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IBAO Ethical Guidelines

International Behavior Analysis Organization 2021 v100

The IBAO Ethical Guidelines Committee

In February 2020, the Professional Advisory Board of the International Behavior Analysis Board was organized into several different committees, each tasked with creating components of the 2021 requirements for the IBA and IBT certifications. One such committee was the Ethics Committee who worked tirelessly to research, discuss, debate, and read ethical guides, guidelines, and codes from different professions created for a wide array of organizations around the world. This knowledge was used to incorporate important ethical requirements that are meaningful in different cultures around the world. The members of this important committee deserve special recognition for their efforts, professionalism, and attention to detail.

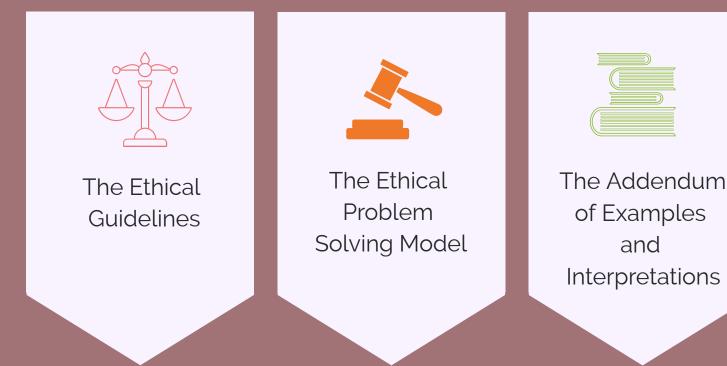
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The International Behavior Analyst Organization's Ethical Guidelines are comprised of three important components: The Guidelines, the Ethical Problem Solving Model, and an Addendum of cultural and regional examples of the use of the problem solving model and various interpretations of the Guidelines themselves. As will be further expanded, Ethics are not always clear and do not always apply to every situation in the exact same way. It is incumbent upon every IBA and IBT to understand and apply the Guidelines in all aspects of their professional lives.



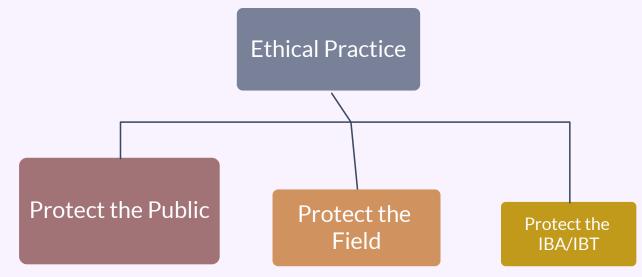
Preamble

The International Behavior Analysis Organization (IBAO) has established the following ethical principles to guide the practice of International Behavior Analysts (IBAs) and International Behavior Therapists (IBTs). Professionals credentialed through the IBAO are expected to uphold the highest ethical standards in their practice, professional relationships, and interactions with the public in order to protect the vulnerable and represent the field of Applied Behavior Analysis (ABA) in the most humane light. Those credentialed through the IBAO are required to adhere to the following Ethical Guidelines at all times during their professional practice.

The publication of the following Ethical Guidelines is a testimony of the standards that must be met by those credentialed through the IBAO. Public awareness of our aspirational principles sets the expectations for conduct that each IBA and IBT agrees to abide by from their initiation of certification training and supervision and for as long as the credential is maintained.

The IBAO Ethical Guidelines are directives to be employed across settings and situations. These guidelines should be employed so as to protect consumers in the first place, as well as protecting the field of ABA, the IBA/IBT, and all possible stakeholders. The IBAO has adopted an ethical Problem Solving Model based on the work of Rosenberg and Schwartz (2018). Instead of absolute, inflexible adherence to ethical rules in all situations at all times, the IBA/IBT must apply a commonsense model (accompanied by high personal/ethical standards) to decide what to do in various situations in which different guides might appear contradictory. These Ethical Guidelines, as a whole, must be adhered to at all times. However, how they are adhered to can change with context and situation. The Problem Solving Model and an example of how to apply it are given at the end of the Ethical Guidelines. The IBAO will maintain an ethics committee composed of ethics consultants who can be contacted to assist in finding a solution that is in the best interest of all involved.







1. Promote Client Rights and Dignity

1.1. Certificants must treat clients with respect and maintain the dignity of clients at all times. Clients' preferences should be included whenever possible. All services should be rendered with compassion.

