

PSYCH 532 STUDY GUIDE – MIDTERM

Fall, 2019

Bailey & Burch (2016):

Chapter 1: How we got here

- Sunland Miami Scandal – generally, what happened and what resulted from it
- What does Ethics refer to and what are the three fundamental questions ethics addresses?

Chapter 4: Analyzing Complex Ethics Cases using 7-step model

- What are the seven steps?
- Why each important?
- Main considerations of each – Be able to apply to simple vignettes

Chapter 5: Everyday Ethical Challenges

Recognize and manage the following common everyday challenges:

- Potential problems associated with
- Favors
- Gossip
- White Lies
- Gifts / appreciation
- Advice
- Not taking responsibility

Chapter 6: Responsible Conduct of Behavior Analysts

- From Guidelines to Compliance Code - implications
 - 1.01-1.07: what is take home message of each, why important to ethical practice, use to analyze vignettes:
 - Fad treatments
 - Scope of Competence vs scope of practice
 - How to broaden one's scope of competence
 - Is it really a worthy CEU?
 - Ethics and Lawfulness
 - Avoid Jargon- speaking with clients vs professionals
 - Cultural Sensitivity
 - Avoid Confusing roles – example of multiple relationship vs exploitative
 - We love our therapy team and the holidays - Is it a gift or common courtesy?
 - Behavior analysts behaving badly – how address

Chapter 7: Behavior Analyst Responsibility to Clients

- When to get consult?
- When to refer out?
- Appropriate referral practice:
 - 30-day notice
 - No active crisis
 - Provide three pre-screened referrals who provide evidence-based practice
 - No kickbacks or kick forwards
- When can shred client records (adults vs minors)
 - Adults: 7 years
 - Minors: 18 + 7 = 25 years
- Conditions for ethical treatment termination:
 - No evidence of therapeutic gain
 - Treatment resulting in harm to child
 - Breakdown of therapeutic relationship
 - Financial debts to you
- What is client abandonment?
 - Unjust termination
 - Out of left field – no warning or attempt to solve
 - Lack of proper notice
- Best Discharge Criteria
 - Transition planning will include three components:
 - Gradual/step-down reduction of services over a sustained three to six-month period with shifting treatment modality
 - Reduce 1:1 and Increase SV/parent education and support
 - Collaboration with providers of ongoing educational and generic services
IF HAVE RELEASE FROM PARENT TO DO SO
 - 2.01-2.15: what is the take home message of each, why important to ethical practice, use to analyze vignettes:
 - Evaluating whether can and should accept a particular client
 - Who is my client? But what about all these other stakeholders/players?
 - Playing nice in the sandbox situations / Collaboration- funding entities, educators, other treating service providers, MDs, extended family
 - Protecting client confidentiality
 - Limits of confidentiality
 - Dueling treatments – what is your ethical responsibility?
 - What to do?
 - High rate of session cancellations by client
 - High rates of session cancellation by RBT
 - Hostile client situations

Chapter 18: Declaration of Professional Services

AKA: Informed Consent

Include:

- Area of Expertise: credentials, where received degree, how long in practice, specialty
- Scope of Relationship, limitations, and risks
- ABA intro – What is it, what is it not, risks and benefits
- How work – consult with parents and others, target socially significant bx
- Expectations of Client – buy-in, attendance, data collection, share/honesty re: meds, other interventions, etc., adherence to office policies (covers, calls / response times, etc), payment for services
- Reference to our ethics code
- Confidentiality & Limits to Confidentiality (danger to self or others, financial, funders)
- Appointments, Fees, and emergency policies
- Grievance procedures
- Dates and Signatures!

Chapter 8: Assessing Behavior

- Scope of competence/ practice to complete assessment
- Importance of establishing baselines prior to intervention – why??
- Client/ Parent consent prior to assessment
- Rule-out medical or other potential contributing factors for behavior observed
 - Referrals – dentists, medical doctors (Pediatrician, GI, Neuro, etc) common (have a vetted list)
- Review assessment findings in plain terms – avoid jargon – assess for understanding
- If sharing results with others or receiving other reports – must have release of info form signed by parents.

