A Behavioral Systems Approach to Ethics Training and Supervision

Matthew T. Brodhead, Ph.D., BCBA-D
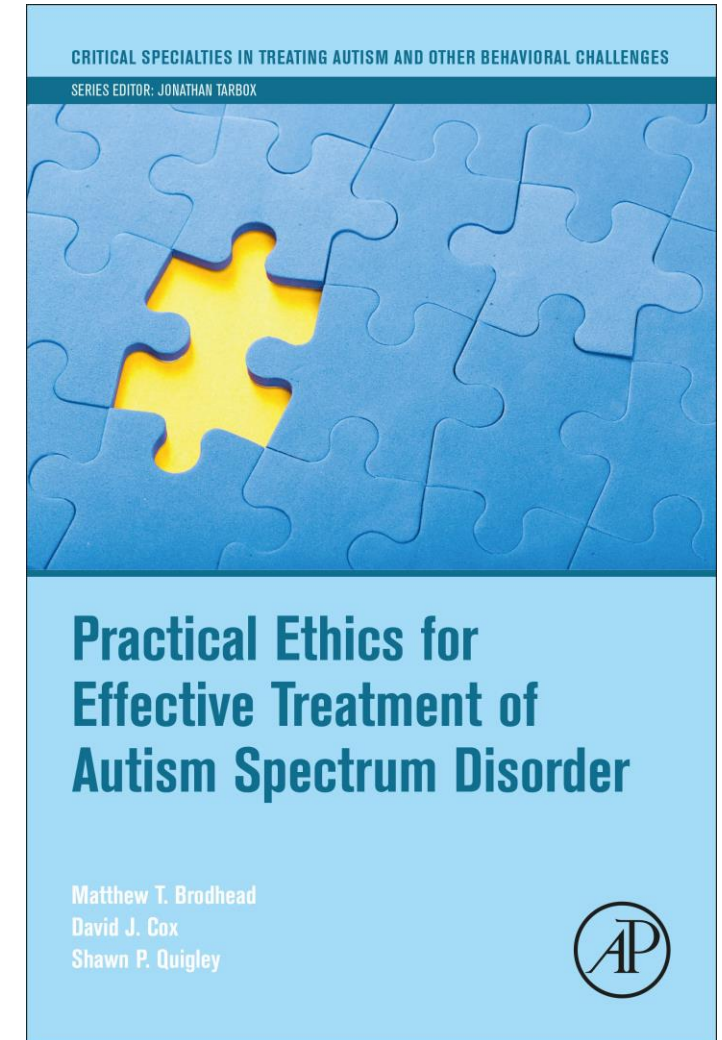Assistant Professor
Michigan State University
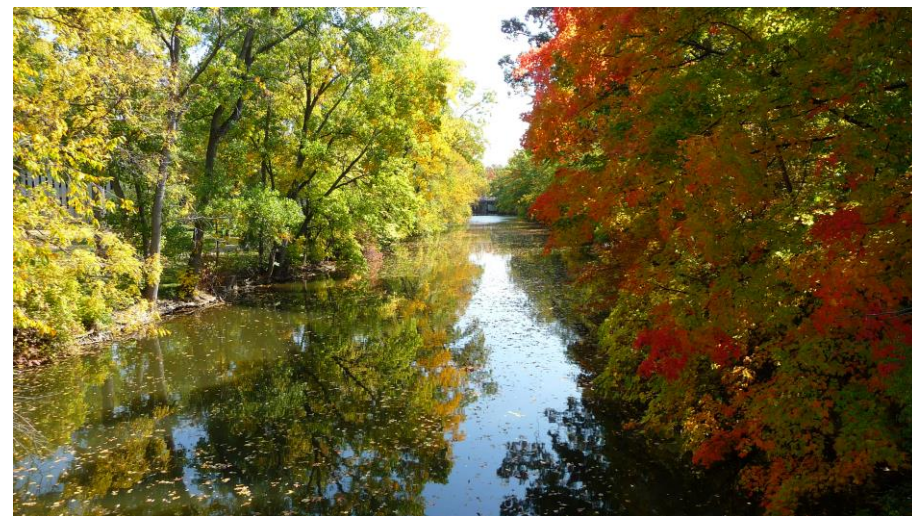
SPARTANS WILL.

Background

- Based on my book, *Practical Ethics for Effective Treatment of Autism Spectrum Disorder*

- Visit www.mattbrodhead.com for more information

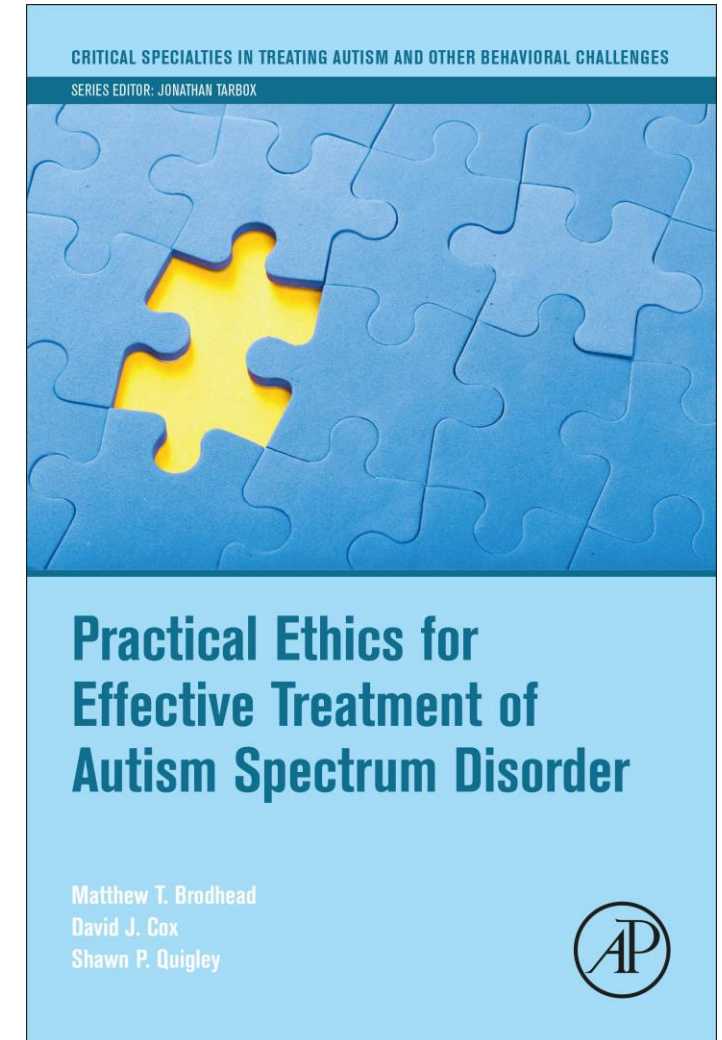- Use code **ATR30** to receive 30% off the purchase price!

Background

Chapters

1. Introduction to Ethics and Core Ethical Principles
2. Contextual Factors that Affect Ethical Decisions
3. Creating Systems to Support Ethical Behavior
4. Identifying Your Scope of Competence
5. The Process of Evidence-based Practice
6. Interdisciplinary Collaboration
7. Common Errors and Mistakes Made During Ethical Analysis

CRITICAL SPECIALTIES IN TREATING AUTISM AND OTHER BEHAVIORAL CHALLENGES
SERIES EDITOR: JONATHAN TARBOX

Practical Ethics for Effective Treatment of Autism Spectrum Disorder

Matthew T. Brodhead
David J. Cox
Shawn P. Quigley

Workshop Agenda

- Introduce Ethics, Behavioral Systems, and Behavioral Systems Analysis (BSA)
- Provide three examples of BSA
- Discuss limitations of standardization (time permitting)
- Describe a case-study in sanction remediation
- Guided practice

Workshop Materials

- 1. Workshop slides (in full page and 3 slide formats)
- 2. Decision-making algorithm example
- 3. Checklist for Analyzing Proposed Treatments
- 4. Competence and Confidence Checklist
- 5. Blank guided practice document
- 6. Workshop references

Ethics, Behavioral Systems, and Behavioral Systems Analysis (BSA)

Ethics Defined

- "The emission of behavior in compliance/coordination with the verbally stated rules and behavior-analytic cultural practices guiding practitioner behavior that are espoused by the BACB Code" (Brodhead, Quigley, & Cox, 2018, p. 167)

Ethical Behaviors Are Important

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

Unethical Behavior

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

Behaving Ethically

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

Behavioral Systems

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

Example System: Discrete Trial Instruction

- *"An organized, integrated unified set of components, accomplishing a particular set of ultimate goals or objectives"*
- Goal: Systematically provide instructional opportunities
- How is accomplished?
  - Standardization of instructor behaviors
  - Train instructors and provide feedback
  - Observe instructor behavior over time to ensure high treatment integrity
- Discrete trial instruction is a system that must operate smoothly in order for individuals to learn (Brodhead, 2019)

Example System: Functional Analysis

- ***"An organized, integrated unified set of components, accomplishing a particular set of ultimate goals or objectives"***
- Goal: Analyze the environmental variables that may be responsible for the occurrence of problem behavior
- How is this accomplished?
  - Train employees how to identify potential controlling variables
  - Train employees to develop and implement experimental conditions
  - Observe implementation over time to ensure high procedural fidelity
- Functional analysis is a system that must operate smoothly in order for instructors to accurately identify variables responsible for problem behavior (Brodhead, 2019)

Systems Abound

- Systems in service delivery, in some cases, are well established
  - DTI and FAs as examples
- The systems necessary for engaging in ethical behavior are often much less clear
- Examples:
  - Make good data-based decisions
  - Be a good collaborator
  - Identify the best function-based treatment
  - Act in the best interest of your clients
- When people behave unethically, we often blame them for their own actions
  - *Victim blaming*: saying the victim of the problem is the cause of the problem

The organism is always right.

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

*Technically, organisms behave, and organizations do not.

Behavioral Systems

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

Six Steps of Behavioral Systems Analysis

- <u>A</u>nalyze the natural contingencies
- <u>S</u>pecify the performance objectives
- <u>D</u>esign the system
- <u>I</u>mplement the system
- <u>E</u>valuate the system
- <u>R</u>evise until you reach performance objectives

ASDIER: a tool for systems change

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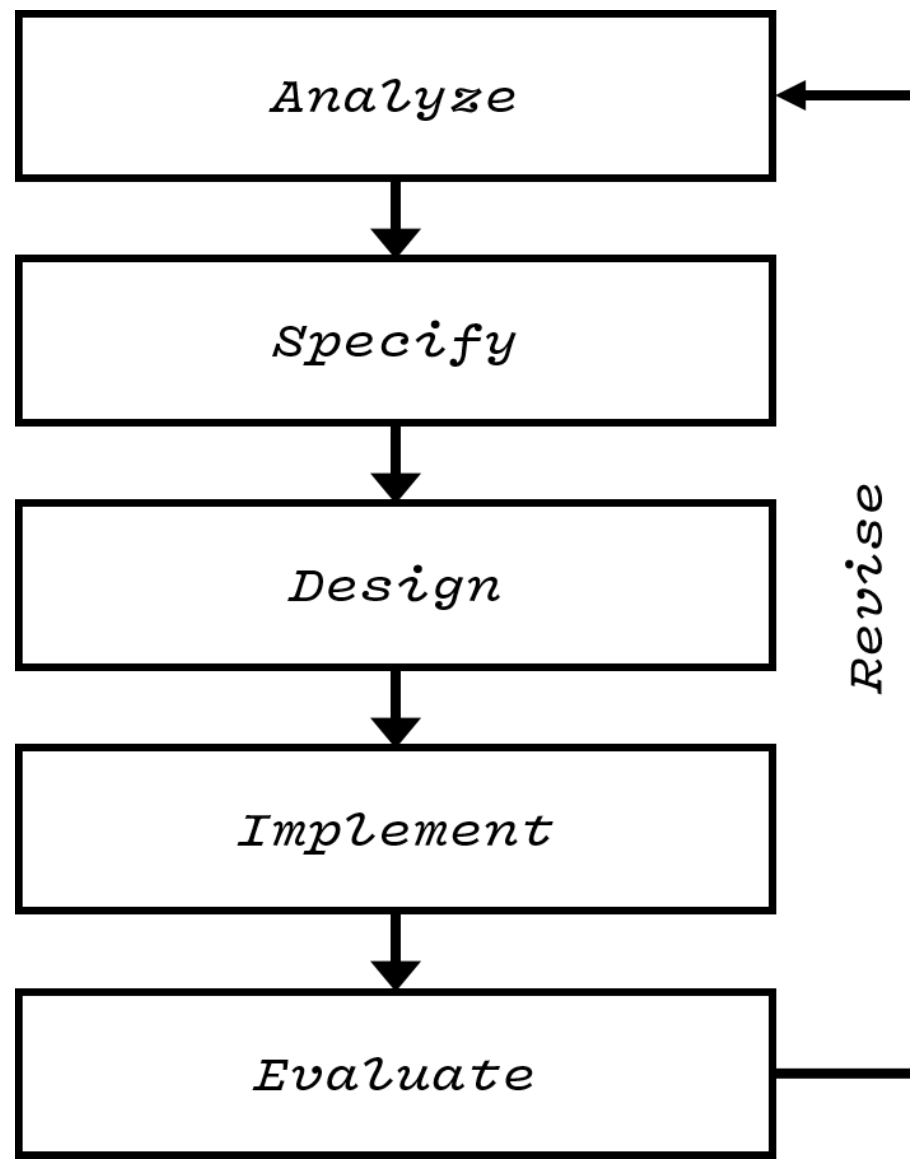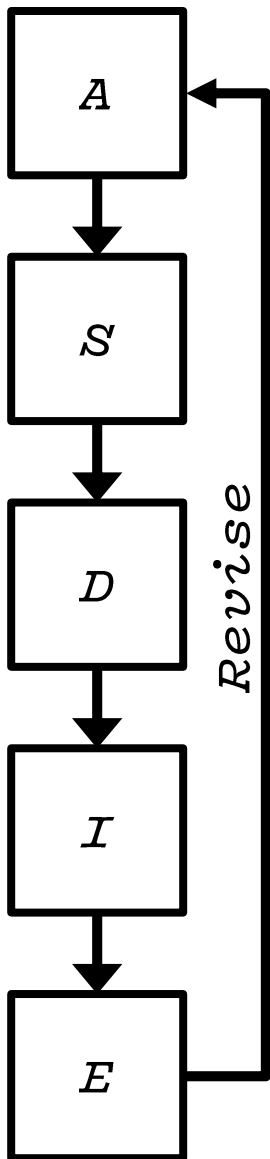
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- Identify the potential behavioral excess or deficit
  - Note the negative effects it has on the environment
- Ensure there is a need for change
- All potential targets for intervention should fall under one or more elements of the BACB Code
  - For example:
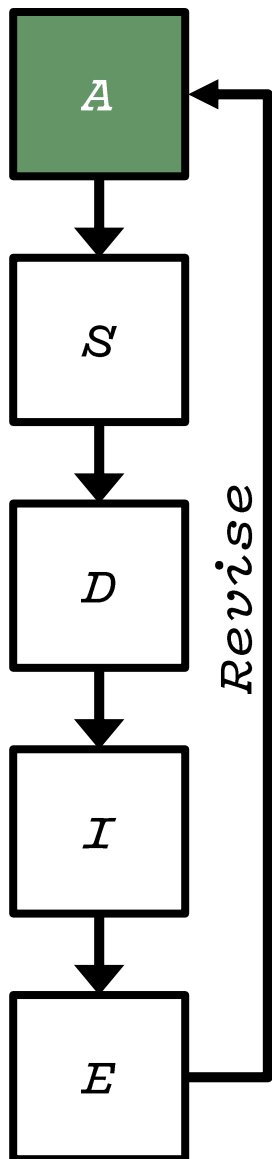
Employee Behavior and Negative Effects	BACB Code Elements(s)
Employees note in records that they ran behavioral programs but actually did not.	1.04 (integrity) 2.0 (responsibility to clients)

<u>S</u>pecify

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- Specifying the performance objective is the functional equivalent of stating a goal, just as you would for one of your clients.