1.2. Do no harm/Client protection. All interactions and services should be presented with care to protect clients from harm. Certificants are responsible for delivering services in a way that leads to positive changes for the client and their environment and to maximize their emotional wellbeing.

1.3. When making treatment decisions, the interventions should be the most effective but least invasive possible.

1.4. Certificants should discuss the risks and benefits of services and obtain written informed consent for services, behavioral assessment, behavioral interventions, exchanging confidential information, service changes, audio or video recordings, and data sharing.

1.5. Certificants respect client confidentiality and safeguard client privacy. Breaking confidentiality should only occur when there is suspected abuse/neglect, medical necessity (e.g., reporting a diagnosis during a medical emergency), when the client faces an imminent risk of danger, or when legally obligated. If the law requires a certificant to break confidentiality, the certificant may release only relevant information.

1.6. Certificants store and keep records and identifying information safe and secure for at least 7 years and longer if local regulations dictate more than 7 years. These records may include assessments, direct consumer interactions such as observational note taking, after-session summaries, caregiver interviews, etc. as well as organizational, financial, and contractual documentation. Clients have a right to access their records and their consent is required for their records to be shared with third parties (e.g., involved professionals).

2. Respect Diversity

2.1 Certificants promote human equality and equity, committing to make decisions related to service provision without discriminating against any individual's disability, race, nationality, gender, sexual orientation, religious belief, age, or socio-economic status. Certificants treat clients equitably and approach each client as an individual to address that person's specific needs.

2.2 Certificants respect cultural practices that are different from their own. When working with consumers and other professionals who have beliefs, values, and cultural norms that are different than those of the certificant, effort will be taken to ensure services are provided with understanding, tolerance, and respect to those differences. Certificants understand their responsibility to examine and remove personal bias that may interfere with objective service provision.

2.3 Regardless of what differences exist between the consumer and the certificants, certificants should always strive to be objective and provide a high quality of care with absolute professionalism. If for any reason objectivity or judgment is impaired, certificants should reconsider their provision of services.

3. Competence and Excellence

3.1 Certificants are honest and promote this quality in service delivery, professional relationships, and in business and commercial endeavors.

3.2 Certificants display integrity by providing information and services that rely on peer-reviewed research outcomes, data, and behavioral theory to inform treatment decisions.

3.3 Safety is a priority. Services must be rendered safely to protect clients. If the client's safety is in danger, the certificant will discontinue the immediate service and take all necessary steps to remedy the unsafe situation before continuing services. Certificants are aware of the possible limits of behavioral interventions.

3.4 Certificants work within the bounds of competence/expertise. They solely provide services that align with their educational, supervised training, and experiential histories. Practicing outside of one's training history requires the certificant to seek additional training and supervision.

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3. Competence and Excellence (cont'd)

3.5 Improve Competence/Pursue Excellence. Certificants should continually seek to improve their knowledge base in behavior analysis and the ethical implementation of services. Certificants will pursue learning and maintenance of professional topics through approved Continuing Education (CE) events. Certificants pursue other means of edification, beyond required CE events, to stay current in the field and in ethics.

3.6 Scientific Practice. Certificants make data-based decisions in behavioral assessments, behavior change procedures, and in all other behavior analytical activities. All assessment, interventions, and other behavioral procedures must be derived from behavior analysis theory or published behavior analysis literature. Certificants should rely on the use of single-case experimental designs in research and in practice so data can be analyzed along relevant dimensions for decision making.

4. Management, Supervision, and Training

4.1 Certificants in the role of supervising others, both credentialed and non credentialed providers, do so with respect, care, and fairness. Certificants should promote the field of ABA by ensuring candidates are being molded into knowledgeable, capable, and ethical certificants themselves.

4.2 To facilitate and promote the growth of the field of ABA worldwide, certificants are encouraged to provide low-cost mentorship and professional assistance. Cost should be decided on a sliding scale taking into consideration the region and income issues of the newly certified IBAs and IBTs.

4.3 Candidates are provided training that meets expected supervision hour requirements in line with IBAO standards.

4.4 Certificants providing supervision make the supervisory relationship known to the client and other stakeholders.

4.5 Certificants appropriately document supervision requirements and sign candidate documentation when goals have been satisfactorily met.

