminative stimulus “It’s time for math” to the class in its entirety sitting quietly, feet down, hands on lap or desk, head oriented toward teacher, and math workbook and pencil on desk with the long-term goal of decreasing latency to 30 seconds. In graphing data, the teacher discovers an ascending trend in latency across four consecutive class sessions and makes a first-level decision to change the current intervention. In another example, a high school student is receiving tutoring in science. The tutor observes a steadily decreasing trend in quiz scores across the past four quizzes and decides to change the way he is teaching. A behavior analyst must, at the least, be able to identify when a change in programming is needed.

Verbally Mediated Behavior

Higher order data analysis. In analyzing visual representations of data, behavior analysts should display not only the contingency-shaped behavior of identifying when to continue or discontinue with a current intervention, but also the repertoire to implement interventions and program changes appropriately and as needed.

Verbal Behavior of the Science

Making the science accessible. In addition to fluency in using verbal behavior of the science, engaging in contingency-shaped client instruction, and data analysis through verbally mediated repertoires, a strong responsibility of supervisors should also lie in the dissemination of behavior analysis using colloquial language. Behavior analysts should continually seek to maximize widespread understanding of the effectiveness of behavior analytic science. Having the ability to discuss our practices will lead to increased stakeholder buy-in, which is vital to achieving optimal progress with those whom we serve.

Conclusion

The lack of a strong supervisory curriculum and the overwhelming number of candidates and certificants requiring supervision leave me extremely concerned as to the direction and future of our field. How can we continue to provide ethical supervision when we simply do not have the means to do so? Can we continue to follow our Code of Ethics when we are confronted with an overwhelming number of those in need of quality behavior analytic supervision and services? While I have highlighted here a few key skills behavior analysts must possess, this list is by no means exhaustive. BCBA[®] supervisors must undertake the development of supervision curricula that we then seek to evaluate through systematic investigation. Beyond measuring BCBA[®] exam pass rate, we must also assess outcome for the clients with whom our supervisees work, as well as the development of application of behavior analysis to practice, ability to disseminate our science using colloquial language, and engage in higher order decision-making. We must tackle this dilemma as soon as possible before we inadvertently embark on a path of unethical practices.

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Part 2

Professional Behavior and the Behavior Analyst

Beyond the Code

Written by Ann Beirne



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11 Professional Behavior, Ethical Behavior, and Moral Behavior

In Part 1, we discussed the nature of “goodness” and the many facets which make up what we consider to be “being a good person.” We proposed examining the different facets of “goodness” by envisioning this concept as being multitiered.

There is legality, which involves being a law-abiding citizen and doing the bare minimum required as a member of society to allow for, though not necessarily work to preserve, the rights of others. Legality is the lowest standard of what we refer to here as “goodness.” It would be naive to suggest that legality is not a concern in our professional lives, or that there are not board-certified behavior analysts who engage in illegal activities. On the contrary, violations of the law, which may include fraudulent billing or even abuse, occur far too frequently. We must be ever vigilant to maintain this standard and ensure that others maintain these standards as well.

Then there is ethical behavior, which refers to adherence to the Professional and Ethical Compliance Code[®]. Ethical behavior is not a matter of following one’s conscience, but of following the guidance of a governing body. Though this may appear impersonal at first, it maintains our professional relationships.

To the inexperienced behavior analyst, it may seem that ethical and moral “goodness” would be interchangeable. And certainly, it would seem that if one meets the standard of moral goodness, the ethical standard would take care of itself. However, as discussed in Part 1, ethical and moral standards are not necessarily hierarchical. In our professional practice, our first obligation is to maintain ethically responsible professional relationships. If we fail to maintain adherence to the Ethical and Professional Compliance Code[®], we have failed at both the ethical and moral standards of “goodness.” As suggested in Part 1, one helpful self-management tactic is to ask ourselves, “Is this for me, or is this for the client?” A focus on the moral standard of goodness at the expense of the ethical standard may in fact stoke the behavior analyst’s ego and self-esteem more than it addresses the clients’ needs. Our first obligation is to the client, and their needs must be our top priority.

The occasional conflict between the moral level of goodness and the ethical level can be a bitter pill to swallow for many behavior analysts. This is particularly true for those of us who enter the field through direct service. In this case, the relationships we develop with our clients are our most potent reinforcer. Complicating this further, our ethical obligation to maintain professional relationships is often poorly explained. Many service providers have a story of the supervisor who told them, “You care too much.” Such admonishments often either become a rallying cry against the supervisors or any similar advice or they fall on deaf ears.

In this volume, I encourage behavior analysts to care. Caring is *good*. Caring is *helpful*. The problem is *not* caring too much. The problem is that “caring” often becomes more about the relationship and its inherent reinforcement than it is about the client’s

long-term benefit. It is helpful and appropriate for our emotional investment to inform our work. However, we cannot allow our emotional investment to *overwhelm* the work that we do.

Among the descriptions of behavior as “ethical” and “moral,” behavior analysts are also required to engage in *professional* behavior. Though definitions of ethical and moral behavior come with their own set of challenges, defining professional behavior is often the most similar to nailing jelly to the wall. Often, we are forced to rely on personal judgments without having a clear idea as to what “professional” means. It is often defined as Supreme Court Justice Potter Stewart once described pornography, “I shall not today attempt further to define the kinds of material I understand to be embraced within that shorthand description, and perhaps I could never succeed in intelligibly doing so. But I know it when I see it,” (Stewart, 1964).

In this introductory chapter, we will attempt to gain more specificity toward a definition of “professional” behavior by examining the responsibilities of the behavior analyst in each of the most common roles we may fulfill. We will also address some of the challenges inherent with developing this specificity.

Corporate Culture and the Behavior Analyst

As behavior analysts, particularly those who ascribe to a radical behaviorist approach, we believe that all behavior can be analyzed in terms of controlling variables in history and biology. Such a philosophical stance is not restricted to the behavior of our clients, but it permeates all of our interactions. Behavior analysts also understand culture in terms of these controlling variables. Sigrid Glenn in 1988 described culture using the term, “interlocking behavioral contingency” (Glenn, 1988). The behavior of new members of a group is shaped by current members of a given culture. Individual behavior, in other words, is affected by the behavior of others in any environment.

When we adopt this definition of culture, it liberates our thinking by allowing us to shake off the restrictions of discussion of culture in a strictly nationalistic or ethnic framework. Culture can be adopted by any group. When we refer to “corporate culture,” this definition of culture is an essential one to bear in mind. No culture exists in a vacuum and each member of a culture is shaped by the behavior of others. Every corporate culture is created by the *people* within that corporate entity. The behavior shapes the behavior of others.

As an organization which implements international training, the staff of the Global Autism Project have often encountered challenges to our own ideas of the “right” approach to problems. Our ideas of “right” and “wrong” are often informed, or perhaps even determined, by our own biases. The same is true of our concepts of “professional” and “unprofessional.” There is actually considerable room for interpretation in these labels, and whether or not a given behavior meets the criterion for what we would consider “professional” is, to some extent, determined by the professional environment as much as by the Professional and Ethical Compliance Code[®] or by the behavior itself.

Professionalism as Competence

The importance of competency-based training for supervisees, trainees and employees cannot be overemphasized. One of the repeated themes in the Professional and Ethical Compliance Code[®] is the necessity of ensuring that the behavior analyst establishes competence before allowing ourselves or those under our supervision to perform tasks or implement procedures which require oversight. Code elements 1.02 and 5.03 address this concern directly, but the importance of maintaining competence is repeated throughout the Code.

Within the Task Lists we are also required to utilize competency-based assessment in the evaluation of staff performance. Competency in behavioral circles is not the vague, ambiguous descriptor within our practice that it often is when used colloquially. Rather, it refers to *specific* behavior and performance on *specific* tasks.

Professionalism, therefore, should be objectively defined based on the behaviors expected in a particular environment. These behaviors should be directly related to task performance and the efficient completion of responsibilities.

Ethical, Professional, and Uncomfortable

There are behaviors that would be considered unethical – those which violate some aspect of the Professional and Ethical Compliance Code®, and there are those which would be considered unprofessional. Ideally, these behaviors would be addressed in company policies and documented in employee handbooks or other literature for starting employees.

However, some of these may go unspoken, unwritten, and assumed by members of a given corporate culture. And these may not be reflections of unprofessional behavior at all, but rather behavior or aspects of the culture that simply rub an individual the wrong way. The behavior of the individual is not necessarily in question, but the reaction of the community.

In order to create a more objective definition of professionalism, it is necessary to look at this class of behaviors in the same way that we look at any behavior – through the lens of what is *applied*. “Applied” in terms of the dimensions of behavior analysis refers to the social significance (Baer, Wolf, & Risley, 1968). Such determination is dependent on context. What is socially significant in one environment may not be socially significant in another. The essential question to ask in this case is, “Does this interfere with the performance of professional tasks?”

In some cases, what makes us slightly (or perhaps more than slightly) uncomfortable may not be a reflection of ethics but of a poor fit with the culture. Below are a few examples, though this is by no means an exhaustive list.

Body Art

Tattoos or other body modifications, such as facial or body piercings, may not fit in with every professional environment or corporate culture. However, these are becoming more commonplace in the current workforce. According to a 2012 Harris poll, 21% of adults in the USA report having at least one tattoo (Braverman, 2012). Having attended many conferences over the years, I can also personally attest that several of these are behavior analysts, including myself. There may be many reasons that people have such body modifications, both religious and personal, but the presence of body art alone is no longer the cultural indication of rebelliousness that it once was.

It may, however, lead to problems when seeking employment or being comfortable in a work environment. Organizations which are predominantly religious may take issue with modifications for this reason, even if they provide services for children of all religious backgrounds and are equal opportunity employers. In addition, there are other considerations which are worthy of note:

Safety. For those practitioners working in direct service, it is best to be prepared for any eventuality. Those piercings which might be grabbed should be dutifully covered to prevent injury. Any recent piercings should be protected from infection.

Placement. A tattoo’s placement often determines to some extent its level of appropriateness within a given work environment. Tattoos on the arms, legs, or torso often go

unnoticed or tend to be deemed acceptable given the overall acceptance of body art within many fields. Tattoos on the face, neck, or head are more difficult to overlook or justify.

Content. It is difficult to make an argument that body art is a form of self-expression and should therefore be tolerated if this self-expression is offensive. If you are attempting to show someone who you are, be aware of the possibility that they will receive this message. If such art contains material that is violent or sexual in nature, including images of nudity, it is best covered up, especially when working with young children.

Dress

“Appropriate dress” is another description that may vary, and is often in the eyes of the beholder. The context is appropriate here. What is considered “appropriate” is often determined by the responsibilities of the job rather than by universal rules. There are, however, certain considerations to bear in mind.

Neatness. It is said that you never get a second chance to make a first impression. Neatness of attire indicates a level of attentiveness, which is often necessary in making that first impression. Working with young children, I have often found that neatness is a fleeting state, often replaced by crayon marks, applesauce, and even on one occasion a full handprint of spaghetti sauce. However, a reasonable effort should be made to present such attentiveness and caring.

Formality. Among nurses and teachers, jobs with more administrative responsibilities are sometimes referred to as “pumps and pearls.” This is precisely because such clothing may be appropriate only for office environments, where little fingers are less likely to break a string of pearls, and maneuvering around playground equipment is not a consideration. “Appropriate dress” for a behavior analyst, however, must be determined by the job responsibilities themselves as well as the general work culture.

Distraction. We cannot work effectively if we are continually readjusting straps or having difficulty finding a modest way to sit in a skirt or tight pants. Clothing in the workplace should allow us to do our work comfortably and without distraction. It is necessary here to define what is meant by the word “distraction” in this context. The reason we must be mindful of the fit and comfort of our clothing is that it may be distracting *to the person wearing it*. Tight fitting clothes are inappropriate because it may cause discomfort or necessitate continual adjusting throughout the day. Clothing with excessive cleavage will also require continued readjustment and ultimately interfere with the often-physical work of direct service. Distractibility *to those observing the clothes* is the responsibility of the observers. There is no style of dress that provides an adequate excuse for aggressive behavior or sexual harassment.

Cultural considerations. Although an appropriate level of dress should ultimately be decided by the judgment of the person wearing it, cultural considerations must also be kept in mind. In an environment where modesty is the cultural standard, some adjustments to one’s own personal style can and should be made. It is important to dress in a manner that would not cause offense, as this could damage the professional relationship. In the Global Autism Project’s travels to Saudi Arabia, for example, it is expected that the women will cover their hair as expected in that culture.

Grooming

Grooming is a deeply personal and surprisingly loaded topic. Styles of grooming which compromise vision or interfere with safety (e.g. longer hairstyles when working with young children with a history of hairpulling) should certainly be avoided. Beyond

this, there are certain grooming behaviors that are often considered “unprofessional,” often with little justification for the characterization. There are very few situations in which grooming may impact the ability to perform professional responsibilities. Many of these characterizations of “unprofessionalism” can in fact be problematic and even discriminatory.

Natural hair texture. Natural hair, particularly among black women, can often be accompanied by biases under the guise of a focus on “grooming.” In a study developed by the Perception Institute, biases in the definition of “good hair” were examined. In this study, white women were likely to show explicit bias against black women’s natural hair, deeming it less professional (Johnson et al., 2017). Such bias, despite its irrelevance to professionalism, can also lead to discrimination. There is nothing about natural textured hair that precludes the responsible execution of the professional responsibilities of the behavior analyst.

Facial hair. For those few workplaces have guidelines as to the proper grooming of facial hair, it is important to be aware of reasonable accommodations. There may be religious or cultural practices that influence the personal choice involved in grooming practices. Dreadlocks, sidelocks, or uncut beards may be a part of religious or cultural practices and should be afforded accommodation.

Hair color. The selection of hair color, unlike some other aspects of grooming, are a purely personal decision. While naturally textured hair or the facial hair characteristic of certain religions may lead to discrimination against a legally protected class, personal appearance is not protected under law. Many direct service providers “light it up blue” during Autism Acceptance month by dying their hair, and it is not unusual to see a veritable rainbow of hair colors at any professional event.

Pets

During my time at the Global Autism Project, we were fortunate to have several long-standing employees, some of whom had been with us since the beginning. One such employee is Jade, the official dog of the Global Autism Project.

Though this may seem like an odd example of conflict that is neither unethical nor necessarily unprofessional, it has come up in other environments and even led to some complaints to the Behavior Analyst Certification Board® questioning the ethics of various four-legged officemates. Pets can be part of an office environment and may be a welcome addition to a classroom for young children. Such animal companions do not necessarily interfere with the execution of professional duties. In some cases, animals may be a necessary accommodation for individuals with disabilities.

Many environments, of course, frown on creating such a pet-friendly environment, and such practices are not the norm. There are certainly factors, including allergies to certain types of pets, which may prohibit a pet-friendly work environment. However, individual preferences, comfort, or even such medical concerns are not an indication of ethics or professionalism. They are an indication of personal comfort and nothing more.

Concluding Thoughts

On a recent trip to an art museum with my son’s third grade class, one of his classmates asked me why there were so many nudes in the collection of Ancient Greek statues. “It’s inappropriate,” she said. Searching for an explanation, I replied, “Well, it’s appropriate for the museum, but you shouldn’t draw that in your homework notebook.”

In our professional behavior as well, context is a deciding factor in determining “appropriateness.” What works for one environment may not work for another. It may be helpful to understand what the conflict is that drives a particular issue – ethics, professionalism, or perhaps neither. There are many possible solutions to any conflict, including either changing our own behavior or changing the environment.

There are as many ways to be a behavior analyst as there are behavior analysts. Not every environment is suitable for every person. A job is not the same as a career and you may find that there are certain jobs within this career that may not be a perfect fit.

Though the field has some work to do in its effort to embrace diversity, there is great diversity in terms of skill sets, personality, and what we might refer to as “bedside manner.” The advice that I give to supervisees is this: “Be yourself, because whoever that is, there will be an environment that needs exactly that.”

In the following chapters, we will offer suggestions as to the professional behavioral expectation of the behavior analyst. We will explore the responsibilities of behavior analysts within several different roles they may play. In each chapter, as in the previous section, we will also offer some insight into the special considerations within these roles through the insights of those with expertise in the challenges of each of these roles. As in Part 1 of this volume, their perspective may be different than yours, or even ours. But, again, there is no one expert with all of the answers. Our hope is to help you to ask better questions.

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12 The Behavior Analyst as a Service Provider

Merrill Winston

My own career in human services had a bit of a serendipitous start. Like many behavior analysts, I came to the field by beginning in direct service. As a high school student, I was convinced that I would go to college and study musical theatre, until I volunteered at a special education preschool in my senior year. That summer I was looking for a summer job and happened across a summer camp for children with special needs. After that, I never looked back. My priorities shifted, though I continued performing for many years. Special education became my new passion.

As the first of five siblings, I had enough experience with children to be considered “good with kids.” Additionally, I had a strong history of reinforcement associated with reading and diving into topics that interested me. If we are to define “nerd” as one whose enthusiasm for a topic leads them to dive deeply into all available on their chosen passion, then I have been a nerd on many topics. Autism spectrum disorder and its treatment became one of them. I became a voracious reader of anything related to autism that I could find. In fact, in my college days, I was referred to as “the 24-hour autism channel,” a characterization that was neither intended for my ears nor intended as a compliment. I have chosen, however, to treat it as one.

In my first position as a teacher in a self-contained special education classroom, however, I soon found that the advantages of a bit of talent and a strong history of reinforcement for the response class of nerdiness could only take me so far. I did not have a clear understanding of what I was supposed to do or why, and I experienced the frustration of desperately trying to do what could not be communicated to me.

Rather than running in circles, it would have been more helpful to have a sense of what the responsibilities were – a clear task analysis of the expectations. In this chapter, we will review the role of behavior analyst as direct service provider and we hope to bring clarity to what high-quality services may look like.

What We Do: A Behavioral Description

Written by Ann Beirne

A session in a clinic or home setting, particularly for young children, should look a great deal like playing. The clinician may sit on the floor with the child and engage them in activities that they enjoy. There should be smiling, noise, and, ideally, laughter. For the untrained eye, it may be difficult to discern precisely what, if anything, the clinician is actually teaching.

However, like the swan on the surface of the water, the elegance of what can be seen above the surface may mask the paddling that goes on underneath. A skilled clinician must be engaged in a number of behaviors at all times. There is indeed a great deal of

teaching taking place. Whether our background is in education, psychology, social work, speech pathology, or any of the other human services professions, each of us is engaged in supporting learning, defined within our field as a durable change in behavior. If the client is learning, we are indeed teaching.

The Fourth and Fifth Edition Task Lists offer some guidance on how we can provide high-quality teaching. In a similar fashion to the Professional and Ethical Compliance Code[®], it is a document written by and for behavior analysts. As is our habit in our clinical practice, it is written with an eye toward the *behaviors* that are expected. In this chapter, we will review the relevant tasks within the Fourth and Fifth Edition Task Lists and discuss how each of these relates to the responsibilities of the behavior analyst as a direct service provider.

The task analysis of what is entailed in high-quality therapy can be remembered using the mnemonic “an *APPLE* for the teacher.” Teaching involves the following steps: Assess, Prioritize, Plan, Look, and Edit.

Assess

I often say that a skilled and ethical clinician must begin by meeting a client where they are. This, certainly, refers to acceptance of the client as a person worthy of dignity and respect regardless of their level of independence or ability to communicate. However, in the promotion of lasting meaningful behavior change, it also means having a clear idea of “where they are” actually is.

Fourth Edition Task List: G-03 “Conduct a preliminary assessment of the client in order to identify the referral problem”

Fifth Edition Task List: F-4 “Conduct assessments of relevant skill strengths and deficits.”

Those of us who provide services often begin working with clients after a need has been established by another entity. This may be a doctor or independent evaluator with a background in education or developmental psychology. This may or may not include a medical diagnosis, but is likely to diagnose at least a general problem that must be addressed.

As mentioned in Part 1, some caution should be exercised in the overemphasis upon a specific diagnosis or on the description of applied behavior analysis programs as “a treatment for autism spectrum disorder.” There are several reasons that such a description is problematic. The following is by no means an exhaustive list of these reasons, though they are some of the most relevant from this discussion:

Applied behavior analysis is a science, not a treatment. Applied behavior analysis, according to the definition provided in the text *Applied Behavior Analysis* by Cooper, Heron, and Heward (2007), can be described as the science in which procedures that are derived from the principles of behavior as demonstrated scientifically are applied in order to improve socially significant behavior to a meaningful degree. Experimental analysis is then completed in order to demonstrate a functional relation between the procedure implemented and the improvement in behavior (Cooper et al., 2007). There is nothing within this definition that restricts the potential impact of the science to the treatment of any one disorder. The science itself, in fact, can potentially expand to any human (or even nonhuman) behavior.

Autism spectrum disorder is behaviorally defined. The Diagnostic and Statistical Manual V defines autism spectrum disorder as a developmental disorder marked by deficits in social-emotional reciprocity, including joint attention and understanding of body language, communication, including speech and language development, and the ability

to create and sustain social relationships. Autism spectrum disorder is not diagnosed medically, through blood tests or other lab works. Rather, it is diagnosed through observation of behavioral deficits and behavioral excesses, which may manifest differently for different clients.

Autism, in and of itself, does not require treatment. Many of us who work with individuals with autism could be described as “neurotypical” or “allistic,” meaning that we do not meet the diagnostic criteria, or do not identify as an individual with autism. It is important to acknowledge that we must address the specific issues of the individual client, not an issue with their diagnosis.

Behavior analysts treat behaviors, not diagnoses and not people. It has often been said, “If you’ve met one child with autism, you’ve met one child with autism.” The diagnostic criteria for autism spectrum disorder are sufficiently broad that an “one size fits all” approach would not be appropriate.

Fourth Edition Task List: G-01 “Review records and available data at the outset of the case.”

Fifth Edition Task List F-1: Review records and available data (e.g. educational, medical, historical) at the outset of the case.

It is essential that we consider all data when performing assessments or developing behavior-change programs. This being said, not all information that we are provided is of equal quality, and we are often faced with the choice of accepting information at face value or ignoring it entirely.

There is, however, another option. Data is essentially a more academic term meaning “information” and, while the information we are given may appear at first glance to be worthless, it may indeed be redeemable. Behaviors that are reported in one setting and not under other conditions may not be absent, but require further teaching to bring them under stimulus control, for example. The information provided may be different than intended, but its value is still notable.

Fourth Edition Task List G-02: Consider biological/medical variables that may be affecting the client.

Fifth Edition Task List F-1: Review records and available data (e.g. educational, medical, historical) at the outset of the case.

In Part 1, we discussed the responsibilities of the behavior analyst to seek our medical consultation when appropriate (BACB, 2014). This becomes both more complex and more necessary when medical issues, such as pain or fatigue, affect behavior. Even in cases where the behavior may have specific antecedents, there may be underlying medical or biological issues, which can exacerbate maladaptive or dangerous behavior. If treatment focuses exclusively on these antecedents or on the behavior itself, without addressing the mitigating factors that affect an individual’s response, the impact will clearly be limited. Even the best behavioral program would be limited in scope if it fails to address these factors. It is natural, however, for behavior analysts to follow their training in the focus on observable measurable behavior. However, it is essential that we remember that the term “measurable” is not restricted to what the behavior analyst generally measures, but rather expansive to what can be measured by *any* instrument. Too often, behavior analysts limit their client’s right to effective treatment to only that treatment that we ourselves can provide. Following the Law of the Instrument (Maslow, 1966), it is perhaps tempting to view everything as a possible nail when one’s skill set is limited to the use of a hammer.

There are examples within the literature of a departure from the habit of viewing all behavior through the lens of what can be observed with the naked eye. In their study of the setting events of biological phenomena, Carr, Smith, Giacini, Whelan, and Pancari (2003) identified an increase in aggression and self-injury in women with developmental disabilities when they experienced pain during menstruation. Though the behavior also

occurred at high rates in response to task demands, using a multicomponent strategy that addressed the biological needs as well formed a more effective strategy (Carr et al., 2003).

Fourth Edition Task List I-01: Define behavior in observable and measurable terms.

Fifth Edition Task List C-1: Establish operational definitions of behavior.

Equating behavior with character is a habit that is incredibly difficult to break for many students of behavior analysis. It is important to acknowledge here that behavior does not occur in a vacuum and that all behaviors have an effect on the environment. Such effects may include a number of things, but among them is the possibility that the behavior will be annoying or offensive.

Particularly in the case of behavior that should be targeted for decrease, the risk is that behavior will be described by its effect on the environment rather than its observable and measurable characteristics. Describing behavior as “naughty” or “stubborn” are examples of interpreting behavior rather than defining it. Behavior itself is not “naughty” or “stubborn” without context. Screaming “no” may be considered naughty when being asked to clean up toys, but would it be interpreted the same way in response to watching someone about to accidentally ingest poison? Refusing to answer a question may be interpreted as “stubborn,” but if the questions were extremely personal and asked by a stranger, this interpretation becomes less likely.

In defining behavior, the language that we use becomes crucially important. Being precise in our phrasing can avoid confusion and allow us to more closely adhere to the intention of this task list item.

Given that behavior is defined as anything that an organism *does*, our first effort at precision in our language should focus on this requirement. Behavior cannot be defined in descriptive terms, such as “stubborn” or “naughty.” Adjectives of any kind describe the person and do not define the behavior itself. Behavior must be described in *action words*. If it is not something that can be done, it is not a behavior. Behaviors can only be verbs.

In addition to defining behavior by using verbs, we would also define the presence of behavior rather than its absence. Definitions of behavior must focus on what an individual does rather than what they do not do. A behavior may be targeted for increase or decrease, but it is its presence rather than its absence that must be observed with this goal in mind. Appropriate behavior-analytic goals may include a 50% reduction in self-injurious biting, but this can only be detected by looking at occurrences of biting, rather than “not biting.”

Fourth Edition Task List I-02: Define environmental variables in observable and measurable terms.

Just as we must focus on what can be directly observed when describing behavior, we must also maintain this standard when describing environmental conditions.

It is necessary here to review how behavior analysts define “environment.” Behavior cannot occur in a vacuum. In behavioral philosophy, environmental conditions are essential to our analysis of behavior. “Environment” in this case might be considered synonymous with “context.” Cooper et al. (2007) describe environment as “the conglomerate of real circumstances in which the organism or referenced part of the organism of the organism exists.” Despite the clarity of this definition, I have often encountered many clinicians who engage in “natural environment teaching” by simulating the same tasks performed in more intensive teaching, but doing so on the floor rather than in a chair. “Environment” in the context of behavior analysis does not refer to a place but to a set of circumstances. These circumstances must be described in ways that can be easily understood and identified by an outside observer. Context must be objectively measured.

When describing the environmental conditions, we are often addressing the antecedent conditions. Those phenomena which occur before the behavior occurs also require objective observation. Again, precision in our language is essential. Any phrasing that

describes what cannot be directly observed should be avoided. Phrases such as “when the client is sad” or “when frustrated” cannot be objectively observed and would therefore be inadequate descriptions.

Our descriptions of these conditions must focus on two elements: the actions of the client and the actions of others. While “feeling sad” cannot be observed, crying or protests can be observed. While “disappointment” cannot be observed, the circumstances likely to induce disappointment, such as being denied a preferred item, can be observed. While “frustration” cannot be observed, a situation that may induce frustration, such as a peer’s attempt to take their toy, can be observed. Describing those conditions as an observer may witness them increasing clarity and objectivity, which directly increases our ability to be effective.

Fourth Edition Task List I-03: Design and implement individualized behavioral assessment procedures.

Fifth Edition Task List F-4: Conduct assessments of relevant skill strengths and deficits.

Part of our assessment procedures includes assessing those behaviors which are currently in the individual’s repertoire. The focus of behavioral assessment is *what* an individual does and the rationale behind performing such an assessment is to determine the extent of behavioral deficits – what should an individual be able to do, and what skills must be taught in order for individuals to function independently.

There are several choices when it comes to behavioral assessments and several factors that must be considered when selecting the best assessment for a given situation. Certainly the requirements of any funding source (educational agencies as well as insurance companies) must be taken into consideration.

In addition, the characteristics of the assessments tools themselves must be considered. The target age range should be a good fit with the age of the client and areas targeted by the assessment should be relevant to the client. The assessor must have the required training and qualifications. Popularity of a given assessment is of little practical value if the assessment results do not allow for a clear path forward to be developed.

Working in international environments, these guidelines can become somewhat problematic. Although behavior analysts rely upon scientifically validated techniques and advocate the use of evidence-based practice, the vast majority of this evidence originates from the USA. Many of the criterion referenced assessments commonly used have not been assessed for validity in other countries or validated in Czech or Bahasa Indonesia. Even within the USA, some assessment items may not reflect the values of the audience. Items that ask, for example, if a young child is able to walk to a destination alone may elicit more incredulous looks than affirmative answers.

Behavior analysts must not only use behavioral assessments, but must also be committed to doing so responsibly. It is essential to remember the rationale behind these assessments in order to fulfill this responsibility. An assessment is a picture of the client’s current level of progress. We must ensure that such a picture accurately reflects the client’s abilities and that this picture is reflective of the value that the client’s culture places on the behaviors assessed.

Fourth Edition Task List I-04: Design and implement the full range of functional assessment procedures.

Fifth Edition Task List F-7/F-8: Conduct a descriptive assessment of problem behavior/ Conduct a functional analysis of problem behavior/ Interpret functional assessment data.

A behavioral assessment focuses on *what* the individual does, or what behaviors the individual can be reasonably expected to do. A functional assessment, however, focuses on *why* an individual engages in behavior.

The underlying assumption of a functional analysis is that all behavior is maintained by reinforcement, and therefore, all behaviors that persist must be reinforced. At its core, a functional assessment is an acknowledgement of the scientific assumption of determinism, which Cooper et al. (2007) define as the assumptions that the universe is lawful and orderly, with all phenomena occurring as a result of other events. There is no behavior that occurs “for no reason.” Rather, all behavior occurs for some reason, even if it is one we have yet to figure out.

In the Guidelines for Responsible Conduct, the document which described our ethical obligations before the development of the Professional and Ethical Compliance Code®, functional assessment was described as “a variety of information gathering activities” (BACB, 2014). Although the Professional and Ethical Compliance Code® is often acknowledged as an improvement upon the Guidelines, particularly since it is a more enforceable document, I do lament the loss of this phrasing. Functional assessment is essentially an investigative exercise, the goal of which is to determine the reinforcers maintaining behavior. Though there have been several behavior analysts who have developed specific protocols toward that end, functional assessment is far more than simply a bag of tricks or any one specific procedure.

One of these possible “information gathering activities” is descriptive analysis (Atwater & Morris, 1988). In this method, the behavior analyst observes and analyzes the natural conditions under which the target behavior occurs. This naturalistic observation includes collecting detailed information about the behavior as it occurs in the current environment, as well as detailed information regarding the antecedents and consequent conditions. The goal of a descriptive analysis is to identify those factors which affect the behavior, and it is often possible to develop a hypothesis regarding putative reinforcers from naturalistic observations, questionnaires, and interviews with those in the environment.

In those instances when a descriptive analysis does not provide enough information to determine function, other protocols have been developed that can provide the information needed if a hypothesis remains elusive. In their seminal article, Iwata, Dorsey, Slifer, Bauman, and Richman (1994) proposed a scientific approach to determining likely reinforcers that maintain dangerous or otherwise problematic behavior. In this functional analysis procedure, possible reinforcers within several general categories are tested in an alternating treatments design (Iwata et al., 1994). The motivating operations which control the effectiveness of these reinforcers are simulated in each condition (Iwata et al., 1994). When a confederate appears distracted or otherwise occupied, self-injury is met with contingent attention in the form of social disapproval (Iwata et al., 1994). When a boring or difficult task is presented, self-injurious responses are met with the removal of task demands (Iwata et al., 1994). An experimental condition with limited stimulation was also presented, in order to assess the effects of self-reinforcement through the act of self-injury (Iwata et al., 1994). A condition in which the subjects were allowed noncontingent access to play materials and attention was also presented to serve as a control for other variables (Iwata et al., 1994).

Often students of behavior analysis will grumble that the experimental conditions do not account for the variety of potential reinforcers, and that the list of commonly assessed reinforcers is not sufficient to allow for preferences within those categories. This point is well taken, and raises an interesting consideration in the evaluation of functional analysis as a tool for assessing behavior.

The essential point to remember about functional assessment and functional analysis specifically is that the protocol originated by Iwata et al. (1994) is not, and never was, intended to be a universally applied prescription or a definitive or exhaustive list of the

controlling variables of behavior. In the 30 years since Iwata et al.'s article was published, many more studies have expanded the procedures employed by the original researchers (Beavers, Iwata, & Lerman, 2013). Common modifications may include the addition of a tangible condition (Beavers et al., 2013), but the conditions may also be modified based on descriptive data and include suspected reinforcers unaccounted for in the original study (Hagopian, Rooker, Jessel, & DeLeon, 2013).

A functional assessment procedure can, and should, allow for a more straightforward interpretation of the controlling variables in order to facilitate the development of a hypothesis of the behavior's function. The goal is to develop an accurate and relevant picture of the target behavior and its controlling variables. As is the case with behavioral assessment, the relevance of the information to be gained should take precedence over any of the trappings of the procedures or methods themselves. Applied behavior analysis does not describe a treatment, treatment package, or set of procedures. Rather, it is the science from which such procedures are developed.

Prioritize

The power of the science of behavior to construct and support lasting meaningful behavior change cannot be overstated. Applied behavior analysis can, and has, be used to teach and maintain many behaviors of significance to clients. It has also, sadly, been used to teach behaviors that, with the benefit of hindsight and a greater knowledge of our responsibility to vulnerable populations, have been used in ways that were potentially harmful. The procedures developed from this science are a tool that can be used for in ways that are good, bad, or neutral.

I will often encourage supervisees to demonstrate caution when selecting target behaviors. Using the techniques developed from the science of behavior, we can teach anything. However, the fact that we *could* teach *anything* should not be confused with the idea that we *should* teach *everything*. The behaviors that are increased in a behavior-analytic program must be relevant and socially significant to the client, rather than those behaviors that are taught due to our own preferences. Those behaviors which are targeted for decrease must be barriers to the client's successful accomplishment of their own goals rather than those which reflect our own values and inclinations, or those taught for our own convenience.

When determining the appropriateness of goals in a behavior-analytic program, a behavior analyst must be ever cognizant that the word "applied" comes before the words "behavior analysis." Our emphasis on socially significant behavior must not be an afterthought, but the cornerstone of our programming.

Fourth Edition Task List J-02: Identify potential interventions based on assessment results and the best available scientific evidence.

Fifth Edition Task List H-2: Identify potential interventions based on assessment results and the best available scientific evidence.

Within this task list item, there are two points of emphasis: assessment results and scientific evidence. It would be fitting in examination of this obligation to consider the dimensions of behavior analysis as described by Baer, Wolf, and Risley (1968). A behavior-analytic program must be applied, behavioral, analytic, conceptually systematic, technological, effective, and promote generalization (Baer et al., 1968). For the purposes of this task list item, the focus is on two of these dimensions. A program that is *conceptually systematic* follows scientific evidence, and one that is *applied* reflects assessment results.

There is a common description of applied behavior analysis as "the only evidence-based intervention for individuals with autism" that I have found somewhat problematic. While it may be a shorthand description of our commitment to evidence-based practice, but

there is a misplacement of emphasis in referring to a science – something that one can *understand* – as an intervention – something that one *does*.

When I have been asked, “Are there any other evidence-based methods?” I have had to respond “yes and no.” There are several evidence-based practices identified in reviews of the literature (Wong et al., 2015). Many of these techniques are integral components of applied behavior analysis programs, including task analysis, prompting, modeling, and reinforcement (Wong et al., 2015). Other techniques, such as social skills training or visual supports, are implemented as needed for individual clients (Wong et al., 2015). Among these evidence-based practices, “applied behavior analysis” is not listed, though the techniques that are frequently the elements of a behavior-analytic program are (Wong et al., 2015).

There are those that believe the overlap between the techniques commonly used in behavior analysis to be a reflection of bias toward applied behavior analysis. However, this overlap is not because of a lack of evidence for specific treatments or because clinicians and researchers have stopped looking for further evidence or future innovations in treatment. Rather, it is because applied behavior analysis follows the evidence rather than leading it. Over the past several decades, many techniques have been added to the body of evidence-based practices and to the repertoire of many behavior analysts. As evidence grows in support of specific procedures, behavior analysts implement them and add these procedures to their repertoire of practices.

Because those who practice applied behavior analysis recommend and implement only those procedures that have sufficient scientific support, applied behavior analysis will remain evidence based. Because behavior analysts follow the evidence rather than leading it, a behavior-analytic program looks very different than it did 20 years ago and it will likely look very different 20 years from now. As the evidence grows and evolves, so does the practice and the volume of behavioral technologies.

In addition to being conceptually systematic, a behavioral program must be *applied*. Applied refers to the social significance of the goals in question. Are these behaviors that we hope to support the client to increase or decrease behaviors of significance? What is the rationale for teaching this behavior to the client, and what would be the impact for the family, and for the greater community? Are the skills we endeavor to teach the skills that are needed and identified by the assessments performed?

Programming goals must reflect the strengths and needs of the individual client and the methods used to attain these goals must reflect the best practices of the science of behavior analysis.

Fourth Edition Task List J-03: Select intervention strategies based on task analysis.

Fifth Edition Task List H-3: Recommend intervention goals and strategies based on such factors as client preferences, supporting environments, *risks*, *constraints*, and social validity.

In teaching skills, it is crucial that behavior analysts use “the right tool for job.” The procedures implemented must be a good match not only for the client’s identified needs and the current body of research, but also for the task itself.

A behavior chain, though often described as the procedure used for teaching behaviors which have many component steps, has a different definition according to Cooper et al. (2007). A behavior chain is defined as an arrangement of responses in which each behavior within the series signals the response that is to follow and reinforces the behavior that precedes it (Cooper et al., 2007). As each step is completed, this completion reinforces the response and results in a signal of the next task to be performed.

Essentially, a procedure that builds behavior should focus on the goal of creating behavior chains. The goal of a program should be to build the level of fluency where each component flows seamlessly to the next. It is this emphasis on fluency that should be a deciding factor in the selection of teaching procedures.

Fourth Edition Task List J-04: Select intervention strategies based on client preferences.

Fifth Edition Task List H-3: Recommend intervention goals and strategies based on such factors as *client preferences*, supporting environments, risks, constraints, and social validity.

These task list items refer to what is considered “applied.” The social significance of goals must always be the cornerstone of our programming. Goals must be considered socially significant, a distinction that is often considered subjective. In Wolf’s 1978 article, “Social validity: the case for subjective measurement or how applied behavior analysis is finding its heart,” the author describes the importance of social validity. Whether or not a target behavior is applied is determined by the client and those in the client’s environment rather than by outside forces.

Fourth Edition Task List J-05: Select intervention strategies based on the client’s current repertoires.

Fifth Edition Task List H-3: Recommend intervention goals and strategies based on such factors as client preferences, supporting environments, risks, *constraints*, and social validity.

A responsible behavior analyst must develop programming based on the client’s current repertoires. Programming must address whether the client has demonstrated the prerequisite skills necessary for identified targets. If these prerequisite skills are currently in place, the client may indeed be ready for more advanced skills and new responses can be taught. Prerequisite skills, as identified in skill assessments, must lay the foundation for later skill development.

The limitations of a client’s current repertoire must be considered in the design of behavioral programming. While these limitations are malleable and constantly evolving, either through intervention or maturation, they must be adequately addressed.

There is, however, another important consideration in the assessment of a client’s current behavioral repertoire: the importance of including programs that address a client’s strengths rather than an exclusive focus on behavioral deficits. One of the benefits of the behavioral assessment process is identifying not only the needs or behavioral deficits, but also the clients’ strengths. In their 2010 article, Bellini and McConnell make the case for programming that is based on client strengths. In their study of video self-modeling, Bellini and McConnell (2010) demonstrated an effective and strength-based intervention, hypothesizing that such interventions could positively impact overall growth and development, particularly for youth diagnosed with autism spectrum disorder. In this meta-analysis of video self-modeling approaches, an approach that portrayed these clients as capable of performing difficult tasks independently resulted in increased attention to task and improved performance. Improvement in their own assessment of competency was also noted.

There is nothing incompatible with applied behavior analysis programming and strength-based programming. Indeed, as a science focused on behavior – what an organism *does* – we should be far more concerned with those behaviors that we observe than those that are absent.

Fourth Edition Task List J-06: Select intervention strategies based on supporting environments.

Fifth Edition Task List H-3: Recommend intervention goals and strategies based on such factors as client preferences, *supporting environments*, risks, constraints, and social validity.

The dimensions of behavior analysis identified by Baer et al. (1968) are considered the litmus test for programming to be considered “behavior analytic.” Although originally intended to describe the requirements for publication, these dimensions have been considered the standards for quality behavior-analytic programming outside of the realm of

research as well. These dimensions include the stipulation that the programing must be applied, behavioral, analytic, conceptually systematic, and technological, and demonstrate generalization (Baer et al., 1968). Also included in these dimensions is the requirement that a behavior-analytic program be effective (Baer et al., 1968). For publication in the *Journal of Applied Behavior Analysis*, the strategy for meeting this requirement is clear: null results, or those treatments which do not produce significant results, are not accepted for publication. For application of these dimensions to clinical practice, a path forward becomes a bit cloudier. There are times in clinical practice when our first attempts at teaching a necessary skill or decreasing a behavior may not be successful. This would not necessarily mean that the program is not behavior analytic, but that modifications are necessary before effectiveness can be achieved. The program can still be behavior analytic, although it is incomplete.

While the effectiveness of each behavior-change program can certainly not be guaranteed, the environment must be arranged to promote effectiveness. This means a careful examination of all available resources, and their limits. The materials needed to achieve the goals of intervention must be considered, including the cost of these materials initially as well as the subsequent cost if replacement is necessary. Relevant aspects of the physical environment must also be considered and limitations to safe implementation of the recommended behavior plans must be addressed.

Perhaps the most difficult resource to assess is the human capital necessary to implement and evaluate the program and ensure effectiveness. Addressing needs in terms of training and oversight and making the necessary adjustments of our expectations is a fundamental step in program development. We must not allow perfect to be the enemy of good, or for that matter effectiveness. If compromises must be made in terms of the simplicity of our program implementation or our data collection systems in order to decrease the response effort or increase the level of reinforcement for those responsible for implementing programs, this is not the “dumbing down” of our programs. Rather it is “smartening up” by budgeting and spending our resources as wisely as possible.

Among our most precious resources in the work of human services is time. The amount of time that we have to spend on training, program implementation, and making modifications is a finite and limited reserve. Using this resource wisely can be the difference between safe and effective programming and long lists of unaccomplished goals. Our allocation of time as an invaluable asset is perhaps the best assurance that our other resources (materials, financial resources, and human capital) will be used wisely as well.

Fourth Edition Task List K-08/J13/J-14: Establish support for behavior-analytic services from direct and indirect consumers/Select behavioral cusps as goals for intervention when appropriate./Arrange instructional procedures to promote generative learning (i.e. derived relations).

Fifth Edition Task List H-9: Collaborate with others who support and/or provide services to clients.

Applied behavior analysis is a science and not a set of practices. It is the *science* of how every organism learns, rather than the *practice* of using techniques developed from our study of this science to teach individuals with autism. As such, it is a science that seeks to understand and explain the behavior of all organisms, including the behavior of other professionals that we work with.

Many behavior analysts have, at a minimum, a tacit understanding of this. Many will refer to themselves as radical behaviorists in both their personal philosophy and professional lives. And yet, many of these professionals overlook the opportunity to analyze behavior of relevant stakeholders.

Part of supporting the lasting effectiveness of behavior-change programs is in the selection of behavioral cusps as goals of intervention. A behavioral cusp is defined by Rosales-Ruiz and Baer (1997) as “a behavior change that has implications beyond the change itself.” Bosch and Fuqua (2001) further clarify this concept by outlining several criteria for referring to a recommended target behavior as a behavioral cusp. A behavioral cusp must increase a client’s contact with new reinforcers and environments, must demonstrate social validity, must be a viable and competitive alternative to problem behavior, and must generate future behavior change as well (Bosch & Fuqua, 2001). This may seem like a concept with remarkable similarity to pivotal response training, in which pivotal areas are addressed in order to set a context for learning in inclusive settings and these pivotal areas have more widespread impact on a greater breadth of target behavior (Koegel, Koegel, Harrower, & Carter, 1999). However, the final criterion for evaluation of a behavioral cusp separates these two concepts. Whether or not a given target behavior can be considered a behavioral cusp depends on the number and relative importance of the people affected (Bosch & Fuqua, 2001).

Part of establishing the support for our services is to prioritize those goals which are already relevant to the important people in the client’s community. We should be empowering others to work together toward a common goal, rather than a goal that is only important to an individual clinician. To translate the description of “low priority” into behavioral terms, we must ensure that reinforcers are adequate, not only for the work involved, but also for the accomplishment of the stated goals.

Fourth Edition Task List J-08: Select intervention strategies based on the social validity of the intervention.

Fifth Edition Task List H-3: Recommend intervention goals and strategies based on such factors as client preferences, supporting environments, risks, constraints, and *social validity*.

These task items deal directly with our obligation to select goals and interventions based on their social validity. Social validity, as defined by Montrose Wolf (1978), addresses the social importance, or applied nature, of the intervention goals. Goals must be relevant to the clients’ needs (Wolf, 1978). In addition, the social appropriateness of the procedures recommended and the social importance of the effects, both anticipated and unanticipated must be considered. One area where this issue infrequently raised is in the teaching of compliance to children with disabilities.

Many of us who work in the field of applied behavior analysis work with children, where there is a distinct imbalance of power. A certain degree of compliance is necessary when working with younger populations, whether or not these children have disabilities. Classrooms of 20 or more cannot function, and certainly cannot accomplish educational goals, without some sense of order to facilitate teaching.

The ethics of teaching compliance has, however, been questioned (McDonnell, 1993). In this article, the authors identify several questions to assist clinicians in identifying the necessity of teaching compliance to individuals with mental retardation. The author identifies the following as factors to consider when deciding if compliance should be taught:

Does the learner really have a compliance problem or is compliance being chosen as the cure-all for several more specific behavior problems?

Is noncompliant behavior serious enough to significantly limit learning or participation in integrated environments?

Is the criteria for expected performance related to normative standards or standards of perfection, i.e., is there really a problem?

Does the learner “own” the noncompliance problem or is the underlying problem a sterile environment? Lack of reinforcement? Excessive or unreasonable demands? Ineffective or punitive instructional or classroom management strategies? (i.e., who needs “treatment,” the learner or the teacher?)

Will the learner significantly benefit from improved compliance, or is the real objective to make life easier for educators or caregivers? Is the real objective compliance with adult directives or appropriate behavior in response to a variety of environmental demands and contexts?

(McDonnell, 1993)

Noncompliance should not be taught merely for its own sake, or for the convenience of the clinicians. An ethical clinician must consider the question, “Is this for the client or is this for me?” In the case of teaching compliance, this means that compliance will have considerable benefit to the client, rather than merely being to the benefit of others.

Compliance is, of course, simply one of the target behaviors which may cause us to question the ethics of its selection. However, the appropriateness of compliance as a target behavior, and of the process for determining its appropriateness, is one that must be taken seriously.

