Chapter 7

Section 3: Responsibility to Clients and Stakeholders

Overarching Purpose of Section 3

The purpose of Section 3 is to guide all actions of a BCBA that impact clients and stakeholders. As mentioned in Section 1, the protection of human rights and safety is at the core of our ethics code. The vast majority of BCBAs work directly with people in the context of human services, education, or healthcare. This section is particularly relevant to their everyday practice (Behavior Analyst Certification Board, n.d.). The Code (BACB, 2020) describes the client as a direct recipient of services (i.e., the individual receiving services provided by the practicing BCBAs and any RBTs under their supervision). These individuals may or may not be in a position to make independent choices about access to services due to language

or cognitive impairments or due to societal constraints (e.g., children cannot choose to decline public education without significant consequences).

In addition to those directly served by the behavior analyst and technicians, a variety of stakeholders play a critically important role in the success of ABA services and are offered protections by the Code (BACB, 2020). In particular, parents and other family members of a client may meet the definition of client because they are directly receiving services and actively participating in the design of services. LeBlanc et al. (2020) and Taylor et al. (2019) contextualize the family of the individual as clients of the behavior analyst when serving children with autism spectrum disorders. The entire family should benefit from services in terms of access to their communities, quality of life, and stability and wellness of everyone in the family. At other times, the family may meet the definition of stakeholder which includes those who are impacted by and invested in the services, even if they are not directly receiving services. Others such as school professionals, agency or institutional representatives, licensure boards, funders, and third-party contractors for services are also considered stakeholders in client services (Gresham & Lopez, 1996; Schwartz & Baer, 1991; Marchant et al., 2012). In organizational behavior management, the client is often an organization, and the stakeholders include all of the employees or others who are impacted by the success of the organization including their customers or other service recipients.

Underlying Principles and Values. Each of the four foundational principles of the Code (i.e., benefit others; treat others with compassion, dignity, and respect; behave with integrity; and ensure own competence) apply to the professional responsibilities of the behavior analyst to their clients and stakeholders. Benefiting others and doing no harm are essential because clients and stakeholders are actively seeking services to help with problematic aspects of their lives. For many clients, their everyday success depends on the degree to which the behavior analyst succeeds in their professional tasks. Thus, these clients are in a compromised or vulnerable position and are afforded protection. The behavior analyst is committed to protecting the welfare and rights of clients above all else followed by all others with whom they interact in a professional capacity. In addition, behavior analysts benefit others by collaborating in the best interest of those with whom they work and always placing clients' interests first above any other party (e.g., third-party funders). The professional behavior analyst must also embody the value of treating all clients and stakeholders with compassion, dignity, and respect. The terms compassion, dignity, and respect have been given a place of emphasis in the new Code, which mirrors the growing literature focused on issues such as compassion and therapeutic relationships (Tay-

lor et al., 2019; LeBlanc et al., 2022), cultural awareness and respect (Conners & Capell, 2020; Jimenez-Gomez & Beaulieu, 2022; Wright, 2019), and embracing and respecting a broader range of personal identities (Leland & Stockwell, 2019). All clients should be treated respectfully regardless of any factors such as age, disability, ethnicity, gender expression/identity, race, religion, sexual orientation, socioeconomic status, or any other basis. The same holds for any individual stakeholders with whom the behavior analyst collaborates in the best interest of the client. It is almost a given that every behavior analyst or technician will serve clients from culturally diverse identities and communities. Those factors must be acknowledged and celebrated rather than allowed to become a barrier to accessing effective and ethical services. Given that we are all subject to implicit biases that could lead to actual or perceived differences undermining our relationships with others, it behooves every behavior analyst to embrace a position of cultural humility while constantly seeking to enhance their cultural awareness (Conners & Capell, 2020; Wright, 2019).

The value of behaving in an honest and trustworthy manner has the potential to infuse all work with clients and stakeholders. Behavior analysts holding themselves accountable for their work and following through on obligations and promised actions are at the heart of how we build trust with clients and stakeholders (LeBlanc et al., 2020). Additionally, since most clients and stakeholders are not part of the profession of behavior analysis, they may not recognize signs of behavior analysts who misrepresent themselves or their work or who engage in fraud. Certification and licensure systems exist to safeguard the public from unqualified individuals representing themselves as professional behavior analysts. Titles of BCBA and Licensed Behavior Analyst are conferred based on specific training and qualifications, but unregulated titles such as "behavior analyst in training" or "behavior coach" may, unfortunately, garner similar expectations and trust from clients or stakeholders who do not recognize the difference. Because the behavior analyst generally knows more about the Code than any client or stakeholder, the behavior analyst should assume responsibility for avoiding any issues with honesty or trust and respectfully educating others about their ethics requirements. After service and financial agreements are in place, honesty and integrity mandate that the behavior analyst and those they oversee act by that agreement. For example, stakeholders who fund behavior analysts' services establish contracts specifying expectations for what should occur and the conditions

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under which compensation is available. Ongoing services should meet the expectations of that contract concerning each service that is provided and billed to remain consistent with this value and to avoid significant legal repercussions associated with fraud (https://www.abaethicshotline.com/ethical-billing-misunderstanding-vs-fraud/; United States Department of Defense, 2017).

Finally, ensuring competence is relevant to clients and stakeholders because the success of their services depends upon the competence of the behavior analyst to do the work that they have agreed to do as part of a service contract. It may not be evident to a client or stakeholder when the services that they are receiving are sub-par or do not reflect the recommended practices of the day. As a result, failing to maintain updated practices may be less likely to be reported in a notice of alleged violation; however, clients can be directly harmed when they do not receive the quality or type of services for which they have contracted. Behavior analysts should consistently strive to maintain and increase their competence, staying informed about recent findings and practices as well as continually reflecting and self-evaluating their scope of competence concerning the clients they serve and the particular issues that they address as part of services (Brodhead et al., 2018; LeBlanc & Sellers, 2022).

Examining Section 3: Summary of Standards, When They Apply, and Why Adherence Matters

Now that the relationship between foundational principles of the Code and Section 3 as a whole are more clear, it is useful to closely examine the content and implications of standards within this section. A broad range of related topics are covered in Section 3 of the Code. Thus, we have chosen to group the standards by theme rather than addressing each one in numerical order.

Defining Responsibilities to Clients and Stakeholders

Standard 3.01 describes the basic responsibility of behavior analysts to always act in the best interests of clients and to actively support clients' rights while endeavoring to maximize the benefits of services to the client and minimize any possibility of harm. These responsibilities guide all actions related to programming, interactions with clients, and oversight of the work of anyone whom they supervise (e.g., RBTs). This standard speaks directly to the need to focus on designing the highest possible quality of services as well as implementing those services to maximize the benefits that might occur. Each aspect of services, such as the selection of goals that are meaningful for the client and stakeholder (2.09) and the design of effec-

tive treatment (2.01) should reflect an emphasis on autonomy, dignity, and client preferences as well as effectiveness. For example, skills that allow access to new environments and facilitate privacy, safety, and dignity (e.g., toilet training, personal hygiene skills, stranger safety skills) are all critically important for clients with disabilities. Similarly, when organizations serve as clients, the safety and well-being of employees should never be neglected in favor of a focus on profitability or growth, regardless of the specific request of the client. The benefits of adhering to this standard are increased quality and impact of services. The risks of failing to meet this standard are (a) harm to clients and stakeholders when differences in expectations or obligations of each party are not addressed at the outset of the professional relationship, (b) less than maximum benefit from services, (c) infringement on the individual rights of clients, and (d) damage to the reputation of the profession, overall.

