

Discussion Panel: Ethical dilemmas in intensive behavioral intervention



Association Québécoise pour l'Analyse du Comportement

Quebec Association for Behaviour Analysis

Panelists




Sylvie Deschamps, *Psycho-educator*

Sylvie Donais, *Psychologist*

Theodore Gossou, *BCBA*

Moderated by Myra-Jade Lui

Dilemma #1

- ▶ Ms. M seeks out behavioural treatment for her son from a center close to her house. Her son, appears to have lots of potential and always seems well-cared for: he is dressed and groomed well, and always has healthy snacks. He is brought to therapy on time.
 - ▶ The staff start to notice after a week or so Ms. M engaging in some odd behavior. She does not talk to the staff that work with her child, and when they greet her she will ignore them. She will only talk to the director and asks to talk to them for almost the entire session, mostly about things not related to her son.
 - ▶ She avoids the parent-training sessions that have been scheduled, and if she is forced to stay, she gets off topic. She leaves several messages on the voicemail each night after the staff has left, each one with a different message about how people in the community are persecuting her. For example, she complains that her taxi driver stopped in the middle of the street as opposed to pulling over, and that people in the library are speaking loudly on purpose so she cannot work. She asks the director to not make appointments during the times when her son is in therapy, so that she can talk with them if she needs to about any issues she feels are pressing.
 - ▶ She asks the director to write letters to her landlords and neighbors explaining that people should not harass them because of her child's problems. On some weeks Ms. M leaves up to twenty emails and dozens of phone messages for the director.
- 

Dilemma #1 (cont.)

- ▶ The staff at the clinic are not worried about her son's ability to make progress, but they feel overwhelmed by the nature of the interactions with Ms. M, and worry about their ability to train her if she will not cooperate during her parent-training sessions.
- ▶ Most of all, they feel that she may be psychologically ill, and wonder if they have a duty to call the social services about her. They know they cannot abandon clients, but there seem to be many barriers that may impede progress.
- ▶ What should they do?



Responses #1

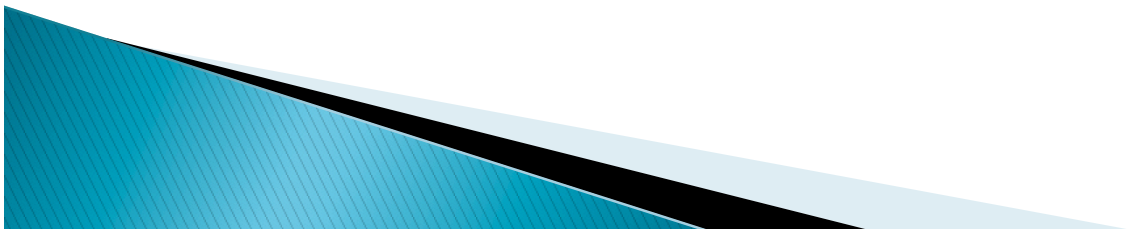
Ethical codes of conduct for Psychoeducators

- ▶ Article 11: The psychoeducator shall not refuse, or cease to act on behalf of a client without just and reasonable cause.
- ▶ Article 15: The psychoeducator shall, excepting emergencies, get his client, his agent or his parents if a child under 14, free and informed consent prior to any provision of professional services .
 - In order for the client to give informed consent, the psychoeducator informs and ensures understanding of:
 - The purpose, nature and relevance of professional services and their main modalities of implementation.
 - Alternatives, limits and constraints in the delivery of professional services.
- ▶ Article 44: Before providing professional services, the psychoeducator evaluates their skills, knowledge and resources.
 - Where the psychoeducator does not possess the expertise or resources required for a client, the psychoeducator obtains the assistance of another psychoeducator or professional, or refers to one of them.

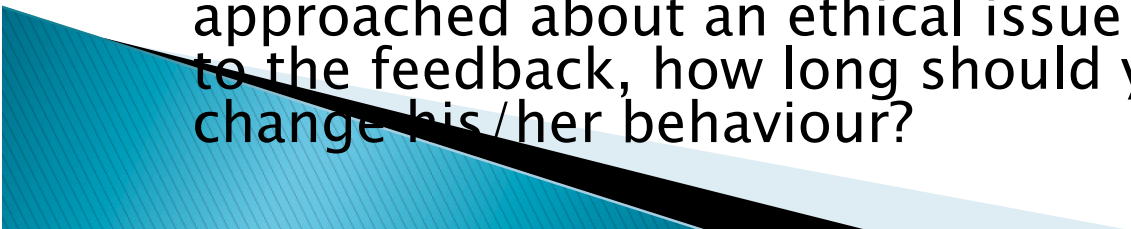


Responses #1 ...

- ▶ Address the situation explicitly with the mother.
- ▶ Refer her to a psychologist or social worker (for her own issues).
- ▶ Revisit the service agreement and revise it, clarifying points about the scope of practice and responsibilities to client.
- ▶ BACB guideline 2.02 (responsibility to all clients – termination warranted?)
- ▶ BACB guideline 2.09 (disclosures permitted to protect from harm?)