Plan

Fourth Edition Task List J-01: State intervention goals in observable and measurable terms.

Fifth Edition Task List H-1: State intervention goals in observable and measurable terms.

It has been said that if you fail to plan, you simply plan to fail. In the practice of behavior analysis, our focused attention on the achievement of objective and measurable goals is the hallmark of a behavior-change program.

It is essential that we not only develop an observable and measurable definition of the behavior that we are targeting for intervention, but also an observable and measurable definition of how we will know that this behavior change has been accomplished. Having a clear focus on the goals to be accomplished is of tremendous value.

Here again, however, we must be cautious and be mindful of the social validity of our interventions. For those of us working with individuals with disabilities, the social appropriateness of the goals of any program must be considered. If the goal is to assist on the inclusion of individuals with disabilities into society at large, we must ensure that these efforts will accomplish that goal. This often means carefully considering social skills and expectations.

Social rules are often learned through observation and, though many neurotypical people have an implicit understanding of them, their analysis can present a challenge. The boundaries of social competence for the neurotypical population must also be acknowledged. Those of us who consider ourselves adept at social navigation must concede that our performance of the skills we are teaching are often inconsistent and that no one is completely socially competent.

Fourth Edition Task List J-10: When a behavior is to be decreased, select an acceptable alternative behavior to be established or increased.

Fifth Edition Task List H-4: When a target behavior is to be decreased, select an acceptable alternative behavior to be established or increased.

Behavior analysts are frequently treated in a similar fashion to firefighters. Just as a firefighter is called upon to address a problem, make it go away, and then depart, behavior analysts are expected to decrease problem behaviors and then disappear. More often

than not, behavior analysts are called upon to address behaviors targeted for decrease rather than those targeted for increase. The word “behavior” in many circles is synonymous with “maladaptive behavior,” even to the extent that children who demonstrate problematic behavior are referred to as “behavior kids.”

In reviewing the definition of “behavior” as anything that an organism does (Cooper et al., 2007), it is evident that a characterization of all behaviors as that which must be targeted for decrease would be, at the very least, inaccurate.

I will often caution supervisees against focusing on behaviors targeted for decrease to the exclusion of behaviors to be increased. To exaggerate this point for emphasis, I often add, “There should be a difference between a well-run classroom and a well-run morgue.” There should be, at a minimum, an equal balance between those behaviors that are targeted for increase and those targeted for decrease.

Fourth Edition Task List J-11: Program for stimulus and response generalization.

Fifth Edition Task List G-21: Use procedures to promote stimulus and response generalization.

Generalization is acknowledged as a dimension of the science of behavior analysis. The necessity of behavior-change programs to demonstrate generality is described in Baer, Wolf, and Risley’s seminal article (Baer et al., 1968). According to Baer, Wolf, and Risley, generality is demonstrated, in part, if the behavior change can be observed across environments and spreads to other behaviors. This is an essential characteristic of effective teaching. Its importance cannot be overstated. In order for our clinical work to have a real-world impact, the skills taught in clinical settings must be demonstrated in those environments in which those skills are necessary and improve an individual’s quality of life.

In their analysis of techniques demonstrated to be effective in promoting generalization in behavior-analytic literature, Stokes and Baer (1977) describe several techniques that can be applied to both stimulus and response generalization.

Surprisingly in this analysis, one of the techniques that did lead to the generalization of behavior change was what the authors referred to as *Train and Hope* (Stokes & Baer, 1977). In this method of assessing generalization, performance of different behaviors or performance under different conditions was noted but not necessarily planned for. The use of Train and Hope was successful in 90% of those studies examined in this analysis (Stokes & Baer, 1977). One might be tempted toward overconfidence about the spontaneity of generalization. However, it is important to remember that this article’s analysis included only those studies in which generalization of skills was demonstrated (Stokes & Baer, 1977). Given that null results are not generally published in the *Journal of Applied Behavior Analysis*, a lack of generalization may not be reported. While there is certainly room for optimism, a word of caution should be noted here: although spontaneous generalization is possible, one cannot presume that a *train and hope* method will be effective.

Several teaching procedures successfully led to the generalization of skills in the analysis by Stokes and Baer (1977). These procedures focus on the teaching conditions which promote mastery of skills as well as those procedures implemented after the skill has been taught under tightly controlled conditions. When train and hope methods for generalization were not successful, many of the studies examined utilized *sequential modification*. Using this strategy, conditions would be altered and the teaching procedure continued until the behavior change was evident under these new circumstances (Stokes & Baer, 1977). If a client masters the skill of trying new foods at home, the same procedures may not be employed at home. In addition to modifying the teaching conditions after the mastery of skills in one setting, Stokes and Baer (1977) found that successful generalization could be achieved by *training sufficient exemplars*. By teaching skills using a diverse set of stimuli, skills were often generalized (Stokes & Baer, 1977). Another technique

used to promote generalization is one referred to as *training loosely*, and described by Stokes and Baer (1977) as “the negation of the discrimination techniques.” Rather than using sequential modification to the environment or a diverse set of stimuli, this method focuses on the procedural elements of the teaching. Since the rigors of research would necessitate consistency in the teaching procedures, *training loosely* is a procedure rarely implemented in studies. However, this is a commonly used technique on clinical or educational settings. Rather than presenting tasks with only one scripted instruction, clinicians are often encouraged to vary the instructions given, so that a client can learn to respond to varied instructions.

Response generalization, which can be observed when other responses beyond those initially taught are performed, was also targeted in many of the examined studies (Cooper et al., 2007). In several studies that were examined a strategy referred to as *train to generalize* was employed (Stokes & Baer, 1977). In this procedure, variations of the response were targeted for increase and explicitly reinforced (Stokes & Baer, 1977). In such a method, generalization is built into the program as a target, rather than being merely an afterthought.

Applied behavior analysis, at its core, is a science, and the procedures based on this science can promote learning of almost anything. While we should not be indiscriminate in our application of behavior technologies, nor should we be excessively miserly or resistant to expanding the results we see. By carefully examining the training and conditions and conscientiously modifying these, stimulus and response generalization can be achieved.

Fourth Edition Task List J-12: Program for maintenance.

Fifth Edition Task List G-22: Use procedures to promote maintenance.

Although generalization and maintenance are frequently described as two different concepts, there is no such distinction within the current dimensions described by Baer et al. (1968). In this article, generalization is described by stating that the results not only extended to other settings, circumstances, and behaviors, but also last over time. In order to meet the dimension of behavior analysis, the behavior change must last beyond the teaching.

In addition to modifications to teaching techniques, Stokes and Baer (1977) also addressed the possibility of modifying goals themselves to promote generalization. Consequent conditions are one way to address the long-term benefit by promoting lasting behavior change. Among these is by introducing *indiscriminable contingencies* (Stokes & Baer, 1977). By providing reinforcers on a more intermittent schedule, the behavior is able to be maintained at high rates.

Another tactic utilized to promote lasting behavior change and the maintenance of results over time is to *mediate generalization* (Stokes & Baer, 1977). This method, helpful in promoting both generalization and maintenance, involves teaching a response that accompanies the target response (Stokes & Baer, 1977). Self-management techniques, including the use of self-instruction, have been used to maintain behavior change and generalize this change to other behaviors as well.

Look

Data collection is one area in which there is a fair amount of flexibility. The definition of data in most circles is information gathered for analysis. The definition of “good” or “enough” data can therefore be adapted to mean data that is sufficient to make data-based decisions.

I will often explain this by saying that data must be three things: data must be taken, looked at and analyzed, and used to modify behavior-change programs.

Data must be taken. Collection systems that are too complicated may sacrifice accuracy. Those that require particular formats may be prohibitively burdensome for others to complete. Systems which can only be completed by the behavior analyst can be a challenge to promoting generalization to less structured settings. Often, this effort is made simpler by decreasing the expected response effort of those responsible for implementation, so that accurate data can be collected. Creating data collection systems that make procedures easier is not “dumbing down” these systems, but rather ensuring that the data itself is taken and that it reflects the true values of the target behavior.

Data must be looked at and analyzed. I remember once working with an individual in a group residence who engaged in high-intensity aggressive behaviors that were very low in frequency. After several days of attempting naturalistic observations and seeing none of the target behavior, the psychologist offered to share with me the “antecedent-behavior-consequence” data that they had collected over the past several months. I enthusiastically thanked him and was then given a large binder filled with behavior data sheets. The problem was that, rather than listing the antecedent conditions (a request from the staff? Being bothered by a fellow resident?), the data noted only the room where the behavior had occurred. I was left with several hundred pages of data – all meticulously completed, and all uninformative. This is not the only such incident. Over the course of my career, I have seen many programs continued for months without discernible progress. I have also seen baseline data on problem behavior, taken with the intention of an upcoming intervention, that go on for months at a time without a plan being implemented, or even developed using this information. Although the data is collected, it remains unread, while those who are responsible for documenting behavior continue to shout into the void.

Data in applied behavior analysis is essentially quantitative information communicated between clinicians. Like any form of communication, it must involve a listener. Someone must listen to what is being communicated so that action may be taken. Behavior analyst must ensure that data is not only collected, but looked at and analyzed.

Data must be used to modify behavior-change programs. Once the data has been collected accurately and in sufficient amount, and has been reviewed by a behavior analyst and progress toward goals or emerging patterns have been noted, its true purpose must be employed. Data must be used to design, implement, and modify behavior-change programs. This may appear to be what my high school history teacher would refer to as a “penetrating glimpse into the obvious.” Given that we are all practitioner in the science and art of behavior change, certainly we would concede that this step is necessary. However, this obligation can be more difficult to meet than it initially appears. There must be some assurance that the data collected is not only accurate and frequently reviewed, but also a valid measure of the behavior in question and demonstrates the social significance of this goal. The primary obligation of data is to set a clear path forward in treating behavior. The data, therefore, must be sufficiently broad, detailed, and informative.

Beyond these three obligations – for data to be taken, looked at and analyzed, and used to modify behavior-change programs – there is considerable room for variety in the application of data collection methods. Decisions regarding the systems of data collection can be made based on available resources, logistics, or even the personal and aesthetic preferences of the behavior analyst. These considerations can be taken into account at this point, but should not take precedence over the more pressing concerns of the obligations that we have when taking data.

Above all, these obligations must continually be revisited as data collection continues. In addition to analyzing the data itself, we must be constantly evaluating whether our systems are providing the information necessary to fulfill these obligations. Without such needs being met, it is of little use to the client, and it is their benefit that must always be our primary concern.

Fourth Edition Task List H-01: Select a measurement system to obtain representative data given the dimensions of the behavior and the logistics of observing and recording.

Fourth Edition Task List H-02: Select a schedule of observation and recording periods.

Fifth Edition Task List C-9: Select a measurement system to obtain representative data given the dimensions of behavior and the logistics of observing and recording.

In considering the logistics of recording behavior data, one is reminded of the philosophical question, “If a tree falls in the forest and no one is there to hear it, does it make a sound?” In behavior-analytic terms, this might easily be rephrased as, “If there is not a behavior analyst there to observe the behavior, did it occur?”

We must first ensure commitment to our first obligation in terms of data collection – *data must be taken*. There must be sufficient resources to collect the data necessary to set the stage for socially significant behavior change. Resources, in this context, refer to many environmental conditions that are necessary to have in place. Material resources must be adequate to the task and in sufficient supply to continue data collection. Human resources are a consideration as well. Staff that are responsible for data collection must be adequately trained in the systems they are expected to implement and must have systems that allow them to collect accurate data without compromising safety or the fulfillment of their other responsibilities.

Our second obligation in terms of data collection is that *data must be looked at and analyzed*. In consideration of selecting both a measurement system and setting an appropriate schedule, this obligation must be taken into account. A schedule for the analysis of data must be created in conjunction with the creation of systems to collect data. The data that is collected must be sufficient, but not so overwhelming in volume that it makes analysis impossible.

Finally, *data must be used to modify behavior-change programs*. When considering our obligation to select measurement systems and schedules that are most likely to capture the behavior, we must allow for these systems to adequately capture behavior change. These measures must be relevant to the behavior change we are hoping to see. Without the information needed to make data-based decisions that maximize the impact of programming, the data itself is meaningless.

Fourth Edition Task List H-05: Evaluate temporal relations between observed variables (within and between sessions, time series)

The task of an analyst, whether or not the focus of their analysis is behavior, is to search for patterns. As these patterns emerge, their significance often becomes evident. In the comparison and contrast of each point of data, we can gain crucial information about how to approach behavior.

Applied behavior analysis, like any science, attempts to explain phenomena that already exist. Behavior analysts must consider themselves as observers to these phenomena and identify these patterns. Often temporal relationships of the controlling phenomena can reveal the variables that control behavior.

Fourth Edition Task List H-03: Select a data display that effectively communicates relevant quantitative relations.

Fourth Edition Task List H-04: Evaluate changes in level, trend, and variability.

Fifth Edition Task List C-10: Graph data to communicate.

Among our obligations as scientists is to communicate our findings. We would do well here to emphasize the use of the word, “communicate.” In any communication, there must be both a speaker and a listener, and it is therefore our responsibility to make this communication as clear as possible to our audience.

Within our science, our area of focus is clinical significance rather than statistical significance. Single subject research is employed and the results are analyzed based on baseline performance. In this sense, it is said that an individual acts as their own control.

Effectiveness of a behavior-change program is assessed based on the comparison of an individual's performance before and after the implementation of behavior-change procedures. A visual analysis of this difference is how effectiveness is determined.

Our visual communication, therefore, is not only how we document results and determine the success of our interventions, which would certainly be adequate justification for a commitment to clarity and transparent communication. Our communication is how we assure the investment of community members, as well as how we advocate for services.

As engineer and management consultant W. Edwards Deming said, "In God we trust, all others show data." We must have the information needed to move a program forward and that information must allow programming to move forward.

Edit

It is common for writers to remark, "Writing is rewriting." Similarly, a well-constructed behavior plan is often a moving target. Once program implementation has begun, the effects of the behavior-change plan must then be evaluated and, if necessary, changes must be made. Making these changes in a timely fashion is essential to effective programming.

As Fred Keller once wrote, "the student is always right" (Keller, 1968). If we begin with this stance, allowing the client to guide programmatic changes, the data will indicate what a student needs and how to proceed, if we listen to the story that it tells and respond accordingly.

Fourth Edition Task List J-15: Base decision-making on data displayed in various formats.

Fifth Edition Task List H-7: Make data-based decisions about the effectiveness of the intervention and the need for treatment revision.

As a clinician, we will undoubtedly be working with families who have no background in behavior analysis. As such, their goals for programming may be quite subjective and they may speak in terms of the client "doing better" without specific information as to what "better" means. While Wolf (1978) would certainly argue that there is a place for this level of subjectivity in our measures of success, our decisions cannot be made on the basis of social validity alone.

As a scientific field, we have the advantage of empiricism in our decision-making, and this advantage must not be wasted. We do not need to guess as to whether or not our goals have been achieved, we have evidence to support this view.

Our obligation once we have this evidence is to then act upon it. One of two scenarios will necessitate a change in a given program or revisiting a particular goal for programming: the inadequate progress toward a given or the achievement of a goal or objective.

First, we must determine what level of progress is "inadequate" and how such a determination can be made. Trends of data must be identified and programs must be immediately altered if a worsening trend is noted. Alteration of programs may mean introducing prompting hierarchies, or revisiting the task analysis or teaching procedures. In some cases, the program may be paused until prerequisite skills can be mastered. For those programs which target a behavior for decrease, the reinforcement schedule may be reconsidered.

If progress is noted, but insufficient, analysis of the antecedents and consequences is necessary. Determinations must be made as to what needs changing in order for the client to have practical results from the behavior-change program.

Once a given goal has been achieved, it is necessary to evaluate the appropriate next steps. If this is a shorter-term objective toward a larger goal or a prerequisite skill, a new goal must be selected. If mastery of the ultimate goal has been met, plans must be formulated to ensure the maintenance of skills.

It is imperative that we remember one of the requirements of data collection: *data must be used to modify behavior-change programs*. Data is meaningless if it is merely shouting into the void. We must use this data to identify the action to be taken and take it.

Fourth Edition Task List K-10: Arrange for the orderly termination of services when they are no longer required.

Fifth Edition Task List H-8: Make data-based decisions about the need for ongoing services.

It is often said that the behavior analyst's goal is to "work themselves out of a job." An essential part of the evaluation process in determining the effectiveness of our programming is determining the level of support necessary as we move forward. We must plan for behavior to be maintained by the environment rather than our intervention. Once that goal is achieved, we must be ready to allow the client to continue on their own.

The transition process should not be abrupt, and a proper planning for this transition should be included in the final phases of a behavior plan. Nor should it be avoided, however. We should not fear what would be maintained in our absence, but rather plan for the transfer of stimulus control to the more natural environment.

Professional, Ethical, Uncomfortable

It is necessary in the practice of behavior analysis that we separate those factors which are unethical, unprofessional, and those which simply make us uncomfortable. Ethical behavior would involve adherence to the Professional and Ethical Compliance Code[®] as stipulated by the Behavior Analyst Certification Board[®] (BACB[®]). Professional behavior relates to the accurate and efficient execution of job responsibilities. Those factors which simply make us uncomfortable, however, do not address the requirements of the BACB[®], nor do they affect our ability to fulfill the obligations of our positions. These factors can be addressed with humility and flexibility.

Consent

I remember a conversation with my children's babysitter about my then three-year-old daughter chewing gum. The babysitter felt that allowing her to do this was not age appropriate and should be stopped. I agreed, but several hours later, I remembered why I had agreed to allow her to chew gum in the first place. After several unsuccessful attempts to stop her from chewing on her hair, I finally allowed her to chew gum. Had this been in a professional environment, I would have referred to this as a differential reinforcement of alternative behavior, and I would have acknowledged the established efficacy of such an intervention. In this case, however, I responded not as a professional, but as a mother. Not only did I immediately agree and acquiesce to the babysitter's request that my daughter no longer chew gum, but I forgot that I had a valid reason to allow her to chew gum in the first place. This example is, of course, incredibly innocuous – it was easily resolved and the impact on my daughter's quality of life was, to say the least, minimal. However, the ease with which I was convinced to implement someone else's agenda, despite having a clear rationale for my own decisions, served as a powerful reminder that consent, even by the most well-intentioned, be coerced.

Clara Claiborne Park also described the dangers inherent in this power of suggestion (Park, 1995). She recalls a story of visiting someone's home and encountering her child standing near a broken sundial (Park, 1995). After a long discussion of the importance of honesty, she and her child approached the homeowners with an apology, only to be told that the sundial had been broken for years (Park, 1995). Just as I was, her child was easily convinced.

For those of us who support clients and families directly, it is essential that we acknowledge the imbalance of power that is inherent in such a relationship. Such a dynamic is rife with opportunities for exploitation.

The necessity of consent is reiterated time and time again. Consent is required in performing an assessment, implementing a behavior plan, and making any changes as the data indicates. It is necessary that such consent be given freely and that this consent be informed. We cannot assume that clients or caregivers have an understanding of the risks and benefits of any proposed behavior-change program, nor can we assume that they have an understanding of the risks of foregoing treatment of behavior problems. Clients must be afforded the information needed to make informed decisions and must be informed of all of their options.

Written consent is often considered the gold standard of ethical practice. However, it is important that we do not over-rely upon documentation as evidence of ongoing consent. A consent form is to consent as a photograph is to a person – it is the *evidence* of the thing, rather than the thing itself. A consent form indicates only that a conversation requesting consent has taken place, but is not an indication that consent is ongoing.

Consent is not one act of agreement, but a continuous process. If informed consent is to be considered valid, the individual must be able to withdraw consent at any point without penalty. One possible method to avoid even unintentional exploitation is to have frequent checks to assure that consent is maintained. Scheduling times for “consent checks” is as essential as scheduling time for program evaluation. This simple strategy can assure the incorporation of ongoing consent in programming.

A relationship with a client is a partnership, but that partnership is not necessarily equal. The clients’ needs must be considered first and foremost, and take precedence over our own agendas as clinicians.

Evidence-based Practice

Let us review here what is meant by the phrase “evidence-based.” Several practices have been identified as “evidence based” in addressing many of the behavioral excesses and deficits associated with a diagnosis of autism spectrum disorder (Wong et al., 2015). Several practices have been identified through reviews of peer-reviewed literature as being evidence-based practices. Such reviews have focused on those interventions which produced a change in behavior, and it should be no surprise that there is a great deal of overlap between the techniques generally used in applied behavior analysis programs and those repeatedly identified as effective in research studies (Wong et al., 2015). Among the evidence-based practices identified by Wong et al. (2015) are:

- Antecedent-based interventions
- Cognitive behavioral intervention
- Discrete trial teaching
- Exercise
- Extinction
- Functional behavior assessment
- Functional communication training
- Modeling
- Naturalistic intervention
- Parent-implemented intervention
- Peer-mediated intervention
- Use of the Picture Exchange Communication System (PECS)

- Pivotal Response Training
- Prompting
- Reinforcement
- Response interruption/redirection (RIR)
- Scripting
- Self-management
- Social narratives
- Social skills training
- Structured play groups
- Task analysis
- Technology-aided instruction and intervention
- Time delay
- Video modeling
- Visual supports.

Several of the tactics described here would certainly seem familiar to practitioners of applied behavior analysis in clinical settings. However, “applied behavior analysis” is not listed, even though many are fond of describing applied behavior analysis as “the only evidence-based treatment for autism spectrum disorder.” This misplacement of emphasis can be problematic. As an evidence-based field of practice, applied behavior analysis does not *lead* the evidence, but rather *follows* it. A behavior analyst implements those techniques that have been demonstrated effective in peer-reviewed literature. As the science has evolved, so have the techniques commonly used. Practices are not evidence based because they are used by behavior analysts, they are used by behavior analysts because they are supported by sufficient evidence.

There are several practices that would not be considered evidence based, but are often requested by clients. Restricted diets, sensory integration protocols, and psychodynamic therapies continue to be popular interventions, despite a lack of empirical support for their effectiveness. Often, the support for such interventions is anecdotal, and we may encounter client or client’s families who insist that they have seen results from such therapies, despite our efforts to convince them otherwise.

It is important to consider here, not how another provider refers to their work, but the work itself. It may be helpful to analyze the antecedent and consequence conditions of particular methodologies, particularly if a client or client surrogate insists that they have seen positive results. It is possible that a client’s behavior may improve using sensory integration techniques because the recommended sensory diet served as a noncontingent reinforcement schedule. It may also be possible that the use of rubber jewelry designed to “provide oral motor stimulation” may decrease mouthing of non-food items as a result of the differential reinforcement of an alternative response. It may even be possible that a weighted blanket may be so enjoyable that it offsets the setting event of physical discomfort and eliminates motivating operations in place increasing the value of escape. Taking an analytic view of methodologies and examining the practices themselves, rather than the way they are described allows us to collaborate more effectively with clients without compromising our commitment to evidence-based practice.

It is not the client’s responsibility to identify those practices which have been supported by scientific evidence. It is our responsibility.

Scope of Practice

Given that our field is the science of behavior, and that the definition of behavior is anything that an organism does, it might be easy to assume that behavior analysts are

qualified to teach anything. Our understanding of learning processes surely does allow us a certain insight into the nature of learning in a more general sense. There is a, however, a wide berth between knowing a great deal and knowing everything.

While our knowledge of the science of learning may position us as generalists, we may still require the consultation of specialists in certain fields. It may be necessary to call upon the expertise of other team members of medical specialists, of practitioners of other fields. But above all, it is necessary to call upon the expertise of the client and the client's family. Behavior-change programs must have social validity, defined by Wolf (1978) as the selection of socially important goals, the implementation of socially acceptable procedures, and the accomplishment of socially important results. We must be ready to respond if the goals we have prioritized lack social validity. If a client reports that a given procedure is unacceptable to them – if it is prohibitively difficult makes or if it simply makes them uncomfortable – we must be prepared to make accommodations. If the results of intervention are not what we hope for or there are unintended results, we must be ready to make the modifications necessary.

Data-based Decision-making

It is our obligation as behavior analysts to employ data-based decision-making. As scientists, we do not guess as to what individuals think, feel, or know. Rather, we *observe* what individuals *do*. To some outside our field, this seems excessively fastidious. Restricting our contributions to those reflected by dots and lines on a graph may appear to preclude the inclusion of new targets or more holistic programming. For advocates within our science, this would certainly seem a fair point, and hardly a new one. Wolf (1978) urges us to consider the priorities of the client in planning programming and the social acceptability of both the procedures and results.

It is necessary here, however, to review that the meaning of “data” is simply “information gathered for analysis.” If we expand our understanding of data as being all of the information we acquire in the process of our work, we create opportunities to work more holistically in the selection of goals and implementation of programs.

Any information that is gathered could present an opportunity for analysis. The presence of interferent behavior, the tendency to become drowsy at the end of a session, or even the difficulty of maintaining an organized system for storing materials are problems that can be solved. To use another example, if data fails to be collected, this fact is, in and of itself, data. If a client demonstrates a skill outside of the session but this is not reflected in the data, this is also, in and of itself, data. These also are problems to be solved. Analyzing the contingencies that govern these, rather than attempting to ignore them, may allow us to more efficiently solve the problems that they imply.

Relationship to Clients

For those of us in direct practice with children and families, it is a paradoxical experience in some ways, particularly in the practice of home services. One of these is that the amount of direct contact with client or client surrogates is dramatically increased than when one is working in homes, and yet it can be very socially isolating.

For those of us who work with children with developmental disabilities or autism spectrum disorder specifically, we come into these family's lives at a time of crisis when uncertainty about their child's future is a cloud hanging over their lives. When we go into a family's home, it is important to remember that we are entering a private space. These are people who are entering a new phase in their lives with a tremendous amount of

uncertainty as to what lies ahead. It is possible that we will be witness to what few are permitted to see. This is a tremendously intimate relationship, and is not to be entered into without understanding of the vulnerability of the families we serve. Above all, we must remember that the Professional and Ethical Compliance Code[®] applies to our own behavior, not to the behavior of our clients or their families. We are held accountable for our ethics and professionalism. *Parents are not professionals.*

It is *our* responsibility, therefore, and not the family's, to maintain the boundaries of a professional relationship. Any expectation that family member will behave in a professional manner or prioritize adherence to our Professional Code in the same manner we might would be unreasonable. A relationship that may seem to us to maintain professional boundaries may appear to families to be simply unequal. Families may expect to expand this intimacy beyond what is considered "professional" for a behavior analyst to engage in. Analysis of the contingencies that control this behavior certainly may reveal that establishing intimacy is an attempt to gain favor. However, it may also reveal that the effect of this imbalance can be difficult for both clients and clinicians.

Behavior analysts are urged in the Professional and Ethical Compliance Code[®] to avoid multiple relationships. A multiple relationship defined in the Professional and Ethical Compliance Code[®] as, "one in which a behavior analyst is in both a behavior-analytic role and a non-behavior-analytic role simultaneously with a client or someone closely associated with or related to the client." When accepting clients, this is of particular importance. A behavior analyst should not accept a client if there is currently a relationship. To treat relatives, friends, or their children would be unacceptable under this Code. A professional relationship should *not* be undertaken if the dominant relationship already exists.

Avoiding multiple relationships can be more complex than simply a criterion for the acceptance of clients, however. Those living in rural areas often find this difficult to navigate, since it may be impossible to serve clients in a small town without forming some sort of multiple relationship, such as client-pharmacist, client-mechanic, or client-grocery store owner.

When approached by a friend or relative to provide services, it should be made clear to them that this relationship is far from ideal. Certainly, if there is another professional without such a relationship available, this should be our first consideration. Telemedicine, where available, may also be a suitable alternative. As telehealth becomes more universally accepted as an option for parent training and support of parent-mediated intervention, supervision, and service delivery, the possibilities for finding qualified professional to work with individuals with autism spectrum disorder expands beyond the limits of an immediate geographic area. Every possibility should be explored in order to avoid a multiple relationship that may lead to exploitation or compromise effective treatment.

For those of us living in metropolitan areas in the USA, this is often simply a matter of providing the information needed for a referral. In more remote areas, however, where services are scarcer, a solution can be more elusive. In some cases, it may simply be a question of evaluating the nature of the initial relationship and assessing the probability of its impact on the quality of services. Although the relationship with someone with whom a behavior analyst has a long history, such as a close family member, carries definite established risk, a relationship with less history, such as a mechanic, may be less complex. This is not to say that such duality of relationships cannot bring with it its own set of complications. Simply seeing a client at a local park or buying groceries at the workplace of the client's parent may cause behavior analysts to question the appropriate ethical response. Saying hello risks violating confidentiality, and refusing to do so may cause offense and damage the professional relationship. If the behavior analyst attempts

to buy groceries, they may be offered groceries for free, which would be exploitation of the relationship. If they do not shop at that store any longer, this may be prohibitively difficult for the behavior analyst and their family and cost the store a customer.

However, the multiple relationship, like any relationship, may also evolve over time. Even when there is no multiple relationship at the start of services, the intimacy of direct services may cause another relationship to develop. What began as a strictly professional relationship may become friendlier as the clinician successfully pairs themselves with reinforcement and establishes the rapport necessary to work effectively. Those who work directly with clients may find that the boundaries of relationships can become blurred.

In both of these cases, the possibility of a multiple relationship presents a considerable amount of risk. In the Behavior Analyst Certification Board®'s October 2015, behavior analysts are urged to avoid "boundary stretching" (BACB, 2015). As the BACB® states, the "ongoing monitoring of professional boundaries" (BACB, 2015) is a necessary component of ethical practice. Whether a multiple relationship develops because the seed of this complication was present from the beginning or because those involved simply enjoyed one another's company, such developments must be managed in order to preserve the primary relationship: that of clinician to client.

Because such relationships can become evident only when they have already become problematic, it is best to begin the clinical relationship by explaining what is meant by the term "multiple relationships" and describing the risks associated with them. Discuss scenarios which may cause difficulty ahead of time. Make it clear that, for example, you will not initiate a greeting with a client, but are happy to respond to one if the client feels comfortable saying hello. Remind the client that providing goods or services for free would be considered exploitation and that you will happily pay for groceries. Assure the client that their information is confidential and will not be discussed in public spaces. A discussion at the outset of services will help to set expectations and is a necessary step in the process of this "ongoing monitoring."

As time progresses, however, we must be mindful of maintaining this "ongoing monitoring" process. One discussion at the start of the professional relationship is hardly sufficient to ensure that a multiple relationship can be avoided or that harm can be averted. Clinicians must be prepared to discuss the potential harm of multiple relationships at many points during a clinical relationship. For those clients, we serve over a long-term period; one tactic may be to periodically discuss the importance of maintaining professional boundaries. Make it clear to clients that such boundaries are for the client's benefit, not for the personal comfort of the behavior analyst. Schedule a time every few months to revisit this conversation and check in with the client.

The requirement that we guard against multiple relationships is not out of callousness, it is to increase our focus on the client's benefit. When another relationship becomes evident, we must not allow that to eclipse our role as clinician. Scheduling time to discuss the nature of the clinical relationship with the client, as well as periodically asking ourselves, "Is this for the client or is this for me?" can avoid abuse. It is certainly worth the small amount of effort required.

Practical Considerations: Ethical, Professional, Uncomfortable

It is essential that those clinicians who work directly with vulnerable populations understand the distinction between truly unethical behavior and those behavior that simply make them uncomfortable. "Ethical" refers to the adherence to the Professional and Ethical Compliance code®, the set of regulations determined by the Behavior Analyst

Certification Board®. This document clarifies the expectations for behavior analysts, which are enforceable by the Board.

In order to clarify this distinction, we must revisit an important point: *Parents are not professionals*. As such they are not required to adhere to our professional ethical standards. The relationship is not one of colleagues, but one in which we provide services to them.

Culture Shock

As an international organization, the Global Autism Project is very familiar with the idea of culture shock and the effect that it can have on professionals traveling to other countries, and takes great care to prepare the volunteers in SkillCorps® program to address the difficulties of this experience in ways that do not interfere with providing culturally responsive training to our international service partners.

In behavior analysis, however, we define “culture” somewhat differently in comparison with its common usage. Culture, rather than referring to an ethnicity or country of origin, refers instead to a set of social contingencies that interlock (Glenn, 1988). By this definition, any group can be considered its own culture, with its own values, language, and customs.

Just as we may experience culture shock when we visit another country, so too we experience it when encountering any group that does things differently than we would prefer or expect. And, just as we must when visiting another country, we must be mindful that we are visitors here. This culture, like any other, prioritizes the comfort and security of its members.

Differences in parenting styles or in priorities for goal selection may be disconcerting at first, but these differences are often a matter of discomfort rather than ethical violations.

Guest Reflection: Crisis Stabilization and Treatment: Confusing Short-term Behavior Reduction with Lasting Treatment Gains

Merrill Winston, PhD, BCBA-D, Director of Program Development, PCMA, Inc.

The Problem

Everyone knows that one of the main goals of applied behavior analysis is the reduction of problem behavior, but it is *only one of the goals*. Granted, even if behavioral reduction were the only outcome, for example, in the case of severe self-injury, then clearly the intervention was successful in terms of this single goal. Forty years ago, methodological behaviorism used to be the norm, in which the primary concern was with the reduction of behavior problems through the application of standard procedures. These procedures could often produce good outcomes irrespective of behavioral function as they were often very powerful procedures. High magnitude reinforcers and punishers fall into this category as do DRO (differential reinforcement of other behavior) procedures. Regardless of the procedures used, there was little analysis of the behavior problem and no conceptualizing of problem behavior in terms of function.

That was more like “your father’s behavior analysis.” Today’s behavior analysis goes much further and has the goals of the acquisition of new functional skills that will make the problem behavior unnecessary (replacement behaviors). Furthermore, the clinician typically gains a good understanding of the individual’s current skill level in a variety of areas, and their likes and dislikes (aversives and reinforcers) to gain a more complete picture of the variables that contribute to the behavior problem. It is quite common to see multiple goals in a clinical intervention including behavior reduction, behavioral acquisition, improving

the individual's overall quality of life, creating plans for generalization and maintenance of behavior change, providing training to parents and caregivers, so that they may carry out treatment goals, and helping prepare the individual to be as independent as possible.

Part of today's clinical treatment is to use the information gained about clients not only to better understand the individual's likes and dislikes, but to rapidly decelerate problem behavior, even before the acquisition of any new skills. This rapid behavioral reduction is typically based on both antecedent manipulations (eliminating or modifying antecedent conditions to prevent problem behavior), and the de-escalation of those precursor behaviors that may be predictive of crisis behaviors (self-injury, aggression, destroying the environment). These antecedent manipulations can be quite broad in scope and may involve changes to the physical environment, changes in the sequence or duration of tasks/events, alterations of academic curricula or treatment goals, modification of the delivery of demands/instructions, and the creation of "static" physical and social environments (the chair can't ever be out of position, the teacher can't ever take off her glasses). In many instances, as this is easiest, a variety of things identified as aversive to the individual are simply eliminated. On the other end of the spectrum, the individual may be "flooded" with (alleged) reinforcers. In the most extreme case, this means no demands and iPad during all waking hours.

Now as my mentor Dr. Jim Johnston likes to point out, quite correctly, not all behavior problems require "replacement behaviors" and the acquisition of new skills. Sometimes problems are more a matter of motivation than skill deficits. People don't speed (problem behavior) because they don't have the skills of reading the speedometer, scanning for speed limit signs, or because they lack a basic understanding of the function of gas and brake pedals. Similarly, some of our students and clients may not show their problems because of a lack of skill but because they live and learn in "unreasonable environments." That is, there are things that truly need to be changed or eliminated. There may be unreasonable social interactions (angry teachers/parents, teasing/aggressive peers), there may be unreasonable academic/treatment goals (attempting to teach traditional academics before the individual has any communication/social skills), and there may be unreasonable schedules in terms of the number of demands placed on the individual and the duration of events with respect to developmental level. That is, sometimes the individual simply needs "reasonable accommodations." There is nothing wrong with this notion and these reasonable accommodations (he prefers to type instead of handwriting, noises bother him, so he wears headphones in the cafeteria) are very often part of a well-thought-out behavior plan. A problem arises, however, when long-term accommodations become *unreasonable* and become confused with or are used in place of *treatment*. Later, in the discussion section, some guidelines will be offered to help determine what constitutes "reasonable" or "unreasonable."

Crisis Stabilization: "It's a Good Thing!"

The phrase "crisis stabilization" will be defined here as the use of procedures that can be implemented almost instantly with only a minimal understanding of the individual's big reinforcers and aversives and a focus on the immediate de-escalation of precursor behaviors (those that reliably predict problem behavior). In some clinical cases, behavior problems may be less dangerous, and they may be better understood, because they are more common and less complex. In these simpler cases, behavioral interventions can be probed, a functional assessment performed, and a simple plan written quickly and implemented. Certain cases, on the other hand, involve very dangerous behavior that is less-well understood, less common, and more complex requiring more data collection, probes, and analysis. These more complex cases may also require significant skill acquisition (not to mention behavior reduction) on the parts of parents/teachers/direct care staff.

The Grid of Acceptability!

Behavior\Situation	Unacceptable	Unreasonable	Reasonable
Reasonable	1		
Unreasonable		2	
Unacceptable			3

Figure 12.1

In short, these more complex cases involving severe behavior problems typically require more time for the development of a treatment plan, but their dangerous nature demands rapid reduction. This is where crisis stabilization is so valuable. This is when it may be considered “reasonable” to make “unreasonable” accommodations. The student pokes his finger in his eye when academic demands are made? Then stop all academic demands. The child starts to self-injure whenever mom makes a left-hand turn in the car? Then no more left-hand turns on the way home from school. The student who escalates to a crisis when staff utter her name, so mom tells staff to say, “Hey gorgeous?” Then staff say, “Hey gorgeous!” (yes, this really happened) (Figure 12.1).

Not only can one simply eliminate aversive events, but it is also a simple matter to just give individuals whatever they want when their behavior escalates so that problem behavior may be avoided. These two strategies together are often known as “walking on eggshells.” This too may rapidly reduce problem behavior to zero levels. True, one may by necessity reinforce those behaviors that lead to a behavioral crisis, but at least the crisis does not occur. Allowing free access to alleged reinforcers is another stabilization strategy that can work rapidly. One could easily argue that it is reasonable to make *unreasonable* accommodations to obtain a rapid initial reduction of dangerous behavior, but to *continue to do so* under the guise of treatment and to claim treatment gains is not only in itself unreasonable, but *could also be construed as unethical*. In most cases, one would hope, this practice is not knowingly unethical. In fact, most individuals probably feel that they are doing the right thing, and in one sense they are. They are reducing dangerous behavior. However, all too often this crisis stabilization becomes the “new normal” and not only will it fail to constitute treatment, it will *actually prevent treatment from happening* as it will appear that there is no longer a behavior problem.

The Data Shows He’s Doing Better!

Who doesn’t love a nice decreasing trend? Yes, data showing fewer restraints and/or fewer instances of problem behavior are always encouraging, but these data don’t always reflect good clinical treatment. Once it has been established that the behavior is less frequent (or at zero) the important question is “Why?” If the answer is “We simply created the perfect world for the individual!” then there is a big problem. The biggest problem with this problem is that few people recognize it as a problem. Example:

MERRILL: How’s Bobby doing?

TEACHER: He’s doing great! He’s had no crisis for two weeks!

MERRILL: That’s great, but just out of curiosity, how many times did he *almost* go into crisis?

TEACHER: Oh, that’s pretty much every day all through the day.

MERRILL: (face palm)

This child did not reach the end of his clinical path where he would become a well-adjusted individual ready to enter society. This child was at the beginning of that path. The child in this example (Bobby) is someone who's behavior has been *stabilized* and the teachers did a very good job of stabilizing him. What they did was very valuable and important, and it should not be demeaned or overlooked, but it must be recognized for what it is and not confused with treatment. Bobby's stability was "brittle" like so many individuals who are subjected to excessive, extended antecedent manipulations. "Brittle" simply means that he was stable under a very narrow range of conditions. If he were to stray outside of those conditions, his behavior would most likely "reappear" in full force. This kind of error can result in statements like this "He did great last year in Ms. Robertson's class, but now in Mr. Thompson's class he is having problems again!"

What Happens After Stabilization?

Now that the individual is stable most of the time, which can be considered part of treatment, it's time to move forward into skill acquisition (for both students/clients and staff/parents/teachers) and slowly change the accommodations to become, well, a little less accommodating as new skills are acquired. As an example, if all tasks have been eliminated, it is now time to start introducing easy tasks, teaching appropriate escape responses or choice-making, teaching skills that will make task completion easier, etc. Most individuals with behavior problems don't handle a variety of aversives very "gracefully" and this might include having to wait, complying with reasonable requests, giving up a reinforcer, accepting an alternate when a preferred item is unavailable, being disappointed and getting teased to name a few. Moving forward, how does one determine what is reasonable and unreasonable? This is something that requires an understanding of what causes problems for the individual and if these causes are common and if the individual could be taught an approximation to what most people do when confronted with similar problems. It's also important to ask, "Would the average typically developing child or adult also have difficulty with this problem?" As an example, one student would engage in severe eye gouging when he heard another student coughing. Would it be reasonable to ensure that the child is *never* around anyone who might cough? Maybe for stabilization (which would still be difficult), but not for the long term. Eventually, the child would have to learn to stay relaxed when hearing coughing, habituate to it or engage in behaviors to minimize the effects (cover his ears, put on headphones with music, remove himself from the room). What if a child *only* becomes aggressive when other children attack him? Anyone might become aggressive when attacked. Figure 12.2 is a little grid that may help when attempting to think things out as all situations are not so straightforward.

Behavior of the individual may be reasonable or unreasonable (based on age/developmental level) or unacceptable (dangerous). The situation (the environment, both physical and social) can also be reasonable, unreasonable or unacceptable (abuse/neglect/danger). The most problematic behaviors fall in category 3, an unacceptable response to a reasonable situation. That is, the individual is told "Sorry but we ran out of orange juice" and the individual destroys the kitchen (see Figure 12.2).

Category 1 shows a scenario in which perhaps antecedent manipulations are *all that is needed*. For example, an individual with special needs bites their housemate, *but only when attacked by their housemate!* The client is living in a dangerous condition where they may become attacked by their peers. Under those circumstances it may be considered a reasonable behavior. This is why our laws use phrases like "reasonable force" to determine if a citizen acted in a prudent manner. The most pressing problem in the realm of crisis stabilization and treatment is that individuals with behaviors in category 3, unacceptable responses to reasonable situations, may *stay in category 3 forever*.

Situation \ Behavior	Unacceptable	Unreasonable	Reasonable
Reasonable	1		
Unreasonable		2	
Unacceptable			3

Figure 12.2

In most cases, the way that we move individuals forward in their treatment is by teaching them what to do (and what not to do) when confronted with the same sorts of problems that we all encounter. One analogy to help explain this concept is the old adage “If you *give a man a fish* he eats for a day; if you *teach a man how to fish* he eats for the rest of his life.” Of course, he’ll probably have very high blood-levels of mercury too, but at least he won’t starve. Crisis stabilization is the “giving the fish” part and treatment is the “teaching to fish” part. Treatment takes more time, patience, dedication, and expertise and, like any worthwhile endeavor, there may be some failure along the way, but it is vitally important and should not be confused with crisis stabilization.

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13 The Behavior Analyst as a Teacher and Trainer

Peter Sturmey

As an undergraduate music major in college, I struggled with some of the most essential coursework. Performing was not where I struggled; but I did in music theory, which my mother accurately referred to as “the organic chemistry of the arts.” I was a singer and had absolutely no knowledge of music theory when I first began the program. It never became second nature to me as it was for the pianists among the class, and my repeated unsuccessful efforts were mutually frustrating to me and to my professors. Despite my efforts (which were considerable), and the skill and knowledge of my professors, their knowledge simply was not translated, and I still struggled to do what was required.

Knowledge and skill are not enough. If the skill and knowledge cannot be translated into meaningful behavior change, such knowledge is irrelevant.

The term “applied behavior analysis” does not refer to a treatment package, but to the science of meaningful behavior change. Without such meaningful behavior change, knowledge of the research is. In our clinical work, this is an underlying assumption that is often taken for granted. Many of us are passionate believers that the client’s ability to learn is limited only by our ability to teach. As I would often say to supervisees, “There is no such thing as an unsolvable problem; there are only solutions that we have not yet found.” Many of us in the field of behavior analysis, or in human services in general, believe in the immeasurable potential of every individual we work with, if only they have adequate support.

As a science, applied behavior analysis explains phenomena that already exist. These principles apply equally to all organisms, not exclusively to individuals with autism receiving applied behavior analysis as a related service. Unfortunately, this can be quickly forgotten when the behavior change we hope to see is in the behavior of staff members working with vulnerable populations rather than these individuals themselves.

As behavior analysts we are often called upon to provide training to staff in the implementation of behavior-analytic strategies. It is not uncommon for behavior analysts in such a position to ignore the importance of reinforcement, to rely instead on either punitive measures or the belief that supervisees should “know better.” This, however, does not acknowledge or consider that behavior can be changed, and that we have the expertise in behavioral technologies to do so.

What We Do: A Behavioral Description

Written by Ann Beirne

Fifth Edition Task List I-1: State the reasons for using behavior-analytic supervision and the potential risks of ineffective supervision (e.g. poor client outcomes, poor supervisee performance).

Fifth Edition Task List I-2: Establish clear performance expectations for the supervisor and supervisee.

Fifth Edition Task List I-3: Select supervision goals based on an assessment of the supervisee's skills.

Among my favorite questions to answer in a training situation is, "What's the point of this?" Often intended as an attack, this is frequently a very legitimate question: what is the point of providing training, particularly if we are doing so in an environment that appears, at least to some, to have functioned perfectly well without this level of skill enrichment for their staff? In the absence of extremes such as legal action against an institution or compromised safety, the benefits of training may not be immediately clear. It may seem better, or certainly more comfortable, to keep things as they are rather than introduce a new skill set.

When asked what the potential benefits are to the Supervision process required to sit for the Board Certification exam, there is at least a clear answer. Many supervisees will report that it is required for certification, though this hardly encompasses the benefits of quality supervision, nor does it describe the risks involved in substandard supervision.

According to the Behavior Analyst Certification Board®, the benefits of supervision are to add to the repertoire of skills for the supervisee. While this may be a noble goal, it is essential that we emphasize how important it truly is.

The primary goal of the supervision process is to improve the skills of the supervisee, and therefore improve the quality of service to the client. Supervisees should be supported in the development of skills in assessment, program development, training, and implementation of behavior change programs. Just as we aspire to "work ourselves out of a job" in our direct service with clients, we must be focused on training the supervisee to become a colleague rather than simply a skilled assistant. Given that many supervisees pursuing certification are also currently taking coursework, many are eager to gain new skills and will actively seek out guidance when they are struggling. For those who take on the expense and effort of pursuing board certification, there is often an understanding that what they get out of the process is proportional to what they put into it.

For trainees in less formal circumstances, "getting out of it what you put into it" may not be so easily taken for granted. It is reminiscent of the Chinese saying that it is necessary to "empty your cup." It is difficult to have room to fill a cup that is already full. In order for training to be effective, trainees have to be receptive. To put this in more behavioral terms, the satisfaction of gaining new skills must be adequately reinforcing in order to encourage the behavior.

