



Affordable ABA  
MOCK EXAMS

# A Behavior Analytic Perspective and Techniques on Interdisciplinary Collaboration



Introduction.....	3
Section 1: Overview of Professional Collaboration.....	4
Section 1 Personal Reflection .....	6
Section 1 Key Words .....	6
Section 2: Development of an Interdisciplinary Team .....	6
Section 2 Personal Reflection .....	9
Section 2 Key Words .....	9
Section 3: Teaching Collaborative Skills .....	10
Section 3 Personal Reflection .....	13
Section 3 Key Words .....	13
Section 4: Ethical Implications for Collaboration .....	13
What is Selected for Treatment? .....	14
How will the Treatment be Implemented? .....	15
Why is a Specific Treatment Chosen? .....	16
Codes of Ethics for Helping Professionals.....	16
Ethics Code for Behavior Analysts (2020) .....	17
2.10 Collaborating with Colleagues .....	18
Key Strategies for Ethical Collaboration Among an Interdisciplinary Team .....	18
Section 4 Personal Reflection .....	20
Section 4 Key Words .....	21
Section 5: Considerations for Collaboration .....	21
Section 5 Personal Reflection .....	24

Section 5 Key Words .....24

Section 6: Guidelines for Assessing Nonbehavioral Treatment Interventions .....25

    Identifying a Proposed Nonbehavioral Treatment Intervention .....25

    Safety of the Client .....26

    Familiarizing One’s Self with the Treatment Intervention .....27

    Revisiting the Safety Needs of the Client.....28

    Consult Additional Resources for Analyzing Recommended Treatment Interventions .....30

    Section 6 Personal Reflection .....32

    Section 6 Key Words .....32

References .....34



## Introduction

Behavior analysts, throughout the course of their experience, application, and research in behavior analysis, may need to work in an interdisciplinary setting or with other professionals on an interdisciplinary team. An interdisciplinary approach involves multiple professionals from a variety of disciplines working together to achieve optimal outcomes for an individual receiving services. There may be times where a colleague outside of the field of behavior analysis recommends a nonbehavioral treatment to a behavior analyst, opening up an opportunity for the behavior analyst to propose alternative approaches to treatment that are guided by behavior analytic principles. By proposing alternative approaches, though, the behavior analyst may disrupt the rapport with a professional from another discipline as questioning a nonbehavioral treatment may not always be favored by others. Although a behavior analyst should work toward maintaining an ethical balance between building relationships with professionals from other disciplines and the safety of the individual receiving services, it is also important for a behavior analyst to weigh whether addressing the nonbehavioral treatment is of value or not. Therefore, a behavior analyst should become knowledgeable regarding the treatment that is being proposed, understanding the perspective of other professionals from different disciplines, and evaluating the potential impact that the treatment may have on the individual receiving services.

Moving forward, an overview of professional collaborative approaches will be discussed as well as the development of an interdisciplinary team and the collaborative skills that need to be taught for effective and efficient communication to occur within an interdisciplinary team.

Furthermore, once professionals are working in a collaborative manner within an interdisciplinary team, it is important for various considerations to be evaluated as well as analyzing any ethical considerations that may arise when treatment recommendations are proposed from other disciplines. Lastly, it is important for behavior analysts to be open-minded when considering treatment intervention recommendations from other disciplines that may share differing values or when working with professionals that have varying levels of training and experience. A set of guidelines are proposed as one option for behavior analysts to be able to use to evaluate nonbehavioral treatment intervention recommendations when working as a member of an interdisciplinary team.

## Section 1: Overview of Professional Collaboration

In the early stages of diagnosis and treatment planning of individuals diagnosed with an autism spectrum disorder (ASD) or other developmental disabilities, there are often various individuals in this process that are from different disciplines. Although a psychologist is often the predominant clinician that has an influence on the diagnosis of an individual, there are often several other clinicians involved in the process as well. This multi-informant approach that utilizes various methods to diagnose an individual is indicative of the best clinical practice for any individual (LeMay et al., 2019). This best in practice approach involves administering assessments that evaluate an individual's cognitive abilities, language skills, adaptive behaviors, and behavioral concerns (LeMay et al., 2019). It also includes the use of informant reports from teachers, caregivers, stakeholders, occupational therapists, and other disciplines that are involved with the treatment and care of the individual needing services. Therefore, it is necessary that a cross-discipline approach be integrated into the treatment of an individual diagnosed with ASD or other developmental disabilities.

The application of behavior principles, in an effort to evoke socially significant changes in an individual's life, is the main purpose behind the field of applied behavior analysis (ABA). While working to achieve socially significant change for an individual, behavior analysts may work side by side with other behavior analysts to develop goals and interventions that will ultimately produce optimal outcomes for the individual receiving services. Additionally, behavior analysts may find themselves faced with working relatively close with speech-language pathologists, teachers, occupational therapists, and physicians to delineate an effective treatment plan to meet the needs of the individual. Collaboration between behavior analysts and professionals from these other disciplines could produce significant change for an individual, improve treatment fidelity, and increase outcomes (Brodhead, 2015).

The technique of collaboration is vital and an important skill to utilize for professionals across various disciplines, including behavior analysis. Professionals and practitioners alike should learn skills that are associated with the ability to function effectively as a member of an interdisciplinary team that contributes to improving outcomes with both clients and colleagues.

Collaboration can be defined as the systematic process to which one individual works directly with another individual in an effort to achieve a mutual goal (Boivin et al., 2021). Both effective and professional collaboration should be viewed as more than just

working on a case or providing services to the same client along with other providers, though. Interdisciplinary collaboration should be thought of as a process where all members are working together as a team, exhibiting behaviors that demonstrate trust and respect to one another, with roles that are clearly defined and the same values are shared with other team members, and where one's level of commitment, accountability, and responsibility are shared among all members of the team (Boivin et al., 2021). Furthermore, in order for interdisciplinary collaboration to be effective, all members of the team should have their own knowledge base and understand the knowledge and skill set that other team members are able to contribute, the individualized roles of each member and how they are expected to contribute to the mutual goal, and the scope of practice that each member is bound to within their respective discipline.

Typically, collaboration is not able to be viewed on its own continuum and instead should be seen as a process that is expected to occur, particularly when multiple service providers are working together toward socially significant outcomes for an individual obtaining services. Therefore, it is important for behavior analysts to develop the skill sets that are required for effective collaboration and will allow them to work toward a mutual goal in a professional manner with other professionals and practitioners.

Collaboration is an important skill set for behavior analysts to develop. A collaborative approach allows for an interdisciplinary team to address several concerns, programming needs, and targeted behaviors all at the same time and in a comprehensive manner. For example, when evaluating the needs of an individual diagnosed with ASD, interventions can be multifaceted as the individual's needs are complex.

Individuals with ASD typically have several areas that are impacted such as communication, areas of social development, behavioral needs, and motor skill deficits. An individual with ASD may also have psychiatric and medical concerns that could further enhance the complexity of the individual's case. Individuals diagnosed with ASD are also at an increased risk for being diagnosed with other disorders. These are known as comorbid disorders or the co-occurrence of two or more disorders within one individual. Often, an individual diagnosed with ASD will also be diagnosed with a neurodevelopmental, medical, or psychiatric disorder. Some of these comorbidities are seen more often than not in individuals diagnosed with ASD that they are also listed as diagnostic impressions that occur within the ASD diagnosis. For example, some specifiers for ASD include "with or without accompanying intellectual impairment, with or without accompanying language impairment, associated with a known medical or genetic condition or environmental factor, associated with another neurodevelopmental,

mental, or behavioral disorder, [and] with catatonia” (American Psychiatric Association, 2013).