In addition, this standard focuses on the need to understand state laws and the processes involved for instances in which there may be a need to report conditions that fall under mandated reporting requirements. Reporting conditions that constitute harm or danger of harm is one of the specific limitations of our confidentiality with any client. Standard 3.10 specifically speaks to this limitation of confidentiality (see 1.02, 2.03, 2.04) as well as others such as legal mandates to provide records (e.g., court subpoena). This standard specifies that limits to confidentiality should be discussed fully with all clients and stakeholders at the outset of the professional relationship and when information disclosures are required. Communicating limits to confidentiality at the outset of the relationship often benefits both parties who may be in the difficult circumstance of discussing an upcoming or recently required report or disclosure. Early conversations about these possibilities create the option to recall prior discussions and contextualize the event as understandable and required, even if unpleasant. The risks associated with failing to disclose these limits or act when needed include: (a) damage to the relationship with the client and stakeholders; (b) ongoing risk of harm to the client; and (c) a potential loss of credentials for the behavior analyst.

Stating all limits to confidentiality at the outset of the relationship benefits both parties who may be in the future difficult circumstance of discussing an upcoming or recently required report or disclosure. Early conversations about these possibilities create the option to recall prior discussions and contextualize the event as understandable and required, even if unpleasant.

Standard 3.02 focuses on the importance of identifying the relevant stakeholders for client services. There are often multiple stakeholders (e.g., funders, school personnel, parents) with varied knowledge, resources, and

expectations about the services for the client. The behavior analyst also has specific expectations of and obligations to each of these stakeholders as part of ensuring the greatest possible impact of services. With each of the stakeholders, the behavior analyst should document and communicate obligations and expectations at the outset of the professional relationship. For example, the behavior analyst has an obligation to parents to seek their input and collaboration on multiple aspects of the design of services (see also 2.09), and the behavior analyst may also have an expectation that the parent participates actively in the implementation of various components of the intervention (e.g., to support faster behavior change, to promote generality and maintenance). If these obligations and expectations are not discussed during the establishment of services, each party may be less likely to meet those obligations and expectations resulting in decreased effectiveness of the services and damage to the therapeutic relationship (Taylor et al., 2019).

A behavior analyst also has obligations to third-party funders to provide timely, accurate, and reasonable documentation of the services that are provided and the outcomes that are being obtained. In addition, the behavior analyst likely has expectations that the funder will authorize reasonable and appropriate services without placing restrictions on services that might jeopardize access or effectiveness. The risks associated with failing to honor these obligations include: (a) delay or interruption in funding of or access to services; (b) agreement to service conditions that degrade the quality of services; and (c) failure to comply with contractual obligations and the legal consequences that may result. Behavior analysts may fall short of fulfilling these obligations when they are unaware of their contractual obligations, lack appropriate assertiveness skills necessary for advocating for effective conditions for services, or have difficulty with organization and time management skills.

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Standard 3.03 focuses on the importance of accepting only those clients who can be served promptly with quality care. This standard encompasses the type of services provided and limits a behavior analyst to serving individuals whose requested services are within their identified scope of competence. That is, the behavior analyst is responsible for identifying the boundaries of their current competence through repeated self-assessment (Brodhead et al., 2018) and remaining within those boundaries as they serve others unless they have regular supervision

and mentorship from someone with competence in the requested services (BACB, 2021). This standard also limits the acceptance of clients based on the available resources of the behavior analyst and the entire service team (e.g., time, capacity for case supervision, staffing). The prevalence of tiered treatment models in the delivery of behavioral services makes it important that the capacity of the entire team is taken into account when determining whether there is capacity for a new client. In healthcare-based services, for example, a BCBA designs and oversees the treatment services that RBTs deliver to the client. In school-based services, a BCBA designs behavior intervention plans that are implemented by teachers or paraprofessionals. If the BCBA has the capacity for a new client without sufficient RBT resources to provide the necessary treatment, the overall team does not have resources to support service delivery. There may be sufficient resources for treatment that are limited to parent collaboration and training, but it would be inappropriate to adapt to resource constraints by initiating tiered services at a level of intensity lower than that which is supported by the evidence base.

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These standards are designed to protect clients and stakeholders from false expectations, lengthy delays in access to services, and poor-quality services. However, there are also benefits to the BCBA who identifies their capacity and operates within that capacity and to the profession at large—notably to the overall career longevity of that BCBA who minimizes the likelihood of stress and burnout-induced exit from the field. The risks of not adhering to these standards include lengthy waits for services without clear expectations of the timeline, delivery of poor quality of services due to operating outside one's scope of competence, and removal of clients' opportunity to find a more competent provider elsewhere. Conditions that might create risk for violating one of these standards might often be related to pressure from employers or to the misperception that any services, even rushed or poor-quality services, are better than none at all. This portion of the Code goes on to caution that behavior analysts who are pressured by employers or supervisors to operate outside of this standard (i.e., accept clients outside of their scope of competence, accept clients when there are insufficient resources) should discuss and attempt to resolve the concern, documenting all actions accordingly.

Service Agreements and Clarification of Expectations

Standards 3.04, 3.05, and 3.07 are each relevant to how a behavior analyst sets and clarifies expectations for all parties (i.e., provider, clients, and

stakeholders including families) at the outset of services. These three standards govern the actions that occur before the initiation of services in the context of the service agreement and financial agreement, and they facilitate the understanding of all parties about the upcoming services.

Standard 3.04 specifies that behavior analysts ensure that there is a signed service agreement with the client and relevant stakeholders before initiating the services that are outlined in that agreement. Consistent with a model of informed consent/assent, the service agreement should only be signed under conditions of understanding the terms of the agreement and the expectations for all parties, as well as what services will entail. The agreement should also outline the behavior analyst's obligations under the Code and the procedures for clients or stakeholders to submit complaints to relevant entities (e.g., service organization, licensure board, funder, BACB) (BACB, 2020).

Standard 3.07 is specific to those services that are arranged as part of a third-party contract for services with an organization such as a school district or governmental entity (e.g., a community mental health organization). In these instances, the behavior analyst should clarify the nature of the relationship with each party and assess any potential conflicts before services begin (e.g., the family would like one thing while the third party would like something entirely different). The contract for services needs to outline all of the things discussed above (e.g., responsibilities of all parties, the scope of services, the Code, and how to make complaints) and also should specify the likely use of any information obtained and documented as part of services and any limits of confidentiality concerning the information provided to the third party. The service agreements should be updated and revised and reviewed with the client and stakeholders regularly based on changes in the services, funding, or as required by relevant parties (e.g., service organizations, licensure boards, funders).

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While the service agreement explains what the services will entail, the financial agreement specifies the costs associated with those services and who will pay for them. Standard 3.05 requires that all details of agreed-upon compensation are reviewed before services. Note that the client may pay for all, a portion, or none of the services depending on the funding agreement. With private pay services, the individual or family will directly pay for all services within a specified time frame. When a third-party funds the services (e.g., school district, insurance, state funder) in full or in part, there should be

a clear delineation of the responsibilities of all parties for payment. For example, when treatment services are covered as part of an insurance mandate, there may be co-payment fees associated with each session for each type of service (e.g., RBT session, BCBA direct supervision, BCBA case management for writing programs), including those that the client or family does not witness occurring (e.g., writing a program). The BCBA or provider organization should estimate the likely costs associated with the intensity of treatment services that are proposed to ensure that families understand the financial implications of the treatment services that they are about to pursue. When funding circumstances change (e.g., the family changes health insurance providers, or the client meets an established age limit for a specific type of funding), the financial agreement should be reviewed and updated to ensure that all parties understand and agree to the new terms. It is sometimes possible for an individual BCBA or organization to provide some portion of services pro bono (i.e., for no fee). Under that circumstance, it is still the case that the services must occur under a specific service agreement and in compliance with the Code (BACB, 2020). The services should be of the same quality and delivered in the same ethical framework as all other services that are provided to paying clients, and the expectations for all parties should be laid out within the same informed consent/assent framework.

