



# Analyzing Ethics Questions from Behavior Analysts

*A Student Workbook,  
2nd Edition*

by Jon S. Bailey  
Mary R. Burch



“This is such an incredibly helpful resource! Bailey and Burch’s *Analyzing Ethics Questions from Behavior Analysts* new and expanded edition is the go-to resource for understanding the practical day-to-day applications of the Ethics Code for Behavior Analysts. Packed with new material, consisting of ethics questions from practicing behavior analysts at various levels of certification, the questions and issues reflect the full scope of behavior analytic practice across multiple domains. The answers have been provided by highly qualified ethicists, and the workbook format lends itself to careful thinking about the issues raised. If you are a RBT, BCaBA, BCBA, a supervisor, agency director or owner of an agency that provides behavior analytic services, this is an essential guide to avoid unethical practices, and to resolve existing ones. It is most highly recommended!”

**Bruce A. Thyer, PhD, BCBA-D**, *Distinguished Research Professor of Social Work, Florida State University.*

“This book is an excellent safeguard for practitioners in the field of Applied Behavior Analysis. It showcases how to resolve barriers and address conflicts with clarity and empowerment by using real-life scenarios and ethically-based answers. This resource will act as a beacon for all clinicians, ABA business leaders and university institutions when providing therapy to individuals with various disabilities from diverse cultures and communities.”

**Tina Guidry, MEd, BCBA**, *founder of Clinician with a Mission.*

“Drs. Bailey and Burch have done it again! Real life, real questions, and real solutions from ABA ethicists; real practitioners without judgement. This book combines the science of ABA and our ethical guidelines to address situations that are socially significant to our practitioners. Our field is so fortunate to have the expertise, both researched and ‘lived’, of Drs. Bailey and Burch.”

**Melinda Docter, EdD, BCBA**, *Chief Executive Officer at myHHBS behavior agency.*



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# ANALYZING ETHICS QUESTIONS FROM BEHAVIOR ANALYSTS

Supplementing the best-selling textbook, *Ethics for Behavior Analysts*, this workbook analyzes over 100 original and up-to-date ethics questions posed by behavior analysts, to the highly regarded ABA Ethics Hotline.

This new edition provides solutions to each question using the 2020 Behavior Analyst Certification Board® Ethics Code. Covering all six sections of the new code, it is designed to allow the reader to see the original question, our response, and then compare their answers with the Hotline expert's answers at the back of the book. Bailey and Burch provide the necessary guided practice for both students and clinicians to improve ethical problem solving and competency in behavior analysis.

This book is an invaluable resource for all budding behavior analysts and their teachers.

**Jon S. Bailey**, PhD, retired Emeritus Professor of Psychology at Florida State University, has taught ethics for the past 25 years. He is a founding director of the Behavior Analyst Certification Board®, past president of the Florida Association for Behavior Analysis, and a fellow of the Association for Behavior Analysis International.

**Mary R. Burch**, PhD, is a Board-Certified Behavior Analyst®. Dr Burch has more than 25 years of experience in developmental disabilities. She has been a behavior specialist, QMRP, unit director, and consulting behavior analyst in developmental disabilities, mental health, and preschool settings.



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# Analyzing Ethics Questions from Behavior Analysts

A Student Workbook

2nd Edition

Jon S. Bailey and Mary R. Burch

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This book is dedicated to Lee Meyerson, PhD, my research and clinical-behavior analysis mentor at Arizona State University, who first introduced me to applied ethics in the 1960s. You taught me about clients' right to privacy and confidentiality and you always emphasized treating clients as individuals who deserve to be treated with dignity and respect.

