

# ORGANIZATIONAL ETHICS SERIES



Special Learning, Inc.

## Organizational Ethics & OBM: Best Practices

Dr. Jon Bailey, PhD, BCBA-D and Karen Chung  
**June 26, 2019**

# Housekeeping

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1. Post your questions in the Questions Box. If we have time, one of our moderators will select a few to present to our panelists.
2. If you experience technical issues during the webinar, contact GotoWebinar directly by calling (877) 582-7011.
3. There will be a 5-minute break near the half way point.
4. A recorded version of this webinar will be available for purchase approximately 7 to 10 days after the live event.
5. This webinar is eligible for the following CEs:
  1. BACB: 2 Ethics or Type II
  2. APA: 2 General -- **for RECORDED WEBINAR**
  3. QABA: 2 General
6. Please complete the survey after the webinar to receive a Certificate of Completion and CEU Certification.
7. If you have any post webinar questions or comments, please send an email to [kchung@special-learning.com](mailto:kchung@special-learning.com).

# Outcomes

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1. Define key events that is shaping the field of behavior analysis.
2. List the impact of key events which contribute to the quality of ABA programs.
3. List how the BACB Ethics Code can be applied in organizational settings to improve quality of client outcomes.
4. Identify the impact of exit strategies and how it relates to delivery and quality of services provided to clients.

# Presenter



## Jon Bailey, PhD, BCBA-D

Jon Bailey, PhD, BCBA-D received his PhD from the University of Kansas and is currently Professor Emeritus of Psychology at Florida State University, where he was a member of the graduate faculty for 38-years and produced a record 63 PhDs.

He is currently Director of the FSU Panama City Masters Program in Applied Behavior Analysis. Dr. Bailey is a Board Certified Behavior Analyst. He is Secretary/Treasurer and Media Coordinator of the Florida Association for Behavior Analysis (FABA), which he founded in 1980.

Often considered the “father” of the topic of Ethics for the field of behavior analysis, Dr. Bailey has published over 100 peer-reviewed research articles, is a past editor of the *Journal of Applied Behavior Analysis*, and is co-author of *Research Methods in Applied Behavior Analysis*, *How Dogs Learn*, *Ethics for Behavior Analysts*, 3<sup>rd</sup> Edition, *How to Think Like a Behavior Analyst*, and *25 Essential Skills and Strategies for Professional Behavior Analysts*, all co-authored with Dr. Mary Burch.

In 2014, Dr. Bailey co-authored with Aubrey Daniels, the 5<sup>th</sup> Edition of *Performance Management: Changing Behavior That Drives Organizational Effectiveness*, a seminal book on performance management.

# Presenter



## Karen Chung

Karen is the Founder and CEO of Special Learning. She started the company in 2010 after learning about the effectiveness of Applied Behavior Analysis (ABA) juxtaposed against the reality that over 95% of the world did not have access to ABA. As an entrepreneur with over 20 years of corporate experience, she started Special Learning to leverage existing and emerging technology to make quality ABA resources and services available to parents, educators and professionals around the world.

Karen's entrepreneurial experience includes starting and growing a diversity retained executive search firm specializing in placing women and minority executives in leadership positions of Fortune 1,000 companies. Her investment banking background includes working with various venture capital and private equity companies to facilitate deal flow while representing CEOs of rapidly growing companies seeking to raise equity and debt capital for various middle market businesses and commercial real estate developers. Her corporate background includes various leadership and functional roles in Fortune 1,000 and middle market companies. Her additional entrepreneurial activities include owning and operating high end boutique

She graduated with a Masters of Management degree from Kellogg Graduate School of Management of Northwestern University. She is a Certified Public Accountant and a recipient of the Elijah Watts Sells Award from the American Institute of Certified Public Accounts (AICPA), an award granted to less than top 5% of all CPA exam candidates.

# Best Practices: Definitions

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## CORPORATE:

"Best practices" is a term that can be applied broadly and across a swath of industries. In the world of business, the phrase is used in connection with everything from project management to audit functions, to explain the most efficient method of completing a business task.

