



Ethical Considerations for Interprofessional Collaboration: A Guide for Behaviour Analysts

Interprofessional collaboration is a joint process between practitioners of diverse backgrounds to provide comprehensive services to the individuals and organizations they serve.

Interprofessional collaboration is recognized as an important part of high-quality education and healthcare and is often necessitated by case complexity, service recipient engagement with multiple professionals over prolonged periods of treatment, and frequent transitions across service settings. As helping professionals, behaviour analysts often have related, overlapping, or similar treatment goals as professionals from other disciplines. Behaviour analysts tend to share goals related to promoting independence, safety and

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adaptive functioning with psychologists, occupational therapists, physicians, nurses, speech language-pathologists, social workers, recreational therapists and other helping professionals.

The purpose of this document is to: a) highlight the common values and shared responsibilities of behaviour analysts and other professionals, and b) outline ethical and professional standards that may enhance interprofessional relationships and service recipient outcomes. Drawing largely from the Behavior Analyst Certification Board's (BACB®) Professional and Ethical Compliance Code for Behavior Analysts ("the Code"; BACB, 2016) the ONTABA Jurisprudence and Ethics Standards of Practice ("JE Standards"; ONTABA, 2020) this document will explore the following areas:

- i. Common values and goals
- ii. Service recipient engagement
- iii. Scope of practice and permitted activities
- iv. Billing practices

i) Common values and goals

Within the helping professions, a shared value is a desire to contribute to the betterment of the lives of service recipients. Although educational backgrounds and practice approaches may differ, effective interprofessional care combines the strengths of various disciplines and improves outcomes for service recipients (Broadhead, 2017; Kelly & Tincani, 2013; Oandasan, Baker, Barker, Bosco, D'amour, et al., 2006).

While collaborating with other professionals, behaviour analysts should prioritize the following:

1. The provision of high quality, scientifically-supported services:

- Behaviour analysts are obligated to stay current with relevant scientific literature and they must accrue sufficient continuing education credits to maintain certification (The Code: 1.03 – Maintaining Competence through Professional Development).
- Behaviour analysts must rely on science in their work (The Code: 1.01 – Reliance on Scientific Knowledge).

2. Professional integrity:

- Behaviour analysts must be truthful in their work and the representation of their work. They must also be truthful in representing behavior analysis in general (The Code: 1.04 – Integrity; 6.01 a – Affirming Principles).
- Behaviour analysts follow through on professional commitments and follow the legal, ethical, and social expectations of their professional community and employers (The Code: 1.04 c, d, e – Integrity; JE Standards: 1.7 a – Ontario Program Guidelines and Policy Directives).
- Behaviour analysts are responsible for all aspects of their behaviour analytic service provision and ensure that interventions are grounded in behaviour analytic principles and are individualized to meet the unique needs of each service recipient (The Code: 4.01 – Conceptual Consistency; 4.03 – Individualized Behavior-Change Programs).

3. Ensuring ethical conduct:

- Behaviour analysts do not engage in any action that would encourage others to engage in fraudulent,

illegal or unethical behaviour and must avoid professional relationships characterized by any of the following: multiple relationships, conflicts of interest, and exploitative relationships (The Code: 1.04 a, b – Integrity; 1.06 – Multiple Relationships and Conflicts of Interest; 1.07 – Exploitative Relationships; 2.04 – Third-Party Involvement in Services; 8.01 – Avoiding False or Deceptive Statements; 8.05 – Testimonials and Advertising; JE Standards: 1.1 a, b – Code of Ethics; 1.3 a, b, c – Professional Boundaries).