Therefore, effective collaboration would help to ensure that the individual’s needs are being met in the most optimal way possible. A combined effort, by an interdisciplinary team, toward a shared goal is more efficient and effective than each individual working on a shared goal on their own. Furthermore, as behavior analysts engage in collaboration with members from other disciplines, this can further disseminate ABA principles and techniques used for intervention as well as represent the field as a collaborative entity to other professionals and practitioners (Brodhead, 2015).

## Section 1 Personal Reflection

Have you ever experienced a collaborative approach among professionals from other disciplines? If so, was this type of approach effective? What could have been done differently to make this approach more effective?

## Section 1 Key Words

Collaboration - the systematic process to which one individual works directly with another individual in an effort to achieve a mutual goal

Comorbid disorders - co-occurrence of two or more disorders within one individual

## Section 2: Development of an Interdisciplinary Team

There are a variety of ways that services can be provided to individuals. There are some professionals that choose to interact within their own practice and do not consult or interact with professionals from other disciplines. These individuals are known to use a single-disciplinary approach to treatment. On several occasions, this type of work may be the most suitable for the individual. However, when looking at an individual that has a diagnosis that includes the need for treatment across different areas, it is often best to look toward an approach that can include and involve the experience of individuals from a multitude of disciplines.

When evaluating the multifaceted approach to collaboration, it is important to understand that variations of collaboration can occur across different disciplines. Some disciplines favor a multidisciplinary approach where the expertise of different

professionals spanning different disciplines is recognized; however, each discipline and professional acts in an independent fashion without much consultation from other individuals or those with a differing scope of practice and competence. For example, evaluations and assessments are conducted by independent parties and recommendations are made to guide the individual to achieving their outcomes. However, these recommendations are often one-sided and do not involve input from other experts or professionals. The client receiving the recommendations are still acquiring the benefits that other disciplines can offer, but the care that the client receives is conducted in a nonintegrated manner.

Another approach to collaboration includes a cross-disciplinary approach. This type of approach is used when one discipline takes on the viewpoint that another discipline or profession exudes (LeMay et al., 2019). For example, a teacher in a special education classroom may provide additional assignments to a student to work on that uses principles from physical therapy that could assist with development of their writing skills. There is no interaction that occurs between the two disciplines, though.

On the other hand, an interdisciplinary approach encompasses professionals from a variety of disciplines and encourages communication among different parties so that coordination of care can be determined for the individual receiving services. Recommendations and findings are shared with one another, allowing for efficiency to be increased and confusion to be reduced as programming needs and other concerns are coordinated among one another. This interdisciplinary approach propels professionals to share similar values for practices even if from different disciplines, so that the best alternatives and approaches to treatment and outcomes can be determined for the individual. With this approach, the coordination of care is elevated and a joint consensus is used to establish recommendations. Furthermore, the benefits of joint goal development, evaluation of progress, and problem solving techniques share in some of the advantages that this approach shares over a multidisciplinary approach (Boivin et al., 2021). It is important to note that in an interdisciplinary approach, an appreciation and level of mutual respect for the value that other professions contribute should be exhibited. Each profession is able to maintain and provide insight into their own area of expertise but maintain their own perspective as it relates to the training they have undergone (LeMay et al., 2019). In an example of this approach, a teacher in a special education classroom and a physical therapist may work together to delineate a goal and help each other reach this joint goal by having the teacher aiding the student with their grip used during writing tasks and the physical therapist also includes writing tasks that are similar.



Additionally, a transdisciplinary approach is a similar approach to that of an interdisciplinary approach. However, the process of conceptualization within this approach is different. In a transdisciplinary approach, the various disciplines work together to conceptualize both the client and concerns from the same viewpoint. This approach then uses this same viewpoint to develop their treatment intervention based on this singular perspective.

When evaluating the different approaches that can be utilized to develop treatment interventions for individuals receiving services, an interdisciplinary approach has proven effective at treating any disorder (LeMay et al., 2019). While interdisciplinary teams have been predominantly known and used in academic settings, they have gained momentum in treating patients. The individual receiving services often sees an overall improvement in their delineated goals more so than they would have if they were not being guided by an interdisciplinary team (LeMay et al., 2019). Furthermore, improvements have also been significantly more beneficial through guidance of an interdisciplinary team than that of a multidisciplinary team (LeMay et al., 2019).

The effectiveness of an interdisciplinary team often rests in the willingness of each discipline to learn from other disciplines and to also center themselves around the understanding that the family is the primary expert concerning the individual that is receiving services. Additionally, the professionals serving on the interdisciplinary team should recognize that the caregivers of the individual receiving services are ultimately the agents of change and will have a hand in promoting learning and improvement in the individual.

Although the use of interdisciplinary teams should be the standard of practice when developing treatment plans for individuals with disabilities, some situations do not lend to this type of approach. Often, rural areas can lead to few professionals that can contribute their expertise which may result in evaluations for individuals that require services to miss out on important and necessary components for treatment plan development or even an evaluation to not be valid. Unfortunately, this may lead families to receive a diagnosis from a primary care physician and not receive a comprehensive evaluation from multiple disciplines. This can lead families to trial various interventions in hopes that one leads to better outcomes than another intervention. A comprehensive interdisciplinary diagnostic evaluation is of great importance to an individual requiring the need for services. While the goal of this type of evaluation is not to make a diagnosis, it should ultimately be used to delineate the strengths and weaknesses of the individual, any supports that are available as resources, and any other additional factors

the family feels are important to mention regarding themselves and the individual and their availability of resources (LeMay et al., 2019).

It is also important for the members of an interdisciplinary team to realize that the needs of the individual receiving services may change over time. Initially, one discipline may be the primary focus of treatment; however, this primary discipline may change as time progresses and the needs of the individual change. For example, the initial focus of a treatment plan may be for the individual to decrease the exhibition of high-magnitude self-injurious behaviors. Once these behaviors have shown a significant reduction, the interdisciplinary team may decide that the needs of the individual have changed and the primary focus has changed to overcoming various oral sensitivities that are related to consuming food. Therefore, an occupational therapist may need to provide a consultation to discuss the focus of treatment moving forward. Throughout each of these stages within treatment, the interdisciplinary team should continuously communicate among one another and be willing to adjust to the changing needs of the individual receiving services so that the overall treatment efficacy and outcomes can be maximized (LeMay et al., 2019).

The creation of an interdisciplinary team can often be tedious with various professionals not being available in certain rural areas. Often, the development of an interdisciplinary treatment team is left to the parent or caregiver to form, as most interdisciplinary teams do not readily exist. Therefore, it may be cumbersome for some parents and caregivers to determine the most appropriate course of action, relying on information they receive from their primary care physician, friends, or even online sources to determine their next course of action.

## **Section 2 Personal Reflection**

Which approach to collaboration have you been a part of previously? Is there a specific approach to collaboration that you would prefer, why?

## **Section 2 Key Words**

Cross-disciplinary approach - when one discipline takes on the viewpoint that another discipline or profession exudes

Interdisciplinary collaboration - a process where all members are working together as a team, exhibiting behaviors that demonstrate trust and respect to one another, with roles

that are clearly defined and the same values are shared with other team members, and where one's level of commitment, accountability, and responsibility are shared among all members of the team

Multidisciplinary collaboration - each discipline and professional acts in an independent fashion without much consultation from other individuals or those with a differing scope of practice and competence

Single-disciplinary approach - professionals that choose to interact within their own practice and do not consult or interact with professionals from other disciplines

Transdisciplinary approach - the various disciplines work together to conceptualize both the client and concerns from the same viewpoint and then use this same viewpoint to develop their treatment intervention based on this singular perspective

## Section 3: Teaching Collaborative Skills

Collaborative skills are a necessary component for professionals across disciplines to acquire, continue to enhance, and use when interacting as a team with other professionals. Despite the importance of these skills, many disciplines neglect to train professionals to develop this skill set or how to interact effectively and efficiently with others. Behavior analysts and those working toward obtaining certification in the field should be directly taught how to develop these collaborative skills.