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These three standards afford both the behavior analyst and the clients and stakeholders the benefits of clarity of expectations and documentation of the commitments related to services and payment. It is important to discuss these expectations and responsibilities in a reciprocal and ongoing conversation that facilitates full understanding and informed consent/assent. However, the initial conversation about the service agreement is inadequate to ensure adherence to the terms over time, as we tend to forget details or misremember them. Documentation and periodic renewed discussion may protect against the risks of human forgetfulness. When these standards are not followed adequately, there is the opportunity if not the likelihood of drift in expectations of one or more parties as well as failure to honor those responsibilities. For example, a lack of understanding about financial responsibilities could lead someone to accrue debt that is unexpected or unmanageable. Similarly, a lack of understanding about the scope of services could lead to disappointment and fracture of the pro-

fessional relationship. Behavior analysts may be most at risk for violating these standards when they have not practiced careful documentation of the informed consent process or when they rush in their review of these documents and expectations. In addition, the risk of harm due to violation of one of these standards is increased when provider organizations do not create carefully vetted standard documents and a quality assurance process that examines the intake and consent processes.

Consultation and Referrals

Two standards in this section of the Code are relevant to those instances in which the behavior analyst cannot provide services or cannot do so without additional support or consultation. Issues of capacity for services, potential multiple relationships, or scope of competence may result in a behavior analyst needing to provide a referral to another provider or to seek the consultative support of another provider. Standard 3.06, which also references multiple standards in Sections 1 and 2 (1.05, 2.04, 2.10, 2.11, 2.12), specifies that behavior analysts prioritize the best interests of the client and arrange for appropriate consultation with and referrals to other providers. This must occur with documented appropriate informed consent or release of information and in a manner that comports with organizational policies, funder policies, and various laws that protect confidentiality. When a behavior analyst arranges for consultation, they typically remain the provider but are supported in their actions by a consultant who has experience in the area of concern. For example, a behavior analyst who has experience with maladaptive behavior such as aggression may seek consultation for their services with a client who develops self-injurious behavior. Though the functional behavior assessment and function-based treatment models and procedures may be very similar, the consultant will likely be able to assist with the development of safety recommendations and procedures and other nuances. The behavior analyst providing the services should not neglect to target self-injury or discharge the client from services due to a perceived limitation of their scope of competence. Instead, they must seek support and consultation to ensure the quality of their services, and to expand their scope of competence.

Similarly, Standard 3.13, which also references multiple standards in Sections 1 and 2 (see 1.05, 1.11, 2.01, 2.04, 2.10), indicates that behavior analysts make referrals based on the needs of the clients and stakeholders and always attempt to include multiple providers in the referral list. This standard also speaks to the fact that behavior analysts should disclose any relationships, fees, or incentives they may receive for referrals and not attempt to influence the client or stakeholder choices of provid-

Integrity in Action

1. Collaborate on goals and terms of service at the outset of the relationship.
2. Document completion and comprehension of informed consent/assent and ensure continuity of services and appropriate discharge of services.
3. Use self-management and organizational supports to gain knowledge of funder policies and to meet your responsibilities under those policies.
4. Engage clients and stakeholders in decision-making based on the safety, efficacy, and social validity of ongoing services.
5. Engage a professional community of practice to share resources and consult when barriers arise in meeting responsibilities.
6. Behave in the best interest of clients above all other parties (e.g., third party funders).
7. Use the discovery of errors as the opportunity to create supports (e.g., written instructions, documentation templates) for yourself or colleagues.

ers. Though a behavior analysts should not make referrals for their gain, some providers may have better reputations than others. The quality of services, general reputation, and known availability are appropriate variables to influence a list of prospective providers, but a personal gain for the behavior analyst should not lead them to recommend limited options to clients and stakeholders. In addition, the behavior analyst should document all referrals including relationships, fees, and incentives. The requirement for this type of documentation may also serve as a prompt for the behavior analyst to question the variables influencing their actions at the time of referral. Reviewing the documentation might, for example, illustrate a subtle pattern of referrals and influences the behavior analyst had otherwise failed to notice. Finally, this standard specifies that the behavior analyst makes appropriate efforts to follow up with the clients or stakeholders to ascertain whether they have been able to arrange other services.

When options for providers are limited, there may be an increased risk of violation of Standards 3.06 or 3.13. The behavior analyst may have very few providers to include on a referral list. In addition, there may not be experts who can provide consultation on a specific topic in the local community. A strong community of practice at the state, national, and international level can help to mitigate the risk associated with communities with limited behavior analytic expertise. For example, projects like ECHO autism connect provide underserved communities with experts using teleconsultation supports (https://echoautism.org/). In addition, if interpersonal conflict has arisen or competition with another provider is fierce, there may be a risk of failing to provide appropriate referrals or to secure consultation. The primary risks associated with violating these standards are poor quality services for clients, delays or barriers to accessing services, and the behavior analyst operating outside their scope of competence. The benefits of com-

plying with these standards are the development of new skills and scope of competence for the behavior analyst, increased quality of services for the client, and clarity of motivation for referrals (i.e., placing the needs of client and stakeholders first).

Third-Party Contracts for Services

In addition to the information mentioned above about clarification of expectations with third-party contracts, two other standards speak directly to important actions of the behavior analyst when there is a third-party contract for services. These two standards illustrate the importance of recognizing that behavior analysts work primarily with people who are not behavior analysts and who do not necessarily understand the Code and the boundaries associated with various aspects of our profession.

Standard 3.08 describes various responsibilities of the behavior analyst to the client, even when some other party has the primary contract for services. First and foremost, the behavior analyst places the care and well-being of the client above all others, including stakeholders such as third-party contractors. The core value of benefiting others applies to every aspect of care for the client. If the third-party contractor makes requests that are incompatible with or jeopardize the behavior analyst's ability to honor the Code and the values that underlie the code, the behavior analyst must attempt to resolve the conflict that is created and must focus on doing so in the best interest of the client rather than the contractor's interests or their own best interests. As part of ongoing conflict resolution, the behavior analyst might need to seek consultation or training, to educate others about various aspects of the Code and the profession, or to refer the client or the contractor to another provider for a portion or all of services. In all instances, the behavior analyst should carefully document their actions, their conversations, and the eventual outcomes associated with the conflict and its resolution (BACB, 2020).

One area in which a third party might make a request that creates a conflict for the behavior analyst is when they request procedures that are not consistent with existing treatment recommendations. For example, the contractor might request the implementation of a contra-indicated procedure and/or aversive procedure rather than focusing on reinforcement-based procedures. This situation is not uncommon because so many of our societal institutions are built upon contingencies that are coercive (Sidman, 1989). It is not necessary to judge the worth or the intention of the person making the request, but it is necessary to abide by aspects of the Code that indicate our interventions should focus on reinforcement-based procedures and avoid punishment-based procedures unless other proce-

dures have repeatedly proven ineffective. In this situation, the behavior analyst is responsible for taking steps to resolve this conflict between the wishes of the third party and the behavior analyst's ethical responsibilities to the client. The behavior analyst might first attempt to explain the relevant standards of the Code and the benefits of reinforcement-based approaches. The behavior analyst might then advocate for the opportunity to try intervention with only the reinforcement-based approaches while leaving open the opportunity to reconsider elements of the treatment plan if the intervention is not effective. If strategies such as these are not effective, the behavior analyst still has the option to serve the client by stating and documenting their concerns and by incorporating multiple treatment components that alter the establishing operation for problem behavior or that provide a rich schedule of reinforcement for alternative responses, thus minimizing the opportunity for the client to contact aversive consequences. The option with the fewest benefits to the client, in this case, may be a referral to another provider, as that provider is likely to have the same conflict arise after some delay in access to services, and they may be less diligent about attempting to resolve it.

