TRIAD's Guide for Embedding Social Validity into Practice

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VANDERBILT KENNEDY CENTER
TREATMENT & RESEARCH INSTITUTE FOR AUTISM SPECTRUM DISORDERS

Treatment and Research Institute for Autism Spectrum Disorders (TRIAD)
Vanderbilt Kennedy Center • PMB 74 • 230 Appleton Place • Nashville, TN 37203
TRIAD.vumc.org

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Document Purpose:

Note: While this document was developed for specific behavior analytic services at TRIAD, it could serve as a reasonable model for other practitioners to modify and adjust for use within their practice.

This document is the foundation of TRIAD's community-informed practice approach to behavior analytic services, meaning content was informed and reviewed by various community members and shareholders. The questions are designed to aid TRIAD's behavior analytic professionals in evaluating their own decision making in practice to ensure compliance with applicable *Ethics Code for Behavior Analysis* items in behavior analytic practice. This document is intended to be used as a guide in the manner most helpful to you. As such, this document may serve as self-reflection questions, questions to discuss with a thought partner, questions to the people we are serving, caregivers, and all relevant shareholders. Regardless of the exact method of use, we should be consistently checking in with this document throughout case management to promote ethical reflection and practice.

At the beginning of each section listed on the table of contents below, we have a brief introduction to the contents of the corresponding questions as well as recommendations for when each section may be most helpful to review.

Contents

Section 1:
Intake/Case Acceptance

The intent of this section is to aid behavior analytic practitioners in considering relevant factors that may impact their case acceptance decision. These questions are typically reviewed prior to accepting a client's case. The questions in this section primarily focus on identifying the boundaries of your scope of competence and service capacity.

QUESTION RATIONALE

Behavior analysts only accept clients whose requested services are within the identified scope of competence and available resources of the behavior analytic team. It is critical for the service provider to understand the circumstances and needs of the person. The provider must also ensure that they have the resources and knowledge necessary to meet the needs of the person before agreeing to provide services.

Question		Ethical Code Items
A.	**Can I practically and ethically serve the person, caregivers, and relevant shareholders, given currently available resources and our service delivery model?**	1.01 1.02 1.04 1.05 1.07 1.11 1.13 2.08 2.10 2.12 3.01 3.02 3.03 3.04 3.06
	1. Am I able to provide services? – Do I have experience with similar cases? (Similar setting, similar levels of interfering behavior, similar needs profile) – Do I understand the person's culture/social environment that has shaped and maintained their behavior? – Can I ethically serve the person, caregivers, and relevant shareholders, given currently available resources and our service delivery model?	
	2. Who else is providing services and how will I maintain continuity of care with other providers? – Do we need to acquire consent to speak with any other providers?	
	3. Who is the client? – Are the requested services to benefit the person or someone else (e.g., teacher, other students)? – Is the client from an underserved population and how will the services affect configuration, decision and needs for additional supports and/or training?	
	4. Is there a previous relationship between the person and the provider? – If yes, how have you ensured the person is aware of the potential harmful effects of multiple relationships? – If yes, what steps have been taken to minimize the potential harmful effects of an unavoidable multiple relationships? – If yes, what is the plan to eliminate the multiple relationship moving forward if that is possible (e.g., transfer case once new provider is available, etc.)?	

Question	Ethical Code Items
5. How are you ensuring you are not entering an exploitative relationship?	
6. Where is funding coming from and how will it impact decision making?	
7. Is a participant agreement ready to implement?	
8. Is there a current legal dispute regarding this case? Are services being sought as part of a recently settled legal dispute?	
9. Was information sought from the client about their culture, including language, norms around behavior, and opinions about potential interventions?	

Section 2:
Initial Assessment

This section is designed to aid practitioners in considering what information is needed at the outset of a new case, prior to considering an analysis. The questions here are not designed to suggest all information is necessary, rather its necessity should be considered prior to moving forward. Areas of consideration include emotional/mental/physical health impact on behavior and the person, as well as relevant shareholder involvement in the intake process. Although these questions are addressed under initial assessment, they should be considered periodically throughout case management to ensure inclusion of the person's needs, as well as consideration of caregivers' and relevant shareholders' needs throughout the working relationship.