- Each performance objective should reflect a behavior (or behaviors) that you can measure.

  - For example:

    - "Employees will take data after each instructional trial, 100% of the time."

- Identify your measurement system.

  - Measurement is a critical component of BSA and cannot be ignored.

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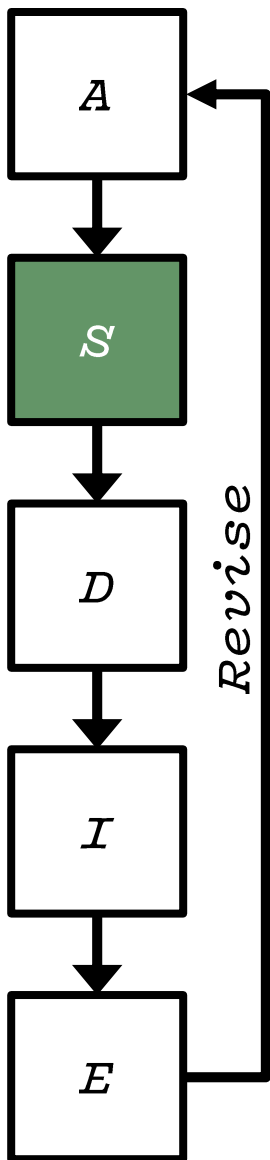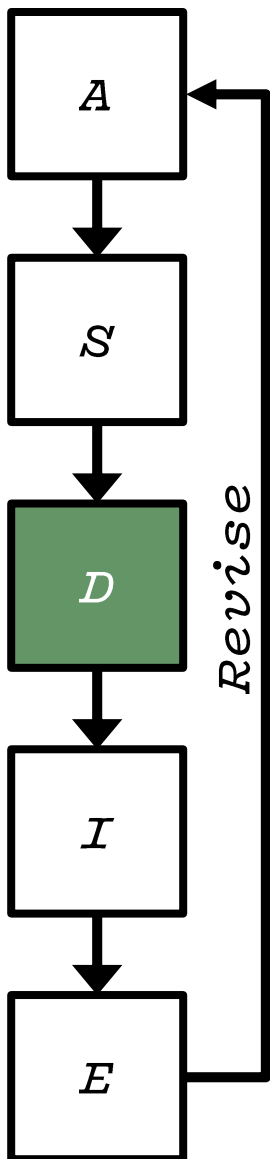
- The Performance Diagnostic Checklist – Human Services (PDC-HS) is a tool that can help identify deficits, and subsequent interventions, for undesirable employee performance.
  - Based on the PDC designed by Austin (2000)
  - Evaluates performance in four main areas:
    - Training;
    - Task clarification and prompting;
    - Resources, materials, and processes;
    - Performance consequences, effort, and competition
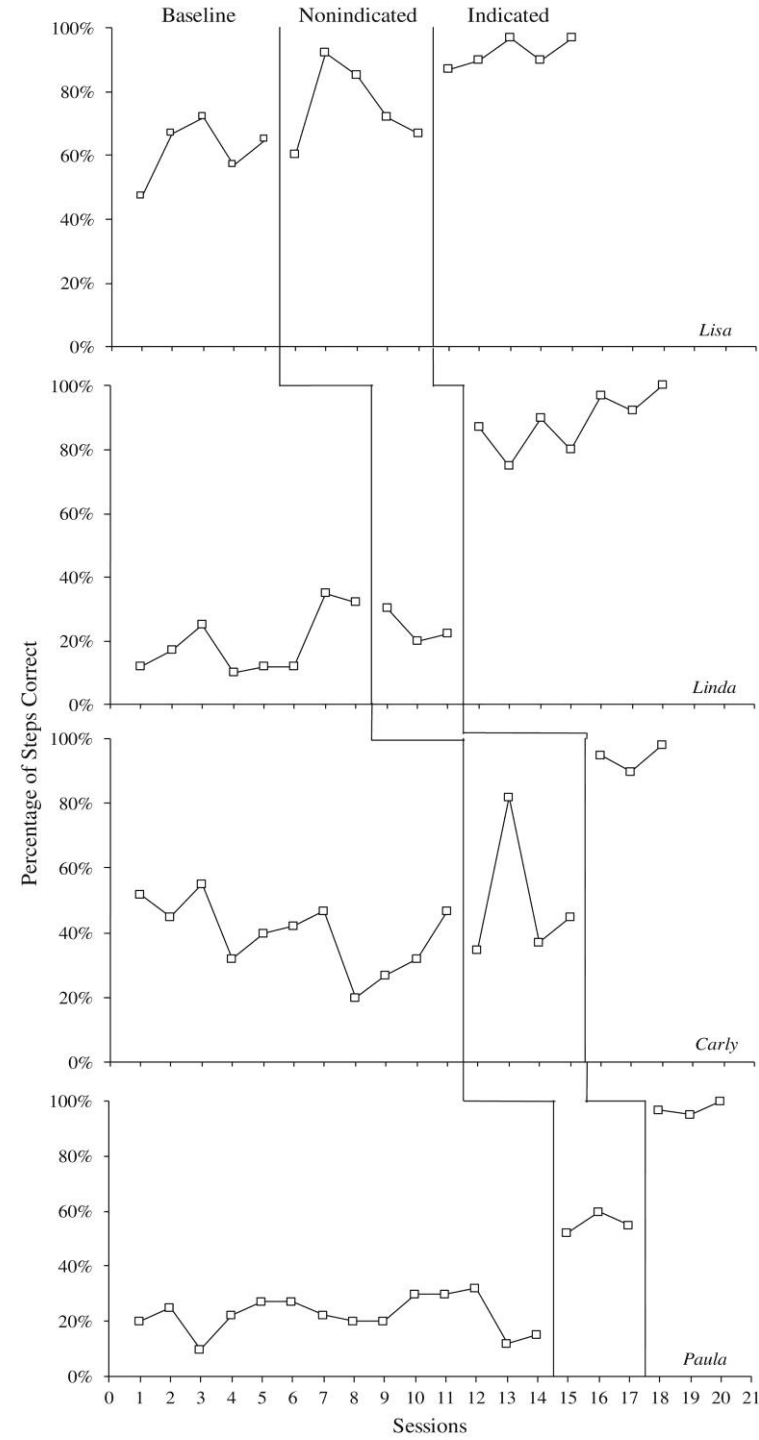
Bowe, M., & Sellers, T. P. (2018). Evaluating the Performance Diagnostic Checklist-Human Services to assess incorrect error-correction procedures by preschool paraprofessionals. *Journal of Applied Behavior Analysis, 51*, 166-176.

<u>I</u>mplement

- Implement the intervention, and be prepared to overcome any barriers that may arise during the implementation process.
  - If you're having trouble identifying what could go wrong, think back on your previous experiences as a behavior analyst working under similar conditions.
- Examples:
  - Employee turnover
  - Observer drift in behavioral definitions
  - Competing demands for your time

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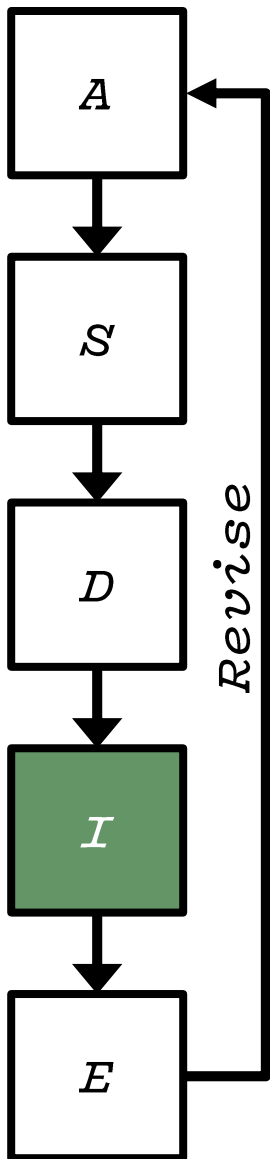
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- Indicate how you plan to ensure data analysis happens and how often it will happen.
- Indicate who will be involved in the data analysis process.
- Indicate how you plan to display the data.
- Describe the potential challenges that may arise in the data collection/analysis process and how to resolve them.
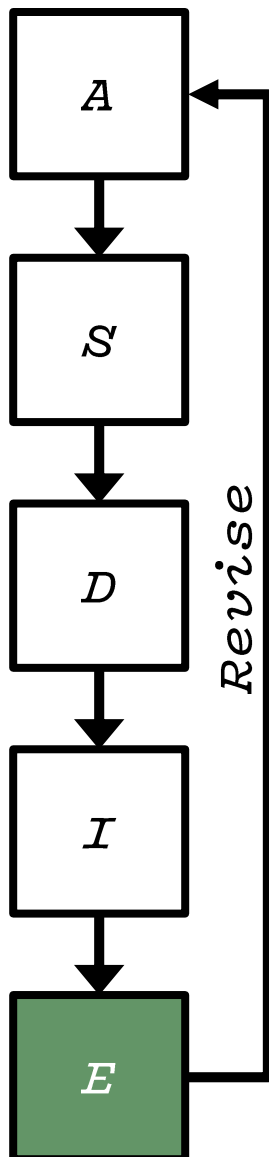
Challenges That May Arise	Potential Solutions
1. There may be more pressing issues to discuss at meeting.	1. Budget time in the agenda for discussion and share data electronically for comment.
2. Clinical demands may compete with collecting and graphing data.	2. Delegate this task in advance.

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- Use the data you collect in the previous step (<u>E</u>valuation) to inform the revisions you make.

- Good interventions drift into mediocrity, and some can drift quite quickly.

- You should always be on the lookout for ways to make your system better and more efficient.
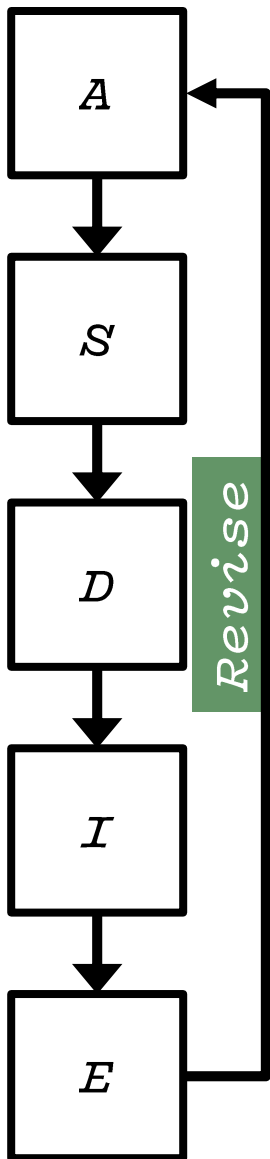
Six Steps of Behavioral Systems Analysis

- <u>A</u>nalyze the natural contingencies
- <u>S</u>pecify the performance objectives
- <u>D</u>esign the system
- <u>I</u>mplement the system
- <u>E</u>valuate the system
- <u>R</u>evise until you reach performance objectives

ASDIER: a tool for systems change

BSA Example 1

Perspectives

Teaching and Maintaining Ethical Behavior in a Professional Organization

Matthew T. Brodhead and Thomas S. Higbee
Utah State University

ABSTRACT

In addition to continuing education mandates by the Behavior Analyst Certification Board (BACB), behavior-analytic professional organizations may adopt systems that teach and maintain ethical behavior in its employees. Systems of ethical supervision and management may allow for an organization to customize training that prevents ethical misconduct by employees. These systems may also allow supervisors to identify ethical problems in their infancy, allowing the organization to mitigate concerns before they further develop. Systems of ethical management and supervision also may help to improve services and promote consumer protection. Additional benefits might include both avoiding litigation and loss of consumers and income. These systems may promote the field of Behavior Analysis as a desirable, consumer-friendly approach to solving socially significant behavior problems.

Keywords: behavioral systems, Behavior Analyst Certification Board, professional development, staff training

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- Most organizations lack systems to teach and maintain ethical behavior

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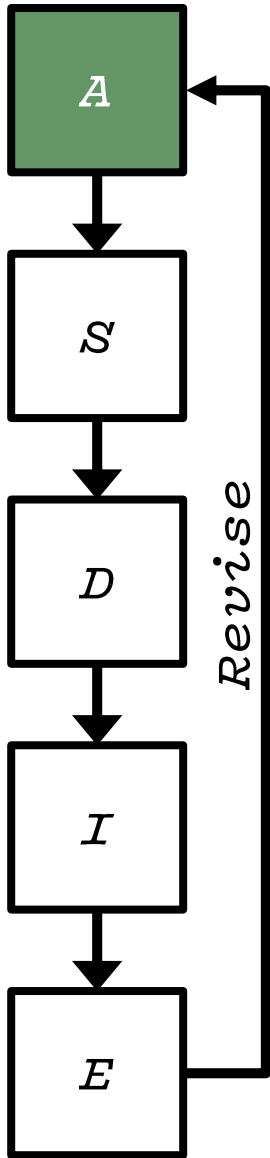
- The organization will establish and maintain a leadership role for ethical behavior
- The organization will provide training in the content area of ethics and professional behavior in both individual and group supervision

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Ethics Training and Supervision