Third-party contractors might also request services that are outside of the behavior analyst's scope of competence, possibly due to the third party's lack of familiarity with the typical skill sets of behavior analysts. Remember, it is the responsibility of the behavior analyst to frequently assess their scope of competence and to ensure that they practice only within that scope. Thus, if the behavior analyst realizes that a requested service is outside of their scope of competence, they should consider one of several options. If the requested service falls within the scope of practice for applied behavior analysis but the practitioner has never performed the service, they might seek consultation and supervision while providing that service. Alternatively, they might refer the contractor to another behavior analyst with appropriate experience. If the requested service falls outside the scope of practice for the profession of applied behavior analysis, the behavior analyst should explain to the third-party contractor that the requested service is more appropriate for another profession (e.g., psychology, speech and language pathology, physical therapy).

Third-party contractors might also make requests that could introduce multiple relationships for the behavior analyst, such as a principal who contracts with a BCBA to conduct functional assessments for several students and then requests that the BCBA provide consultation for their own child through a private pay arrangement. The risk is that the BCBA may feel pressure to change how they allocate their time between school-based cases and the new private contract or that the private services might compromise objective decision making of one or both parties. The contractor

cannot be expected to know the Code or the potential conflicts that can arise with multiple relationships. However, the behavior analyst is fully expected to know the Code and to abide by it. Thus, the behavior analyst would need to explain the dangers of creating multiple relationships and decline any request that introduces a risky multiple relationship. As part of the resolution, the behavior analyst might offer other alternatives (e.g., another provider, another strategy) so that the person making the request has options to address their needs without the behavior analyst needing to violate the Code.

Finally, Standard 3.09 sets expectations for communicating with stakeholders about third-party contracted services. When providing services at the request of a third party to a minor or individual who does not have the legal right to make personal decisions, behavior analysts ensure that the parent or legally authorized representative is informed of the rationale for and scope of services to be provided, as well as their right to receive copies of all service documentation and data. Behavior analysts are knowledgeable about and comply with all requirements related to informed consent, regardless of who requested the services. A behavior analyst may be more likely to make a misstep in this area when they lack knowledge about processes that schools or government agencies follow when setting up contracts and relevant legal or ethical standards for each party regarding consent, resolving conflicts, and arranging for continuity of services.

Documentation and Advocacy

Standard 3.11 is related to many of the standards in Sections 1 and 2 of the Code (see 1.04, 2.03, 2.05, 2.06, 2.10). Documentation of professional activity is critical to effective service provision for clients and for clarity, accountability, and communication with stakeholders such as families, school systems, and funders. Effective documentation is important from the outset of the service relationship all the way through discharge from services. The most common types of documentation in human service organizations are session or progress notes, progress and reauthorization reports, and contact logs. These sources of documentation guide evaluation of progress, provide details about what is occurring with a client for accountability to stakeholders, and document the degree to which there is regular communication with all interested parties.

Documentation can unfortunately be viewed as "busy work" that is not essential to high-quality and effective services. This view creates a risk of sparse or incomplete documentation, delayed documentation which likely introduces error into the record due to faulty remembering, or missed deadlines for reports. Behavior analysts who rely on their own remember-

Activity 1:
Interview a Practicing BCBA

Identify a practicing BCBA with at least two years of experience and interview them. The following questions can be used to gather information about their documentation efforts. Add your own questions at the bottom.

1. What forms of documentation to you regularly complete for your client services?
2. How often do you have to complete each type of documentation?
3. Have you ever helped to create or edit a template for documentation for your organization?
4. Who else uses or reviews each type of documentation?
5. What are the consequences of late documentation for you, the client, the stakeholders, and your coworkers?
6. What tips do you have for being efficient and timely with documentation?

ing (rather than documentation) for knowledge about a case may also be caught dreadfully ill-prepared if a sudden unexpected transition occurs. Thus, failure to comply with this standard often leads to other violations in this same area (e.g., facilitating effective transitions, documenting expectations and barriers). The disciplines of creating and maintaining detailed, accurate, and timely documentation of professional activities facilitate effective and comprehensive progress tracking, communication, detection of subtle patterns or barriers that may impede clinical progress, and effective transition of services when needed. Many laws and funder contracts include specific requirements for documentation, such as the information that must be documented and deadlines for the delivery of documentation.

Standard 3.12 of the Code describes the responsibility of the behavior analyst to advocate for appropriate services for clients. In particular, this advocacy focuses on evidence-based assessment and behavioral interventions. Many stakeholders for behavioral services are not familiar with the evidence base for various procedures, thus, advocating for appropriate services often involves educating the stakeholder about past research and foreseeable outcomes of various procedures. For example, the behavior analyst might find themselves in a position to advocate to funders for an appropriate amount of behavioral services and the oversight necessary to ensure quality services.

One example of an area in which behavior analysts might need to educate funders and other stakeholders is the recommended intensity for early intensive behavioral intervention (EIBI). Studies on EIBI have repeatedly demonstrated that treatment services provided at a young age, for at least two years, and at an intensity of 30 to 40 hours per week produces signif-

icant gains in functioning and increases the likelihood of later success in less restrictive school placements (Cohen et al., 2014 ; Howard et al. 2005; LeBlanc et al., 2014)). Several studies have compared EIBI to control groups that include eclectic packages of intervention and lower intensity ABA services and have found that lower intensity ABA services do not produce similar treatment effects or long-term gains. In addition, one of the predictive variables for better outcomes with EIBI is the quality of the supervision that is provided for implementers of the treatment (LeBlanc et al., 2014). Thus, a thorough understanding of the relevant evidence base is required to advocate for the appropriate intensity of services and to help stakeholders understand that similar effects should not be expected when the intensity of ABA is low. If a behavior analyst fails to educate and advocate for appropriate services, their clients will likely not benefit fully from services, though they may benefit some. In addition, the reputation of the profession and the individual provider is at risk when services are provided at a non-therapeutic dosage, as the limited or poor outcomes may be interpreted as evidence against ABA, despite evidence supporting intensity of services and supervision as predictors of meaningful outcomes.

Facilitating Continuity of Services and Effective Transition, and Discharge

Standards 3.14, 3.15, and 3.16 all directly relate to facilitating services with respect to continuity, appropriate discontinuation, and appropriate transition. Together these three standards explain how behavior analysts must act in the best interests of the client to avoid interruption or disruption of services and facilitate effective transitions in services whether those transitions are an expected part of successful discharge or not. It is wise to plan for the unexpected such as circumstances that could potentially interrupt services (e.g., prolonged illness, a change in funding availability, relocation of a family, or emergencies). In addition to unexpected events, there are many events that can be predicted to impact access to services unless a plan is in place (e.g., parental leave, promotions). The likelihood that one or more of these events might occur at some point during the course of services is high, thus, the potential for these events should be discussed as part of the service agreement along with existing contingency plans to prevent or minimize negative impact for the client and stakeholders.