## ABA ORGANIZATIONS

An organization that is able to consistently achieve highest levels of client outcomes through efficient and effective utilization of the clinical team armed with ongoing support and resources – i.e. training, supervision, mentoring and coaching, combined with ethical HR practices – BCBAs and RBTs require to achieve their highest level of competency.

# Where Are We Now?

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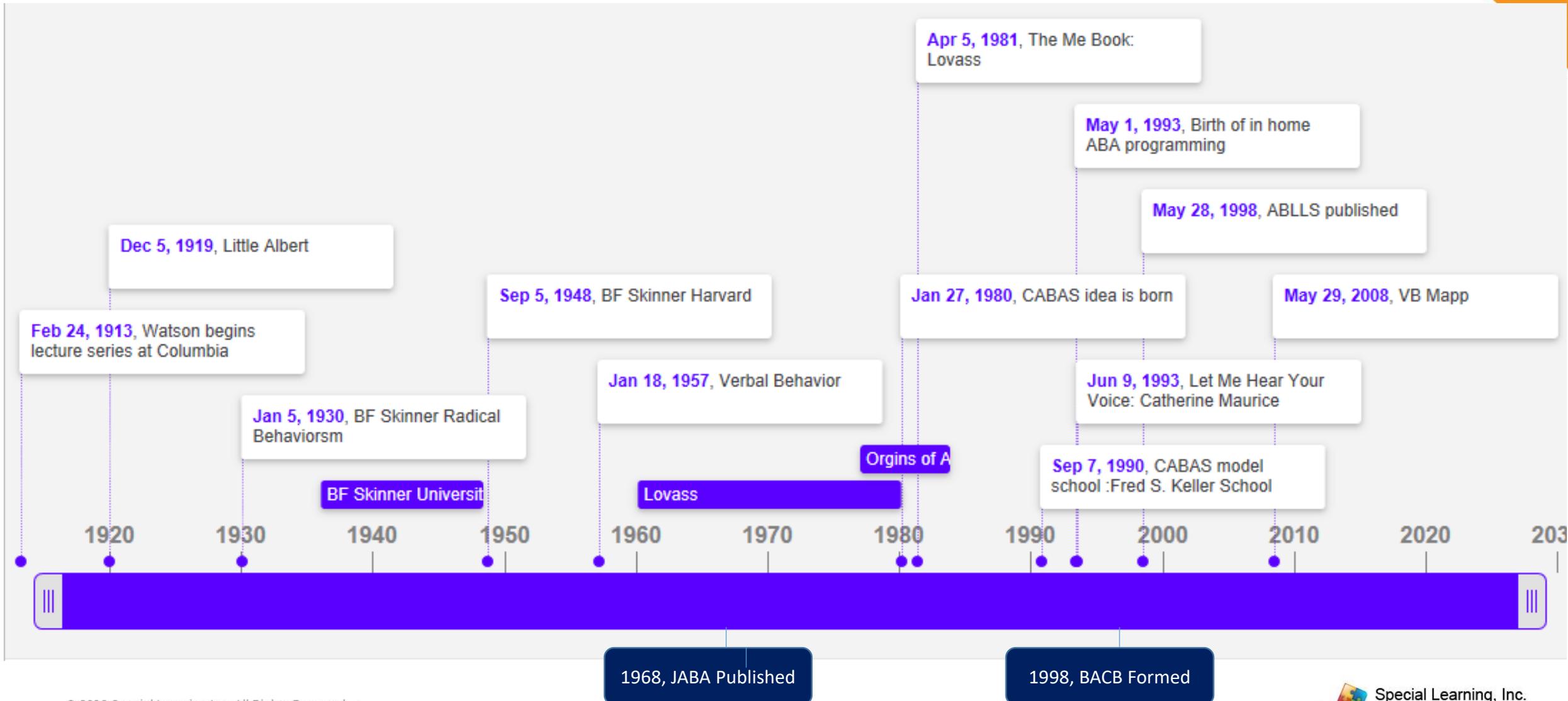
“I think some of the biggest flaws I see in the field right now include...