Ethics Coordinator

Training and Supervision

Individual Supervision and Training

Group Supervision and Training

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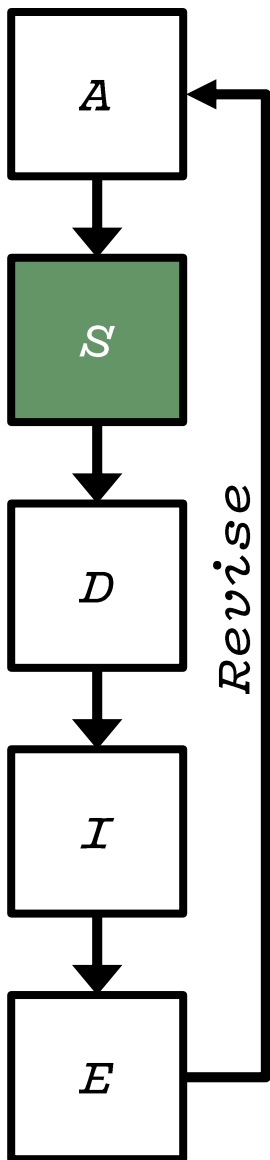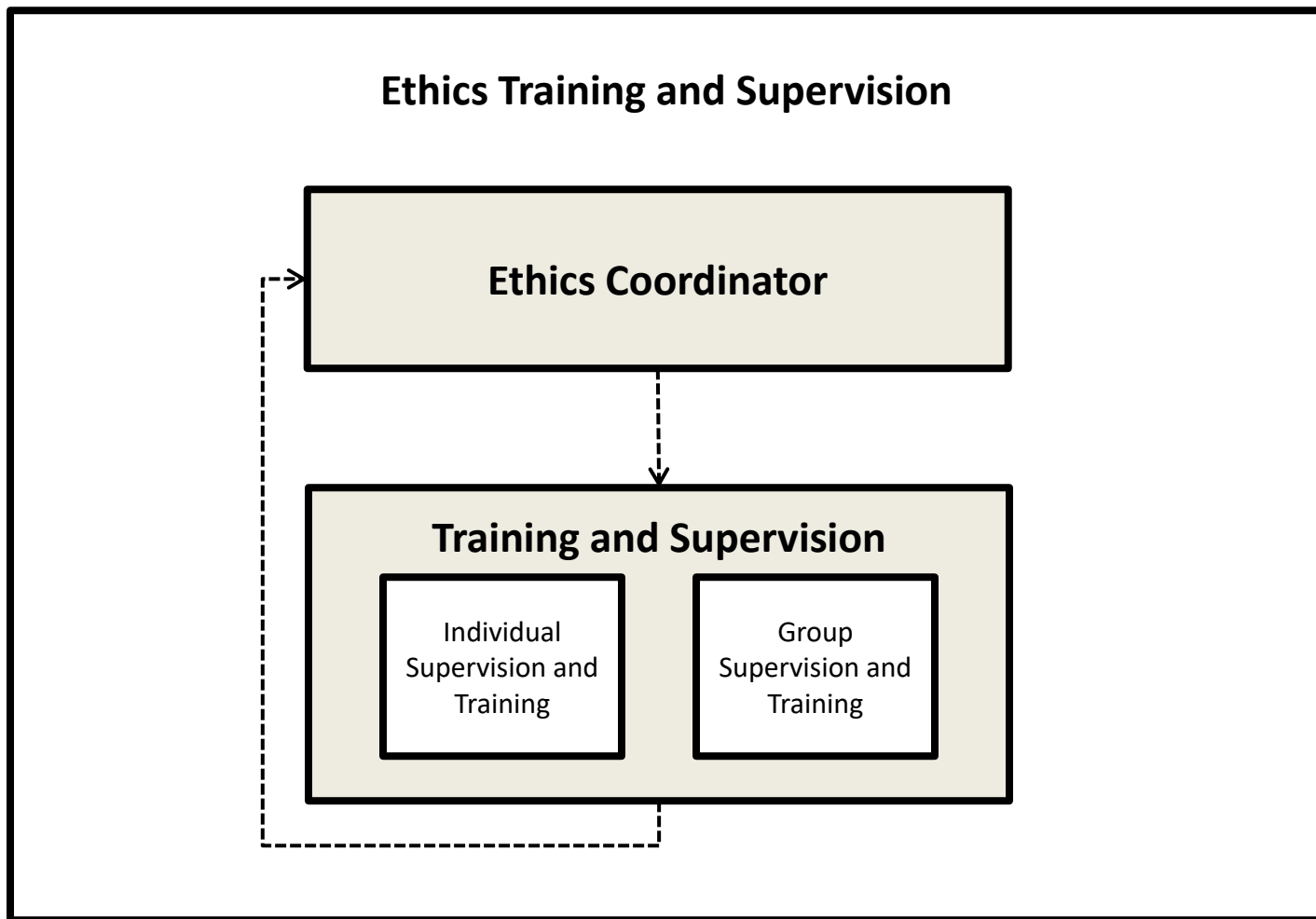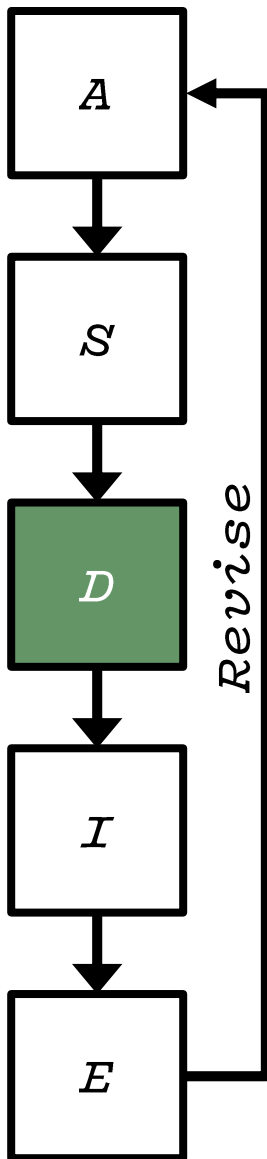
Ethics Coordinator

- The ethics coordinator functions as the resident expert of ethics by
  - Overseeing and monitoring individual and group supervision
  - Developing and revising training materials
  - Attending advanced workshops and presentations on ethical conduct

Ethics Coordinator

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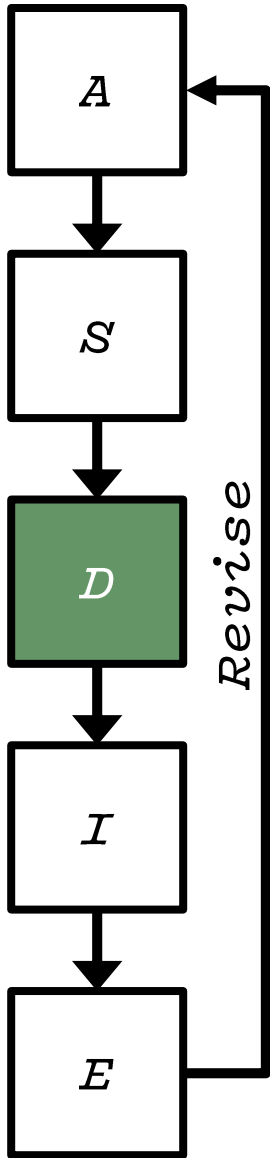
- Expertise in
  - Contracts
    - Non-compete clauses
    - Parol evidence
    - Mutual benefit (see Brodhead et al., 2018)
  - Mandated reporting laws
  - Transmission of electronic data (Cavalari, Gillis, Kruser, & Romanczyk, 2015)
  - Telehealth services (Quigley, Blevins, Cox, Brodhead, & Kim, 2018)
    - Understanding of laws is essential as research provides little to no guidance in this area

Individual Supervision

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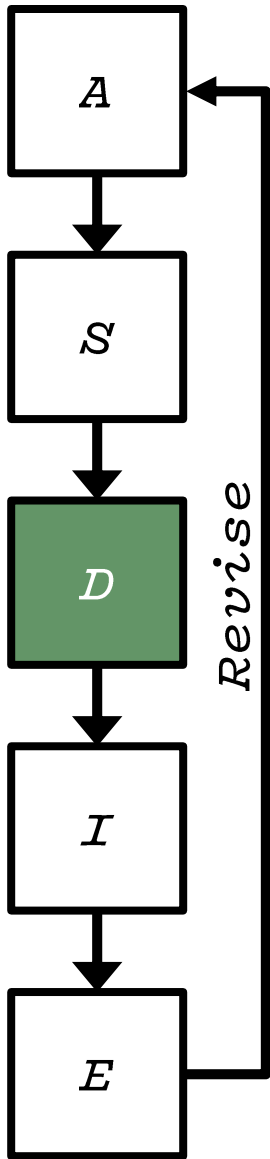
- During weekly meetings, ethics are always a point of discussion
- Supervisor provides feedback on the appropriateness of the individual's behavior
- Supervisor discusses issues that have happened in the past that may arise again
  - Archive of past incidents

Group Supervision

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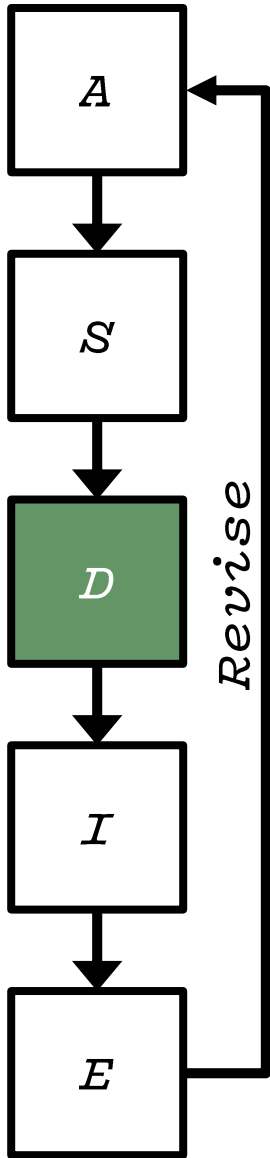
- Conducted in conjunction with other trainings or as a stand-alone training
- Benefits (Valentino, LeBlanc, & Sellers, 2016)
  - Opportunities for observational learning
  - Peer feedback
  - Modeling and rehearsing positive and productive discussion
  - Developing empathy
- During group training
 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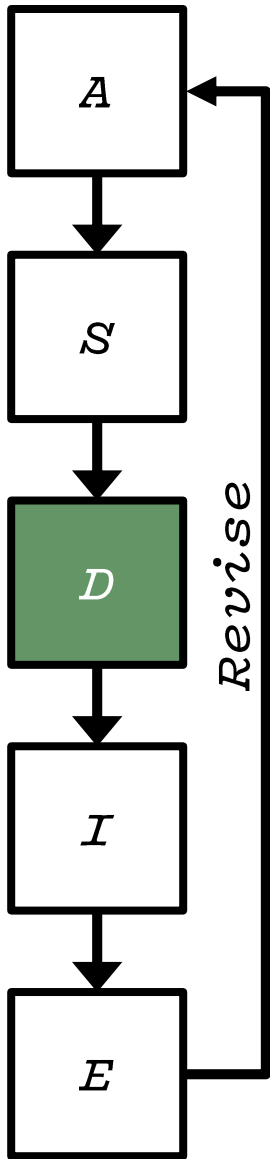
Implement

- If you were to implement this system in your organization, what barriers would you expect to encounter?
  - Changes in leadership may affect support for Ethics Coordinator position
  - Role of Ethics Coordinator may drift, based on pressing client demands
  - Training on ethics may be difficult to prioritize, given other training needs

Evaluate

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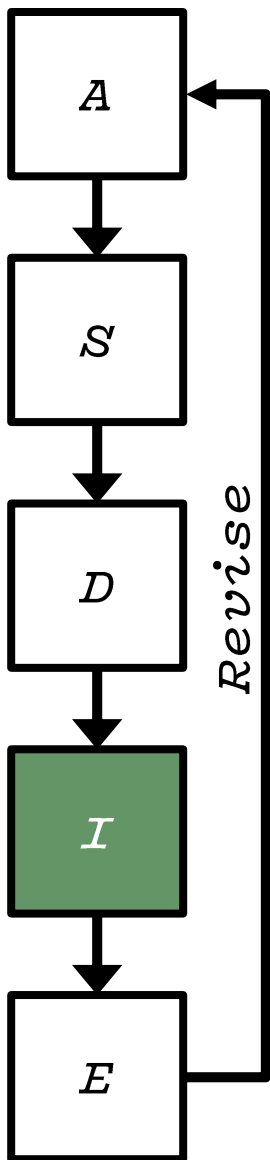
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- Administering period tests that contain scenarios with ethical dilemmas
- Monitoring the number of complaints received from consumers
- Number of examples added to archive
- Training materials developed
- Direct observation of employees
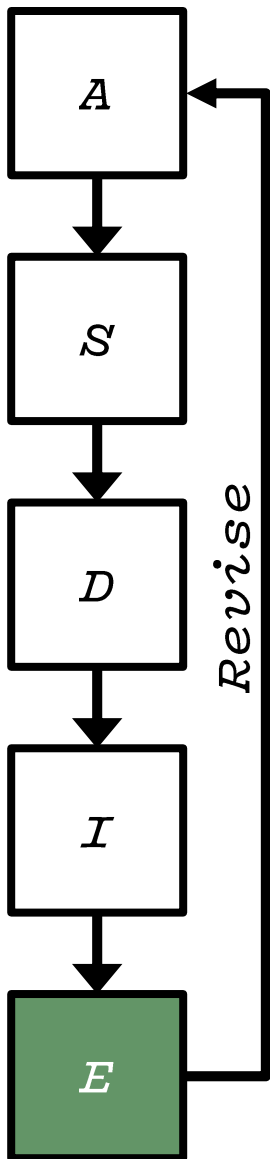
BSA Example 2

A|B|A|I
Association for Behavior Analysis International

DISCUSSION AND REVIEW PAPER

Maintaining Professional Relationships in an Interdisciplinary Setting: Strategies for Navigating Nonbehavioral Treatment Recommendations for Individuals with Autism

Matthew T. Brodhead

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Interdisciplinary: "involving two or more academic, scientific, or artistic disciplines" (Merriam-Webster, 2014)
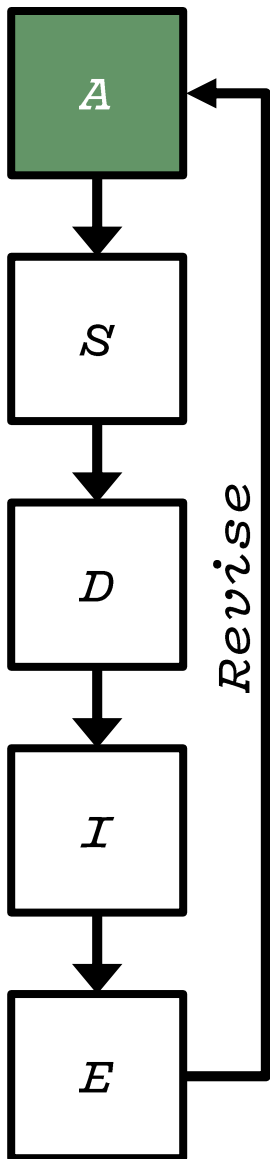
- "Interdisciplinary involves the combining of two or more academic disciplines into one activity. It is about creating something new by crossing boundaries, and thinking across them" (Wikipedia, 2014, emphasis mine)

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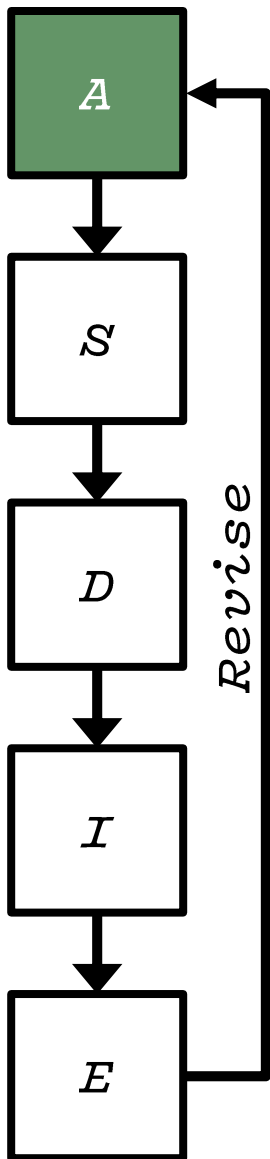
Revise

- Though collaborative skills are important, they are rarely addressed in ABA pre-service and in-service training (Kelly & Tincani, 2013).

- This is concerning, since collaboration amongst team members can improve consumer outcomes (Hunt et al., 2003).

Analyze

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

or

- reject the treatment
- suggest an alternative treatment

Old BACB Code of Conduct 9.01: "The behavior analyst should promote the application of behavior principles in society by presenting a behavioral alternative to other procedures or methods."
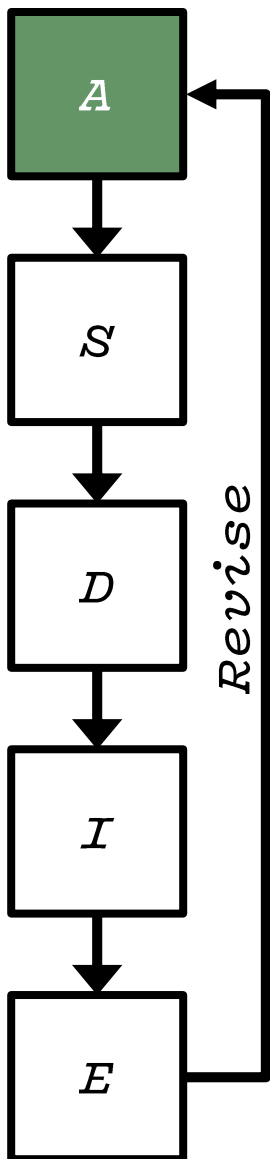
We delight in asking "where are your data?," poking fun at other models, and engaging in vigorous and withering discourse regarding our science. Although this repertoire may have served us well in establishing our field, it may be non-functional now.

