Practical Ethics for Effective Treatment of Autism Spectrum Disorder

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Practical Ethics for Effective Treatment of Autism Spectrum Disorder
Acknowledgement

Matt Brodhead – Michigan State University

David Cox – John Hopkins University
Conflict of Interest

- I do receive royalties for book sales
Purpose

- Purpose of the book
- Brief synopsis of each book chapter
Why Write an Ethics Book?
Purpose

- Part of a special series from Elsevier
- Critical Specialties in Treating Autism and Other Behavior Challenges
Purpose

• Matt was asked, and invited David and I to support him.

• During the review process, it was stated that Matt was more visible in the literature than us. We like to remind him frequently of his superior status to us.
Purpose

- Increase in dialogue and resources for behavior analysts

- There is a need for additional resources regarding ethics, the training of ethical behavior, and how to build ethical behavior within organizations

- There is mention of specific Codes, but it is not a point-by-point discussion of the Code
Purpose

• Tone
  – It is meant to be light, and at times funny
  – We did not want a dry book about ethics

• Example
  • Acknowledgements
  • “Ethics are like toothbrushes – most people use their own”
Purpose

• Chapter set up

  – Each chapter is a unique topic

  – Each chapter concludes with a chapter summary and questions to incorporate the information into practice

  – PowerPoints for each chapter are available at http://mtb.msu.domains/practicalethics/
Chapter 1

Introduction to ABA, Ethics, and Core Ethical Principles
Chapter 1

• Brief historical context of approaches to distinguish “right” from “wrong”
  – Assumptions of what is “right” conduct for behavior analysts
  – Theoretical conflicts between different claims of what is “right” conduct for behavior analysts
  – Applied ethics within the science of behavior analysis is far from comprehensive and complete

• Awareness of historical and philosophical context can guide practitioner applications of the BACB Ethics Code (2014)
Chapter 1

• A brief review of dominant paradigms in clinical ethics
  – Virtue
  – Consequentialism
  – Deontology
Chapter 1

• Ethical paradigms can influence how you justify “right” or “wrong”

• Ethical paradigms do not inherently state what is “right” or “wrong”

• Formal codes of ethics guide “right” and “wrong”
Chapter 1

• Formal codes of clinical ethics
  – *Code of Medical Ethics* (1847)
  – *Principles of Medical Ethics* (1966)
    • Respecting the rights of patients
    • Demonstrating ongoing competency and improvement in skills
    • Accepting and respecting the discipline of the profession
    • Obtaining consultation when necessary
    • Maintaining client confidentiality
    • Being a good citizen
    • Practicing and accepting payment only within one’s medical competency
Chapter 1

- Medical/clinical ethics are subfields of bioethics

- Multiple factors led to its development
  - Advancement in medical technologies
  - Increased interaction between distinct healthcare providers
  - Increased focus on applied ethics

- There was a need to establish basic ethical principles that transcended multiple healthcare professions
Chapter 2

Contextual Factors that Influence Ethical Decision-Making
• Ethical decision making is behavior – thus a function of the same laws and principles that govern all behavior

• Ethical decision-making involves a choice context

• An overview of basic research on choice behavior

• Factors that affect clinical decision-making
The pigeon will likely peck the black key more than the white key to maximize reinforcement.
Basic Research on Choice Behavior

Client #1
Each hour billed at $125

Client #2
Each hour billed at $85

All else being equal, the BCBA will likely allocate more time to client #1 to maximize monetary reinforcement.
Basic Research on Choice Behavior

Client #1
Each hour billed at $125
Limit of 5 hours per week

Client #2
Each hour billed at $85
Limit of 20 hours per week

All else being equal, the BCBA will likely allocate more time to client #2 to maximize monetary reinforcement.
Basic Research on Choice Behavior

Client #1
Each hour billed at $125
High frequency of aggression

Client #2
Each hour billed at $85
High frequency of skill acquisition

All else being equal, the BCBA will likely allocate more time to client #2 to maximize other reinforcers.
Basic Research on Choice Behavior

Insurance Company
Pays $125 per hour

Medicaid
Pays $75 per hour

All else being equal, the BCBA will likely admit the individual referred from the insurance company.
Basic Research on Choice Behavior

Insurance Company
Pays $125 per hour
50% of claims are paid

Medicaid
Pays $75 per hour
85% of claims are paid

All else being equal, the BCBA will likely allocate more time to the individual with Medicaid.
Some Factors that Influence Clinical Decision-Making

- Length of time to make a decision
- Amount of information available
- Expertise and background
- Availability of resources
Chapter 3

Creating Behavioral Systems to Support Ethical Behavior in Autism Treatment
Chapter 3

• Behavioral systems analysis and the BACB Ethics Code

• A brief introduction to behavioral systems analysis

• Six steps of behavioral systems analysis

• Case examples of behavioral systems analysis
Chapter 3

• Knowing and understanding an ethical code does not ensure ethical behavior
  – If the BACB Code were effective in isolation, unethical behavior would not occur

• Ethical behavior must be taught, like other classes of behavior

• Behavioral systems analysis may provide the tools to align practitioner behavior with the BACB Code across settings, communities, and cultures
Chapter 4
Identifying Your Scope of Competence in Autism Treatment
Chapter 4

• Understanding the need to practice within a scope of competence
• Scope of competence within scope of practice
• Identifying your own scope of competence
• How to broaden your scope of competence
• When to seek additional training and when to refer a client
• A need for an honest evaluation
Chapter 4

• Although the science of behavior analysis has demonstrated success across many populations, settings, and problems, it does not indicate all behavior analysts are adequately trained to universally apply the principles.