READINGS – Main idea from each | Ethical implications

Van Houten, Axelrod, Bailey, Favell, Foxx, Iwata, & Lovaas (1988). The right to effective behavioral treatment.

- What are the six rights discussed by Van Houten and why important?
- What are you and your therapy teams doing to ensure your clients' rights are protected? Provide examples for each of the six areas.

Smith, T. & Wick, J. (2008). Controversial treatments. **pgs. 243-251 only.**

Jacobson, J W., Foxx, R. M., & Mulick, J. A. Lawrence Erlbaum Associates, (2004). Helping parents separate the wheat from the chaff: Putting autism treatments to the test

Wang, Kang, Ramirez, Tarbox (2019). Multilingual Diversity in the Field of Applied Behavior Analysis and Autism: A Brief Review and Discussion of Future Directions.

Fong et al. (2016). Developing cultural awareness skills of behavior analysts.

Brodhead (2015). Maintaining Professional Relationships in an Interdisciplinary Setting: Strategies for Navigating Non-behavioral Treatment Recommendations for Individuals with Autism

Cicoria, M. (2019). {podcast} 11 tips for consulting in public school settings, Session 74. (Main Ideas)

BACB (2014). ABA for ASD. Practice guidelines for healthcare funders and managers (2nd Ed).

- Focused vs comprehensive treatment models
- Caseloads
- Medical necessity

Papatola, K. & Lustig, S. (2016). Navigating a managed care peer review: Guidelines for clinicians using applied behavior analysis in the treatment of children on the autism spectrum. Behavior Analysis in Practice, 9, 135-145.

Kornack, J., Herscovitch, B. & Williams, A. (2017). A response to Papatola and Lustig's paper on navigating a managed care peer review: Guidelines for clinicians using applied behavior analysis in the treatment of children on the autism spectrum. Behavior Analysis in Practice, <https://doi.org/10.1007/s40617-017-0192-x>

Treatment Efficacy of Lovaas (and other outcome studies):

- Early and intensive (25+ hrs/week) = most effective
 - “Eclectic” model (some ABA, some school, some OT, some speech) = subpar
- Parent involvement / part of treatment team = most effective
- Across settings better than only in hospital / clinic = generalization
- Older kids at intake (4-7 years) also benefit from ABA services but not as much. Earlier the better to start intensive treatment.

CLASS DISCUSSIONS

Non-Evidence Based Treatments – what they are, how address if presented by a client

- Facilitated Communication
- Floortime
- Dolphin Therapy
- Marijuana

Funding process - diagnosis to funded hours for ongoing treatment services; Importance of Informed Consent / Declaration of Services:

- Regional Center: Provides lifetime support and services; intended to MAXIMIZE outcomes; goal is adaptive functioning/ as independent as possible; enable individuals to continue living in their homes rather than being hospitalized

- School Districts: (Per Bonnie) Provides FREE AND APPROPRIATE PUBLIC EDUCATION TO ALL STUDENTS with the stated purpose of ensuring the student able to access the educational curriculum. Focus on Least Restrictive Setting; Must just provide “adequate (aka: appropriate)” vs “best” service. (Honda vs Range Rover analogy)
- Insurance / Medi-Cal: Senate Bill 946 mandated coverage for therapeutic services for those with ASD – includes ABA – if “medically necessary.” Requires formal diagnoses first by licensed health care professional with prescription order for ABA evaluation. ABA agency assess for ABA services and develops Treatment Plan.
 - Treatment plan to include: (bold per Cigna – All per our best practice)
 - Medical Dx – date, by whom
 - History – any other significant issues / **comorbidity** that could impact treatment response
 - **Current levels of functioning/ Baseline**
 - **Baseline testing – adaptive bx, etc.**
 - **Goals of treatment – set as 6-month goals**
 - **Parent Goals**
 - **Discharge Criteria**
 - Service level recs – hours, settings, etc. and WHY – the rationale for that level of service for that individual client.