Although the events mentioned above may sometimes be unfortunate, unexpected, or even a crisis, it is still the responsibility of the behavior analyst to make timely efforts to facilitate the continuation of behavioral services regardless of the specifics of the event. This means that anyone providing services should know what the plan would be to ensure continuity if something happens to them, and they should know who to contact

and how to activate that plan. The service agreement should also include information about the circumstances under which care might be transitioned to another behavior analyst within or outside of their organization (BACB, 2020). One advantage of working for a provider organization is that there may be other BCBAs who can step in to assist with managing client services in the event of a potential interruption. When a behavior analyst is operating independently, they should always identify a colleague who would be willing to temporarily or permanently take on their clients in the case of an emergency. Alternatively, they should maintain a list of providers in the community who have availability for clients and who have agreed to prioritize assisting their families in the case of a service interruption. When a service interruption does occur for any reason, the behavior analyst should communicate to all relevant parties the steps being taken to facilitate the continuity of services. If the behavior analyst is incapacitated, their plan should specify who would initiate communications and the plan. In addition, all actions and communications should be documented. The BACB has developed a Continuity of Services Toolkit that organizations can use to develop their systems for facilitating effective and responsible transitions in services. The toolkit is freely available on the BACB website (www.bacb.org) and includes guidance on developing a plan for each case following four steps: (a) assess; (b) design; (c) implement; and (d) evaluate. The toolkit also includes checklists that can be used to guide or evaluate transitions in services.

Conditions leading to discontinuation of services. With respect to discontinuation of services, the service agreement should specify the circumstances that would lead to discontinuing services and those circumstances should be reviewed and discussed with the client to ensure full understanding. There are several conditions under which it is appropriate to discontinue services, and some of them are celebratory. For example, it is appropriate to discontinue services when a client has met all behavior-change goals and the stakeholders have developed new problem-solving strategies and feel confident in using those strategies. It is appropriate to strive for these conditions as a goal for services and specify that discharge will occur when they are achieved. That is, it is important to clarify the expectation that ABA services are a powerful means to an important end and that, if services are successful, the client and stakeholder would likely have no need for services or would only need limited support and consultation. Most funders require some specification of the conditions that constitute successful service and a plan for discharge. The behavior analyst should collaboratively develop this plan with the client and stakeholders at the outset of services and document the process for later reference.

Although less celebratory, there are several other conditions under which a behavior analyst might consider discharge from services. For each of these conditions, the behavior analyst should have taken multiple steps to try to remedy the circumstances rather than quickly moving to discharge. One such condition is when the client is not benefiting from the services that are being provided. To be clear, the behavior analyst should be consistently monitoring the effects of their intervention services and making data-based decisions about modifications that may produce better effects. This portion of the Code does not remove the behavior analyst's responsibility to engage in problem-solving, to seek consultation that may enhance their services, and to refer clients to other providers when it is reasonable to expect that the other provider or service is likely to produce better effects than the current services. In addition, it is appropriate to consider discharge if members of the treatment team (e.g., BCBA, RBTs) are in danger of harm due to conditions that cannot be reasonably addressed and resolved (e.g., insufficient resources to prevent injury when aggressive behavior occurs). Again, the identification of uncomfortable, but not harmful or dangerous conditions, does not justify discharge (e.g., conflict between client's caregivers, differences in communication style between parents and providers). Even when potentially harmful conditions are identified, it is the responsibility of the behavior analyst to address these issues with the client or stakeholder by having a conversation consistent with the crucial conversations model (Grenny et al., 2022) discussed earlier in this textbook.

This portion of the Code does not remove the behavior analyst's responsibility to engage in problem-solving, to seek consultation and peer review to enhance their services, and to refer to other providers when it is reasonable to expect that the other provider or service is likely to produce better effects than the current services.

An additional condition that might result in a discharge after collaborative efforts to eliminate barriers are unsuccessful is the lack of adherence by the relevant stakeholders to the behavior-change intervention. If the behavior analyst is confident that the client and stakeholders cannot achieve meaningful outcomes without implementation of the behavior change intervention and despite appropriate efforts to modify interventions based on stakeholder input, it is important to address this with the potential implementers. When behavior analysts discuss preferences for intervention components and resource limitations with stakeholders early in intervention planning (i.e., client and contextual considerations in the process of evidence-based practice), they are more likely to avoid problems with adherence altogether. If the issue does arise and the behav-

ior analyst has undertaken a robust analysis of the variables leading to non-adherence (Allen & Warzak, 2000), those variables can hopefully be addressed in partnership with the stakeholders. For example, if the procedures (e.g., extinction) or the effects of the procedures on the client's behavior (e.g., extinction burst) produce conditions that the implementer views as unsafe or undesirable (e.g., lengthier episodes of distress, new topographies such as self-injury), it would be reasonable for the behavior analyst to alter the procedures (e.g., differential reinforcement with schedule thinning). Openness to modifying intervention plans is often necessary in the process of developing effective and socially valid procedures and outcomes (Wolf, 1978).

Two remaining conditions that might justify discharge or transition in services are (a) a request by the client or stakeholder to discontinue or transition services or (b) the services are no longer funded, and the client or stakeholder cannot or does not wish to pay for services without third-party funding support. A client or stakeholder might request to discontinue or transition services for many reasons ranging from dissatisfaction with services or the therapeutic relationship to preference for another provider due to location, schedule convenience or other factors. If the request occurs because of dissatisfaction with the current provider, it is appropriate for the behavior analyst or their supervisor in the provider organization to convey a willingness to support the request for discharge while inquiring about the reasons for that request. A client or stakeholder might feel more comfortable providing feedback about variables that led to their dissatisfaction with someone other than the behavior analyst who was providing services. However, any follow-up interactions about the reasons for requesting discharge should be non-confrontational and presented in a humble manner. In addition, the decision to provide information or not and the content of any feedback that is provided should have no bearing on the quality of the discharge or transition planning process. Finally, financial constraints often make it difficult for clients and their stakeholders to continue services, particularly when a prior source of funding becomes unavailable. In this instance, the behavior analyst should explore potential solutions to the financial barrier including changing the model of services to a less expensive one that is still predicted to be beneficial and helping the family to identify other potential sources of financial support (e.g., other health insurance providers, scholarship at a non-profit service provider).

In all circumstances where transition or discontinuation of services occurs, the behavior analyst has several responsibilities to ensure minimal negative impact on the client and stakeholders. First, the behavior analyst should follow a written plan for transitioning or discontinuing services that was developed as a part of collaborative decision-making at the

outset of services. The plan should include information about reasons for the change to services as well as a timeline for the change including target dates, transition activities, and responsible parties. The behavior analyst should provide documentation they notified clients and stakeholders of changes in a timely fashion, reviewed the plan in detail, and that the stakeholders acknowledged receipt of the plan (usually in the form of a signature). In addition, the behavior analyst is responsible for reviewing the plan throughout the discharge process and making every effort to adhere to the plan, while documenting all steps that are taken in this process. When services are transitioned to another provider or might be resumed by another provider in the future, the behavior analyst takes appropriate steps to increase the success of that transition by obtaining consent for the release of information from parents and collaborating with the new provider (e.g., sharing detailed documentation and data relevant to prior programming and intervention effects).

Preventing Ethical Problems in Client Services and Stakeholder Interactions

Consistent with the proactive approach to ethics, several strategies will help to prevent ethical problems that might arise in the area of client and stakeholder responsibilities. These strategies fall into two main groups: overall systems and individual actions.

