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**PUBLICATION:** Behavior Analysis in Practice, October, 2024

**RESEARCH:** Ethics Dialogue: Spelling to Communicate as a Treatment Recommendation

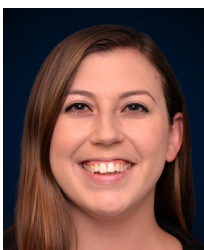
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Behavior Analysis in Practice  
https://doi.org/10.1007/s40617-024-01001-4

**SI: ADVANCING ETHICS AND BEHAVIOR ANALYSIS WITH DATA**

### Ethics Dialogue: Spelling to Communicate as a Treatment Recommendation

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Accepted: 28 August 2024  
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**Keywords** Ethics · Ethical decision-making

**A Note from Matthew T. Brodhead, Ph.D., Guest Editor:** The following case study and commentaries represent a fresh, yet stark, departure from papers traditionally published in Behavior Analysis in Practice. Unlike traditional peer review where a handling editor may solicit feedback from one or more reviewers, I assumed full responsibility for the review of this paper and did not solicit the views or opinions of anyone who was not asked to review the paper's authors. Given the exploratory nature of the format of this case study and accompanying commentaries, Behavior Analysis in Practice has yet to establish formal guidelines or parameters about whether or not this paper should be categorized as "peer reviewed scholarship" in the traditional sense. The applied value and benefit of this paper to the field of Applied Behavior Analysis are quite clear. Further, I firmly believe this paper certainly qualifies as academic scholarship and this note, alone, should not detract the reader from their willingness to appraise and evaluate this paper as such. That said, how this paper should be represented by readers or future authors (e.g., referring to it as "peer reviewed scholarship") or reported on an author's annual evaluations or vitae are less clear.

**Summary Points and Key Players**

- 1) Most relevant Code item: BACB Ethics Standard 2.01
- 2) Summary of dilemma: An adult individual with developmental disabilities was receiving therapeutic supports from multiple community-based providers. The multi-

**Decision-Making Process**

- 1) Describe and summarize the situation. During a team meeting (e.g., client, parent/guardian of the client, internal and external professionals) to review services for an adult individual, an external social worker suggested communication could be improved utilizing a treatment known as Spelling to Communicate (S2C; see <https://www.youtube.com/watch?v=hN7M1Jh4> for a brief tutorial of S2C). An internal employee (i.e., qualified intellectual disabilities professionals [QIDP]; a bachelor level professional defined by federal funding requirements for certain types of Medicaid programs) at the meeting was concerned by the recommendation because the treatment seemed related to Facilitated Communication (FC), a non-evidence-based practice involving an adult "facilitator" physically supporting a person (usually someone diagnosed with autism spectrum disorder [ASD]) to communicate by typing on a

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**Published online:** 10 October 2024

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eff in the form of increased communication and access to a broader community. Additionally, the individuals' dignity would improve as a result of increased self-determination through improved communication. The team shared the viewpoint connecting communication and dignity, but did not share the viewpoint the recommended treatment had the potential to achieve the outcome.

5) Describe at least two actionable steps that were considered given the above information. One option was to translate the recommended treatment into behavioral principles and implement with the client (Brodhead, 2015). The option was not the optimal choice given the previous literature for similar interventions and low likelihood of a positive outcome. The availability of other interventions that increase functional communication skills with a high probability for positive outcomes also reduced desirability of implementing S2C. Lastly, the resources necessary to translate, implement, and evaluate S2C exceeded what was available in the program model.

A second option was to discuss the recommendation with the external social worker and the family, clearly stating the contraindicated research and potential harm outcomes. Additionally, different treatment recommendations that present improved potential for positive outcomes would be discussed.

6) Synthesize the information from point 1–5 indicating a preferred course of action. Describe what factors were most important in choosing the course of action. After a review of information and available options, the team initiated a discussion with the recommending professional and the family. The internal team members were guided by the values described by Van Houten et al. (1988), right to a therapeutic environment, right to services whose overriding goal is personal welfare; treatment by competent professionals; right to information that teach functional skills; right to behavioral assessment and ongoing evaluation; and the right to the most effective treatments available.

7) Describe the experienced outcomes of the action. The clinical director conducted a phone call with the external social worker, which occurred after much persistence by the clinical director (i.e., via email exchange it was clear the external social worker was aware of concerns with S2C, that the organization and internal employees should be more open-minded, and that viewpoints would not be altered). The discussion between the clinical director and external social worker had several themes, including background of professional expectations for internal team members (e.g., BACB ethics code; SLP ethics code); alignment of internal team member expectations with the external social worker

expectations (e.g., social work ethics code); organizational background (e.g., program model, organizational approach to effective treatment); presentation of information located specific to the recommended treatment; dialogue regarding the information presented; and discussion regarding the future recommendation and dissemination of the recommended treatment. At the conclusion of the phone call, the outcome of the discussion was "agree to disagree" (i.e., in other words, the organization insisted it would not implement S2C and the external social worker disagreed with the information presented to not implement S2C). Some noted areas of disagreement between the clinical director and external social worker were: what constituted sufficient evidence to recommend a treatment (i.e., testimonial versus a singular research publication); the value of published research and experimental research processes compared to individual case studies without experimental control; and the connection between S2C, FC, and RPM. Following the meeting, the clinical director sent a letter summarizing the position of the organization and internal employees, available resources regarding the treatment, suggested readings, and a request for the external social worker to review the discipline specific ethics code (see Appendix for a deidentified copy of the letter).

Concurrently, the internal employees also had a conversation with the family about the position of the organization regarding the intervention referred by the external social worker, as well as the recommended interventions based on the expertise of internal employees and available research to support their effectiveness. The family understood and supported the position of the organization and was in agreement with not pursuing the recommendation for S2C.

8) Describe how this type of event might be prevented. If a similar event were experienced again, what would be different or the same? The organization utilized several strategies to prevent use of ineffective and potentially harmful treatments. As recommended by Bailey and Burch (2022), all clients and families sign declarations of services and expectations prior to beginning services. These declarations provide clear guidelines regarding the program model of the organization, the use of evidence-supported treatments, as well as the organization's stance on the use of any treatments that are not supported by scientific evidence. This information provided prior to the start of service provision provides the framework for any discussion around a recommended treatment that does not meet the criteria of being supported by science. All internal employees receive training regarding the organizational standards detailed in the declarations, as well as specific training in the types of evidence-supported treatments

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The Ethics Code for Behavior Analysts (Behavior Analyst Certification Board [BACB], 2020) states a behavior analyst maximizes benefit and does no harm (i.e., foundation principle "Benefit Others"). There was a concern little to no benefit for the individual given existing research suggests the procedures are a result of the facilitator, not the person (e.g., Lilienfeld et al., 2014).

The current stance of the American Speech Language Hearing Association (ASHA, n.d.) was also reviewed and taken into consideration. This provided an opportunity to further reduce the possibility of bias based on the recommendation not arising from a behavior analyst. Although steps were taken to reduce bias, an outside observer might argue the steps sought to confirm the bias as opposed to remove the bias.

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