–Jon S. Bailey, PhD, BCBA-D





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## Preface

A lot has happened since the first edition of *Analyzing Ethics Questions* published in 2019. The field of Applied Behavior Analysis has exploded with nearly 34,000 new BCBA's joining our ranks to date, this is estimated to mean that approximately 50% of all BCBA's have less than five years' experience. At the same time the number of new RBT's has increased by nearly 117,000! Our new professionals are largely employed by huge private-equity corporations that are run by MBA business managers, not BCBA behavior analysts, whose primary objective is increased profits with little attention paid to quality treatment. Behavior analysts (we use this term to include RBT's, BCaBA's, BCBA's, and BCBA-Ds) who work for these firms are under tremendous pressure to take on more and more clients and to schedule them for a burdensome amount of time per week often reaching 40 hours for very young children. At the same time, we are also pressured to admit clients with comorbidity and for which there is little to no evidence-base for an effective treatment. Business practices are often out of control in their efforts to find unique, and questionable or fraudulent, ways of billing to increase the bottom line, thus billing for nap time, "bundling" hours, and creatively manipulating the "8-minute rule" are all being reported to the ABA Ethics Hotline on an almost daily basis.

The original Ethics Hotline, hosted by the Association for Behavior Analysis International starting in 2010, was terminated at their request in August of 2018. By the next month, September 28, 2018, to be exact, the current ABA Ethics Hotline was inaugurated as an independent site beholden to no organization and "***Dedicated to Independent Ethics Consultation and Guidance.***" This site has become our window on the world of ABA that few people are aware of, we have become the go-to for questions and complaints about companies, CEOs, clinical directors, BCBA's, and RBT's. What started as a one-man operation has expanded to a dozen professionals who support the site with their valuable time answering questions from sometimes desperate professionals, administrators, consumers, and academics. This second edition of *Analyzing Ethics Questions* is made up entirely of questions submitted to the site and answered by one of these ethics experts, aka ethicists. The format for this edition is similar to the first except that we have created ten categories of frequently asked questions and sampled from the flow that comes in each day, with their permission, what we consider interesting as well as representative issues confronting behavior analysts. The first ten chapters contain eight or more questions per chapter and the second ten chapters display the answers. There are two styles of

answers, your first author prefers to “analyze” long questions by breaking them into shorter paragraphs and imbedding the answers. Some of our ethicists have adopted this model and others prefer to provide a more inclusive long-form response. You will note that some questions are short, consisting of one brief paragraph while others might be one or two pages long. To help you find what you might be looking for each question has a short title, and we have a comprehensive Index at the back to also assist those looking for a particular topic.

We have a complete Disclaimer which everyone should read before embarking on this ethics journey. Primarily, it must be stressed that the question that is bothering you probably doesn’t exactly match any one question that you find in this book so you cannot always take the answer as your answer. **The intent of this book is to be educational for the reader**, to give you some idea how a person who has a great deal of experience in ABA and is deeply committed to ethics thinks about a particular situation. **Please do not take our responses literally** or try to apply them your situation. If you can learn something from a certain response and adapt it to solve a problem we will have met our objective. If you still need help write to [ABAEthicsHotline.com](http://ABAEthicsHotline.com) for assistance. We are open 24/7 and there is no charge.

### To the Instructor

Assuming you are teaching a graduate ethics class one approach is to assign one category of questions per week, questions could be assigned to the whole class or to individual students to present in class. The first author has “tested” many of the questions in this book in the Fall of 2024, most of them generate a good deal of discussion, sometimes heated so be prepared for a diversity of answers and to push the idea that there can be more than one good response or way to solve a problem.

Some of the ethics questions submitted by Hotline users have been edited and condensed for clarity.

# Acknowledgments

It is important to note that the operation of the ABA Ethics Hotline would not be possible without the generosity of the member of the Hotline Ethics Board who donate hours and hours each week answering questions that come in from all across the United States and around the world. The list includes the first author, Dr Tom Zane, BCBA-D; Dr Mary Jane Weiss, BCBA-D; Dr Yulema Cruz, BCBA-D; Michele Silcox-Beal, CPMA, CMRS; Dr Noor Syed, BCBA-D, LBA; Hugh Eighmie II, Attorney; Dr Rosemary Condillac, BCBA-D; Dr. Chris McGinnis, BCBA-D; Terri Wright, MEd; Loren Eighmie, MS, BCBA, LBA; Dr Christen Russell, PhD, BCBA-D; Zack Stevens, MS, BCBA, LBA; and Dr Corrina “Corri” Carotti Snigg, BCBA-D, LBA. In addition, Dr Tyra Sellers, former Chair of the BACB Ethics Committee, has been an invaluable supporter of the ABA Ethics Hotline for several years. Each of these ethicists bring their own experience in clinical, in-home, community, educational, business and organizational settings to bear on a wide range of ethical questions that are very personal in nature and can be painful to read since in many cases they represent the views of users and consumers who are unhappy with the behavioral services that they have received or the treatment they have endured at the hands of profit-minded owners and corporate executives.