Developing systems. Behavior analysts who use organizational behavior management strategies increase the likelihood that they and their colleagues and supervisees will engage in actions that fully comport with the Code. A system is defined as a complex of interacting elements and their relationships (Brethower, 1972; Rummler & Brache, 2013). In organizations and individual provider relationships, systems revolve around the interactions that people have, the tasks they complete, and the tools they use to complete those tasks. Organizational Behavior Management (OBM) is an area of ABA specialty that shares its underlying principles with other specialties. However, autism service providers considering a systems-focused role should evaluate their scope of competence, and if systems development falls outside that scope they should seek additional training or consultation.

In a clinical system, the creator of the system should specify the process that should occur which includes: (1) who; (2) does what; (3) when it is done; (4) how it is done; and (5) the means to know whether it is done well (i.e., quality assurance checks). The table provides examples of various aspects of clinical systems that might be used in a provider organiza-tion. The final row of the table can be completed as an activity—download

System	Function of the System	Who	Does What	When	Exactly How	Quality assurance
Informed Consent Process	Document terms of agreement, information sharing, and agreement with the terms	BCBA	Has a live conversation with all parent/guardians	During the first session of the assessment process PRIOR to initiating services	Using the "Best Provider" consent template and the "Informed Consent Job Aid and Talking Points"	Document the process in the session note. Get initials on each of the main talking points on the consent document immediately after you cover that point. QA audit is conducted by QA manager for all clients at the end of the first month of services
Fee for Services Agreement	Facilitate understanding of costs of services to the client/family and document agreement to pay those fees in a timely manner	Intake Coordinator	Has a live conversation with the responsible party (e.g., parents/guardians/client)	Prior to scheduling the first appointment for services	Using the "Fee for Service Agreement" document that has been completed with information about co-pays based on the results of the Eligibility and Verification of Benefits process	Document the conversation in the practice management software, get initials on each of the main talking points in the document using docusign as you cover that point. The QA audit is completed by the operations manager quarterly for all clients that have entered services since the last audit
Continuity of Services						

the Continuity of Services Toolkit (https://www.bacb.com/wp-content/uploads/2022/01/Continuity-of-Services-Toolkit-220613.pdf; use the search function on the website if the location has changed) and use that information to design the process for an organization (see Figure 7.1).

Rummler and Brache are commonly quoted as saying, "If you pit a good performer against a bad process, the process will win almost every time" (https://www.rummlerbrache.com/six-fundamental-laws-organizational-systems). That is, a well-intentioned BCBA who truly wants to communicate effectively about all of the important aspects of services is likely to

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Checklist

Transitioning to a Different BCaBA/ BCBA Within an Organization

Note: The responsible party in all cases is the designated BCBA or BCaBA.

Action	Timeline of Completion	Date Completed		Initials
Meet with client and/or relevant stakeholders to discuss: 1. transition to new BCaBA/BCBA 2. plans for transition 3. date of transition	Based on the needs of the specific client			
Create timeline for transition with assigned roles (e.g., completion of transition summary, data update) during clearly delineated transition process	Based on the needs of the specific client			
Share timeline with all relevant parties (e.g., supervisor, relevant stakeholders)	Based on the needs of the specific client			
Verify documents, graphs, data, etc. are up to date and provide to caregiver at discontinuation	Throughout services and finalized at the end of services			
Document all meetings	Throughout services			
Prepare and compile all relevant documents (e.g., assessments, programs, treatment plans, graphs, relevant meeting notes)	Based on the needs of the specific client			
If possible, meet with new BCaBA/BCBA to discuss current intervention(s), plans for transition, and any other relevant information	Based on the needs of the specific client		☐ N/A	
If possible, meet with client and/or relevant stakeholders to introduce new BCaBA/BCBA	Based on the needs of the specific client		☐ N/A	
If possible, have new BCaBA/BCBA observe session with client	Based on the needs of the specific client		☐ N/A	
Complete transfer summary and provide to new BCaBA/BCBA	At transfer			
Notify third-party payer of service change	At transfer		☐ N/A	

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Figure 7.1 Continuity of Sevices Checklist (reprinted with permission from the BACB)

omit one of those important bits of information unless: (1) there is a job aid which guides the discussion of the critical talking points; and (2) the BCBA is trained to use the guide. Provider organizations can create clinical systems and process with supports such as templates, standard documents, and step-by-step job aids for important aspects of service such as managing case transition or discharge. These systems are designed to minimize unwanted variability (e.g., variability due to poor training, lack of knowledge or experience) while still leaving room for individual tailoring of services and decisions about services.

Once appropriate templates and tools are created to guide actions that are consistent with the Code, there must be a means of evaluating whether the actions occurred in the intended manner and at the appropriate time. These steps constitute the quality assurance process. While it is a great idea to create supports such as standard forms and templates for the informed consent process, these tools do not assure that individual providers will actually follow that process as prescribed. One should assume that some amount of error or drift from the target process will occur unless there are regular assessments of what has occurred with feedback either to the performer or to the system (e.g., people who develop training and supports for providers). For example, a consent form could have specific places to initial after each critical discussion point, potentially increasing the likelihood that each point is fully discussed, in comparison to a form with a single signature at the end. In addition, families could be surveyed on their understanding of critical aspects of the informed consent for services process a few months after services have begun. If there is documentation that the critical points were covered at the time of consent, but the survey indicates that the information is not retained, these data suggest that the process for consent should be changed to produce more robust and sustained understanding of the conditions of service. As another example, an organization could create useful tools to support understanding of the contract requirements for billing third party funders for services. However, because these requirements are often complicated and differ for each funder, it is important to have a knowledgeable party review each billing submission to facilitate compliance and prevent any accidental or purposeful fraudulent billing or failure to honor the contracted commitments.

Individual Actions

In addition to organizational systems that facilitate behavior consistent with the Code, each individual BCBA is responsible for their own professional repertoires and actions. The best proactive prevention for ethics

code violations of Section 3 involves effective planning and self-management, effective and consistent communication, and the creation of robust professional networks. Let's consider each in turn.

Self-management and planning. Self-management in the form of organization and time management can help to prevent many ethical lapses related to Section 3. No malice is required for an overly busy, somewhat disorganized person to forget important details, fall behind on documentation, or to miss a deadline for a report. Indeed, consistent self-management is required for a behavior analyst to have any chance of succeeding in fully meeting the responsibilities of clients and stakeholders.

Consistent and effective communication. The more effectively a professional communicates with others, the more likely there is to be an accurate and shared understanding of the expectations and conditions of service. In addition, when topics come up that require proactive or delicate communication (e.g., addressing a request by a third-party funder that is not consistent with the Code), a person who is more experienced and comfortable with sensitive and difficult contexts for communication will be more likely to succeed in educating or advocating for appropriate actions. The crucial conversation skills mentioned in Chapter 4 as part of the problem-solving process are an equally important part of the prevention of ethics concerns. Those who struggle with caring, yet candid, communication may tend to avoid interactions that feel uncomfortable or delicate, which can lead to missed opportunities to prevent an emerging ethical dilemma from worsening.

Network and community of practice building. The third strategy involves finding or creating and making regular contact with a group of professionals who are knowledgeable about ethically serving clients and stakeholders. Behavior analysts who build strong professional networks and communities of practice have more opportunities to learn from others, refer to other providers when needed, and recognize when their own skills may be inadequate for a task compared to someone who has greater experience with that task. When challenging situations occur (e.g., the need to discuss barriers to successful treatment implementation that could necessitate discharge), the person facing the challenge often experience emotions that, while real and valid, might hamper their ability to fully engage in perspective-taking or to recognize all of the ethical ramifications of their actions or failure to act. A strong professional network provides the opportunity to discuss situations with others who may offer insights and suggestions that prevent the worsening of the situation or unethical action (see Chapter 3 and 13).