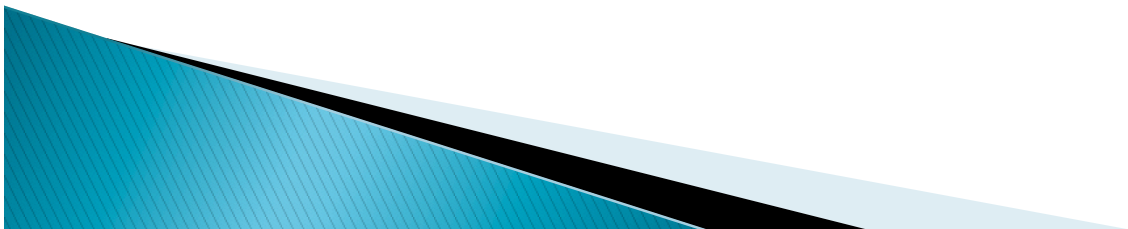


Dilemma #2

- ▶ A director of a centre is a BCBA but promotes occupational therapy, not just to improve motor skills but to increase attending, get the child "ready and receptive" for their ABA therapy, and help with sensory needs.
 - ▶ It has been pointed out to the director that as a BCBA, she cannot promote OT for those reasons as they are not supported in the literature.
 - ▶ She has been receptive to feedback in the past but feels strongly about the benefits of OT and was recently overheard talking to another employee about how she is not allowed to promote OT for attending and sensory issues but still believes that it helps. It is unknown how she is currently explaining OT to parents.
 - ▶ What should be done? If the BCBA has already been approached about an ethical issue and he/she is receptive to the feedback, how long should you give him/her to change his/her behaviour?
- 

Responses...

- ▶ **Violation of 2.10** (responsibility to recommend only effective treatments, as validated by current research).
- ▶ **Individual followed protocol, guideline 8.01** (attempted to address this issue directly with the colleague).
- ▶ **What next?**
 - Determine to what extent the director is prompting OT; perhaps by asking on behalf of a client or asking directly.
 - Report this individual to the BACB? The new guidelines will be enforceable from 2016.
 - Attempt to shape the director's behaviour by forming a supportive relationship that includes exposure to current research and articles, develop strategies that will demonstrate the gains expected from OT such as a behavioural definition of these gains and the reliance on data (guideline 4.07)... 6 months?
 - After a violation of the guidelines? An immediate rectification of the violations would be expected.

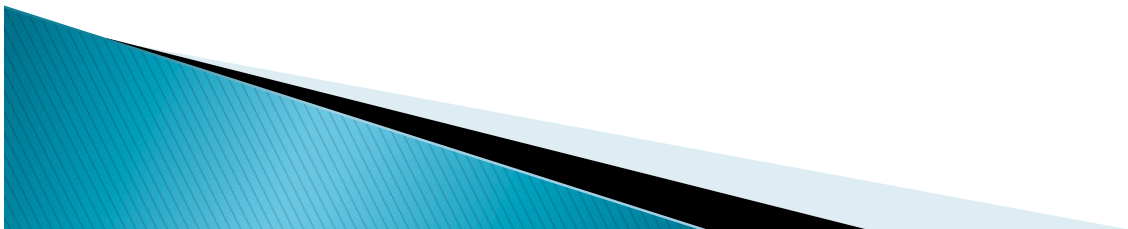


Dilemma #3

- ▶ You are approached by Mr. and Mrs. Savard in order to consult with them because their 2½ year old daughter was diagnosed with ASD. They say they are aware of the studies that recommend early and intensive intervention, so they consult you for this service. Their daughter presents with developmental delays and they would like to target age appropriate skills in order to encourage social interactions with her peers.
- ▶ You are a psychologist practicing in IBI for over 20 years so you feel comfortable to offer them this service. The child does not receive public services (from the CRDI) but is on the waiting list. Parents have few financial resources but agree to pay the fees for 10 hours of intervention per week. They also agree to apply the intervention objectives with their daughter in the evenings and on weekends.

From the start, there are several observable improvements:

- She shows an increase in the frequency of eye contact in order to communicate a request
- She repeats words verbalized by the adult
- She shows an increase in playing time with the adult sitting on the floor
- She shows an increase in her responses to verbal instructions
- She shows an increase in her imitation of gestures from adults and peers
- She shows a reduction in crying time.



Dilemma #3 (cont.)

- ▶ The child responds to behavioral intervention while receiving 10 hours of intervention per week and parents expect an increase in the child's rate of learning in order to reduce developmental delays.
- ▶ However, they are having difficulty following your recommendations consistently due to their busy work schedules and responsibilities to their other children.
- ▶ You are wondering if you can ethically continue this case knowing that several studies in intensive behavioral intervention recommend the involvement of parents and more than 20–25 hours per week for long-term effectiveness. Your data indicates that they are progressing, but you wonder if this is enough progress to consider it to be effective.
- ▶ This problem also occurs in CRDI's as they do not provide more than 20 hours per week of intervention for young children with ASD. Moreover, and due to long waiting lists, some institutions only offer 10 hours per week so that more children can have access to services.
- ▶ What should you do with the Savard family to respect your code of ethics and to ensure that the child has access to proven effective treatment according to the diagnosis?



