

Queries and Questions from Behavior Analysts

By Authors Jon Bailey and Mary Burch

Note to Readers: This is the third in a series of articles on ethics where we answer ethical questions from behavior analysts. This question was asked at a recent workshop we conducted in Texas. Numbers in parentheses denote specific citations of the Guidelines.

QUESTION: "I work with clients who are developmentally disabled both in their homes and at school. There is a behavioral consultant in our area that will frequently recommend that a punishment procedure be implemented with a client without having seen the client himself. This professional knows from school staff who are Board Certified Associate Behavior Analysts that the client has several behavior problems but he has never worked with or observed the child himself."



Jon Bailey, PhD

ANSWER: We hear many complaints at our workshops about situations just like this. There are so many ethics violations here that it's hard to know where to start with our critique of this case. For starters, we gather that the "behavioral consultant" is not a BCBA® and thus unfortunately his actions do not fall under the BACB Guidelines for Responsible Conduct. Nonetheless, he is supervising BCABAs so this actually puts them in an ethical bind since they are required to follow the Guidelines. The fact that he has not seen the client is not the worst offense here because direct face-to-face contact with clients is not required by the Guidelines. (We discussed this in the last issue of the FAB A Observer Vol. One #2). That said, we can focus on the Associates who are primarily in contact with the client and who are required to operate in his or her best interests.



Mary Burch, PhD

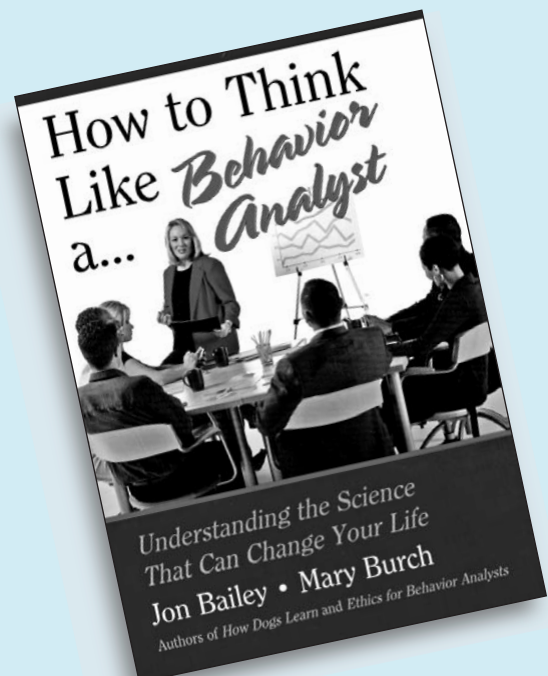
The client in question has a right to effective treatment (2.09(b)) and the Associates are required to do a functional analysis (3.03) to determine the most appropriate treatment under the circumstances (3.01). This means they will need to "push back" against the recommendation of the consultant to use punishment since under 4.02, they are required to recommend reinforcement rather than punishment and the use of the least restrictive procedure (4.07). The Associates' rationale here is that they are required to "operate in the best interests of the client" (2.0) which in this case means protecting him or her from the inappropriate use of punishment. For the Associates to simply follow the instructions given by the behavioral consultant and ignore the rights of the client (2.05) would in itself be a violation of our code of ethics.

Perhaps the most difficult part of this scenario is the inherent conflict between the Board Certified Associates and the

not-certified consultant from who they apparently must take directions. We believe the Guidelines could be interpreted to support the Associates getting a second opinion from a BCBA as to the ethical course of action. This would start with the client or guardian giving approval to do a functional assessment. Guideline 2.03(a) says, "Behavior analysts arrange for appropriate consultations and referrals based on the best interest of their clients..." which in this case would provide the justification to seek out a BCBA® and provide more appropriate and ethical treatment. In this case, the Associates could refer to Guideline 2.03(b) and determine that they do not need to cooperate with this particular "behavioral consultant" who appears to be operating unethically.

Note to readers: Please send your questions or scenarios to: Jon S. Bailey, PhD at: bailey@psy.fsu.edu In the subject line, please write "ETHICS ANYONE?" 

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