Foxx (1996)

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

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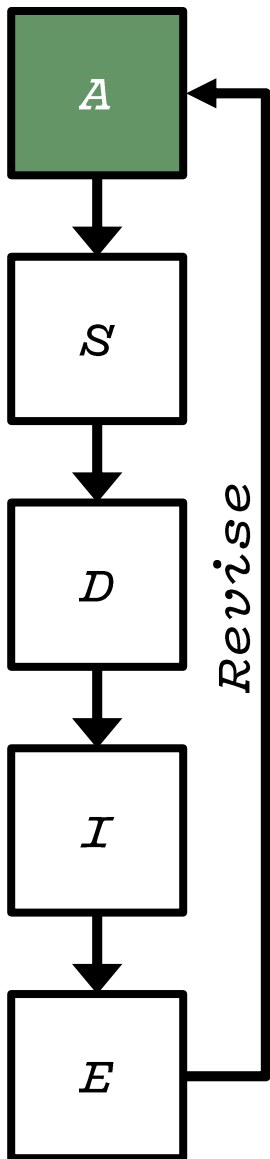
- Behavior analysts should engage with colleagues in a manner that maintains and improves a working relationship
- Behavior analysts should act in the best interest of their clients
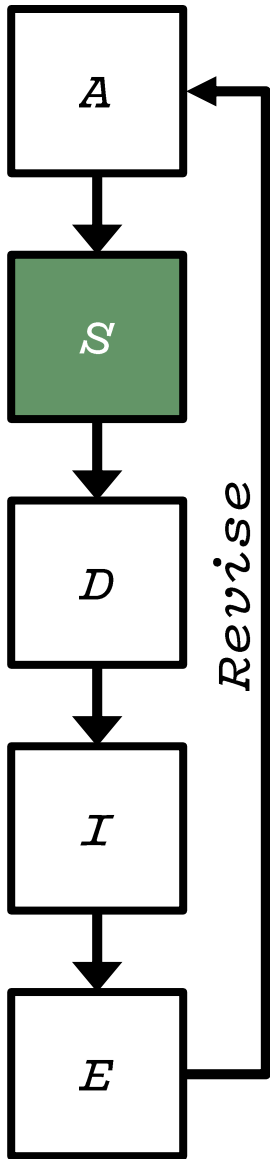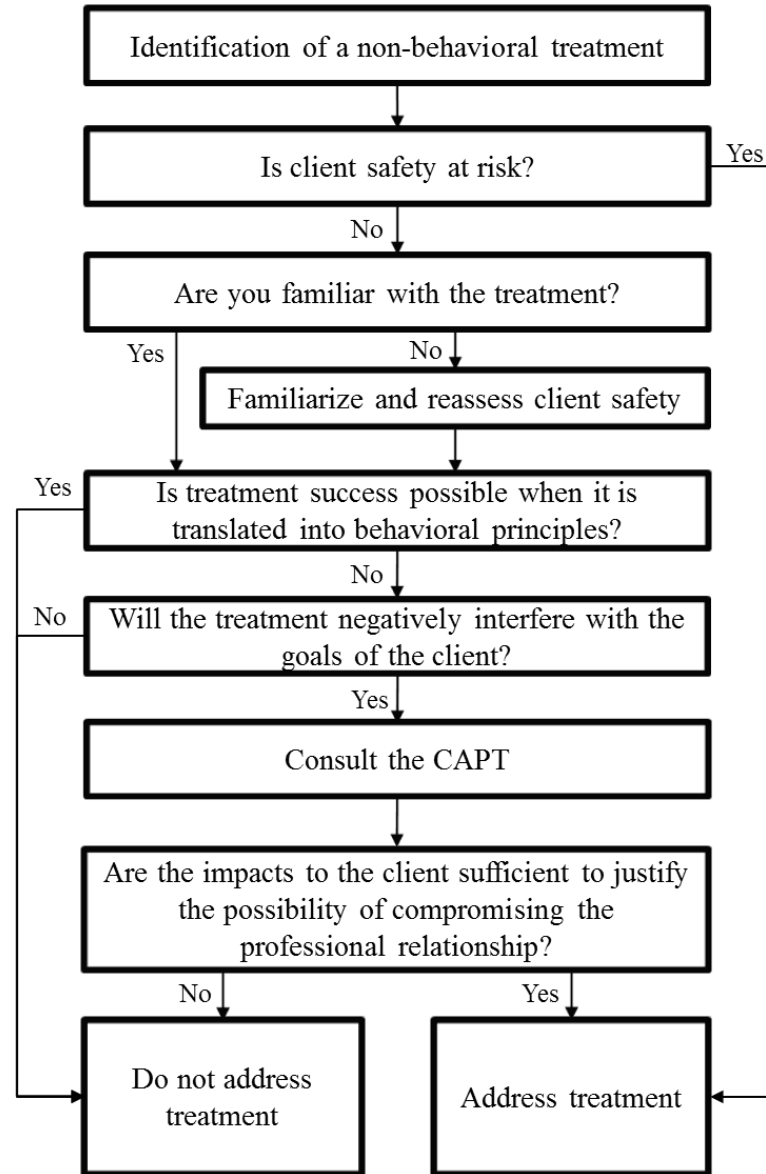
Design

- One way to promote ethical behavior is to standardize expectations and behaviors for employees to engage in
- A decision-making algorithm (DMA) is one form of standardization
  - A DMA is typically portrayed as a decision tree, flow-chart, or some other graphical format
  - By answering a series of guided questions, the user is guided through the flow-chart towards a specific answer
  - Also known as "process systems"

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Weighted Vests

Morty:
Weighted Vest Assessment

From Quigley et al. (2011)

Ambient Prism Lens

From Chok et al. (2010)

Ambient Prism Lens

From Chok et al. (2010)

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                    ┌─────────────────────────────────────────┐
                    │ Identification of a non-behavioral treatment │
                    └─────────────────────────────────────────┘
                                      │
                                      ▼
                    ┌─────────────────────────────────────────┐        Yes
                    │          Is client safety at risk?          │───────────┐
                    └─────────────────────────────────────────┘           │
                                   No │                                     │
                                      ▼                                     │
                    ┌─────────────────────────────────────────┐           │
                    │      Are you familiar with the treatment?    │           │
                    └─────────────────────────────────────────┘           │
                    Yes │                   No │                           │
                        │                      ▼                           │
                        │      ┌───────────────────────────────┐          │
                        │      │ Familiarize and reassess client safety │  │
                        │      └───────────────────────────────┘          │
                        ▼                      ▼                           │
         Yes    ┌─────────────────────────────────────────┐              │
        ┌───────│   Is treatment success possible when it is  │              │
        │       │   translated into behavioral principles?    │              │
        │       └─────────────────────────────────────────┘              │
        │                       No │                                       │
        │                          ▼                                       │
        │   No   ┌─────────────────────────────────────────┐              │
        │  ┌─────│  Will the treatment negatively interfere with the │      │
        │  │     │            goals of the client?              │              │
        │  │     └─────────────────────────────────────────┘              │
        │  │                    Yes │                                      │
        │  │                        ▼                                      │
        │  │     ┌─────────────────────────────────────────┐              │
        │  │     │               Consult the CAPT              │              │
        │  │     └─────────────────────────────────────────┘              │
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        │  │     ┌─────────────────────────────────────────┐              │
        │  │     │ Are the impacts to the client sufficient to justify │    │
        │  │     │  the possibility of compromising the        │              │
        │  │     │       professional relationship?            │              │
        │  │     └─────────────────────────────────────────┘              │
        │  │          No │                      Yes │                      │
        │  │             ▼                          ▼                      │
        │  │     ┌──────────────┐        ┌──────────────┐                 │
        └──┴────▶│ Do not address │        │ Address treatment │◀────────────┘
                 │   treatment    │        └──────────────┘
                 └──────────────┘
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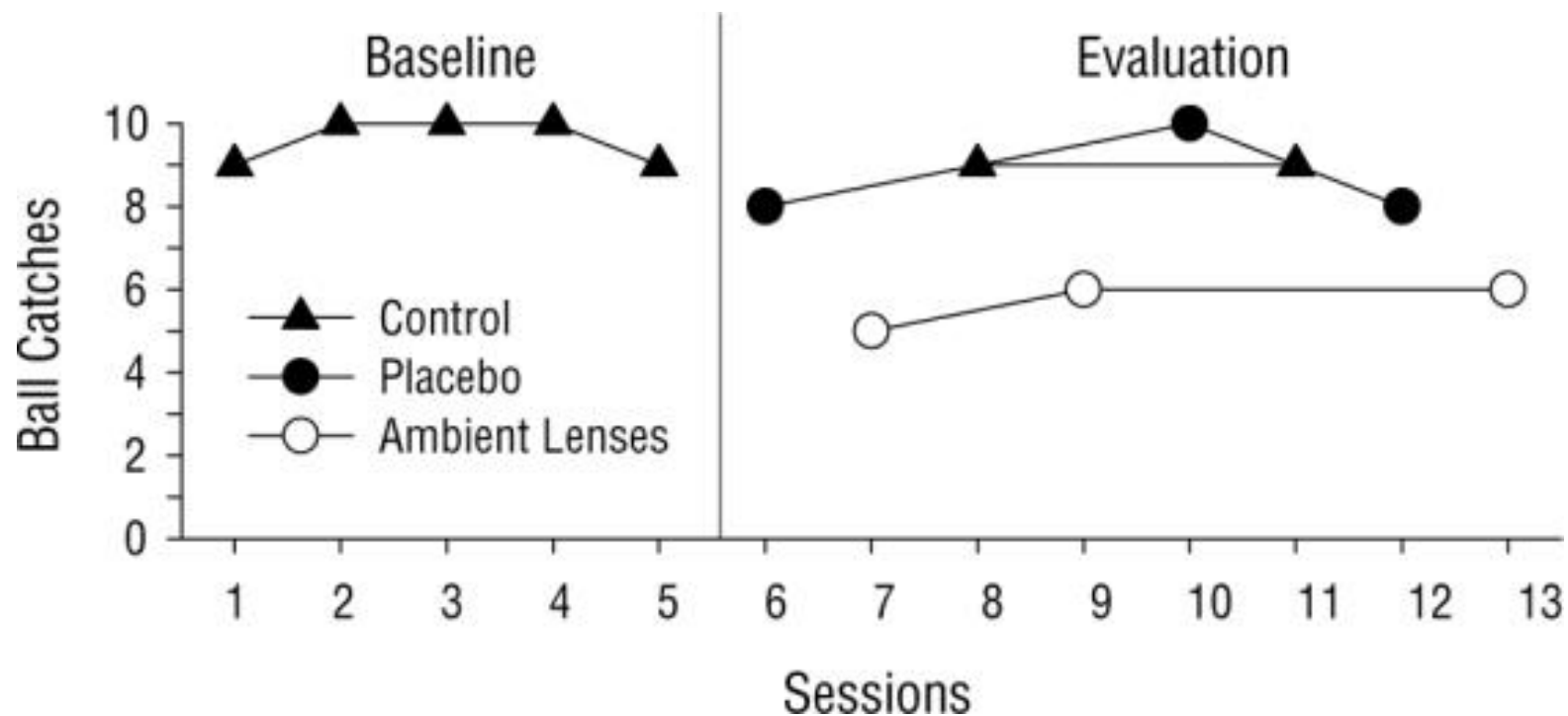
Checklist for Analyzing Proposed Treatments

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

Checklist for Analyzing Proposed Treatments

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

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

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                    ┌─────────────────────────────────────────┐
                    │ Identification of a non-behavioral treatment │
                    └─────────────────────────────────────────┘
                                      │
                                      ▼
                    ┌─────────────────────────────────────────┐     Yes
                    │         Is client safety at risk?        │────────────┐
                    └─────────────────────────────────────────┘            │
                                   No │                                     │
                                      ▼                                     │
                    ┌─────────────────────────────────────────┐            │
                    │      Are you familiar with the treatment? │           │
                    └─────────────────────────────────────────┘            │
                     Yes │                    No │                          │
                         │                       ▼                          │
                         │        ┌──────────────────────────────┐         │
                         │        │ Familiarize and reassess client safety │ │
                         │        └──────────────────────────────┘         │
                         │                       │                          │
          Yes            ▼                       ▼                          │
       ┌─────┌─────────────────────────────────────────┐                   │
       │     │ Is treatment success possible when it is │                   │
       │     │    translated into behavioral principles? │                  │
       │     └─────────────────────────────────────────┘                   │
       │                        No │                                        │
       │                           ▼                                        │
       │   No  ┌─────────────────────────────────────────┐                 │
       │ ┌─────│ Will the treatment negatively interfere with the │        │
       │ │     │            goals of the client?           │               │
       │ │     └─────────────────────────────────────────┘                 │
       │ │                     Yes │                                        │
       │ │                         ▼                                        │
       │ │      ┌─────────────────────────────────────────┐                │
       │ │      │            Consult the CAPT              │                │
       │ │      └─────────────────────────────────────────┘                │
       │ │                         │                                        │
       │ │                         ▼                                        │
       │ │      ┌─────────────────────────────────────────┐                │
       │ │      │ Are the impacts to the client sufficient to justify │     │
       │ │      │    the possibility of compromising the   │             │
       │ │      │         professional relationship?       │               │
       │ │      └─────────────────────────────────────────┘                │
       │ │            No │                        Yes │                     │
       │ │               ▼                            ▼                     │
       │ │      ┌──────────────────┐        ┌──────────────────┐           │
       └─┴─────▶│  Do not address  │        │ Address treatment │◀─────────┘
                │    treatment     │        │                  │
                └──────────────────┘        └──────────────────┘
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A → S → D → I → E

Revise

- Newhouse-Oisten, Peck, Conway, and Frieder (2017) proposed an alternative model to evaluating treatments

- This model is specific to prescription medication recommendations, but it may also be useful beyond that