Effective communication is a skill that behavior analysts should learn in an effort to successfully collaborate with other professionals. Behavior analysts should avoid using jargon, acronyms, and even certain terminology that is specific to the field, difficult to translate among disciplines, or can be simplified to enhance conversations (Boivin et al., 2021). Behavior analysts should also monitor their own body language when engaging in conversations with other professionals in an effort to welcome open dialogue and to not appear defensive when points of conflict arise. Additionally, active listening should be practiced, so that a behavior analyst is demonstrating interest in topics being discussed and can effectively contribute to ongoing dialogue concerning the individual being discussed. There are also specific skills that are required for effective collaboration. These skills include being able to set goals, working through problems and seeking a solution, and resolving conflict as it occurs (Boivin et al., 2021). Additionally, feedback may need to be provided as well as direct training in the areas of being able to participate in meetings, as well as how to structure and facilitate interdisciplinary team

meetings so that they encourage collaborative efforts, dialogue among professionals, and problem solving as it relates to the need of the individual receiving services.

Professional relationships should be maintained when working collaboratively with others. Behavior analysts should be encouraged to use a decision-making model as an assessment tool for evaluating nonbehavioral treatments. Social validity surveys are also encouraged as a method for behavior analysts to evaluate their own cooperative communication and interactions as a member of an interdisciplinary team. Additionally, the level of expertise and training that team members contribute as a part of the interdisciplinary team should be appreciated by all professionals within this team approach. This approach can allow for the respect among various disciplines to increase, consultative services to be sought out when needed, and the needs of the individuals receiving services to be met with the most optimal outcomes.

As professionals from a variety of disciplines come together to collaborate, this level of collaboration may also mean that a member on the interdisciplinary team or the client and their stakeholders may not speak the language that a majority of the interdisciplinary team members use. Therefore, it may be necessary to provide an interpreter so that understanding can occur of all information that is being discussed. When a behavior analyst discusses treatment interventions and provides behavior analytic services, they are required to provide these services in a language that is understood by those receiving the services (Dowdy et al., 2021). This also includes ensuring that other individuals that will be contributing to the treatment recommendations also understand the services that are being proposed.

There are times when collaboration may need to occur with an interpreter. There are four overarching goals of an interpreter during a session where their services are needed (Dowdy et al., 2021). An interpreter is there to relay a message between two or more individuals. They may also act as a message clarifier to seek out clarity on information or for some information to be repeated. Another goal of an interpreter is to act as a cultural clarifier. This role can be used to explain a cultural norm or any special considerations that are unknown to the other party. Lastly, an interpreter may serve as an advocate for the individual receiving services.

When this collaboration with an interpreter is needed, several guidelines should be considered as an interpreter may not be as familiar with the field of behavior analysis as the behavior analyst is themselves (Dowdy et al., 2021). The first guideline that should be considered is that the behavior analyst should explain any technical terms or jargon that is being used when communicating. An interpreter is trained to deliver messages in

the manner that they are received, that represents accuracy and cultural appropriateness without removing or adding any additional information (Dowdy et al., 2021). When a behavior analyst uses jargon, it will be important for them to further explain any terminology so that the meaning can be relayed accurately. Another guideline that should be considered when working with an interpreter is communicating using simplified sentences (Dowdy et al., 2021). Sentences that are short and simplified are preferred as well as the use of pauses as this allows an interpreter additional time to relay the information being communicated. By communicating in shorter, simplified sentences, this also encourages the acceptance of behavioral techniques. Thirdly, more time should be allocated when an interpreter needs to be used as the interpretive process can increase the duration of dialogue that is to occur during meetings or conversations (Dowdy et al., 2021). Also, when using an interpreter, it is important to speak directly to the individual and not the interpreter. This allows for a direct conversation and dialogue to occur. It will be helpful to allow the interpreter to position themselves next to or slightly behind the individual in an effort to assist with direct communication. It is also important to note that the interpreter should not be addressed directly as they will interpret using the first person for both individuals speaking. Another guideline to consider when collaborating with an interpreter is to be prepared that you may need to repeat or clarify anything that you have said or wish to have interpreted (Dowdy et al., 2021). Often, the interpreter will be there to convey information; however, there may be times when they need to interrupt because they need clarification on something or need information repeated so they are able to provide an accurate interpretation of the information being relayed.

Additionally, behavior analysts are known for working with a diverse population, not only with regard to individuals receiving services but also with interdisciplinary team members. Therefore, cultural competency is critical for the development of effective treatment interventions. Cultural practices drastically influence behavior and are embedded within contingencies of reinforcement in a variety of ways (Dowdy et al., 2021). Some reinforcers and punishers may be specific to an individual's culture and their language. Therefore, it is necessary for behavior analysts to be cognizant of any cultural differences or cultural implications that will need to be considered when developing a treatment intervention for an individual needing services.

## Section 3 Personal Reflection

What are some things that you can do to enhance your communication with other professionals? What ways can you show that you are actively listening and engaged while dialogue is occurring from another team member?

## Section 3 Key Words

Social validity survey - a tool that measures the impact of treatment goals, procedures, and effects on the individual receiving services and on others that may be indirectly influenced by the treatment

## Section 4: Ethical Implications for Collaboration

The etiology of ASD is likely to involve an interaction between genes and the environment that is complex, leading to a wide array of variability among the deficits and strengths that present among individuals. This wide array of variability often leads to individuals needing services receiving treatment interventions from a variety of sources that span across multiple disciplines. The collaboration that occurs among professionals from a variety of disciplines impacts members from the helping professions as well as the individuals that are receiving services. The benefits that the individuals receive are not obtained automatically from this interdisciplinary collaboration and instead require significant effort on the parts of each member of the interdisciplinary team. In order for interdisciplinary collaboration to be effective, there are several key components that are necessary: communication among members, understanding of one's own professional role as well of that of other members of the team, leadership skills, the ability of members to interact and function as a complete unit, and the ability of each member to have effective conflict resolution skills.

There are several areas that may lead to an ethical disagreement when working together within an interdisciplinary team. An ethical disagreement may occur particularly when effective communication is absent among members of the interdisciplinary team. It is important to note that individuals that are a part of a helping profession often work within their profession because they enjoy making a positive impact on the life of someone else. They like to engage in actions that promote the welfare of others and that provide benefits to enhance the life of the individual receiving services. However, these concepts can often differ among various disciplines and conflict can occur

regarding what is considered beneficence. Conflict is less likely to exist when members are working together from the same background and training. However, when an interdisciplinary team comes together, various disciplines are often required to collaborate for the benefit of the individual receiving services. Therefore, a variety of perspectives may exist on what constitutes beneficence and how to prioritize outcomes for the individual receiving services.