4. Acting in the service recipient's best interest:

- Behaviour analysts design programs using reinforcement over punishment, ensure that least restrictive procedures are recommended when determined to be effective, and avoid using any items or actions as reinforcers that are not consistent with the promotion of the health and wellbeing of the service recipient (The Code: 4.08 – Considerations Regarding Punishment; 4.09 – Least Restrictive Procedures; 4.10 – Harmful Reinforcers; JE Standards: 1.2 a – Service Recipient Care Primary).
- Behaviour analysts report harm or violations as outlined in the Code (The Code: 7.01 – Promoting an Ethical Culture; 7.02 – Ethical Violations by Others and Risk of Harm; JE Standards: 1.5 – Ethical and Professional Practice Violations) and also follow all local mandatory reporting conditions as indicated by relevant policies and laws.
- Behaviour analysts uphold and adhere to the values, ethics, and principles of the profession of behaviour analysis (The Code: 6.01 a – Affirming Principles; JE Standards: 1.1 a – Code of Ethics).

ii) Service recipient engagement

The ultimate goal of ABA is to produce behaviour change that is socially significant in people's lives (Baer, Wolf, & Risley, 1968). Similar to professionals in other disciplines, behaviour analysts are obligated to effectively engage service recipients' in treatment, focus on their success, and protect their rights.

Behaviour analysts should work collaboratively with other disciplines to facilitate the following:

1. Service recipient involvement:

- When providing service, behaviour analysts must involve service recipients in treatment planning and goal setting and convey information in a manner that is easy to understand (The Code: 1.05 – Professional and Scientific Relationships; 3.03 – Behavior-Analytic Assessment Consent; 3.04 – Explaining Assessment Results; 4.02 – Involving Clients in Planning and Consent; 4.04 – Approving Behavior-Change Programs; JE Standards: 1.2 b – Service Recipient Care Primary).
- Behaviour analysts provide recommended behaviour change programs in writing before implementation. If possible, behaviour analysts assist the service recipient with a risk-benefit analysis of the implementation of the program. Behaviour analysts must identify and describe environmental factors necessary for the success of the program along with factors that may interfere with its success (The Code: 4.04 – Approving Behavior-Change Programs; 4.05 – Describing Behavior Change Program Objectives; 4.06 – Describing Conditions for Behavior-Change Success; 4.07 – Environmental Conditions that Interfere with Implementation; JE Standards: 1.2 b – Service Recipient Care Primary).

2. Service recipient success:

- Behaviour analysts always conduct relevant assessments prior to providing recommendations for intervention. As part of service provision, behaviour analysts are obligated to collect and graphically display data to inform clinical decision-making (The Code: 3.01 – Behavior-Analytic Assessment).

- With appropriate consent, behaviour analysts should seek out consultation from other professionals when it is in the best interest of the service recipient. For example, a behaviour analyst may make a referral to a psychiatrist or a physician when a mental health problem is suspected, and then make all efforts within their scope of practice to support the service recipient and his/her treatment team. (The Code: 2.03 a – Consultation; JE Standards: 1.6 c – Areas of Competence and Scope of Practice).
- Behaviour analysts stay true to the principles of behaviour analysis while cooperating with other professionals to best meet the needs of mutual service recipients (The Code: 2.03 b – Consultation; 3.02 – Medical Consultation).
- Behaviour analysts must clearly explain criteria for the termination of services (The Code: 4.11 a, b – Discontinuing Behavior-Change Programs and Behavior-Analytic Services). If a service recipient no longer requires behaviour analytic services, is not benefiting, is being harmed by continued service, or requests to terminate services, behaviour analysts are obligated to discontinue services in a timely manner. If applicable, behaviour analysts should take reasonable steps to facilitate securing another service provider (The Code: 2.15 c, d, e – Interrupting or Discontinuing Services).

3. Service recipient rights:

- Prior to starting service, behaviour analysts obtain written, informed consent (The Code: 3.03 – Behavior-Analytic Assessment Consent; 4.04 – Approving Behavior-Change Programs; JE Standards: 2.1 – Obtain Consent).