QUESTION RATIONALE:

Behavior analytic practitioners consider health and medication factors when assessing functions and designing behavior-change interventions. The medical needs of the person should be assessed to the extent possible and addressed.

Questions		Ethical Code Items
A.	**Given the person's current health history, is behavioral intervention warranted at this time?**	2.03 2.12 2.13 2.14 2.17 2.12 2.19
	1. What is this person's emotional/mental health status?	
	2. Has consent been obtained to review previous records and were those records thoroughly reviewed?	
B.	**Is there stability in the current pattern of behavior?**	
	1. Has the behavior been consistent and ongoing since introduction to school/current setting? – What medication(s) is the person taking? – What would be the likely impact of not assessing or treating this behavior? – How is this impact objectively determined? – If not, what has changed? – If not, can we rule out medical/biological factors or medication changes? – If more dangerous or disruptive, what has changed? – If more dangerous or disruptive, can we rule out medical/biological issues?	

QUESTION RATIONALE:

It is important to take sufficient baseline data to establish a need for intervention and inform intervention planning. Medical factors are an important consideration when assessing a person's behavior.

Question		Ethical Code Items
C.	**Has the topography/intensity/severity/frequency, etc. changed?**	2.01 2.05 2.12 2.11 2.14 2.19
	1. If not, what has changed?	
	2. If more dangerous or disruptive, what has changed?	
	3. If not, can we rule out medical/biological factors?	
	4. If more dangerous or disruptive, can we rule out medical/ biological factors?	

QUESTION RATIONALE:

Interviewing the person, caregivers, and relevant shareholders is essential. Involving the person in the interview and using their responses to inform goals/intervention plans honors personal autonomy.

Question		Ethical Code Items
D.	**Was the person interviewed?**	2.03 2.08 2.09 2.10 2.11 2.13 2.14 3.01 3.02 3.04 3.07 3.08 3.09 3.12 6.09
	1. How?	
	2. Are their responses informing your plan?	
	3. What stimuli keep the person happy, relaxed, and engaged?	
	4. How did their responses inform your assessment and intervention plan?	
	5. What are the person's goals for themselves?	
	6. When the person's communication skills make a conventional interview format challenging, how have observations been leveraged to understand the person's perspective and preferences?	
	7. Were adult resources such as caregivers or teachers and other relevant shareholders utilized to assist in interviewing or learning more about the person's perspective?	

QUESTION RATIONALE:

Behavior analytic practitioners make appropriate efforts to involve the people we're serving, caregivers, and relevant shareholders throughout the service relationship. This includes selecting goals, selecting and designing assessments and intervention plans, and conducting continual progress monitoring. Incorporating other ethical principles into this interaction such as cultural responsiveness and diversity, nondiscrimination, informed consent, etc. is important to ensure services are effective and meaningful.

Question		Ethical Code Items
E.	**Are the caregivers' perspectives being considered as potential goals for this case and discussed?**	1.05 1.07 1.08 1.09 1.10 1.11 1.15 2.02 2.04 2.05 2.08 2.09 2.11 2.12 2.19 3.02 3.04 3.11 4.02 4.03 4.07 5.01 5.02
	1. If necessary, did you secure interpretation services prior to the interview?	
	2. How are you considering the culture of the caregivers when interviewing?	
	3. What are the caregivers' preferences for communication with service providers?	
	4. What are the primary goals expressed by the person's caregivers?	
	5. What skills do the caregivers want to acquire?	
	6. What would make caregivers happy?	
	7. Were proposed processes explained to the caregivers in a way they could understand?	
	8. Did the caregivers express any concerns regarding the assessment/intervention process? – If so, did you adjust to meet these needs and/or alleviate concerns through additional explanation? How?	

Section 3:
Analysis

The focus of this section is on assessment methods used to learn more about behavior and its reinforcers. This section is not intended to apply only to the usage of analog functional analyses, but rather to any assessment designed to aid in analyzing preferences or the function of behavior. The questions in this section address planning for a safe, inclusive, culturally appropriate, thorough, and efficient analysis of behavior as well as dissemination and use of resulting data. These questions should be reviewed throughout the analysis planning process and after the analysis is carried out.