When one discipline recommends a treatment intervention for an individual, this does not mean that the treatment intervention is isolated from other treatment interventions that may be proposed or provided from other disciplines (Cox, 2019). For example, if a psychiatrist recommends a new medication for an individual to be prescribed to help with sleep concerns, this could impact the behavioral needs of the individual and significantly reduce exhibition of aggressive behaviors as the client receives the necessary amount of sleep for their body to function. Simply because a psychiatrist prescribes a medication does not mean that the medication will not have any effect on any other aspects of the individual's life or impact the treatment interventions of other disciplines so that the individual can maintain optimal outcomes. This demonstration of co-dependence between disciplines and the interaction that can occur between recommended treatment interventions suggests that interdisciplinary team members should continuously communicate any information as it relates to their own view of beneficence. An environment should be established for the interdisciplinary team that encourages and practices respectful communication and conflict resolution that is agreed upon through a collaborative process. By developing this approach, interdisciplinary team members may view their own work as a member of the team instead of as an isolated professional and allow for differences to be able to be mitigated as they arise. Even if this approach is created among the interdisciplinary team, differences may still arise as to how each member views beneficence. This is more than likely to be exhibited in three different areas: what a professional is trying to target through use of a treatment intervention, how the treatment intervention is planning on being implemented, and why this particular treatment intervention has been chosen as it relates to alternative treatment interventions that could be considered.

## **What is Selected for Treatment?**

In this area that could be a potential source of conflict, a difference could arise as to what is selected as being targeted for treatment (Cox, 2019). One discipline might look at a different area that is more important to target than another discipline. If a discipline seeks out normality as their targeted end goal for treatment for individuals with a

disability, this may not be appropriate and in fact completely detrimental to the treatment interventions selected and the goals outlined for the individual. Behaviors and skills targeted for intervention should also be prioritized for treatment intervention. Each discipline can vary on what behaviors or skills they feel are most important based on their experience and knowledge. The interdisciplinary team members should prioritize similar skill and behavioral targets across settings and people so that the overall progress of an individual can be maximized. Furthermore, behavior analysts should also only target items that are observable and measurable behavior which may be a source of conflict for other disciplines. It is important for the interdisciplinary team to continuously engage in communication with all members so that discussion can occur on what targets should be prioritized for treatment, and it allows for the team members to discuss any potential concerns that may arise regarding the treatment interventions that may be selected or recommended by other disciplines.

## **How will the Treatment be Implemented?**

Another area in which conflict can arise is determining how the treatment intervention will be implemented for the individual receiving services (Cox, 2019). Even though various professionals that reside on the interdisciplinary team may agree on the goals of the treatment intervention that should be obtained, how the recommended treatment intervention will be implemented can be a source of disagreement. For example, the various disciplines may agree that an individual's exhibition of self-injurious behaviors may need to decrease; however, several disciplines may disagree on how this should be accomplished. The behavior analyst may recommend that a behavior intervention plan be developed that integrates the caregivers and other relevant parties after an assessment has been conducted to analyze the contributing factors that are resulting in the exhibition of these behaviors. On the other hand, a psychiatrist may recommend that the individual receive a new medication that targets symptoms of aggression (i.e., impulse control). While both of these treatments may result in a decrease of the exhibition of self-injurious behaviors, a resolution will need to be established that agrees on how to best reduce these problematic responses and teach alternative skills in place of the behavior. In another situation, ethical objections may arise dependent on the type of treatment recommended for an individual. Aversive control may be recommended in place of a program that evaluates the need for skill acquisition. In either of these situations, the interdisciplinary team should engage in proactive and continuous communication with each other in an effort to individualize the treatment intervention to optimize the outcomes for the individual receiving services.



## **Why is a Specific Treatment Chosen?**

A third area that can be a source of conflict involves why a specified treatment was selected when there are other alternative behaviors that exist (Cox, 2019). When evaluating this area, it is important to note that conflict resolution skills will be vital when determining a resolution. Each discipline trains the professionals within that discipline in basic philosophical assumptions as they concern the occurrence of behavior, epistemological assumptions for why someone knows that something is true as it exists, and the different assumptions that are present regarding research methods that are able to demonstrate that something is true and an intervention is effective (Cox, 2019). A professional's training during their graduate and postgraduate experiences further influences an interdisciplinary team member's reasoning for selecting or influencing their decision regarding a proposed treatment intervention.

There are two main philosophical originations to behavior: within the organism through their mind, brain, or other internal cognitive structure or through the environment that the individual exists in. These two approaches are viewed by various disciplines as being on opposite ends of the spectrum. It is important for interdisciplinary team members to understand that other team members have received training and gained experience in different perspectives. By understanding these different perspectives, the opposite perspective will be less likely to seem out of reach, limited in its capabilities, and superficial compared to the perspective of that of a behavior analyst. Continuous communication and conflict resolution skills will be required in an effort to ensure that all interdisciplinary team members are in agreement with a treatment intervention and that all members agree ethically with the intervention being proposed.

## **Codes of Ethics for Helping Professionals**

Helping professionals that are members of an interdisciplinary team are often bound by a code of ethics that will influence the treatment decisions that they propose or make. A majority of these helping professionals are influenced by ethics codes that are surrounded by four primary principles: the respect for one's autonomy, nonmaleficence, beneficence, and justice (Cox, 2019). The respect for one's autonomy means that behavior is free from the control of others as well as the nonexistence of limitations that could occur as a result of inaccurate information. Within this principle, the client should be involved in decisions regarding treatment and should also agree to participate prior to a treatment intervention being implemented. Therefore, consent should be obtained from the client and the legal guardian(s) prior to a treatment intervention being

implemented. This area may also influence the prioritization of treatment goals and outcomes which may resolve any ethical disagreements that could occur concerning goals that are targeted for treatment.

Nonmaleficence refers to one's obligation to not harm another individual or to take a route that minimizes any harm that may occur to an individual (Cox, 2019). Often, behavior analysts will look at developing treatment interventions that will reduce the likelihood of the continued exhibition of behaviors that can be harmful for an individual. This area may also be helpful when engaging in conflict resolution as an interdisciplinary team as it can be the primary reason for rejecting a recommended treatment intervention. One team member may feel that avoidable harm is being done to the individual receiving services by aligning a treatment intervention with one goal or failing to target a different goal.

In the area of beneficence, professionals will evaluate proposed treatment interventions so they are able to improve an individual's well-being and advance their skill set. Although an individual's well-being may not be agreed upon by different professionals, reframing the interdisciplinary team's dialogue on maximizing an individual's benefits can help toward conflict resolution (Cox, 2019).

Lastly, justice refers to the fair allocation of resources and services to individuals within a certain class to that of all members of the same class (Cox, 2019). Within this principle, professionals are tasked with ensuring that the same amount of effort, resources, and care are provided to all clients that receive the same funding allocation. Just allocation of resources can be an underlying ethical justification for the determination of a treatment intervention composed by an interdisciplinary team.

## **Ethics Code for Behavior Analysts (2020)**

Behavior analysts have a duty to the individuals they provide services to by being willing to collaborate with not only their own colleagues from their profession but with other professionals from other disciplines as well. When services are provided to a client that are being shared across multiple disciplines, it is important for behavior analysts to provide support, consultative services, and present with a cooperative demeanor so that progress is not impacted for the client.

Behavior analysts, at the onset of any case, should conduct a record review that is thorough, looking at records that involve the medical, educational, and other needs of the individual (Boivin et al., 2021). Assessments should also be conducted to delineate

the strengths and areas that are in need of support as well as to prioritize targeted behaviors for increase and decrease. Measurable and observable goals are to be outlined and formulated. Targeted behaviors are defined, measurement systems are selected to record data, and data are interpreted in an effort to make decisions for the individual's needs that are concerning the treatment received and the continuation for any treatment needed.