Although perfect can often be the enemy of good, "fine" or "close enough" can be equally dangerous adversaries. It is vital that we clearly communicate what can be gained and that we ensure that improvement in services for the clients are sufficiently reinforcing to the staff. Addressing the needs of staff as well as the needs of clients can encourage an attitude toward professional growth that will increase the effectiveness of our training. Be aware that the behaviors that we are trying to change are, as they are with any organism, maintained by reinforcement, and that reinforcement, up until this point, has been adequate in the maintenance of behavior. The scientific assumption of determinism – the understanding that everything occurs as the result of other events – compels us to be mindful of the reinforcers that have been in place, as well as the need for equal or greater reinforcement for changes in behavior.

One helpful tactic is to model the behaviors associated with humility. Saying "I don't know" or "remind me to research that a bit" can encourage honesty. Being open to feedback and reinforcing the behavior of offering suggestions and actively participating in training can help encourage more effective training. An environment where questions are

not only tolerated but encouraged is going to lead to greater understanding and generalization of skills.

Above all, bear in mind the distinction between what is *essential*, what is *preferable*, and what is *preferable to you as the behavior analyst*.

Essential aspects of a program are those which are evidence based, based on assessment results, and integral to making data-based decisions. Whether or not a particular aspect of training or programming is essential should be related directly to the dimensions of behavior analysis. Completion of assessments, including functional behavior assessments (FBAs), and the collection of data would be considered “essential” aspects of programming.

Preferable aspects of programming would be those that may affect programming but do not necessarily compromise the effectiveness of a given program. For example, data collection would be considered an essential element of program development, as this relates directly to our ability to analyze the effects of our interventions. The data collection system used, however, can be adapted to the particular limitation in terms of logistics and available resources. While frequency data may be *preferable*, this may not be practical in settings where one staff member is responsible for several clients at once. Behaviors which occur at very low or very high frequency or that vary greatly in intensity may also be a less ideal match for a frequency data system.

Preferable to the behavior analyst are those aspects of programming which are focused on convenience or comfort level. Recommendations that fall under this category can and should be adapted based on the needs of the environment and the needs of the trainees. In many aspects of program development, we are limited only by our creativity. While data collection is essential, using a commercially available tally counter would not be. The same goal may be accomplished by using a sheet of paper, or even a jar of pennies.

If asked, “what is the point of this?” a trainer should have an answer. The trainer should be able to articulate what the trainees will gain from training and why these gains are important. The benefits of training should be readily communicated – in many cases, over and over again.

Fourth Edition Task List G-04: Explain behavioral concepts using nontechnical language.

Fourth Edition Task List G-05: Describe and explain behavior, including private events, in behavior-analytic (nonmentalistic) terms.

There is a tremendous emphasis on vocabulary in our field, and the process of pursuing certification bears some similarity to learning a new language. Many of the words that we thought we knew, such as negative reinforcement or consequences, gain a different meaning in our science and our job is to translate them. Just as is required in the learning of a new language, the goal is to become fluent. Even the term fluency itself has a specific meaning in the science of behavior analysis. *Fluency*, according to Binder (1996), is defined as “that combination of accuracy plus speed of responding that enables competent individuals to function efficiently and effectively in their natural environments.” In layman’s terms, fluency indicates that the information comes naturally once this fluency has been established. As a result of our studies of this science, many behavior analysts may confuse their fluency in these concepts with the perception that understanding of these concepts comes naturally. This, however, overlooks the fact that, very often, this understanding does not come naturally, but only with consistent effort and study.

We must remember that, outside of the field of behavior analysis, mentalistic descriptions are common. And further we must remember that those who are just entering the field of behavior analysis have far more practice and experience with the world outside it, where the phrase “Because he’s sad” is a perfectly acceptable explanation of behavior, and “he’s

just stubborn” is what passes for functional analysis. Explaining behavior and environmental conditions in terms that are observable and measurable can be challenging when there is much more practice in the more colloquial – and more mentalistic – framework.

Materials must be presented simply, but must also be comprehensive enough to avoid misunderstanding and assure quality service delivery. Trainees must be able to generalize their application of these concepts. A tactic identified to promote such generalization is to *mediate generalization* (Stokes & Baer, 1977). Using this strategy, clients are taught a behavior that promotes the generalization of the target behavior.

One helpful tactic in training others to identify the difference between behavior and mentalistic events is to focus on the definition of behavior as *anything an organism does*. As such, behavior cannot be a description such as “stubborn,” “naughty,” or “brat.” Rather, it must be an action word, and this must describe the behavioral excess or deficits that may warrant treatment in a behavior plan. Rather than using adjectives such as “stubborn” to characterize a behavioral issue, a behavioral description would be “says no when given a direction.” A behavioral goal may be, “follows directions associated with a change in routine.” Though I will often refer to this strategy as a “hack” for the development of behavior definitions, its implication can be much more impactful. Teaching staff members not only what constitutes “behavior,” but also the criteria necessary for the evaluation of their work allows for generative learning and, by extension, higher quality services for the client. By using this simple criterion for what constitutes a behavioral description, the ripple effect helps everyone.

Fourth Edition Task List G-09: Provide behavior-analytic services in collaboration with others who support and/or provide services to one’s clients.

Fifth Edition Task List H-9: Collaborate with others who support and/or provide services to clients.

This is perhaps the most challenging aspect of our work as behavior analysts, though it is often made more difficult by our inadvertent acts of self-sabotage. Because our field emphasizes evidence-based practice and often advocates against pseudoscientific approaches, there is a risk that our confidence in our approach will evolve into arrogance that makes working relationships difficult.

Just as we must bear in mind that families are not professionals and therefore have no obligation to discern which of several options may be the most scientifically supported practice, we must also bear in mind that one does not necessarily know what they have not been taught.

When working with trainees, it is imperative that we remember the concept of a *baseline*. Given that we are the science of behavior *change*, we are all the more obligated to manage our expectations. Trainees cannot reasonably be expected to have working knowledge of behavior analysis before beginning their training and their own behavior has likely been shaped by reinforcers and punishers delivered by those somewhat skeptical of the science of behavior analysis.

Collaboration is frequently defined as working *with* another, and in this case we must be mindful of working with others rather than doing the work *for* them or forcing our own agenda. Our obligation is not simply to train others, but to work *with* them so that our training is effective.

As an international organization working with service partners all over the world, we at the Global Autism Project have often encountered this obstacle and been required to challenge our preconceived notions about what is “best” focusing instead on what is “essential.”

There are several approaches to international consultation and training, and each of these models is appropriate for some training needs. One such model utilizes short-term

trainings intended to teach a particular skill to a large group who will then be able to perform this task independently without supervision or a great deal of oversight. This may be a cost-effective option for some public health programs, such as family planning measures or vaccination programs. Domestically, first aid certification training may be an example of how this type of training could be used to teach independence in behaviors that could increase safety. If needs persist on a more long-term basis, there are many organizations where international consultations are sustained for months or even years, and this too, may be necessary and beneficial. The international organization Medecins Sans Frontieres, also known in the USA as Doctors Without Borders, is one organization that uses this model to great success in the provision of care. In areas of the world plagued by genocide, natural disasters, or public health crises, Medecins Sans Frontieres provides health care in specialized clinics that serve incredibly vulnerable populations, at times providing the only medical care available.

For those working with individuals with autism in underserved areas around the world, these models of training continue to be used, but may be a less ideal option. Short-term training for those who do not have access to resources for further training and oversight could potentially cause a great deal of harm if trainees are encouraged to misrepresent their skills and expertise. Additionally, placing an outside consultant in a position of leadership can have unintended consequences, particularly in developing countries. There is significant risk that such a position may be detrimental to the social significance of program goals. Goals may be selected which are not culturally appropriate, or may even cause greater stigmatization. Additionally, it is unlikely that such a leader could successfully “work themselves out of a job” without encouraging the staff to function independently not only in positions of direct service provision, but in leadership as well.

The Global Autism Project has therefore adopted a model of providing training *in partnership with* organizations rather than providing services *for* them. Each of our service partners is leading a center for the provision of services for individuals with autism and is led and staffed by local citizens. Our goal is to provide training that not only addresses our own agenda, but emphasizes the priorities identified by our partners in ways that encourage sustainability. Just as we must when providing more direct services, it is crucial to properly assess what is *essential*, what is *preferable*, and what is *preferable to us, the behavior analysts*.

This distinction can be a difficult one for many behavior analysts, as our ideas are often influenced by both our own culture and the expectations of what resources would generally be available. What would be a reasonable expectation for a center in a metropolitan area in the USA would not necessarily be reasonable for those working in rural Appalachia where resources are scarcer or a developing country where no services currently exist. It is common to view the most comfortable way to do things as the “right way” and allow what is *preferable to us* eclipse what is *essential*.

To that end, the clinical department of the Global Autism Project saw a need for an objective and culturally relevant assessment of progress toward becoming a center of excellence in the treatment and education of individuals with autism spectrum disorder. The *Site Assessment Survey for Sustainable Interventions*[®] was developed to assess an individual center’s progress toward this lofty goal. Now in its first revision, the Site Assessment Survey for Sustainable Interventions-Revised[®] (SASSI-R[®]) identifies key elements of a successful and independent center of excellence in terms of clinical services, administrative practices, and outreach. Aspects of the clinical services which are assessed include data collection, the application of evidence-based strategies, and the use of FBAs. Administration practices are also examined using this assessment, which includes items that address financial sustainability of the center, human resources practices, and the

capacity of the center. The SASSI-R also assesses the needs of centers in terms of outreach as well. In this section of the SASSI-R[®] assessment, areas such as the level of understanding and awareness of autism within the community are also addressed.

Training must promote generalization, defined by Baer, Wolf, and Risley as behavior change that “proves durable over time.” By working in partnership in goal development and training implementation, we create greater opportunities for reinforcement of the skills necessary to oversee clinical centers of excellence.

In training activities, we must be mindful of our commitment to “work ourselves out of a job” and foster independence, just as we are in our clinical work. By emphasizing skills in practices that are evidence based and culturally relevant, we ensure that high-quality services can be provided and maintained.

Fourth Edition Task List G-07: Practice within one’s limits of professional competence in applied behavior analysis, and obtain consultation, supervision, and training, or make referrals as necessary.

Fourth Edition Task List G-08: Identify and make environmental changes that reduce the need for behavior analysis services.

It is necessary at this point to review what is meant by the word *environment* in behavior analysis. Environment, in our field, refers not to a place but to a set of circumstances. More specifically, it refers to the circumstances under which a given behavior occurs. Environmental accommodations are often presumed to refer to modifications of the physical environment. Physical accommodations such as ramps for those with motor disabilities, braille for those with visual impairments, and the use of visual schedules would all be considered environmental changes. However, these examples do not encompass the breadth of possible environmental changes. While the phrase “environmental changes” can refer to the physical environment, any change of circumstance could also meet this definition.

Dr. Peter Gerhardt has been known to say that it is often possible to teach enough to get someone 80% of the way to their goal and the remaining 20% of progress toward their goals must be picked up by society. It is possible, and even likely, that certain environmental conditions may be in place out of convenience or habit than out of need. We have simply grown accustomed to doing things in a certain way. Behavior analysts are certainly as susceptible to this phenomenon as anyone, and it is often our habits that dictate the “right” way to do things rather than any evidence that these tactics are actually superior.

When it comes to training and oversight, it is necessary for behavior analysts to correctly identify those things that are *essential*, those that are *preferable*, and those that are *preferable to me, the behavior analyst*. Training goals and procedures must be identified that meet the needs of the individual trainees as well as the corporate culture.

What are the resource constraints, both in terms of physical resources and human resources?

Fourth Edition Task List K-02: Identify the contingencies governing the behavior of those responsible for carrying out behavior-change procedures and design interventions accordingly.

Fifth Edition Task List I-7: Use function-based strategies to improve personnel performance.

This is perhaps the most essential of our obligations to be listed in the Fourth Editions Task List. And yet it is also the most frequently ignored. As scientist practitioners, we often embrace the concept of reinforcement and acknowledge the power of reinforcement in supporting emerging behavior change or in maintaining behavior – at least in theory. In practice, however, we very frequently overlook the power of reinforcement to maintain

behavior for those responsible for implementing programs. When working directly with clients, it is a generally accepted practice to analyze the antecedent and consequence conditions that control behavior. Among the conditions to be considered are the motivating operations, or those conditions which make a presumed reinforcer effective in supporting behavior change.

When working with clients, we are prepared to do preference assessments, knowing full well that preferences may vary even among members of a population who have a great deal in common, and these preferences may fluctuate even for individuals. Trainees, however, may be told that they “should” have their behavior reinforced by the client’s progress. Rather than adapting the environment to encourage the behavior we want to see in our trainees, they are often told to find someplace else to work if they don’t feel appreciated. While behavior analyst should be adept at identifying and working with existing systems of reinforcement, when it comes to training, we often fail to do so.

When working with those who are new to the practices of behavior analysis, we often encounter the most resistance when discussing the necessity of data collection. Many practitioners are uncomfortable with the practice of data collection, unsure of how it can fit into already established routines, and intimidated by a scientific approach. There is a great deal of skepticism as to whether or not the extra effort involved is justified, and many feel it is an unnecessary waste of time and effort.

Having had this discussion several times before the Global Autism Project’s first partnership visit, I was pessimistic that these attitudinal barriers could be overcome, but committed to do my best in advocating for data-based decision-making. On our first trip, we provided training in discrete trial teaching methodologies, assisted in curriculum development, and instituted a data collection system. And fervently hoped that what we had established would be maintained. On the following trip, we found that, not only had the behavior changes we put in place been maintained, but changes had been made in the collection of data that allowed the center to save up to 30% on the costs of paper. When we had a roundtable discussion at a staff meeting and asked what was their favorite part of the previous trip’s training, every staff member mentioned data collection. The collection of data and the ability to monitor the clients’ progress was unanimously reported as the aspect of training that they found most useful to implement. Seeing the progress that the children made, not only in their subjective judgment, but on paper, was the highlight of their work.

For these staff members, the resulting data provided sufficient reinforcement for the extra effort of collecting it. However, for many of those that we train, the reinforcer of information about the client’s progress is woefully inadequate.

Data that does not allow us to do so is simply data collected for its own sake, and those responsible for collecting it would be justified in thinking it meaningless busywork.

Fourth Edition Task List K-03: Design and use competency-based training for persons who are responsible for carrying out behavioral assessment and behavior-change procedures.

Fifth Edition Task List I-4: Train personnel to competently perform assessment and intervention procedures.

As a consultant for the development of a preschool program using applied behavior analysis methodologies, part of my responsibility was to present program changes, along with the psychology staff. The program was growing and improving and it was our job to inform the staff of the expectations and provide training sufficient for them to meet these expectations. For several weeks, staff had been implementing strategies designed to increase the students’ spontaneous requests, referred to as *mand training*. Data had been collected on this behavior and we were now instructing teachers and teaching assistants

to graph this data so that progress over time could be monitored by visual analysis. In this paper-bound system, teachers and teaching assistants were expected to place two data points on a graph twice a day for each student in a class of eight. It did not seem to any of us presenting that this would be a problem, particularly since they had been running the procedures taking this data for several weeks.

During the meeting, however, one of the classroom teachers began shouting at us. This was too difficult, she claimed. She was already overwhelmed with her other responsibilities and here we were, yet again, telling her to do something else. There was no way that she could take this on, it was just too hard and too much. We were adding another unbearable burden. Those of us running the meeting were shocked. How could she have had such a strong reaction? We were certainly asking her to do something new, but the task itself, to us, had seemed so simple. We were asking her, along with two teaching assistants, to draw four data points daily for each of eight students. The actual amount of work to be done was, roughly estimated, drawing 11 dots daily.

Her strong reaction is, of course, explained by saying that she was not responding to the idea of drawing 11 dots, because this was not what this task was to her. With the level of fluency that the consultants had, the effort was minimal. Our familiarity with equal interval graphs and frequency data meant that we could easily complete such a task in a short time. But for those unfamiliar and uncomfortable with data collection and graphing, who may be intimidated by scientific language and visual representation of data, it takes intense concentration. The amount of mental effort in graphing data was simply not equivalent to drawing 11 dots.

This was not a problem with the difficulty of the task, and was not a problem with the attitude of the teacher. This was a problem of gaining fluency with the task so that it no longer seemed difficult. She was already learning a new language, a new way to manage her classroom, a new way to talk about behavior, and new ways to assess and treat it. The perceived difficulty of the task as we presented it was irrelevant to the difficulty of the task *to her*. She was struggling because she had not yet gained fluency in the tasks we were asking her to do.

Here we see a clear example of the importance of the concept of competency. This teacher was certainly capable of completing the tasks assigned to her, and there was some data available to that effect. What was not captured by this data, however, was either the speed or the ease with which she completed it, both of which affected her productivity.

Looking to the field of organizational behavior management, such problems may be prevented by examining the concept of *self-efficacy*, an element of social learning theory as proposed by Bandura and Adams (1977). Self-efficacy is defined as “one’s belief in one’s capability to perform a task” (Gist, 1987). While this concept may appear subjective at first glance, there may be ways that we can enhance the self-efficacy of employees with an emphasis on the accuracy of task performance as well as the *fluency* with which tasks are completed. By establishing more objective criteria, encouraging self-recording and peer-to-peer evaluation, and measuring the rate of performance where relevant, we can incorporate the concept of self-efficacy into our understanding of what constitutes *competency*.

It is essential that we take our commitment to fluency seriously and that we commit equally to competency. Our understanding of competency must not only reflect an ability to complete tasks accurately, but also the perceived competency of those responsible for performing these tasks.

Fourth Edition Task List K-08: Establish support for behavior-analytic services from direct and indirect consumers.

Fourth Edition Task List K-09: Secure the support of others to maintain the client’s behavioral repertoires in their natural environments.

Fifth Edition Task List H-9: Collaborate with others who support and/or provide services to clients.

Very often, behavior analysts are called in to train staff who are completely new to behavior analysis. In some cases, this new training reflects a philosophical change on the part of the organization and an enormous learning curve for the staff. Often such change is met with resistance.

Our science, however, has delved into the area of why organisms make the choices that they do, and, as might be predictable, character has very little to do with it. The factors which affect choices are described in *Matching Law* (Reed & Kaplan, 2011). Several factors of reinforcement can influence choice, and those identified within our science are *rate*, *delay*, *effort*, and *magnitude*.

The first studies of Matching Law showed that the rate of behavior could accurately be predicted by the rate of reinforcement (Herrnstein, 1961). These studies, focused within the experimental analysis realm, examined the effects of varied reinforcement schedules on the selection of sources for the reinforcer. It was discovered that the frequency of a given choice could be accurately predicted by examining the rate of reinforcement. Choices between two options (e.g. pecking one of the two keys) were directly related to the schedule of reinforcement. If one response was met with a thicker schedule of reinforcement, that behavior would be more frequent (Herrnstein, 1961). Other factors were later identified as important in affecting choice. The relative magnitude of a reinforcer available for different responses also affects the likelihood of engagement in the response. The delay of a reinforcer is a significant factor as well, as is the effort of the response necessary.

Matching Law is often cited as an example of the behavior analyst's inability to perceive the difference between the inner life human beings with rich lives and wide communities of reinforcers and interests and that of pigeons in cages. This point is well taken, as there are many variables in how these factors interact which could affect choice. However, it is critical that we take into account these factors when designing any behavior-change program, including training programs for staff and programs designed to teach the science of behavior analysis. There is often a discussion of staff having "buy-in" and being sufficiently "motivated." However, what is often overlooked in such discussion is what "buy-in" and "motivation" actually mean. These terms, often used loosely by human services professionals, refer to the potency of a given reinforcer for engaging in a given behavior. Identifying the factors that affect this potency is a necessary step in the planning of training goals and programming.

When prioritizing the goals of training staff and establishing their support, we must first consider that, regardless of our opinion on the effectiveness or practicality of their previous methods, these responses have been more practiced and have therefore gained greater fluency. Without accounting for other factors of reinforcement, we run the risk that trainees will simply return to those behaviors that have had more practice rather than maintaining the skills in which they have been trained. Each factor identified under Matching Law must be considered in order to establish the *natural maintaining contingencies* which serve to maintain behavior.

Engaging in target behaviors such as data collection or demonstrating procedural integrity when implementing behavior plans must be met with adequate reinforcement and a determination of how adequate such reinforcers are can be made based on the factors identified in Matching Law.

Reinforcement must occur at a sufficient *rate* to maintain behavior. Responsible parties must be identified who will be responsible for identifying whether or not trainees are completing tasks according to the trained procedures. Procedural integrity must be

maintained and consistently monitored during and after the training. In addition, there must be someone responsible for delivering these reinforcers and doing so at an acceptable frequency. Too often, failure to follow procedures serves as a prompt for the trainer to begin monitoring procedural integrity. Systems tracking punctuality are put in place after lateness has become a problem, and paperwork audits are performed when necessary documentation has not been submitted. The implementation of monitoring in this reactionary fashion can often be too little and too late, however. While this may improve trainee performance, it does not prevent such issues. Establishing reinforcement at a sufficient rate, and the systems to maintain this rate, can establish long-term support on the part of trainees.

A related factor affecting the success and maintenance of our training is the *delay* of these reinforcers. When establishing a training schedule and training goals, consideration must be paid to the immediacy of reinforcer delivery. In order for the reinforcer of our praise or additional benefits to be effective, it must be competitive with the reinforcer available for previously established behaviors. Often these behaviors may be the administration of aversives, including reprimands or, in some cases, painful or noxious stimuli. This is certainly an issue in the international work of the Global Autism Project, as physical punishment is a common practice in many other countries. It is important to note, however, that 19 US states also allow corporal punishment. The use of aversives in the treatment of behavior, including physical pain, is not exclusive to those beyond our shores. As explored in previous chapters, the use of punishment is, in and of itself, a behavior that can be reinforced. In this case, the cessation of behavior removes the aversive stimulus. The use of punishers is therefore negatively reinforced – the frequency of their use increases because this response removes the aversive stimulus of the disruptive or otherwise unpleasant behavior. In order to promote ethical practice and alternatives to the use of punishment, behavior analysts who provide training must be aware that the immediate decrease of behavior is a significant factor. Reinforcers delivered for the adherence to particular methods or the correct implementation of procedures must be delivered with minimal delay. In vivo training in which constructive feedback is delivered immediately is ideal. In cases where this is not possible, delivering feedback based on video in real time as trainees view sample videos may also be an option. However, long periods of silence followed by vague references to past behavior should be avoided.

Reinforcement must also be of sufficient *magnitude*. By magnitude, we refer not only to the amount of a given reinforcer, but also to that reinforcer's value to the individual. Very often, the reinforcer is considered to be financial, and the validity of monetary reinforcers should not be overlooked. At the Global Autism Project, we have too often seen centers with compassionate and enthusiastic staff who are forced to find other employment when a lack of financial sustainability means that they cannot be compensated for their work. Particularly in countries with no support services for individuals with autism, where there is no industry currently in place and little understanding or awareness of autism or its treatment, this is an area where our service partners require the greatest support. However, other reinforcers may be equally potent. The use of compensatory time as a reinforcer is often considered a low-cost option, and gift cards are also a common reward for employee performance, along with public acknowledgement or awards. However, reinforcement programs are limited only by the creativity of those who design them and their effectiveness is often determined by staff preferences.

The factor affecting choice which is perhaps of greatest importance when planning training is *effort*. Behavior analysts must consider the response effort for the trainee, relative to the response effort of whatever procedures had previously been in place or those that the trainee has learned in other settings. Ensuring that tasks can be performed

efficiently, that data can be taken accurately while the trainee fulfills other job responsibilities, and that procedure can be implemented with relative ease can be the hallmarks of training that produces lasting behavior change on the part of trainees. Which, of course, creates consistency for the clients.

In summary, when we think of establishing support, our primary directive must be to establish support from the trainees themselves. Further, we must create systems so that their behavior change will be supported, just as we would for our clients in the context of direct services. With the support of trainees, we can create meaningful change for clients, and reinforcement is the cornerstone of that support.

Fourth Edition Task List K-04: Design and use effective performance monitoring and reinforcement systems.

Fourth Edition Task List K-05: Design and use systems for monitoring procedural integrity.

Fourth Edition Task List K-06: Provide supervision for behavior-change agents.

Fifth Edition Task List I-5: Use performance monitoring, feedback, and reinforcement systems.

The use of reinforcement systems is, interestingly enough, among the more frequently overlooked of the techniques that form the repertoire of the behavior analyst. When training others, we often expect advanced skills of the client or improvements in behavior to serve as reinforcers for the teaching behaviors that we attempt to train. To engage in this fallacy, however, is to take a tremendous risk with the effectiveness of our training.

While the progress that our clients make is often the most potent reinforcer for teaching behavior, it is critical that we remember the influence of aspects of reinforcement as described in Matching Law. The magnitude of this reinforcer may be greater than that of simply the avoidance or escape of disruptive or dangerous behavior; however, there may be other factors which affect a trainee's choice to engage in target behaviors. Improvement in the behavior of clients is often the effect of great effort, particularly for those with minimal training in evidence-based practices at the start. In addition, such reinforcers are often accessed only after significant delay. Establishing durable change in socially significant behavior for our clients requires great investments of both time and work. These factors may cause sufficient conflict so that even a reinforcer of great magnitude cannot compete.

The arguments made against the use of reinforcers for staff or trainees are often similar to those made against the use of reinforcers more generally. It is often argued by those outside the science of behavior analysis that the use of reinforcers is unnecessary or even harmful in the development and maintenance of behavior change. It is often argued that learning *should* be its own reward, that adding extrinsic reinforcers carries with it the risk that intrinsic reinforcers will no longer be effective. In short, the argument states that if we do not allow learning to be its own reward, an individual will develop a dependency on thick schedules of reinforcement and fail to engage in the behaviors we hope to increase without it. Children should not engage in social behavior because they are rewarded, but rather because it is the right thing to do.

This emphasis on what should be the case is, of course, easily refuted by behavior analysts. Certainly, there is value in learning that is maintained by the joy of newfound knowledge. However, reinforcers are not exclusive to items such as stickers or pieces of candy. Rather, a reinforcer can be any stimulus or event which increases the likelihood of behavior that it follows. According to our understanding of the functions of behavior, behavior can be maintained by tangible reinforcers such as stickers, candy, or even financial remuneration. Socially mediated reinforcers may also maintain responding or support emerging behavior change. Praise, physical affection, or the recognition by authority figures may be considered positive reinforcers within this category. However, behavior can also be

established or maintained by *automatic reinforcement*. Reinforcers that are considered automatic are those that do not depend on social mediation. These reinforcers, occasionally in place for those behaviors an individual engages in when alone, are effective regardless of the involvement of others, including teachers and clinicians. The concept, therefore, of intrinsic reinforcers, is strongly connected with automatic reinforcement, and may even be considered synonymous. Rather than behavior being learned in the absence of reinforcers, we may consider that behavior is learned in the absence of tangible or socially mediated reinforcers. Automatic reinforcement, however, may be in place for these behaviors. This satisfaction in acquiring new skills and expertise is, in and of itself, a reinforcer.

In addition, behavior can only be maintained by reinforcers if those reinforcers are contacted contingent upon the behavior. A promised reinforcer that is never acquired has no influence upon the recurrence of behavior. It is easy to say that a child's behavior should be reinforced by the joy of others or by the satisfaction of learning. However, if a child never observes the joy of another, or does not gain to the level of understanding or knowledge to attain a feeling of satisfaction, these cannot possibly influence behavior.

An emphasis on what *should be* the case at the expense of what *is* the case is a fruitless exercise in training, as it is in clinical practice. We can certainly argue that trainees *should* acquire reinforcers from the progress of the clients or from the increased knowledge and advanced professional development. However, if these reinforcers are inadequate relative to the effort of the procedures in which they are trained, we are sure to be disappointed. If the delay of the client's progress is too great, this reinforcer may not be sufficient. Finally, if the reinforcer is never acquired because such progress is not noted, even the most potent reinforcer cannot be effective.

As Aubrey Daniels has frequently stated, "behavior goes where reinforcement flows" (Daniels, 2001). This statement is as true for our trainees as it is for the clients in direct services using applied behavior analysis methodologies. Applied behavior analysis is the science of how organisms learn and, as a science, it examines phenomena that already exist, regardless of what phenomena *should* occur. Using reinforcers that are likely to be effective is essential to the success of a training program. Rather than focusing on what *should* reinforce behavior, we must place our emphasis on what *does* reinforce behavior.

Fourth Edition Task List: Provide for ongoing documentation of behavioral services.

Fourth Edition Task List: Evaluate the effectiveness of the behavioral program.

Fourth Edition Task List: Arrange for the orderly termination of services when they are no longer required.

In this case, we might conceptualize the "behavioral program" as the training that is overseen by a behavior analyst. Just as the programs that we develop for our direct service, clients must demonstrate effectiveness, and we must also demonstrate the effectiveness of our teaching procedure when working with staff.

An essential element of any teaching process is the selection of behavioral goals. Too often, the goals of training are not clearly identified or clear criteria for mastery of skills are not established. However, the goals of training must be clear to both trainers and trainees. Just as we are obligated to develop appropriate goals for clients, we must do so for trainees.

The use of S.M.A.R.T. goals in this case is an effective tool, just as it is with direct service clients. The term "S.M.A.R.T. goals" refers to goals that are *specific, measurable, achievable, results-focused, and time-bound*. A *specific* goal is one that addresses observable behavior and sets clear criteria for the mastery of skills. As addressed in our discussion of competency, mastery must be objectively defined and established as a result of training. Criteria for what constitutes fluency in the procedures to be trained must be determined and trainees must be given opportunities to review their performance data in order to promote self-efficacy.

The development of *measurable* goals is well within the skill set of a behavior analyst. These goals include criteria for mastery as well as the means for determining whether or not these are mastered.

Goals which are *attainable* are those which are possible to achieve, given the skills and background of the trainees. Additionally, they must bear in mind the resources available to accomplish these goals. The human resources necessary to accomplish training goals include the number of staff. However, another resource necessary for training is time. This resource is among our most precious and is almost always short in supply. When considering if a given goal is attainable, the amount of time necessary to attain them should be considered. Efficient training is essential.

Developing *results-focused* goals is also essential in effective training practices. Goals must specify the results to be expected.

Finally, goals must be *time-bound*. While the development of goals that are time-bound is common in general education classrooms, the practice of developing time-bound goals may be an adjustment for those who serve vulnerable populations. However, the necessity of time-bound goals is a vital aspect of effective training. The importance of the precious resource of time in the accomplishment of clients' goals cannot be overstated. Although the assumption that each person has tremendous potential to learn remains true, it is vital that we spend the resource of time as wisely as possible.

Following the development of goals, it is necessary to determine how precisely to accomplish them. One frequently recommended practice is the use of behavioral skills training. This training method consists of four parts: *instruction*, *modeling*, *rehearsal*, and *feedback*. In the instruction phase, a rationale is offered for the procedure or skill to be trained. The steps of the procedure are explained and often a written description of the procedure is provided to trainees. In the *modeling* phase, the procedure as described in the written description is demonstrated for trainees. This may be demonstrated live, or video modeling may be used. Trainees are given an opportunity to ask questions on the procedure and gain greater clarity. Finally, the rehearsal and feedback phases are performed concurrently – staff are given an opportunity to practice the target skills and receive feedback from trainers on their performance. In some cases, trainees can be encouraged to work in pairs and deliver feedback, in turn, to one another.

Although the use of behavioral skills training has been well-established, training in human services is often presented merely in lecture format. Analysis of the effectiveness of behavioral skills training clearly illustrates the limitations of didactic training alone. The opportunity to observe the implementation of the target procedures and practice the target skills with feedback on how performance could be improved is an efficient and effective format in which to provide training.

Behavioral skills training has been used with great success to train staff to properly execute discrete trial teaching (Sarokoff & Sturmey, 2004). Additionally, this training can be implemented efficiently and is therefore a cost-effective option. By introducing peer observations and feedback, trainees can also gain greater fluency with the procedures and potentially increase self-efficacy as well.

By bearing in mind both the quality of our goals and the quality of the training itself, the effectiveness of our programming can accurately and judiciously assess the effectiveness of these interventions.

Fourth Edition Task List K-02: Identify the contingencies governing the behavior of those responsible for carrying out behavior-change procedures and design interventions accordingly.

Fifth Edition Task List I-5: Use performance monitoring, feedback, and reinforcement systems.

Fifth Edition Task List I-6: Use a functional assessment approach (e.g. performance diagnostics) to identify variables affecting personnel performance.

Fifth Edition Task List I-7: Use function-based strategies to improve personnel performance.

Fifth Edition Task List I-8: Evaluate the effects of supervision (e.g. on client outcomes, on supervisee repertoires).

Fifth Edition Task List H-9: Collaborate with others who support and/or provide services to clients.

I have often lamented to supervisees or trainees the change in the meaning of the word “why” when spoken by a supervisor or trainer. When asking why a task was not completed or why a procedure was not followed, it is rare that this question will be perceived as a question, as it most often is assumed to be an accusation. The question, “Why wasn’t this done?” is assumed not to have a reasonable answer.

However, as behavior analysts, and moreover as scientists, we understand that all phenomena occur as the result of other events. Therefore, the question, “Why was this done incorrectly?” or “Why was this responsibility neglected?” does indeed have an answer. The answer may be “I didn’t know how” or “I didn’t have the necessary resources” or “I didn’t have time.” Regardless of what the answer is, it is vital that the trainer know the answer in order to plan accordingly. Effective training directly benefits clients – trainee needs are client needs. The needs of trainees must be met and we must be mindful of the resources available to meet those needs.

Legal, Ethical, Moral

When taking on the role of training, it is necessary to assess the many responsibilities that this role entails. These can be examined along the lines that we have developed in previous chapters: legal responsibilities, ethical responsibilities, and moral responsibilities.

Our legal obligations are those which have been dictated by government agencies or by contract. Meeting these obligations is essential in order to continue practice, and in some cases to avoid litigation or even prosecution. Ethical obligations are those which are prescribed by the Professional and Ethical Compliance Code for Behavior Analysts®. This enforceable document dictates the obligations of the behavior analyst according to the Behavior Analyst Certification Board®. Ethical violations do not necessarily lead to legal actions, but are no less important, and no more open to personal interpretation. While there can certainly be arguments made that there is often an absence of black and white, binary states of ethical and unethical behavior, these obligations are set forth by a governing body. Moral obligations, however, are often shaped by our culture and upbringing. Decisions of right and wrong that supercede the requirements of the Behavior Analyst Certification Board® would fall under the umbrella of “moral obligations.”

In this chapter, we will examine the legal ethical and moral obligation that must be fulfilled by the behavior analysts when implementing training.

Legal

Contractual Obligations

Those of us who engage in the activities of trainer may be hired initially as an independent consultant. For tax purposes, we may be considered an “independent contractor,” since this consultation is not necessarily considered a role that is essential to the direction of a center. Several factors may be considered when deciding one’s business

development, and an analysis of these is beyond the scope of this book. However, even outside of the confines of a distinct role within a particular setting, there are legal obligations that remain.

A careful review of the contract is the first obligation of any behavior analyst. Be sure to carefully analyze the tasks. Rates of compensation, responsibilities, restrictions, and billing procedures must be abundantly clear.

Billing Procedures

All billing procedures must be rigorously followed according to the instructions. It is vital that behavior analysts follow closely any billing procedures and keep accurate records of procedures followed, programs implemented, and the hours competed. Any procedures involving the unit of measurement should also be clarified. Though many private organizations provide remuneration in 15-minute increments, which are generally rounded up the nearest quarter hour, other organizations require more precise records.

Depending upon the source of funding, failure to follow the billing procedures, including accurate record keeping, can have devastating consequences, including charges of Medicaid or insurance fraud.

Employee Rights and Union Requirements

The restriction of employee contracts can add an extra level of complication to fulfilling the responsibilities of the trainer. It can be frustrating to navigate the conflict between the needs of employees and the need for adequate training, particularly in environments when time is constricted by contractual agreements and union requirements.

Ethical

Scope of Practice/Supervisory Competence

Behavior analyst must only provide training in a given procedure if competency has been well-established. A behavior analyst must remain within the boundaries of their competence. If the behavior analyst does not have the necessary skills and background to teach or train in a given task, it is essential that they seek out the supervision and oversight to perform these tasks responsibly.

There are situations that might arise where we are suddenly thrust outside of our comfort zone and beyond the boundaries of our competence. It is essential in that case to ask ourselves if this is still a role that we can responsibly fulfill. If this is simply a matter of supplementing one's skills, recommending a consultation with a behavior analyst with more expertise may be in order. A short-term consultation is an excellent option in the case of those situations which require only a "quick fix." If the behavior itself requires specialized intervention, this may be preferable, as may be the case with sexual behavior, preparation for specific medical procedures, or some aspects of menstrual care such as the use of tampons. Professionals often find that these short-term consultations may also be useful in teaching specific vocational skills of interest to the client.

If, however, the training needs to evolve beyond our capacity, pursuing other options may be in order. If, for example, training in particular behavior-change procedures with which the behavior analyst has less fluency and expertise becomes necessary, a referral would be appropriate.

While we are permitted to gain new experience if provided with the training and supervision necessary to follow through with high-quality work, we must also be aware of our limitations. Behavior analysts must guard against overestimating their own expertise and making the assumption that there is no one qualified to provide higher quality services if we do not have the competency to do so. In the Global Autism Project, we have discovered that this attitude is often an obstacle to sustainable services, particularly in the developing world. It is common for professionals, within or outside the field of behavior analysis, to assume that the only qualified professionals are those from our shores.

In fact, there may be many professionals fully capable of providing quality services, and there may be many areas where we lack the expertise to provide the needed services. Understanding and accurately assessing our own shortcomings is a necessary aspect of ethical practice. No matter how much we want to contribute, it is necessary to determine if we can do so with the expertise required to do it well.

Conditions that Interfere with Program Effectiveness

Just as we must determine the obstacles to program effectiveness when working directly with clients, we must also determine the factors that may influence the effectiveness of training.

The Professional and Ethical Compliance Code[®] published by the Behavior Analyst Certification Board[®] requires us to distinguish between those environmental conditions which prevent the implementation of programming and those which prevent the implementation of programming.

However, the lack of access to training is not synonymous with a need to provide such services ourselves. Even in countries where the government or community does not acknowledge the need to provide such services, we have found that there are local centers who are willing and able to provide services, although they may have great difficulty doing so. These centers are often under-resourced and training may surely be needed to improve the quality of these services. However, one must not confuse a lack of institutional or governmental support for a lack of ability to address the needs of children with autism. It would be erroneous to assume that such services do not exist, and even more so to assume that such services are not needed.

Supervisory Delegation

The Professional and Ethical Compliance Code[®] requires that we delegate only those tasks which the supervisee or trainee can perform competently. If the skills to perform the task in question are not in the trainee or supervisee's repertoire, steps must be taken to provide the training and supervision necessary to attain these skills and oversight must be provided to ensure that competency is achieved.

An essential step in this process is to assess the skills at baseline. This is as true for training as it is for direct service. No assumptions should be made that trainees would have necessary prerequisite skills or background knowledge. Trainers must be ready to assess, formulate goals, and provide training where necessary, and that necessity must be determined through observation. In addition, we must continue to assess needs as the training continues.

Behavior analysts are required to seek out environmental explanations for behavior, and to base their hypotheses of behavior on observable phenomena. We are cautioned against the use of mentalistic explanation in the analysis of behavior. Behavior cannot be objectively explained if we base our analysis on the inner lives of the individuals we serve. Behavior is learned through the application of reinforcement and punishment, regardless of whether or not these procedures were deliberately applied. Applying this type

of analysis to our training, we would be attentive to addressing the identified observable needs of trainees rather than focusing on our expectations.

In our commitment to meet trainees where they are, we are addressing the destructive power of the word *should*. Perhaps trainees *should* know how to perform certain procedures. Perhaps they *should* be using reinforcers and avoiding the use of punishment. Perhaps they *should* collect accurate data. However, these techniques, which may seem simple and natural to those of us with greater fluency in their use, may not come naturally to others. We must not rely on what *should* be the case and ignore what *is* the case.

Providing Feedback to Supervisees

The Behavior Analyst Certification Board® also prescribes the requirements of feedback as delivered to supervisees. Specifically, this feedback must be delivered in a manner that will increase the effectiveness of training. Again, our emphasis must not be on what should be, but on the results.

Ethical, Professional, Uncomfortable

In addition to making a distinction between the legal, ethical and moral obligations of the trainer, we must also distinguish among the professional behaviors of trainees and those behaviors which merely make us uncomfortable.

Tone and Interaction Style

The assessment of tone and interaction style is often subjective. For those of us who have a tendency to use abundant praise, it may be difficult to explain what constitutes “stern” language, or why it may make us uncomfortable.

First, be mindful of how such interactions are received by the client or trainee. What appears to one person as an excessively stern tone may not be received that way. Train supervisees as well to be observant of the client’s response and respond accordingly.

Be mindful also that those interactions which are observable may be observed by others and both impropriety and the appearance of impropriety should be avoided. If the client appears to respond well to interaction that appears to be more punitive, using short loud phrases when delivering praise may be more effective than soft lilting tones.

Taking Initiative – When and How

We must be willing to relinquish absolute control of behavior-analytic programming as the trainees increase their expertise. Allowing and encouraging open communication is one way to ensure that trainees are able to take initiative when necessary.

Have clear system in place for communication, including criteria for what should be communicated. If trainees have achieved competency in data-based decision-making, allowing them to do so with some oversight can have benefit to both professional and client.

Ethics, Competency, Staff Training, and Resources: Some Personal Reflections

Peter Sturmey

Abstract

Staff training is an essential function of behavior analysts which benefits clients, staff, organizations and society in many ways. The principal ethical challenge is failure to act,

that is, not training staff at all or not training them effectively. Behavior analysts can address this by spending time training staff using behavioral skills training on important skills and developing systems of staff training.

Keywords: Staff training; ethics; behavioral skills training; general case training.

Ethics, Competency, Staff Training, and Resources: Some Personal Reflections

When I began my work as a high school volunteer in a special education school in 1975, I was immediately struck by the potential of individuals with intellectual and other developmental disabilities and the possibility of realizing this potential. These individuals with disabilities could do so much more than they did and be happier than they were yet services failed them when there were adequate or even many resources. I had similar thoughts about their staff who often seemed motivated and benevolent but frustrated. Staff often underperformed and realized that they should be doing something, but did not know how to do it. This situation has not changed. I recently worked with a good group of staff consisting of a teacher and three teacher assistants (TAs) for six children. At the beginning of the year, the TAs, who had no previous experience of working with children with severe disabilities, timidly hung around at the edge of room trying to figure out what they should do. The teacher did not do so, as she too had not been trained to manage staff in this context. We had a very well-resourced classroom that was underperforming due in part to the lack of effective staff training.

As an undergraduate, I conducted an observational study of patterns of interaction between staff and residents in a large residential organization and, like many similar studies, found little interaction going on, much staff interaction in response to challenging behavior, and very uneven distribution of interactions with a few individuals receiving much of the attention and many individuals largely ignored. When I did my research PhD, I learned about the cascading benefits of staff training, which immediately convinced me that this was one part of the solution to this problem. Since that time, I have conducted many research studies and done much applied work to make the best of the resources available through staff training. These concerns have led me to conduct empirical studies on efficient, effective, and acceptable forms of staff training; procedures to maximize generalization of staff training; pyramidal staff training; and to review research on evidence-based practices so we know what skills we should train. I believe that training staff will not solve all of the problems that services have, but I do believe it is one essential component of the effort to give individuals with disabilities the best lives possible.

So, I am passionate about effective, evidence-based, efficient staff training as an ethical practice because of the tremendous benefits to people with disabilities, the staff and society more broadly. I have seen services that are ineffective in training their staff: all suffer because of this. I have also seen services work hard over extended periods of time on developing and growing methods and systems of staff training: there can be tremendous and long-lasting benefits to all concerned.

The Biggest Ethical Challenge: Failure to Act

The world of behavior analysis is full of ethical challenges, but the one that always sticks out to me is that individuals do not get the services they need. Things have indeed gotten better than in the past: children with disabilities are no longer excluded from education en masse as ineducable or labeled “trainable” rather than “educable.” Indeed, eligibility for education has been extended to the full age range from birth to 22 years in the USA. But many children are de facto excluded from education through suspensions and

exclusion from school. More subtlety, children are denied education by placement in classrooms where insufficient or even no meaningful teaching takes place.

There are many reasons for this: some staff and administrators would rather have an easy life and put their own pleasure and comfort ahead of teaching children: they chat, check their phones and computers, drink coffee in the classroom, plan their vacations at work and print recipes for Basque rabbit stew rather than work with the children. (I have seen all of these recently from TA's through administrators.) Sometimes staff chose to engage in these problem behaviors because their appropriate behavior is weak or absent. Training staff how to teach and making them fluent can help, but does not substitute for adequate supervision and external monitoring. Others are satisfied with status quo, do not want to make an extra effort or do not know how much their children could learn if they themselves were more effective.

This failure to act is not ethically neutral. It deprives the children of the benefits of the education they readily could have, wastes resources, and often makes staff miserable too.

Other Ethical Challenges

Failure to act is not the only ethical challenge in staff training. For example, it is important that we get consent for procedures such as videotaping from all parties. If a service does this routinely and commonly, it is good practice to let staff know before they are hired that this is part of their job and to put it in their job descriptions so they can make informed choices as to whether or not they wish to work in such a service. Staff training is sometimes stressful for staff as it may expose the things that they do not know and cannot yet do. Occasionally, services use staff training and part of a disciplinary procedure, which can be done as part of good practice – giving the staff a chance to fix a problem – or as a coercive administrative measure that allows administrators to say that they trained the staff and now that can take adverse action against them for not complying.

There are also ethical problems in research on staff training. Coercion is sometimes an ethical problem in staff training research as when a supervisor asks the staff they supervise if they would like to participate in the supervisor's research project. This problem can be solved by having independent consenting of participants and keeping the supervisor blind as to who is participating in the research. Likewise, staff are sometimes distressed when they are kept in prolonged baselines when it is apparent to all that they need training. This problem can be solved by using experimental designs with shorter baselines, such as multiple probe designs and permitting staff to drop out of the research without prejudice if they wish. Overall, the ethical challenges of staff training research are mild as participation is voluntary, they can drop out and staff benefit considerably from the training.

Training and Behavior Analysts

What is sauce for the classroom assistant goose is sauce for the Board Certified Behavior Analyst® (BCBA®) gander. Training of behavior analysts is often quite good in teaching them the basic knowledge of teaching, but is quite variable in terms of giving behavior analysts effective skills, and so, behavior analysts often need continuing training and education in the application of the principles they learned in school to real-world problems. With respect to conducting competent and timely FBAs and behavior support plans (BSPs), there is probably good consensus on the content, methods, and timeliness of FBAs and BSPs, but in terms of implementation there is still much left to be done. Post-qualification training and continuing education requirements may sometimes help, but too often the emphasis is on hours attended rather than skills learned and applied, although perhaps

this is changing as BCBA[®] supervision requirements are tightening up. A weakness in many forms of professional training is that universities focus on the number of applicants, time to graduation and sometimes the number of graduates who obtain professional licenses as measures of outcome, but they are indifferent to the effectiveness of their graduates in professional practice. Thus, university courses and other professional training in many ways are insulated from the outcomes of their training, as they receive few consequences for either good or bad professional training.