- Behaviour analysts take steps to protect their service recipients by informing them of potentially harmful or unsupported treatments (e.g., facilitated communication, hyperbaric oxygen chambers, or chelation therapies for children diagnosed with autism). Behaviour analysts are obligated to advocate for service recipients' right to effective treatment and to promote and educate service recipients about scientifically-supported treatments (The Code: 2.09 – Treatment/Intervention Efficacy).
- Behaviour analysts have a responsibility to uphold the best interest and the rights of the service recipient. Behaviour analysts are responsible to all persons affected by behaviour analytic service provision (The Code: 2.0 – Behavior Analysts' Responsibility to Client; 2.02 – Responsibility; 2.05 – Rights and Prerogatives of Clients; JE Standards: Service Recipient Care Primary – 1.2 a).
- Behaviour analysts may only bill for behaviour analytic services. Behaviour analysts may not advertise, bill for, or represent non-behaviour analytic services as behaviour analytic (The Code: 8.01 c, d – Avoiding False or Deceptive Statements). When authorized to deliver behaviour analytic services, a behaviour analyst may not provide non-behaviour analytic services. For reimbursement purposes, non-behaviour analytic services may not be identified as behaviour analytic on bills or invoices (The Code: 8.01 d, e – Avoiding False or Deceptive Statements; JE Standards: 4.2 a, b – Billing).
- Behaviour analysts take precautions to protect service recipient confidentiality and ensure appropriate record keeping, data collection and storage as per applicable policies, laws, and regulations (The Code: 2.06 – Maintaining Confidentiality; 2.07 – Maintaining Records; 2.08 – Disclosures; 2.10 – Documenting Professional Work and Research; 2.11 – Records and Data; 3.05 – Consent-Client Records; 8.04 a, b, c – Media Presentations and Media-Based Services; JE Standards: 3.1 – Privacy; 3.2 – Confidentiality; 3.3 – Record Keeping).



iii) Scope of practice and permitted activities

Behaviour analysts are autonomous practitioners with specialized expertise in the science of behaviour. Not unlike other regulated health professionals, there are limits to what a behaviour analyst can do and what their service provision can entail. Clarifying roles and scope of practice early in the collaborative process can improve the quality of interprofessional collaboration. By identifying the strengths and limitations of each discipline a holistic approach can be leveraged to provide the best possible outcome for the service recipient.

Some considerations for behaviour analysts and their colleagues include:

- Behaviour analysts are required to rely on science and behaviour analysis when providing services, making clinical judgments, and when conducting research (The Code: 1.01 – Reliance on Scientific Knowledge).
- When providing service, behaviour analysts are to only practice in areas or applications in which they have had sufficient training and experience. If the behaviour analyst is unfamiliar or lacks experience in a particular area or application, in order to agree to service provision, the behaviour analyst must first seek out appropriate training, supervision and/or consultation from professionals competent in that application (The Code: 1.02 a, b – Boundaries of Competence; 2.01 – Accepting Clients; JE Standards: 1.6 a, b – Areas of Competence and Scope of Practice)
- Behaviour analysts may only provide behaviour analytic services within a clearly defined professional role (The Code: 1.05 – Professional and Scientific Relationships).
- Behaviour analysts do not claim non-ABA interventions are behaviour analytic and do not implement interventions that are not behaviour analytic. If a behaviour analyst has competence and training in a non-behaviour analytic practice area, these services may be delivered as long as a disclaimer is also provided that clearly distinguishes these practices from any behaviour analytic work. Non-behaviour analytic work may not be represented as behaviour analytic practice (The Code: 8.01b, c, e – Avoiding False or Deceptive Statements).
- Regarding supervision, behaviour analysts may only provide supervision in areas in which they are competent (The Code: 5.01 – Supervisory Competence).
- Responsibilities can only be delegated to supervisees if the supervisee is able to safely, ethically, and properly carry out the tasks (such as conducting a functional assessment of challenging behaviour or safety planning; The Code: 5.03 – Supervisory Delegation).



