

BCBA Ethics Overview, Crisis Intervention

- **Bobby Newman, Ph.D., BCBA-D**
- **Room to Grow**
- **Gentle Redirection of Aggressive and Destructive Behavior**

**Gentle
Redirection of
Aggressive and
Destructive
Behavior**

A Support Manual to
Accompany In-person Training

Bobby Newman, Ph.D., BCBA-D



DOESN'T MATTER
WHAT THE PRESS SAYS.
DOESN'T MATTER WHAT THE
POLITICIANS OR THE HOBS SAY.
DOESN'T MATTER IF THE WHOLE
COUNTRY DECIDES THAT
SOMETHING WRONG IS
SOMETHING RIGHT.

THIS NATION
WAS FOUNDED ON ONE
PRINCIPLE ABOVE ALL ELSE:
THE REQUIREMENT THAT WE
STAND UP FOR WHAT WE
BELIEVE, NO MATTER THE
ODDS OR THE
CONSEQUENCES.

WHEN THE JOB
AND THE PRESS AND THE
WHOLE WORLD TELL YOU
TO MOVE, YOUR JOB IS TO
PLANT YOURSELF LIKE A TREE
BESIDE THE RIVER OF TRUTH
AND TELL THE WHOLE
WORLD--

--"NO,
YOU MOVE."

Argument I hope to develop

- Crisis intervention is unfortunately a reality that we must live with in the field of developmental disabilities.
- I will attempt to develop an argument for all-inclusive training for all staff in formalized crisis intervention and defend its ethical foundation.

Some wish to ban crisis intervention



- I will agree that the potential for abuse exists if staff are allowed to put their hands on students/consumers.
- I will argue, however, that the possibility of abuse is much greater if we do *not* train and if we do *not* have formalized systems in place, or at least for mass exclusions of people from less restrictive settings.

An awkward beginning

- On the first night of a BACB ethics course, I read off a list of behaviors that would be considered unethical.

*The behaviors included, but were
not limited to...*



- Refusing to allow home staff/family in to see programs or to send home data/programming.
- Violating confidentiality.
- Dropping one client to pick up another who paid more.
- Violating Least Restrictive Treatment Model.

Violations list continued

- Failure to keep adequate records/secure same.
- Maintaining dual relationships with clients.
- Failure to give proper credit on research.
- Practicing outside scope of expertise.
- Abandoning clients due to unethical agency policy.

*So why was reading that list
awkward?*



- It was awkward because I knew from first-hand experience that several members of the class routinely engaged in the behaviors I mentioned.

A decision was before them

- Choice A: Change your behavior to make it in-line with the BACB ethics
- Choice B: Face disciplinary action the day you get your BCBA/BCaBA for ethics violations.

My agency told me to!

- I go through these seemingly unrelated examples because “my school/agency told me to” is *not an acceptable answer*, according to BACB standards/ethical guidelines.
- You are held responsible for your own behavior and must choose ethical behavior.

As we shall see



- The BACB ethics guidelines are an outgrowth of some of our society's most cherished notions.

Rabbi Hillel



- "That which is hateful to you, do not do to your neighbor. That is the whole Torah; the rest is commentary. Go and study it."

Jesus of Nazareth



- “Therefore all things whatsoever ye would that men should do to you, do ye even so to them: for this is the law and the prophets.”
(Matthew, 7:12)

Confucius



- What you do not want done to yourself, do not do to others.

Some of religion's heaviest hitters, huh?

They seek to provide us with a framework from which to make decisions regarding “right conduct.” The BACB ethics guidelines do the same.

What the BACB Ethics Guidelines aim to do

- The guidelines aim to protect clients/consumers from harm.
- They aim to protect the profession of Applied Behavior Analysis.
- They aim to protect you.

They do NOT aim

- To make you popular or to make you friends.
 - Sometimes you will be ethically required to “disappoint” people.
 - “Come on, man. Can’t you just sign for these people you don’t really supervise???
- No one will know....”

Let's take a step backwards

- We need a framework from which to approach ethical dilemmas (i.e., on the basis of what do we make judgments?).
- We cannot think in bumper stickers: you must always be prepared to answer “and then what?”
- How do we know what “the good” is?

Utilitarianism

- Basically summed up as the greatest good for the greatest number (maximizing pleasure and minimizing pain, broadly and not necessarily physically described).
- Classically described by John Stuart Mill
- (oh, so it's ok to daily torture a small part of the population so the rest can live in Utopia?)

Categorical Imperative

- "Act only according to that maxim whereby you can at the same time will that it should become a universal law. . . .Act in such a way that you treat humanity, whether in your own person or in the person of any other, always at the same time as an end and never merely as a means to an end."
(Immanuel Kant, from *Groundwork for the Metaphysics of Morals*).
- So much for control groups!

John Rawls

- The Veil of Ignorance: to ensure impartiality of judgment, the parties are deprived of all knowledge of their personal characteristics and social and historical circumstances.
- How possible is that? Won't your already formed opinions/framework guide your decisions even if you don't know who you are?

Using just such frameworks, CORE principles



- 1. Do no Harm
- 2. Respect Autonomy
- 3. Benefit Others
- 4. Be Just
- 5. Be Truthful

Using just such frameworks, CORE principles



- 6. Accord Dignity
- 7. Treat Others with Care and Compassion
- 8. Pursue Excellence
- 9. Accept Responsibility
- 10. Take Honor Seriously (I threw in this one, the rest are from Bailey and Burch, 2005).