One aspect of practice that is important is that BCBAs[®] must be able to use effective methods of staff training which means using behavioral skills training: BST. I hear too much lip service training staff using instructions, modeling, and feedback, and often when I probe more carefully or observe practice some BCBAs[®] continue to be little professors and give lectures, but do not use sufficient or any modeling, rehearsal, and feedback. One quick, down and dirty staff training session involving modeling alone may be sufficient to train staff effectively in some situations, but behavior analysts should do better. We can base training on general case training and conduct follow-up observations after initial training to ensure that the training was effective in achieving client outcomes. Sub-optimally designed BST limits the benefits of training to the clients and hence should be replaced with the best training we can deliver.

Nevertheless, BCBAs[®] often face tough and novel challenges in their work and frequently encounter situations where they are not competent. This, in itself, is no problem. BCBAs[®] just need to discriminate when they are out of the bounds of their competency and what appropriate action they should take to minimize client harm and enhance their own competence. This is tricky because knowing when to ask for help can be difficult as is being able to find and evaluate the help available.

Summary

Staff training will not fix all the world's problems but it is an important part of the solution in many cases! Many children and others around them benefit tremendously from having competent staff. They learn more and become more independent. Their staff become busy and engaged in their work, are less stressed out and less likely to engage in inappropriate behavior, and can go home with a sense of achievement that they have been effective doing something important. In addition, our precious tax dollars are less likely to be wasted on useless or harmful activities. These are some of the most important ethical imperatives to engage in effective staff training.

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14 The Behavior Analyst as an Employee

Dan Montgomery

When discussing job searches with friends outside of the field, they are often mystified (and occasionally horrified) by my habit of sending out multiple resumes at once. I am often told that this is a terrible idea, that each resume should be tailored to the specific job posting and relevant to the demands of that position. I will often clarify by explaining, “I am basically applying for 10 or 15 of the same job.”

As discussed by Dr. Peter Gerhardt in a previous chapter, the ability to perform tasks is not necessarily the strongest indicator of future success at a work site. This truism regarding the employment of individuals with autism certainly applies equally to employment for those of us who serve them. The tasks of the employment are often similar, or even identical, from one employment site to another. Each will require us to assess client needs, develop behavior programs, collect data or oversee its collection, make data-based decisions, and train others in the implementation of programs. While there may be individual differences in the methods of training, data collection protocols, and the resources available, there is a great deal more overlap than contrast in the day-to-day activities of behavior analysts working for different employers. An overemphasis on the tasks of employment at the expense of consideration of the environment of employment would be a fallacy that would assuredly affect our performance, ultimately harming the clients we serve.

Years ago, many of the agencies that provided applied behavior-analytic services or related services were originated by professionals or parents who saw the need for increased services and attempted to meet this need. In many cases, the challenges of running a business meant that there were long hours and, in some cases, months without compensation for those who established these agencies. In some cases, poor business practices meant that therapists were overextended or not paid for months. While this may not apply to the majority of agencies, the challenge of running a sustainable practice has had considerable impact.

In recent years, it has become a common practice that investors or managers either buy out struggling agencies or create their own, hiring the behavior analysts as employees.

When we enter the field of behavior analysis, we begin a journey that is often considered more than “just a job.” The prevalence of this phrase when describing our career path is evidence that there are many aspects to happy and fulfilling employment beyond the job tasks we perform. Creating and nurturing a mutually agreeable relationship when serving as an employee directly affects our work performance and is a goal worth striving for.

What We Do: A Behavioral Description

Fourth Edition Task List G-06: Provide behavior-analytic services in collaboration with others who support and/or provide services to one’s clients.

Fifth Edition Task List H-9: Collaborate with others who support and/or provide services to clients.

In an employee-employer relationship, there is a power dynamic that often eclipses all other interactions. Ultimately the employer is the highest point in the hierarchy of a job environment and the last word in decision-making. The consensus building often associated with the term “collaboration” may not always be possible.

As companies that provide applied behavior analysis services are more frequently being overseen by business people rather than by clinicians, the relationship to employers and their role in collaborative decision-making grows increasingly complex. The term “collaboration,” however, does not necessarily mean that such collaboration would lead to decision-making entirely by consensus or that all factors regarding such decisions would be the purview of each collaborator. There may be several factors that affect decisions that are outside the scope of the behavior analyst’s responsibilities. Leaders of agencies may be beholden to the investors or donors who support their work in order to remain financially sustainable. The final decision must be in their hands.

This is not to say, however, that collaboration is not possible. It is only to point out that the goal of such collaboration is not necessarily consensus building, but to advocate for what is necessary.

The goal should also not be conversion, however. Rather, a behavior analyst should have a clear idea of what is *essential*, what is *preferable*, and what is “preferable to me.”

Fourth Edition Task List G-07: Practice within one’s limits of professional competence in applied behavior analysis, and obtain consultation, supervision, and training, or make referrals as necessary.

When I studied opera, I had a voice teacher who once told me, “If you make something look easy, the problem is that people will think that it is.” With the fluency gained from our years of study and supervision, it may seem that behavior analysis and the implementation of behavioral procedures come naturally to those with a “knack.” It is easy, watching swans on the surface of the water, to ignore how much paddling is going on just below.

As an employee, it is often tempting to allow employers to engage in this fallacy – to be as knowledgeable and perfect as they imagine us. However, we must be ready to accept the boundaries of our competence and communicate these clearly. Especially for those behavior analysts whose employers are not professionals in human services, our considerable knowledge of behavior and its possible controlling variables may be misconstrued as an ability to treat any behavior of any individual. While we may understand that not every problem can be resolved by the skills in our repertoire, it may appear to outside eyes to be an unnecessary (and possibly expensive) form of modesty.

One such situation arose with a supervisee of mine. Working in an underserved area, she recognized that there were few resources available for individuals with autism. However, she also acknowledged that her skill set and professional interests were focused on younger children. She requested that her work site only assign her children under the age of 10, and they agreed to accommodate that request.

Upon meeting one of her clients, she became suspicious that this client was older than ten years old. She asked administrators repeatedly, was this client younger than ten? Repeatedly, they responded that they continued to respect her request. Having no access to records with the client’s date of birth, she agreed to take on this case, though her suspicions grew as time went on. Finally, the truth emerged: her client, with whom she had been working for months, was 14 years old. In this case, she sought out supervision and guidance to ensure that her work continued to meet the client’s needs. This is certainly an

option when faced with a new challenge – new challenges can be growth experiences, but only if that growth is supported.

In some cases, however, the challenge may be too great for us to provide adequate services. If we determine that we are not the best person for the role that must be filled, it is crucial that we recommend seeing out professionals who can fulfill this role. This is often a matter of simply making the right referrals and making them in a timely fashion. We must not wait until a situation spins out of control into a potential crisis to begin to seek out outside help.

Behavior analysts are responsible for achieving and maintaining a wide knowledge base. However, there is a tremendous expanse between “wide knowledge base” and “knowing everything.” This is something that must be clear to us and made clear to others.

Fourth Edition Task List H-01: Select a measurement system to obtain representative data given the dimensions of the behavior and the logistics of observing and recording.

Fourth Edition Task List H-02: Select a schedule of observation and recording periods.

Fourth Edition Task List K-02: Provide for ongoing documentation of behavioral services.

Fourth Edition Task List J-15: Base decision-making on data displayed in various formats.

Fifth Edition Task List C-9: Select a measurement system to obtain representative data, given the dimensions of behavior and the logistics of observing and recording.

As behavior analysts, our emphasis on the importance of data collection sets us apart from many other human services professions. It is often the case that an additional task in data collection must be performed – convincing others that it is necessary and valuable.

However, this is one area where business professionals and behavior analysts have a great deal of overlap. It is common practice within the business world to make data-based decisions. Successful businesses rely on specific data measures, which are often referred to as “key performance indicators.” These are defined as the measurable outcomes that help executives to evaluate the success of an organization in meeting its mission. Some key performance indicators might emphasize profit, the number of customers, or how many customers refer someone they know. These measures are an essential tool in the assessment of a company’s success.

Where this understanding falls short is in the amount of time required to make programmatic decisions, plan treatment, and analyze data. While we should have systems to allow efficient accomplishment of these goals, it is essential that data collection be implemented in a way that is realistic and focused on that efficiency.

While the practice of collecting data may be intimidating, particularly to those starting off in the field, “data” is essentially a more academic word for “information.” It is our obligation as behavior analysts to use this information to the benefit of our clients. Although there are many methods for data collection, the elemental task of data collection is threefold: data must be *taken*, data must be *analyzed*, and data must be *used to modify behavior change programs*. Though these requirements may seem simple, these obligations are substantial and require significant time.

The requirement that data be *taken* means that adequate materials, support, and training must be provided, so that this responsibility is fulfilled by all clinicians. If paperless systems are used, there must be policies in place to ensure that these systems will be sustainable agency-wide and confidentiality will be maintained. All staff members must be trained in the proper use of these systems, and performance must be monitored so that competency can be assessed and maintained. While this may appear to be somewhat obvious, it is vital that all factors affecting the accuracy and consistency of data collection

be considered so that data can then be appropriately *used to modify behavior change programs*.

Perhaps the area of greatest conflict with employers or managers, however, is this: data must also be *looked and analyzed*. This requires the expenditure of perhaps our greatest resource: time. The time that we spend looking at and analyzing data is a necessary component of a well-run program, and essential to our ability to provide high-quality services. The fact that these services are often classified as “non-billable” by funding sources in no way diminishes their necessity. Adequate time must be allotted for this purpose.

It becomes the responsibility of the behavior analyst in this case to make clear that behavior data is our most important “key performance indicator.” Without adequate time to analyze it, we cannot be effective in our work.

Fourth Edition Task List K-08: Establish support for behavior-analytic services from direct and indirect consumers.

Fourth Edition Task List K-09: Secure the support of others to maintain the client’s behavioral repertoires in their natural environments.

Fifth Edition Task List H-9: Collaborate with others who support and/or provide services to clients.

When we shift from a discussion of “customers” to a discussion of “clients” or “consumers,” we must acknowledge that a business person’s view of “successful” may be different from that of a behavior analyst, particularly when working with vulnerable populations. While the necessity of data collection may not be a source of disagreement, we may have to advocate for alternative measures of success. Business owners will naturally be more concerned with billable hours and rate of compensation from funding agencies, and we may need to advocate for a reasonable caseload. Understanding that the business owner has a different perspective is necessary in this case. Making your case firmly but patiently often goes a long way.

Legal, Ethical, Moral

In order to practice as “good” employees, “good” behavior analysts, and “good” people, we must consider that there are different aspects to “goodness.” This is especially true as we perceive it in human services – being good involves not only following our conscience as influenced by our values and conscience, but meeting our legal obligations, practicing ethically as dictated by the governing body or bodies of our profession, and practicing morally as prescribed by our conscience.

Legal

Contracts (Noncompete, Nondisclosure/Intellectual Property)

“Contract negotiations” is a term rarely heard in behavior-analytic circles. More often than not, a behavior analyst or other human services professional is given a contract and they simply sign it, assuming that this written contract reflects the final word on the matter of their employment agreement. It is often assumed that employment contracts will be identical from one agency or employer to another. Given that the responsibilities are often remarkably similar, this may seem on its face to be somewhat reasonable assumptions. Although we often think of legality in terms of avoiding arrest, it is equally important to acknowledge that a contract is a legal agreement. It is our legal obligation to fulfill the responsibilities delineated in our contract to the greatest extent of our abilities. Review your contract carefully and be sure to ask questions about anything that is unclear.

There should be no confusion as to what responsibilities you will perform. In addition, you should have a clear sense of when and how you will be compensated. Compensation should be made very clear in the contract. This is often the aspect of employment that we are the least comfortable discussing, but it is an essential element to a mutually agreeable contract. Employers enter into contract negotiation with a clear idea of what salary they can offer, and they know full well that every behavior analyst they interview has expenses and financial obligations. Asking about compensation, and being clear about your needs and your value as a professional, is uncomfortable, but necessary. Behavior analysis is a career path and not a hobby to be dabbled in casually. Behavior analysts must be compensated for their work and you have every right to be able to support yourself and your family.

One aspect of contracts that causes a great deal of confusion for behavior analysts is a noncompete agreement. In such a contract clause, the employee agrees not to compete with the employer. Such clauses often include a period of time after the employment is terminated by either party as well. For example, a noncompete agreement might include a stipulation that the employee cannot engage in competition with the agency or employer for several years following termination. This is certainly an intimidating clause to many of us who are in specialized fields. Given that any future employment would almost certainly be in a similar (or perhaps the same) field, competition would seem to be inevitable.

How enforceable such agreements are may vary from state to state, but there are certain stipulations that are commonly recognized. A noncompete agreement cannot unreasonably restrict the employee or former employee's ability to make a living. Such an agreement cannot cause undue hardship. In other words, a noncompete agreement is not indentured servitude, but it is merely an agreement that protects the business from direct competition.

It would behoove us to pause here and define what constitutes "competition" in this context. Behavior analysts will often say that there is "more work than we know what to do with" and certainly the prevalence of autism spectrum disorder indicates that the need for high-quality evidence-based services for this population far outweighs our ability as a field to provide services for all children who need it. Additionally, many other vulnerable populations benefit from behavioral services, and are equally deserving of high-quality treatment. Other behavior analysts are not necessarily our competitors – it would be more accurate to refer to them as colleagues, or even referral partners. To provide behavioral services to high-need clients would not necessarily be perceived as "competition" by an employer.

What would, in most cases, be considered "competition" is taking on clients currently served by the employer. To encroach upon the client list of an employer or former employer would be considered a violation of a noncompete clause. Again, such an agreement may or may not be enforceable, and a legal analysis is beyond the scope of this text to provide. However, in a field where so many go without adequate services, it is unnecessary.

Nondisclosure and intellectual property agreements should also be carefully reviewed during contract negotiations and should be clearly understood before signing. Understanding the requirement for any data sheets or training materials that you design is essential to fulfilling our legal obligations. Carefully note any requirements for the use of copyright or trademark symbols and make sure that all materials created maintain the appropriate copyright.

Even if an employment contract does in fact represent the final word on matters such as compensation, responsibilities, and obligations to our employer, asking questions for clarification is expected. It is better to ask and gain clarity than to mistakenly violate this agreement.

Harassment and Discrimination

In 2006, Tarana Burke began a movement that gained sweeping recognition ten years later (Ohlheiser, 2017). Following the high-profile accusations of sexual assault and sexual misconduct by several celebrities and powerful media executives, women were encouraged to share their own stories of sexual harassment and assault on social media using the hashtag #metoo. The hashtag was shared over 500,000 times in 24 hours, leading many to reexamine how workplace sexual harassment and discrimination has historically been responded to, and what changes are needed (Elderding & Risam, 2018)

In the #metoo era, one common complaint is that “the rules have changed.” There are many people, across all fields, who see this as a cultural shift in which the rules have been obscured. However, sexual harassment law has not changed, and in fact these laws have not changed for several decades. It is merely the public acknowledgment of sexual harassment that has been altered, along with an increased willingness to enforce the laws and regulations already in existence.

Harassment in the workplace is not exclusive to women. Discrimination and harassment can be on the basis of race, age, ethnicity, disability, sexual orientation, or gender identity, including transgender or non-binary individuals. The protections for these groups have certainly evolved as we grow into a more accepting society and as case law in the USA establishes these rights under the law.

The cultural shift of the #metoo movement, therefore, does not represent a change in the rules themselves, but in our acknowledgment of the necessity to enforce them and create safe work environments for all employees. In our ethical requirements as well, this is hardly a new idea. The Professional and Ethical Compliance Code[®] explicitly states,

Behavior analysts do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons’ age, gender, race, culture, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status, in accordance with law.

For employees, it can be difficult to discern what an appropriate response might be. In addition to the power dynamic so often operating in these interactions, embarrassment or uncertainty can cloud one’s judgment as to the appropriateness of making accusations.

The Compliance Code offers some guidance, but also allows some room for personal judgment in these situations. In the Code section related to our relationship to colleagues, the Code states,

If an informal resolution appears appropriate, and would not violate any confidentiality rights, behavior analysts attempt to resolve the issue by bringing it to the attention of that individual and documenting their efforts to address the matter. If the matter is not resolved, behavior analysts report the matter to the appropriate authority (e.g., employer, supervisor, regulatory authority).

If it is possible that addressing concerns directly with those involved could improve the safety of the work environment, this is indeed an option.

It is by no means a mandate, however. The phrase, “if an informal resolution appears appropriate” allows considerable room for judgment. The determination of appropriateness should involve, at least in part, an assessment of whether or not such an informal resolution would be likely to be successful. If an offensive statement is made

in a casual setting and under more social conditions, informing the individual of the offensiveness of the remark may be sufficient to shape the behavior. Their response to feedback may indicate that such an offense was unintentional, and will hopefully serve to change this behavior in the future. As suggested in this Code element, the behavior analyst should document this as well, so that the success of such efforts to increase the safety of the work environment can be evaluated, rather than simply trusting that this behavior will change.

There are, however, situations in which the success of an informal resolution is unlikely. There are patterns of harassing and demeaning behavior that may be so entrenched that any attempt to resolve them will be met with resistance, both from the perpetrator and their supporters. One common defense of those who engage in repeated harassing and demeaning behavior is “that is just who they are.” If this is the case, this only indicates a pattern of harassing and demeaning behavior, all of which should be documented. Sexual harassment law does not make the stipulation “except when that is who they are.” Every employee has a right to a safe working environment free of discrimination. As behavior analysts, we should also be uneasy using mentalistic explanations, or those that assign an internal state of being as a behavior’s cause. We must acknowledge that it is far more likely that this behavior has been maintained by the environment. The harassing and demeaning behavior demonstrated is reinforced time and again as it is repeatedly overlooked, and laws and policies go unenforced.

Employees (as well as students, clinicians, and supervisees) should be aware that there is recourse available. Further, we must remember that behavior is taught not merely through the communication of rules, but through the *enforcement* of rules.

Ethical

Professional and Scientific Relationships/Integrity/Supervisory Volume

Remuneration

One of the challenges of human services is the conflict between our values and our needs. Many of us who begin a career in human services do so with the goal of changing lives and making a difference in the world. It is common for behavior analysts, as well as other human services professionals, to say “I am not in it for the money” and to dismiss the importance of fair compensation.

There should be a distinction, however, between “being in it for the money” and “being in it *just* for the money.” It is true that financial reinforcers may not be the most potent reinforcers for our work. Many of us are much more highly motivated by the success of our clients, the respect of our colleagues, the relationships that we build as we pursue our career, and the knowledge that our work makes a profound difference to people with disabilities and their families. However, we also have debts, expenses, and families to support. It is a harsh reality that, though we may not be motivated exclusively by the acquisition of money, financial compensation allows us the freedom to do our jobs and to perform them well.

It may be necessary for the ethical behavior analyst to advocate for adequate compensation, and to do so is not a sign of greed or materialism. Accepting inadequate compensation causes many professionals to increase their caseload to offset lower pay. This leads them to take on more responsibilities than they can reasonably fulfill and compromises the quality of their work.

Environmental Conditions: Identify Support Systems

INTEGRITY: ADDING STRUCTURE TO ACCOMPLISH GOALS AND FULFILL RESPONSIBILITIES

It is clear within the Professional and Ethical Compliance Code[®] that we must take on only those responsibilities that we can reasonably fulfill and commit to follow through with high-quality work. How to do so is often left to the discretion of the individual behavior analyst.

It is possible that there will be systems already in place to increase productivity and accountability and that training in these systems will be provided by your employer. However, it is equally possible that you will be entirely responsible for managing your tasks in a timely fashion and that systems to document progress will be your responsibility.

If we are in a more administrative or supervisory role, we will often find that we are pulled away from the tasks that maintain or grow the mission of the organization to handle emergencies. There are providers who need our advice, emails to be responded to, and dozens of tasks that usurp our time. If our responsibilities are primarily direct clinical services, the challenge is somewhat different but no less daunting. Discussions with parents or other providers can eclipse the session and threaten our ability to provide high-quality services as mandated by employers.

In either case, we may find that we spend the majority, or perhaps all, of our time “putting out fires” – dealing with crises that come up rather than building on success or executing our duties responsibly. In Dwight Eisenhower’s words, we must not allow the urgent to crowd out the important. Emergencies will certainly arise and these must be dealt with. However, we must allow the time to deal with them aside from the time allotted to our other responsibilities.

There are several methods to increase productivity, but some of the simplest may also be the most effective.

Schedule your day. Create a calendar (digital or paper) of an ideal schedule, including tasks to be performed at specific times during the work day. Include scheduled times to complete paperwork, check email, return phone calls, eat meals, take breaks, and, if necessary, commute between cases. Every necessary task must be included.

Plan for the unexpected. Allow more time than is necessary for transitions between tasks and allot time for those tasks to complete “when you have a second.” Do not depend on a calm commute or uninterrupted time. Assume that tasks will take longer than expected, and plan for this by adding extra time into your schedule.

Allot time for “when you have a minute” or urgent tasks. Time to complete urgent tasks that come up suddenly should be built into your calendar and schedule.

Plan for the next day before the end of the current day. Identify the priority tasks to be completed and, if you have not already done so, schedule the time to complete them.

Though these tactics are simple, it should be acknowledged here that “simple” is not synonymous with “easy.” There may be considerable effort in arranging systems and, when time is a precious and finite resource, there may be some resistance to doing so. This behavior is, however, an investment of time and effort that can have significant returns.

INTEGRITY AND SUPERVISOR VOLUME: SETTING LIMITS WITH EMPLOYERS AND PRIORITIZING SELF-CARE

I have a cousin who did several tours as a nurse with Doctors Without Borders, providing health care in areas devastated by war and famine. He was given some very

important advice that could easily apply to those of us in human services as well. He was told that, however tempted he might be to skip breaks or neglect his preventative medicine, he should continue with his self-care. If he neglected to do so and then became sick or exhausted, the clinic would lose a staff member – a valuable resource. Additionally, the resources that had been allotted for the patients – medications, beds, equipment for providing IV fluids – would now be spent on him. It may be tempting to work without a break, to sacrifice one's own needs for the client, but it would be a mistake to do so.

In the human services, it is common for many of us to take on too much and ask for too little. It may even be reinforced by our own romantic ideas of self-sacrifice – an image of ourselves as martyrs. This idealistic vision of suffering for the benefit of others is an example of what make us *feel* good but allows us to fail at *doing* good.

Vacations and sick time may be referred to as “benefits” but they are not niceties. They are not provided for their own sake. Allowing employees to take time off for illness also keeps work environments free of contagious diseases. For those of us working with children with disabilities or other vulnerable populations, this is of particular concern, since illness could cause a gap in services. Vacations also have benefits to employers – taking vacation time can increase productivity (Westman & Etzion, 2001)

The essential point to remember here is this: your self-care is not the employer's top priority, nor is it their responsibility to advocate for it. Our commitment to professional integrity must also include a commitment to personal integrity. Our commitment to practicing within the boundaries of our competence must also include practicing within the boundaries of our physical and emotional health.

Ethical, Professional, Uncomfortable

“Corporate Culture” as Behaviorists Understand It

The term “culture” is one that is often used synonymously with ethnicity, religion, or nationality. It is often the intention that learning about a culture will lead to greater empathy, and by extension, a more empathetic work environment where different cultures are accepted and differences embraced. Unfortunately, the opposite effect often occurs. Rather than emphasizing our areas of commonality, learning about culture can overemphasize differences. More concerning, the implication can be that such differences are static – people of this particular group have these values, they are different from us, and there is little or nothing to be done to bridge the distance between us.

Behavior analysts, however, have a different understanding of culture. Culture does not refer to ethnicity, religion, or country of origin, but rather a set of social contingencies (Glenn, 2004). Behavior analysts, rather than referring to the trappings of culture, refer to “culture” as a set of interlocking behavioral contingencies (Glenn, 2004). In other words, what we understand as “culture” evolves from the behaviors that are socially reinforced among a certain group. Any group of people, then, can be considered a “culture.” As certain behaviors are reinforced, these behaviors increase among that group, creating what we may call a “culture.” Some of these site-specific practices may be obvious, such as proprietary software, data collection methods, or training procedures. Other “cultural practices” may take the form of collective habit, and may be subtler. Some of these habits may be idiosyncratic, and some may even be illogical. None of these are necessarily static and can be influenced by reinforcement and punishment, just as any other behavior may be. However, they have been established and maintained by consequences over time.

Starting a new job can, in many ways, be similar to moving to a new country. Every workplace environment has its own customs, its own way of speaking, and its own collective values. As is often the case when moving to a new country, there may be a period of adjustment. We may realize that the more familiar ways of fulfilling our responsibilities are themselves products of the culture in which we were originally trained. In these situations, we must be mindful of whether our suggestions or preferences are, in fact, an improvement. Behavior analysts must distinguish those practices that are *essential*, those which are *preferable*, and those that are “preferable to me.” While a behavior analyst should be prepared to advocate for the dignity of clients, for evidence-based practice, and for limitation on their workload in order to provide quality services, not every battle is a battle worth fighting. The use of reinforcement would be an example of what would be considered *essential* – essential practices *must* be conducted in order to maintain the ethics of one’s work. Those practices which would be considered *preferable* may increase efficiency, cut costs, or result in more adequate distribution of resources, but are not necessary to ethical practice. Those conventions that could be placed in the category “preferable to me” represent the habits of the individual practitioner. Understanding the differences among these categories is the key to effective performance for a behavior analyst and employee.

Not every corporate culture is a good match for the values or personality of every behavior analyst, and there are certainly arguments to be made for a work environment where one can enjoy the day-to-day interactions of like-minded people. However, it is unnecessary for every difference of opinion or practice to be considered an insurmountable obstacle.

Transitions: When to Move On

In human services our dedication to clients is often conflated with our dedication to specific employers, and this dedication can, unfortunately, be exploited. However, as reviewed in our discussion of the importance of self-care, we cannot possibly do our best work if the conditions in place are causing undue stress.

I once had a particularly unsuccessful contract negotiation and a few weeks later submitted my notice and prepared to make the transition to a new job. My immediate supervisor was very surprised by this when she was informed. I mentioned my surprise at her surprise – after all, I had been very specific about my needs in our negotiations and deliberate in my choice of words such as “need” and “acceptable.” “Well, I knew you were unhappy,” she said, “But I didn’t know you were going to leave.” After this conversation, I wondered what she thought I *would* do since I was unhappy at the job. Looking back on my own career, and speaking to many others in human services, the answer is obvious: the expectation is that an unhappy employee will stay, and continue to be unhappy. Very often I did just that – I stayed and conditions continued to get worse until it was so untenable that I could no longer tolerate it. By that time, my work was almost always affected, and my top priority was no longer the quality of my services or the quality of life of my clients. Rather than starting every day by asking myself, “How can I improve the lives of the children and families I serve?” I started by saying, “How can I get through this day?”

Many of us stay in jobs that make us miserable out of concern for the clients we serve. For those of us working with children we often stay “for the kids.” It is important to highlight something here: *a job is not a marriage*. There is no need to try to save it, attempt to work things out for someone else’s sake, or grudgingly accept our own misery. The clients may need our care, but there are other clients whose cases are overseen by other potential employers whose needs also must be met. A safe working environment,

being treated with respect, and adequate compensation relate directly to our effectiveness and the importance of these factors should not be overlooked.

We began this section by stating that behavior analysts must be keenly aware of the difference between those environmental conditions that hamper implementation and those that preclude implementation. This is, of course, an important distinction. Often the determination of whether or not conditions preclude implementation can only be determined when these conditions are repeated, and our judgments are often subjective. We should, however, be aware that these subjective judgments that affect our ability to work productively and provide high-quality services are still relevant. There is a distinct difference between giving a new environment a chance and allowing ourselves to be exploited.

A first job need not be a last job. Behavior analysts are not trees that are forced to bloom where they are planted. Our contributions and expertise are desperately needed all over the world. Deciding to move on from an employment opportunity to another can be a difficult one, particularly if we are not lucky enough to find the perfect fit with our first job. There is, however, as the saying goes, a lid for every pot. If your current employer is not aligned with the values and principles of behavior analysis, as well as your own personal values, there is nothing unethical or unprofessional in moving on. There are as many corporate cultures as there are employers to support them, and it is possible to find one where you feel comfortable and respected. To paraphrase B.F. Skinner, the real mistake would be to stop trying.

Reflections: An Interview with Dan Montgomery

Written by Ann Beirne

One issue that behavior analysts struggle with is how to incorporate collective bargaining into an ethical practice. If we are to hold ourselves to a high standard of ethical practice, can collective bargaining, including the risk of walkouts, be part of such a practice? What are the ethical considerations of joining a union, particularly for those of us in human services fields?

To address this issue, I spoke with Dan Montgomery, the President of the Illinois Federation of Teachers. In this phone interview, he addresses how collective bargaining in educational settings can have a positive impact on educators, administration officials, and, ultimately, students. Below is a transcription of our discussion, including minor edits.

We began with the question that I had been discussing with a supervisee whose district was facing a likely walkout: is it ethical for a behavior analyst to engage in collective bargaining, including the possibility of a walkout?

DM: And so, to your discussion with the person that you were talking to: your mentee. I would say, yes, absolutely. Is it ethical for you to make a living wage? Is it ethical for your full-time work to put your family in debt because of the health care costs you have to pay, or what have you? So, the other construction of that idea is, isn't then an ethical practice for you to try to make your economic life as good as it can be? Because it's not just for you, right? It's for all the people who are going to come after you, how is it ethical for you to serve the students you serve – who are really high needs – when we can't attract really good people into the profession? Societally, it is not an ethical proposition to say, you know, we crap on teachers so much that we make their jobs so crappy, that we can't really get the best of the best into the profession. Or keep them there. That's really the state we're in: you know you hear a lot about a teacher shortage right now? There's no teacher shortage. We've certified

many, many more people than there are positions right now, all over the country. The problem is people don't want the jobs. And they get in, and then they leave. Right now, I'm in Southern Illinois outside of East Saint Louis, we have meetings here. East St. Louis is a troubled urban community, really sadly hollowed out, economically. They routinely have people – qualified, good teachers – who start school and two months in, they're like, "I'm out of here." There's no support. You walk in a classroom and there is like there are textbooks that are ripped to shreds and science textbooks – literally – that are all ripped up and they're 15 years old. They have one middle school – they have no administrators, so there's, like, one principal. So any discipline problems – like kids fighting in the classroom – and they just tell the teachers: "Just keep them in the classroom. You've gotta keep them in the classroom" And the teacher basically like confided in me, "There's no teaching going on here. I'm just trying to maintain order every single day." So, that's the world that are a lot of teachers are working in. I would submit that when those teachers organize and say that "We're not gonna stand this anymore. We're going to take steps, organize ourselves, collectively bargain, exert power, go to the school board, protest, organize parents to do the same thing." *We're doing it on behalf of the children*, it's the most deeply ethical thing to do. And then sometimes – not often, actually – but sometimes, it leads to you know a work stoppage or a strike where teachers withhold their work. I was on strike it my third year, I taught in the suburbs [of Chicago] in Skokie, Illinois, a very well-resourced community. Skokie is a totally middle-class place, 85 languages, lots of Title 1's, but also some wealth, you know what I mean? But because Skokie had a lot of light industry, they have a really good tax base. So we still do have the really most amazing schools. But we went on strike over – basically our ultimate issue was the school day. It wasn't an economic thing, they wanted to completely change the schedule and it was going to eliminate all these electives for kids. Which was, we thought – so we're teaching the kids who are the children of first-generation immigrants. So many of my students, their parents were from Pakistan – their dad drove a cab, their mom worked at a hair salon, you know what I mean? And this generation is going to the University of Illinois in Chicago, they're going to Michigan, or community college but whatever – they're making a life for themselves. And we felt like they were competing with kids at Evanston, New Trier, and Highland Park. And they were. And they needed more. The students in New Trier and Highland Park – their parents will pay for the tutors. Their parents will pay for them to have music lessons. But that couldn't happen in our community, so the school had to do it all. And we were like, "You can't rid of electives so the kids have fewer choices for orchestra or band or art or, you know, a business class that you would eliminate because you know there's so many slots in this schedule?" So, to me that was an easy call. And economically it as easy for me – I was young, I didn't have a mortgage, I didn't have a family, and so I could do that. I told one of the union leaders, "I'll stay out forever. You tell me when to walk back." You know what I mean? I believe in this cause so much. And in the end we were out for like five school days, or ten days – two weeks. We made them all up. And that's the other thing that happens now and we saw happen in West Virginia. West Virginia – they closed the schools. It wasn't really a strike. It was almost more like a lockout or a shutdown. The schools weren't open, the teachers lost no pay. Because the superintendents wanted them to go. They were like "We are so bereft of resources." The superintendents were encouraging them to go and that's also happened elsewhere. And that's extraordinary, we haven't seen this kind of movement – I'm not sure in education, ever, honestly. What's been happening in these statewide places. I would also submit to you there's been places

where there has been Republican austerity budgets. There's been "right to work" so they don't have collective bargaining. There's no collective bargaining. It's illegal for the teachers to collectively bargain! That's in the UN Human Charter of Rights: collective bargaining. Not in West Virginia. I got revved up, sorry...

AB: It's all wonderful, and it's really informative for me, as someone who's never had a lot of experience with collective bargaining. So could you talk a little bit about the process of collective bargaining? If somebody joins the school system and doesn't know anything about it, what is something that you would say to a new teacher because you know in education because no one gets into education to engage in collective bargaining. We're there to teach. And what would you say to a new teacher who doesn't understand what the union does or how to participate. How would you explain the process?

DM: Well, you know, I'm a state union president as of now. I did not become a teacher to be a union leader. The day I became an English Teacher, I was so happy. It was like, "Oh, my God! I am an English Teacher!" That just meant so much to me. But I got into this because I saw that the union was fighting for what was best in the schools. To me, it became apparent very quickly that it was the union that was keeping the professional practice, that was keeping these schools going. The board would change, the administration would come and go – sometimes with alarming frequency – but it was the teacher's union that kept its eyes on the prize [saying] "We're going to keep these schools good." And we were, I would say, in a way, kind of an aggressive, or you might say even militant union. Because we just say it's part of your profession as a teacher to be a strong unionist. So that's why I'm in the seat that I'm in today. I live and breathe that, and I still feel that. And that's what I say to younger teachers: Your job is really hard when you're a new teacher. The first two years are just a killer. And your job is to be as good a professional as you can be. And your colleagues are going to support you. You don't worry about "the union" right now but learn about it. I remember I actually in the summer after my first year from my porch in Chicago and I read the contract page-for-page. I was like "I guess I should read this not only is this what they're going to give me, it's my obligations to them." It is a two-way thing. And so that's the kind of message I think that young teachers should understand. Collective bargaining is a tremendous tool to effect change for the better. But it has to be used responsibly and you have to really engage and learn about it. And it is a collective process, right? You have to engage. It's not like "Oh those four people, they're the union, they'll do it for me for me." You don't want that, that's a bad way. One, because you won't get anything achieved. Two, you need to think about these things. What is it you care about in the schools you work in? What it is that you're concerned about? What don't you like? Every teacher you talk to, or like every support staff, and every school personnel they'll tell, when you ask them "What's so great about the school?" and, "What are the problems?" And they'll go boom, boom, boom. "First of all, we've got this scheduling nightmare. When I've got to go IEPs, there's no one to cover my class." I hear stuff like that all the time. And that's when the unions should get together and sit down with the principal, or the board or whatever level you do it at, and say "How are you going to solve this problem?" You know the board might want to say, "We're going to make everybody stay two hours longer," or whatever. That's where the union's going to say, "Well that's not going to work. People have to go home to raise their families. So what else can we do?" You know the other side of this: I find – I spend a lot of time talking to the school management. And unless they're really like far right-wing – and there are some of those people, but mostly not. They like having a union in the workplace because it brings sanity and

order and you don't know who talk to. Because if you don't have that, then you've got 40 people, 200 people, 300 people, however many people work in your school that you've got to deal with and there's no order, you know?

AB: And everyone has their pet issue, and it's not as cohesive.

DM: Right, exactly. And there's often many things you want to change. But it's hard with change in institutions no matter what the institution is: the school, district, or union. It's often hard. You can't always change everything at once, you have to prioritize. Talking with my "teacher hat," when we tried to do something – like spent time in my school working on, "How do we teach writing better?" And it was really kind of magical. What I realized was once you do something together – this isn't a union thing particularly – like "Let's all start using the terms claim, evidence, and warrant." So that when the kids in the ninth grade use that term and they hear the term English teacher in 12th grade too and they understand what it means. Instead of say, thesis, explanation: common language. And, you know, damn if that didn't really help. And then, pretty soon every teacher in the school uses it. And you know it's a simple thing in a ways, it's maybe a simple example. But the point is if you focus collectively on things, you can really affect change more easily. And quicker. So, I think that's one of the great tools of the union. Also, on that same idea of order, if you will. In Illinois, we're a Blue Democratic State, we have collective bargaining. It's not "right to work." But we were the last state in the Union to get a public collective bargaining law of the states that have them. It was in 1983, I think – long before I became a teacher. We did this research, before there was a public bargaining law there were on average over 20 teacher strikes in Illinois. Since the collective bargaining law, the average is about three, and you know to me that's like a good sign. Collective bargaining is a healthy way to manage that labor – management relationship. And without that and public bargaining acts, it's like the Wild West. And then people get really upset and it's just not a very good place to be.

AB: So, it sounds like the collective bargaining kind of works for everyone – works for the administration as well as teachers and, ultimately, the students.

DM: I believe that. I think if you ask most teachers who have ever been in any kind of work action – whether it was a strike, or whether it was just informational picketing or something before or after school – they would tell you that the issues were not just, say, some economic issues for the staff, but things that really tied to the way the schools operated and the benefits of students. And I would also say that those economic issues with the staff *are* actually tied to the students' benefits. You know, we often say that teacher's working conditions are student's learning conditions. It is true, and you know, I think sometimes if you're a new teacher, it actually takes a while to realize that, but you realize it pretty quickly. You know, it's interesting: in 2012 there was a big teachers' strike in Chicago, as you're probably aware – the first one in 21 years in Chicago. And every day of that strike – I think it was a six- or seven-day strike. Every day of that strike I would drive to another part of the city to kind of walk with the teachers. They're an affiliate of ours, but I'm not from the Chicago Teachers Union. But I really wanted to see, what was the mood? What was it like and what were people saying, you know what I mean? And every one of those, I would get to the strike lines and it was full of parents and students. Because what were they saying? They were they saying, "I want air conditioning in my kid's school." "I want libraries in every school." There are 142 schools in the city of Chicago that still do not have a *library*! And guess what every single one of them is on the South or West Side – they are in black and brown neighborhoods. That's still true today.

You know the staffing ratios of counselors, I'd go to high school after high school where they would say "yeah, we have one social worker at this high school and she splits her time with other high schools." You know, in my high school, where I taught in the suburbs, they had four social workers and two psychologists, and three school nurses, and six or seven counselors. And they routinely in Chicago, you'd see "We don't have a social worker and one part-time psychologist, we have two counselors who are each working with 800 kids." And so the parents in the community very quickly saw – rightly – that that strike was about, as the Chicago Teachers Union says, "The schools all our kids deserve." And that's why I think you're seeing widely in the teacher movement today.

- AB: One of the Code elements within the behavior analysts' Professional and Ethical Compliance Code[®] is practicing outside the boundaries of competence and that's kind of the first thing that I thought of when you were saying – particularly the school nurse – that, as an educator and behavior analyst, that makes me really nervous. You know that there would be teachers that would have to make medical decisions in some cases.
- DM: Oh my gosh, you know, back when I was speaking with the local president and the locals within my high school district – north suburban schools. And we had an issue where suddenly school management wanted support – like teacher's aides – whose only qualification was to get this teacher aide certificate, which basically [meant] you had been fingerprinted. And I think you, ultimately ended up having to have like an Associate's Degree or some hours beyond college. But, you know, it's pretty minimal. They wanted those people to do tube feeding. And tube feeding theretofore had only been done by nurses – certified nurses. And this started to spread. And it was part of the context of, you know, they were laying off, or if the school nurses would retire, they wouldn't rehire. And generally they thought, "Look at this, we can get untrained support staff to do the same job and we won't need a certified staff member." right? Tube feeding, as you may know, is not just some simple thing. You have to do all sorts of cleaning, and sometimes of injections. Like, there's all things you have to do. And these are kids who are in medically fragile programs, right? And they had brain shunts, they had all sorts of things.
- AB: There is the risk of infection, and, for medically fragile kids, even a cold could end up with hospitalization.
- DM: So we actually – this the state union – we went to Attorney General Lisa Madigan and got her to give a finding. And you know, I don't know how she did it, she found some law or whatever, stating that tube feeding cannot be done by non-certified people. *But the union had to do that*. If you didn't have a statewide union, who would have done that? You know, the teachers knew it was wrong in that district but how do you create an infrastructure [so] that you can say "Guys, how do we get this fixed in Springfield?" And we do that all the time, and that's another way, I think, when you organize, you can take on issues in a way that you couldn't before. On behalf of kids. I mean if the union just cared about "bread and butter" issues, that's fine we'll get three more staff members. They'll hire three more teacher's aides, say, you know what I mean? But that's not what we cared about. We cared about what was the right thing for kids.
- AB: So, within the educational ethical code, one of the things is that the professional educator makes a constructive effort to protect the students from conditions detrimental to learning health or safety because that's all we've been talking about.
- DM: Right, exactly.

- AB: And within the Behavior Analyst's Compliance Code[®], the number one saying that came to me throughout the entire Code is that the benefit to our client has to be our primary concern that But there are a lot of more specific things that are coming up in this conversation like when supervising making sure that the tasks that are delegated are things that people can competently do. And it doesn't sound like that was ensured.
- DM: Right, yeah. And so there's another movement afoot, we've been fighting in alliance in the nurses group in Illinois: the Illinois Nurses Association because they want to change The Nurse Practice Act to allow non-nurses to administer medications in a way that we don't think – and nurses don't think – is that kosher, or a good practice. And so, I mean that's another area where “hey, so you've got to organize. You've got to have an infrastructure so that we can go down to Springfield and have some lobbyists who work to try to get the right bills passed. Or organize to get the teachers and nurses down to visit the legislators.” You know, things like that.
- AB: And I think one of the most powerful things you've said having so many parents on the line. You know, a parent of a medically fragile child does not want to worry about a child being in the hospital. [It's] in their interest as well. So you've mentioned the lockouts in Chicago that there are being three a year. How much of a possibility is it?
- DM: It wasn't in Chicago, it was the whole State of Illinois.
- AB: The whole state, sorry. So, if someone joins the union how prepared should they be for the possibility of a lockout?
- DM: It's hard to answer. I would say “not very.” It's so rare. There's, like, 1,100 school districts in Illinois and like I said, I think last year there were three, you know?
- AB: So three sounds like a lot unless you consider the 1,100. It sounded like a lot initially but now it doesn't sound like much at all.
- DM: No. Like I said you know, I taught – before I took this job, I spent 18 years in the classroom I had been on a strike once. I would say most teachers go their career without ever having been on one.
- AB: So that would be my guess too because it does seem like it's very rare. But it gets a lot of notice when it does happen. Which is part of the point.
- DM: You know, when I trained to become a teacher, I haven't even thought about that. You know, it's funny, I feel sort of naïve now, but I never thought about 1) whether I'd be in a union because I was ignorant about that. I didn't come from a family of teachers or anything. I just never thought about it. And I happen to be very lucky and got hired in a place with a really strong union and a very highly effective union and great teachers. So, I kind of learned that value. But it varies and there are places – It's hard in the South because of all the “right to work for less” laws and things like that. And if you go to the South, part of the southern United States, you know there's just, in general, more of an antipathy toward unions. Although there are teachers that are unionized very highly. You know what I mean? Teachers are like the highly most densely unionized workforce in America. I mean, virtually every teacher in Illinois is in a union – in public schools. And we're organizing charter school teachers at quite a rapid pace.
- AB: What interesting to me is that, particularly for teachers, there are so many things outside of teaching that people think of as a teacher's role. And I remember seeing a cartoon of a teacher: it was this cartoon of the teacher holding like all kinds of word bubbles of her different responsibilities. And they included things like social workers, psychologists, nose-wiper, and I'm not sure who thought of this cartoon about the suggestions to arm teachers. And the idea was that her arms were already full and

someone was giving her a gun. And I remember, what struck me about this cartoon was that “educator” was not there. And [I thought] “Is anybody going to notice that?” Everyone talks about how teachers have to provide snacks for the kids or that teachers have to do all of these things, which are all of these “above and beyond” tasks that teachers regularly do. There’s very little discussion about actually being an educator. And I think that’s remarkable. People don’t talk about lawyers without talking about going to court, people don’t about doctors without having the context of being on a hospital. It’s just not what’s done for anyone except teachers.

DM: It’s true. You know, I hope – I do think that one of the positive developments of these rolling teacher walkouts that you’re seeing around the country. Those – it is about these austerity budgets and these Republican-Controlled states like Kansas, Arizona, West Virginia. You know, they are killing the schools. And parents are reacting to it, you know? I talked to these teachers from West Virginia and they just had story after story. I mean, roads lined with non-teachers saying like “We’re with you, you’re gonna win.” And to this day they’ll go into the grocery store and people stop them and say thank you. Non-teachers stop them and say, thank you for what they did. I know – it’s incredible! And those teachers, their lives were very different than mine was, teaching in the suburbs. I got a decent salary, I would have liked to have made more money but I was paid less what my peers were making from Michigan. My peers from The University of Michigan-Ann Arbor and Northwestern University who had my same level of education and were working in the private sector and making a lot more money. I was making a lot less. But you understand that. But those teachers in West Virginia and some of them hadn’t had a true effective raise in 19 years. There were teachers that work at Hardee’s and Wendy’s, full time as much as they can. One teacher went out on strike and her superintendent asked her, “Why are you doing this? You’re on food stamps.” Like, you know, “What’s the problem?” And so you knew, that was the real life of those teachers. So, again, they’re standing up for children and their jobs and profession. And to do that is the same as standing up for what kids need.

AB: I think that the bigger picture is there’s so much ground between The Professional Compliance and Ethics Code and sort of the goals of collective bargaining. But I think what the sticking point is, a lot of times, is the risk of interrupting services. So could you explain how that works if the worst happens? If the bargaining is not successful, then there does have to be a strike, how does that work and how can behavior analysts be mindful of making sure that transition is handled so that there is as little disruption as possible?

DM: I obviously can’t speak to that last part, I mean, I don’t know enough about their practice to know what kids need. Are you talking about kids that can’t be at home or to be in a facility or something. I don’t know. But this question always comes up, any time there’s a work stoppage – police, teachers, fire. I mean, they’ve all gone on strike. You know, when the Chicago Teachers Union was on strike, like, three or four days into it, the mayor went to court to get the strike shut down on public safety. This is sometimes done, or at least attempted, that mayors or boards or whatever will try to enjoin a strike and say it’s endangering the public because the children aren’t in school. And the judge refused to grant that. The judge was not convinced that the mayor had not met the pretty high legal bar for endangering the public because the teachers were on strike. You know teachers had been on strike before and got hurt.

AB: And also you have to wonder if public safety is really compromised on Columbus Day.