- This model stresses that all treatment providers are aware of all types of treatments that are being implemented at all times
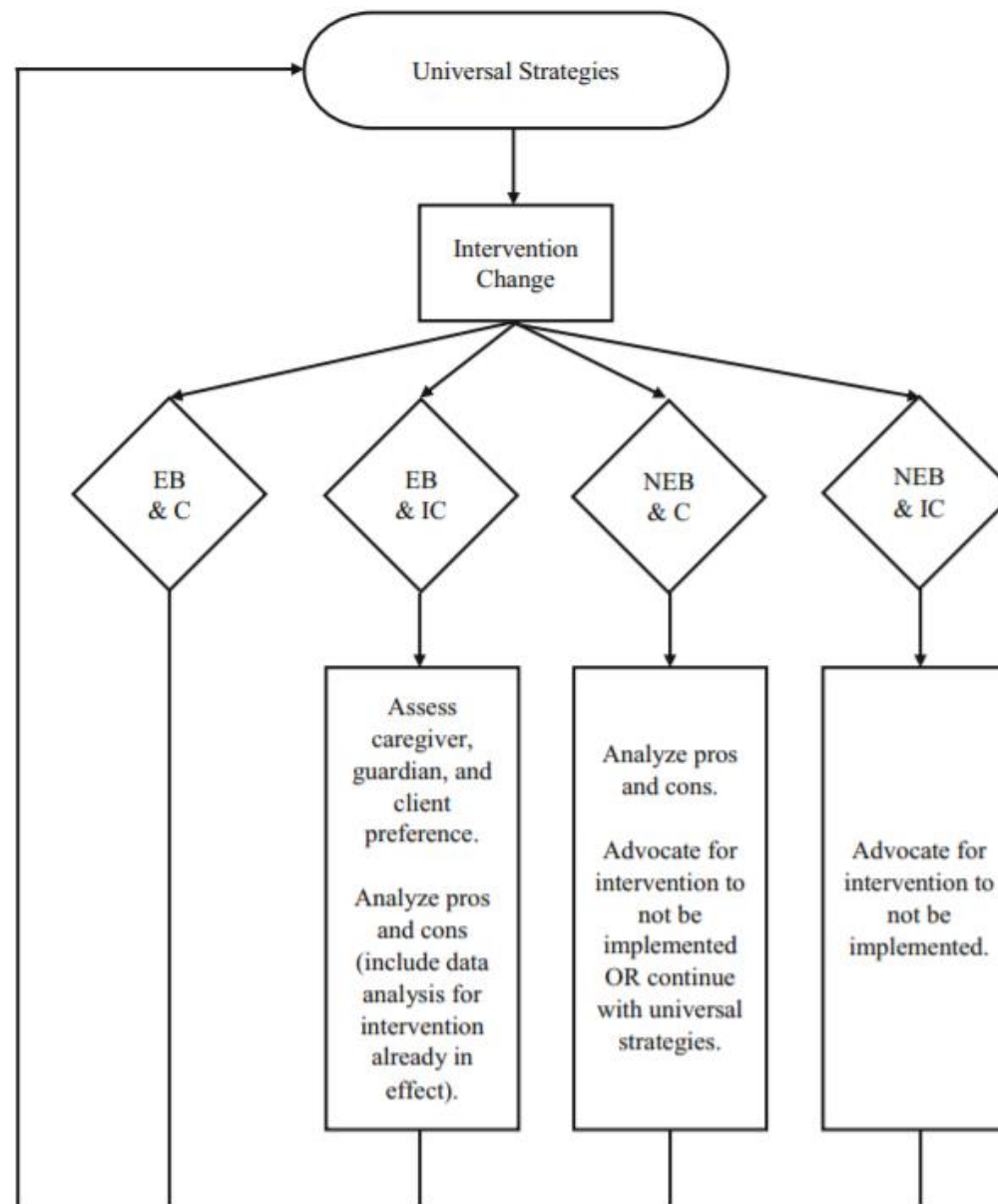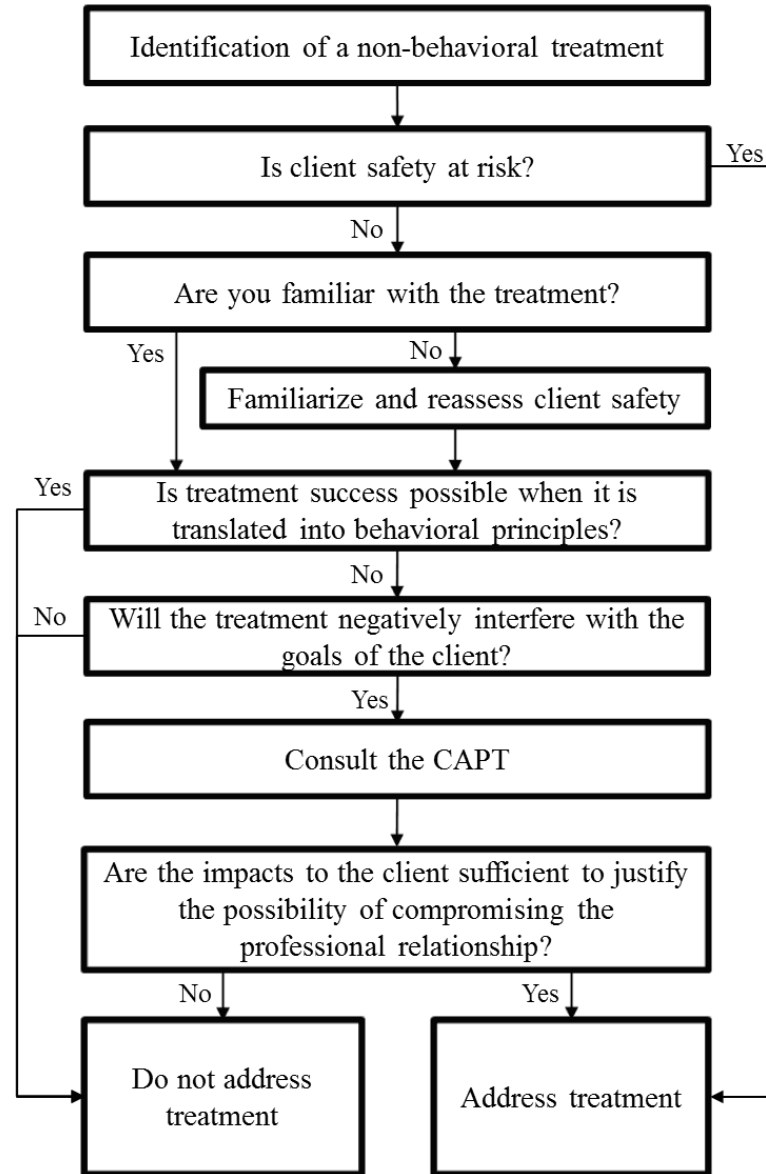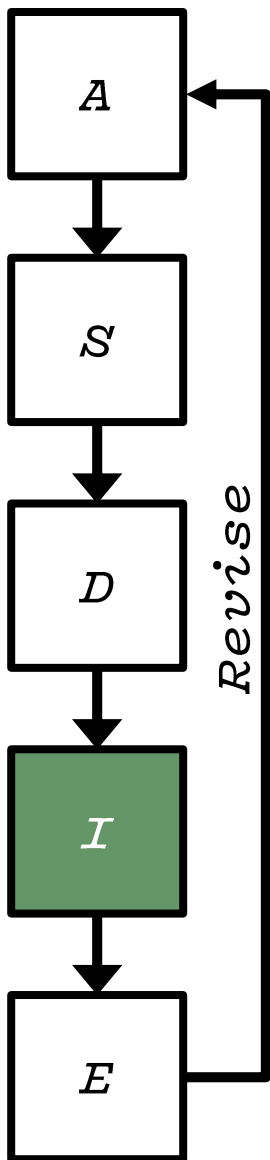
Newhouse-Oisten et al. (2017)

Fig. 1 Decision-making process for ensuring intervention compatibility and use of evidence-based interventions. *EB* evidence-based, *NEB* not evidence-based, *C* compatible, *IC* incompatible

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                    ┌─────────────────────────────────────────┐
                    │  Identification of a non-behavioral      │
                    │  treatment                               │
                    └─────────────────────────────────────────┘
                                      │
                                      ▼
                    ┌─────────────────────────────────────────┐        Yes
                    │          Is client safety at risk?       │─────────────┐
                    └─────────────────────────────────────────┘             │
                                 No │                                        │
                                    ▼                                        │
                    ┌─────────────────────────────────────────┐             │
                    │     Are you familiar with the treatment? │             │
                    └─────────────────────────────────────────┘             │
                     Yes │                   No │                            │
                         │                      ▼                            │
                         │      ┌──────────────────────────────────┐        │
                         │      │  Familiarize and reassess client │        │
                         │      │  safety                          │        │
                         │      └──────────────────────────────────┘        │
          Yes            │                      │                            │
       ┌─────────────────┴──────────────────────┴────────┐                  │
       │      Is treatment success possible when it is    │                 │
       │      translated into behavioral principles?      │                 │
       └──────────────────────────────────────────────────┘                 │
                                 No │                                        │
                                    ▼                                        │
          No       ┌─────────────────────────────────────────┐              │
       ┌───────────│  Will the treatment negatively interfere │              │
       │           │  with the goals of the client?           │              │
       │           └─────────────────────────────────────────┘              │
       │                          Yes │                                      │
       │                              ▼                                      │
       │           ┌─────────────────────────────────────────┐              │
       │           │            Consult the CAPT              │              │
       │           └─────────────────────────────────────────┘              │
       │                              │                                      │
       │                              ▼                                      │
       │           ┌─────────────────────────────────────────┐              │
       │           │  Are the impacts to the client sufficient│              │
       │           │  to justify the possibility of           │              │
       │           │  compromising the professional           │              │
       │           │  relationship?                           │              │
       │           └─────────────────────────────────────────┘              │
       │              No │                       Yes │                       │
       │                 ▼                           ▼                       │
       │     ┌────────────────────┐      ┌────────────────────┐             │
       └────▶│  Do not address    │      │  Address treatment │◀────────────┘
             │  treatment         │      │                    │
             └────────────────────┘      └────────────────────┘
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Implement

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Revise

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- If you were to implement this system in your organization, what barriers would you expect to encounter?
  - Employees may need explicit training on appraising non-behavioral research literature
  - Employees may stop using algorithm
  - Dynamic nature of interdisciplinary collaboration may require a decision-making framework that is different than what is proposed

Evaluate

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- If your process is a model of decision-making, monitor adherence to the process
  - Percentage of correct responses
  - Hypothetical or real-life scenarios
- Social validity from consumers (Luiselli, 2015)
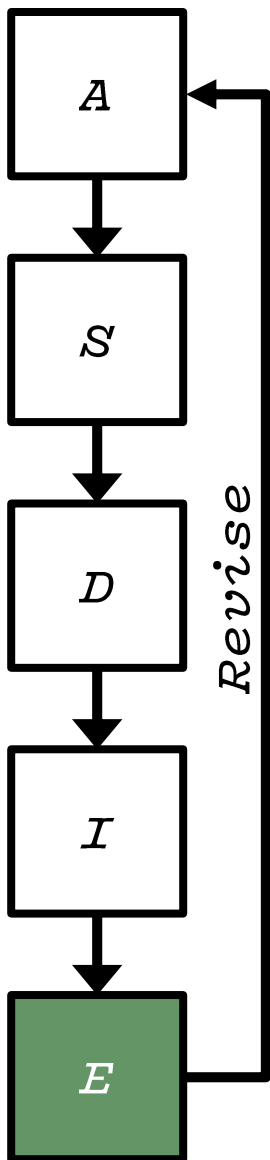
BSA Example 3

ABAI
Association for Behavior Analysis International

DISCUSSION AND REVIEW PAPER

CrossMark

A Call for Discussion About Scope of Competence in Behavior Analysis

Matthew T. Brodhead[1] · Shawn P. Quigley[2] · Susan M. Wilczynski[3]

Analyze

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- 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.

Analyze

Boxes on left: A, S, D, I, E with "Revise" label along the loop.
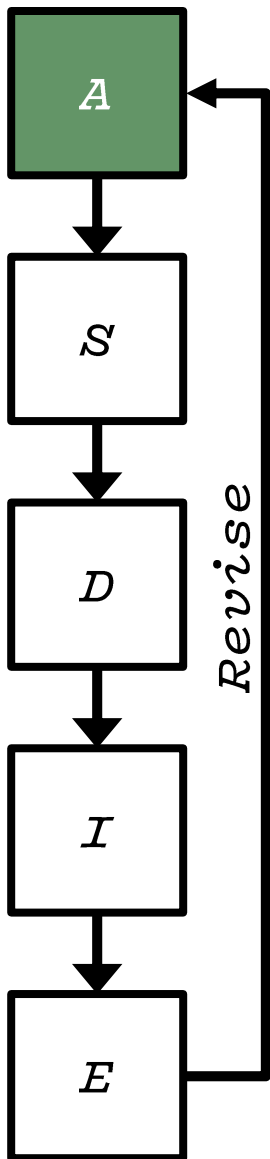
Scope of **Practice**

- "…the range of activities in which members of a profession are authorized to engage, by virtue of holding a credential or license."
- BCBA vs CCC-SLP
- The 4th Edition Task List / Licensure Laws define scope of practice

Scope of **Competence**

- "…the range of professional activities of the individual practitioner that are performed at a level that is deemed proficient."
- EIBI vs geriatric populations
- The **individual practitioner** is in charge of defining his or her own scope of competence

Analyze

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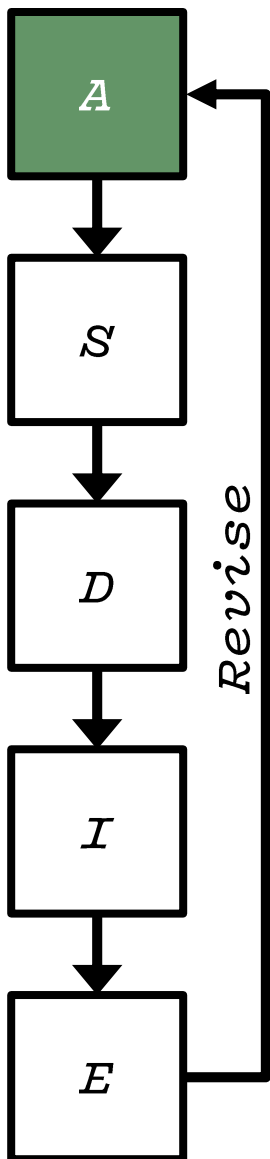
Revise

- A BCBA may be competent to assess and treat aggressive behavior of an individual with ASD,
  - but may not have had the training to competently assess and treat aphasia of an adult who has suffered a stroke.
- BCBA #2 may have a reversed scope of competence. They may be competent with stroke rehabilitation
  - but may not have experience with severe aggression.
- Both presenting concerns may fall within the scope of practice of a BCBA, but not necessarily within the scope of competence for each individual practitioner.