• Behavior analysts are expected to only practice within their scope of competence.
Chapter 4

• Scope of practice

  – Defined at the level of the profession

  – The range of activities in which members of a profession may be authorized to engage in by virtue of holding a credential or license

  – The range of activities might be defined by a credentialing body, certifying agency, or licensing laws

• These entities might define a professions’ scope of practice differently, even in conflict with each other
Chapter 4

• Scope of competence

  – Defined at the level of the individual professional

  – The professional activities, within the professions’ scope of practice, the individual professional is competent to perform

  – It is defined by education, clinical training (e.g., practicum, internship), and supervised experience (e.g., number of successful cases across different settings, people, and clinical needs)
<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
<th>Pursue Additional Supervision or PD?</th>
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</thead>
<tbody>
<tr>
<td>Question 1. Given the current behavioral problem, what is my level of competence in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) procedures and strategies?</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>(b) populations?</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>(c) settings?</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Question 2. What is my level of confidence in treatment success, based on my</td>
<td></td>
<td></td>
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<tr>
<td>(a) past experiences?</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>(b) familiarity with literature?</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>(c) available resources?</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Question 3. How similar is the current behavioral problem and the context in which services are delivered to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) my past experiences?</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>(b) my previously available resources?</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>(c) the characteristics of participants in relevant research?</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>(d) the conditions described in relevant research literature?</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Question 4. What is my overall level of competence, based on my answers to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Questions 1, 2, and 3?</td>
<td>High</td>
<td>Low</td>
</tr>
</tbody>
</table>

Note. PD = professional development. Depending on the presenting problem, questions and scores may be weighed differently. Scores of low or unknown may warrant additional supervision or PD.
Chapter 5
The Decision-Making Process of Evidence-Based Practice
Chapter 5

• Definitions from Medicine
• The three-legged stool analogy
• Defining evidence-based practice in ABA
• Using evidence-based practice in ABA
• Case studies in EBP in ABA
Chapter 5

• Medicine – Strauss, et al., (2011)
  – Integration of the best research evidence with our clinical expertise and our patient’s unique value and circumstances

  – Emphasizes a process to integrate research evidence, professional expertise, and client characteristics
Chapter 5

Evidence-based practice

Best available evidence
Clinical expertise
Client values, preferences, characteristics and circumstances

Melmark
Mission First. Every Individual. Every Day.
Chapter 5

• Slocum et al., (2014; also see Wilczynski, 2017)
  – Evidence-based practice of applied behavior analysis is a decision-making process that integrates (a) the best available evidence with (b) clinical expertise and (c) client values and context

  – This definition aligns with medicine and psychology

  – This definition highlights the importance of EBP as a process
Chapter 5

- Research Evidence
- Clinical Expertise
- Client Considerations

Intervention Design

Intervention Implementation

Intervention Evaluation

Revise if necessary
Chapter 6
Interdisciplinary Collaboration
Chapter 6

• Recommendations for professional interactions
  – Respect cultural differences
  – Respect legal, regulatory, and policy barriers
  – Limit technical jargon whenever possible
  – Non-behavioral treatment recommendations
Chapter 6

• There are numerous (mis)conceptions circulating regarding the practice of behavior analysis

• We describe them as (mis)conceptions based upon the old adage “there might be a kernel of truth” within the story

• That is, the (mis)conceptions likely arose from poor or misunderstood applications of the science.
Chapter 7

Common Errors and Mistakes Made During Ethical Analyses and Application
Chapter 7

• Wrongful appeals to authority
• Incomplete analyses
• Multiple relationships run afoul
• Death by PowerPoint
Chapter 7

• Consulting with other professionals is a worthy endeavor when faced with ethical dilemmas.

• Advice from other professionals, is advice

• Consultations with credentialing bodies (e.g., BACB, state licensure board) should not be considered mere advice
Chapter 7

- Follow any social media request for information about an ethical dilemma. If the first response is not, “It depends, tell me more about X and Y,” then an incomplete analysis has occurred.

- Ethical dilemmas have multiple facets that require discussion and determine of importance. Each facet might be viewed differently by each party based upon his / her ethical philosophy.

- Ethical decision-making processes are multi-step to facilitate information gathering for development of solutions.
Common Errors and Mistakes

• Lectures, supported by PowerPoints, with a verbatim review of the Code is not helpful

• It is boring

• Expand the stimulus and response class for ethics learning

• Focus on aspects problem solving processes for ethical dilemmas
Thank you!

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