DM: Exactly, right? You know, we often feel like the safest place for students is in the school. But it is also true that usually in strikes there are other things that happen: churches run day programs, the YMCA opens up all day, the community centers, and

park districts open up all day, and they did that in Chicago, things like that. I think you know when you square that against “we don’t have libraries like a 140 [schools]” And what’s more harmful to a child? Going eight years without a library, in the richest country in the history of the Earth and its education? Going eight years without a library? Or three days where they have to stay home so their teachers can fight for a library.

AB: It also goes back to what you were saying: we assume that the safest place for children is in the schools, but in the cases where the schools are not maintaining a safe environment, then that assumption is flawed to begin with.

DM: It is an important question. I remember that we were on strike – it was in October – and you hear this from these sports teams and these coaches, “But my team is going to go to state. And I can’t not coach the team because if we’re out, like, X amount of time, maybe those kids can’t actually get to state,” you know? And it’s really hard. Those are awful, difficult questions. They often get resolved in different ways. My experience, by the way, is that when there’s a strike with a big athletic issue on the line – the team might go to state, the football team might win the championship – somehow the board decides they’re going to settle. It’s like one thing where they’re like, “I don’t know if we’re going to hire another social worker,” but with the football booster parents start calling and they decide it’s all right. But it is hard to grapple with. It is. I mean, I could tell you that it’s the hardest thing that any professional ever does in their career. Because you do feel – even though you’re doing the right thing for your students because you’re fighting for those social workers, or you’re fighting for that library, or you’re fighting for that extra program or whatever – it sort of feels like you’re leaving your kids, you know? It’s really hard to do. And I remember that feeling, and it was really – it’s very emotional. But I think most teachers that connect it, it takes so long to get to the point. Usually you have quite long time of sort of being abused in the workplace that leads to something like that, you know? That there’s also a kinda cathartic release. That you know that you’re doing the best thing for the students, even though it’s hard.

AB: A lot of the ethical decisions that we do have to make are really hard. You know that there are times when I say, “I can’t do that” or “I have to refer to someone else.” As a behavior analyst, the sort of don’t lie in your billing forms, is the easy part. It’s where things become more cloudy and you have to make these tough decisions that it’s even more important as to who are primary job should be, which is the benefit of the client or the student.

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15 The Behavior Analyst as an Advocate

Claire Sayers

Behavior analysts are a passionate group. We believe deeply in the importance of evidence-based service and in the power of behavioral technologies to improve the lives of individuals. We are prepared to make the case for the services required to endure the “best outcomes” for our clients.

When acting as advocates, however, we must be mindful of several factors: what should we advocate for and how should we do so? Is our vision for “best outcomes” compatible with what the client would consider the best outcome for them?

More and more, as the rise of social media allows us to communicate on a larger scale than ever before, we are hearing the voices of those who have gone largely ignored – specifically, those of autistic self-advocates who call upon us to reexamine our ideas of what constitutes these “best outcomes.” Rather than thinking of “best outcomes” as being “cured” of autism, we are challenged to encourage acceptance, to listen to the community and to embrace a philosophy of neurodiversity.

Applied behavior analysis, when practiced responsibly, need not be incompatible with the ideals of neurodiversity, but it does represent a challenge for professionals. In this chapter, we examine the possibility of a supportive model for applied behavior analysis programming and offer suggestions on advocacy that focuses upon the “best outcome” for all concerned, in particular the client.

What We Do: A Behavioral Description

Fourth Edition Task List G-02: Consider biological/medical variables that may be affecting the client.

Fifth Edition Task List F-1: Review records and available data (e.g. educational, medical, historical) at the outset of the case.

As behavior analysts, we value objectivity. This is what separates the practice of behavior analysis from other fields of human services. We do not speculate as to what individuals think or feel, but we *observe* what they *do*.

This commitment to explanations of behavior based on observable phenomena should not, however, be confused with an assumption that behavior analysts are capable of observing all factors controlling behavior. There are many equally valid controlling variables that cannot be observed with our own limited expertise. We must not fall prey to the “Law of the Instrument,” which states that, if we are equipped with only a hammer, all things begin to look equally like a nail.

There are several medical conditions that may be comorbidities of autism spectrum disorder (Zafeiriou, Ververi, & Vargiami, 2007). Among such comorbidities are seizure disorders, gastrointestinal disorders, either of which could affect behavior.

Fourth Edition Task List G-03: Conduct a preliminary assessment of the client in order to identify the referral problem.

Fourth Edition Task List K-07: Evaluate the effectiveness of the behavioral program.

Fifth Edition Task List F-2: Determine the need for behavior-analytic services.

Fifth Edition Task List F-3: Identify and prioritize socially significant behavior-change goals.

Fifth Edition Task List H-7: Make data-based decisions about the effectiveness of the intervention and the need for treatment revision.

The overwhelming majority of behavior analysts are those who provide services, either directly or in supervision and administrative roles, to individuals with autism spectrum disorder. A diagnosis of autism spectrum disorder is the most common reason for referral to a behavior analyst. Very often over the course of my career, the first conversation with parents of young children regarding services has focused upon the circumstances leading up to the diagnosis.

There is good reason for this. In order to have services funded by insurance providers, an official diagnosis is necessary. In addition, this diagnosis may be further categorized into “levels” indicating the level of functioning and the degree of need for intensive intervention. An individual given a diagnosis of “level 1 autism” would require some level of support, but would demonstrate difficulty with communication and social skills. Those individuals given a diagnosis of “level 2 autism” would demonstrate greater difficulty with verbal and nonverbal skills and would therefore require greater support. A diagnosis of “level 3 autism” would indicate that the client has significant and very noticeable difficulty in communication, and social interaction is limited. A child with this diagnosis would require intensive services.

Within the US education system as well, a diagnosis of autism spectrum disorder is necessary in order to qualify for certain services. Under the Individuals with Disabilities Education Act, known as IDEA, school age children must be referred to services based on a specific disability category, one of which is autism. A diagnosis is an important step in advocating for services.

However, there must be a distinction, however, between our acceptance of the necessity of diagnosis in the process of advocating for services and viewing autism itself as a *referral problem*. In a curative model of autism treatment, the behavior analyst or other treatment providers would design programming with the goal of being “indistinguishable from peers.” This is often what is referred to as “best outcomes” or “recovery” from autism. An acceptance of this curative model presents several issues for the clinician concerned about ethical practice.

One reason that a curative model may be considered problematic is that it offers a potentially inaccurate depiction of our work. Applied behavior analysis is often referred to “the most effective treatment for autism spectrum disorder,” and effectiveness is among the dimensions of applied behavior analysis according to Baer, Wolf, and Risley (1968). However, “effective” is not intended to be curative. This refers only to the results of an individual behavior-change program and that program’s capacity to produce “practical results” for the client (Baer et al., 1968). As behavior analysts we might accurately be described as uninterested in diagnosis. Despite the fact that autism could be considered a medical diagnosis, the treatment is given within the framework of a medical model. We do not treat a diagnosis, we treat *behavior*. Because a diagnosis of autism spectrum disorder is based on behavioral deficits and behavioral excesses, consistent intervention may lead to improvement to the point that an individual no longer meets the diagnostic criteria for autism spectrum disorder. However, this is not necessarily a treatment goal, in and of itself, but the cumulative effects of the accomplishment of *many* treatment goals.

The appropriateness of being “indistinguishable from peers” as a goal is also suspect. Given that the work of the behavior analyst should be focused on the acquisition of *socially significant* behavior as well as the reduction of behavior that interferes with one’s full inclusion into their community, a diagnosis is bit equivalent to a problem. Specific behaviors that may interfere with an individual’s ability to communicate their needs or remain safe would certainly require treatment. However, the determination of social significance should be made by the *client* rather than by the clinician. Not every behavior change would necessarily be considered socially significant to the client.

An additional concern for those of us who work with individuals with autism is whether or not autism should be regarded as a “problem” at all. There are those within the autistic self-advocacy community (as they refer to themselves) who maintain that, rather than a problem to be solved, autism should be regarded as a natural extension of the diversity of humanity. In his book *Neurotribes*, author Steve Silberman argues precisely this point. Eligibility for an autism diagnosis, in this view, could be described as “naturally occurring cognitive variations with distinctive strengths” (Silberman, 2015).

The requirement that goals in behavior analysis be socially significant would seem to be in perfect alignment with a neurodiversity approach. The goal of treatment must be focused on the priorities of the individual clients. A supportive model of treatment – one that optimizes the client’s goals and the client’s autonomy – would be preferable to one that attempts to make an individual “indistinguishable from peers.”

To adopt a view that embraces the neurodiversity movement is to commit fully to our obligation to promote social significance. The level of importance of a particular goal is determined by its significance to the individual, rather than its significance to the outside world.

Fourth Edition Task List G-04: Explain behavioral concepts using nontechnical language.

Fourth Edition Task List G-05: Describe and explain behavior, including private events, in behavior-analytic (non-mentalistic) terms.

Fifth Edition Task List C-1: Establish operational definitions of behavior.

These items on the Task List are essential in the effective design and implementation of behavior-change programs. If clients have a clear understanding of behavioral concepts, it increases the likelihood that such programming will be successful in accomplishing lasting meaningful behavior change.

One challenge in communicating our goals and describing recommended procedures is that the terminology we use may have different meanings when used more colloquially. The ubiquitous use of terms such as “reinforcement,” “punishment,” and even the term “behavior” or “behavioral” can cause confusion and compromise our ability to communicate clearly.

Fourth Edition Task List G-06: Provide behavior-analytic services in collaboration with others who support and/or provide services to one’s clients.

Fourth Edition Task List G-07: Practice within one’s limits of professional competence in applied behavior analysis, and obtain consultation, supervision, and training, or make referrals as necessary.

Fifth Edition Task List H-9: Collaborate with others who support and/or provide services to clients.

While the science of behavior analysis can be used to teach any skill, this should not be confused with our individual ability to teach every skill, not with the ability to adequately perform any skill. Behavior analysts must seek the assistance, training, and guidance of those with greater expertise.

In some cases, this may mean seeking the guidance of professional expertise in specialized fields of medicine or psychology. With adult or adolescent clients, we may find that the assistance of a sexologist or female-driven gynecological practice may increase the comfort and quality of life for our clients.

In some cases, however, the expertise may be different, but of equal value. Consulting with outside experts can considerably expand the opportunities we are able to offer. Experts in comic book writing, game design, French cooking, or African drumming can be as valuable in contributing to the quality of life for our clients as more traditional programming.

Legal Ethical Moral

When acting as an advocate for our clients we must be mindful of our legal ethical and moral obligations. The obligations that are categorized as “legal” are those which are matters of law and of civil rights legislation. Those which are referred to as “ethical” are outlined by our Professional and Ethical Compliance Code[®]. Our moral responsibilities are those which we often equate with “goodness” – those which are driven by our upbringing and learning history, often described as our “sense of what is right and wrong.”

Legal

Individuals with disabilities, including those with intellectual disabilities, have the same rights as other citizens. Among these are the right to practice the religion of their choice, the right to education, the right to petition their government, and the right to vote. Though accommodations may need to be made in order to allow access to these rights, they remain as consistent for those with disabilities as for their as their neurotypical or nondisabled peers.

If our programming is to be considered “applied” in the sense of its social significance, the skills involved in accessing these rights would be appropriate targets for behavior change.

Ethical

The most essential theme within this chapter is the necessity of programming that is sufficiently *applied*. Some of the common criticisms of behavior-analytic programming can be addressed by prioritizing adherence to Code element 4.02, which states, “Behavior analysts involve the client in the planning of and consent for behavior-change programs.” Behavior goals must reflect the goals of the client, and must follow their determinations of social significance.

Applied behavior analysis must be applied, first, foremost, and above all.

Moral

Finally, we must consider our moral obligations as professionals working with vulnerable populations. Many of us came into this field out of a strong desire to help people, and it is necessary to reflect on what sort of “help” is actually helpful. We must maintain goals that are designed to allow the individual to pursue their own goals. We may teach a client to engage in leisure activities, but we cannot coerce their choice to engage in them. We may teach a client how to make the bed, but they have as much right as we do to decline to do it. We may teach clients to communicate, but we cannot control what they say.

Our moral obligation is to our client – to their quality of life, rather than to the society that can/should accommodate them. That, more than anything else, is our legacy.

Ethical Professional Uncomfortable

There are several aspects of advocacy for individuals with disabilities that may make us uncomfortable. Rather than allowing ourselves to become defensive in support of our viewpoints, it is helpful to analyze these and determine the legitimacy of the argument – we must determine if these criticisms do in fact address ethical concerns. An emphasis on high-quality programming need not run counter to a goal of self-determination. However, several aspects of our interaction with vulnerable populations and common programming deserve review.

Language and Our Audience

Many of us are neurotypical individuals working with children or adults with autism disorder. Many of us also have developed the habit of using person-first language, saying “person with autism” rather than “autistic person” and understood this to be the currently accepted lexicon.

Those in the neurodiversity movement, however, disagree. Sinclair (2013) writes that the phrasing “person with autism” implies that personhood can be separated from autism, rather than reflecting an understanding that autism is an integral aspect to one’s identity, just as gender or ethnicity is. They argue that such a central aspect cannot be separated from personhood and the attempt to do so further stigmatizes autistics by implying that such a separation should be advocated (Sinclair, 2013). They write,

I know that autism is not a terrible thing, and that it does not make me any less a person. If other people have trouble remembering that autism doesn’t make me any less a person, then that’s their problem, not mine. Let them find a way to remind themselves that I’m a person, without trying to define an essential feature of my personhood as something bad. I am autistic because I accept and value myself the way I am.

(Sinclair, 2013)

Within behavior analysis, it is commonly accepted that context is an essential component in the determination of “appropriateness.” It is considered best practice to ask those who are members of a given marginalized group how this group should be referred to. This would lead to the conclusion that “autistic” as an adjective (e.g. “autistic people”) or “autistic” as a noun would be preferable (e.g. “autistics”).

Person-first language, however, remains the commonly accepted standard for writing and presentation. Just as we must when considering other aspects of ethical practice, we must consider the intention of the language that is used. The intention of the use of person-first language is to emphasize the personhood, and not to disregard autism. When speaking to neurotypical audiences, this phrasing is often considered best practice.

The prevalence of this argument in the literature on self-advocacy and autism acceptance should certainly give us pause in making assumptions as to the “right” way to refer to this population. As explored in this volume, the argument is often more nuanced than a more binary, black-or-white interpretation.

Compliance As a Treatment Goal

Among the most controversial application of applied behavior analysis is the use of behavioral technologies to teach compliance. The stereotype of the behavioral program in

which compliance is emphasized above all else remains prevalent and is among the more pernicious of the arguments against applied behavior analysis.

In considering the appropriateness of compliance as a treatment goal, one must consider its appropriateness – its suitability within a framework that emphasizes social significance. Particularly when working with young children, there may be arguments in favor of a certain degree of compliance. Compliance may be necessary to maintain safety and ensure inclusion in a school environment in which some compliance with teacher instructions would provide access to greater opportunities.

However, compliance as a more generalized behavior can come with significant risks. McDonnell (1993) writes, “To expect complete compliance in children, when thoughtful and selective noncompliance is valued in adults, does not appear to be particularly good preparation for future functioning within our society.” The dangers of teaching compliance must also be considered in light of the vulnerability of individuals with autism spectrum disorder and their increased risk of sexual abuse (Westcott & Jones, 1999).

The adoption of compliance as a treatment goal must be justified by its social significance. Compliance for its own sake and generalized to every situation must be avoided in favor of goals that would lead to greater autonomy.

Self-Advocacy as a Treatment Goal

It is essential that we remember that the goal of programming should be increased independence, and to have a clear idea of what “independence” means. Among those of us who are considered neurotypical, we do not question asking for directions, hiring cleaning help, or dining out as threats to our independence, raising the question, “How independent should we reasonably expect anyone to be?”

Independence among neurotypical individuals is not necessarily the onus to do everything but rather the right to determine for oneself how these things will be done. Rather than a focus on self-sufficiency, individuals with disabilities must have opportunities for self-determination – the opportunity to make their own decisions and set their own priorities.

Independence is not, in the final analysis, synonymous with skill development, nor do skills need to be demonstrated in all contexts. Rather, independence is the ability to make the choice about what skills we will use.

Once we have helped a client to develop the skills to communicate, we must allow them to do so and we must be ready to listen to what they have to say. Providing these opportunities should be the goal of every well-designed program.

Reflections: An Interview with Claire Sayers, an Autistic Self-advocate

Claire Sayers is an advocate in every sense of the word. A law school graduate with a particular interest in civil rights law, she is both an autistic self-advocate and an advocate for disenfranchised citizens. In this interview, we discuss person-first language, the challenges of neurodiversity and the benefits of a supportive, holistic approach.

AB: Can you talk a bit about the terms “autistic” and “person with autism” and why someone might use one or the other?

CS: On the surface, it seems like simply preferring to call yourself by a noun or an adjective, but it’s not that simple. People who prefer to say they are autistic frequently can’t imagine life without seeing through that filter. But beyond that, it’s a matter of personal identity.

AB: Some in the disability community talk about attitudinal barriers to inclusion (those ideas by neurotypical people that tend to prevent full inclusion of individuals with autism). What barriers have you encountered in the general public, people outside of the world of autism, and service for individuals with autism and how did you deal with them?

CS: I'm actually apprehensive to tell people that I'm autistic absent an employment relationship. And even then, I'm reluctant to have the entire workplace know. That's because the greater world has a preconceived notion of what autism "looks" like, and I don't obviously fit that preconceived notion. I outgrew many of my autistic traits and I'm essentially on the borderland between autistic and not, which can be frustrating when relating to others.

That's especially true when I'm not in a bad mood because the autistic traits I still have don't come out unless I'm angry, disappointed, frustrated, or otherwise experiencing a strong negative emotion. When I am experiencing a strong negative emotion, people are frequently taken aback at how it presents in me.

Being autistic and female comes with its own barriers. I feel extremely awkward when I'm in a room full of other autistic people because I'm one of the only, if not the only, autistic woman in the room. Current models of autism are also based almost exclusively on males, which aren't particularly helpful for me as a woman.

As a result of all these factors, I don't tell people right away that I'm autistic. I let them get to know me as a person first and then tell them I'm autistic. That way, there's more of a chance that other people will think about what their notions of autism are and where the holes are.

AB: How might autism be perceived as a "disability" (meaning that this person needs support in order to function or fully participate) or a "difference" (meaning that they are able to function or participate, but perhaps not in the ways that neurotypical or able-bodied people might) for someone else with a diagnosis of autism spectrum disorder?

CS: There are things about autism that suck and things about autism that are awesome. I would find life so much easier if I wasn't so anxious I needed medication for it. I also hate not being able to judge distance as well as others at night. So yes – autism is disabling in those respects.

However, in other aspects, autism is the best thing that ever happened to me. On more than one occasion, I've left people in shock and awe with how well I can remember information. I'm also nothing if not persistent, and I also surprise people with just how strong my imagination is.

That's partially what I see as wrong with a curative model of treating autism. Curing autism assumes that my strong memory that I love shocking people with, as well as my imagination and persistence, aren't valuable. The people who decide who wins the Pulitzer Prize or the Nobel Prize for Literature would beg to differ.

AB: There is a lot of controversy surrounding the use of applied behavior analysis methodologies in teaching individuals with autism. Could you speak a bit about that?

CS: With regards to ABA, there are concerns that it teaches little more than repeating certain phrases on command and that many of its drills are fundamentally cruel. There was once a time when ABA was the only real therapy that worked, but those days have largely passed.

I'm of the mind that there are unethical ABA therapists out there. Sometimes, the therapy was administered improperly on a consistent basis. Sometimes, ABA just isn't the right fit for a certain person. However, that doesn't by definition make ABA a bad therapy.

AB: Do you see involvement with the larger autistic community as important for clinicians?

CS: Involvement with the larger autistic community is definitely important. Autistic people are an enormous part of the clientele an ABA clinician will be working with. ABA won't be as effective if you don't understand the population you're working with.

On a similar note, involvement with the larger autistic community can help you learn what acceptance means to autistic people. Acceptance isn't one size fits all. The autistic experience is different based on gender, race, and socioeconomics. Personality can also greatly affect needs.

A more supportive model of ABA takes intersectionality into account – and also acknowledges its limits.

AB: Finally, if you could give one bit of advice for clinicians what would it be?

CS: Being autistic is just one aspect of your client, and autism rarely if ever exists in a vacuum. Treat us like that way.

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16 The Behavior Analyst and “The Team”

Interdisciplinary Teams and Working in Schools

Michelle Zube

Many of us have served on interdisciplinary teams, and many more have been called upon to do so. Though it is a fairly common practice, particularly working with individuals with developmental disabilities, many behavior analysts do so begrudgingly, or with a significant amount of skepticism as to its value. Working with professionals from disparate philosophies can present significant challenges to the passionate behavior analyst, and many call into question the value or ethics of collaboration, particularly with colleagues from less scientifically rigorous disciplines.

I have heard different philosophies of psychology referred to as “churches,” which appears to be an apt comparison. The level of fidelity to a philosophy such as behaviorism can involve zeal similar to that of a religion. This can make working with professionals in other fields challenging since we may be inclined to convert them from their sinful ways.

Treating every interdisciplinary team as a missionary effort, however, will undoubtedly lead to compromises in our ability to effectively collaborate. It may also be argued that it would equally compromise our ability to effectively disseminate our own methodologies.

More importantly, an overemphasis on conversion overlooks what colleagues from other fields offer in an interdisciplinary team. Although behavior analysts could fairly be described as generalists, concerned with anything an organism does, speech pathologists and physical and occupational therapists bring with them areas of expertise that are valuable and should be acknowledged and utilized.

Members and Their Roles

Professionals from several disciplines may participate in clinical teams, and each brings with them a background and expertise that may support the overall development of the client’s skills.

Speech Therapists/Speech and Language Pathologists

According to the American Speech-Language Hearing association, a speech pathologist (sometimes referred to as a speech therapist) is a professional who can “work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults.”

Between speech pathologists and behavior analysts, there is perhaps the greatest extent of overlap. Because communication is observable and measurable, and because it is often taught and maintained through the use of reinforcers for specific communicative behaviors, behavior analysts and speech pathologists can often easily collaborate and work effectively with little conflict.

Speech pathologists have their own code of ethics as well, just as behavior analysts do. Just as our Code does, the Speech and Language Pathologist's Code of Ethics urges their adherence to standards of practice, including the fair and equitable treatment of clients and the necessity of highly qualified professionals.

Occupational Therapists

Occupational therapists are professionals whose role is to support clients in the pursuit of their occupation, or in the activities that the clients themselves prioritize as such. "Occupation" in this field is interpreted broadly as any activity of daily living that is a priority to the client, including daily living and leisure skills. The clinical work often focuses on acquisition of skills in the context of everyday activities. This support can be across the lifespan, including work with children with disabilities. In pediatric practice, the "occupation" of clients is often considered to be school and play, and occupational therapists will often engage in therapeutic activities in this context.

One subspecialty of occupational therapy is sensory integration. This philosophy maintains that behavior can be maintained by sensory processing issues. "Sensory integration" refers to the neurological process of integrating visual, auditory, tactile, olfactory, taste, and proprioceptive information. Given that hyper- and hyposensitivities to sensory information are often characteristic of autism spectrum disorder, it is common for occupational therapists specializing in sensory integration to serve on clinical teams.

Although there is substantial evidence that occupational therapy techniques can be helpful in the acquisition and maintenance of motor skills, there is not substantial evidence of the efficacy of sensory integration. "Sensory processing disorder" also is not established by evidence. There are certainly professionals who may argue that the absence of evidence should not be considered evidence for absence. It is within the realm of possibility that sensory processing disorder may be established in the future, just as chronic fatigue syndrome and fibromyalgia have been established. However, current evidence does not indicate either the presence of a stand-alone disorder or the efficacy of sensory integration techniques. A responsible behavior analyst must exercise caution in the application of such techniques.

The phrase "exercise caution" need not be synonymous with "refuse to collaborate," however. Though specific challenges exist in the collaboration with disciplines who lack our commitment to evidence-based practice, these challenges can be met, and such a commitment can be maintained.

What Is Meant by "Interdisciplinary"

When working in teams of professionals from other disciplines, any one of several philosophies of team dynamics can be in play. Many of the terms describing these philosophies are used interchangeably. There are, however, subtle differences that make a difference in how these teams interact.

Multidisciplinary

In a multidisciplinary team, professionals may draw upon knowledge from other professions, but remain firmly in their areas of expertise. There may be some communication regarding goals and the implementation of these goals, but this is not necessarily a defining feature of a team representing multiple disciplines. Rather, the participation of varied disciplines, rather than their full collaboration, is what defines such a team.

Interdisciplinary

Within an interdisciplinary team, different disciplines are synthesized and goals and treatment plans are aligned. Practitioners across disciplines are able to communicate and work on common goals, although they may describe these goals in different ways or add varied techniques. Greater time is needed to collaborate in an interdisciplinary model, and team members must be willing and able to share information and ideas. Collaboration in this model of team collaboration focuses primarily on shared information. Goals are developed by participants of individual disciplines and communicated to other members, but these goals are not necessarily aligned with one another. This communication can prevent contradictory goals or the development of multiple behavior plans that may be counterproductive to the client's well-being. However, the individual team members remain autonomous in their efforts to improve behavior.

Transdisciplinary

In a transdisciplinary team, the various disciplines are integrated. Not only goals but also the programming designed to meet them are planned and implemented in this team context. Assessment may be performed in an arena format, with each discipline contributing to the overall picture of the client's level of progress and programmatic needs. Choi and Pak (2006) describe this interaction by stating that, "Transdisciplinarity integrates the natural, social and health sciences in a humanities context, and in so doing transcends each of their traditional boundaries." There are significant challenges to this model, particularly for those clients who rely on public funding for services.

Communication and collaboration require significant investments of time and effort. The coordination of efforts to have face-to-face meetings becomes exponentially more difficult as more professionals with conflicting schedules become involved in a case. If funding is not provided for these meetings, the challenges become pronounced even further, often forcing client's families to serve as team coordinators responsible for all communication and collaboration. We may find we have little control over what team model is possible or what will be communicated and how.

There are, however, several "team behaviors" that may facilitate effective collaboration that are well within our control.

What We Do: A Behavioral Description

Fourth Edition Task List G-02: Consider biological/medical variables that may be affecting the client.

Fifth Edition Task List F-1: Review records and available data (e.g. educational, medical, historical) at the outset of the case.

As behavior analysts, we are trained to focus our attention on observable and measurable behavior. However, we must be mindful that such observation may not be possible if we remain unaware of what to look for. We must be ever-mindful of the Maslow's "Law of the Instrument" (Maslow, 1966), which provides us with a familiar metaphor: that, given only a hammer, we will be tempted to assume that everything is a nail.

Other disciplines may be trained in areas which we are not. Speech pathologists, may be able to offer insight on physical limitations to producing certain sounds effectively. They may also offer assistance in other areas, particularly those who specialize in feeding. Occupational therapists may have the training to discern aspects of motor development that offer information that allows us to assess these variables and program accordingly.

Biological and medical needs must be addressed, and we cannot allow arrogance to mask itself as adherence to commitment to our focus on observable behavior.

Fourth Edition Task List J-02: Identify potential interventions based on assessment results and the best available scientific evidence.

Fifth Edition Task List H-2: Identify potential interventions based on assessment results and the best available scientific evidence.

Perhaps the most challenging aspect of working in interdisciplinary or transdisciplinary teams is maintaining a commitment to evidence-based practice when other fields of practice do not maintain such commitments. This is where we often come across the most resistance, and the response that we should be more open-minded is a common complaint.

To make such interactions more challenging, we will often hear anecdotal reports that interventions which lack supporting have been effective in the past with other clients or have even been successful in promoting socially significant behavior change with the current client. It is often tempting to ignore these anecdotal reports, remaining steadfast in our refusal to promote or participate in practices that lack scientific support.

However, we must acknowledge that our science relies upon the evidence provided in single-subject design studies, and on the importance of data. If professionals or families are reporting that a particular intervention has been effective in improving socially significant behavior, it would be not only foolish, but anti-scientific to ignore this.

One tactic to promote both collaboration and evidence-based practice would be to analyze what caused the change in behavior. Others may state that, for example, self-biting may be decreased by offering a rubber necklace to chew because it “gives them input” or that a sensory diet that includes jumping on a trampoline “helps organize” a client and decreases disruptive behavior. However, acknowledgement of improvement of the behavior itself may not constitute acknowledgement of the explanation of why they were effective.

It is helpful here to review those practices in the treatment of autism which have been maintained by the current research. Among the evidence-based practices identified by Wong et al. (2015) are antecedent-based intervention, differential reinforcement of incompatible, alternative, or other behaviors, exercise, prompting, reinforcement, and naturalistic interventions. As behavior scientists we acknowledge that these are processes that promote behavior change regardless of how we refer to them. Behavior is learned through the use of reinforcement regardless of whether we do so deliberately, and certainly regardless of our use of the term. It is not only possible but likely that the use of a rubber necklace to chew decreases self-biting as the result of the differential reinforcement of an alternative behavior. It is not only possible but likely that jumping on a trampoline served as the exercise necessary to cause improvement in disruptive behavior.

If we analyze tactics with less evidence, we may find that these are simply similar techniques using unfamiliar materials. Though some caution must be exercised, and our commitment to evidence-based practice must be maintained, we must be equally cautious of dismissing techniques because of how they are described rather than how they are implemented.

To acknowledge that a given tactic has been effective is not necessarily to agree on why it was effective. We must not ignore data, even if it comes from a source we may find questionable or is described in ways we find confusing or uncomfortable. And most importantly we must not limit our tactics to what we have habitually used rather than expanding our own repertoire of reinforcers and skills.

Fourth Edition Task List G-04: Explain behavioral concepts using nontechnical language.

Fourth Edition Task List G-05: Describe and explain behavior, including private events, in behavior-analytic (nonmentalistic) terms.

Fifth Edition Task List C-1: Establish operational definitions of behavior.

All members of a clinical team begin with the same goal in mind: all members hope to promote skill development and allow the client to reach their maximum potential. Our common commitment to that destination may be well understood, but the path can often be a confusing one.

Clinicians from other disciplines will often use mentalistic terms, and many of these terms will be new to us, if not incredibly confusing. Often I have asked what it meant that a proposed treatment would “organize” a client, only to hear “they will be organized.” Definitions of “sense of self” have been equally confounding for me, as for many behavior analysts; and the use of these terms can interfere with effective communication.

It is often best to begin with an understanding of our common goal in mind, as well as an understanding that these terms do mean something, and may require more translation than outright dismissal. Rather than ending any possibility of dialogue by dismissing the concept of “being organized” or the existence of a “sense of self,” it is best to find out precisely, in behavioral terms, what is meant by each of these terms.

A helpful tactic in finding common ground and to develop that translation is to ask questions. What would “being organized” look like? What would the client do to indicate that they had an adequate “sense of self”? We likely find, after asking for clear descriptions of these concepts, that they are attributed to specific behaviors. When non-behavioral colleagues are asked to describe these concepts by describing what the manifestations of their mastery would *look like*, it is often possible to understand these as observable and measurable behaviors. An “organized” client can be described as one who engages in on-task behavior, remains in seat during classroom time, and gives consistent eye contact. A client who demonstrates an adequate “sense of self” may now be described as one who uses personal pronouns accurately, is able to answer personal questions, or engages in reciprocal conversations. Once such a definition of behavior is developed, we can more effectively collaborate and prioritize intervention goals.

In many cases, the terms used to describe may be analogous to a photograph. Terminology may illustrate a concept, but terminology is not the concept itself. Differences in the way we describe phenomena are not necessarily differences in the existence of these phenomena, nor do they necessarily preclude working together toward our common goals. We cannot allow a breakdown in communication to lead to a breakdown in collaboration.

Fourth Edition Task List G-06: Provide behavior-analytic services in collaboration with others who support and/or provide services to one’s clients.

Fourth Edition Task List G-07: Practice within one’s limits of professional competence in applied behavior analysis, and obtain consultation, supervision, and training, or make referrals as necessary.

Fifth Edition Task List H-9: Collaborate with others who support and/or provide services to clients.

As behavior analysts, we often consider ourselves generalists, capable of understanding and analyzing the controlling variables of the behavior of any organism and the changes in behavior that we describe as the learning process. Understanding behavior as anything a given organism does should not be confused, however, with the capability of teaching *anything* to *anyone*. While we may have a general understanding of the mechanism of how behavior is learned, there may be gaps in our knowledge of *what* behavior *should* be learned.

Even the most proficient behavior analyst does not have limitless knowledge. Though our area of specialty can be broadly applied, the focus is no less specialized. The course of study of the behavior analyst is focused upon how organisms learn, and how to improve socially significant behavior through the application of procedures designed for the principles of behavior. We are well versed in how to teach well. However, appropriate sequences of communication skills or social behavior may not be an aspect of our training. This is where the input of other clinicians can be helpful in programming and goal development. The addition of knowledge of the structure of vocal sound production, the awareness of the mechanics of motor skills, and proficiency in the developmental appropriateness of goals should be a welcome addition to our programming.

In order to provide socially significant programming to our clients, we must have clarity on the distinction between *teaching well* and *good teaching*. These two distinctions, while not mutually exclusive, are distinct. Certainly our knowledge of the science of behavior and our training in the use of that science to promote skill development would constitute *teaching well*. If we also include the contribution of other professionals in order to promote social significance, this is what distinguishes *good teaching*.

Fourth Edition Task List H-01: Select a measurement system to obtain representative data given the dimensions of the behavior and the logistics of observing and recording.

Fifth Edition Task List C-9: Select a measurement system to obtain representative data given the dimensions of behavior and the logistics of observing and recording.

In the day-to-day practices of their profession, behavior analysts may have a great deal of overlap with other disciplines. The boundaries of this overlap are very often seen in our commitment to consistent documentation and data collection. For many disciplines, it may be viewed as a cumbersome and unnecessary addition to the session to introduce data collection, and it may be argued that anecdotal information allows for greater flexibility and is sufficient for making programmatic decisions.

It would be beneficial here to review the three requirements of data collection: data must be taken. Data must be looked at and analyzed. Data must be used to modify behavior change programs.

Data must be taken. Though the practice may not come naturally to practitioners from many disciplines, many of these professionals are receptive to the idea. It is important to create systems are objective enough to collect meaningful data but simple enough for professionals with less proficiency in data collection to use while performing their primary responsibilities. Training in these systems should also be provided, and behavior analysts must be prepared to modify systems as needed.

Data must be looked at and analyzed. Behavior analysts must be prepared to follow up with professionals and communicate clearly about what the data indicates about client progress.

Data must be used to modify behavior change programs. Perhaps the biggest challenge for professionals may be the need to respond to the data. There must be an agreement in place to allow the data to guide decision-making, and this agreement must be made *before* data is collected. There may be situations when professionals are tempted to ignore results – a program that was begun with great enthusiasm may be proven ineffective or a program entered into with skepticism may force the clinician to reexamine preconceived notions. Regardless of what the results tell us, their message must be taken to heart.

Data collection practices are an essential component of behavior-analytic programming and can be a component of any program designed to improve client outcomes. Incorporating this practice into other disciplines can be an asset to any discipline.

Fourth Edition Task List I-06: Make recommendations regarding behaviors that must be established, maintained, increased, or decreased.

Fifth Edition Task List H-4: When a target behavior is to be decreased, select an acceptable alternative behavior to be established or increased.

It is often the case that behavior analysts are called upon to decrease behaviors. In some settings, “behavior” has become synonymous with “disruptive behavior” or “problematic behavior.” As specialists in behavior, we know that “behavior” refers to anything that an organism does, and that this definition is not restricted to those behaviors that are targeted for decrease. However, this misunderstanding of the behavior analyst’s role remains persistent in the human services field. Very often, behavior analysts are viewed in a similar way as firefighters are: their role is to intervene in emergencies, make a problem go away, and then leave.

We must work tirelessly to combat this misunderstanding of a behavior analyst’s role within a clinical team. The role of the behavior analyst is not akin to that of a firefighter. Rather, there are equal, if not greater opportunities for growth and skill acquisition.

It is vital that behavior analysts be full participants in any discussion of what clients need to learn and that we are also full participants in the development of programming to meet these skill acquisition goals. We must be offering solutions at every possible opportunity, rather than waiting to be asked.

In addition, we must be forthcoming about the goals that we have been able to accomplish, as well as information on how we have accomplished them. We must clarify the methodologies used, as well as the underlying principles behind them. When our skill set allows us to offer help, we should be vocal about our ability to do so.

It is not the responsibility of those outside our field to grasp the breath of the possibilities of our methodologies. It is not their responsibility to fully understand the potential of our science. If we are not proactive in our dissemination of the potential of our work to support lasting, meaningful behavior change, we cannot expect others to receive that message.

Fourth Edition Task List K-02: Identify the contingencies governing the behavior of those responsible for carrying out behavior-change procedures and design interventions accordingly.

Fifth Edition Task List H-9: Collaborate with others who support and/or provide services to clients.

Fifth Edition Task List I-6: Use a functional assessment approach (e.g. performance diagnostics) to identify variables affecting personnel performance.

Fifth Edition Task List I-7: Use function-based strategies to improve personnel performance.

In all of our interactions with those outside the field, be they family members or other professionals, this item of the Fourth Edition task list is most paramount. All behavior is controlled by antecedents and consequences, and this is true for all organisms, including professionals from other fields. Analysis of these factors can allow us to work more effectively with professionals from all disciplines.

Antecedents. Behavior will often be selected for treatment based on its effect on the clinician. Those behaviors which are most disruptive or disturbing are the behaviors which are most likely to access treatment without delay. Assuming that behavior analysts are specialists in the reduction of problem behavior, this may be when our support is most actively sought out. It is important that behavior analysts make themselves available for the selection of treatment goals focused on skill acquisition as well. Essentially, we must ensure that our presence and participation become discriminative stimuli, signaling that reinforcement is available for seeking out our assistance.

Behavior. Implementation of behavior plans with others, particularly from other disciplines, can be challenging. It is often tempting to interpret a failure of others to follow our protocols or accept our suggestions as a personal attack. Worse, we may alienate them further by refusing to accept suggestions ourselves. It is equally possible, however, that we have failed to make the task simple enough to perform given the other responsibilities of these professionals. Reducing the effort of the response required, particularly in data collection, can often make a tremendous difference in the overall functioning of the team.

Consequence. In all of our interactions with other team members, it is crucial that we bear in mind our common ground. Each team member is driven by the same overall goal: we are all working for the benefit of our clients. How we interpret what is best for the client in either the long or short term may differ, however. When we discuss the level of “buy in,” this refers of course to the reinforcer that increases teaching behavior. “Buy in,” as all reinforcers are, often varies greatly for one individual to another. Behavior analysts must be prepared to answer why a particular skill is important and to ask that of others as well.

Analysis of the factors that govern the behavior of others, as well as what may govern our own, is an essential skill for the behavior analyst.

Legal, Ethical, Moral

It is often necessary in our attempt to maintain ethical practice and our pursuit of “goodness” to determine the varied levels of what “goodness” entails. In this volume, we propose a model of understanding categories of “goodness.” Legality is defined here as adherence to legal agreements, contracts, and requirements under the law. Ethics is defined as adherence to the rules of a governing body. In the case of behavior analysts, this would refer to our commitment to the Professional and Ethical Compliance Code®. Our moral obligations are those shaped by our conscience. Often influenced by our upbringing and culture, this is what is often thought of as being a “good person” beyond the requirements of being a “good behavior analyst.”

Legal

Team Coordination: Meetings

When serving on multidisciplinary teams, we are often working with professionals of different disciplines who may also have different funding sources. While team meetings may be mandated by some agencies, it may not be permitted by others. Every effort must be made to facilitate communication among disciplines, even if in-person meetings are not possible.

Several paperless data collection companies have solutions to this by adding virtual “spaces” to send messages within their systems. Another tactic using far less advanced technology is simply a notebook that is shared by team members.

Confidentiality and Privacy

Sharing information also requires special consideration, and regulations concerning confidentiality must be clearly understood by all parties. In the USA, the regulations regarding the privacy of health information was established by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Patient or client confidentiality must be protected, particularly when sharing information. The convenience of sharing information must not blind us to the dangers of exposing health information.

Communication is permitted so long as reasonable safeguards to protect the privacy of our clients in place. One should avoid sharing of video or pictures in any video which is not HIPAA compliant, including YouTube or many other video sharing sites. One simple step to take is to include a HIPAA statement in the signature of your email. This warning alerts the receiver that the information may be confidential and requests that they alert the sender if it is sent in error. This reasonable safeguard is simple and easy to implement.

Perhaps the simplest of safeguards, however, is to exercise extreme caution in sharing of information in any medium other than standardized, HIPAA compliant systems designed for this purpose.

Insurance and Billing Procedures

The importance of accurate information being shared with an insurance company cannot be overstated. Treatment plans must be carefully followed and data collection systems kept up to date.

Accuracy in accounting for our time and activities is essential. The repercussions of inaccuracies of this type can have devastating effects on agencies, individuals, and the families that we serve.

Ethical

The Behavior Analyst Certification Board's® (BACB's®) Professional and Ethical Compliance Code® is also integral to practicing as a "good behavior analyst." Several Code elements address the dynamics of working together as a team.

7.01 Promoting an Ethical Culture

Behavior analysts promote an ethical culture in their work environments and make others aware of this Code.

When working with team members from different backgrounds, it is essential to remember that they do not have familiarity with this Code. Their own ethical practice, governed by different codes of conduct, may have significant overlap, but it is likely that there will be several differences as well.

It is then that the second phrase becomes particularly relevant: "make others aware of this code." Explain that the BACB's code may provide some insight or that certain practices may be considered questionable. Ask for evidence to support suggested practices and advocate for the use of practices that are evidence based, even if their presentation may be novel.

Given that "ethical" refers to the rules of a governing body, the ethics of our field apply to behavior analysts. Be mindful that these practitioners may be acting within the ethical codes of their own professional organizations and refrain from accusations of impropriety or a lack of ethics if suggestions or programs are unethical only within the Professional and Ethical Compliance Code®.

Just as we must be mindful of the different roles of family members, we must also be aware that occupational therapists or speech pathologists are not behavior analysts. Our Code is not their code.

Moral

The moral principle which guides our work with multidisciplinary, interdisciplinary, or transdisciplinary teams is this: every client deserves our very best and the best chance at autonomy.

Far from a simple flowery principle, this right is well established as one of our primary values in behavior analysis. Every client has the right to effective treatment as defined by Van Houten et al. (1988). Included in the description of what constitutes “effective treatment” is treatment by a skilled behavior analyst, effective treatment procedures, a program that addresses functional skills, and a therapeutic environment. Perhaps the most relevant of the aspects of what constitutes “effective treatment” is this: “an individual has a right to services whose overriding goal is personal welfare” (Van Houten et al., 1988).

Behavior analysts are passionate individuals who believe wholeheartedly in the work that we do. That passion is perhaps our greatest asset, and should be spent wisely. We must not allow our ego to mislead us into thinking that our knowledge and skill set have no limits. Partnership and collaboration with other professionals is central to living this principle and practicing it in our vocation.

Ethical, Professional, Uncomfortable

It is also necessary to distinguish those aspects of our work life that would be considered “unprofessional” as opposed to those which simply make us uncomfortable. Just as not every work environment is a good match for every behavior analyst, so also the dynamics of a team may not be a good fit.

Determining the “Team Leader”

In a collaborative team, it can be difficult to discern where the proverbial buck must stop. Often the behavior analysts may feel the need to enter a situation as a leader rather than a collaborator. However, we must be ready to follow as much as we lead. There are certainly exceptions to this guideline, as in situation where we are hired on a consultancy basis to offer suggestions. When serving as a member of a team, however, we are not there to dictate recommendations, but we are participating as equal members.

Whenever possible, consensus should be sought in the development of behavior plans. We may be part of that consensus, but we do not have the final word.

Discussing Behavior with Other Professionals

One common complaint of behavior analysts who serve on multidisciplinary, interdisciplinary, or transdisciplinary team is that other professionals engage in mentalistic explanation, inappropriate use of behavioral procedures, and pseudoscientific practices. As behavior analysts, however, we are uniquely suited to address this.

Analyzing the common reasons that professionals engage in such behaviors, it is easy to see that mentalistic explanations are part of their training. Although we may be uncomfortable with it, simply hearing mentalistic explanations is not unethical. Nor is their use unethical for professionals from other fields.

This conflict can be easily resolved by simply asking questions rather than imposing our views. A conversation that begins with descriptions such as “seeking sensory input” or “sense of self” can be redirected into a discussion of objective descriptions of behavior. It is often effective to simply ask, “What would that look like? What would they do or not do if they demonstrated ‘seeking sensory input’ or ‘sense of self?’” This discussion can lead to effective problem solving and collaboration.

Though we may describe behavior in different ways, there is a common element in the philosophy of all human services professions: each of us fulfills our role for the benefit of the client. Beginning with that standpoint, matters of translation can be more easily overcome.

Evaluating Treatments Collaboratively

When serving on a collaborative team, the behavior analyst is often the lone voice advocating for data collection. The response effort of data collection is often seen as cumbersome and unnecessary when anecdotal data would suffice, or when we can just “know” how well a client is doing.

There may be some resistance to collecting data, but these concerns can be easily offset by ensuring that data is both simple and relevant. The reinforcer for the behaviors involved in data collection is the information provided, and this reinforcer must be both pertinent and easily attained.

Evaluate Team Functioning

Part of evaluating the effectiveness of the team’s programming must also be evaluating our own performance as team members. Are we working collaboratively? Are we listening to other team members? Are we advocating for best practices as established by scientific research, and more important, are we balancing this need with the need to be pleasant to work with?

Just as we must be mindful of pairing ourselves with reinforcement and the importance of using reinforcement when working directly with clients, we must be mindful of these principles when working with team members. Pairing ourselves with reinforcement often makes a tremendous difference in our ability to work effectively.

Parsimony and Making Others Comfortable

The Law of Parsimony states that the simplest explanation for a phenomenon is most likely to be correct. While this refers specifically to assuming as little as possible in our explanations of phenomena or our explanations of behavior, we might also extend this to discussion of response effort and team functioning.

If we find ourselves in a situation where the team fails to function and our many suggestions fall continually on deaf ears, it may be our instinct to assume that everyone else is wrong. Every other team member who refuses to work with us is too deeply entrenched in pseudoscience – all of them. It may be tempting to draw a line in the sand and refuse to work with these other practitioners.

The simpler explanation, however, may address the common denominator in our failed attempts to work collaboratively: our own behavior. A commitment to working together often means putting aside our own ego, exercising patience, and demonstrating friendliness. The importance of being personable is integral to our work, and yet often forgotten or ignored. Though this advice may appear to be overly simplistic, it is too often the downfall of a clinician. Too many behavior analysts prioritize winning arguments over working collaboratively. Very rarely is this an effective way to disseminate behavior analysis. In fact, it is much more likely to alienate team members, and eventually clients. Digging in our heels may appear to be the most ethical stance, but the result often interferes with the client’s right to effective treatment.

I will often say that being nice follows the Law of Parsimony. It is often the simplest solution and the failure to do it is often the simplest explanation for the failure to function as a team.