Analyze

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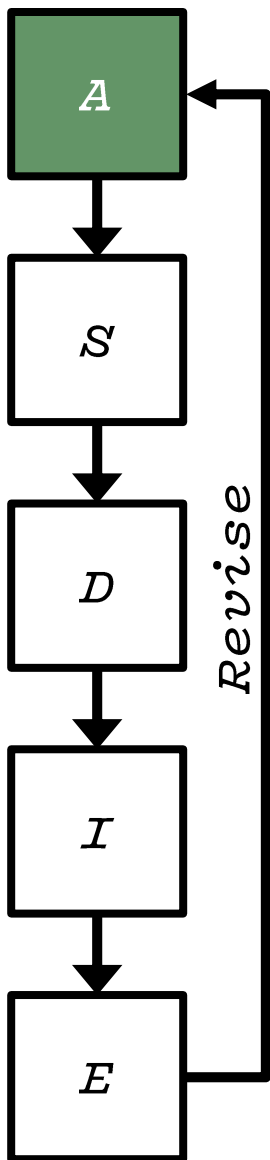
E

- Reasons to practice outside your scope of competence
  - Reason #1: Demand for services
  - Reason #2: Feel more qualified than everyone else
  - Reason #3: Financial reinforcers
    - Also consider the cost of receiving additional training
  - Reason #4: Lack of training in identifying that you're out of your element
  - Reason #5: You may confuse the idea of the universal applicability of the principles of behavior with the idea of universal capacity to apply those principles in a competent manner
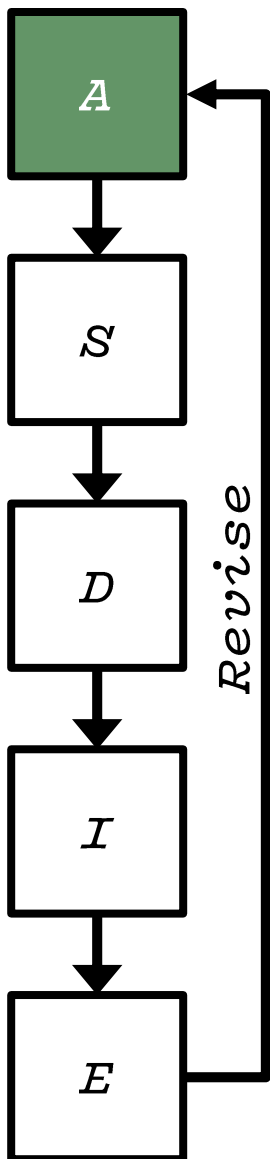
Analyze

- Risk #1: assessment and intervention efforts may result in poor outcomes and may increase the risk of harm to consumers (Sellers, Alai-Rosales, & MacDonald, 2016)

- Risk #2: there may be a deleterious effect on the practitioner (e.g., confidence is shaken) and field of behavior analysis (e.g., the field is perceived as ineffective)

  - Puts you at risk for disciplinary action, consumer loss, loss of funding, and litigation (Brodhead & Higbee, 2012; Brodhead, Quigley, & Cox, 2018)
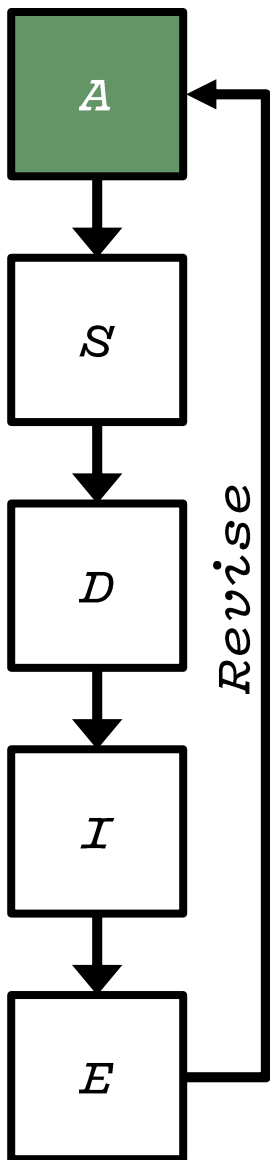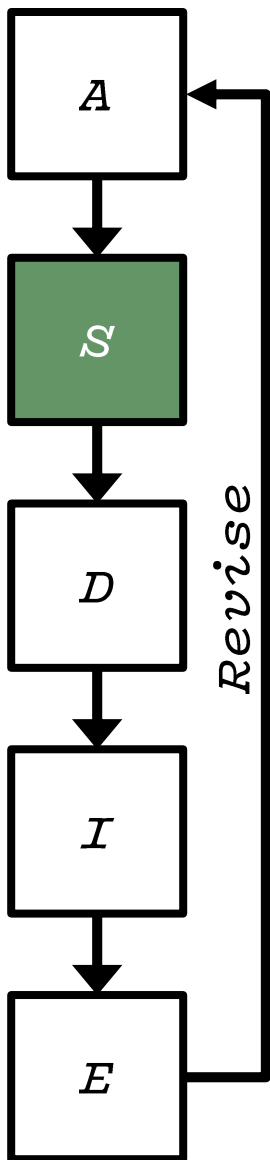
Specify

- **Identify your scope of competence**

- How?
  - Follow a framework for self-evaluation

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Revise

Only <u>you</u> can determine your scope of competence!

Design

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- Identifying scope of competence is a discriminated operant that must be taught to an optimal level of fluency (i.e., speed and accuracy in identifying scope of competence).

- Just as a professional may often refer to a task analysis of critical steps to perform during a functional assessment, a professional may often refer evaluate his or her scope of competence.

Design

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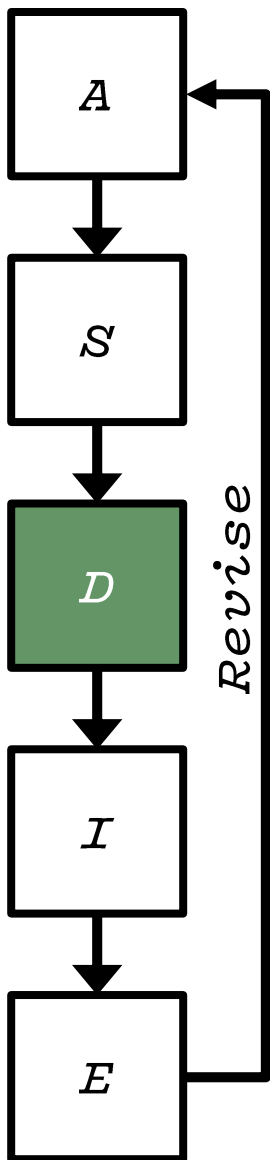
- I developed a self-assessment called the *Competence and Confidence Checklist* (CCC) to assist in such an evaluation and to support professional development, if needed
  - Fun fact: according to www.thefreedictionary.com, there are at least 367 different uses for the acronym CCC!

Design

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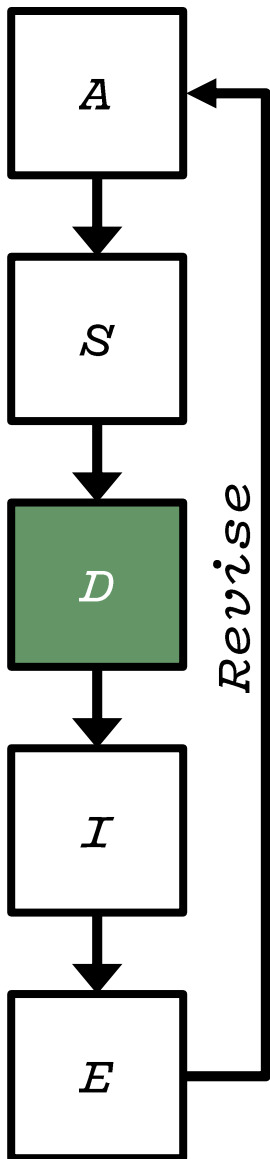
- The CCC guides an analysis of one's
  - *competence* in the domains of procedures and strategies, populations, and settings, and
  - *confidence* based on prior experience, familiarity with literature, and available resources.
- The CCC is designed to mitigate the risks associated with overconfidence by guiding the behavior analyst to consider the similarity of the current problem to
  - past experiences, and
  - conditions described in the research literature.
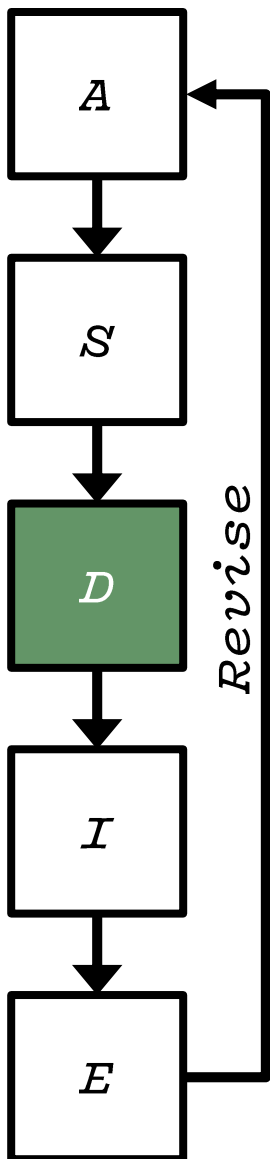
Competence and Confidence Checklist

Questions	Answers				Pursue Additional Supervision or PD?	
Question 1. Given the current behavioral problem, what is my level of *competence* in						
(a) procedures and strategies	High	Medium	Low	Unknown	Yes	No
(b) populations	High	Medium	Low	Unknown	Yes	No
(c) settings	High	Medium	Low	Unknown	Yes	No
Question 2. What is my level of *confidence* in treatment success, based on my						
(a) past experiences	High	Medium	Low	Unknown	Yes	No
(b) familiarity with literature	High	Medium	Low	Unknown	Yes	No
(c) available resources	High	Medium	Low	Unknown	Yes	No
Question 3. How *similar* is the current behavioral problem and the context in which services are delivered to						
(a) my past experiences	High	Medium	Low	Unknown	Yes	No
(b) my previously available resources	High	Medium	Low	Unknown	Yes	No
(c) the characteristics of participants in relevant research	High	Medium	Low	Unknown	Yes	No
(d) the conditions described in relevant research literature	High	Medium	Low	Unknown	Yes	No
Question 4. What is my overall level of competence, based on my answers to Questions 1, 2, and 3?	High	Medium	Low			

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.

Implement

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- If you were to implement this system in your organization, what barriers would you expect to encounter?

Evaluate

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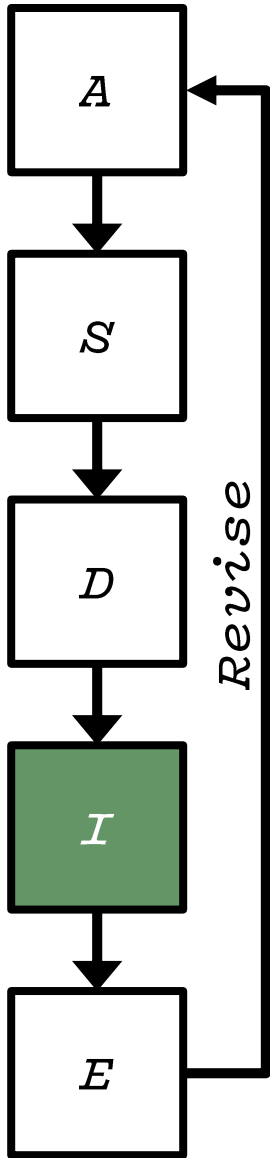
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- Reliability between observers
  - Hypothetical or real scenarios
- Number of cases referred (pre/post CCC use)
- Number of additional professional development opportunities sought
- Additional research literature accessed
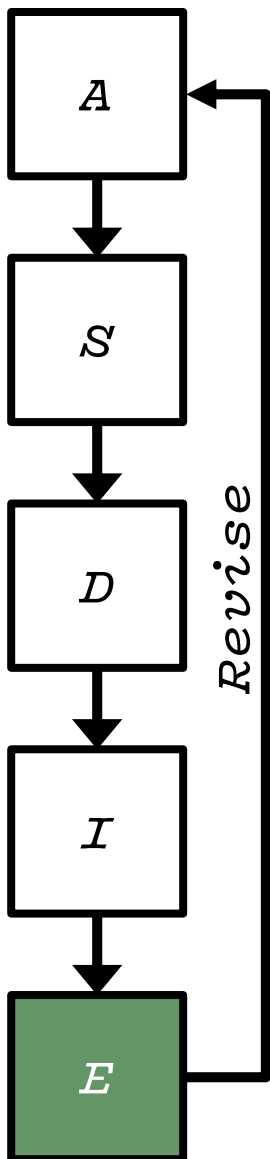
Case Study

Case Study

- What follows is an actual case study in remediation as a result of a violation of the BACB Code. Please note:
  - Some details remain confidential or purposefully vague to protect the individual's identity.
  - I will use gender neutral pronouns when referring to this person.
  - The activity described in this case study has been approved by Michigan State University's IRB (IRB# x16-1287e Category: Exempt 1)
  - Additional consent has been obtained to discuss specific details of the document that was provided to the individual by the BACB, that details the violation and conditions for remediation.

Background

- I received an e-mail from an individual requesting my assistance to serve a supervisor, as a condition of their ethics violation.

- Specifically,
  - They requested 3-6 months of weekly supervision (no less than 1 hr per week)
    - This person had to have a PhD and BCBA credential with a doctoral designation (BCBA-D)
  - The supervision had to address the matters specific to the violation
  - The BACB Code item that was violated was 2.0

BACB Code 2.0

- Behavior Analysts' Responsibility to Clients:
  - "Behavior analysts have a responsibility to operate in the best interest of clients."

Analyze

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- As a consultant, I saw my role as one that sought to understand what clinical activities may be incongruent with BACB Code 2.0
- Broadly, these activities included
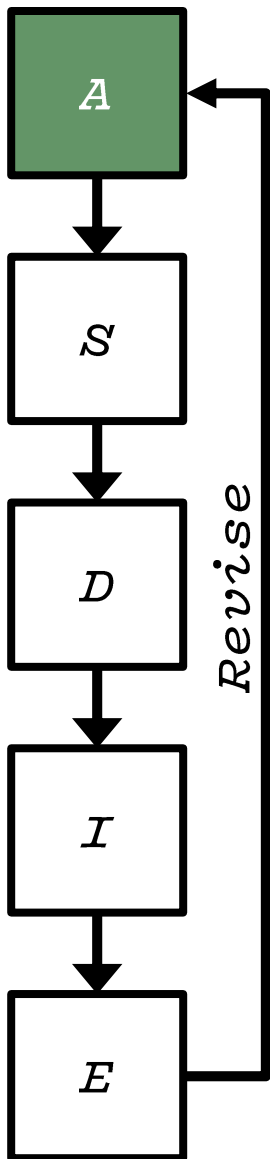 - (1) Interventions that confused crisis management with behavior management
  - (2) Interventions that included punishment components prior to using reinforcement only interventions

Analyze

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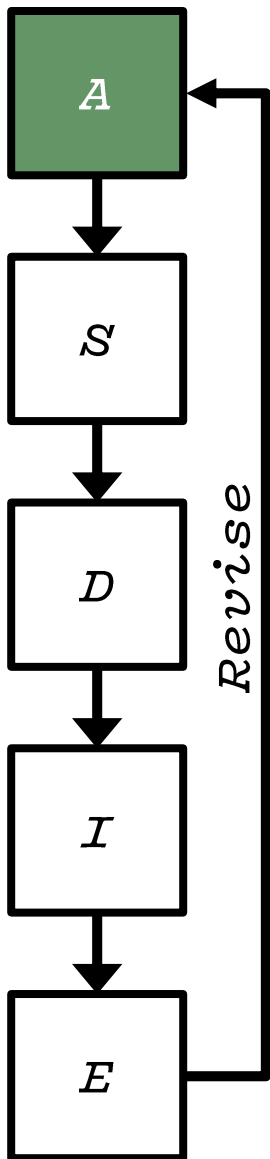
E

- (1) Interventions that confused crisis management with behavior management:
  - In these cases, I observed that crisis management strategies were used as a means to reduce problem behavior
    - Contrary to my understanding that crisis management procedures were designed to ensure client and employee safety
  - I observed that clients who had a history of needing more restrictive levels of crisis management lacked clear definitions of when to initiate crisis management strategies
    - It was not clear at what point employees should "abandon" the current behavior reduction program and institute the crisis management
      - This left much of the crisis management strategies to the judgement of employees
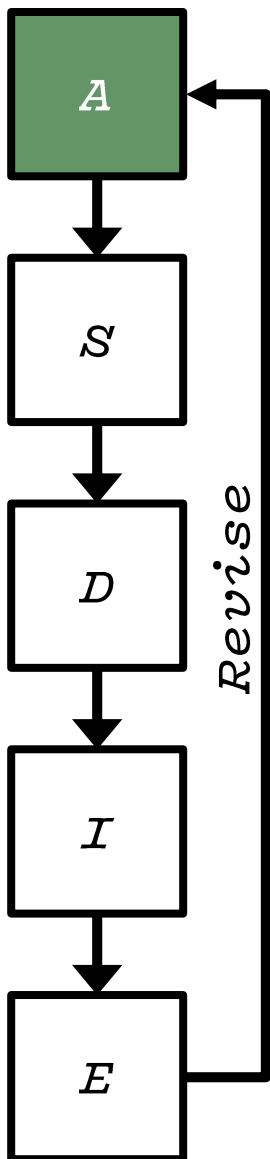
Analyze

- (2) Interventions that included punishment components prior to using reinforcement only interventions
  - This included
    - formal behavior intervention plans
    - "across the board" organizational responses to "in the moment" challenging behavior

Analyze

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- In light of these observations, I observed a genuine willingness to change and do better. It was clear to me that client safety, well-being, and interests were primary values, and that the individual and their organization was ready to do whatever was needed to ensure these values were upheld.