QUESTION RATIONALE:

It is critical to consider safety and cultural factors when conducting analyses to ensure efficient, effective, and appropriate analysis of behavior. Safety and cultural considerations are pertinent to target behavior identification and intervention planning.

Questions		Ethical Code Items
A.	**What questions do you need to answer to design an appropriate intervention for this person?**	1.05 1.06 2.01 2.02 2.05 2.08 2.09 2.10 2.11 2.13 2.17 2.19 3.01 4.01 4.02 4.06 4.08 5.01
	1. How will you prioritize the safety of the person?	
	2. What stimuli keep the person happy, relaxed, and engaged?	
	3. Does delivery of these stimuli predictably and reliably abate challenging behavior?	
	4. Are evocative stimuli delivered in a safe, and respectful way, at the lowest possible intensity required for assessment?	
	5. Did you plan for a meaningful debrief with the person, caregivers, and relevant shareholders to describe results and/or repair rapport as needed?	
B.	**Was the person, caregivers, and relevant shareholders included in the discussion of analysis options?**	
C.	**Does the analysis align with the person's and caregivers' cultural preferences?**	
D.	**Is an analysis (systematic manipulation of environment with or without intentional evocation of challenging behavior) required?**	
	1. If so, why?	
	2. If not, why not? – Was lack of appropriate training a factor?	
	3. What did you do instead? – Preference assessment, descriptive assessment, etc.? – If so, why?	

QUESTION RATIONALE:

Inclusion of the person in the analysis planning process helps to meet the diverse needs of the person, maximizing benefits and minimizing harm. Respecting the needs and preferences of the person also helps to establish rapport.

Question		Ethical Code Items
E.	**Did you describe the analysis you are considering to the person?**	1.01 1.07 2.08 2.09 2.13 3.01
	1. Is it important to not fully disclose the purposes of the analysis to help the person? – If so, why?	
	2. How was the person's agency/autonomy considered and respected during the process of planning this analysis? Did the person understand the analysis?	
	3. If so, how do you know?	
	4. If not, how did you adjust?	
	5. Were efforts made to debrief with the person after the analysis?	

QUESTION RATIONALE:

Informed consent/assent from the person should always be continuously monitored during all phases of service delivery. Informed consent and assent help to meet the diverse needs of the person, maximizing benefits and minimizing harm. It is important to have a plan for appropriately assessing assent prior to engaging in behavior analytic practice with a person.

Question		Ethical Code Items
F.	**Did the person consent/assent or refuse/dissent?**	2.09 2.11 2.13 3.01
	1. How do we know?	
	2. Was the person de-briefed following the analysis? – If so, was the communication clear? – How do you know? – If not, why not?	

QUESTION RATIONALE:

Providing choice to the person during all phases of service delivery helps meet the diverse needs of the person, maximizing benefits and minimizing harm.

Question		Ethical Code Items
G.	**Did the analysis provide the person with choice?**	2.09 2.13 2.14
	1. If not, why not?	
	2. If so, were they pivotal points (i.e., would the choices have made significant impact to the EA plan one way or the other) vs. superficial points (i.e., wouldn't impact at all or only minimally)?	
	3. How do we know?	

QUESTION RATIONALE:

The rights and needs of the person are always the top priority in service delivery. Involving the person, caregivers, and relevant shareholders in the analysis planning process, identifying an appropriate setting and form of analysis for the person, and conducting assessment with fidelity and social validity all help to ensure that the rights and needs of the person are addressed as the primary focus.

Questions		Ethical Code Items
H.	**Is a caregiver and/or relevant shareholder available during the analysis?**	1.03 1.10 1.11 2.01 2.08 2.13 2.14 2.15 2.17 2.18 2.19 3.01 3.02 3.06 5.01 5.03
	1. If so, are they willing to participate? – If not, how does this impact your planning?	
	2. If so, are you able to train them to participate? – If not, why not?	
I.	**Given contextual constraints within the setting, which analysis was most appropriate? Why?**	
J.	**Is the analysis going to be conducted within the natural environment(s)?**	
	1. If yes, which setting(s) and why was it selected?	
	2. If not, why not?	