It is acknowledged that collaboration among professionals should be an easy task; however, this is not always the case. Often, behavior analysts are faced with professionals that recommend antithetical approaches to ABA, leaving the behavior analyst forced to choose between cooperating with this other professional or giving in to a different approach that supports a different methodology than they are used to. In the Ethics Code for Behavior Analysts, collaborating with colleagues is discussed further (Behavior Analyst Certification Board, 2020).

## **2.10 Collaborating with Colleagues**

Behavior analysts collaborate with colleagues from their own and other professions in the best interest of clients and stakeholders. Behavior analysts address conflicts by compromising when possible and always prioritizing the best interest of the client. Behavior analysts document all actions taken in these circumstances and their eventual outcomes (Behavior Analyst Certification Board, 2020).

When an approach is recommended that does not align with behavior analytic principles or put the best interests of the client first, compromising under these circumstances would be unacceptable. It would also be unacceptable to compromise regarding a treatment that is unproven or dangerous (Bailey & Burch, 2022).

## **Key Strategies for Ethical Collaboration Among an Interdisciplinary Team**

There are several different strategies that can be implemented that may align with an ethical approach to interdisciplinary collaboration. These strategies coincide with two major areas: proactive strategies and reactive strategies. Proactive strategies are able to be implemented prior to the conflict arising within the interdisciplinary setting. These types of strategies are designed to establish consistent methods for communicating among members of the interdisciplinary team. Furthermore, these strategies, when

implemented, may further decrease the potential that conflict may occur as a result of a misunderstanding or miscommunication.

One proactive strategy that can be implemented is for professionals to refrain from communication that includes jargon. Throughout a professional's years of coursework and experience in their respective field, they are likely to acquire field-specific language that has proven beneficial for efficient communication among other professionals within their field or with a similar background. However, the use of jargon can cause confusion to individuals receiving services and their families as well as to professionals from other disciplines. Ultimately, a miscommunication or misunderstanding could occur from the use of jargon when communicating which can make collaboration among an interdisciplinary team more difficult.

Another proactive strategy that can be implemented is to develop relationships with members of the interdisciplinary team so that the interactions are frequent and coordinated as well as proactively structured (Cox, 2019). These types of interactions can consist of weekly meetings, case consultations, or development meetings. These formalized relationships help analyze social networks and systems analyses. A social network analysis involves monitoring, tracking, and collecting data concerning the connections between an individual person and that of within a group. A systems analysis works to identify the different areas of an organization within the realm of how value-adding work can be achieved (Cox, 2019). By conducting these analyses regarding the relationships among interdisciplinary team members, this can aid in evaluating how interdisciplinary collaboration may influence potential outcomes for individuals receiving services.

Thirdly, an additional proactive strategy that can be used is to create guidelines and a code of ethics for collaboration that can be agreed upon by interdisciplinary team members. When interdisciplinary team members have differing values or methods in support of values, this can lead to conflict. An interdisciplinary team can establish a set of principles that every member agrees upon as their own code of ethics. This may entail establishing a method for making decisions when conflict arises, creating a hierarchy of principles, or designating an ethics committee within the interdisciplinary team (Cox, 2019).

There are also several reactive strategies that can be implemented to aid in ethical collaboration among interdisciplinary team members. Reactive strategies are implemented after the conflict has occurred within the interdisciplinary setting. Although these strategies are being implemented once a disagreement has occurred

among interdisciplinary team members, these strategies are designed to increase the probability that the positive relationships that previously existed among team members continue to exist. One reactive strategy that can be used is to take the values that come forward from the development of a code of ethics and use them to frame the conflict. The dialogue can be reframed so that the interdisciplinary team members can communicate using jargon free language, use the preferences of the individual receiving services to guide their decision regarding alternative treatments, and use evidence-based practices to determine the most effective treatment options for an individual. By creating this shift in how the conflict is framed will result in a change in how the focus of the communication rests within the outcomes that are preferred by the individual receiving services and how their progress toward these outcomes will be measured. Another reactive strategy that can be implemented is to develop “T-shaped” practitioners (Cox, 2019). This approach involves each interdisciplinary team member using the conflict that has developed as a way to cultivate their own discipline and expand the boundaries of their own knowledge to the other disciplines within the interdisciplinary team. When applying this strategy, interdisciplinary team members may need to research alternative interventions and the effectiveness of these interventions to attain the same results regarding skill change and development. This research would more than likely expand the team member’s knowledge base in a discipline outside of their own as well as advance the evidence-based practice of the discipline itself (Cox, 2019).

An additional reactive strategy that can be utilized is to search for and provide institutional support as a way of encouraging the agreed upon solution to the conflict. Any change in behavior has to be maintained by various contingencies within the environment. A solution to conflict will necessitate support in order for each interdisciplinary team member to be able to ensure proper implementation of the resolution that was agreed upon. Possible resolutions include additional training, setting outcomes, coordinating meetings, and using reinforcement to increase or maintain behavior that coincides and aligns with the solution that was agreed upon.

## **Section 4 Personal Reflection**

What type of strategies would you prefer to use to aid in ethical collaboration among interdisciplinary team members and why?

## Section 4 Key Words

Beneficence - actions that are intended to benefit and promote the welfare of others

Justice - fair allocation of resources and services to individuals within a certain class to that of all members of the same class

Nonmaleficence - one's obligation to not harm another individual or to take a route that minimizes any harm that may occur to an individual

Proactive strategies - strategies implemented prior to conflict arising within the interdisciplinary setting

Reactive strategies - strategies implemented after the conflict has occurred within the interdisciplinary setting.

Respect for one's autonomy - behavior is free from the control of others as well as the nonexistence of limitations that could occur as a result of inaccurate information

Social network analysis - monitoring, tracking, and collecting data concerning the connections between an individual person and that of within a group

Systems analysis - works to identify the different areas of an organization within the realm of how value-adding work can be achieved

## Section 5: Considerations for Collaboration

Collaboration can be viewed as a specific skill set that one must learn and demonstrate mastery of. Various components of collaboration have been identified and taught across different professions. Some of these components include active listening, empathy, and perspective taking (Boivin et al., 2021). These components are considered soft skills and can be used when navigating different opinions regarding the direction of treatment for an individual as well as formulating a resolution for a difference that may occur among team members.

There has been a difference in expectations regarding collaboration across multiple disciplines as time has progressed. Within medicine, nursing, education, and both speech and occupational therapy, collaborative skills have been viewed as an expectation for practitioners to utilize (Boivin et al., 2021). Speech-language pathologists have been encouraged to bridge the gap between them and behavior analysts by

reading articles, learning about the field of behavior analysis, attending conferences, as well as discussing any differences that may arise surrounding terminology.

An interdisciplinary team should be ready and have the skill set necessary for effective collaboration. It requires members to have an understanding and appreciation for the knowledge and experience that each member contributes within the treatment context. Behavior analysts are encouraged to not rely on terminology that is associated with the field of behavior analysis as it can be a barrier to communicating with families, clients, and professionals from other disciplines. A behavior analyst may need to translate a procedure into behavior analytic terms and principles as well as use data that have been collected to determine the course of action for the most optimal outcome.

Furthermore, behavior analysts may help to disseminate a behavioral view to other disciplines and other disciplines may do the same to behavior analysts, allowing behavior analysts an opportunity for learning about approaches from other disciplines (Boivin et al., 2021). This can allow behavior analysts the opportunity to engage in professional interactions and allow them to understand the different perspectives that each discipline takes. The science that supports each discipline can be appreciated by other professionals as well as increase the likelihood that behavior analysts will acquire the trust and partnerships of other professionals that work within the interdisciplinary team. These professional interactions can assist other disciplines in recognizing that the field of ABA is a collaborative field that is compassionate and able to work alongside and with other disciplines.