The Behavior Analyst in Schools

There are few experiences more inspiring to me than watching a particularly skilled teacher. As a special educator myself, I have an appreciation for the art of teaching as

well as the science of behavior analysis, and watching the interaction between them is a beautiful thing.

I remember when I worked at an early intervention center, I was required to do group lessons, something I had not done since I had been a classroom teacher nearly a decade before. The activity that had been given to me was described only as “strawberries,” so I organized the children into a semicircle and we passed around strawberries to cut with plastic knives and put into a bowl. Among the goals of the group instruction were the motor skills of cutting the strawberries and mixing them in a large bowl, taking turns as they passed the bowl down the table, engaging in group imitation and choral responding as I sang a song with gestures, and using the action words “mix” and “cut.”

When I discussed my day with my husband, his first question was, “What did you teach them about strawberries?” He was understandably confused to hear that I had actually taught nothing about strawberries. Strawberries were not the topic of the lesson; they were merely the materials used to teach the lesson.

An outside observer may also have difficulty discerning what exactly I was teaching. It is often tempting to consider the art of teaching as secondary to the science of behavior analysis, to dismiss the artful nature of goal-directed teaching as “cute,” or worse yet, “babysitting.”

Just as we may look at a swan and see only the grace on the surface, there is a great deal of paddling below the surface, it is what is below the surface that makes exceptionally good teaching. Though we may approach the same goal using different tactics, we have the same goal: for each student to succeed.

Bearing this in mind, a school is essentially a community and therefore represents a culture of its own. Just as we must be mindful of the needs of a culture when working within a different country or within a family, we must be mindful of the cultural needs of the school as a community.

Working in schools can be a personally rewarding and professionally enriching experience for the behavior analyst. As is true for many of our responsibilities, a conscientious approach increases the likelihood of success.

What We Do: A Behavioral Description

Fourth Edition Task List E-01: Use interventions based on manipulation of antecedents, such as motivating operations and discriminative stimuli.

Fourth Edition Task List E-03: Use instructions and rules.

Fourth Edition Task List G-08: Identify and make environmental changes that reduce the need for behavior analysis services.

Fifth Edition Task List G-2: Use interventions based on motivating operations and discriminative stimuli.

Fifth Edition Task List G-6: Use instructions and rules.

Because of the nature of schools, and in particular the need for the establishment of instructional control in a large group, classrooms will often succeed or fail on the strength of their rules. The rules of a given classroom are often established on the first day of school, and every response is categorized as one that is either following or not following these rules.

What is often considered rigidity is actually essential for the survival of the classroom. Having an orderly environment is a necessity to teaching, and communicating the expectations is vital to creating an effective learning environment.

As behavior analysts, however, we are aware that the mere communication of rules is not sufficient to ensure that instructional control is maintained in all cases. Lamenting that students “know what they should be doing” is neither a wise expenditure of our time

nor is it necessarily the case for all students. Verbal stimuli, such as the communication of rules, can control behavior in some cases; and this is a valuable first step in the establishment of classroom control. However, it is only the first step. For many students, rules themselves will be insufficient to establish the behavior that will allow them to learn and facilitate teaching, so that their classmates can learn as well.

Behavior is far more likely to be shaped by contingencies than by rules, and we must not allow the mere existence of rule-governed behavior to lull us into a false sense of security regarding rules as a behavioral intervention.

Other ways to communicate the expectations can also be part of classroom preparation, and the importance of these other forms of communication should be acknowledged as well. There should be clear visual cues as to the expectations of the classroom. For younger ages or those students who require more assistance and support, visual distractions should be eliminated whenever possible. The use of visual supports has been well established in the literature and should be incorporated into the classroom as an aspect of the environmental modifications that will set the classroom and the individual students up for success.

Greater intervention will certainly be necessary beyond merely communicating expectation. There must be assurance that rules are followed and expectations met. These rules, however, represent the overlap between the work of the behavior analyst and that of a classroom teacher. The physical structure of the classroom, the establishment of rules, and the clear communication of these expectations are the first steps in a longer journey.

Fourth Edition Task List E-04: Use contingency contracting (i.e. behavioral contracts).

Fourth Edition Task List E-05: Use independent, interdependent, and dependent group contingencies.

Fourth Edition Task List F-02: Use token economies and other conditioned reinforcement systems.

Fifth Edition Task List G-17: Use token economies.

Fifth Edition Task List G-18: Use group contingencies.

Fifth Edition Task List G-19: Use contingency contracting.

The use of group contingencies is very common in schools but must be used in ways that promote socially significant behavior for all participants in the system. These are often tied to token economy systems and often communicated as part of the classroom rules. The ethics of group contingencies must be considered before and during their implementation.

An interdependent group contingency is one in which all participants must meet a performance or behavior criterion before members of a group gain access to a contingency. Such a method, while common in classrooms, carries with it significant risk. For those students who require greater motivation, the promise of a reward contingent upon completion of tasks or adherence to classroom rules may provide the necessary catalyst to improve performance. For those whose performance may already be satisfactory, or even exemplary, a reinforcer would now be dependent on the performance of other students. By compromising the rate of reinforcement for higher-performing students, we run the risk of punishing performance rather than reinforcing it.

In a dependent group contingency, a reward for the whole group would be dependent upon the performance of a small group or an individual. Occasionally referred to as the “hero procedure” by Cooper, Heron, and Heward (2007), this may result in an increase in the target behavior by the individual or small group. However, the inverse may also be true: if a reinforcer for the whole group is not delivered, the individual is a pariah rather than a hero. If we anticipate the possibility of greater opportunities for inclusion, we must also be prepared for the risk of threats to inclusion.

An independent group contingency, in contrast, is one in which all members of the group who achieve a given criterion have access to a given contingency or reward. Privileges are given based on one's own behavior and are not dependent on the behavior of others. Such a system has advantages for both higher-performing students and those who struggle with the demands of the classroom. There is little risk within this system that students would be left unmotivated or unnecessarily stigmatized.

The creation of the system itself, however, is merely the beginning of the process. Once the system has been established, careful attention must be paid to the students who consistently surpass expectations as well as those who consistently fail to meet them. The needs of all students must be identified and addressed.

In his article on social validity, Wolf (1978) urges us to be mindful not only of the intended results of intervention, but *all* results. Group contingencies can have effects that may not be intended, but can be anticipated, and every effort must be made for intervention to encourage full inclusion of all students into the greater school community.

Fourth Edition Task List G-04: Explain behavioral concepts using nontechnical language.

Fourth Edition Task List G-05: Describe and explain behavior, including private events, in behavior-analytic (nonmentalistic) terms.

Fourth Edition Task List I-01: Define behavior in observable and measurable terms.

Fourth Edition Task List I-02: Define environmental variables in observable and measurable terms.

Fifth Edition Task List C-1: Establish operational definitions of behavior.

Fifth Edition Task List H-1: State intervention goals in observable and measurable terms.

Addressing problem behavior in the classroom is often a task that teachers approach with dread. There are many demands on a teacher's time, and the needs can be as varied as the students themselves. Disruptive or even dangerous behavior threatens their ability to teach *all* of the children, not only the student who engages in this behavior. Treating, or even managing, these behaviors often seems like adding another item to an already overflowing plate.

It is tempting, therefore, for a teacher to characterize the student themselves rather than the observed behavior. Rather than describing the topography of a given behavior, teachers may fall into the trap of describing the student themselves, referring to them as "stubborn," "naughty," or far worse labels.

There is a simple trick to prevent the practice of labeling students to eclipse the more effective one of describing behavior. Behavior, as behavior analysts understand it, refers to anything that an organism does. As such, any description of behavior must be a verb. It must be something that is actively engaged in. A behavior is not something someone *is*, but something someone *does*.

Encouraging teachers to use this criterion for behavioral definitions can eliminate confusion and provide a "gold standard" for our descriptions. In addition to its technical precision, however, this criterion has another advantage. If we are to use descriptions of children rather than descriptions of behavior, we are left with resignation rather than a way to move forward. We cannot possibly treat who someone is, and these labels are part of their identity. A child who is "naughty" or "stubborn" or a teenager who is a "thug" is one whom we have already given up on. A focus on behavior, however, carries with it an assumption of hope that the behavior can change, given the right supports. Behaviors such as "screaming," "running away when given a direction," or "cursing at authority figures" are behaviors and not aspects of character. Behavior can be treated and other behaviors encouraged.

Prompting the use of this strategy often is a matter of continually asking questions, such as, “What did he do? What do you want her to do?” Like any behavior change, some patience will be required, and teachers will need to be patient with themselves as they build this new habit. The extra effort involved in changing this habit is an investment well worth making.

Fourth Edition Task List G-06: Provide behavior-analytic services in collaboration with others who support and/or provide services to one’s clients.

Fourth Edition Task List G-07: Practice within one’s limits of professional competence in applied behavior analysis, and obtain consultation, supervision, and training, or make referrals as necessary.

Fifth Edition Task List H-9: Collaborate with others who support and/or provide services to clients.

When I served as a consultant in a school, there was one “four letter word” that I banned from use in the classrooms: *just*. If a teacher described her classroom or students by saying, “We’re just working on attending skills,” I would immediately correct them and ask them to repeat the same statement without the word “just.” The intention of this rather arbitrary assignment was to honor the work that they were doing without diminishing its importance and to encourage the teachers to do the same. Saying “we are *just* working on eye contact” as opposed to “we are working on eye contact” results in two startlingly different statements.

Those of us consulting in schools would also do well to eliminate the word “just” from our vocabulary. The tasks that we ask teachers to perform are often more complex than they initially appear, and the responsibilities that they are performing are often of great importance. Asking, or even demanding, that teachers “just” follow your suggestions is more likely to lead to increased resistance than increased compliance.

Suggestions made to improve classroom functioning or the performance of a specific student should be as easy to implement as possible. Decreasing the response effort necessary increases the likelihood of follow-through and the accuracy of the data collected.

It is important to address another commonly misunderstood aspect of classroom dynamics: *there are no babysitters in a classroom*. Regardless of the level of education of the instructor, they are there to perform an essential task in the education of the students. Every moment is a teachable moment and should be treated with the level of respect that is deserved. Teaching is taking place at all times. The role of the behavior analyst is to increase the efficiency of that teaching, but it has begun.

Part of practicing within the limitations of our competence is acknowledging the areas of competence of others. Teachers at every grade level bring a skill set and level of expertise that is essential in the development of their student’s academic skills. A bit of humility in the acknowledgment of those skills goes a long way toward effective intervention in schools.

Fourth Edition Task List H-01: Select a measurement system to obtain representative data given the dimensions of the behavior and the logistics of observing and recording.

Fourth Edition Task List K-01: Provide for ongoing documentation of behavioral services.

Fourth Edition Task List K-07: Evaluate the effectiveness of the behavioral program.

Fifth Edition Task List C-9: Select a measurement system to obtain representative data given the dimensions of behavior and the logistics of observing and recording.

Fifth Edition Task List H-7: Make data-based decisions about the effectiveness of the intervention and the need for treatment revision.

Perhaps the most important turn of phrase in these task list items related to data collection is “given the dimensions of the behavior and the logistics of observing and recording.”

The greatest challenge for behavior analysts working in schools is often addressing this factor. Teachers are often overwhelmed with many responsibilities and adding one more is unlikely to be well received.

While we may have preferences in terms of what data collection systems are in place, there are only three requirements for data collection in behavior analysis.

Data must be taken. Though this would seem that this is obvious, there are several considerations in ensuring that teachers or paraprofessionals collect data. A system that is too cumbersome or requires too much training is unlikely to yield accurate data even from the most enthusiastic teacher. Data collection systems that require specialized equipment may also be problematic, since they may cause distraction in a room full of curious children. Systems that require the use of a cell phone may be met with resistance if the use of cell phones is prohibited.

Data must be looked at and analyzed. The behavior analyst must be on hand to monitor progress and make data-based decisions. Additionally, teachers should have clear criteria for when consultation is required. Generally speaking, I have found the criteria of 4–6 data points without significant progress to be one that allows me to address issues without removing the autonomy or judgment of the teacher. Analysis can be made on a regular basis, or the criteria for checking may be more or less conservative. Regardless of how time for this analysis is scheduled, it must be scheduled. It is easy for regular monitoring to fall by the wayside, and far more difficult to correct a persistent problem.

Fourth Edition Task List I-06: Make recommendations regarding behaviors that must be established, maintained, increased, or decreased.

Fifth Edition Task List H-3: Recommend intervention goals and strategies based on such factors as client preferences, supporting environments, risks, constraints, and social validity.

Fifth Edition Task List H-4: When a target behavior is to be decreased, select an acceptable alternative behavior to be established or increased.

Behavior analysts often define behavior by using what we refer to as the “Dead Person’s Test.” Behavior is defined as anything that a dead person *cannot* do. For many in the education field, however, “behavior” is synonymous with “disruptive/dangerous/problematic behavior.” We are often called upon to “deal with all these behaviors” or in some cases to address the needs of “behavior kids.”

This misunderstanding of the definition of behavior and the subsequent overemphasis on behaviors targeted for decrease presents us with a misunderstanding of the role of both the behavior analysts and the teacher. The behavior analyst is equally capable of supporting the acquisition of skills and assuming that our only role is to decrease behavior is an unnecessary limitation. Additionally, when teachers are focused on the acquisition of skills such as decoding, sentence construction, addition, or subtraction, this also is behavior. Learning is nothing more or less than a durable change in behavior. This takes place in classrooms every day, and requires the expertise of skilled teachers.

Still, the frustration of dealing with interferent behavior in the classroom can often eclipse the conversation. Rather than discussing behaviors to increase, many teachers will say, “I just want them to stop running/calling out/talking/moving.”

If the only goal is to stop behavior, however, this would fail the dead person’s test. A dead person is fully capable of not running, calling out, talking, or moving. It is often necessary to remind teachers of this, and explain that, although the current situation may be very frustrating, a class of completely silent, immobile children is not an appropriate goal. Although it may be more than a bit morbid, the dead person’s test offers a relevant litmus test for goal selection. There should be a difference between a well-run classroom and a well-run morgue.

It may be necessary for us to provide some guidance as to what an appropriate goal may be in order to make relevant suggestions. Redirecting the conversation toward what would make an *ideal* classroom may be more helpful than focusing exclusively on the aspects that make the current situation less than ideal. Asking question about what children *should* be doing is often the start of a more productive conversation.

Behavior analysts may often be treated as firefighters, called upon to make a problem disappear and expected to depart as soon as the problem does. We must focus our efforts in equal measure on “construction work” – the work of supporting foundational skills and building upon them.

Fourth Edition Task List J-02: Identify potential interventions based on assessment results and the best available scientific evidence.

Fifth Edition Task List H-2: Identify potential interventions based on assessment results and the best available scientific evidence.

Although teachers are ultimately responsible for what goes on in the classroom, the day-to-day functioning of the class is often a case of several “cooks in the kitchen.” Curricular decisions are often made by administrators or school board members. Many students may require specialized instruction, including those who are English language learners, those receiving special education services, and those with medical needs or disabilities that do not necessarily qualify for special education services. Beyond the educational needs of the students they serve, teachers must also be mindful of other needs for those children who may be food insecure or exposed to violence or poverty. Specialists in teaching English to speakers of other languages, special educators and other service providers, and social workers will often be available for suggestions, or even mandates. This quickly becomes a situation of “too many cooks spoiling the broth.”

I remember early in my own teaching career when I worked with a preschooler diagnosed with cerebral palsy. His current physical therapist recommended stretching exercises to increase flexibility and decrease the likelihood that he would require surgery. She offered to share with me research on the effectiveness of this treatment and trained me in the implementation of this technique. This seemed reasonable and I was happy to receive her guidance, until his former physical therapist approached me and reported that this treatment was in fact ineffective and that she too could offer research debunking it.

This example illustrates the fact that teachers, although specialized in the acquisition of academic skills, often rely on the input of other specialists in other areas. This input can be conflicting. It is little wonder, considering this, that teachers will often implement practices on their classrooms that are not supported by current evidence.

Though we would hope that teacher education programs would emphasize those practices that have been established by research, we must understand that research can vary widely in quality and outlier studies can often be given more weight than is necessarily appropriate. This, in addition to the conflicting information provided by other professionals, can lead to confusion and the implementation of pseudoscientific procedures.

This potentially ethical issue can be dealt with in two ways: by *talking* and by *listening*.

We must talk about the research and what current scientific evidence indicates as best practice. It is *our* responsibility to be well versed in the current literature in behavior analysis and it is also our responsibility to share such findings with the professionals with whom we work. Explaining the research findings and how these procedures can reasonably be implemented in the classroom is therefore our responsibility as well.

We must also *listen*, and observe how procedures are being implemented in the classroom. Many programs do not appear at first to implement behavior-analytic or evidence-based procedures. In preschool classroom, for example, sensory activities are commonplace. Holidays or birthdays may interfere with scheduling. Field trips may shut

down our ability to provide adequate classroom time to discrete trial teaching. It may be tempting to dismiss each of these activities as a meaningless and frivolous waste of time. It may seem to be counterproductive to spend time on these activities when sensory activities and holiday celebrations are certainly not evidence-based interventions.

If we are to examine those practices that have been supported by current research, however, we may see a different picture of what constitutes evidence-based practice. Among the practices that have been supported by analysis of research are reinforcement, prompting, redirection, differential reinforcement of incompatible, alternative and other behaviors, and naturalistic teaching strategies (Wong et al., 2015). Rather than addressing our attention to how teachers and school staff describe these activities, it would be best to listen and observe what actually takes place. Often sensory activities use redirection, naturalistic teaching strategies, and differential reinforcement. Reinforcement and prompting is often utilized in play or art activities. Even school trips can be opportunities to implement strategies to promote generalization, such as training loosely, using sufficient exemplars, and training with common stimuli (Stokes & Baer, 1977). It is entirely possible that these activities do, in fact, use evidence-based strategies. Teachers may not need a lecture on the importance of evidence-based practice, nor a refusal to support their work if they insist on wasting our time. Simply encouraging them to use these practices conscientiously often makes the difference between teaching and high-quality teaching.

Fourth Edition Task List K-03: Design and use competency-based training for persons who are responsible for carrying out behavioral assessment and behavior-change procedures.

Fourth Edition Task List K-04: Design and use effective performance monitoring and reinforcement systems.

Fourth Edition Task List K-05: Design and use systems for monitoring procedural integrity.

Fourth Edition Task List K-06: Provide supervision for behavior-change agents.

Fifth Edition Task List I-4: Train personnel to competently perform assessment and intervention procedures.

Fifth Edition Task List I-5: Use performance monitoring, feedback, and reinforcement systems.

Here again we must revisit, if not eliminate, our use of the word “just,” particularly as it applies to what we ask of teachers or paraprofessionals working in schools. Implementing behavior change procedures often requires significant behavior change on the part of teachers. As simple as we may attempt to make such procedures, we must understand that simple is very rarely the same as “easy,” and practice will be required.

Professional development often includes only a description of the procedure to be followed, and perhaps includes the rationale behind the use of such procedures. In some cases, some supplementary materials such as written checklists or data sheets may be provided. Although this may appear to be a cost-effective solution to staff training, it is very rarely effective. It is far more effective in changing teacher behavior to provide *behavioral skills training*. This method of staff training includes an *instruction* phase as well, in which the trainee is provided with a task analysis of the procedure to be performed. The procedure would be reviewed and the trainee would be given an opportunity to ask questions. Following the delivery of instructions, a *modeling* phase would be implemented, in which the trainer would demonstrate the procedure and again give the trainee an opportunity to ask questions. The final phase of behavioral skills training is the *rehearsal and feedback* phase, in which participants in training practice the techniques and procedures described and are given feedback on their fidelity to the procedure.

Feedback can be delivered by the trainer, or in some cases by a peer, and is based on the written description provided in the instruction phase.

In addition to being an effective and efficient method of providing training in techniques, an advantage of the behavior skills training method is that the instruction phase allows us to develop clear and objective criteria for what constitutes “good teaching.” Trainees who demonstrate proficiency in the accurate implementation of these procedures can be considered “competent” in these techniques.

There is another factor to be considered, however, in the implementation of our training, and certainly in our criteria for mastery, and that is the development of *fluency* in these techniques. Fluency is described by Binder (1996) as “that combination of accuracy plus speed of responding that enables competent individuals to function efficiently and effectively in their natural environments.” The importance of this concept is widely acknowledged in our direct work, as developing fluency is certainly the goal of any well-designed behavior-change program. In our training, we also ignore this to our peril.

When serving as a consultant to a school, I was met with a surprising amount of resistance for those tasks that I considered to be rather simple. When engaged in these tasks myself, they often took only a few minutes and they required little effort on my part. To many of the teachers, however, the task that I considered simple – and easy – was anything but simple or easy. The amount of concentration and effort for them meant that this task was much more time-consuming than I had anticipated. It was not, therefore, the task itself that made it simple, but my fluency with that task.

Training must include a focus on fluency as well as accuracy, and supervision should provide support toward that goal. We must also be ready to adjust accordingly as we monitor the trainee’s progress and support their behavior change.

Fourth Edition Task List K-02: Identify the contingencies governing the behavior of those responsible for carrying out behavior-change procedures and design interventions accordingly.

Fourth Edition Task List K-08: Establish support for behavior-analytic services from direct and indirect consumers.

Fourth Edition Task List K-09: Secure the support of others to maintain the client’s behavioral repertoires in their natural environments.

Fifth Edition Task List I-6: Use a functional assessment approach (e.g. performance diagnostics) to identify variables affecting personnel performance.

Fifth Edition Task List I-7: Use function-based strategies to improve personnel performance.

Just as we would with our direct service clients, we must retain the philosophy that “the trainee is always right.” Regardless of our hopes or preferences, we must be responsive to the needs and behavior of school staff in our recommendations and in the implementation of behavior change procedures and training in behavior-analytic techniques.

In behavior analysis the question, “Why do they do that?” is not a rhetorical one, nor is it one that indicates resignation on our part. Rather, it is a question that observes and answers, and we are in a unique position to investigate and develop hypotheses as to what the answer might be.

We also must be mindful of the meaning of the phrase “buy in.” We will often use this phrase to describe the level of enthusiasm with which clients, families, or other professionals approach a given program or procedure. However, there is also a description that fits well within our science – reinforcer. The anticipated behavior change is often the reinforcer for the implementation of the procedure. We are often entering a situation in which the current condition has become unbearable, making the promise of a solution a potent reinforcer. We are often in the luxurious position of significant “buy in.”

There are times, however, when compliance with our suggestions may not be readily offered. In these cases, it is important to analyze the variables controlling the behavior of these other professionals, just as we would analyze the behavior of direct service clients.

If the promised reinforcer of a change in the behavior of students is insufficient to produce behavior change for teachers and paraprofessionals, and if the behavior of these professionals is consistently different from our recommended procedures, an analysis of the factors that affect choices may be in order.

Matching Law illustrates how choices can be affected by factors of both the behavior and the reinforcers available (Reed & Kaplan, 2011). Given a choice between two responses, the rate of reinforcement is one factor that affects the likelihood of one such response. Those behaviors that are reinforced at a higher rate are more likely to be engaged in. Additionally, the delay of a given reinforcer may affect choices. Behavior is most likely to reoccur if a reinforcer is delivered quickly, as opposed to those behaviors where the reinforcer may only occur after some time. Both of these factors would appear to place us at a distinct disadvantage when encouraging behavior change among teachers and school personnel. Though we may have some degree of confidence in the suggestion of evidence-based techniques, we certainly cannot begin a program with certainty that it will be effective. The rate of reinforcement may not be as consistent as we would hope, particularly as the student learns new expectations and may engage in extinction burst or other acts of rebellion. One of the only guarantees that we can make is that behavior change does require an investment of time, making the delay of reinforcement another cause for concern.

Other factors affecting choice can be used in our favor, however, in the encouragement of behavior change for teachers. In addition, the effort of the response is a factor that may affect a client's choices, and those behaviors that involve lower effort tend to occur more frequently than those for which a greater effort is required. This factor is, to some degree, within our control. The effort involved can be altered so that behavior-change procedures are not prohibitively cumbersome to implement. A slight increase in our own effort could yield a significant decrease in the effort of the teachers, and thus significant gains to students.

Legal, Ethical, Moral

An important distinction in our work with schools is among those considerations that involve legal concerns, ethical concerns, and moral concerns. To review the distinction between these categories, legal concerns are those that involve governmental regulations. These may be determined by state or federal governments and there may be serious repercussions for failure to meet their requirements. Ethical concerns are addressed by governing bodies of various professionals. There is often a great deal of overlap between these two categories, but the overlap may not be complete. There may be requirements of our ethical Code that are unaddressed in legal statutes. Moral concerns, in contrast, are individually determined. Influenced by our culture and upbringing, it is often our moral responses that we consider the defining features of a "good person."

It is necessary to make this distinction of what constitutes "goodness" in our work with schools. If we become clouded in our perception of ethics, we may fall into the trap of making decisions based on what feels good rather than what is good. Our primary role is to serve the client – or in this case, the students – rather than our own ego.

Legal

In the USA, there are several laws governing the provision of education. A full analysis of this legislation is beyond the scope of this book, but there are several points that deserve

review. For those whose training in behavior analysis is outside the field of education, a brief overview is provided here.

Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act (IDEA), reinstated in 2004, establishes the right of all students to a “free and appropriate education,” known within education circles as simply FAPE. Though there has been some significant debate over the meaning of the word “appropriate,” there is certainly an understanding that this must exceed “de minimus” standards of progress. This legal standard indicates that the level of progress must be greater than what would be considered trivial or too minimal to be considered. This would be upheld by the phrasing of the IDEA statute, which states more precisely that students have “the right to a free and appropriate education designed to meet their unique needs.” Each student has a right to an education that promotes individual progress and supports their achievement of higher education, employment, and independent living.

The overlap between the purpose of IDEA and our own commitment to the right to effective treatment is considerable. Both the requirements of IDEA and the description of “effective treatment” first proposed by Van Houten et al. (1988) address the need for programming to address functional needs and to be provided by a competent professional. This is perhaps our greatest area of common ground.

Family Education Rights to Privacy Act and the Necessity of Consent

The Family Education Rights to Privacy Act (FERPA) also governs the practices of schools and the sharing of educational records. This statute mandates that parents, as well as students themselves, have access to all of their child’s records and that these records be kept confidential.

FERPA influences our work with schools in two ways: by addressing the need for consent and by addressing the needs for documentation systems that allow for transparency with all stakeholders.

We may find that, as school personnel become more familiar with our work and its value to students and teachers alike, we may be called upon to serve more and more students. We must not rush into assessment or treatment plan development, however, no matter how tempting the behavior change or the flattery that comes with it. Before beginning any behavior assessment, consent must be obtained.

It is also necessary to be aware that data from behavior change programs are considered “educational records.” They must be maintained according to school policy and shared with parents or guardians upon request.

Mandates/Job Responsibilities and Union Requirements

As part of the stipulations of IDEA, each student requiring special education services also receives an Individualized Education Plan (IEP). This document includes a description of the student’s current level of progress, as well as the services required and their level of intensity. In some cases, a behavior-intervention plan may also be included.

The IEP is a legal document and all services must be met at the mandated frequency and duration. Any changes must be made in writing and involve a meeting with the IEP team, including the relevant interventionists and parents or guardians.

International Considerations

Though the laws mentioned here govern the delivery of special education services within the USA, the laws which address education may differ from country to country. There are many countries throughout the world where special education services are minimal or nonexistent. The absence of laws mandating the inclusion of children with disabilities in the education system vary widely from one country to another, and efforts at inclusion in the developing world may be particularly challenging (Srivastava, de Boer, & Pijl, 2015). In many countries, and even in many school districts within the USA, the inclusion of students with disabilities represents a cultural shift rather than advocacy for established rights. In some cases, a lack of clear policies on inclusion can cause confusion and difficulties with implementation (Mafa, 2012).

Ethical

Use of Punishment

The use of punishment is a common practice in schools across the USA. In some cases, the use of punishment also includes corporal punishment; and the use of corporal punishment, including “paddling” is a legal practice in many US states. This blatant use of punishment is certainly a cause for concern, but we must also guard against the use of more pernicious punishers – equally harmful, but more socially acceptable.

The use of reprimands is a common practice in education. Though these can vary in severity and impact on the student, the fact remains that such consequences meet the definition of punishment as behavior analysts understand it.

Despite its acceptance legally, the use of punishment poses several ethical issues for behavior analysts. The Professional and Ethical Compliance Code[®] addresses many issues that arise in the use of punishment.

4.08(a) Behavior analysts recommend reinforcement rather than punishment whenever possible.

It is often those professionals who are quickest to use punishment who claim that learning should be its own reward and that reinforcers should not be delivered for those behaviors that students “should be doing anyway.” The use of reinforcers may be confused with bribery or perceived as a waste of time that diverts attention for attention. Many schools proudly proclaim that the students there do not work for stickers or other tokens.

What this proclamation appears to overlook is that, in those cases where learning is in fact its own reward, this is a reinforcer. If a student is motivated by a teacher’s praise, this too is a reinforcer. What serves as a reinforcer, however, can be as varied as the students themselves.

Teachers often need to be given permission, and grant themselves permission, to use extrinsic reinforcers. It is often necessary to explain that this is not an interruption of teaching, but is teaching itself. In fact, it may be the most important teaching that these teachers do.

4.08(b) If punishment procedures are necessary, behavior analysts always include reinforcement procedures for alternative behavior in the behavior-change program.

One tactic to encourage the use of reinforcers over punishers is to urge teachers to focus on the ideal classroom they hope to create rather than their current less-than-idea reality. Remind teachers that not doing is not a behavior.

4.08(c) Before implementing punishment-based procedures, behavior analysts ensure that appropriate steps have been taken to implement reinforcement-based procedures unless the severity or dangerousness of the behavior necessitates immediate use of aversive procedures.

In schools, punishment, particularly in the form of reprimands, is often the first resort rather than the last. Reprimands may vary in severity and are perhaps even public humiliation in the form of public posting of behavior charts indicating “red/yellow/green” status. These systems are often intended to encourage cooperative classroom behavior, but their emphasis frequently shifts from increasing participation and attending to decreasing disruption. Rather than a system focused on reinforcement, it becomes one focused on punishment.

This transition becomes far easier if the language used to describe such systems is not responsibly chosen. Rather than using the word “punishment,” many teachers and other professionals choose to use the word “consequence” or “correction” to describe these procedures.

A procedure in which a stimulus is added that is aversive enough to decrease the future likelihood of behavior is, by definition, punishment. Referring to this procedure as “correction” or “consequences” serves only to make the person delivering these aversive stimuli more comfortable. We must use such language responsibly. If we are unwilling to label punishment honestly, we should be more resistant still to implementing those procedures.

Scope of Competence: Social Skills

Behavior analysts are often lauded for their expertise, particularly in the treatment of autism spectrum disorder. This praise is deserved to some extent – we have a great deal of knowledge in the science of learning and this informs how to teach. However, there is a distinction between expertise in *how* to teach and expertise in *what* to teach, or *how much* of it to teach.

In the development of program goals, we should be mindful of the social significance of the target behaviors, as well as the social significance of the criteria for mastery. If, for example, our goal is to increase compliance with directions, we must make sure that our criteria for mastery are on par with peers. A mastery criterion of 90% accuracy for a three-year-old student working on this goal may seem reasonable initially, but we may find that same-age peers only respond to directions at a rate of 50%. If our goal is to increase social initiation, teaching conversation scripts begins with an introduction and “Can I play with you?” may seem like a good place to start. Observation of same-age peers may reveal, however, that generalized imitation would be more successful in initiating and sustaining interaction.

Far too often, students are taught to socialize with adults rather than with children. The requirement that goals be socially significant refers to the social community of the client – or in this case, the student. Students should not be taught excessive degrees of compliance or politeness, but should be given opportunities to socialize with peers as equals to the greatest extent possible. We must be prepared to teach a student to be a part of the student community.

Scope of Priority

It is often the case that when working in groups, there is a shift in priorities. This shift is a constant presence in classrooms and must be addressed. Classrooms often focus on those behaviors that affect the greatest number of students. This is often a more efficient classroom management strategy, but it carries with it considerable risk. It is possible that, just as the urgent may crowd out the important, the group’s needs may crowd out the needs of the individual.

It is commonplace for self-injury to be ignored or go untreated in classrooms. There are several reasons this may be the case; among them that the possibility of treating this behavior may not be raised by consultants or related service professionals. There may

also be an assumption that a child will be able to refrain from serious self-harm. Without treating this behavior, however, we may risk shaping greater intensity of this behavior.

It is unlikely that teachers are unconcerned or unfeeling. Rather, the likelihood is that teachers have many concerns, and self-injury is simply crowded out by many other priorities. If teachers do not act quickly when faced with self-injurious behavior and reflect our priorities with regard to self-injury or other individual needs, this also deserves our attention. Part of our role can be re-shifting this attention and assisting in the development of behavior plans to treat this behavior.

Moral

Given that morality is individually determined and culturally influenced, addressing issues of morality will certainly involve a bit of editorializing. However, the influences of the values of behavior analysis and the ethics of education cannot be overlooked. Where our moral and ethical practice may overlap is in the belief that all students deserve and are worthy of an education that meets their needs. These needs may be emotional as well as academic.

Children deserve to be included in their community. Every opportunity to promote acceptance should be afforded, particularly for students with disabilities. Eliminating the barriers to inclusion should be the standard of social significance.

This can also be somewhat extended in terms of how we define “inclusion” and “acceptance.” To speak loosely rather than in behavioral terms, children have a right to be respected and accepted. A classroom should be a safe place to learn. Authoritarian rule and the security to take risks and make mistakes are mutually exclusive states. Teachers are there to teach all children – those who excel, those who struggle, and everyone in between. Classroom management can certainly emphasize discipline, but it should not be forgotten that “discipline” comes from the word “to teach.” Behavioral interventions are the teacher’s opportunity to be an educator. We would never scold a child for not knowing what has not been taught if the topic was mathematics or reading, and we must also acknowledge that functioning in a community must often be taught. Shame has no place in the curriculum.

The role of all school staff is to help support each student to accomplish their dreams. Giving every child that opportunity should be the mission of every teacher.

Ethical, Professional, Uncomfortable

In considering the ethical issues that arise when working in school, it is also necessary to determine what situations reflect ethical violations, what may be considered unprofessional, and what merely makes us uncomfortable. Here we provide description of the uncomfortable situations that may arise, and how to avoid the ethical pitfalls that may result.

The Two Kinds of Teachers

As a consultant working on building an applied behavior analysis program for preschoolers, I found that there are particular needs for these classrooms, and identifying those needs may present with challenges. I will often explain staff dynamics working in schools by describing the two types of teachers I have seen in classrooms.

The first type of teacher prizes their independence. When we walk into this classroom and ask if there is any need for consultation, they will respond that everything is fine, there are no aberrant or problematic behaviors, and there is no need for behavior plans. We will then sit and observe, until we notice that it seems rather dark.

“Why are the lights off?” we may ask. “Oh,” the teacher responds, “We have to have the lights off. They are much calmer that way.”

The second type of teacher does not wait for us to ask if there is any need for a behavior plan, nor do they wait for us to completely enter the room. They need no prompt to begin asking for our advice, but rather begin regaling us immediately with complaints and requests for behavior plans.

This type of teacher may not be as friendly and the visits to their classroom may be far tenser. However, in many ways they are easier to work with. The needs of the classroom are clearly communicated and they are actively seeking out our help. Much less initial assessment is needed to determine the referral problems, and these problems can therefore be resolved with greater efficiency.

Although the first type of teacher is far more pleasant to work with, consultation is far more complex. A good deal of more observation is frequently required to determine what the needs of the classroom are. Behaviors may be managed, but teachers may not be aware that there are better options than sitting in the dark as if they are witnesses in a bank robbery. They may not ask for solutions, but this must not be confused with the nonexistence of problems.

Taking the extra time to observe is essential in being able to offer solutions. No one can know your ability to help if you do not tell them.

In Defense of Multiple Relationships: The Family-School Connection

The Professional and Ethical Compliance Code[®] published by the BACB[®] is very clear on the topic of multiple relationships. Multiple relationships are defined as those in which the clinician plays both a behavior-analytic and non-behavior-analytic role. This stipulation clearly applies to taking on clients with whom a behavior analyst has a previous relationship. Behavior analysts must not begin a professional relationship with a friend or relative. Such a relationship is likely to be damaging to the personal relationship, and the professional one would undoubtedly be compromised as well.

Counselors and psychologists are also warned against the potential negative impact of dual relationships and urged to refrain from such conflicts as well. Behavior analysts are additionally advised to be wary of those relationships that may develop over time as a result of the intimacy that is fostered within the context of a clinical relationship. Behavior analysts are cautioned against any behavior that may lead to the development of these multiple relationships, including giving or accepting gifts.

It is, however, a common practice to accept gifts within a school environment. Behavior analysts may have a great deal of difficulty explaining why they, alone among the rest of the school staff, refuse to accept them. Beyond this difficulty, school staff are often invited to participate in schoolwide social events. As members of a profession that cautions against the development of multiple relationships, the inclusion of teachers and staff may make us uncomfortable and cause us to question whether such practices are ethical.

The acceptance of gifts and participation in events with families and students is not, however, the result of lax ethics or misinformation. Family-school collaboration is an essential element in schools. The collaboration between home and school, as well as the larger community, improves student outcomes. Parents in some districts are required to participate in parents' associations and school leadership teams in partnership with school staff. Rather than discouraging the development of these multiple relationships, educators view them as central to their ability to establish lifelong learning and serve children and families.

Participation in gift-giving with parents and school-family events will likely not be required. Simply explaining your level of discomfort with supervisors or administrators will help in the generation of solutions that can allow for adherence to the Professional and Ethical Code of Conduct®. As we are cautioned by the BACB® in their clarification to the restriction on gift-giving, the intention of gift-giving must be considered. So must the intention of receiving them.

Policies and Their Side Effects

There is universal acknowledgement that school consultation should include building independence for teachers and school staff. Just as we hope to “work ourselves out of a job” with our direct service clients, we hope to foster enough independence in teachers’ application of behavioral procedures so that our services are no longer needed. Teachers should not rely on us too heavily, particularly for those tasks which they have been trained to independently perform.

In one school setting, a policy that I had to foster this independence was well known. Teachers in this school had been trained in several ways to collect data on the antecedents, behaviors, and consequences of their students as part of a functional behavior assessment. Data was collected in various formats depending on the needs of the classroom. If a teacher or school staff member came to me requesting a behavior plan, I would ask if they had begun a descriptive analysis by collecting data. If they replied that they had not, I felt perfectly comfortable telling that without this effort on their part, I could not develop a plan. My opinion at the time was that this would prevent dependency, and moreover, it allowed me to spend my time more efficiently.

One day it became obvious that there were unintended effects to this policy, however. One student engaged in such severe self-injury that she was immediately sent home. When I asked about this incident, I found that she was consistently engaged in this high-intensity behavior, though I had never personally witnessed it. I asked why, given the severity of this behavior, they had not come to me to ask for a behavior plan? “We knew you would ask for ABC data,” they said, “and we didn’t have any.”

My efforts at consistency and developing contingencies surrounding the teacher’s behavior had unintentionally compromised the safety of this student. This behavior plan, targeting the independent data collection on the part of the teachers, failed to meet the standards for social validity as described by Wolf (1978). In his article on this topic, Wolf (1978) describes social validity as being determined by the answers to three questions: *Is the goal socially relevant? Are the procedures socially acceptable?*

Are the results socially important, including any unintended results? In this case, my efforts at increasing data collection, as reasonable the goal and procedures had seem, had severe unintended consequences. By creating an environment in which teachers were discouraged from coming to me for guidance, the results were disastrous.

The lesson for me was that ideological purity should not allow us to compromise the quality of service provided. If the goal is to increase the quality of services, this should be the star that guides us at all times.

Behavior Consultation in Schools

Michelle Zube

Behavior analysts are called upon for school consultations for various behavioral concerns to service a wide variety of student populations. Each school bears its own culture

and climate, even if the schools are within the same district. There are even disparities from classroom to classroom within the same school. The behavior analyst is required to adapt to each setting and its unique dynamic while maintaining the integrity and principles of the science.

Here are a few best practices suggestions for a successful classroom experience:

- 1 **Survey the scene:** Take note of the classroom environment, the resources currently available, the number of children and any foreseeable obstacles (e.g. arrangement of furniture). Objectively observe the mechanics of the classroom (e.g. how the teacher interacts with students, number of interruptions to the class, other logistical considerations such as schedules and routines). This will help you to get an understanding of how the classroom functions
- 2 **Listen:** Upon speaking with the teacher and/or staff, notice the language used to describe the behaviors (whether the information is objective or subjective), and if the staff highlights positive attributes along with the challenges
- 3 **Pair yourself as a reinforcer:** Pairing yourself with a teacher and/or staff can make or break a consultation. The pairing process here is just as important as it is with pairing with a student. One must gain trust, buy in, and be seen as a source of support. Pairing yourself means being collegial—not getting personal or becoming new best friends. Suggestions for pairing include asking questions, responding with empathetic statements (e.g. “That must be challenging when the student disrupts the entire class”), having a positive presence (e.g. smile, greeting people), discussing generic topics (e.g. weather, traffic), giving compliments (e.g. “This art project is so creative”), and when possible, stopping by to say hello or check in outside of scheduled times.

While the point of the consultation is generally to modify the student’s behavior in some way, it is often necessary to change the behavior of the staff as well. Speaking as a former paraprofessional AND teacher, I understand how this works from all angles. Now don’t get me wrong, teachers have a lot on their plates, and dealing with another professional (you!) who comes with a behavior plan, a system of reinforcement, and data sheets is no easy task! That being said, let’s look at some consultation scenarios.

- 1 **The teacher who has tried everything:** In some cases, you may come into a situation as a “last resort.” Often, a teacher is given a variety of strategies and interventions from other professionals (e.g. School Psychologist, Social Worker, Learning Disabilities Teacher Consultant – LDTC). Teachers may have implemented some or all the suggestions given to them to no avail. The behaviorist is often perceived as the end of the line – if the behaviorist can’t fix it, no one can. This attitude may increase the pressure on the consultant while concurrently creating more stress for the teacher. Needless to say, the teacher is likely feeling frustrated, overwhelmed, and hopeless. This teacher may present as unwilling or resistant to change, perhaps seeming unaccepting of your suggestions or unmotivated. While it may be easy to take this personally, don’t. For this teacher, the pairing process is critical. You will need to set the teacher and the intervention up for success so that the student in question can benefit. This situation may warrant having the teacher implement small changes, so that the teacher and student alike experience success and build behavioral momentum. Behavioral momentum increases the likelihood that they will follow through on increased demands (e.g. implementing schedules of reinforcement, or behavior interventions such as differential reinforcement of other behavior – DRO).

- 2 **The classroom with no management:** While many BCBAs® go into the field not expecting to practice in the realm of organizational behavior management (OBM), they will quickly learn that the basics of OBM will be helpful in their classroom consultations, especially in a classroom in which organization is lacking. As behaviorists, we manage behavior and we manage environments. The behavior and environments that require the most management are often beyond the target client. Upon an initial observation of a target student, it is important to note structural and logistical constraints within a classroom and school environment. Some critical components to consider may include the following:
 - a Landscape of the classroom: while it is not necessary to “feng shui” the classroom, it may be of benefit to organize furniture and materials in a way that is functional for the student(s). For example, shelves can be used to create barriers and/or section off areas to create centers. Materials can be designated for particular centers, which lends itself to the classroom having a place for everything and a flow across activities.
 - b Schedule: does the classroom have a schedule? Do they follow the schedule? How often is the schedule disrupted? What are the disruptions? Can the disruptions be minimized? Does everyone know what’s going on at any given point throughout the day? These questions are critical for building capacity within the classroom. The more consistency and continuity that can be created and extended throughout the day, the greater the likelihood that students and staff will remain on course. This can be achieved by creating a schedule that details the expectations for the day, including routines, procedures, and transitions and regularly scheduled activities. Once a classroom is in proper working order with systems in place, it is more conducive for learning, management of challenging behavior, and implementation of interventions. At times, the shaping of classroom management alone is sufficient in decreasing problem behavior because students (and staff) are aware of expectations and transitions.
- 3 **Unmotivated staff:** This may be the one of the more challenging situations to resolve because there are variables outside of the control of the consultant that could ultimately have a positive impact on the motivation of staff. Some factors that are beyond the scope of the behaviorist include: we cannot increase pay for school staff, we cannot hand out extra vacation days, and in most cases, we are unable to reward school staff with tangible reinforcers. There are, however, a number of factors that we can control which can have a positive impact on staff motivation.
 - a Training: an issue for some staff is that they have not received proper training and/or have not contacted reinforcement associated with success for their students. When people are unsure of what they are doing or have not made an impact, they may lose motivation. Providing staff with adequate training and feedback will build their skill set, leading for more opportunities to contact success with their students. Building skills may lead to staff taking on different roles within the classroom, which may be reinforcing for some individuals.
 - b Positive Reinforcement: in general, there is not nearly enough positive reinforcement going on in the workplace. Providing staff with positive reinforcement for proper implementation of procedures, giving praise for appropriately handling a situation, and acknowledging the hard work everyone does at the end of the day with a “thank you” can go a long way. It is possible to use behavior charts with staff. Goals can be determined and measured, and based on performance staff

may earn reinforcers. In some cases, school administration will approve reinforcers such as a gift cards, school swag (e.g. T-shirt), or a special lunch. If reinforcers are going to be utilized, it is best to conduct a preference assessment with staff to discern which items may function as a reinforcer for each individual.

- 4 **Can't we all just get along?** Consultants are generally part of a multidisciplinary team. Collaboration with teachers, parents, child study team members, administration, and related services (e.g. speech, occupational therapy, physical therapy) is all part of the consultative process. As behavior analysts, we abide by a strict ethical Code, which averts us from practicing pseudoscience or endorsing interventions that are not empirically based or validated. So how can we collaborate with other disciplines or be involved in situations in which our ethical code is compromised? Let's look at some examples:
 - a Weighted vest: it is recommended that a student wears a weighted vest for a prescribed amount of time per day to regulate his/her body and decrease target behavior. This is outside of the practice of applied behavior analysis. What to do? Collect baseline data of target behavior prior to weighted vest intervention. Collect data throughout the day to measure target behavior with the vest on and off and compare to baseline
 - b A behavior plan is created; however, the team collectively decides to have aspects of the plan removed. This plan was created based on a functional behavior assessment and all parts of the plan are critical components based on the findings of the assessment. What do you do? Consider the following:
 - i Review the team's concerns and address points as needed to clarify or modify the plan in an effort to come to a resolution that is agreed upon by all members
 - ii If an agreement cannot be made, and as often is the case, your signature is required for the intervention to be implemented; include a statement regarding your recommendations and opposition to elements of the plan being removed. This caveat allows for the plan to move forward while maintaining the integrity of your concerns.

Working in schools can be a rewarding experience. It allows for collaboration with a number of professionals and a variety of clients. This is not an exhaustive list of challenges or ethical conundrums; however, these are situations that are common when practicing in schools. It is recommended to seek the advice of colleagues when ethical concerns are raised in an effort to determine the most practical and ethical way to resolve a situation.

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17 The Behavior Analyst as a Researcher

Yulema Cruz

There is a certain level of excitement in participating in research. Adding to the breadth of knowledge in the field of behavior analysis is a thrilling undertaking. It should not, however, be entered into lightly. When engaged in the activities of research, the behavior analyst has certain responsibilities in relation to the Code.