ADDRESSING ETHICAL PROBLEMS IN CLIENT SERVICES AND STAKEHOLDER INTERACTIONS

SCENARIO 1

Salita is a BCBA employed in a large human-service agency. She has several clients whose insurance funding is due for reauthorization (i.e., indication of payment for a specified amount and type of services) in the month of July. She has tried to plan her reassessment and report-writing efforts in advance but somehow failed to notice one of the clients with an authorization expiration of June 30th. On June 15th she receives an email reminding her that the authorization is about to expire and that the reassessment and treatment plan update must be turned in to her supervisor by June 18th for review. Salita does not have any time to conduct assessments for this client before June 18th so she makes up results that she thinks would represent what would have happened if she actually administered the assessments. She stays up all night to finish the report so that it can be submitted on the 18th. Her supervisor notices an excessive number of typographical and formatting errors and begins to look more closely at the reported results against current programming and data. The supervisor notices that the assessment suggests that the client demonstrates certain skills that seem implausible given the data that were collected by RBTs during treatment sessions in the same week. There are also errors in the authorization request in terms of the number of units and hours recommended for the re-authorization period. The supervisor checks the recent billing and notices that there are no assessment sessions entered for this client in spite of the fact that the reassessment and reauthorization report has been completed. The supervisor contacts Salita to arrange a time to review the scored assessment protocol and the authorization request together prior to submission. At that meeting, Salita confesses that she does not have a scored assessment protocol and that she was unable to do the assessment and made up the results.

STEP 1: DETECT. The supervisor detected multiple errors in Salita's report that made her concerned about the quality of the assessment information as well as the report preparation. These errors led her to check the schedule and billing and to meet with Salita where she learned of several ethical problems. If the supervisor had simply made changes to the report, edited the errors, and sent it back, the larger concerns might never have been detected. Given that the report was written as if an assessment was done, when in fact no assessment occurred, the supervisor will hopefully explore other areas where Salita may have falsely reported events. It is important to recognize that one ethics violation often leads to clusters of other violations.

In this case, the underlying value of behaving with integrity is compromised because Salita has not behaved in an honest and trustworthy manner and has misrepresented her work and the skills of her client.

There is clearly a problem relevant to Standard 3.02 with the funding source as a stakeholder. The behavior analyst has obligations to funders to provide timely, accurate, and reasonable documentation of services and outcomes. In this instance, the documentation was inaccurate with respect to services, skills, and progress as measured by assessment tools. It is also likely that the documentation is going to be late which may jeopardize the client's access to services. Another issue is relevant to Standard 3.11 about documenting professional activities which also connects to Standards 1.04, 2.03, 2.05, 2.06, and 2.10. Standard 3.11 establishes a behavior analyst's responsibility to keep detailed and high-quality documentation of professional activities to facilitate the provision of services, to ensure accountability, and to meet applicable requirements (e.g., laws, regulations, funder, and organization policies). The poor quality and inaccurate documentation created by Salita clearly violate the funder's policies.

STEP 2: DEFINE. Because Salita's situation involves documented and reportable violations, the supervisor and Salita must take time-sensitive action related to a formal resolution. Upon reflection, it may become clear that having so many clients with reauthorization reports due in the same month represents a risk for poor quality or delayed work. However, regardless of the convergence of due dates, Salita is responsible for her dishonest actions of falsifying the report. Reflection may help Salita recognize how fear and lack of planning contributed to her stressful situation. Unfortunately, hiding mistakes significantly worsened the problem whereas communicating with her supervisor about the unfortunate delay in completing the report would have prevented at least some of her ethics violations. If Salita had been more active in a community of fellow behavior analysts, she might have turned to one of them for informal guidance before meeting with her boss. It's quite likely that a caring peer or mentor outside her organization would have helped Salita detect how her action plan would escalate rather than alleviate her ethical dilemma. Perhaps Salita would have felt reluctant to reveal her plan to a colleague, which is always a strong indicator that you should reconsider the plan.

STEP 3: GENERATE SOLUTIONS. Recognizing the serious and embarrassing implications of their situation, the supervisor and Salita may contemplate a wide range of more and less appropriate solutions. As one potential solution, Salita could apologize and acknowledge her mistakes and she and her supervisor could work together to hide the irregularities, altering the report to make more sense based on the client's current skill set before

submitting it the next day. As a second potential solution, the supervisor, who might be angry, could tell Salita that she must make everything right, report herself, and never do it again. The supervisor may also indicate that she wants nothing more to do with this situation and is not planning to follow up on Salita's actions. As a third potential solution, Salita and her supervisor could work together to report the unethical behavior to relevant entities. The supervisor could submit a notice of alleged violation to the BACB with documentation of the falsified report. In addition, Salita could honor her ethical obligation to self-report her violation. The supervisor and Salita could discuss the timing of Salita's self-report and allow a brief window of opportunity for that self-report to occur prior to the submission of the notice of alleged violation. In addition, any higher-level administrators (e.g., Chief Clinical Officer, Human Resources) in the organization could be informed about the falsified report submission. Since the report was flagged during internal quality assurance processes, it has not yet been submitted to the funder so the appropriate assessment activities could occur and be integrated into the report, even if it has to be submitted late. If Salita remains employed with the organization, the supervisor may introduce a professional development plan that specifies remediation activities and enhanced oversight for Salita's next several reports.

STEP 4: ASSESS PROS AND CONS OF EACH SOLUTION. The first option presented above involves hiding the evidence of wrongdoing, which further violates the core value of integrity. Although this option might result in everyone remaining in good standing with their various employers and stakeholders, that good standing is only due to deceit and the dishonest behavior may occur again in the future since all meaningful consequences were avoided. This first option also leads to Salita violating another standard in the Code related to self-reporting infractions. These major drawbacks of the first option suggest that this may be the "easy" way out for both Salita and her supervisor. The second option presents significant drawbacks as well, as the supervisor fails to support Salita in the difficult tasks that are ahead of her and indicates no intent to follow through. In these circumstances, Salita may still choose to hide her dishonest behavior leading to all of the same drawbacks as option 1. In addition, the relationship between Salita and her supervisor will likely be damaged by the lack of assistance that will surely be needed for Salita to resolve this situation. Both of these first two options involve multiple forms of avoidance behavior and will inarguably worsen the situation and do little to prevent future situations.

The third option is clearly an effortful one that involves complete honesty and integrity while opening Salita up to potential sanctions or other consequences from the BACB and the employer. However, this option has

all of the advantages of fully embracing professional responsibility to all parties. A notice of alleged violation does not necessarily guarantee the outcome of disciplinary action and it is not appropriate for any BCBA to attempt to predict the outcome of an investigation and thwart that outcome if it is not one that they like. Behavior analysts' responsibility is to report, and self-report, violations of the Code. In addition, the third potential solution allows Salita to self-report the infraction and avoid additional sanctions due to failure to self-report. This option has the unassailable advantages of full compliance with the Code and a full demonstration of the underlying values of the Code and should be the option that Salita and her supervisor take.