iv) Billing practices

When working with other professionals who may be concurrently implementing a variety of training and treatment procedures, behaviour analysts need to ensure they bill only for behaviour analytic services, and that they bill fairly and accurately. The Ontario Association for Behaviour Analysis recently created recommendations for ethical billing practices to provide a starting point for practitioners, parents, and other stakeholders to ensure that billing and business practices are consistent. These recommendations are drawn from the Standards of Practice from relevant professional associations in Ontario (e.g., the Ontario Psychological Association) and international recommendations for behaviour analysts (e.g., *Applied behavior analysis treatment of autism spectrum disorder: Practice guidelines for healthcare funders and managers*, 2nd ed. [BACB, 2014]).

When working in an interprofessional capacity, the following billing practices are particularly salient:

- Behaviour analysts obtain informed, written consent for billing and invoicing procedures, including collections procedures, missed or cancelled appointments, and late fees, before a service recipient starts services (The Code: 2.12 a – Contracts, Fees, and Financial Arrangements).
- Behaviour analysts bill accurately and in a manner that is clear and easy to understand by service recipients. This includes, but is not limited to the following: name of service recipient, date and duration of service, type of service, cost per hour, total cost of service, date payment is due (The Code: 1.05 b – Professional and Scientific Relationships; 2.12 a, b – Contracts, Fees, and Financial Arrangements; 2.13 – Accuracy in Billing Reports; JE Standards: 4.2 a, b - Billing).
- Behaviour analysts recommend service intensity and duration in a manner consistent with the research literature and sound clinical practice, including the BACB guidelines (The Code: 1.04 – Integrity; 2.09 – Treatment/Intervention Integrity; 3.01 – Behavior Analytic Assessment; 4.05 – Describing Behavior-Change Program Objectives; 6.01 a – Affirming Principles).
- Behaviour analysts keep all billing records in the same manner and for the same duration as clinical records. Behaviour analysts allow for timely access to billing records upon parent request (The Code: 2.07 a, b, - Maintaining Records; JE Standards: 3.3 f – Record Keeping).
- Behaviour analysts do not accept money or gifts for referrals or services (The Code: 1.06 d – Multiple Relationships and Conflicts of Interest; 2.14 – Referrals and Fees).
- Behaviour analysts do not invoice for a service that did not occur or hours that were not delivered (The Code: 1.04 a, b, d – Integrity; 2.12 c – Contracts, Fees, and Financial Arrangements; 2.13 – Accuracy in Billing Reports; 8.01 d, e – Avoiding False or Deceptive Statements; JE Standards: 4.2 b – Billing).
- Behaviour analysts do not make service recommendations based on available funding (The Code: 1.04 a, b, d – Integrity; 2.09 – Treatment/Intervention Integrity; 2.12 d – Contracts, Fees, and Financial Arrangements; 6.01 a – Affirming Principles).
- When working with other professionals, behaviour analysts do not bill for other treatments that may occur in the course of concurrent programming (e.g., sensory integration activities). Behaviour analysts may only bill for behaviour analytic services. Behaviour analysts may not advertise, bill for, or represent non-behaviour analytic services as behaviour analytic (The Code: 8.01 c, d – Avoiding False or Deceptive Statements).



When authorized to deliver behaviour analytic services, a behaviour analyst may not provide non-behaviour analytic services. For reimbursement purposes, non-behaviour analytic service may not be identified as behaviour analytic on bills or invoices (The Code: 8.01 d, e – Avoiding False or Deceptive Statements).

- Prior to service implementation, behaviour analysts must reach an agreement about compensation and billing with service recipients. The fee structure must be consistent with relevant laws and fees may not be misrepresented. If there are foreseeable issues
- in funding that may impact service provision, the behaviour analyst must address this with the service recipient as early as possible. The behaviour analyst must keep the service recipient apprised of any changes to funding or fee structure (The Code: 2.12 b, c, d – Contracts, Fees, and Financial Arrangements).
- Behaviour analysts must act in a timely effort, in the best interest of the service recipient, should disruptions in service provision occur or if services are being terminated (The Code: 2.15 – Interrupting or Discontinuing Services).