Let's look at "crisis intervention" in particular

- We'll look at Federal/State regulations and compare with BACB core ethical principles.
<http://www2.ed.gov/policy/seclusion/restraints-and-seclusion-resources.pdf>
- New York follows same guidelines:
<http://www.p12.nysed.gov/specialed/behavioral/amendment62306.htm>

The foundation of any discussion about the use of restraint and seclusion is that every effort should be made to structure environments and provide supports so that restraint and seclusion are unnecessary. As many reports have documented, the use of restraint and seclusion can, in some cases, have very serious consequences, including, most tragically, death. There is no evidence that using restraint or seclusion is effective in reducing the occurrence of the problem behaviors that frequently precipitate the use of such techniques.



Physical restraint or seclusion should not be used except in situations where the child's behavior poses imminent danger of serious physical harm to self or others and restraint and seclusion should be avoided to the greatest extent possible without endangering the safety of students and staff. Schools should never use mechanical restraints to restrict a child's

freedom of movement.² In addition, schools should never use a drug or medication to control behavior or restrict freedom of movement unless it is (1) prescribed by a licensed physician, or other qualified health professional acting under the scope of the professional's authority under State law; and (2) administered as prescribed by the licensed physician or other qualified health professional acting under the scope of the professional's authority under State law. Teachers, administrators, and staff understand that students' social behavior can affect their academic learning. In many high-performing schools effective academic instruction is combined with effective behavior supports to maximize academic engagement and, thus, student achievement. Students are more likely to achieve when they are

1 The U.S. Department of Education issues this Resource Document to provide guidance, and describe fifteen principles that States, school districts, school staff, parents, and other stakeholders may find helpful to consider when States, localities, and districts develop practices, policies, and procedures on the use of restraint and seclusion in schools. Our goal in providing this information is to inform States and school districts about how they can help to ensure that schools are safe learning environments for all students. As guidance, the extent to which States and school districts

Let's Develop Federal Guideline discussion

- Basic truism: Due to the nature of some developmental disabilities (e.g., lack of communication skills or sensory defensiveness), behavior that is not typical of same age peers can occur.

This behavior



- May sometimes take forms that can be dangerous to the person engaging in them (e.g., running into hazards or self-injurious behavior) or dangerous to those around them (e.g., aggression towards others or environmentally dangerous behavior such as object destruction).

When such behavior occurs

- We may be facing a “crisis,” when injury to self or others is imminent and probable.
- At such times, “crisis intervention” may be necessary to keep everyone physically safe.

An important aspect of the definition of “crisis”

- A crisis is NOT an everyday occurrence. A crisis should not be routine, it should arise as a relatively infrequent occurrence that needs to be dealt with via crisis intervention protocols at that moment. I wish to distinguish crisis intervention from “behavior treatment plans,” which must be in place for behavior we often see from the individual in question.

In other words

- If you're doing “crisis intervention” frequently, this is no longer a crisis but a behavior problem that requires a specific functional analysis, followed by a specific behavior treatment plan.
- Consistent with “pursue excellence” and “accept responsibility.”

A most important distinction

- Crisis intervention is **NOT** a consequence.
- No crisis intervention technique is performed on a person who is not in danger of imminently hurting self or others. This is **NOT** a contingent restraint procedure, for example!

Guiding Idea



- Guiding idea behind crisis intervention: keep everyone safe.
- This includes the person engaging in the behavior, peers, and staff.
- Certainly consistent with “do no harm.”

This is an aspect of general planning

- Crisis intervention must be a part of the general plans for programming, not an afterthought.
- Staff must be trained in approved crisis intervention protocols.
- If this is not the case, people respond in their own ways to crisis, and injuries and abuse become probable (not just possible).
- NOT consistent with “according dignity” and “benefitting others.”

There are various “formalized” systems

- These include SCIP-R (for OPWDD facilities), CPI (for schools), GRAD (for families), etc.
- These are formalized curriculum for training staff in behavior management and **CRISIS PREVENTION**
- In all, *physical interventions exist as a last resort.*

But is it ethical to do such interventions?

- Some programs avoid such training
- They claim such training will make staff more likely to engage in physical intervention or create liability issues for staff or program.
- OK, THEN WHAT?

Dangerous logic?

- The implication is that you are saying:
 - I know there will be crises
 - I'd rather not train people to safely deal with the crisis, I'd rather trust to their natural impulses or an “unofficial” policy/procedure that has grown up within the program.
 - WAY not consistent with “do no harm” and “pursue excellence.”

Control versus support?

- Crisis intervention such as SCIP-R and GRAD are based on an idea of positive behavioral support, providing the supports the individual needs, rather than on controlling the behavior of the individual.
- Consistent with “accord dignity.”

In other words

- The vast majority of the “SCIP gradient” is based upon preventative measures that aim to teach the individual self-control and alternate behaviors, and to create settings that are not likely to create crises, rather than sheer physical intervention.
- Consistent with “treat others with care and compassion.”

If physical intervention must occur

- It is done in such a way as to attempt to minimize injury. No technique, for example,
 - Is meant to cause pain
 - Is meant to scare
 - Uses impact for behavior control
 - Moves a limb beyond its normal range of motion

Basic argument, summed up

- We know crises may occur
- If we do not train people, we are trusting the staff member's individual reactions or “unofficial policy” that cannot be traced or analyzed as it is unofficial.

If we do train, however

- We can create standards of conduct and accountability.
- We aim at program design that avoids the need for physical intervention.

This seems to me

- To be our best bet for creating programs that are humane, not emotionally reactive, and encourage the development of effective problem solving strategies that do not *rely on* physical intervention by staff to keep everyone safe and are therefore consistent with ethical practice of Applied Behavior Analysis.