Behavior analysts are also cautioned on how they are to evaluate treatments that are suggested by professionals from other disciplines. If a behavior analyst were to question a nonbehavioral treatment or propose an alternative solution to a nonbehavioral approach, this can possibly be viewed as a noncollaborative approach by members of other disciplines. Although this may be viewed in this manner, a behavior analyst may still be ethically obligated or feel ethically inclined to question a nonbehavioral approach or offer an alternative course of treatment. This may result in suggesting to other members of the interdisciplinary team that behavior analysts are not collaborative and unwilling to listen to the practices and experiences of other disciplines. Ultimately, this could erode the professional relationships that have been developed among members of the interdisciplinary team and reduce the likelihood that other members of the team would want to work with the behavior analyst. In some circumstances, a behavior analyst may not be asked to participate in the collaborative process, team meetings, or

clinical activities as a result of their own collaborative skills being subpar and due to excessive questioning of their colleagues.

For example, a behavior analyst may be asked to work with several professionals regarding a student diagnosed with ASD to improve their performance within the public school setting. The interdisciplinary team consists of a behavior analyst, the teacher assigned to the student within the public school setting, a speech-language pathologist as the student demonstrates deficits with requesting their wants and needs, as well as an occupational therapist to help the student with various daily living skills. Each professional attended the student's scheduled individualized education program (IEP) meeting to discuss various interventions that could help facilitate independence and optimal success within the classroom setting. While each professional was in attendance at this meeting, one member of the interdisciplinary team suggested a treatment option for increasing social skills through use of robotic technology. At the time that this treatment option was recommended, the behavior analyst began to question the treatment option without attempting to first understand and becoming familiar with the proposed treatment. After the behavior analyst continually questioned the proposed treatment, the other members of the interdisciplinary team became upset and no longer wanted the behavior analyst to be invited to further IEP meetings, not only for this student but for other students as well.

Additionally, in another example, a behavior analyst may be asked to provide behavioral services to an individual diagnosed with ASD. The interdisciplinary team requested that meetings occur monthly to discuss treatment options for the individual receiving services as well as to report progress on the current behaviors targeted for reduction. At one of the meetings, a couple of different treatment options were proposed by nonbehavioral members of the interdisciplinary treatment team. When these treatments were proposed, the behavior analyst continually questioned these interventions (i.e., do you have data to support the intervention, would you allow me to offer a different treatment solution that would be better). This type of questioning became uncomfortable and produced concerns from the other team members. Ultimately, these concerns were so great that the company that requested the services of the behavior analyst no longer wanted to contract with the behavior analyst to provide behavior analytic services as the behavior analyst was unwilling to consider the perspectives of members from other disciplines or collaborate with professionals that did not have a background in behavior analysis.



Although these aforementioned examples represent more severe cases of a behavior analyst's intense questioning that led to the erosion of professional relationships within the interdisciplinary team, it is probable that most behavior analysts do not respond in these ways. Further information regarding the nonbehavioral interventions could have assisted the behavior analysts with consideration of other techniques as well as aiding the behavior analysts in understanding other perspectives from nonbehavioral interdisciplinary team members. Additional questioning may have been able to be put on pause to allow for respect to be provided and active listening to be encouraged when discussing other approaches. Therefore, it may provide useful for behavior analysts to develop a more systematic method for approaching nonbehavioral treatment recommendations in an effort to maintain high standards of professional behavior (Brodhead, 2015).

Although active listening and an open mind should be encouraged when nonbehavioral treatment recommendations are made by other members of the interdisciplinary team, some nonbehavioral treatment interventions may not be warranted depending on the situation. For example, some recommendations may require too many additional resources such as time or financial obligations. Other recommendations might be known to be ineffective or potentially dangerous which should alert a behavior analyst to be cautious. Some nonbehavioral interventions may have benefits and effects that are not known or unclear. These types of interventions should be discussed further and the relative benefits weighed against the forthcoming needs of the individual receiving or needing services, the resources that are available to the individual and their team, and the safety of the individual.

## **Section 5 Personal Reflection**

Have you or another behavior analyst you have observed interacted with colleagues that provided recommendations involving nonbehavioral treatment methods? If so, what was your or the other behavior analyst's reaction(s) to these proposed treatment methods? Could you or the other behavior analyst have done anything differently to ensure that active listening and an open mind was occurring during the interaction?

## **Section 5 Key Words**

Individualized education program (IEP) - a written document that is developed for each public school student that is eligible for special education services

## **Section 6: Guidelines for Assessing Nonbehavioral Treatment Interventions**

The outcomes for an individual can be vastly improved through the collaboration process that can occur among interdisciplinary team members. Since this collaboration process can be vital to individuals, it is important for behavior analysts to better understand and to be able to navigate through recommendations for nonbehavioral treatments.

Guidelines for behavior analysts could provide useful to help behavior analysts address these situations while also maintaining professional relationships with colleagues from other disciplines. Maintaining professional relationships can aid in further acceptance of the field of behavior analysis through the promotion of ABA as well as demonstrating that behavior analysts present themselves through use of ethical and professional behaviors. Professional relationships can also encourage further collaborative efforts from various disciplines as a way for behavior analysts to have continued involvement and increase the likelihood that the individual receiving services would have continued access to behavioral services. Therefore, guidelines for assessing nonbehavioral treatment interventions could have a multitude of benefits and be applicable to the experiences that behavior analysts are exposed to.

Nonbehavioral treatment interventions can be assessed through a variety of parameters; however, one particular decision-making model that will be evaluated will be one that includes outlining the needs of a client's safety, understanding the treatment intervention being proposed, engaging in perspective taking from a nonbehavioral colleague's point of view, and analyzing any negative impacts that the proposed treatment intervention may have on the client (Brodhead, 2015). This decision-making model assumes several things, though. It assumes that a behavior analyst has obtained consent from the client to receive the nonbehavioral treatment that is being proposed. Additionally, the behavior analyst should determine if they feel they are in a professional position as well as have a role within the interdisciplinary team that allows them the opportunity to analyze the nonbehavioral treatment intervention. The behavior analyst should also have the necessary training or be under the supervision of someone that allows them to provide services as a member of an interdisciplinary team.

### **Identifying a Proposed Nonbehavioral Treatment Intervention**

Within the decision-making model that is being evaluated, the first step is to identify the proposed nonbehavioral treatment intervention (Brodhead, 2015). A behavior analyst

should be able to identify when a nonbehavioral treatment intervention is being proposed for an individual receiving services. A nonbehavioral treatment can be delineated as a treatment that is outside the scope of what is known as traditional practices upheld in the field of behavior analysis. There are some indicators that may act as red flags to a behavior analyst that allows them to identify a proposed treatment as nonbehavioral. Some of these indicators include the treatment having a name that is not familiar to the behavior analyst, the procedures of the treatment not appearing to be behavior analytic, the outcomes that are being proposed and the measurement systems used to record data are not ones that a behavior analyst are familiar with, and the treatment itself may be linked to hypothetical constructs or address factors that are not associated with the individual's environment (Brodhead, 2015).