- All objectives described next are a product of mutual agreement between me and the person I was supervising

  - I have been clear from the onset of the experience that the only changes I want to make are the changes the organization can manage and are sustainable

Specify

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- (1a) Remove all crisis management strategies from behavior intervention plans
- (1b) For clients with a history of requiring physical crisis management, the organization will develop, implement, and train employees to respond to operational definitions of behaviors that will result in the implementation of physical crisis management
  - This is different than "in the moment" escalations for new situations
    - I saw this as an important, but separate issue
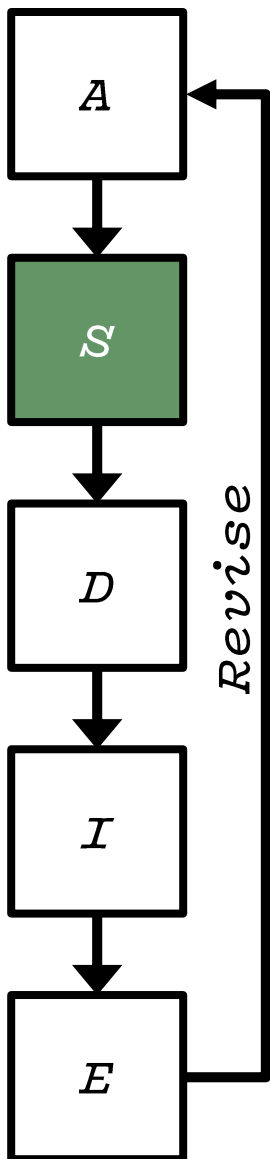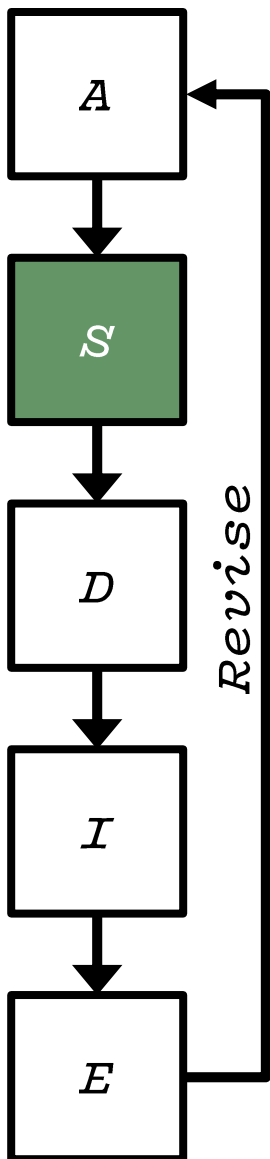
Specify

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- (1c) Develop and implement procedures for documenting instances of physical management, beyond those required by law and agency overseeing physical management systems
  - To create a paper trail

## Specify

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Revise
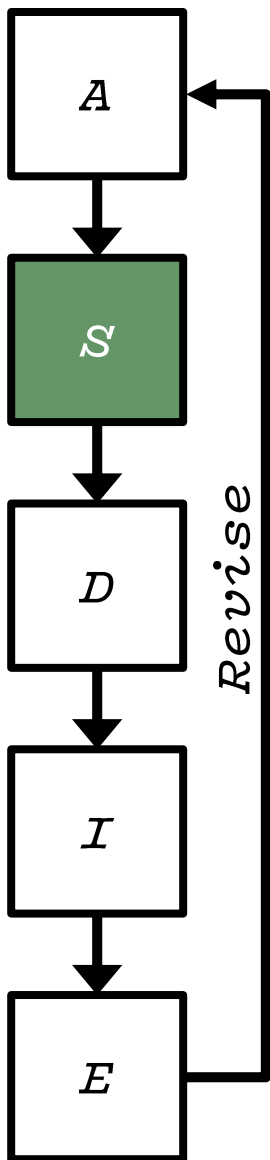
- (2a) Develop an organizational definition of punishment

- (2b) Develop and implement a system of behavior intervention plan development that
  - favors reinforcement-only interventions and
  - creates additional safeguards for clients, if punishment-based interventions are proposed
  - integrates systematic evaluation of treatment integrity
  - to create a paper trail
- (2c) Implement policy and oversight strategies that immediately removed discretion of employees to use any intervention "in the moment" that fit the organizational definition of punishment

Design and Implement

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```

- (1a) Remove all crisis management strategies from behavior intervention plans
  - Done!
- (1b) For clients with a history of requiring physical crisis management, the organization will develop, implement, and train employees to respond to operational definitions of behaviors that will result in the implementation of physical crisis management
  - Definitions were developed and approved for all existing cases, and all employees were trained on examples and non-examples of these definitions
  - Integrated into organizational policy to ensure continued implementation
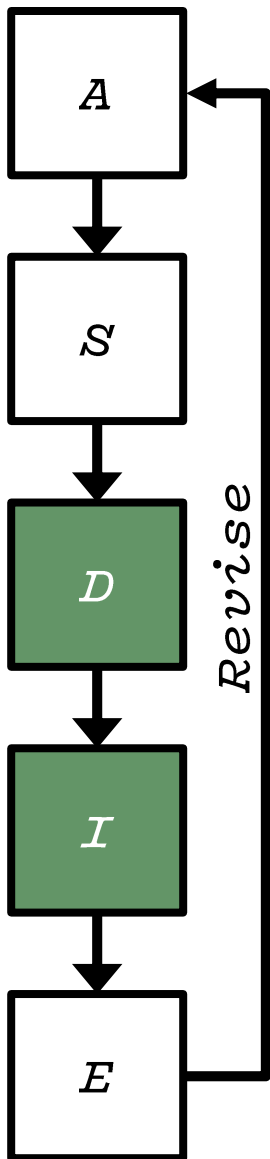
MICHIGAN STATE UNIVERSITY College of Education

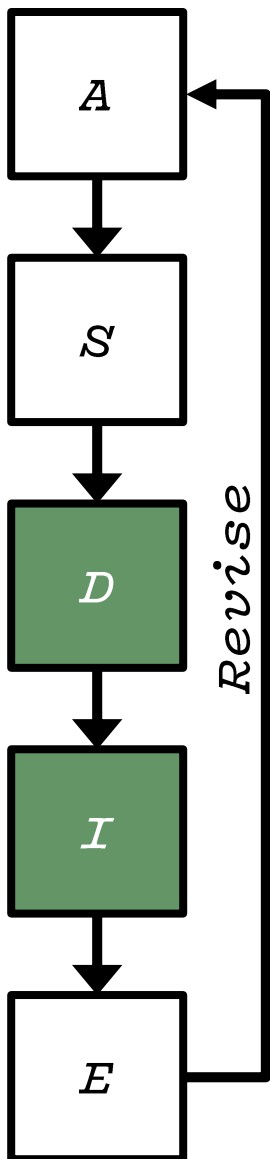# Design and Implement

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Revise

- (1c) Develop and implement procedures for documenting instances of physical management, beyond those required by law and agency overseeing physical management systems
  - Physical management documentation now included the requirement of a detailed, moment by moment account of the incident
  - Required signature of client's program manager, as well as the director
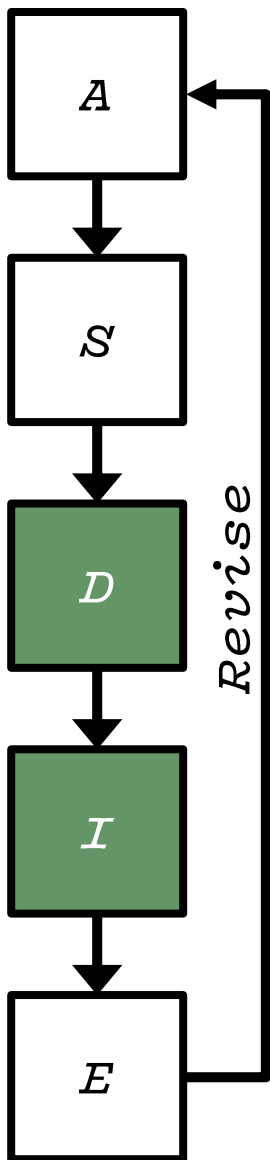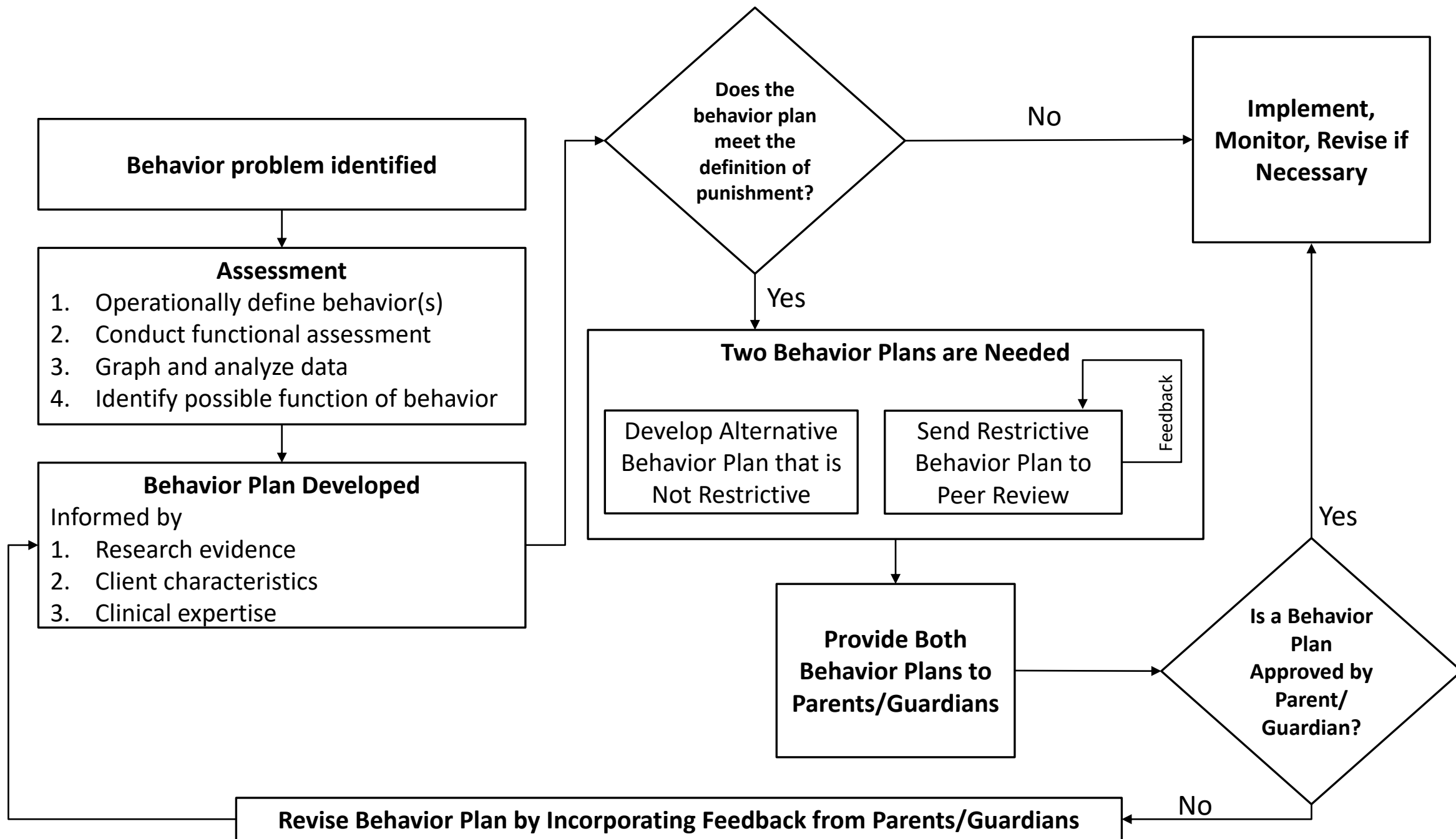
Design and Implement

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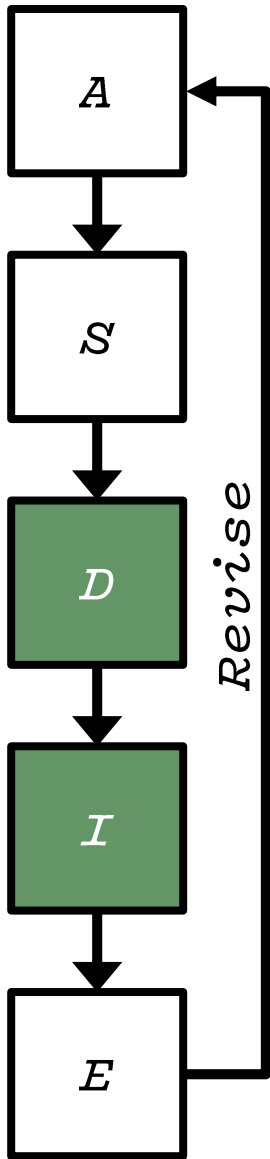
- **(2a) Develop an organizational definition of punishment**
  - "Any intervention that a) limits a client's freedom of movement and / or b) results in an outcome, when a behavior occurs, that is intended to decrease behavior"
    - The purpose of this definition was not to create one that was functionally aligned w/the definition of punishment, as we know it
    - Instead, it was developed to account for "intent" on behalf of the person implementing the behavior change program
- **(2c) Implement policy and oversight strategies that immediately removed discretion of employees to use any intervention "in the moment" that fit the organizational definition of punishment**
  - Implemented, trained, observed, done

Design and Implement

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Revise

- (2b) Develop and implement a system of behavior intervention plan development that
  - favors reinforcement-only interventions and
  - creates additional safeguards for clients, if punishment-based interventions are proposed
  - integrates systematic evaluation of treatment integrity
  - to create a paper trail

```
┌─────────────────────────────────┐                        ◇ Does the ◇                                    ┌──────────────────┐
│                                 │                       ◇ behavior plan ◇          No                    │    Implement,    │
│  Behavior problem identified    │─────┐                ◇  meet the      ◇────────────────────────────────▶│ Monitor, Revise if│
│                                 │     │               ◇   definition of  ◇                               │    Necessary     │
└─────────────────────────────────┘     │                ◇  punishment?   ◇                                └──────────────────┘
                                        │                  ◇            ◇                                          ▲
                                        │                      Yes                                               │
┌─────────────────────────────────┐     │                       │                                                │
│         Assessment              │     │                       ▼                                                │
│  1. Operationally define        │     │     ┌──────────────────────────────────────────────┐                 │
│     behavior(s)                 │     │     │       Two Behavior Plans are Needed          │                 │
│  2. Conduct functional          │     │     │                              ┌──────┐        │              Feedback
│     assessment                  │     │     │  ┌──────────────┐  ┌─────────┐│      │        │                 │
│  3. Graph and analyze data      │     │     │  │Develop Altern-│ │Send Rest-││Feed- │       │                 │
│  4. Identify possible function  │     │     │  │ative Behavior │ │rictive  ││back  │        │                 │
│     of behavior                 │     │     │  │Plan that is   │ │Behavior ││      │        │                 │
└─────────────────────────────────┘     │     │  │Not Restrictive│ │Plan to  │└──────┘        │                 │
                                        │     │  └──────────────┘ │Peer Rev.│               │                 │
                                        │     │                   └─────────┘               │                 │
┌─────────────────────────────────┐     │     └──────────────────────────────────────────────┘                 │
│   Behavior Plan Developed       │─────┘                        │                                              │
│  Informed by                    │                              ▼                                       Yes    │
│  1. Research evidence           │              ┌──────────────────────────┐                                   │
│  2. Client characteristics      │◀─┐           │      Provide Both        │              ◇ Is a Behavior ◇     │
│  3. Clinical expertise          │  │           │   Behavior Plans to      │─────────────▶◇     Plan      ◇────┘
└─────────────────────────────────┘  │           │   Parents/Guardians      │             ◇ Approved by   ◇
                                     │           └──────────────────────────┘              ◇  Parent/      ◇
                                     │                                                      ◇  Guardian?    ◇
                                     │                                                            ◇       ◇
                                     │   ┌──────────────────────────────────────────────────────────┐   No
                                     └───│ Revise Behavior Plan by Incorporating Feedback from Parents/Guardians │◀────
                                         └──────────────────────────────────────────────────────────┘
```

Behavior problem identified

Assessment
1. Operationally define behavior(s)
2. Conduct functional assessment
3. Graph and analyze data
4. Identify possible function of behavior

Behavior Plan Developed
Informed by
1. Research evidence
2. Client characteristics
3. Clinical expertise

Does the behavior plan meet the definition of punishment?