4.6 Certificants only supervise the practice of others within the scope of their competence.

4.7 If at any point a certificant sees their candidate engaging in unethical behavior or practice, whether intentional or otherwise, the certificant is obligated to bring this to the attention of the candidate in clear terms. A resolution should be found or the professional relationship should be terminated. The certificant ensures that training meets the requirements of the candidate's objectives or certification.

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5. Social Responsibility

5.1 Certificants use accurate statements in advertising and only represent potential outcomes that are honest and commensurate with probable outcomes.

5.2 When certificants use customer or public reviews as part of advertising, those reviews are not modified and represent the results of all reviews collected.

5.3 If certificants use public statements in advertising, care should be given to ensure that the certificant is not in a situation in which their objectivity related to service provision is compromised.

5.4 If photos or videos of minors are used in advertising, client rights and the emotional impact of those photos and videos being posted online should be considered to protect the subject of the photos or videos in current and future situations.

5.5 Certificants accurately reflect and display their earned credentials and only use credentials earned in good standing.

5.6 Certificants should promote ethical culture by demonstrating ethical behavior and when appropriate, helping others recognize more ethical ways of behaving.

5.7 Certificants ensure that social media posts do not violate any ethical guidelines including but not limited to client privacy and confidentiality rights.

5.8 Certificants make known the appropriate channels for consumers to voice their concerns.

5.9 If consumers voice concern or criticism, certificants accept this in a professional manner and works to remedy the situation in the best interest of the client.

5.10 Certificants only use the intellectual property of the IBAO and other organizations with permission and in accordance with local laws governing such use. Questions about the usage of the IBAO's intellectual property should be directed to info@theibao.com.

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6. Professional Relationships

6.1 Certificants identify the "client" prior to delivering services and make the client known to all parties. Certificants define "client" as the ultimate recipient of services, not as the person who pays for services.

6.2. Organizations can be the client of an IBA's services. Examples of services provided to an organization when the organization is the client include, but are not limited to, staff training, reinforcement programs to increase office productivity, and behavioral safety training.

6.3 Certificants work in the best interest of their client. Certificants only engage in non-exploitative relationships.

6.4 Certificants should be aware that certain dual relationships can be problematic and limit objectivity in service provision. If those types of dual relationships exist, certificants make all parties involved aware of the potential for conflicts of interest and influence. If objectivity is impaired, the professional relationship needs to be reconsidered.

6.5 Certificants respect and honor contractual obligations, legal obligations, and corporate obligations with their employers, in their places of business, and relating to service provision.

6.6 Certificants participate in collaborative relationships with professionals in other disciplines and treatment teams, prioritizing the client's best interest.

6.7 When certificants enter into contractual relationships with clients or other parties, costs associated with contracts, financial arrangements, and other relevant financial aspects are discussed prior to service provision.

6.8 Certificants challenge malpractice and misconduct of individuals and organizations when possible. Challenges can be verbal, written, or by report. Certificants engage in these challenges to maintain the sanctity of the field of ABA so it is held in the best possible light in the eyes of the general public.

6.9 Certificants maintain appropriate professional boundaries in various ways.

a) If the client is an individual directly benefiting from the certificant's services, maintain a platonic relationship with that individual for at least two years after service has been terminated.

b) Maintain platonic relationships with the client's caregivers and other stake holders until the professional relationship with the client has been terminated.

c) If the client is an organization, maintain platonic relationships with those in the organization until the professional relationship has been terminated.

7. Self-Responsibility of the Certificant

7.1 In consideration of these guidelines, the certificant's self-interests come after those of the public, the client, all possible stakeholders, and the field of ABA. Decision making should reflect this order of importance.

7.2 When instances arise where the certificant cannot be objective in service provision or professional relationships, it is the responsibility of the certificant to recognize these conditions and find a solution that maintains the dignity of the client and all stakeholders as well as protecting the field.

7.3 Certificants resolve situations in which objectivity has been compromised by transitioning services to another provider temporarily or permanently, recommending alternative providers, consulting with behavior analysts more experienced in the specific issues being faced, or receiving supervision through the issue that is causing the lack of objectivity.

8. Research and Publication

8.1 Informed written consent must be gained from all participants prior to engaging in research activities. Confidentiality of all research participants must be maintained.

8.2 Participants must be given an explanation of their involvement and how to terminate their involvement at any time and for any reason.

8.3 After-research debriefings should occur where the results of the research are explained and any use of deception is revealed.