Whether or not we are engaged in formal research, the behavior analyst is a scientist. Applied behavior analysis is the science in which those procedures which have been demonstrated through the experimental analysis of behavior are put into use in the support of socially significant behavior change. In the application of these techniques, we also have the responsibility to ensure that the procedures themselves were the cause of the change in behavior. It is this evidence on which we rely as an evidence-based field.

Before addressing the responsibilities of the researcher as a behavior analyst, it would be helpful to review the role of the researcher in more general terms. Scientific research follows the scientific method, and as scientist-practitioners, we can use this method in our clinical work as well. This process can be described in the following way:

Identify a problem through observation. Before beginning any program for behavior change, the referral problem must be determined. Often this will be individually determined, but research may also address issues that reflect the more general needs of a given population or include multiple subjects. Some degree of external validity in a study is generally preferable, and the results should be applicable to other clients as well. For example, in a study that examines the effectiveness of techniques to increase variety in a client's community of reinforcers, several clients may be selected for participation and the results may inform treatment for clients who present with similar issues.

Research the relevant literature. It is often said in the sciences that we are taller because we stand on the shoulders of giants. It is the work of other scientists that builds the foundation for our own research. Given that we are a field that engages in evidence-based practice, these "giants" in the field of behavior analysis build the foundation for our clinical work as well. This is an essential step in developing research, and one that is often overlooked in the development of treatment plans. Before we begin to develop plans, we must familiarize ourselves with the work in this area that has already been done. In clinical work, we may want to attempt to replicate these results by implementing similar procedures, to the extent that logistics allow.

Develop a hypothesis. In the clinical work of behavior analysts, our hypothesis is generally a variation of "This treatment will have a socially significant impact on behavior, and will produce practical results for the client." A hypothesis is simply an idea that must be tested in the course of an experiment. In research, we take nothing for granted.

Test this hypothesis. A hypothesis is an excellent start, but the testing of this idea as part of an experiment must be implemented. Despite any desire we may have to treat behavior immediately, a sense of our starting point is a necessity. We must collect baseline

data that is sufficient to make predictions as to the likely trend if we do not intervene. If a baseline shows an improving trend, it may not be possible to evaluate the effectiveness of our intervention. Testing of our hypothesis must also be ascertained by establishing a functional relation – determining if the behavior is truly dependent on the application of the treatment. This can be determined by comparing those phases with or without treatment, by comparing treatments to one another, or by comparing baseline performance to performance during treatment for different subjects. Regardless of how such comparisons are made, they are the basis of determining a functional relation.

Analyze the results. Whether our work is clinical or within the context of research, we must be prepared to analyze the data. More importantly, we must approach this analysis with the objectivity that is central to scientific discovery, accepting the conclusions indicated. There is no room for our own agenda or for ego. When the data reveals the story, it is our obligation to listen and respond accordingly.

Communicate the findings. For both the researcher and the direct service clinician, this is the final step. Once we have determined the effectiveness of our intervention, the results must be communicated. There are several avenues for this communication, including presentation at conferences in the form of talks or posters highlighting the findings. Of equal or greater importance, however, is communicating the finding of our clinical work to clients and those affected by our work in clinical context.

Regardless of whether or not our career path takes us into the realm of research, every behavior analyst is capable of being a scientist-practitioner and using the practices of research in their clinical practices. The practice of solving problems through the application of the scientific method is an essential skill set for the behavior analyst.

What We Do: A Behavioral Description

Though the behavior analyst could consider themselves a “scientist-practitioner,” there may be many aspects of the research process that are overlooked when our focus is exclusively on clinical work. In this section, we will describe the process of engaging in research activities and how this process relates to both the Fourth and Fifth Task Lists published by the Behavior Analyst Certification Board® (BACB®).

Fourth Edition Task List J-03: Select intervention strategies based on task analysis.

Fourth Edition Task List J-04: Select intervention strategies based on client preferences.

Fourth Edition Task List J-05: Select intervention strategies based on the client’s current repertoires.

Fourth Edition Task List J-06: Select intervention strategies based on supporting environments.

Fourth Edition Task List J-07: Select intervention strategies based on environmental and resource constraints.

Fourth Edition Task List J-08: Select intervention strategies based on the social validity of the intervention.

Fifth Edition Task List H-3: Recommend intervention goals and strategies based on such factors as client preferences, supporting environments, risks, constraints, and social validity.

As clinicians, particularly those who work with specific populations, we may often fall into a bit of a rut, identifying similar behavioral deficits and excesses within this population and offering very similar solutions. This may, to some extent, be a reasonable approach, as there are behavioral deficits that are common among, for example, young children diagnosed with autism spectrum disorder. When beginning with a young child with limited language, we will often begin by teaching functional language, as guided

by our understanding of the importance of this behavior in encouraging autonomy, its appropriateness from a developmental standpoint, and its relevance to the needs of both the client and their community. Rather than focus on the rationale behind teaching these skills, we take this rationale as a given and move immediately to the strategies necessary to teach them. Fluency with the most logical general approaches, however, may have side effects when we begin engaging in research activities. We may be tempted to skip the first phase of the process of engaging in research activities: identifying the need for improvement in the status quo.

The first step in the planning and execution of research in any research study is the identification of the research problem. At the heart of the explanation of the research problem is the argument that this is a problem that must be addressed for these participants and a rationale behind addressing it. We must examine the current state of affairs and what needs to be improved, but we must also be able to explain *why* this needs to be improved. Before engaging in any research, we must first determine what can be improved and have a clear picture of the necessity of this improvement, as well as an idea of whether or not this behavior change should be considered a priority.

Part of the determination of the research problem is an assessment of the present state of affairs. This includes the analysis of the client's *current repertoires*. The current level of functioning of the client with respect to the proposed goal of intervention must be considered. An essential consideration is whether or not participants have the necessary prerequisite skills for the proposed change in behavior to take place. The *task analysis* of the given behavior must also be addressed. If a proposed behavior change is prohibitively complex, there may be other needs that must be accommodated.

The analysis and explanation of the research problem must also address any *environmental and resource constraints* and priorities and needs of *supporting environments*. Some of the aspects that may be addressed are the availability of support staff and the level of training required.

Finally, the research problem must address *client preferences* as well as the *social validity* of any proposed intervention. The problem must be one that is a priority among the participants, rather than merely a problem for the researcher.

Given that we are so well trained in the ways that behavior can be treated, exploration of the research problem can be a challenge for behavior analysts. Providing a rationale for resolving a problem may appear to be an unnecessary step. In our enthusiasm, we may overlook *why* we are attempting to change behavior and focus our attention exclusively on *how* we plan to do it.

It is essential however, that we remain steadfast in our commitment to the dimensions of applied behavior analysis. And that we remember that “applied” comes before “behavior.”

Fourth Edition Task List B-02: Review and interpret articles from the behavior-analytic literature.

Fourth Edition Task List B-01: Use the dimensions of applied behavior analysis (Baer, Wolf, & Risley, 1968) to evaluate whether interventions are behavior analytic in nature.

Fourth Edition Task List J-02: Identify potential interventions based on assessment results and the best available scientific evidence.

Fifth Edition Task List A-5: Describe and define the dimensions of applied behavior analysis (Baer, Wolf, & Risley, 1968).

Fifth Edition Task List C-11: Interpret graphed data.

Fifth Edition Task List H-2: Identify potential interventions based on assessment results and the best available scientific evidence.

It has been said that, as scientists, we are taller because we stand on the shoulders of giants. Science is a field that is not made up of many individuals working separately, but of many individuals whose works build upon each other's. In our scientific pursuit of explanations, we do not start from the beginning each time a study is done, but rather pick up where others have left off. The scientific pursuit of truth necessitates incorporating the previous discoveries of other scientists. It is not a sprint, or a marathon, but rather a relay.

Once we have identified the research problem, a *literature review* is the next necessary step. The researcher is responsible for identifying what methods have been attempted in the past, and what has been successful. Gaps in the literature should also be identified.

Every study has its limitations, and the researcher's efforts at controlling for confounding variables may lead to issues with *external validity*. A study performed with a limited population may not apply to all members of a larger group. This is why replication in other contexts and with other groups is necessary.

Fourth Edition Task List I-01: Define behavior in observable and measurable terms.

Fourth Edition Task List I-02: Define environmental variables in observable and measurable terms.

Fifth Edition Task List C-1: Establish operational definitions of behavior.

Once the research problem has been identified and the literature provides a clear path forward, we must identify the appropriate *dependent variable* – that which is measured during the course of the experiment. In our science, the dependent variable is always a behavior. Following the dimensions of applied behavior analysis, our science involves the study of socially significant behavior and any study within that science must be behavioral in nature. Studies within behavior analysis must be empirically based – the behaviors that are studied must be objectively observable and measurable.

This emphasis on the quantitative study of behavior in single-case studies is not to diminish the value of large-group studies, nor of more qualitative studies, but rather to clarify the focus of our field.

Fourth Edition Task List Item J-11: Program for stimulus and response generalization.

Fourth Edition Task List Item J-12: Program for maintenance.

Fifth Edition Task List A-5: Describe and define the dimensions of applied behavior analysis (Baer, Wolf, & Risley, 1968).

Fifth Edition Task List G-21: Use procedures to promote stimulus and response generalization.

Fifth Edition Task List G-22: Use procedures to promote maintenance.

The next necessary step in the development of research is to outline the research question. The research question identifies the dependent and independent variables within a given research study and describes how the goals of the study align with possible solutions to the research problem. The research problem identifies needs, as well as the gap between the status quo and our ideal picture of what is possible. The research question, however, asks whether or not a proposed treatment would be effective in addressing these needs and bringing us closer to that ideal.

In order to address the needs identified in the research problem and ask a research question that properly addresses them, we must, as behavior analysts, ask ourselves about the practical application of any proposed behavior change and the proposed treatment that supports it.

Within these two task elements we see an emphasis on two of the dimensions of behavior analysis as proposed by Baer, Wolf, and Risley (1968): behavior-analytic studies must be *effective*, demonstrate *generalization*, and, perhaps most importantly, be *applied*.

Treatments that are implemented as part of a research study must be *effective*. This means, in part, that the *Journal of Applied Behavior Analysis* does not publish null

results. Treatments that do not show an effect at all will be rejected for publication. However, the results of behavior-analytic study must also result in what Baer, Wolf, and Risley refer to as “practical results” (Baer et al., 1968). Results must demonstrate that the treatment was clinically significant. The treatment must have an effect on daily life.

In addition, the treatment implemented must also result in *generalization*. This is commonly defined as the effect when the resulting behavior change lasts over time, expands to new responses, and is demonstrated in other stimulus conditions than those in the original teaching conditions. In order to meet the requirements of this dimension, researchers must plan for treatment whose effects are not limited to the study itself. The practical results demonstrated must not be limited to the study.

Finally, the behavior change must be *applied*. Applied behavior analysis is not merely the science of behavior change, but of socially significant behavior change. The goals of a behavior change program, also known as the target behavior or the dependent variable within a research study, must be socially significant. They must be meaningful, not merely for academic purposes, but because the increase or decrease of these behaviors will have significant impact on the participant’s quality of life.

These three dimensions are intimately connected. Those behaviors that are deemed important by the community – those which exhibit social validity – will produce effects that have a practical effect on the lives of participants and clients. Those behavior changes that have social validity will be maintained and expanded. This is essential in order for research to be a meaningful practice.

Fourth Edition Task List Item B-03: Systematically arrange independent variables to demonstrate their effects on dependent variables.

Fourth Edition Task List Item B-04: Use withdrawal/reversal designs.

Fourth Edition Task List Item B-05: Use alternating treatment (i.e. multielement) designs.

Fourth Edition Task List Item B-06: Use changing criterion designs.

Fourth Edition Task List Item B-07: Use multiple baseline designs.

Fourth Edition Task List Item B-08: Use multiple probe designs.

Fourth Edition Task List Item B-09: Use combinations of design elements.

Fourth Edition Task List Item H-01: Select a measurement system to obtain representative data given the dimensions of the behavior and the logistics of observing and recording.

Fourth Edition Task List Item J-09: Identify and address practical and ethical considerations when using experimental designs to demonstrate treatment effectiveness.

Fifth Edition Task List D-1: Distinguish between dependent and independent variables.

Fifth Edition Task List D-2: Distinguish between internal and external validity.

Fifth Edition Task List D-5: Use single-subject experimental designs (e.g. reversal, multiple baseline, multielement, changing criterion).

The next step, perhaps obviously, is to decide how the research question will be answered. Any study is an attempt to answer a question about how circumstances could be improved for those who share similarities with the participants and therefore are affected by the same problems. Once the research question is developed, the discussion shifts to how the researcher can best approach finding an answer to that question.

The decision of which design to use is influenced by many factors, including the nature of the target behavior, the population served, and the ethics of various designs.

Among the strongest designs in terms of demonstrating a functional relationship is the *withdrawal design*. In this type of study, the behavior of interest is measured in three phases. In the first phase, the behavior is examined without treatment being applied in order to establish an appropriate baseline against which to measure treatment’s effects. In the second phase,

treatment is implemented and the effects are observed. In the third phase, the treatment is withdrawn in order to determine if any beneficial effects were the result of treatment, rather than some other factor, such as maturity, greater rapport with the clinicians, or even the weather, an unproven but nevertheless common explanation for behavior change. All things being equal, this design, given the strength of the evidence it provides, is preferable.

However, as we see so often in our clinical practice, it is very rare indeed that all things are equal. When considering how the research question will be answered, there are several factors that must be considered in selecting the experimental design, and among these are “Can this treatment be withdrawn?” and “*Should* this treatment be withdrawn?”

To address the question of whether or not a treatment *can* be withdrawn, we must consider that there are treatments that do not lend themselves to withdrawal, and changes in behavior that cannot be undone, regardless of whether a treatment is stopped. In this case, a withdrawal design would not adequately measure the success of our program. The impact of the treatment would perhaps be better assessed by comparing that intervention with another in an *alternating treatments design*. Another option would be to compare baseline performance with treatment by using a *multiple baseline design*. For those behavior changes that may be irreversible, these experimental designs may be preferable. Such practical considerations are essential in planning research.

The next question, whether or not a treatment *should* be withdrawn, brings us to ethical concerns rather than practical ones. There is certainly apprehension in the idea of withdrawing a treatment that has proven effective in the treatment of behavior, particularly if this behavior is harmful. This is not to say that the use of a withdrawal design is necessarily out of the question, but that the safety of the participant or participants must be considered. There must be safety measures taken so that the participants’ safety can be assured. The length of the withdrawal phase can also be modified so that an extended lack of treatment does not lead to ill effects.

The Task List[®] items listed here address two of the obligations of the behavior analyst with respect to research: our obligation to participants and our obligation to the truth. The selection of an experimental design must adequately address the research question. However, our obligations to ensure the safety and dignity of our participants must be fulfilled as well.

Fourth Edition Task List Item I-05: Organize, analyze, and interpret observed data.

Fourth Edition Task List Item H-04: Evaluate changes in level, trend, and variability.

Fourth Edition Task List Item H-05: Evaluate temporal relations between observed variables (within & between sessions, time series).

Fifth Edition Task List C-10: Graph data to communicate relevant quantitative relations (e.g. equal-interval graphs, bar graphs, cumulative records).

Fifth Edition Task List C-11: Interpret graphed data.

In the Task List[®] items listed above, we see the importance of fulfilling the behavior analyst’s obligations to the truth. Once the conditions of the research study have been arranged, it is our obligation to minimize interference and allow the data to tell its own story.

It is in this stage that the data must be analyzed in order for conclusions to be drawn. In the field of psychology and other sciences, this step involves the assessment of *statistical significance*. Statistical significance is the goal of large-group studies, as this demonstrates the effects of a given treatment on the population studied.

In behavior analysis, however, the vast majority of the research conducted is in single-subject designs. In single-subject designs, the results are not communicated in terms of their statistical significance, but in terms of *clinical significance*. It is the practical impact of the treatment that is measured in this case. The visual analysis of this data is what indicates that the treatment has been effective.

It is the responsibility of the researcher, therefore, to ensure that not only are these data analyzed and interpreted, but that the visual presentation of the data makes the impact of interventions clear, without understatement or exaggeration. The impact of treatment must be clear and any potentially misleading presentations must be avoided.

Legal, Ethical, Moral

In a previous chapter, we explored how a researcher has three obligations: to participants, to one another, and to the truth. These obligations also align with our requirement to engage in “good behavior” as reflected by legal, ethical, and moral standards. As “good” behavior analysts, scientists, and researchers, we must uphold the standards of behavior within the law (legal) as well as upholding the standards as dictated by a governing body, in this case, the BACB®. Our moral obligations of “goodness,” informed by our upbringing and history of reinforcement, involve the legacy that our research leaves behind.

Legal

Behavior analysts engaging in research activities must be mindful of their obligations under the law. To comply with the law is a necessary step in our ethical and “good” practice.

Obligations to Participants: Animals

There are few laws with regard to the treatment of animals in research. In the USA, the Animal Welfare Act applies to those facilities and institutions that engage in research using animals and legislates the standards for the housing and care of animals. Although the most common nonhuman subjects – birds, mice, and rats – are excluded from this legislation, it is essential that we be mindful of the treatment of our animal subjects.

Obligations to Participants: Human Subjects

There is considerably more legislation protecting human subjects compared to those statutes protecting animal welfare. The most commonly cited legislation deals with the protection of participants’ health information – the Health Insurance Portability and Accountability Act of 1996. This statute ensures the confidentiality of health information.

A distinction must be made here between confidentiality and privacy. *Privacy* refers to the right of each participant to share only what they choose. Privacy is, therefore, the responsibility of the participant. *Confidentiality*, on the other hand, refers to the obligation of the researchers to protect the information that is shared by participants. Confidentiality is the exclusive responsibility of researchers.

It is not only a courtesy but also our legal obligation to ensure that any identifying information shared be protected.

Ethical

The BACB® outlines our obligations as behavior analysts with respect to research. In this volume, we have categorized these ethical requirements as related to the obligations of all researchers: our obligations to participants, to each other, and to the truth. Beyond our responsibilities under the law, these elements of the Compliance Code clarify our obligations to participants and each other.

Obligation to Participants: Protection of Dignity and Safety

The Professional and Ethical Compliance Code for Behavior Analysts® is abundantly clear on the subject of our obligation to protect the welfare of participants in behavior-analytic studies. Code element 9.02(h) states: “Behavior analysts conducting research take necessary steps to maximize the benefit and minimize risk to their clients, research participants, students, and others with whom they work” (BACB, 2014).

One way to ensure that these steps are taken is by focusing our attention on one of the dimensions of applied behavior analysis – behavior-analytic studies must be *applied*.

It is often within the realm of an Institutional Review Board to determine if a given research study unnecessarily threatens the safety or dignity of participants. The Institutional Review Board is, ideally, the research safety net that prevents unethical research practices. However, the protection of dignity and safety of the study’s participants is ultimately the responsibility of the behavior analyst.

Obligations to Each Other: Authorship

It is our obligation to acknowledge contributions in any research study and that this acknowledgment be commensurate with the level of contribution. Authorship must be based on the level of contribution, but minor contributions to the research can and should be acknowledged as well.

A research study must also appropriately cite the previous work in their area of study. The importance of acknowledging contributors to the current study is certainly integral to ethical practice, but the proper use of citations is also essential.

In the sciences, we “stand on the shoulders of giants.” There is truly nothing in any science that can be, or has been, accomplished by only one person. Those who contribute to our work, and to the field as a whole, must be adequately acknowledged.

Moral

Obligations to the Truth: Communicating Our Findings

Research is certainly not a simple undertaking. It is an investment of years of effort, filled with numerous tasks that are simultaneously overwhelming and tedious. Research activities are not to be entered into lightly, nor with inadequate support or supervision. It might be assumed that ego or the desire for fame would drive the researcher’s behavior and serve as a reinforcer for engaging in these activities. Many of us, however, find more potent reinforcers in the impact of our efforts on the lives of those we serve. Given that this science and its applications can be life-saving, the question then becomes: *if you could save a life, or significantly improve one, simply by sharing information would you do it?*

The moral underpinnings of our obligations when engaged in research activities of any kind is closely aligned with our obligations to the truth. The need to communicate our findings is a vital aspect of our obligations. This is where the contribution of science becomes a public service. Our responsibility is not merely to discover the truth, but also to communicate it.

Many of us in the field of behavior analysis believe that behavioral technologies have direct and lasting impact on the quality of life for our clients, and in some cases to be potentially life-saving. It is our moral obligation, in this case, that drives our commitment to share research findings and add to the field of behavior analysis.

Ethical, Professional, Uncomfortable

In our judgment of what constitutes “unethical” behavior, we must also seek clarity regarding the distinction between those research activities that may be considered “unethical” and those that merely make us uncomfortable on a personal level. Ethics, as previously stated, refers to compliance with the regulations of a governing body. In our case, this would be our adherence to the Professional and Ethical Compliance Code[®] as published by the BACB[®]. There are several aspects of ethical research practice that should be examined, and many considerations that must be assessed in their importance. While some of the elements of research and our commitment to it may indeed be ethical, there are others that may be more accurately described as simply “uncomfortable.” While not in direct violation of the Professional and Ethical Compliance Code[®], those “uncomfortable” behaviors on the part of researchers may still raise concerns among behavior analysts, or those outside of the field.

Rats in Cages: The Appropriateness of Extrapolating from Animal Research

There are several criticisms that are made about behavior analysis as a treatment, particularly in addressing the needs of children with autism spectrum disorder. One common criticism is that such treatment is “dehumanizing,” and that it too closely resembles “dog training.” There are those who would argue that human beings are simply too complex, too separate from nonhumans, for our behavior to be analyzed in this way. Despite the famous title of B.F. Skinner’s work, the idea of dismissing or minimizing the value of freedom and dignity can be troublesome. “We are not rats in cages, after all,” many will claim. “Human beings are more complex than that.” Even the commonly accepted functions of behavior may seem so limited that they lack any usefulness in addressing why individuals engage in behavior. Since so much of the foundation of our science is based on these experimental analyses of animal behavior, it is easy to see how this mischaracterization can be perpetuated.

One obvious way to address such concerns is to point out that all of medical science also depends on studies of animals. In fact, the treatments derived from such studies are often delivered to humans with fewer modifications than those treatments derived from animal studies in the experimental analysis of behavior.

Still, there is an interesting point here: there is certainly no arguing that human beings have a more complex community of reinforcers than a rat or pigeon. The repertoire of behaviors is also more expansive. However, the factors that influence behavior may be, though by no means identical, similar across all species. Functions of behavior also can be viewed as general categories that do not limit the possibility of individual preference.

While it may make us uncomfortable to notice the similarities between human and nonhuman animals, acknowledging this foundation of the study of behavior does not mean that we do not equally acknowledge the complexity of human behavior.

Deception in Research

Our comfort with deception in research is related to our comfort level with deception in general, and informed by the personal judgments of the moral level of what we consider “goodness.” There is an adage about honesty; “Tell the truth but don’t always be telling it.” In our personal lives, we acknowledge that telling the truth is often the moral choice, but equally acknowledge that honesty must always be tempered with compassion. There are exceptions to the rule “always tell the truth.”

In psychological research activities, there is still some acknowledgment of the moral imperative to be honest. This also must be tempered. But rather than tempering honesty with kindness, we must temper it with the necessity to maintain the integrity of the research.

Behavior analysts and psychologists occasionally use deception in research, which may be in the form of “lies of commission,” meaning that the participant is deliberately misinformed. “Lies of omission” are also possible, meaning that the participant, while not directly misinformed, is not told the study’s purpose or what specific behavior will be observed.

The use of deception is not directly addressed in the current edition of the Professional and Ethical Compliance Code®. However, previous incarnations of these elements, as well as points within the Compliance Code itself, indicate that the use of deception is acceptable under certain conditions.

The debriefing process is essential in the ethical implementation of research activities. The Professional and Ethical Compliance Code® requires that such debriefing must take place, and that participants must be informed that it will take place at the conclusion of the study. This debriefing is the opportunity to correct any deception that occurred during the study.

This is certainly an appropriate guideline to bear in mind once the deception has occurred, but does not address the decision of whether or not to implement deception as part of a study. Deception must be used *only if* the integrity of the study demands it. The use of deception must be essential to answering the research question. Such determinations, and other ethical issues raised by research study methodology, are not to be made exclusively by the researchers, but rather with the guidance of the Institutional Review Board.

Just as we are mindful to “tell the truth but don’t always be telling it,” we must bear in mind that in research activities some level of deception may be justified by the greater good. The value of the information gained through research may allow us to become more comfortable as well as engage in ethical research.

What Constitutes a Research “Problem”?

Many of us in the field of behavior analysis believe that the technologies developed from this field of study can have life-changing impacts and significantly improve the quality of life for some of the most vulnerable populations. There is tremendous power in the application of the science of behavior analysis and using these technologies can be a force for good.

With great power, however, comes perhaps an even greater responsibility. Using the technologies that have been made available by the study of behavior and its controlling variables we *can* teach *anything*, but this does not mean that we *should* teach *everything*. When considering the dimensions of applied behavior analysis, it is essential to remember that *applied* comes before *behavior*. In contrast to the *experimental analysis of behavior*, in which the basic principles of behavior are examined without regard for the social significance of the behavior change, *applied behavior analysis* depends on social significance. Any target behavior for intervention must be socially significant and the behavior change must improve the quality of life for the participant. This is equally true of our research activities as it is for our more direct clinical work.

The judgment of what would be considered “socially significant” can be subjective, and often changes as cultures shift. If it is true that, in Martin Luther King, Jr.’s words, “The arc of the moral universe is long, but it bends toward justice,” research certainly reflects the moral universe as it exists at the time a study is conducted.

It is with good reason that an ethical behavior analyst may be uncomfortable with studies in which the behavior of interest is in conflict with full acceptance of marginalized groups. Studies which, for example, target traditionally feminine speech or mannerisms in biologically male children would be considered more objectionable now than when they were first published. To target such behaviors may be socially significant to those uncomfortable with a more fluid conception of gender as a social construct, but far less so to the participant. Additionally, studies that determine such targets to be “socially significant” run the risk of strengthening systems of oppression for the LGBT (lesbian gay bisexual transgender) community, which is an uncomfortable outcome for both members of this community and their allies.

Our responsibility to refrain from complicity in the marginalization of disenfranchised groups goes far beyond our own personal comfort, however. The Professional and Ethical Compliance Code[®] also admonishes us to be aware of implicit bias in our professional activities in Code element 1.05, which states:

1.05 (d) In their work-related activities, behavior analysts do not engage in discrimination against individuals or groups based on age, gender, race, culture, ethnicity, national origin, religion, sexual orientation, disability, language, socioeconomic status, or any basis proscribed by law.

1.05 (e) Behavior analysts do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons’ age, gender, race, culture, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status, in accordance with law. (BACB, 2014)

If the target behavior addressed in a study reflects a personal or cultural bias on the part of the researcher, this may be considered a violation of this Code element.

These cultural biases are not exclusive to the marginalization of LGBT community, but should also be considered in our research addressing the needs of individuals with autism. Many of the single-subject studies addressing the needs of individuals with autism focus on increasing communicative and social behavior and decreasing those behaviors that may be dangerous, upholding the commitment to social significance. However, we must ensure that research has social relevance to the participant. Curative models of behavior-analytic services – those programs that focus on the goal of being “indistinguishable from peers” – may be more socially significant to others than to the participant themselves. A supportive model of treatment on the other hand – one which focuses on the needs and desires of the participant/client – focuses on applied research and treatment.

The requirement that the dependent variables be socially significant is a vital component to ethical programming. Beyond our personal discomfort, it is an ethical requirement.

Reflections: An Interview with Yulema Cruz

Behavior analyst Yulema Cruz has been both a teacher and researcher in English and Spanish. In this interview, we discuss the research process, considerations for behavior analysts who wish to conduct ethical research, and the challenges of encouraging research in other countries.

AB: What do you think is the biggest challenge for behavior analyst when they first start doing research?

YC: I think that it's coming up with a question. I think a lot of us see a lot of need in specific areas that we're interested in – where we practice, where we had our practice – but it's that research question that's harder, I think, for a lot of the newly minted BCBA[®]s to sort of develop, I think. Beyond that, I think, is the conceptualization of the research. So, it's research question to begin with. It's trying to conceptualize a problem as “How can I ask a question in a way that I can measure it? And quantify it?” If that's the type of question that you are asking because the research design obviously depends on the research question that you have, right? Not all questions are going to be answered by a single-subject or a group design. So, it depends. So, I think that's a big deal and, again, it leads you to choosing the type of research – the proper research – to answer that question. And, of course, beyond that is conceptualization, as I mentioned.

AB: Could you describe that a bit?

YC: For my specific study – which is the one that I have the most experience in – it was conceptualizing the idea of teaching supervisors how to be supervisors. How do we get to do this systematically? And so, it took a lot of researching the literature, of course, which is one of the first things that you to do, and also reaching out to other behavior analysts who were supervisors and observing the type of supervision that they did. So, it was a lot of video data collection, a lot of research, and also surveys. I sent out surveys to other behavior analysts to see if what I was in the process of conceptualizing made sense to *them*. And it was indeed an area in which they had identified, does that answer your question?

And of course, mentoring. Having the right mentor makes a big difference. You have mentors who help you every step along the way and give you deadlines so that you are not lost in limbo research or “research limbo.” And then you have other advisors who just sort of let you be. In my experience, you want the type advisor who's going to stay up on top of you and help you along and give you deadlines for work products.

AB: As someone who's done research, what are some of your biggest concerns when you do research or when you start to develop a research project?

YC: Getting subjects. Recruitment is big, very big. That was my biggest problem with this research: recruitment and treatment integrity. Those are the two that I've probably personally experienced. Trying to set up the environment in a way that you know you're going to have treatment and integrity, as the researcher is a big deal. Making sure that you do everything that was written, the way that it was conceptualized. That's a big deal. Making sure that you're sticking to your criteria. And not go crazy with [saying], “I have to finish this research, so I'll accept whoever.” No, no, no. You have specific criteria and, so sticking to those criteria is important.

AB: How did you meet the challenge of recruitment in particular?

YC: I went all over the place. I broadened my search area to outside of my city. So currently, I'm traveling an hour and a half to get my research completed. And [another challenge is] time management. It's a lot of time management, a lot of following up with people, a lot of, sort of being flexible. I have to be very flexible. And broadening your area where you want to do your research. Perhaps I can't find subjects in Miami and other parts of Dade County, but I can find them in Palm Beach and other parts of Palm Beach County and that's what I'm doing.

AB: Is there anything that you did to manage your commitment to the treatment integrity?

YC: I have a treatment integrity checklist and I also completed a pilot study. So, I did a pilot study prior to my dissertation study where I learned a lot about my own research and my own way of doing my research. And I recommend that everyone does a pilot

study if they can, if it's feasible. That would be my recommendation. Do a pilot, learn from the pilot, make a lot of mistakes during the pilot. Learn and then you can make adjustments to your proposal and after that, after you get it approved, then do the actual study.

AB: So, the pilot study was before any IRB Approval?

YC: Yes, the pilot study was before any IRB Approval.

AB: So, what was The IRB Process like, was it helpful for you or did it represent a challenge in terms of your vision for the study that you were going to do and their vision of the kind of study that you should do?

YC: No, my IRB process was pretty comparable I believe to the norm I believe I submitted everything in January and I got a response in March. An IRB at my university typically meets about once a month. They meet about once a month or once every two months or something like that. So, because I had completed my IRB Form in a way that did not pose a threat to participants. And even though I [was] collecting video data during the DDT Sessions – which include children with developmental disabilities between the ages of 2 and 10 – I am not collecting specific data on the child's performance. So, I think that was one of the biggest things. And because for the rest of the time I'm using adults – the supervisors are adults, the therapists are adults – they are consenting adults. So that made it easier, I think. And again, my process I think was expedited for that reason – because I excluded the data from the child participants. But I was very clear in my IRB that I was only going to use video to look up the behaviors of the therapists, while they're working together with the child. So being very clear and using language – the language that they teach you during the CITI Training that you take, about your participants and how you have to protect your participants and all of that – use some of that language to draft your IRB Form. Because that's what they're going to be looking at, right? It's "How does your research pose a threat to the participants?" And also, something that we already do in the field that I think is really helpful is your "risk versus benefit ratio analysis." So, if you can also include that as part of your IRB – and they have a section for that anyway – but just as you're drafting it, continue to think about "what are the benefits of this research versus the risks?" If that makes sense.

AB: As a professor what have you taught students about research and its importance?

YC: Well, because I'm only teaching undergraduate students, I'm a little limited to as to what research [and] how much research I can teach them. Because then you can learn about all this new terminology that has nothing to do with research before they get into it. But I do emphasize the differences between group and single case design. I have to change my language on my proposal because it's not single subject, it's single case now. I've had to really highlight the differences between those two, highlight the fact that single case research means that *everybody* gets the same treatment that's one of the features of single case research, so, highlight that. And also highlight the differences within a research design, which is what we do, right? Single case. Highlight the differences among, for example, a reversal design where you probably don't want to use an IV [independent variable] that's some sort of training because you can't untrain people. So, you can't do a true reversal with that type of design, if your IV is a training. If you're using some type of reinforcement-based intervention, then obviously you can reverse that. And also highlighting the features of multiple baseline design, and how it focuses on the individual, like we all know, from single case design. And how the multiple baselines lets you rule out maturation – that confounding variable that you may find sometimes in research. And those are the primary two ones, I haven't really delved into changing criterion in any of these, again because

I'm teaching undergraduate students. So, they get a little bit of a taste of research but they're not there yet.

AB: So, one of the things that I have been saying this book is that researchers have an obligation to participants – in terms of maintaining safety and dignity, responsibilities to colleagues – in terms of authorship and avoiding plagiarism and also a responsibility to the truth – in terms of the accuracy of data and misleading results. So how do you fulfill those obligations as the researcher?

YC: Checks and balances are good. With respect to my participants, I make sure I'm always protecting confidentiality. So, I don't talk about anyone else's scores with anybody else unless I have their permission. So, if I am collecting data, for example, on a therapist and I need to share those data research purposes with a supervisor – you know because treatment is coming and I need to share this particular video – then I specifically ask for their consent. In my consent form, I have a section that says that I will not disclose any information that may affect their job, right? Because let's say they get low scores. So that may paint a picture to their supervisor different from the purpose of the research. And it may not represent their skills because I'm just narrowing down my research to an area. So, it's not necessarily – It's not really fair to them. So, I don't share any of that. I protect confidentiality at all times. I also if there's a child, for example, who is engaging in problem behaviors with the therapist, before I bring it to the supervisor and then I immediately call the supervisor [and say], "Hey, they need you. We have a problem" We stop the recording. And so, everything is about trying to deescalate the behaviors with that child. And then perhaps we can continue, perhaps not. I've had times where I have said, "The child is tired. He's had it for the day. I am not gonna put him through a 20-minute recording for my purposes – for the purposes of my research. I can wait another week and we can come back again and collect data again." And in that way, I've been very mindful of protecting the child. I collect data during their sessions and if anything happens, I stop the recordings. And we take care of that and forget about the research. So, things like that. As far as colleagues, my colleagues are my checks and balances. I attend a biweekly meeting at FSU with my mentor where I talk about my research. Every other week and I have to have product. I have to have something produced, whether it's data, or whether it's things I've done or recruitment or whatever it is. And so, when I present my data and some of the concerns and discoveries as I am conducting the research and then my peers and my mentor give me feedback and tell me, "Oh, okay well look at this in this way. And what about that other thing? And have you thought about this?" And so that's why I think having that structure of continuing – having to check in with someone who is also checking in on your research and making sure that they're doing everything by the book – is good. And as far as the truth, I don't code my own data. I only record it. And without watching it, I sent it off to my coders. And I've trained my coders to reliability, so they're reliable. I trust them – I train them, I train them on reliability. I trust their data and their judgment, and I don't watch my own videos. So, I do not touch my own data. All of this is put into clouds that are encrypted and password protected and all of that. So, nobody gets to see the videos but my coders, myself, and my mentor. And again: I only record it. They get to score it.

AB: So what are some things for behavior analysts to keep in mind when they're designing a study, in terms of ethical practice? What do you think are the most important things?

YC: Well, I know that we owe it to our field to produce good research but I think always having the most vulnerable person in my mind. And one of the first things that Jon Bailey told me was "do no harm" so always have that in mind. In what way can I

fulfill my research that poses the least amount of risks and harm to my participants? Especially children. So you always to make sure that you're protecting *them*. Protecting *their* identity, protecting *their* participation. Nobody needs to know that these people are participating in research. Nobody needs to know their names, nobody needs to know any of that. So always protecting the most vulnerable ones I guess would be the conclusion.

AB: So you teach in both English and Spanish and you lead a program in the Dominican Republic. So, what do you see as the biggest challenge in expanding research in other countries?

YC: There isn't research in their language that they can draw from. And get ideas from. We need to, not only translate their research from the lab to application, but we also need to translate it into other languages. So that other people can benefit from that research. Also, a lot of the research that's done in the United States is done with a specific population. So, drawing conclusions from research done in one population may not apply to a population in another country and in another language. And, so, I think it's the lack of resources that limits their ideas that they have, limits the questions that they may want to answer and the support that they may get for doing this type of research. Or just engaging in research altogether.

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18 Final Thoughts and Essential Questions

Over the several months that I spent writing this book, I had many conversations at the dinner table with my young children about my day at work, which often involved discussions of writing and publishing this volume. As elementary school students, they had their own versions of what “publishing a book” meant. They suggested that I skip the process of seeking out an outside publisher, offering to draw all necessary pictures and write the book themselves in their neatest handwriting.

One night my daughter asked, “So what’s your ‘big idea?’”

I replied, “My big idea is basically how people who do my job can follow the rules, how they can stop themselves, and how to be good.”

“So, like, no pushing, and no being pushy, and letting other people talk?”

“Yes,” I replied, thinking of Code elements 4.02, 4.08, 4.04, and 7.01, among others. “There is some of that. And some other ways that people can stop themselves and be kind.”

That seemed, at least to a six-year-old, to be a satisfactory answer for the “big idea” of an ethics textbook. However, the simplistic answer we may give to “What is this book about?” may not be broad enough to satisfy those who must engage in ethical practice on a day-to-day basis. Rather, you might consider this volume, or the completion of ethics coursework, to be simply a single mile marker on a much larger journey as you grow and develop your professional practice.

In the first chapter of this text, we clarified that beginning the study of ethics by completing the required coursework, including this text, would not necessarily lead to unlimited knowledge. Continuing your study likely still will not lead to knowing the answers. In fact, we cautioned against “knowing the answers” as an appropriate goal. The goal is not to know the answers but to learn to *ask better questions*.

We have reviewed some of these questions in the preceding chapters, and the following list is by no means exhaustive. However, we hope that the questions here offer a good start:

Is this for me or is this for them?

In all of our words and actions as we work with clients, this question must be at the forefront.

It is imperative that we are able to distinguish those actions from which we benefit and those which benefit our clients.

There is nothing inherently unethical in recognizing personal benefit or enjoyment in the work that we do, the people that we become acquainted with, or the relationships that develop as a result. Surely the work that we do will contact reinforcers, as well they should. In the absence of reinforcers of some kind, the behaviors associated with our continued dedication would likely disappear. It is only when the benefit to us begins to

eclipse the benefit to the client, or when our own comfort takes precedence over the fulfillment of our professional obligations, that this becomes problematic.

Asking the question, “Is this for me or is this for them?” allows us to pause and assess who is really benefiting from our actions and to make decisions accordingly.

Is this socially significant and if so, to whom?

The requirement that treatment be socially significant is one of the cornerstones of applied behavior analysis. The treatment, behavior change program, or dependent variable in question must be considered socially important.

This determination of social significance must be at the discretion of those affected by the behavior change. In our clinical practice, this often refers to the clients themselves and their parents or caregivers. The behavior analyst may not have the same views of what is “important,” and this difference in priorities may cause conflict.

Understanding not only the social significance of any proposed behavior change, but also *to whom* this change is significant is essential in ethical practice.

We can teach this skill, but is it the best use of our time and resources to do so?

In applied behavior analysis, we can teach anything. However, the fact that we *can* teach *anything* is not to be confused with the assumption that we *should* teach *everything*.

In some cases, we may discover that a proposed behavior change program does not rise to the level of priority for a particular client. At this point, the necessity of the program should be reevaluated, and perhaps goals and programming could be modified to more closely align with the client and their family. Asking ourselves this question encourages us to be ever mindful of our commitment to the client’s goals.

This question, however, serves another purpose as well. When working with supervisees, asking this question allows us to take stock of whether the available resources, including our time, effort, and energy, are adequate to the task of teaching this behavior. Ultimately, our resources should be allocated to serve the client, and these resources must be spent wisely.

Is this essential, preferable, or simply preferable to me?

Applied behavior analysis is a science and as such it is the study of phenomena that already exist. A science is not something that you *do*. Rather it is something that you can come to *understand*. The concepts of reinforcement existed for centuries before it was given a name, just as Mount Everest was always there, though undiscovered.

Understanding this, we must conclude that there is no “right” way to do applied behavior analysis (ABA). Effective treatment does not depend on specific data-collection systems. Rather, there are often several ways to implement behavioral technologies. There is room for compromise, and for creative problem solving. In other words, it is characteristic of the responsible and ethical behavior analyst to generalize behavioral analytic skills, rather than remaining rigid in our interpretation of what is necessary. Asking this question allows us to more effectively prioritize and make compromises while still remaining committed to what is actually essential.

Does this behavior interfere with the responsibilities of this professional environment?

Too often the definition of what we consider “professional” is subjective, and far too often, it has little or nothing to do with job performance, but reflects the biases of the observer. Professionalism, however, is associated with the performance of tasks related to their role, and determinations of professionalism must be based on this performance rather than on other factors. Asking the question, “Does this behavior interfere with the responsibilities of this professional environment?” provides the opportunity to assess that the skill set is necessary for “professionalism.”

Is this unethical, unprofessional, or does it just make me uncomfortable?

“Unethical” is not a term to be tossed about whenever we encounter a behavior that gives us pause. Nor, however, should it be avoided at all costs. Not everything that we find troublesome is necessarily unethical. Rather, “unethical” refers to those actions which violate the Professional and Ethical Compliance Code for Behavior Analysts®. While we may find other things troubling, this does not necessarily mean they are unethical.

It is essential that the ethical behavior analyst be able to distinguish those situations in which a behavior is unethical and those that may simply make the observer uncomfortable. If an element of the Professional and Ethical Compliance Code® is in fact being violated, this would certainly require a response. However, if it is simply a matter of discomfort, this presents the behavior analyst with an opportunity for personal and professional growth.

We hope that your study has equipped you with, if not a clear destination, then perhaps a compass – an aid in finding your way as you navigate your path forward. We hope that have begun to ask yourself the questions that will assist you on this journey, those that will encourage the type of ethical problem solving that should be the goal of every professional. We hope that you will continue to develop more questions in this effort. And most of all we wish you the best on your journey toward a greater “goodness.”

Resources

Behavior Analyst Certification Board®

The Behavior Analyst Certification Board® should be the emerging professional’s first stop in determining adherence to the certification requirements. Their website also includes information and newsletters on several topics, including ethical practice.

Association for Behavior Analysis International Hotline

This “hotline” provides an opportunity to ask ethical questions and receive email responses (www.abainternational.org/Miscellaneous/ABAIHotLine.aspx).

Global Autism Project SkillCorps®

SkillCorps® is a sustainable culturally-competent effort which is part of the Global Autism Project. In this unique volunteer opportunity, behavior analysts and other experts travel to the Global Autism Project’s service partners and provide hands-on training to staff working with individuals with autism. This training is provided in alignment with the Global Autism Project’s ongoing support of these organizations (www.globalautismproject.org/skillcorps).

Behaviorspeak

Behaviorspeak is a glossary of terms in common usage in ABA and the autistic spectrum disorders. Deliberately written in a humorous and easily understood style, this

will be an invaluable resource for parents and direct care service providers. Authors Bobby Newman, Kenneth Reeve, Sharon Reeve, and Carolyn Ryan provide readers with a memorable and valuable resource.

Behavioral Detectives: A Staff Training Exercise

In this book, primary authors Bobby Newman and Dana Reinecke provide readers with an opportunity to learn about the concepts of behavior analysis by “investigating” examples of clinical mistakes and identifying them.

When Everybody Cares

This collection of case studies by Bobby Newman provides examples of the impact of our clinical work on the populations that we serve. In these examples, he is able to explain the procedures themselves and their potential effect on the quality of life of clients.

The Lucifer Effect

In this book, Philip Zimbardo examines the nature of evil and the factors that cause ordinary people to do extraordinary things. He examines examples including the Stanford Prison Experiment, of which he was the lead researcher, and the torture at Abu Ghraib. In addition, he examines the extraordinary behavior of ordinary heroes as well, and what causes people to respond with heroism.

Heroic Imagination Project

This organization, funded by Philip Zimbardo and based on his work studying heroism, provides information programs with the goal of teaching individuals how to master the social and situational forces that influence behavior. By presenting modules on topics such as situational awareness, self-efficacy, values-driven decision-making, and social resilience, the objective is to encourage pro-social and even heroic behavior.

Appendix A

Professional and Ethical Compliance Code

1.0 Responsible Conduct of Behavior Analysts

Behavior analysts maintain the high standards of behavior of the profession.

1.01 Reliance on Scientific Knowledge

Behavior analysts rely on professionally derived knowledge based on science and behavior analysis when making scientific or professional judgments in human service provision, or when engaging in scholarly or professional endeavors.

1.02 Boundaries of Competence

(a) All behavior analysts provide services, teach, and conduct research only within the boundaries of their competence, defined as being commensurate with their education, training, and supervised experience.

(b) Behavior analysts provide services, teach, or conduct research in new areas (e.g., populations, techniques, behaviors) only after first undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas.

1.03 Maintaining Competence through Professional Development

Behavior analysts maintain knowledge of current scientific and professional information in their areas of practice and undertake ongoing efforts to maintain competence in the skills they use by reading the appropriate literature, attending conferences and conventions, participating in workshops, obtaining additional coursework, and/or obtaining and maintaining appropriate professional credentials.

1.04 Integrity

(a) Behavior analysts are truthful and honest and arrange the environment to promote truthful and honest behavior in others.

(b) Behavior analysts do not implement contingencies that would cause others to engage in fraudulent, illegal, or unethical conduct.

(c) Behavior analysts follow through on obligations, and contractual and professional commitments with high quality work and refrain from making professional commitments they cannot keep.

(d) Behavior analysts' behavior conforms to the legal and ethical codes of the social and professional community of which they are members.

(e) If behavior analysts' ethical responsibilities conflict with law or any policy of an organization with which they are affiliated, behavior analysts make known their commitment to this Code and take steps to resolve the conflict in a responsible manner in accordance with law.

1.05 Professional and Scientific Relationships

(a) Behavior analysts provide behavior-analytic services only in the context of a defined, professional, or scientific relationship or role.

(b) When behavior analysts provide behavior-analytic services, they use language that is fully understandable to the recipient of those services while remaining conceptually systematic with the profession of behavior analysis. They provide appropriate information prior to service delivery about the nature of such services and appropriate information later about results and conclusions.