Questions		Ethical Code Items
K.	**Is the behavior readily and reliably evoked and abated during the analysis?**	
	1. Are the evocative contexts selected based on clinical/intervention needs? – If yes, how do you know? – If not, why not?	
L.	**How are reinforcers identified?**	
	1. Rating scale or interview completed by/with the person?	
	2. Rating scale or interview completed by/with caregivers or relevant shareholders?	
	3. Systematically (e.g., free operant assessments, paired stimulus preference assessment)?	
	4. Do you need more information? How will you collect it?	
M.	**Did you identify powerful combinations of reinforcers?**	
	1. If yes, were they demonstrated to increase the future probability of the targeted behavior?	
	2. If not, how will you identify other combinations of reinforcers?	
N.	**Were you able to identify and target precursor behaviors?**	
	1. If yes, were they identified via interview, observation, and/or analysis?	
	2. Are you planning to share this information with teachers, caregivers, and/or other relevant shareholders?	
	3. If yes, are you reinforcing these during the analysis? – If not, why not?	

QUESTION RATIONALE:

Effectively and respectfully collaborating with others is in the best interest of the person, caregivers, and relevant shareholders.

Question		Ethical Code Items
O.	**Have you shared data from the analysis with the team in an understandable and accessible format?**	2.03 2.04 2.05 2.08 2.10 2.17 3.10 3.11 3.13 3.14 3.16 5.01 5.02
	1. If yes, what format of data were considered accessible by the team?	
	2. If not, how will you adjust?	
P.	**Regarding the person's data, have you incorporated team member's concerns or suggestions into the decision-making process?**	
	1. If yes, how did you evaluate team member's suggestions?	
Q.	**If not, how did you explain your decision to them and adjust?**	

Section 4:
Intervention Planning and Implementation

This section is designed to aid practitioners in thinking through the many factors that must be considered while planning and implementing behavior analytic intervention. Particular attention should be paid to considerations around improving the person's independence through skill acquisition and using the simplest, least-restrictive interventions whenever possible. The questions in this section focus in depth on the content of the intervention and appropriateness with consideration of the person and their context. The first sets of questions focus on target behaviors and behavior selection rationale. The next sets of questions review ethical involvement of the person, necessary resources, data usage, and intervention discontinuation. These questions should be considered continuously during intervention planning and periodically throughout intervention implementation.

QUESTION RATIONALE:

When providing behavior analytic services, it is essential to thoroughly consider skills to be taught and how those skills will help the person with goal attainment, and how they will inform intervention appropriateness. Additionally, intervention planning must consider the least restrictive intervention appropriate for the person.

Question		Ethical Code Items
A.	**What skills are you teaching (e.g., safety, communication, engagement, or cooperation with academic, leisure, employment, social skills)?**	1.01 1.03 1.15 2.01 2.08 2.09 2.11 2.14 2.15 2.16 2.18 3.01 3.12
	1. How do these skills improve the person's independence and quality of life (academic, leisure, employment, social)?	
	2. Whose opinions were considered when creating intervention goals?	
	3. How are these opinions weighted? Why?	
	4. How are disagreements being resolved?	
	5. Is the person a part of that process (i.e., they made decisions)? – If so, how are you ensuring their agency is respected? – If not, why not?	
	6. Does this require an unusual amount of restricted access to preferred items and/or activities (compared to same aged peers) and/or is the intervention stigmatizing? – If yes, why is this required?	
	7. Is restricting access to preferred items and/or activities a critical part of motivation and skill acquisition? – Why? What else have you considered or tried? – Is this short-term or long-term? – Is there a plan to increase access over time? – Is restricted access an essential component of intervention? » Why? What else have you considered or tried? – Will restricting access to preferred activities during intervention lead to increased independent access to preferred activities after the intervention is complete? – Were less intrusive strategies implemented and deemed ineffective? » If so, what were they, and were all potential adjustments/ alternatives considered?	