## **Safety of the Client**

Once the nonbehavioral treatment intervention has been delineated, the behavior analyst should question whether or not the safety of the individual receiving services is at risk or not. Any treatment that causes harm to an individual either in a short term or long term psychological or physical manner is considered to be a risk to one's safety. There are several situations in which a client could be exposed to potential safety risks. For example, a type of therapy known as chelation therapy can be associated with safety risks to individuals. This type of therapy has been linked to causing the death of an individual with ASD (Brodhead, 2015). Additionally, another example of a treatment that can be associated with safety risks is known as facilitated communication. This type of treatment indicates that it can produce significant improvements in language skills. However, research has proven that this type of treatment, in fact, does not produce these marked gains in language skills (Brodhead, 2015). Facilitated communication has instead been known to require significant time and resources to implement and instead has been noted to possibly cause psychological harm to an individual as it restricts the client's ability to access treatment that is based on evidence-based research (Brodhead, 2015). Thirdly, an additional example of a treatment that can be associated with risks to a client's safety include the inappropriate use of aversive stimuli, such as electric shock. When electric shock is utilized as a treatment intervention prior to any function-based treatment intervention, this can be considered an inappropriate use of aversive stimuli and a risk that can be imposed on a client.

Although these are only a few of the treatments that may be associated with risks to a client's safety, it is important to note that there can be many more that are proposed as a potential treatment intervention that behavior analysts should be willing to assess.

When a treatment intervention is recommended that has the potential to cause risk to a client's safety, a behavior analyst should address the treatment with the individual that proposed the treatment intervention. By addressing the individual, this demonstrates to the interdisciplinary team that the client is at the center of focus when developing a treatment plan. If, for some reason, the behavior analyst assesses the intervention and is unable to determine if the recommended intervention poses a safety risk, the behavior analyst should consult with another professional that can help make the determination. On the other hand, if the behavior analyst is able to determine that the proposed treatment intervention does not pose a safety risk to the client, then the behavior analyst should move forward in the decision-making model and look to become knowledgeable concerning the treatment intervention.

## **Familiarizing One's Self with the Treatment Intervention**

As a behavior analyst moves through the decision-making model, the behavior analyst should determine if they feel that they are familiar with the nonbehavioral treatment intervention that is being recommended by the interdisciplinary team or by one of its members. The behavior analyst should ideally be skeptical concerning the recommended treatment intervention until the behavior analyst is able to collect enough evidence regarding the treatment intervention. Engaging in skepticism, however, does not mean that the behavior analyst should disregard the treatment intervention from the onset. Instead, skepticism allows a behavior analyst to assess the validity of a treatment intervention through evidence gathering and review of all information that the behavior analyst can find available regarding the treatment recommendation. Through this evidence gathering, the behavior analyst should review all of the possible effects that the nonbehavioral treatment intervention may have or produce for the individual receiving services. The behavior analyst should conduct the necessary research so that they can adequately understand the nonbehavioral treatment intervention prior to making any recommendation either for or against the treatment intervention that has been recommended.

In an effort to become as familiar with the nonbehavioral treatment intervention as possible, the behavior analyst should begin by conducting a thorough literature review on the recommended treatment intervention. Additionally, the behavior analyst should look for and evaluate any literature that can be found regarding the treatment intervention and empirically testing the efficacy of the treatment intervention on individuals with developmental disabilities (Brodhead, 2015). Another avenue for collecting information regarding the nonbehavioral treatment intervention is for the

behavior analyst to contact a colleague or another professional that is from the same field as the nonbehavioral colleague that recommended the treatment intervention. The behavior analyst may be able to contact someone with whom they have a professional relationship with that would allow them to ask questions as well as seek out guidance concerning the proposed intervention. By utilizing this professional relationship in this manner, it would allow the behavior analyst to ask a series of questions without compromising their relationship with the individual that recommended the treatment intervention or another interdisciplinary team member. One thing to keep in mind during this interaction, though, is that client confidentiality should be maintained at all times.

Additionally, through becoming familiar with a nonbehavioral treatment intervention, a behavior analyst can also begin to engage in perspective-taking behavior by understanding the perspective that other disciplines take when recommending a treatment approach. Other disciplines may demonstrate and exhibit different value-base behavior which can allow a behavior analyst the opportunity to analyze how different perspectives by various disciplines can lead to the proposal of a nonbehavioral treatment intervention. Furthermore, the behavior analyst should be able to understand how the proposed treatment intervention could be an appropriate asset to the interdisciplinary treatment efforts that are being delivered to the individual needing services. This engagement of perspective-taking can further allow a behavior analyst to take the proposed treatment intervention and translate it into behavior analytic terminology and behavioral principles so that the treatment can be more accurately assessed by its potential efficacy (Brodhead, 2015).

## **Revisiting the Safety Needs of the Client**

Once the behavior analyst has been able to become familiar with the recommended nonbehavioral treatment intervention, the behavior analyst will need to reevaluate and reconsider whether or not the safety needs of the client are at risk. By becoming familiar with a nonbehavioral treatment intervention, a behavior analyst may be able to learn about possible side effects that could be harmful which would necessitate further conversations with the interdisciplinary team and nonbehavioral colleague that recommended the treatment intervention. If it can be determined that the proposed treatment does affect the safety of the client, the behavior analyst has an ethical obligation to address the treatment intervention with the nonbehavioral colleague that recommended it. On the other hand, if the behavior analyst is able to determine that

the client's safety is not at risk, then the behavior analyst should continue moving forward to the next step in the decision-making model process.

When encountering the next step within the decision-making model process, it is important to determine if the proposed treatment intervention is able to produce successful outcomes or not when the nonbehavioral treatment intervention is translated into behavioral principles and behavior analytic terminology. It is necessary for a behavior analyst to be able to translate a nonbehavioral treatment intervention into behavioral principles; however, some behavior analysts may not have the necessary experience required for this task and will need to seek out the expertise of a behavior analyst that can translate nonbehavioral treatment interventions into behavioral principles.

For example, in an effort to treat vocal stereotypy, a speech pathologist may propose the use of speech and sound exercises to a child prior to them engaging in conversations with peers. In this situation, the recommended intervention may be able to be translated into an antecedent strategy that is able to act as an abolishing operation for vocal stereotypic behaviors. While this is only one example of how a nonbehavioral treatment intervention can be translated into behavioral principles, it allows for insight into the process that a behavior analyst will need to complete as part of the decision-making model. Once this translation occurs, the behavior analyst will be able to determine if the proposed treatment intervention is able to be effective in the environment and context that is being recommended to be used in. Although other disciplines may have different approaches, terminology, and ideas surrounding causal agents, the concepts from other disciplines may be able to be effectively translated into effective behavioral interventions. If this is the situation, then the behavior analyst may be able to determine that no further course is needed. Throughout this process, the behavior analyst has been able to become more familiar with a nonbehavioral treatment intervention and by not having to address a nonbehavioral treatment with a member of the interdisciplinary team, the behavior analyst has been able to avoid any conflict, questioning, and loss of rapport that could have occurred in this situation. However, if the behavior analyst determines that the proposed nonbehavioral treatment intervention is not able to be successfully translated into behavioral principles, then the behavior analyst should ask if the treatment intervention will interfere with the goals and outcomes dictated for the client in a negative manner.

Once the behavior analyst is able to distinguish that the nonbehavioral treatment intervention is not able to be successful after it has been translated into behavioral

principles and terminology, the behavior analyst should then evaluate if the proposed treatment will impact the goals of the individual in a negative manner. This is a consideration that should not be taken lightly and demonstrates respect for the client and those involved in the life of the client. The behavior analyst should always act and conduct themselves in the best interest of the client receiving services, even when that means consideration should be given toward supporting a nonbehavioral treatment intervention (Brodhead, 2015). Even though the proposed treatment is not able to be effective when it is translated into behavioral principles and terminology, the recommended treatment intervention may still be what is in the best interest of the individual receiving services. If the behavior analyst can determine that the recommended nonbehavioral treatment intervention will not negatively impact or interfere with the goals outlined for the client, then the behavior analyst should not do anything further.