(c) Where differences of age, gender, race, culture, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status 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.

(d) In their work-related activities, behavior analysts do not engage in discrimination against individuals or groups based on age, gender, race, culture, ethnicity, national origin, religion, sexual orientation, disability, language, socioeconomic status, or any basis proscribed by law.

(e) Behavior analysts do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, race, culture, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status, in accordance with law.

(f) Behavior analysts recognize that their personal problems and conflicts may interfere with their effectiveness. Behavior analysts refrain from providing services when their personal circumstances may compromise delivering services to the best of their abilities.

1.06 Multiple Relationships and Conflicts of Interest

(a) Due to the potentially harmful effects of multiple relationships, behavior analysts avoid multiple relationships.

(b) Behavior analysts must always be sensitive to the potentially harmful effects of multiple relationships. If behavior analysts find that, due to unforeseen factors, a multiple relationship has arisen, they seek to resolve it.

(c) Behavior analysts recognize and inform clients about the potential harmful effects of multiple relationships.

(d) Behavior analysts do not accept any gifts from or give any gifts to clients because this constitutes a multiple relationship.

1.07 Exploitative Relationships

(a) Behavior analysts do not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, and clients.

(b) Behavior analysts do not engage in sexual relationships with clients, students, or supervisees, because such relationships easily impair judgment or become exploitative.

(c) Behavior analysts refrain from any sexual relationships with clients, students, or supervisees, for at least two years after the date the professional relationship has formally ended.

(d) Behavior analysts do not barter for services, unless a written agreement is in place for the barter that is (1) requested by the client; (2) customary to the area where services are provided; and (3) fair and commensurate with the value of behavior-analytic services provided.

2.0 Behavior Analysts' Responsibility to Clients

Behavior analysts have a responsibility to operate in the best interest of clients. The term client as used here is broadly applicable to whomever behavior analysts provide services, whether an individual person (service recipient), a parent or guardian of a service recipient, an organizational representative, a public or private organization, a firm, or a corporation.

2.01 Accepting Clients

Behavior analysts accept as clients only those individuals or entities whose requested services are commensurate with the behavior analysts' education, training, experience, available resources, and organizational policies. In lieu of these conditions, behavior analysts must function under the supervision of or in consultation with a behavior analyst whose credentials permit performing such services.

2.02 Responsibility

Behavior analysts' responsibility is to all parties affected by behavior-analytic services. When multiple parties are involved and could be defined as a client, a hierarchy of parties must be established and communicated from the outset of the defined relationship. Behavior analysts identify and communicate who the primary ultimate beneficiary of services is in any given situation and advocates for his or her best interests.

2.03 Consultation

(a) Behavior analysts arrange for appropriate consultations and referrals based principally on the best interests of their clients, with appropriate consent, and subject to other relevant considerations, including applicable law and contractual obligations.

(b) When indicated and professionally appropriate, behavior analysts cooperate with other professionals, in a manner that is consistent with the philosophical assumptions and principles of behavior analysis, in order to effectively and appropriately serve their clients.

2.04 Third-Party Involvement in Services

(a) When behavior analysts agree to provide services to a person or entity at the request of a third party, behavior analysts clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and any potential conflicts. This clarification includes the role of the behavior analyst (such as therapist, organizational consultant, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.

(b) If there is a foreseeable risk of behavior analysts being called upon to perform conflicting roles because of the involvement of a third party, behavior analysts clarify the nature and direction of their responsibilities, keep all parties appropriately informed as matters develop, and resolve the situation in accordance with this Code.

(c) When providing services to a minor or individual who is a member of a protected population at the request of a third party, behavior analysts ensure that the parent or client-surrogate of the ultimate recipient of services is informed of the nature and scope of services to be provided, as well as their right to all service records and data.

(d) Behavior analysts put the client's care above all others and, should the third party make requirements for services that are contraindicated by the behavior analyst's recommendations, behavior analysts are obligated to resolve such conflicts in the best interest of the client. If said conflict cannot be resolved, that behavior analyst's services to the client may be discontinued following appropriate transition.

2.05 Rights and Prerogatives of Clients

(a) The rights of the client are paramount and behavior analysts support the client's legal rights and prerogatives.

(b) The client must be provided, on request, an accurate and current set of the behavior analyst's credentials.

(c) Permission for electronic recording of interviews and service delivery sessions is secured from clients and relevant staff in all relevant settings. Consent for different uses must be obtained specifically and separately.

(d) Clients must be informed of their rights and about procedures to lodge complaints about professional practices of behavior analysts with the employer, appropriate authorities, and the BACB.

(e) Behavior analysts comply with any requirements for criminal background checks.

2.06 Maintaining Confidentiality

(a) Behavior analysts have a primary obligation and take reasonable precautions to protect the confidentiality of those with whom they work or consult, recognizing that confidentiality may be established by law, organizational rules, or professional or scientific relationships.

(b) Behavior analysts discuss confidentiality at the outset of the relationship and thereafter as new circumstances may warrant.

(c) In order to minimize intrusions on privacy, behavior analysts include only information germane to the purpose for which the communication is made in written, oral, and electronic reports, consultations, and other avenues.

(d) Behavior analysts discuss confidential information obtained in clinical or consulting relationships, or evaluative data concerning clients, students, research participants, supervisees, and employees, only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

(e) Behavior analysts must not share or create situations likely to result in the sharing of any identifying information (written, photographic, or video) about current clients within social media contexts.

2.07 Maintaining Records

(a) Behavior analysts maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, electronic, or in any other medium.

(b) Behavior analysts maintain and dispose of records in accordance with applicable laws, regulations, corporate policies, and organizational policies, and in a manner that permits compliance with the requirements of this Code.

2.08 Disclosures

Behavior analysts never disclose confidential information without the consent of the client, except as mandated by law, or where permitted by law for a valid purpose, such as (1) to provide needed professional services to the client, (2) to obtain appropriate professional consultations, (3) to protect the client or others from harm, or (4) to obtain payment for services, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. Behavior analysts recognize that parameters of consent for disclosure should be acquired at the outset of any defined relationship and is an ongoing procedure throughout the duration of the professional relationship.

2.09 Treatment/Intervention Efficacy

(a) Clients have a right to effective treatment (i.e., based on the research literature and adapted to the individual client). Behavior analysts always have the obligation to advocate for and educate the client about scientifically supported, most-effective treatment procedures. Effective treatment procedures have been validated as having both long-term and short-term benefits to clients and society.

(b) Behavior analysts have the responsibility to advocate for the appropriate amount and level of service provision and oversight required to meet the defined behavior-change program goals.

(c) In those instances where more than one scientifically supported treatment has been established, additional factors may be considered in selecting interventions, including, but not limited to, efficiency and cost-effectiveness, risks and side-effects of the interventions, client preference, and practitioner experience and training.

(d) Behavior analysts review and appraise the effects of any treatments about which they are aware that might impact the goals of the behavior-change program, and their possible impact on the behavior-change program, to the extent possible.

2.10 Documenting Professional Work and Research

(a) Behavior analysts appropriately document their professional work in order to facilitate provision of services later by them or by other professionals, to ensure accountability, and to meet other requirements of organizations or the law.

(b) Behavior analysts have a responsibility to create and maintain documentation in the kind of detail and quality that would be consistent with best practices and the law.

2.11 Records and Data

(a) Behavior analysts create, maintain, disseminate, store, retain, and dispose of records and data relating to their research, practice, and other work in accordance with applicable laws, regulations, and policies; in a manner that permits compliance with the requirements of this Code; and in a manner that allows for appropriate transition of service oversight at any moment in time.

(b) Behavior analysts must retain records and data for at least seven (7) years and as otherwise required by law.

2.12 Contracts, Fees, and Financial Arrangements

(a) Prior to the implementation of services, behavior analysts ensure that there is in place a signed contract outlining the responsibilities of all parties, the scope of behavior-analytic services to be provided, and behavior analysts' obligations under this Code.

(b) As early as is feasible in a professional or scientific relationship, behavior analysts and the client reach an agreement specifying compensation and billing arrangements.

(c) Behavior analysts' fee practices are consistent with law and behavior analysts do not misrepresent their fees. If limitations to services can be anticipated because of limitations in funding, this is discussed with the client as early as is feasible.

(d) When funding circumstances change, the financial responsibilities and limits must be revisited with the client.

2.13 Accuracy in Billing Reports

Behavior analysts accurately state the nature of the services provided, the fees or charges, the identity of the provider, relevant outcomes, and other required descriptive data.

2.14 Referrals and Fees

Behavior analysts must not receive or provide money, gifts, or other enticements for any professional referrals. Referrals should include multiple options and be made based on objective determination of the client need and subsequent alignment with the repertoire of the referee. When providing or receiving a referral, the extent of any relationship between the two parties is disclosed to the client.

2.15 Interrupting or Discontinuing Services

(a) Behavior analysts act in the best interests of the client to avoid interruption or disruption of service. (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).

(c) When entering into employment or contractual relationships, behavior analysts 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.

(d) Discontinuation only occurs after efforts to transition have been made. Behavior analysts discontinue a professional relationship in a timely manner when the client: (1) no longer needs the service, (2) is not benefiting from the service, (3) is being harmed by continued service, or (4) when the client requests discontinuation.

(e) Behavior analysts do not abandon clients. Prior to discontinuation, for whatever reason, behavior analysts: discuss the client's views and needs, provide appropriate pre-termination services, suggest alternative service providers as appropriate, and take other reasonable steps to facilitate timely transfer of responsibility to another provider if the client needs one immediately, upon client consent.

3.0 Assessing Behavior

Behavior analysts using behavior-analytic assessment techniques do so for purposes that are appropriate given current research.

3.01 Behavior-Analytic Assessment

(a) Behavior analysts conduct current assessments prior to making recommendations or developing behavior-change programs. The type of assessment used is determined by clients' needs and consent, environmental parameters, and other contextual variables. When behavior analysts are developing a behavior-reduction program, they must first conduct a functional assessment.

(b) Behavior analysts have an obligation to collect and graphically display data, using behavior-analytic conventions, in a manner that allows for decisions and recommendations for behavior-change program development.

3.02 Medical Consultation

Behavior analysts recommend seeking a medical consultation if there is any reasonable possibility that a referred behavior is influenced by medical or biological variables.

3.03 Behavior-Analytic Assessment Consent.

(a) Prior to conducting an assessment, behavior analysts must explain to the client the procedures(s) to be used, who will participate, and how the resulting information will be used.

(b) Behavior analysts must obtain the client's written approval of the assessment procedures before implementing them.

3.04 Explaining Assessment Results

Behavior analysts explain assessment results using language and graphic displays of data that are reasonably understandable to the client.

3.05 Consent-Client Records

Behavior analysts obtain the written consent of the client before obtaining or disclosing client records from or to other sources, for assessment purposes.

4.0 Behavior Analysts and the Individual Behavior-Change Program

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

4.01 Conceptual Consistency

Behavior analysts design behavior-change programs that are conceptually consistent with behavior-analytic principles.

4.02 Involving Clients in Planning and Consent

Behavior analysts involve the client in the planning of and consent for behavior-change programs.

4.03 Individualized Behavior-Change Programs

- (a) Behavior analysts must tailor behavior-change programs to the unique behaviors, environmental variables, assessment results, and goals of each client.
- (b) Behavior analysts do not plagiarize other professionals' behavior-change programs.

4.04 Approving Behavior-Change Programs

Behavior analysts must obtain the client's written approval of the behavior-change program before implementation or making significant modifications (e.g., change in goals, use of new procedures).

4.05 Describing Behavior-Change Program Objectives

Behavior analysts describe, in writing, the objectives of the behavior-change program to the client before attempting to implement the program. To the extent possible, a risk-benefit analysis should be conducted on the procedures to be implemented to reach the objective. The description of program objectives and the means by which they will be accomplished is an ongoing process throughout the duration of the client-practitioner relationship.

4.06 Describing Conditions for Behavior-Change Program Success.

Behavior analysts describe to the client the environmental conditions that are necessary for the behavior-change program to be effective.

4.07 Environmental Conditions that Interfere with Implementation

- (a) If environmental conditions prevent implementation of a behavior-change program, behavior analysts recommend that other professional assistance (e.g., assessment, consultation or therapeutic intervention by other professionals) be sought.
- (b) If environmental conditions hinder implementation of the behavior-change program, behavior analysts seek to eliminate the environmental constraints, or identify in writing the obstacles to doing so.

4.08 Considerations Regarding Punishment Procedures

- (a) Behavior analysts recommend reinforcement rather than punishment whenever possible.
- (b) If punishment procedures are necessary, behavior analysts always include reinforcement procedures for alternative behavior in the behavior-change program.
- (c) Before implementing punishment-based procedures, behavior analysts ensure that appropriate steps have been taken to implement reinforcement-based procedures unless the severity or dangerousness of the behavior necessitates immediate use of aversive procedures.
- (d) Behavior analysts ensure that aversive procedures are accompanied by an increased level of training, supervision, and oversight. Behavior analysts must evaluate the effectiveness of aversive procedures in a timely manner and modify the behavior-change program if it is ineffective. Behavior analysts always include a plan to discontinue the use of aversive procedures when no longer needed.

4.09 Least Restrictive Procedures

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

4.10 Avoiding Harmful Reinforcers

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

4.11 Discontinuing Behavior-Change Programs and Behavior-Analytic Services

(a) Behavior analysts establish understandable and objective (i.e., measurable) criteria for the discontinuation of the behavior change program and describe them to the client. (See also, 2.15 “Interrupting or Discontinuing Services”.)

(b) Behavior analysts discontinue services with the client when the established criteria for discontinuation are attained, as in when a series of agreed-upon goals have been met. (See also, 2.15 “Interrupting or Discontinuing Services”.)

5.0 Behavior Analysts as Supervisors

When behavior analysts are functioning as supervisors, they must take full responsibility for all facets of this undertaking.

5.01 Supervisory Competence

Behavior analysts supervise only within their areas of defined competence.

5.02 Supervisory Volume

Behavior analysts take on only a volume of supervisory activity that is commensurate with their ability to be effective.

5.03 Supervisory Delegation

(a) Behavior analysts delegate to their supervisees only those responsibilities that such persons can reasonably be expected to perform competently, ethically, and safely.

(b) If the supervisee does not have the skills necessary to perform competently, ethically, and safely, behavior analysts provide conditions for the acquisition of those skills.

5.04 Designing Effective Supervision and Training

Behavior analysts ensure that supervision and trainings are behavior-analytic in content, effectively and ethically designed, and meet the requirements for licensure, certification, or other defined goals.

5.05 Communication of Supervision Conditions

Behavior analysts provide a clear written description of the purpose, requirements, and evaluation criteria of supervision prior to the onset of the supervision.

5.06 Providing Feedback to Supervisees

(a) Behavior analysts design feedback and reinforcement systems in a way that improves supervisee performance.

(b) Behavior analysts provide documented, timely feedback regarding the performance of a supervisee on an ongoing basis (See also, 10.05 “Compliance with BACB Supervision and Coursework Standards”.)

5.07 Evaluating the Effects of Supervision

Behavior analysts design systems for obtaining ongoing evaluation of their own supervision activities.

Behavior analysts have an obligation to the science of behavior and profession of behavior analysis.

6.0 Behavior Analysts’ Ethical Responsibility to the Profession of Behavior Analysis

6.01 Affirming Principles

(a) Above all other professional training, behavior analysts uphold and advance the values, ethics, and principles of the profession of behavior analysis.

(b) Behavior analysts have an obligation to participate in behavior-analytic professional and scientific organizations or activities.

6.02 Disseminating Behavior Analysis

Behavior analysts promote behavior analysis by making information about it available to the public through presentations, discussions, and other media.

7.0 Behavior Analysts’ Ethical Responsibility to Colleagues

Behavior analysts work with colleagues within the profession of behavior analysis and from other professions and must be aware of these ethical obligations in all situations.

7.01 Promoting an Ethical Culture.

Behavior analysts promote an ethical culture in their work environments and make others aware of this Code.

7.02 Ethical Violations by Others and Risk of Harm

(a) If behavior analysts believe there may be a legal or ethical violation, they first determine whether there is potential for harm, a possible legal violation, a mandatory-reporting condition, or an agency, organization, or regulatory requirement addressing the violation.

(b) If a client’s legal rights are being violated, or if there is the potential for harm, behavior analysts must take the necessary action to protect the client, including, but not limited to, contacting relevant authorities, following organizational policies, and consulting with appropriate professionals, and documenting their efforts to address the matter.

(c) If an informal resolution appears appropriate, and would not violate any confidentiality rights, behavior analysts attempt to resolve the issue by bringing it to the attention

of that individual and documenting their efforts to address the matter. If the matter is not resolved, behavior analysts report the matter to the appropriate authority (e.g., employer, supervisor, regulatory authority).

(d) If the matter meets the reporting requirements of the BACB, behavior analysts submit a formal complaint to the BACB. (See also, 10.01 “Timely Responding, Reporting, and Updating of Information Provided to the BACB”).

8.0 Public Statements

Behavior analysts accurately represent all of the services they provide.

8.01 Public Statements

Behavior analysts comply with this Code in public statements relating to their professional services, products, or publications, or to the profession of behavior analysis. Public statements include, but are not limited to, paid or unpaid advertising, brochures, printed matter, directory listings, personal resumes or curriculum vitae, interviews or comments for use in media, statements in legal proceedings, lectures and public presentations, and published materials.

8.02 Avoiding False or Deceptive Statements RBT

(a) Behavior analysts do not make public statements that are false, deceptive, misleading, exaggerated, or fraudulent, either because of what they state, convey, or suggest or because of what they omit, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. Behavior analysts claim as credentials for their behavior-analytic work, only degrees that were primarily or exclusively behavior-analytic in content.

(b) Behavior analysts do not implement non-behavior-analytic interventions. Non-behavior-analytic services may only be provided within the context of non-behavior-analytic education, formal training, and credentialing. Such services must be clearly distinguished from their behavior-analytic practices and BACB certification by using the following disclaimer: “These interventions are not behavior-analytic in nature and are not covered by my BACB credential.” The disclaimer should be placed alongside the names and descriptions of all non-behavior-analytic interventions.

(c) Behavior analysts do not advertise non-behavior-analytic services as being behavior-analytic.

(d) Behavior analysts do not identify non-behavior-analytic services as behavior-analytic services on bills, invoices, or requests for reimbursement.

(e) Behavior analysts do not implement non-behavior-analytic services under behavior-analytic service authorizations.

8.03 Intellectual Property

(a) Behavior analysts obtain permission to use trademarked or copyrighted materials as required by law. This includes providing citations, including trademark or copyright symbols on materials that recognizes the intellectual property of others.

(b) Behavior analysts give appropriate credit to authors when delivering lectures, workshops, or other presentations.

8.04 Statements by Others

(a) Behavior analysts who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Behavior analysts make reasonable efforts to prevent others whom they do not oversee (e.g., employers, publishers, sponsors, organizational clients, and representatives of the print or broadcast media) from making deceptive statements concerning behavior analysts' practices or professional or scientific activities.

(c) If behavior analysts learn of deceptive statements about their work made by others, behavior analysts correct such statements.

(d) A paid advertisement relating to behavior analysts' activities must be identified as such, unless it is apparent from the context.

8.05 Media Presentations and Media-Based Services

(a) Behavior analysts using electronic media (e.g., video, e-learning, social media, electronic transmission of information) obtain and maintain knowledge regarding the security and limitations of electronic media in order to adhere to this Code.

(b) Behavior analysts delivering presentations using electronic media do not disclose personally identifiable information concerning their clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless the client has consented in writing.

(c) Behavior analysts delivering presentations using electronic media disguise confidential information concerning participants, whenever possible, so that they are not individually identifiable to others and so that discussions do not cause harm to identifiable participants.

(d) When behavior analysts provide advice or comment by means of public lectures, demonstrations, radio or television programs, electronic media, articles, mailed material, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate behavior-analytic literature and practice, (2) the statements are otherwise consistent with this Code, and (3) the advice or comment does not create an agreement for service with the recipient.

8.06 Testimonials and Advertising

Behavior analysts do not solicit or use testimonials about behavior-analytic services from current clients for publication on their webpages or in any other electronic or print material. Testimonials from former clients must identify whether they were solicited or unsolicited, include an accurate statement of the relationship between the behavior analyst and the author of the testimonial, and comply with all applicable laws about claims made in the testimonial.

Behavior analysts may advertise by describing the kinds and types of evidence-based services they provide, the qualifications of their staff, and objective outcome data they have accrued or published, in accordance with applicable laws.

8.07 In-Person Solicitation

Behavior analysts do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential users of services who, because of their particular circumstances, are vulnerable to undue influence. Organizational behavior management or performance management services may be marketed to corporate entities regardless of their projected financial position.

9.0 Behavior Analysts and Research

Behavior analysts design, conduct, and report research in accordance with recognized standards of scientific competence and ethical research.

9.01 *Conforming with Laws and Regulations RBT*

Behavior analysts plan and conduct research in a manner consistent with all applicable laws and regulations, as well as professional standards governing the conduct of research. Behavior analysts also comply with other applicable laws and regulations relating to mandated-reporting requirements.

9.02 *Characteristics of Responsible Research*

(a) Behavior analysts conduct research only after approval by an independent, formal research review board.

(b) Behavior analysts conducting applied research conjointly with provision of clinical or human services must comply with requirements for both intervention and research involvement by client-participants. When research and clinical needs conflict, behavior analysts prioritize the welfare of the client.

(c) Behavior analysts conduct research competently and with due concern for the dignity and welfare of the participants.

(d) Behavior analysts plan their research so as to minimize the possibility that results will be misleading.

(e) Researchers and assistants are permitted to perform only those tasks for which they are appropriately trained and prepared. Behavior analysts are responsible for the ethical conduct of research conducted by assistants or by others under their supervision or oversight.

(f) If an ethical issue is unclear, behavior analysts seek to resolve the issue through consultation with independent, formal research review boards, peer consultations, or other proper mechanisms.

(g) Behavior analysts only conduct research independently after they have successfully conducted research under a supervisor in a defined relationship (e.g., thesis, dissertation, specific research project).

(h) Behavior analysts conducting research take necessary steps to maximize benefit and minimize risk to their clients, research participants, students, and others with whom they work.

(i) Behavior analysts minimize the effect of personal, financial, social, organizational, or political factors that might lead to misuse of their research.

(j) If behavior analysts learn of misuse or misrepresentation of their individual work products, they take appropriate steps to correct the misuse or misrepresentation.

(k) Behavior analysts avoid conflicts of interest when conducting research.

(l) Behavior analysts minimize interference with the participants or environment in which research is conducted.

9.03 *Informed Consent*

Behavior analysts inform participants or their guardian or surrogate in understandable language about the nature of the research; that they are free to participate, to decline to participate, or to withdraw from the research at any time without penalty; about

significant factors that may influence their willingness to participate; and answer any other questions participants may have about the research.

9.04 Using Confidential Information for Didactic or Instructive Purposes

(a) Behavior analysts do not disclose personally identifiable information concerning their individual or organizational clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless the person or organization has consented in writing or unless there is other legal authorization for doing so.

(b) Behavior analysts disguise confidential information concerning participants, whenever possible, so that they are not individually identifiable to others and so that discussions do not cause harm to identifiable participants.

9.05 Debriefing

Behavior analysts inform the participant that debriefing will occur at the conclusion of the participant's involvement in the research.

9.06 Grant and Journal Reviews

Behavior analysts who serve on grant review panels or as manuscript reviewers avoid conducting any research described in grant proposals or manuscripts that they reviewed, except as replications fully crediting the prior researchers.

9.07 Plagiarism

(a) Behavior analysts fully cite the work of others where appropriate.

(b) Behavior analysts do not present portions or elements of another's work or data as their own.

9.08 Acknowledging Contributions

Behavior analysts acknowledge the contributions of others to research by including them as co-authors or footnoting their contributions. Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Minor contributions to the research or to the writing for publications are appropriately acknowledged, such as, in a footnote or introductory statement.

9.09 Accuracy and Use of Data

(a) Behavior analysts do not fabricate data or falsify results in their publications. If behavior analysts discover errors in their published data, they take steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

(b) Behavior analysts do not omit findings that might alter interpretations of their work.

(c) Behavior analysts do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

(d) After research results are published, behavior analysts do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release.

10.0 Behavior Analysts' Ethical Responsibility to the BACB

Behavior analysts must adhere to this Code and all rules and standards of the BACB.

10.01 Truthful and Accurate Information Provided to the BACB

(a) Behavior analysts only provide truthful and accurate information in applications and documentation submitted to the BACB.

(b) Behavior analysts ensure that inaccurate information submitted to the BACB is immediately corrected.

10.02 Timely Responding, Reporting, and Updating of Information Provided to the BACB

Behavior analysts must comply with all BACB deadlines including, but not limited to, ensuring that the BACB is notified within thirty (30) days of the date of any of the following grounds for sanctioning status: (a) A violation of this Code, or disciplinary investigation, action or sanction, filing of charges, conviction or plea of guilty or nolo contendere by a governmental agency, health care organization, third-party payer or educational institution. Procedural note: Behavior analysts convicted of a felony directly related to behavior analysis practice and/or public health and safety shall be ineligible to apply for BACB registration, certification, or recertification for a period of three (3) years from the exhaustion of appeals, completion of parole or probation, or final release from confinement (if any), whichever is later;

(b) Any public health- and safety-related fines or tickets where the behavior analyst is named on the ticket; (c) A physical or mental condition that would impair the behavior analysts' ability to competently practice; and

(d) A change of name, address or email contact.

10.03 Confidentiality and BACB Intellectual Property RBT

Behavior analysts do not infringe on the BACB's intellectual property rights, including, but not limited to the BACB's rights to the following:

(a) BACB logo, ACS logo, ACE logo, certificates, credentials and designations, including, but not limited to, trademarks, service marks, registration marks and certification marks owned and claimed by the BACB (this includes confusingly similar marks intended to convey BACB affiliation, certification or registration, or misrepresentation of an educational ABA certificate status as constituting national certification);

(b) BACB copyrights to original and derivative works, including, but not limited to, BACB copyrights to standards, procedures, guidelines, codes, job task analysis, Workgroup reports, surveys; and

(c) BACB copyrights to all BACB-developed examination questions, item banks, examination specifications, examination forms and examination scoring sheets, which are

secure trade secrets of the BACB. Behavior analysts are expressly prohibited from disclosing the content of any BACB examination materials, regardless of how that content became known to them. Behavior analysts report suspected or known infringements and/or unauthorized access to examination content and/or any other violation of BACB intellectual property rights immediately to the BACB. Efforts for informal resolution identified in Section 7.02c are waived due to the immediate reporting requirement of this Section.

10.04 Examination Honesty and Irregularities

Behavior analysts adhere to all rules of the BACB, including the rules and procedures required by BACB approved testing centers and examination administrators and proctors. Behavior analysts must immediately report suspected cheaters and any other irregularities relating to the BACB examination administrations to the BACB. Examination irregularities include, but are not limited to, unauthorized access to BACB examinations or answer sheets, copying answers, permitting another to copy answers, disrupting the conduct of an examination, falsifying information, education or credentials, and providing and/or receiving unauthorized or illegal advice about or access to BACB examination content before, during, or following the examination. This prohibition includes, but is not limited to, use of or participation in any “exam dump” preparation site or blog that provides unauthorized access to BACB examination questions. If, at any time, it is discovered that an applicant or certificant has participated in or utilized an exam dump organization, immediate action may be taken to withdraw eligibility, cancel examination scores, or otherwise revoke certification gained through use of inappropriately obtained examination content.

10.05 Compliance with BACB Supervision and Coursework Standards

Behavior analysts ensure that coursework (including continuing education events), supervised experience, RBT training and assessment, and BCaBA supervision are conducted in accordance with the BACB’s standards if these activities are intended to comply with BACB standards.

10.06 Being Familiar with this Code

Behavior analysts have an obligation to be familiar with this Code, other applicable ethics codes, including, but not limited to, licensure requirements for ethical conduct, and their application to behavior analysts’ work. Lack of awareness or misunderstanding of a conduct standard is not itself a defense to a charge of unethical conduct.

10.07 Discouraging Misrepresentation by Non-Certified Individuals

Behavior analysts report non-certified (and, if applicable, non-registered) practitioners to the appropriate state licensing board and to the BACB if the practitioners are misrepresenting BACB certification or registration status.

Appendix B

Fourth Edition task List

The BACB Fourth Edition Task List is organized into three major sections:

The first section, Basic Behavior-Analytic Skills, covers tasks that a practicing behavior analyst will perform with some, but probably not all, clients. These tasks represent basic, commonly used skills and procedures.

The second section, Client-Centered Responsibilities, include tasks related to working with all clients and they should apply in most applied situations.

The third section, Foundational Knowledge, covers concepts that should have been mastered prior to entering practice as a behavior analyst. The topics listed in this section are not tasks that a practitioner would perform; instead, they are basic concepts that must be understood in order to perform the tasks included in the first two sections.

This list is provided mainly as a resource for instructors and a study tool for candidates. Candidates for the BCBA and BCABA Credentials should have a thorough understanding of these topics.

All of the questions on the BCBA and BCABA Examinations are linked to the tasks listed under Basic Behavior-Analytic Skills and Client-Centered Responsibilities. Each examination form will contain one or two questions evaluating candidate knowledge of every task from these two sections. The topics listed in the Foundational Knowledge Section will not be directly assessed with a specific number of questions; however, they may be indirectly assessed through questions about related tasks. For example, a test question about the Client-Centered Responsibility task J-11 “Program for stimulus and response generalization” might cover Foundational Knowledge item 36 “Define and provide examples of response generalization” or item 37 “Define and provide examples of stimulus generalization.”

Ethics and Professional Conduct are subsumed within each section of the task list. The BACB Professional Disciplinary and Ethical Standards and Guidelines for Responsible Conduct for Behavior Analysts are essential companion documents to the task list. BACB Certificants must practice in compliance with the professional disciplinary and ethical standards and should structure their practices in accordance with the conduct guidelines. Candidates are expected to have a complete understanding of these documents, including, but not limited to, the importance of ethical conduct as it relates to professional practice of the tasks identified in the Fourth Edition Task List. As a result, questions addressing ethical issues related to specific tasks will appear on the examination.

Section 1: Basic Behavior Analytic Skills

A. Measurement

A-01 Measure frequency (i.e., count).

A-02 Measure rate (i.e., count per unit time).

A-03 Measure duration.

- A-04 Measure latency.
- A-05 Measure interresponse time (IRT).
- A-06 Measure percent of occurrence.
- A-07 Measure trials to criterion.
- A-08 Assess and interpret interobserver agreement.
- A-09 Evaluate the accuracy and reliability of measurement procedures.
- A-10 Design, plot, and interpret data using equal-interval graphs.
- A-11 Design, plot, and interpret data using a cumulative record to display data.
- A-12 Design and implement continuous measurement procedures (e.g., event recording).
- A-13 Design and implement choice measures.

B. Experimental Design

- B-01 Use the dimensions of applied behavior analysis (Baer, Wolf, & Risley, 1968) to evaluate whether interventions are behavior analytic in nature.
- B-02 Review and interpret articles from the behavior-analytic literature.
- B-03 Systematically arrange independent variables to demonstrate their effects on dependent variables.
- B-04 Use withdrawal/reversal designs.
- B-05 Use alternating treatment (i.e., multielement) designs.
- B-06 Use changing criterion designs.
- B-07 Use multiple baseline designs.
- B-08 Use multiple probe designs.
- B-09 Use combinations of design elements.
- B-10 Conduct a component analysis to determine the effective components of an intervention package.
- B-11 Conduct a parametric analysis to determine the effective values of an independent variable.

C. Behavior-Change Considerations

- C-01 State and plan for the possible unwanted effects of reinforcement.
- C-02 State and plan for the possible unwanted effects of punishment.
- C-03 State and plan for the possible unwanted effects of extinction.

D. Fundamental Elements of Behavior Change

- D-01 Use positive and negative reinforcement.
- D-02 Use appropriate parameters and schedules of reinforcement.
- D-03 Use prompts and prompt fading.
- D-04 Use modeling and imitation training.
- D-05 Use shaping.
- D-06 Use chaining.
- D-07 Conduct task analyses.
- D-08 Use discrete-trial and free-operant arrangements.
- D-09 Use the verbal operants as a basis for language assessment.
- D-10 Use echoic training.
- D-11 Use mand training.
- D-12 Use tact training.
- D-13 Use intraverbal training.
- D-14 Use listener training.

- D-15 Identify punishers.
- D-16 Use positive and negative punishment.
- D-17 Use appropriate parameters and schedules of punishment.
- D-18 Use extinction.
- D-19 Use combinations of reinforcement with punishment and extinction.
- D-20 Use response-independent (time-based) schedules of reinforcement (i.e., noncontingent reinforcement).
- D-21 Use differential reinforcement (e.g., DRO, DRA, DRI, DRL, DRH).

E. Specific Behavior-Change Procedures

- E-01 Use interventions based on manipulations of antecedents, such as motivating operations and discriminative stimuli.
- E-02 Use discrimination training procedures.
- E-03 Use instructions and rules.
- E-04 Use contingency contracting (i.e., behavioral contracts).
- E-05 Use independent, interdependent, and dependent group contingencies.
- E-06 Use stimulus equivalence procedures.
- E-07 Plan for behavioral contrast effects.
- E-08 Use the matching law and recognize factors influencing choice.
- E-09 Arrange high-probability request sequences.
- E-10 Use the Premack Principle.
- E-11 Use pairing procedures to establish new conditioned reinforcers and punishers.
- E-12 Use errorless learning procedures.
- E-13 Use matching-to-sample procedures.

F. Behavior-Change Systems

- F-01 Use self-management strategies.
- F-02 Use token economies and other conditioned reinforcement systems.
- F-03 Use Direct Instruction.
- F-04 Use precision teaching.
- F-05 Use personalized systems of instruction (PSI).
- F-06 Use incidental teaching.
- F-07 Use functional communication training.
- F-08 Use augmentative communication systems.

Section 2: Client Centered Responsibilities

G. Identification of the Problem

- G-01 Review records and available data at the outset of the case.
- G-02 Consider biological/medical variables that may be affecting the client.
- G-03 Conduct a preliminary assessment of the client in order to identify the referral problem.
- G-04 Explain behavioral concepts using nontechnical language.
- G-05 Describe and explain behavior, including private events, in behavior-analytic (non-mentalistic) terms.
- G-06 Provide behavior-analytic services in collaboration with others who support and/or provide services to one's clients.
- G-07 Practice within one's limits of professional competence in applied behavior analysis, and obtain consultation, supervision, and training, or make referrals as necessary.

G-08 Identify and make environmental changes that reduce the need for behavior analysis services.

H. Measurement

H-01 Select a measurement system to obtain representative data given the dimensions of the behavior and the logistics of observing and recording.

H-02 Select a schedule of observation and recording periods.

H-03 Select a data display that effectively communicates relevant quantitative relations.

H-04 Evaluate changes in level, trend, and variability.

H-05 Evaluate temporal relations between observed variables (within and between sessions, time series).

I. Assessment

I-01 Define behavior in observable and measurable terms.

I-02 Define environmental variables in observable and measurable terms.

I-03 Design and implement individualized behavioral assessment procedures.

I-04 Design and implement the full range of functional assessment procedures.

I-05 Organize, analyze, and interpret observed data.

I-06 Make recommendations regarding behaviors that must be established, maintained, increased, or decreased.

I-07 Design and conduct preference assessments to identify putative reinforcers.

J. Intervention

J-01 State intervention goals in observable and measurable terms.

J-02 Identify political interventions based on assessment results and the best available scientific evidence.

J-03 Select intervention strategies based on task analysis.

J-04 Select intervention strategies based on client preferences.

J-05 Select intervention strategies based on the client's current priorities.

J-06 Select intervention strategies based on supporting environments.

J-07 Select intervention strategies based on environmental and resource constraints.

J-08 Select intervention strategies based on the social validity of the intervention.

J-09 Identify and address practical and ethical considerations when using experimental designs to demonstrate treatment effectiveness.

J-10 When a behavior is to be decreased, select an acceptable alternative behavior to be established or increased.

J-11 Program for stimulus and response generalization.

J-12 Program for maintenance.

J-13 Select behavioral cusps as goals for intervention when appropriate.

J-14 Arrange instructional procedures to promote generative learning (i.e., derived relations).

J-15 Base decision-making on data displayed in various formats.

K. Implementation, Management, and Supervision

K-1 Provide for ongoing documentation of behavioral services.

K-2 Identify the contingencies governing the behavior of those responsible for carrying out behavior-change procedures and design interventions accordingly.

- K-3 Design and use competency-based training for persons who are responsible for carrying out behavioral assessment and behavior-change procedures.
- K-4 Design and use effective performance monitoring and reinforcement systems.
- K-5 Design and use systems for monitoring procedural integrity.
- K-6 Provide supervision for behavior-change agents.
- K-7 Evaluate the effectiveness of the behavioral program.
- K-8 Establish support for behavior-analytic services from direct and indirect consumers.
- K-9 Secure the support of others to maintain the client's behavioral repertoires in their natural environments.
- K-10 Arrange for the orderly termination of services when they are no longer required.

Section III: Foundational Knowledge Accompanying the BACB Fourth Edition Task List

Explain and Behave in Accordance with the Philosophical Assumptions of Behavior Analysis

- FK-1 Lawfulness of behavior.
- FK-2 Selectionism (phylogenic, ontogenic, cultural).
- FK-3 Determinism.
- FK-4 Empiricism.
- FK-5 Parsimony.
- FK-6 Pragmatism.
- FK-7 Environmental (as opposed to mentalistic) explanations of behavior.
- FK-8 Distinguish between radical and methodological behaviorism.
- FK-9 Distinguish between the conceptual analysis of behavior, experimental analysis of behavior, applied behavior analysis, and behavioral service delivery.

Define and Provide Examples Of:

- FK-10 Behavior, response, response class.
- FK-11 Environment, stimulus, stimulus class.
- FK-12 Stimulus equivalence.
- FK-13 Reflexive relations (US-UR).
- FK-14 Respondent conditioning (CS-CR).
- FK-15 Operant conditioning.
- FK-16 Respondent-operant interactions.
- FK-17 Unconditioned reinforcement.
- FK-18 Conditioned reinforcement.
- FK-19 Unconditioned Punishment.
- FK-20 Conditioned Punishment.
- FK-21 Schedules of reinforcement and punishment.
- FK-22 Extinction.
- FK-23 Automatic reinforcement and punishment.
- FK-24 Stimulus control.
- FK-25 Multiple functions of a single stimulus.
- FK-26 Unconditioned motivating operations.
- FK-27 Conditioned motivating operations.
- FK-28 Transitive, reflexive, surrogate motivating operations.
- FK-29 Distinguish between the discriminative stimulus and the motivating operation.

- FK-30 Distinguish between motivating operation and reinforcement effects.
- FK-31 Behavioral Contingencies.
- FK-32 Contiguity.
- FK-33 Functional Relations.
- FK-34 Contiguity.
- FK-35 Stimulus Discrimination.
- FK-36 Response Generalization.
- FK-37 Stimulus Generalization.
- FK-38 Behavioral Contrast.
- FK-39 Behavioral Momentum.
- FK-40 Matching law.
- FK-41 Contingency-Shaped Behavior.
- FK-42 Rule-Governed Behavior.

Distinguish between the Verbal Operants

- FK-43 Echoics.
- FK-44 Mands.
- FK-45 Tacts.
- FK-46 Intraverbals.

Measurement Concepts

- FK-47 Identify the measurable dimensions of behavior (e.g., rate, duration, latency, interresponse time).
- FK-48 State the advantages and disadvantages of using continuous measurement procedures and discontinuous measurement procedures (e.g., partial-and whole-interval recording, momentary time sampling).

Appendix C

BCBA/BCaBA Task List (5th edn)

Introduction

The BCBA/BCaBA Task List includes the knowledge and skills that serve as the foundation for the BCBA and BCaBA examinations.

Structure

The BCBA/BCaBA Task List is organized in two major sections, Foundations, which includes basic skills and underlying principles and knowledge, and Applications, which includes more practice-oriented skills.

Section 1: Foundations

- A Philosophical Underpinnings
- B Concepts and Principles
- C Measurement, Data Display, and Interpretation
- D Experimental Design.

Section 2: Applications

- E Ethics (Professional and Ethical Compliance Code for Behavior Analysts)
- F Behavior Assessment
- G Behavior-Change Procedures
- H Selecting and Implementing Interventions
- I Personnel Supervision and Management.

This document should be referenced as follows: Behavior Analyst Certification Board. (2017). BCBA/BCaBA task list (5th edn). Littleton, CO: Author.

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BACB: BCBA/BCaBA Task List (5th edn) | 1.

Section 1: Foundations

A. Philosophical Underpinnings

A-1 Identify the goals of behavior analysis as a science (i.e., description, prediction, control).

A-2 Explain the philosophical assumptions underlying the science of behavior analysis (e.g., selectionism, determinism, empiricism, parsimony, pragmatism).

A-3 Describe and explain behavior from the perspective of radical behaviorism.

A-4 Distinguish among behaviorism, the experimental analysis of behavior, applied behavior analysis, and professional practice guided by the science of behavior analysis.

A-5 Describe and define the dimensions of applied behavior analysis (Baer, Wolf, & Risley, 1968).

B. Concepts and Principles

B-1 Define and provide examples of behavior, response, and response class.

B-2 Define and provide examples of stimulus and stimulus class.

B-3 Define and provide examples of respondent and operant conditioning.

B-4 Define and provide examples of positive and negative reinforcement contingencies.

B-5 Define and provide examples of schedules of reinforcement.

B-6 Define and provide examples of positive and negative punishment contingencies.

B-7 Define and provide examples of automatic and socially mediated contingencies.

B-8 Define and provide examples of unconditioned, conditioned, and generalized reinforcers and punishers.

B-9 Define and provide examples of operant extinction.

B-10 Define and provide examples of stimulus control.

B-11 Define and provide examples of discrimination, generalization, and maintenance.

B-12 Define and provide examples of motivating operations.

B-13 Define and provide examples of rule-governed and contingency-shaped behavior.

B-14 Define and provide examples of the verbal operants.

B-15 Define and provide examples of derived stimulus relations.

C. Measurement, Data Display, and Interpretation

C-1 Establish operational definitions of behavior.

C-2 Distinguish among direct, indirect, and product measures of behavior.

C-3 Measure occurrence (e.g., frequency, rate, percentage).

C-4 Measure temporal dimensions of behavior (e.g., duration, latency, interresponse time).

C-5 Measure form and strength of behavior (e.g., topography, magnitude).

C-6 Measure trials to criterion.

C-7 Design and implement sampling procedures (i.e., interval recording, time sampling).

C-8 Evaluate the validity and reliability of measurement procedures.

C-9 Select a measurement system to obtain representative data given the dimensions of behavior and the logistics of observing and recording.

C-10 Graph data to communicate relevant quantitative relations (e.g., equal-interval graphs, bar graphs, cumulative records).

C-11 Interpret graphed data.

D. Experimental Design

- D-1 Distinguish between dependent and independent variables.
- D-2 Distinguish between internal and external validity.
- D-3 Identify the defining features of single-subject experimental designs (e.g., individuals serve as their own controls, repeated measures, prediction, verification, replication).
- D-4 Describe the advantages of single-subject experimental designs compared to group designs.
- D-5 Use single-subject experimental designs (e.g., reversal, multiple baseline, multielement, changing criterion).
- D-6 Describe rationales for conducting comparative, component, and parametric analyses.

Section 2: Applications**E. Ethics Behave in accordance with the Professional and Ethical Compliance Code for Behavior Analysts.**

- E-1 Responsible conduct of behavior analysts.
- E-2 Behavior analysts' responsibility to clients.
- E-3 Assessing behavior.
- E-4 Behavior analysts and the behavior-change program.
- E-5 Behavior analysts as supervisors.
- E-6 Behavior analysts' ethical responsibility to the profession of behavior analysis.
- E-7 Behavior analysts' ethical responsibility to colleagues.
- E-8 Public statements.
- E-9 Behavior analysts and research.
- E-10 Behavior analysts' ethical responsibility to the BACB.

F. Behavior Assessment

- F-1 Review records and available data (e.g., educational, medical, historical) at the outset of the case.
- F-2 Determine the need for behavior-analytic services.
- F-3 Identify and prioritize socially significant behavior-change goals.
- F-4 Conduct assessments of relevant skill strengths and deficits.
- F-5 Conduct preference assessments.
- F-6 Describe the common functions of problem behavior.
- F-7 Conduct a descriptive assessment of problem behavior.
- F-8 Conduct a functional analysis of problem behavior.
- F-9 Interpret functional assessment data.

G. Behavior-Change Procedures

- G-1 Use positive and negative reinforcement procedures to strengthen behavior.
- G-2 Use interventions based on motivating operations and discriminative stimuli.
- G-3 Establish and use conditioned reinforcers.
- G-4 Use stimulus and response prompts and fading (e.g., errorless, most-to-least, least-to-most, prompt delay, stimulus fading).
- G-5 Use modeling and imitation training.
- G-6 Use instructions and rules.

- G-7 Use shaping.
- G-8 Use chaining.
- G-9 Use discrete-trial, free-operant, and naturalistic teaching arrangements.
- G-10 Teach simple and conditional discriminations.
- G-11 Use Skinner's analysis to teach verbal behavior.
- G-12 Use equivalence-based instruction.
- G-13 Use the high-probability instructional sequence.
- G-14 Use reinforcement procedures to weaken behavior (e.g., DRA, FCT, DRO, DRL, NCR).
- G-15 Use extinction.
- G-16 Use positive and negative punishment (e.g., time-out, response cost, overcorrection).
- G-17 Use token economies.
- G-18 Use group contingencies.
- G-19 Use contingency contracting.
- G-20 Use self-management strategies.
- G-21 Use procedures to promote stimulus and response generalization.
- G-22 Use procedures to promote maintenance.

H. Selecting and Implementing Interventions

- H-1 State intervention goals in observable and measurable terms.
- H-2 Identify potential interventions based on assessment results and the best available scientific evidence.
- H-3 Recommend intervention goals and strategies based on such factors as client preferences, supporting environments, risks, constraints, and social validity.
- H-4 When a target behavior is to be decreased, select an acceptable alternative behavior to be established or increased.
- H-5 Plan for possible unwanted effects when using reinforcement, extinction, and punishment procedures.
- H-6 Monitor client progress and treatment integrity.
- H-7 Make data-based decisions about the effectiveness of the intervention and the need for treatment revision.
- H-8 Make data-based decisions about the need for ongoing services.
- H-9 Collaborate with others who support and/or provide services to clients.

I. Personnel Supervision and Management

- I-1 State the reasons for using behavior-analytic supervision and the potential risks of ineffective supervision.
(e.g., poor client outcomes, poor supervisee performance).
- I-2 Establish clear performance expectations for the supervisor and supervisee.
- I-3 Select supervision goals based on an assessment of the supervisee's skills.
- I-4 Train personnel to competently perform assessment and intervention procedures.
- I-5 Use performance monitoring, feedback, and reinforcement systems.
- I-6 Use a functional assessment approach (e.g., performance diagnostics) to identify variables affecting personnel performance.
- I-7 Use function-based strategies to improve personnel performance.
- I-8 Evaluate the effects of supervision (e.g., on client outcomes, on supervisee repertoires).

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