Question	Ethical Code Items
8. Are intervention goals addressing skill deficits in the simplest way possible? – If not, are we addressing this in a complex way likely to lead to best outcomes for the person? – How will addressing these skills improve access to a less restrictive setting/more independence?	
9. Who is most likely to benefit from these goals and subsequent intervention? – In what ways? – If the answer is not "the person", why not? » What adjustments or alternatives can be considered to ensure the person is most likely to benefit?	
10. When adjustments need to be made to goals and/or intervention plans, which team members will be involved? – Does this include the person? » If so, how? » If not, why not? – Why were those people selected? » Do they have the contextual and/or professional expertise to contribute to appropriate decision making?	
11. Was person's and caregivers' culture considered in identifying skills to be taught or not taught?	

QUESTION RATIONALE:

Behavior analytic services should be designed such that the needs and preferences of the person inform the skills to be taught. It is also important to use understandable language while regularly communicating data analysis with the person, caregivers, and relevant shareholders.

Question		Ethical Code Items
B.	**Are you explaining what skills are going to be taught?**	1.01 2.01 2.08 2.09 2.17 2.18 3.11
	1. How?	
	2. Are analysis results being shared and explained in understandable language?	
	3. How do we know it was understood by the person, caregivers, and relevant shareholders?	
	4. How do we know it aligns with the core needs and interests of the person?	

QUESTION RATIONALE:

Not all stereotypy is harmful. Some stereotypic behavior is beneficial. When considering addressing stereotypy as a target behavior, it is critical to continuously reflect on the rationale for selecting the behavior and consider potential replacement behaviors. This will help to minimize risk of the behavior change intervention and ensure the needs of the person, caregivers, and relevant shareholders are met. Behavior analytic services should be designed in such a way that assent is continuously monitored.

Sometimes it may be more appropriate to teach others to be more accepting of the person and their behaviors, or to modify the environment to be more accommodating of the person.

Question		Ethical Code Items
C.	**Are you addressing stereotypic behavior?**	2.03 2.08 2.13 2.14 2.15 3.01 3.04
	1. If so, and it is not dangerous, harmful, or overly disruptive, why? – Is this a person-centered decision made with the person? » If yes and the person wants these behaviors intervened upon, are you certain this is not a result of influence from caregivers and relevant shareholders? » If you are certain there was not undue influence, how are you certain this is still socially valid? – Will addressing self-stimulatory behavior increase independence for the person?	
	2. If so, what are the contingencies that maintain these behaviors?	
	3. Is the topography or frequency of stereotypic behavior interfering with the person's daily life? – How is this evaluated?	
	4. If addressing stereotypic behavior, have functionally equivalent replacement behaviors been identified?	
	5. If stereotypic behavior is described as a self-calming strategy, will intervention focus on stress reduction strategies?	
	6. Has the team considered teaching the person how they can request for access to stereotypy when needed? Can the team provide items/activities that make this requested context the most motivating?	

QUESTION RATIONALE:

When teaching tolerance as a target skill, it is critical to ensure that the person still has means through which they can self-advocate in expressing needs. It is important to consider whether the person has the skills to discriminate between when tolerance is appropriate and when it is not. Behavior analytic services should be designed in such a way that assent is continuously monitored.

Sometimes it may be more appropriate to teach others to be more accepting of the person and their behaviors, or to modify the environment to be more accommodating of the person.

Question		Ethical Code Items
D.	**Is tolerance a focus of the intervention?**	2.03 2.08 2.13 2.14 2.15 3.01 3.04
	1. If so, why is it reasonable and needed?	
	2. Can the environment be changed instead of teaching the person to tolerate it? – If so, can this be done and still support short/long-term acquisition of relevant skills?	
	3. Would it be more ethical to teach others to be more accepting of the behavior of the person? – If so, is this a sustainable solution for the person? – If not, how will you adjust while honoring agency/autonomy?	
	4. Will teaching tolerance require the person to tolerate circumstances that are unreasonable or inhospitable to the person? – Why is this acceptable in this context?	
	5. Will teaching tolerance increase independence for the person?	
	6. Is the person's agency respected during this process?	
	7. Is the person taught an appropriate way to express needs and request accommodations?	
	8. Is the person taught an appropriate way to say "no" or otherwise self-advocate to have their needs appropriately met? – Is this method of refusal/self-advocacy respected and honored by interventionists?	