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# Disclaimer

This book does not represent an official statement or position by the Behavior Analyst Certification Board®, the Association for Behavior Analysis International, or any other behavior analysis organization. This workbook cannot be relied on as the only interpretation of the meaning of the Ethics Code for Behavior Analysts for Behavior Analysts or the application of the Code to particular situations. Each BCaBA, BCBA®, BCBA-D®, supervisor, or relevant agency must interpret and apply the Code as it believes proper, given all of the circumstances. The questions used in this text are based on those that have been submitted to the ABA Ethics Hotline, as well as from individuals who have contacted the first author directly, over the past year. In 2024, over 2,000 questions were received and answered, and in 2025, it is expected that there will be an increase in ABA Ethics Hotline questions. Some of the questions in this book are near verbatim of the actual questions, but in all cases, we have left out or disguised details to protect the privacy of the parties and organizations involved. We do not hold these to be the only correct answers. We encourage instructors who use the text to create alternate solutions based on their own experiences. Finally, we hope that the responses offered here will stimulate discussion, debate, and thoughtful consideration about ways of handling what are by definition very complex and delicate matters involving client treatment as well as supervision issues.

Please note that the responses to questions contained herein are for educational purposes only and do not reflect the opinions of, ABAI, APBA, FABA, the BACB or any other organization with which we are affiliated. The suggestions provided here and our recommendations can be considered only in an educational context and are limited by the material which we receive,. For further information please refer to the Terms of Service on the Hotline site.

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**Part 1**  
**Ethics Questions from the**  
**ABA Ethics Hotline**



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# From and About BCBAs

## Questions 1-9

This chapter presents a variety of questions from BCBAs. Topics range from the BCBA having to make recommendations about the unethical behavior of a behavior technician, how to handle dual relationships, issues pertaining to informed consent, being asked to work outside of the boundaries of one's competence, and client case-load numbers. BCBAs may be confronted with all of these issues.

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**From and About BCBA's**

*Ethics Question # 1*

**Weed Vape**

Job Title: BCBA

I am currently a BCBA at a company that terminated a behavior technician who was using a weed vape while in the room with a client. A front desk staff member who was cleaning a window walked by and saw what appeared to be a vape in the technician's hand. The technician hid the item. Based on the appearance of her eyes and her overall behavior, the technician appeared to be high. This was witnessed by three people. Furthermore, these three people were able to smell weed in the room. In addition, the client was coughing, and the room appeared somewhat smoky. The technician was immediately terminated. After three days, she was switched from termination to suspension as the company did not have enough evidence. Because we do not have cameras in the room and no other way to provide "evidence," we were concerned about the possibility of her suing for unlawful termination. This was reported to recipient rights. I do feel as though there are ethical concerns in allowing the technician to return to work, but I wasn't sure which code items would apply. Any guidance would be greatly appreciated.

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**From and About BCBA's**

*Ethics Question # 2*

**Owner Is Not a Behavior Analyst**

Job Title: BCBA

I am currently working as a BCBA for a very small ABA company.

For multiple reasons, I feel I need to give my notice. The owner is not a clinician and is a parent of a child seen in the clinic. This contributes to a dual relationship that cannot be remedied. I anticipate the parent reacting very poorly to my resignation, and because she is not a clinician, she is not aware of our ethical code. I would like to give a 30-day notice but anticipate that she will cease my employment immediately.