Responses...

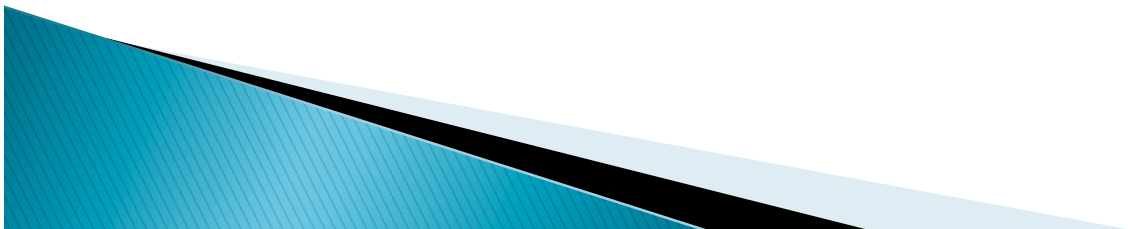
- ▶ Pertinent articles from the Order of Psychologists (Quebec), Ethical Guidelines
- ▶ Article #5.
 - Psychologists must practise according to generally recognized scientific and professional principles, in keeping with good practice in psychology.”
 - Several studies of Intensive Behavioural Interventions for children with autism have demonstrated that one predictor of optimal outcomes is the intensity of the services.
- ▶ Article #10.
 - Before agreeing with a client to provide professional services, psychologists must consider the client's request and expectations and the extent of their skills and means at their disposal.
- ▶ Article #11.
 - Before providing professional services, psychologists must, except in an emergency, obtain the free and enlightened consent of the client, the client's representative or the client's parents in the case of a child under 14 years of age, informing the client of... the objective, nature, relevance and main terms of the professional services, the advantages and disadvantages of the services and alternatives, the limits and mutual responsibilities of the parties...
 - Define clearly the service agreement and keep it up to date; including information regarding the delivery of services (e.g. hours), the client expectations, the role of the parents/clients (in terms of their implication within the programmed goals, coaching, generalization etc...), and discuss all of these point in relation to the reality of their current situation.




Responses cont...

BACB Practice Guidelines for Autism Spectrum Disorder (2014).


- ▶ Describes two service delivery types for the treatment of ASD's.
 - Focused treatment; focuses on a limited number of target behaviours.
 - Comprehensive treatment; treatment focuses on all of the spheres of development of the child.
- ▶ Present these service delivery options to the parents so that they can choose the type that best responds to the needs of their child, their family situation, and their financial limitations.
- ▶ BACB guidelines 4.01, 4.02, 4.03 (describe for clients the environmental conditions that are necessary for success, or preclude or hamper it).



Dilemma #4

- ▶ Nicola is an 8 year old girl who attends a regular school. She has a diagnosis of ASD and ADHD. She is keeping up with the academic content with the help of a full-time shadow as well as some after-school hours with a behavioural team that is overseen by a BCBA.
 - ▶ The parents hired the behavioural team to help with some challenging behaviours Nicola engaged in, which included aggression, refusal to engage in academic tasks (such as homework), and feeding.
 - ▶ The BCBA puts in programs to address all of these issues and makes modifications based on the data. All of the interventions in place appear to be working, and Nicola is making progress in all of the targeted areas.
- 

Dilemma #4 (cont.)

- ▶ One of the behaviour therapists from the program is a University student in psychology. She notices that, in addition to the problem behaviours they are treating, Nicola also engages in some tic-like behaviours that appears to fit the description of Tourette's that she has been reading about. These include some vocalizations (such as clearing her throat) as well as some motor movements (tapping her chest with her fingers). She mentions this to the supervising BCBA and suggests that the parents should be urged to seek a diagnosis for Tourette's from a neurologist.
 - ▶ The BCBA instead decides to bring up the issue with the parents, asking them if they had noticed any of these behaviours in Nicola, and the parents state that it only happens when she is tired. They do not seem overly concerned and instead ask the BCBA for more homework and updates on the other skills that are being worked on by the team.
 - ▶ Should the BCBA have discussed the concerns regarding Tourette's with the parents further?
- 

Responses...

- ▶ Address the situation with the parents; clarify that they do not find the behaviour unmanageable and do not wish to pursue treatment for it.
- ▶ Observation of the behaviour of interest (does it interfere with the learning of other skills?)
- ▶ Reliance on ongoing data collection (BACB guideline 4.07).
- ▶ BACB 3.0 (recommends consultations with a medical professional for *referred* behaviours).



Conclusions...

- ▶ Questions?
- ▶ Comments?
- ▶ Notable thanks to Dr. Jon Bailey, who offered advice on most of these dilemmas and who is always available to respond to behaviour analysts with a pressing ethical problem.
- ▶ <https://www.abainternational.org/Miscellaneous/ABAIHotLine.aspx>