8.4 Institutional or local internal review committees must approve of any research project prior to participant recruitment.

8.5 Publication credit must accurately reflect the authors in order of contribution effort.

8.6 Data must be accurately represented in all situations in practice and when presenting research findings.

8.7 Certificants only represent their original work as their own. Proper citation of others' work should adhere to current field standards in ABA and in accordance with the most recent version of the national psychological society's publication guidelines governing the country in which the research or writing is taking place.

IBAO Ethical Problem Solving Model

Resolving Ethical Issues Using a Problem Solving Model

In the process of providing services in ABA, certain situations might arise in which the certificant is uncertain as to how to proceed as a result of conflicting ethical guidelines. Certificants resolve dilemmas using the Ethical Problem Solving Model based on the model described by Rosenberg and Schwartz (2018). This model includes identifying the dilemma and surrounding issues, coming up with possible solutions, evaluating those solutions, and implementing the chosen solution.

In situations in which the certificant feels conflicted, the certificant should:

- 1) Be aware that there is a conflict. Understand which guidelines might be conflicting.
- 2) Seek dialogue with colleagues, the client, or caregiver if necessary.
- 3) Make a list of possible solutions.
- 4) Discuss or evaluate the solutions with colleagues, the client, or caregiver if necessary and agree on a solution.
- 5) Implement the chosen solution.
- 6) Evaluate your decision and the results and share with those who were consulted in the problem-solving process.

Rosenberg, N.E., Schwartz, I.S. Guidance or Compliance: What Makes an Ethical Behavior Analyst? Behavior Analysis in Practice 12, 473–482 (2018).

Resolving Ethical Issues Using a Problem Solving Model

For example, an IBA was implementing a basic behavior management program to reduce aggression reinforced by escape from task demands. When implementing a 3-step prompting procedure to ensure compliance and block escape, the child began to cry loudly, a behavior that was not part of the child's repertoire/history.

Because the IBA felt that there might be a conflict, she decided to use the problem solving model, beginning with **Step 1**, **"Be aware that there is a conflict. Understand which Guidelines are conflicting"** The IBA felt conflicted between the Ethical Guideline that advises to "Do no harm" and the Ethical Guideline to use "Scientific Practice" that supports these types of reinforcement-based interventions to manage severe behavior. Both of these Ethical Guidelines are just and fair and yet in this circumstance, they seem to conflict somehow.

As part of **Step 2 "Seek dialogue with colleagues, the client, or caregiver if necessary,"** the IBA consulted a fellow behavior analyst, described the situation and her feelings of the possible conflict. Through that dialogue with her colleague, she continued on to **Step 3, "Make a list of possible solutions."** She made a list of possible solutions that included: stop the treatment and try a different one, stop treatment all together and let the student escape the demands, or continue on with the original treatment.

For **Step 4**, **"Discuss or evaluate the solutions with colleagues, the client, or caregiver if necessary and agree on a solution,"** she evaluated the possible solutions one by one. For the first option of trying a new intervention, she weighed the time it would take to design, get consent for, and train staff to implement a new intervention that might have the same result. She did not think this would rule out any of the Ethical Guidelines and felt she would be back in the same circumstance while delaying needed intervention. She then considered the second option of stopping treatment altogether. She decided that although this would most likely result in less crying, it would not decrease aggression to others, and it would likely violate several other Ethical Guidelines she has been trained to follow. Finally, she considered the third option, continuing with the original treatment. She knew from past experience and from consultation with other IBAs that negative emotional responding when using escape extinction is both not uncommon and short lived when implemented with positive reinforcement such as that she had in her intervention plan. She also used her good judgement to decide that "Do no harm" was not to be interpreted as "never cause any discomfort." It would be more harmful for the child to continue to be aggressive and lose opportunities for education experiences as a result.

For **Step 5**, **"Implement the chosen solution,"** the IBA chose to continue with the treatment she originally planned, and she implemented it with fidelity.

Resolving Ethical Issues Using a Problem Solving Model

As part of **Step 6**, **"Evaluate your decision and the results and share with those who were consulted in the problem-solving process,"** after the intervention had been in place for a couple days, she reflected on her decision to see if she had made the right decision. The implementation had resulted in a great reduction in aggression, the client had only cried for the first couple of hours of implementation, and educational goals were being met as a result. She determined that it had been an appropriate choice and was happy that she both understood and followed the simple Problem Solving Model.