What can I do to protect myself and the clients to maintain ethical standards, and how can I provide transition services?

I am currently the only BCBA working for the company and I am incredibly uncomfortable with the situation. The owner did anticipate hiring another BCBA to provide home services for her child, as I declined doing so due to the dual relationship issue that is growing.

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**From and About BCBA's**

*Ethics Question # 3*

**Sexual Behavior**

Job Title: BCBA

I am a BCBA in a school district. I was in an IEP meeting where parents brought an in-home BCBA to the meeting. The meeting was to discuss the student's behaviors and it went well. My question is regarding the student displaying sexual behaviors such as pelvic thrusting on surfaces and touching himself. We discussed redirection as an intervention and how that is successful now. His in-home BCBA mentioned in the future that she can make a program of how to masturbate to completion. I am confused on if this would ethically be something we could teach. It seems to be a very sensitive topic and could result in accusations of sexual abuse.

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**From and About BCBA's**

*Ethics Question # 4*

**Informed Consent**

Job Title: BCBA

My director wants me to take our therapy guidelines to a client's caregiver to receive their signature. This family is monolingual Spanish. I am fluent in Spanish, however, all of the paperwork that requires their informed consent and the signature is only available in English.

I explained to my supervisor/director that it was weighing on me to have parents sign a document they cannot review themselves. My director said I can go over the content of the documents and that should be enough.

I offered to translate all of the therapy guideline documents into Spanish, but my supervisor/director said that wasn't necessary and that just by explaining/translating the content of the documents is enough for them to provide written and informed consent. Nevertheless, I still feel like this is still a violation of obtaining informed consent because the parent will just have to believe/go by what I am saying and give their written consent in a document that they cannot read due to language. Is this a concern?

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**From and About BCBAs**

*Ethics Question #5*

**Informed Consent Disclaimer**

Job Title: BCBA

I'm writing for a clarification on the BACB social media guideline 5.10. My understanding is that companies are not accountable to the BACB, only certified individuals are, so I wanted to clarify whether companies should be including a disclaimer on all posts regarding informed consent, or if this only applies to BCBAs posting on their professional accounts. As additional context, my organization has childcare, speech, ABA, OT, and classrooms all in the same location, so it's not exclusively an ABA center.

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**From and About BCBA's**

*Ethics Question #6*

**Nutrition Advice**

Job Title: BCBA

Is it appropriate for a BCBA and a client's caregiver to be mutual followers on Instagram, and for the BCBA to give dietary misinformation as it relates to ASD? The BCBA is not a nutritionist but is very into the current movement of "low toxin" diets and gluten free/dairy free diets for kids in general. The parent and BCBA follow each other on Instagram and the client has recently begun this diet at the BCBA's suggestion. I have never dealt with an issue like this, so I feel a bit stuck on how to proceed.

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## From and About BCBA's

### *Ethics Question #7*

#### Pressure to Accept Former Client

Job Title: BCBA LBA

Due to pressure from the clinical director who wanted me to build up the facility's caseload, about three years ago, I took on a client that was out of my scope of competence. I expressed multiple times *in writing* that I was not comfortable with the client as I had no experience in this area, and I did not feel that I was the best BCBA for the job. The client is about 15 years old and has severe aggression. I typically work with clients from the ages of two to five.

Against my wishes, I took this client and did my best to get her to place where goals were being met, and she was reaching critical outcomes based on the caregiver's goals.

While the client was under my care, she was showing signs of illness (based on changes in her behavior) and I expressed to the mother several times that we needed medical clearance before continuing the BIP. The mother was insistent that nothing was wrong. This went on for months. Eventually the client ended up in the hospital for over a month and she was in critical condition.

During the hospital stay, the mother became accusatory and said that I was the reason her daughter almost died. This was despite my effort to get the mother to bring the client to the doctor. This is all documented. The mother sent several inappropriate messages to me late at night blaming me for things that were happening. Because of my inexperience and further combined with communicative issues with the parents, I met with my supervisor again and told her that I was not comfortable having the client on my caseload. The supervisor ended up transferring the client to her own caseload.