Question		Ethical Code Items
	9. How will you teach the person to identify and express their limits/ boundaries?	
	10. Is this more accurately described another way? (e.g., safety, engagement, cooperation, independent skills, vocational skills)	

QUESTION RATIONALE:

When considering compliance as a target for intervention, it is important to consider the extent to which compliance should be taught, and whether the person has the skills to discriminate between when compliance is warranted and when it is not. Behavior analytic services should be designed in such a way that assent is continuously monitored.

Question		Ethical Code Items
E.	**Is compliance a focus of the intervention?**	2.03 2.08 2.13 2.14 2.15 3.01 3.04
	1. If so, why is it reasonable and needed? – Is this more accurately described another way (e.g., safety, engagement, cooperation, independent skills, vocational skills)? » *Important note: It most likely is best described another way, and if so, shifting goals from direct compliance is warranted and likely most ethical. This is not a semantic change, this is a practical change, as it will most likely set the occasion for more robust skill acquisition, as well as protect safety, agency, and autonomy.*	
	2. Is the person taught an appropriate way to say "no" or otherwise self-advocate? – Is this method of refusal/self-advocacy respected and honored by interventionists? How are you sure?	
	3. Does teaching compliance with specific adult directions lead to increase access and independence for the person? How are you sure?	
	4. Is the person's agency respected during this process? How are you sure?	

QUESTION RATIONALE:

Involving the person as an active and engaged member of the service relationship helps promote self-advocacy and more effective intervention. Considering how the person may respond to intervention components informs intervention planning and modifications.

Question		Ethical Code Items
F.	**Would the person be likely to choose to attend and engage in intervention sessions?**	2.09 2.14 3.01
	1. If yes, how do you know?	
	2. If not, why not? – How will you adjust?	

QUESTION RATIONALE:

Behavior analytic practitioners have a responsibility that includes considering how practical and resource-intensive an intervention may be. If an intervention cannot be implemented with high fidelity due to resource or capacity constraints, intervention planning/implementation must adjust.

Question		Ethical Code Items
G.	**Is there adequate time and resources to meet the goals via intervention?**	1.01 1.03 2.01 2.02 2.08 2.09 2.10 2.14 2.15 2.18 2.19 3.01 3.12
	1. If so, how do you know?	
	2. If not, and additional resources were not available, did you change the goal or the intervention?	

QUESTION RATIONALE:

Including the student/child in goal development and monitoring can support the student/child in developing choice making and self-advocacy skills. Additionally, by incorporating the student/child's aspirations, the student/child is more likely to be motivated and invested in the intervention and self-progress.

Questions		Ethical Code Items
H.	**How is the person involved in the process of decision making, goal development, and goal monitoring?**	2.01 2.09 2.14 2.15 2.16 2.17 2.18 3.01 3.12
I.	**Is this intervention promoting choice making and self-advocacy skills?**	

QUESTION RATIONALE:

Behavior analytic practitioners must continuously collect, review, and use data to inform intervention decisions. Using data to inform decision making facilitates increased intervention effectiveness, meeting the needs of the person, caregivers, and relevant shareholders.

Questions		Ethical Code Items
J.	**How are available data used to inform the goals selected by the team?**	2.01 2.02 2.09 2.10 2.13 2.17 2.18 2.19 3.01 3.12
	1. How often are data reviewed by the team?	
K.	**Were appropriate mastery criteria established? Were criteria established for when changes/additional support would be needed?**	
L.	**Was social validity data from all shareholders included?**	
M.	**Were all team members involved in reviewing data?**	

QUESTION RATIONALE:

Developing plans and criteria for discontinuation of services a priori helps to keep the person, caregivers, and relevant shareholders in the loop regarding when services are no longer appropriate. This helps to prevent unexpected discontinuation of services and promotes appropriate allocation of resources for utmost client benefit.