STEP 5: IMPLEMENT AND EVALUATE THE SOLUTION UNTIL THE DILEMMA IS RESOLVED. The supervisor and Salita could set a deadline of 24 hours for Salita to self-report to the BACB followed by the required submission of the notice by the Supervisor. The supervisor will need to gather documentation (e.g., the original report with all errors and false assessment information) and seek additional information such as contacting the family to document that the session did not occur and that the assessments have not been completed. In addition, the BACB may request additional supporting documentation or cooperation as part of their investigation (see Chapter 11 for additional information about reporting and self-reporting and the BACB disciplinary processes). The supervisor will also have to report the actions to the relevant departments in the provider organization and work with human resources to develop a professional development plan for Salita.

SCENARIO 2

Marcus has a four-year-old client diagnosed with autism spectrum disorder. From Marcus' perspective, the parents of this client are "not appropriately invested in treatment services," do not regularly collect data, and often "challenge his expert advice" on which goals and targets should be prioritized.[1] The relationship with the family has become strained and the frequency of canceled sessions, particularly parent training sessions, has increased. Marcus identifies "parent non-compliance," cancelations, and refusal to collect important data as barriers to successful implementation of service delivery and decides to discharge the family, since "they are not behaving in ways one would expect from people who are interested in continuing services." Marcus informs the scheduling team that the family

[1]Quote marks have been placed around examples of judgmental initial reactions that Marcus has to the behavior patterns of his client's family. This example is provided to contrast it with more behavior-analytic and beneficial ways of reacting to difficult circumstances in service delivery.

will no longer receive services after next week and that the RBTs on that team should be reassigned to other cases. He writes an email to the family telling them that they are being discharged from services along with the last date of service.

STEP 1: DETECT. Several standards seem to be compromised in this example. Marcus is focused on Standard 2.19 (addressing conditions that interfere with service delivery). However, though he has identified some conditions that are interfering with service, he has failed to address those conditions in a responsible way that places the well-being of the client and stakeholders as the priority. The conditions that Marcus describes may all be side effects of a damaged therapeutic relationship with the family who would like to be involved in decision-making for their child's care (consistent with Standards 2.09; 2.14). Marcus has failed to take note of his obligations per Standards 3.01, 3.12, and 3.15.

STEP 2: DEFINE. The scheduling team finds this abrupt change in schedule and staffing surprising and reaches out to their supervisor. That supervisor reaches out to Marcus's direct supervisor, the Clinical Director, and they decide to gather more information from the family. The supervisor learns that the parents have felt marginalized and disrespected due to Marcus's response whenever they express an opinion about programming that differs from his recommendations. Marcus has repeatedly given them complicated data sheets to complete, but has never really explained how to use them. These interactions have led the parents to avoid interacting with Marcus whenever possible because the interactions are unpleasant and don't seem to be helpful with respect to their child's care. They do not want to lose access to the treatment services, but they don't like interacting with Marcus anymore and would prefer to continue services with another BCBA in the organization.

The actual barriers in this instance were Marcus's lack of collaboration, ineffective communication, and identification of meaningful barriers to participation in service. According to 3.15, discharge should only be considered when "the relevant stakeholders are not complying with the behavior-change intervention despite appropriate efforts to address barriers" (BACB, 2020; p. 14). Marcus has not made appropriate efforts to address the barriers that he helped to create. He has not had an open conversation with the family about the barriers that were leading to disengagement from parent meetings, and he failed to detect his own role in creating barriers.

STEP 3: GENERATE SOLUTIONS. The supervisor and Marcus will need to work together to resolve this issue with the best interests of the client in mind. The supervisor will likely be the ultimate decision-maker now

that the family has expressed their desire to continue services with a different BCBA. One option for the supervisor would be to support Marcus's decision to abruptly discharge the family and reassign the staff to other cases. Another option would be for the supervisor to honor the family's request for a new BCBA and immediately transfer all case management duties to that new BCBA. A third option would be for the supervisor to discuss the ethical concerns with abrupt discharge as well as to review the family's concerns with Marcus. The supervisor could have Marcus complete a self-evaluation of his behavior with respect to the therapeutic relationship with the family (LeBlanc et al, 2020; Chapter 9, Appendix A). This self-evaluation might lead Marcus to identify areas where his behavior was instrumental in damaging the relationship or at least failing to strengthen it. Marcus and the newly assigned BCBA could collaborate to create a plan for transitioning care of this client over the next 6 weeks, giving Marcus time to meet with the family and 1) apologize for any of his actions that resulted in discomfort or dissatisfaction for the family, and 2) explain the plan to ensure continuity of treatment services as the caseload management is being transitioned.

STEP 4: ASSESS PROS AND CONS OF EACH SOLUTION. The first option of honoring the abrupt discharge would likely constitute an ethics code violation on the part of the supervisor as well as Marcus. This option does not place the welfare of the client first and would likely do harm by interrupting access to services as the family attempts to find a new provider. The second option has the benefit of honoring the family's request to continue services with a new BCBA. This option also allows for treatment services to continue, though there is a clear drawback of transitioning care without a detailed plan and more advanced notice (3.16). This option also does not result in any responsibility for Marcus to clarify his role in damaging the relationship with the family, to apologize for it, and to behave more ethically in the future. The third option has similar advantages to option 2 as well as a few others. This third option should produce insight into the need for additional professional development in therapeutic relationships and it allows Marcus to directly address his role in the development of the problem and to apologize. Finally, the third option is the only one that fully and responsibly facilitates the transition of care in a way that is consistent with the Code.

STEP 5: IMPLEMENT AND EVALUATE THE SOLUTION UNTIL THE DILEMMA IS RESOLVED. As Marcus and the new BCBA plan their transition of caseload duties, they should use the resources provided by the BACB to guide their efforts (BACB, 2021; Continuity of Services Toolkit). This resource is available on the BACB website and is reproduced with permission in the Appen-

dices of this text. The toolkit provides a process map for transitioning care to another BCBA within an organization. The transition process begins with preparing for and having a meeting with the caregivers to discuss the plan and identify the target date for transition, which should be selected to minimize any threat to the quality of services. The process continues with a focus on updating and sharing relevant documents between the two BCBAs who are transitioning care. Case review and shared supervision sessions and meetings with the caregivers occur next. Summative documentation and notification of the change to third-party payer stakeholders wrap up the process. The BACB also provides a useful checklist that can be used to ensure consistency in the transition of care. That checklist is reprinted in Appendix A with permission at the end of this book. In addition to monitoring the quality of the transition of the care process, it will also be important to assess the satisfaction of the parent stakeholders after one or two months of interaction with the new BCBA. Finally, given the difficulties this client experienced secondary to a poor therapeutic relationship with Marcus, it would be wise to have Marcus evaluate his interactions with the other families he serves and it may even be advisable for the supervisor to do an independent satisfaction survey for those families.

SUMMARY AND CONCLUSIONS

In summary, Section 3 of the Code guides many actions of a BCBA that impact clients and stakeholders, with a focus on protecting rights and safety. Practicing behavior analysts who work in the context of human services, education, or healthcare interact with clients as well as a diverse array of stakeholders (e.g., parents and family members, funders, educators, licensure boards). Achieving a positive impact under these conditions will require behavior analysts to manage a wide array of professional tasks, document their procedures carefully, and collaborate with others in the best interest of their client above any other party (e.g., third-party funders).

This section includes many diverse topics ranging from initial service agreements to advocacy for conditions that facilitate the effectiveness of services. The primary strategies for proactively facilitating success focus on self-management and the development of systems that support ethical behavior in all aspects of client services from the first point of inquiry through discharge. Thus, the person or the provider organization that wants to foster ethical behavior with respect to Section 3 should embrace effective self-management and systems development (i.e., organizational behavior management) and create resources that support providers in all the details of their services that impact clients and stakeholders.