Only a few short months have passed, and the director is insinuating that I will be taking the client back onto my caseload "as she does not have the time to give the client the needed attention." I have already expressed that I am not comfortable, and I don't want my own feelings about the caregivers to get in the way of the client's treatment. This is the short version of all of the events that took place over the last several years. I fear that the clinical supervisor is not going to give me a choice and will force me to take the client back.

What should I do?

Is it ethically appropriate for me to take this client on?

Can the clinical director force this on me?

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**From and About BCBA's**

*Ethics Question # 8*

**Too Many Clients**

Job Title: BCBA Supervisor

I am looking for support on a situation at a private-equity company where I work. Currently, we have six of our eight BCBA supervisors leaving the company around the same time, which leaves about 30 clients without a supervisor for two BCBA's. In addition, the two BCBA's have about one to two years' experience total. The company is actively hiring but we historically have a lot of trouble hiring BCBA's in our state. In addition, I am also leaving the company, and I supervise the BCBA's. Since we do not have any BCBA candidates lined up, I have recommended that we begin to work with families on referrals and do ethical discharges to service providers who can support their children. The company does not want to lose the clients because of the effect this will have on the bottom line. The two BCBA's will have caseloads with billing potential over 40 hours per week. I think this number, in general, is about 12–15 clients but this depends on how difficult they are and how "green" the RBTs are that are providing the direct services. I do not think this is appropriate for any BCBA, especially those with little experience who will not have a supervisor helping them.

Would you be able to provide any guidance or resources on what I could bring to my company? I don't want to seem like I am sabotaging the company, but I am worried about giving two BCBA's so many clients. Put another way, "I'm worried that these BCBA's *will accept* more cases than they can properly manage."

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**From and About BCBA's**

**Ethics Question #9**

**“Backfilling” Families**

Job Title: BCBA

Hello, I took a position at a large, national private-equity company that I am quickly regretting. The company will assign intakes/evaluations of patients without checking with the assigned BCBA to ensure they are within the BCBA's scope of practice. We are expected not to call the family, even though they would need to take their child out of school to attend our center and are expected to discuss this when they arrive for their evaluation. We cannot recommend hours, only schedules (part time 20 hours and full time 35 hours). We are required to continue to do evaluations even when our caseload is full and cannot accommodate another case; the evaluation is completed, and the family goes back on the wait list. They call this “backfilling.” Also, their internal system limits the number of hours you can request for supervision to only four hours, and they say you can request more hours if you need them throughout the authorization (which is very challenging with insurances and usually doesn't happen without a lot of justification!)

They want BCBA's to have ten cases, that is the expectation, so limiting to 4 hours, ensures you are billing 40 hours (which is also not what they said upon interviewing).

All, in all, I have concerns about all of the things I listed above and want to know how ethical these points are.

Thank you for any insight you can provide!

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# BCBAs as Business Owners

## Questions 10–20

This chapter presents BCBAs as Business Owners and addresses a variety of business topics related to BCBAs, RBTs, BTs, and families. Topics include considering the medical needs of clients, dual relationships, how companies can best work with parents, and appropriate training for RBTs as well as high RBT turnover. Questions are included on data requirements, billing, and the ethics related to companies that push for 40 billable hours per week per client.

**BCBAs as Business Owners**

***Ethics Question # 10***

**Considering Medical Needs**

Job Title: Clinical Director

We have a client in our clinic who receives 40 hours per week of ABA therapy. The client has frequently had multiple medication modifications and/or new medications administered from the caregiver. The medication additions or changes have averaged every 2 weeks since the onset of services 11 months ago. In referencing our code of conduct along with data collection, the BCBA has stated the client’s medication is a probable cause for lack of progress with problematic behaviors. Our company wants to continue servicing this client but is considering decreasing hours to 20 hours per week until medications are stable and the BCBA, caregiver, and doctor collaborate. Many of us are hesitant with this decision because we want to ensure we are making the right ethical decision. Does this situation ethically support the Code standards 2.12 and 2.18?

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