However, this is not always the situation. The behavior analyst may find that the proposed treatment intervention will in fact negatively impact the goals of the client. If this is found to be the situation regarding the proposed treatment intervention, then the behavior analyst is ethically obligated to be concerned and raise an issue regarding this finding. The behavior analyst should also assess the treatment to determine the extent to which it conflicts with the client's goals before the behavior analyst addresses these concerns and the treatment with the interdisciplinary team or the nonbehavioral colleague that proposed the treatment intervention.

## **Consult Additional Resources for Analyzing Recommended Treatment Interventions**

Each nonbehavioral treatment intervention should be evaluated on an individual basis as the level to which an intervention interferes with a client's goals will vary with each proposed treatment intervention. If the proposed treatment intervention demonstrates minimal interference, this may not necessitate addressing the concerns with the nonbehavioral colleague or the interdisciplinary team. This should definitely be thought of especially when addressing the minimal impact of the treatment intervention could cause the professional relationship between the behavior analyst and the nonbehavioral colleague to be at risk. However, if the proposed nonbehavioral treatment intervention does interfere significantly with the client's goals, this would be worth addressing these concerns with the nonbehavioral colleague and possibly the interdisciplinary team.

A resource that has been outlined for its use to systematically analyze a treatment is the *Checklist for Analyzing Proposed Treatment (CAPT)* (Brodhead, 2015). Through this checklist, six areas are evaluated which include: function-based treatment, skill acquisition, social outcomes, data collection, treatment integrity, and social validity (Brodhead, 2015). Each area includes various treatment components that could be included with the ability to choose the possibility of those components taking place within the nonbehavioral treatment intervention. A low, medium, or high probability could be selected for each component to indicate the level of probability that could occur. Additionally, not applicable (i.e., NA) could also be selected if the component was not applicable to the treatment intervention being evaluated. Additional components could be added if a behavior analyst chose to do so. For example, these additional components could represent values that are personal to them.

Once the first six areas are evaluated by the behavior analyst, the behavior analyst would then evaluate an additional area known as resources. The behavior analyst would look at the resources that were available to the client, the interdisciplinary team, and any stakeholders that were involved. By doing this, the behavior analyst would position themselves to be able to better evaluate the negative impact that a treatment intervention may have on a client from an overall perspective. For example, a behavior analyst could use the CAPT to evaluate the negative impact that a support dog may have for a child diagnosed with ASD. At first glance and through evaluation of the first six areas within the CAPT, the proposed treatment intervention may rank low as the stakeholders involved had ample financial resources available. In this situation, it is possible that the treatment intervention may minimally interfere with the goals outlined for the client. On the other hand, the stakeholders involved may have limited financial resources available, meaning that the treatment intervention is likely to interfere with the treatment goals outlined for the client.

After the CAPT has been scored by the behavior analyst, the possible negative impacts that could occur as a result of a proposed treatment intervention should be able to be put into perspective for the behavior analyst and the interdisciplinary team. It is important to note that the CAPT should not be utilized as a standardized assessment for evaluating nonbehavioral treatment interventions. Instead, it should be used as a starting place or as talking points for conducting such an analysis of a nonbehavioral treatment intervention. Furthermore, a behavior analyst could use the CAPT as a method of reassurance that a nonbehavioral treatment intervention would not impose a significant negative impact on the goal outlined for the client. On the other hand, though, the CAPT could provide the behavior analyst with enough justification to raise



concerns regarding a proposed treatment intervention to a nonbehavioral colleague or the interdisciplinary team. The behavior analyst will be able to determine to what extent the concerns should be raised and to whom the concerns should be raised. Ultimately, the behavior analyst has an ethical obligation to promote the use of behavior analysis, but more importantly, provide avenues for alternative treatment options if a proposed nonbehavioral treatment intervention could have negative impacts on a client.

However, depending on the level of advocacy that the behavior analyst chooses to engage in, this could diminish the professional relationship that has developed between the behavior analyst and the nonbehavioral colleague or interdisciplinary team. This diminished capacity of professional rapport between members of the interdisciplinary team may not be what is best for the individual receiving services. This is an additional obligation that a behavior analyst is expected to uphold within their practice.

This proposed decision-making model provides one resource that behavior analysts can utilize as a starting point for systematically analyzing nonbehavioral treatment interventions. It can also be used to further justify the need for dialogue regarding the needs and goals of clients and to assist with ensuring that the safety needs of an individual receiving services are not jeopardized or at risk. It allows for alternative treatments to be discussed that may not be based in behavior analytic principles, but can still provide benefit to the individual that the services are being recommended for. Furthermore, this decision-making model provides behavior analysts with guidance for analyzing the literature regarding a proposed treatment intervention and encourages perspective-taking to be demonstrated at the same time that one necessitates the safety and well-being of individuals that receive treatment from an interdisciplinary team.

## **Section 6 Personal Reflection**

Are there other resources that you have found that could encourage a systematic framework for analyzing nonbehavioral treatment interventions? How have other behavior analysts that you have observed handled difficult conversations as a member of an interdisciplinary team?

## **Section 6 Key Words**

Hypothetical constructs - explanatory variable that is not directly observable that is associated with the mind or states of emotion

Nonbehavioral treatment - a treatment that is outside the scope of what is known as traditional practices upheld in the field of behavior analysis

Risk to client safety - Any treatment that causes harm to an individual either in a short term or long term psychological or physical manner



## References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*.
- Bailey, J. S., & Burch, M. R. (2022). *Ethics for behavior analysts* (4th ed.). Routledge. <https://doi.org/10.4324/9781315669212>
- Behavior Analyst Certification Board. (2020). *Ethics code for behavior analysts*. <https://bacb.com/wp-content/ethics-code-for-behavior-analysts/>
- Boivin, N., Ruane, J., Quigley, S. P., Harper, J., & Weiss, M. J. (2021). Interdisciplinary collaboration training: An example of a preservice training series. *Behavior Analysis in Practice*, 14, 1223-1236. <https://doi.org/10.1007/s40617-021-00561-z>
- Brodhead, 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. <https://doi.org/10.1007/s40617-015-0042-7>.
- Cox, D. J. (2019). Ethical Considerations in Interdisciplinary Treatments. In *Handbook of Interdisciplinary Treatments for Autism Spectrum Disorder* (pp. 49-61). Springer International Publishing. [https://doi.org/10.1007/978-3-030-13027-5\\_4](https://doi.org/10.1007/978-3-030-13027-5_4)
- Dowdy, A., Obidimalor, K. C., Tincani, M., & Travers, J. C. (2021). Delivering culturally sound and high-quality behavior analytic services when working with an interpreter. *Behavior Analysis (Washington, D.C.)*, 21(1), 51-64. <https://doi.org/10.1037/bar0000206>
- LeMay, M. S., Rieske, R. D., & Johnston, S. (2019). Interdisciplinary Teams and Autism Spectrum Disorder. In *Handbook of Interdisciplinary Treatments for Autism Spectrum Disorder* (pp. 1-8). Springer International Publishing. [https://doi.org/10.1007/978-3-030-13027-5\\_1](https://doi.org/10.1007/978-3-030-13027-5_1)



The material contained herein was created by EdCompass, LLC ("EdCompass") for the purpose of preparing users for course examinations on websites owned by EdCompass, and is intended for use only by users for those exams. The material is owned or licensed by EdCompass and is protected under the copyright laws of the United States and under applicable international treaties and conventions. Copyright 2023 EdCompass. All rights reserved. Any reproduction, retransmission, or republication of all or part of this material is expressly prohibited, unless specifically authorized by EdCompass in writing.