Question		Ethical Code Items
N.	**When would intervention be stopped? And who can make that decision?**	1.01 1.03 2.01 2.02 2.08 2.09 2.11 2.14 2.17 2.18 3.01 3.11 3.12 3.15
	1. How would you identify a counter-therapeutic trend?	
	2. How will you know if the person does not assent to participate?	
	3. How will caregivers and/or relevant shareholders be able to express discomfort with the intervention?	

Section 5:
Maintenance and Generalization

The focus of this section is ensuring intervention is generalized to a sustainable setting and intervention effects will maintain over time. The questions in this section focus on continued monitoring of goal attainment and identifying when generalization successfully occurs. Maintenance and generalization procedures are important to reflect upon throughout the intervention planning and implementation phases.

QUESTION RATIONALE:

Behavior analytic practitioners are responsible for ensuring intervention is generalized and sustainable in settings outside of the intervention context, and a support plan is in place with shareholders to ensure maintenance of intervention effects.

Questions		Ethical Code Items
A.	**How is progress on goals communicated to the person, caregivers, and relevant shareholders when services are completed?**	1.01 1.02 1.03 1.05 2.01 2.02 2.08 2.09 2.10 2.13 2.14 2.15 2.17 2.18 2.19 3.01 3.12 3.14
	1. What is the format for communication?	
	2. What will be communicated?	
	3. How will you conduct a review of records and explain assessment results to all shareholders?	
B.	**How is the team ensuring that the person can demonstrate the targeted behaviors across generalized contexts (e.g., people, materials, tasks)?**	
	1. Through programming and documentation?	
	2. Consideration of goals during intake to ensure match to generalized context?	
	3. If generalization is not being targeted, why not? – Why is this not negatively impacting outcomes?	
C.	**Are the manipulations of antecedents and consequences being faded to increase independence in the environment?**	
	1. How is the team continuing to monitor the restrictiveness of procedures to ensure maximized independence?	
	2. Why are you confident the timing positively impacts long-term goals of the intervention?	

Questions		Ethical Code Items
D.	**In what ways is the intervention team looking to make the naturally occurring environment more likely to meet the expressed needs of the person autonomously?**	
	1. Have you established short-term and long-term goals?	
	2. Have you identified reinforcers present in the environment?	
	3. Are you maximising naturally occurring reinforcement? How do you know?	
	4. Is the intervention tailored to meet the person's needs?	
	5. Are you implementing least restrictive procedures?	
	6. Are you implementing validated intervention procedures?	

Section 6:
Long-Term Outcomes/Closure

The focus of this section is on closing a case, either by request of one of the shareholders involved, or when services are no longer required. The first questions reflect upon long-term outcome considerations, especially if supports are faded. The latter questions focus on scenarios that may warrant discontinuation of services. It is important to consider long-term outcomes throughout the planning and implementation phases of intervention, generalization, and maintenance. It is important to reflect upon case closure circumstances throughout the entire service relationship to ensure ethical discontinuation of services.

QUESTION RATIONALE:

Behavior analytic practitioners design and implement services intentionally and systematically to ensure social validity of practice. Services are provided with considerations of the person's long-term outcomes and circumstances under which services should be faded or discontinued.

Questions		Ethical Code Items
A.	**If continued, in what ways will this intervention lead to greater independence and autonomy for the person?**	1.07 1.15 2.01 2.02 2.03 2.04 2.05 2.08 2.09 2.10 2.12 2.15 2.17 2.18 2.19 3.01 3.03 3.06 3.07 3.08 3.09 3.12 3.13 3.14 3.15 3.16 4.02 4.04 4.07 4.08 4.11 4.12 5.01
	1. How will the intervention be modified for sustainable utility to the person and the agents of intervention?	
B.	**Under what circumstances will the BCBA suggest that a case be closed?**	
	1. Will services be completed?	
	2. Will you transfer services to another provider (e.g., SLP, rec therapist, job coach, academic specialist)?	
C.	**What would have to be expressed by whom for a case to close?**	
	1. How can a person express their desire to discontinue services? – Will these requests be honored? – If so or not, under what circumstances?	
	2. Who on the intervention team has the authority to close or halt a case? Why?	
	3. How do we ensure that all on the team (including the person) are reminded of their rights and given the opportunity to withdraw participation?	