Behaviour analysts can make valuable contributions to interprofessional teams. Service recipient outcomes may be improved when behaviour analysts and other professionals work together. By working collaboratively with other professionals, being mindful of important ethical considerations, using best-practice approaches, and promoting shared values, behaviour analysts can contribute to high-quality interprofessional care for the people they serve.

Resources

- Association of Professional Behavior Analysts. (2010). Position statement on the use of restraint and seclusion as interventions for dangerous and destructive behaviors: Supporting research and practice guidelines. San Diego, CA: Author.
- Association of Professional Behavior Analysts. (2017). Identifying applied behavior analysis interventions. San Diego, CA: Author.
- Council of Autism Service Providers (2020). Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers (2nd ed.). Wakefield, MA.
- Behavior Analyst Certification Board. (2016). Professional and Ethical Compliance Code for Behavior Analysts. Littleton, CO: Author.

Ethical and professional practice resources for behaviour analysts, including guidelines for ethical billing, can be found at www.ontaba.org.

References

- Association of Professional Behavior Analysts. (2017). Identifying applied behavior analysis interventions. San Diego, CA: Author.
- Association of Professional Behavior Analysts. (2018). Model Behavior Analyst Licensure Act, San Diego, CA: Author.
- Association of Professional Behavior Analysts. (2019). Overview of State Laws to License or Otherwise Regulate Practitioners of Applied Behavior Analysis. San Diego, CA: Author.
- Baer, D.M., Wolf, M.M., & Risley, T.R. (1968). Some current dimensions of applied behavior analysis. *Journal of Applied Behavior Analysis*, 1(1), 91-97.
- Behavior Analyst Certification Board. (2016). Professional and Ethical Compliance Code for Behavior Analysts. Littleton, CO: Author.
- Broadhead, M. T. (2015). Maintaining professional relationships in an interdisciplinary setting: Strategies for navigating nonbehavioral treatment recommendations for individuals with autism. *Behavior Analysis in Practice*, (8)1, 70-78. DOI 10.1007/s40617-015-0042-7
- Cooper, J.O., Heron, T.E., & Heward, W.L. (2007). *Applied behavior analysis* (2nd ed.) Upper Saddle River, N.J.: Pearson Prentice Hall.
- Cox, A. D., Virues-Ortega, J. (2015). Interactions between behavior function and psychotropic medication. *Journal of Applied Behaviour Analysis*, 49(1), 85-104.
- Cox, D.J. (2012). From interdisciplinary to integrated care of the child with autism: The essential role for a code of ethics. *Journal of Autism and Developmental Disorders*, 42(12), 2729-2738. doi:10.1007/s10803-012-1530-z
- Johnston, J. M., Carr, J. E., & Mellichamp, F. H. (2017). A history of the professional credentialing of applied behavior analysts. *The Behavior Analyst*, 40, 523-538. doi:10.1007/s40614-017-0106-9
- Kelly, A., & Tincani, M. (2013). Collaborative training and practice among applied behavior analysts who support individuals with autism spectrum disorder. *Education and Training in Autism and Developmental Disabilities*, 48(1), 120-131.
- Oandasan, I., Baker, G., Barker, K., Bosco, C., D'amour, D., et al. (2006). Teamwork in Healthcare: Promoting Effective Teamwork in Healthcare in Canada. Canadian Health Services Research Foundation.
- Ontario Association for Behaviour Analysis. (2018). Ethical billing and business practices for behaviour analysts. Toronto, ON: Author.
- Shook, G. L., & Favell, J. E. (2008). The Behavior Analyst Certification Board and the profession of behavior analysis. *Behavior Analysis in Practice*, 1(1), 44-48. doi: 10.1007/BF03391720