No → **Implement, Monitor, Revise if Necessary**

Yes ↓

Two Behavior Plans are Needed

Develop Alternative Behavior Plan that is Not Restrictive

Send Restrictive Behavior Plan to Peer Review

Feedback

Provide Both Behavior Plans to Parents/Guardians

Is a Behavior Plan Approved by Parent/Guardian?

Yes → Implement, Monitor, Revise if Necessary

No → **Revise Behavior Plan by Incorporating Feedback from Parents/Guardians**

Design and Implement

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Revise

- I viewed this organizational change as the single most important thing I could do
- Yet, observation and measurement of this process could be difficult
- So I developed a document that would be completed for each behavior intervention plan, so I could observe the "thinking" behind each plan, and also evaluate the accuracy of decisions at each critical point
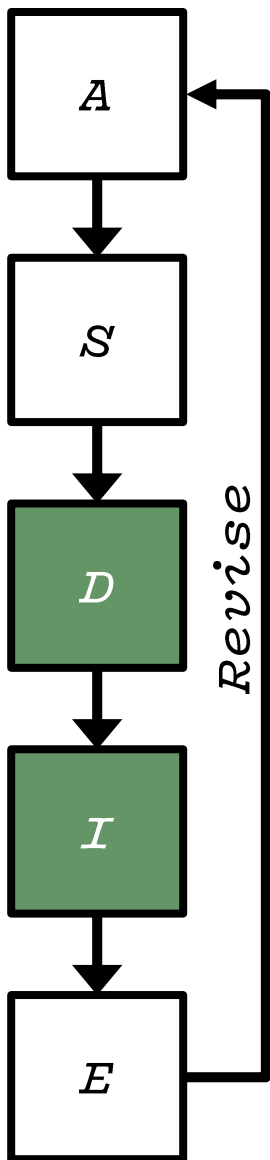
Step 1. Assessment

Instructions: Conduct a behavioral assessment, and summarize the outcomes of each step.	
Step	*Summary of Outcomes*
1. Operationally define behavior(s)	
2. Conduct a functional assessment	
3. Graph and analyze data	
4. Identify possible function(s) of behavior	

Step 2. Behavior Plan Development

Instructions: Develop a behavior plan that takes into consideration the following components of evidence-based practice. Then describe how each component was considered.	
Component	*How was it considered?*
1. Research evidence	
2. Client characteristics	
3. Clinical expertise	

Step 3. Review Definition of Restrictive Intervention

Instructions: Compare your behavior plan to your definition of a restrictive intervention. Determine whether or not the intervention is restrictive. Describe why it is, or is not, restrictive.	
Definition of Restrictive Intervention	*Is the Intervention Restrictive? Describe the Reason(s) for Your Answer*
Any intervention that a) limits a client's freedom of movement and / or b) results in an outcome, when a behavior occurs, that is intended to decrease behavior	

If the behavior plan is NOT restrictive, proceed to implement. If it IS restrictive, continue to Step 4 below.

Step 4a. Seek Peer Review

Instructions: Send your restrictive behavior plan to a colleague for peer review. Summarize the feedback you received and how that feedback was integrated into your behavior plan.	
What feedback was provided by your colleague?	*How did you incorporate that feedback into your behavior plan?*

Step 4b. Alternative Behavior Plan Development

Instructions: Since you'll be presenting two behavior plans for the parent/guardian to consider, develop a second behavior plan that **does not** meet your definition of a restrictive intervention. Make sure the behavior plan takes into consideration the following components of evidence-based practice. Then describe how each component was considered.	
Component	*How was it considered?*
1. Research evidence	
2. Client characteristics	
3. Clinical expertise	

Step 5. Provide both behavior plans to the parents/guardians

Instructions: Provide both behavior plans to the parents/guardians. Describe the outcome of this meeting, along with any feedback you may have received.	
Was one of your two behavior plans approved?	*Describe any feedback you received during this meeting*

Step 6. Incorporate Feedback (If Necessary)

Instructions: In the event neither of your behavior plans were approved, or if you received feedback about a behavior plan, describe how this feedback from the parents/guardians was taken into consideration when revising your proposed plan(s). Then, repeat the above process until a behavior plan IS approved by a parent/guardian.
Describe your process

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Revise

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Evaluate and Revise

- I evaluated progress by observing the following:
  - Definitions of when to implement physical management
  - Documentation of incidents involving physical management
  - Quality of behavior plan development, and accuracy of following our agreed upon behavior plan development process
- Revisions ongoing
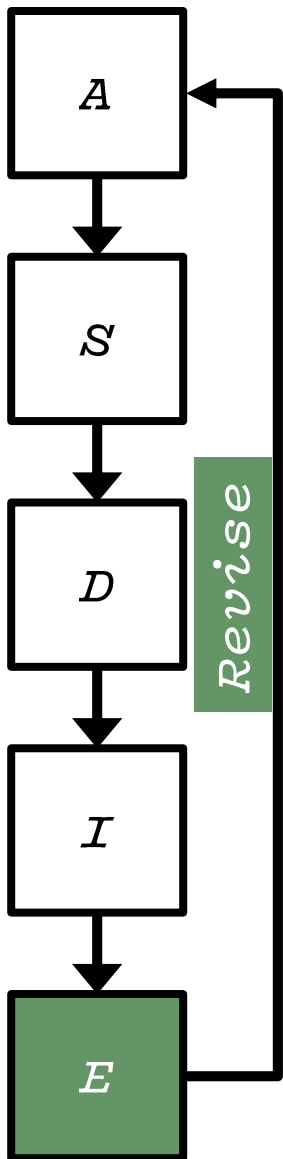
Guided Practice

Step 1a

1. Identify an employee behavior that is occurring **too often** that does not align with the BACB Code.
2. Then, identify the BACB Code item(s) it may be violating.

Keep in mind:

-The behavior should be observable and past the dead man test (if a dead man can do it, it isn't behavior).

-Identify the behavior that *is* happening, not what *should* be happening.

-Multiple code items may apply to a single behavior.

-Avoid victim blaming (saying the victim of the problem is the cause of the problem); instead, describe the environmental factors that may be responsible for employee behavior.

Employee Behavior and Negative Effects	BACB Code Elements(s)
1.	
2.	

Step 1a Example

1. Identify an employee behavior that is occurring **too often** that does not align with the BACB Code.
2. Then, identify the BACB Code item(s) it may be violating.

Keep in mind:

-The behavior should be observable and past the dead man test (if a dead man can do it, it isn't behavior).

-Identify the behavior that *is* happening, not what *should* be happening.

-Multiple code items may apply to a single behavior.

-Avoid victim blaming (saying the victim of the problem is the cause of the problem); instead, describe the environmental factors that may be responsible for employee behavior.

Employee Behavior and Negative Effects	BACB Code Elements(s)
1. Employees note that they complete behavioral programs that they did not actually run	1.04 (integrity) 2.0 (responsibility to clients)
2. Employees engage in activities with families that risk developing or have created multiple relationships	1.06 (multiple relationships)

Step 1b

1. Identify an employee behavior that is not occurring frequently enough, and does align with the BACB Code. Be sure to describe the negative effects of that behavior (or lack of).
2. Then, identify the BACB Code item(s) the behavior may be satisfying.

Employee Behavior and Negative Effects	BACB Code Elements(s)
1.	
2.	

Step 1b Example

1. Identify an employee behavior that is not occurring frequently enough, and does align with the BACB Code. Be sure to describe the negative effects of that behavior (or lack of).
2. Then, identify the BACB Code item(s) the behavior may be satisfying.

Employee Behavior and Negative Effects	BACB Code Elements(s)
1. Employees infrequently obtain permission from client prior to implementing a restrictive intervention	4.02 (involving clients in planning and consent)
2. Employees infrequently conduct a functional assessment prior to developing a behavior reduction program	3.01 (behavior-analytic assessment)

<u>Step 2a</u>

Using a behavior you identified in Step 1a or 1b,

1. Specify the behavior that *should* be occurring, the performance objective. The objective should be stated as measurable dimensions of behavior.
2. Describe the conditions under which this behavior should occur.
3. Describe how this behavior can be measured.

What behavior have you identified for further analysis?

	Performance Objectives	Under What Conditions Should the Behavior Occur	Measurement System

Step 2a Example

Using a behavior you identified in Step 1a or 1b,
    1.   Specify the behavior that *should* be occurring, the performance objective. The objective should be stated as measurable dimensions of behavior.
    2.   Describe the conditions under which this behavior should occur.
    1.   Describe how this behavior can be measured.

What behavior have you identified for further analysis? *Employees infrequently obtain consent from clients prior to implementing a restrictive intervention*

Performance Objectives	Under What Conditions Should the Behavior Occur	Measurement System
Employees will obtain permission to implement every restrictive intervention	*Prior to implementing that intervention*	*Permanent product; percentage of restrictive behavior plans with consent obtained*

Step 3a

1. Using the behavior you identified for analysis in Step 2, complete the *Performance Diagnostic Checklist – Human Services* (Carr, Wilder, Majdalany, Mathisen, & Strain, 2013)
   a. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4788645/bin/40617_2015_99_MOESM1_ESM.pdf
2. Below, identify the area(s) of environmental modification. Select all that apply.
3. Indicate whether or not you are able to affect behavior change in the area(s) of modification.
   a. If you cannot affect change in a specific area, you may need to consider whether or not this may be a barrier to effective behavior change and problem solve as needed to resolve / reduce this barrier.

Areas that Need Modification	Can You Affect Change in this Area?
___ Training	Yes / No / NA
___ Task clarification and prompting	Yes / No / NA
___ Resources, materials, & processes	Yes / No / NA
___ Performance consequences, effort, & competition	Yes / No / NA

Step 3a Example

1. Using the behavior you identified for analysis in Step 2, complete the *Performance Diagnostic Checklist – Human Services* (Carr, Wilder, Majdalany, Mathisen, & Strain, 2013)
   a. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4788645/bin/40617_2015_99_MOESM1_ESM.pdf
2. Below, identify the area(s) of environmental modification. Select all that apply.
3. Indicate whether or not you are able to affect behavior change in the area(s) of modification.
   a. If you cannot affect change in a specific area, you may need to consider whether or not this may be a barrier to effective behavior change and problem solve as needed to resolve / reduce this barrier.

Areas that Need Modification	Can You Affect Change in this Area?
_x_ Training	**Yes** / No / NA
___ Task clarification and prompting	Yes / No / NA
_x_ Resources, materials, & processes	**Yes** / No / NA
___ Performance consequences, effort, & competition	Yes / No / NA

Step 3b

1. In each area you identified as both in need of modification **and** changeable, describe a specific intervention (system) you may design and implement.
2. Identify who will be responsible for implementing the intervention and taking data.
3. Identify whether or not you have the resources to carry out that intervention.
   a. If you do not have the resources to carry out the intervention, you should either a) obtain them or b) design a different intervention. If you are unaware, find out or design a new intervention.

	Training	**Task Clarification**	**Resources, Materials, & Processes**	**Performance Consequences, Effort, & Competition**
Intervention(s)				
Who will be responsible?				
Are resources available?	Yes, No, Unknown	Yes, No, Unknown	Yes, No, Unknown	Yes, No, Unknown

Step 3b Example

1. In each area you identified as both in need of modification **and** changeable, describe a specific intervention (system) you may design and implement.
2. Identify who will be responsible for implementing the intervention and taking data.
3. Identify whether or not you have the resources to carry out that intervention.
   a. If you do not have the resources to carry out the intervention, you should either a) obtain them or b) design a different intervention. If you are unaware, find out or design a new intervention.

	Training	**Resources, Materials, & Processes**
Intervention(s)	Specify frequency at which behavior should occur and train how to compare intervention to the definition to of a restrictive intervention	Develop and make available an operational definition of "restrictive intervention"

Modify behavior plan form to include checklist that indicates acknowledgement of comparing intervention to definition |
| *Who will be responsible?* | Matt | Matt |
| *Are resources available?* | **Yes**, No, Unknown | **Yes**, No, Unknown |

Step 4a

1. Identify the challenges that may arise during the implementation of your intervention.
2. Identify the potential solution(s) to each challenge.

Challenges that May Arise	Potential Solutions
1.	1.
2.	2.
3.	3.
4.	4.

Step 4a Example

1. Identify the challenges that may arise during the implementation of your intervention.
2. Identify the potential solution(s) to each challenge.

Challenges that May Arise	Potential Solutions
1. Employee understanding of definition of "restrictive" may change	1. Provide periodic trainings on the definition of "restrictive"
2. New employees may not be familiar with guidelines for consent	2. Ensure new employee orientation includes training on consent; provide follow-up trainings with new employees 30, 60, and 90 days after hire
3. Demands on supervisors may compete with oversight responsibilities	3. Director will budget specific time, each week, for supervisors to review consent documents, and will ensure no other demands on supervisors are placed during this time
4. Consent documents may difficult to find or may not be accessible when needed	4. Ensure ample copies of documents are printed; ensure an electronic version of the consent document is readily available on server

Step 5a

1. Indicate how often you plan to analyze data.
2. Indicate who will be involved in the data analysis process.
3. Indicate how you plan to display the data.
4. Describe the potential challenges that may arise in the data analysis process, and how you may resolve those challenges.

How Often Do You Plan to Analyze Data?	Who Will Be Involved in the Data Analysis Process?

How Do You Plan to Display the Data (e.g., a table or time-series graph)?	

Challenges that May Arise	Potential Solutions
1.	1.
2.	2.

Step 5a Example

1. Indicate how often you plan to analyze data.
2. Indicate who will be involved in the data analysis process.
3. Indicate how you plan to display the data.
4. Describe the potential challenges that may arise in the data analysis process, and how you may resolve those challenges.

How Often Do You Plan to Analyze Data?	Who Will Be Involved in the Data Analysis Process?
We plan to analyze data on a monthly basis	The leadership team, which includes the Director and all BCBAs on staff, will analyze the data

How Do You Plan to Display the Data (e.g., a table or time-series graph)?	
The data will be displayed on a time-series graph. Percentage of documents signed will be depicted on the Y axis, and time (in months) will be depicted on the X axis.	

Challenges that May Arise	Potential Solutions
1. There may be more pressing issues to discuss at the monthly meeting	1. Budget time in the agenda for discussion; share data electronically for comment
2. Clinical demands may compete with collecting and graphing data	2. Delegate this task in advance

Contact

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