- RBTs reaching out on social media pages inquiring about how to respond to a BCBA asking them to modify their data to show "desired" trend;
- (RBTs) reaching out to identify parent training goals and treatment goals suggesting that their overseeing BCBA is asking them to write these treatment plans.
- Limited to no interaction with their BCBA
- Data collection that is a mere checklist to mark off "language."
- I also see a huge glaring need for more coordination of care efforts that when not conducted, impacts client treatment outcomes.

# Current Market Dynamics

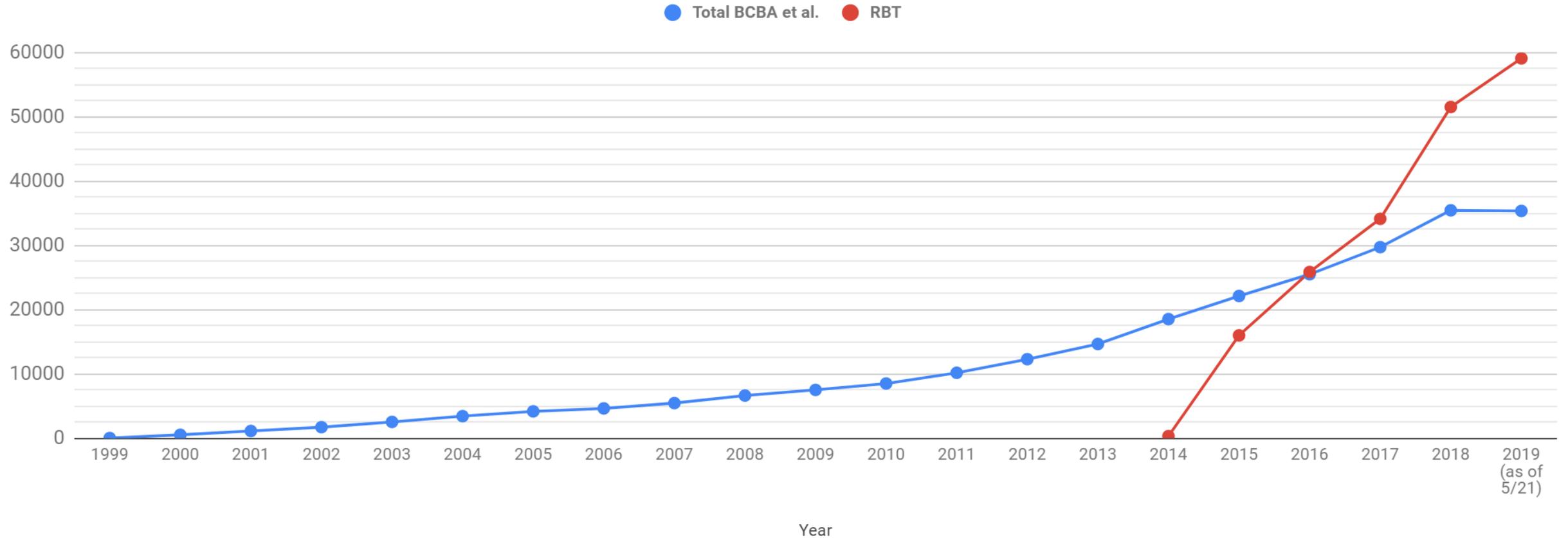
Market Dynamics	
Increase in number of BCBA's Relative youth and inexperience of BCBA's	Over 50% of BCBA's have less than 5 years of experience Almost 100% of BCBA's lack business experience
Exponential growth in RBT's	100% of RBT's have less than 5 years of experience in ABA
Increase in demand for ABA Services	3.5 Million people in the U.S. with Autism ( <a href="#">Buescher et al., 2014</a> )
Greater availability of funding	Insurance reform passed in 48 States. 200 million people in the U.S. now have healthcare service coverage for ABA.
Funding sources are "fumbling around"	Funding for ABA intervention is extremely costly Insurance companies are bottom line driven Priority #1: Comply with state mandates Priority #2: Minimize costs/exposure
Market fragmentation and distribution of clinicians	BCBA's and RBT's have less opportunities to connect with and to form connections within profession
Broken system of reporting ethics violations	Lack of anonymity causes fear of repercussions
Culture of Fear	Threats and intimidations are common

# The Field of Applied Behavior Analysis: Timeline

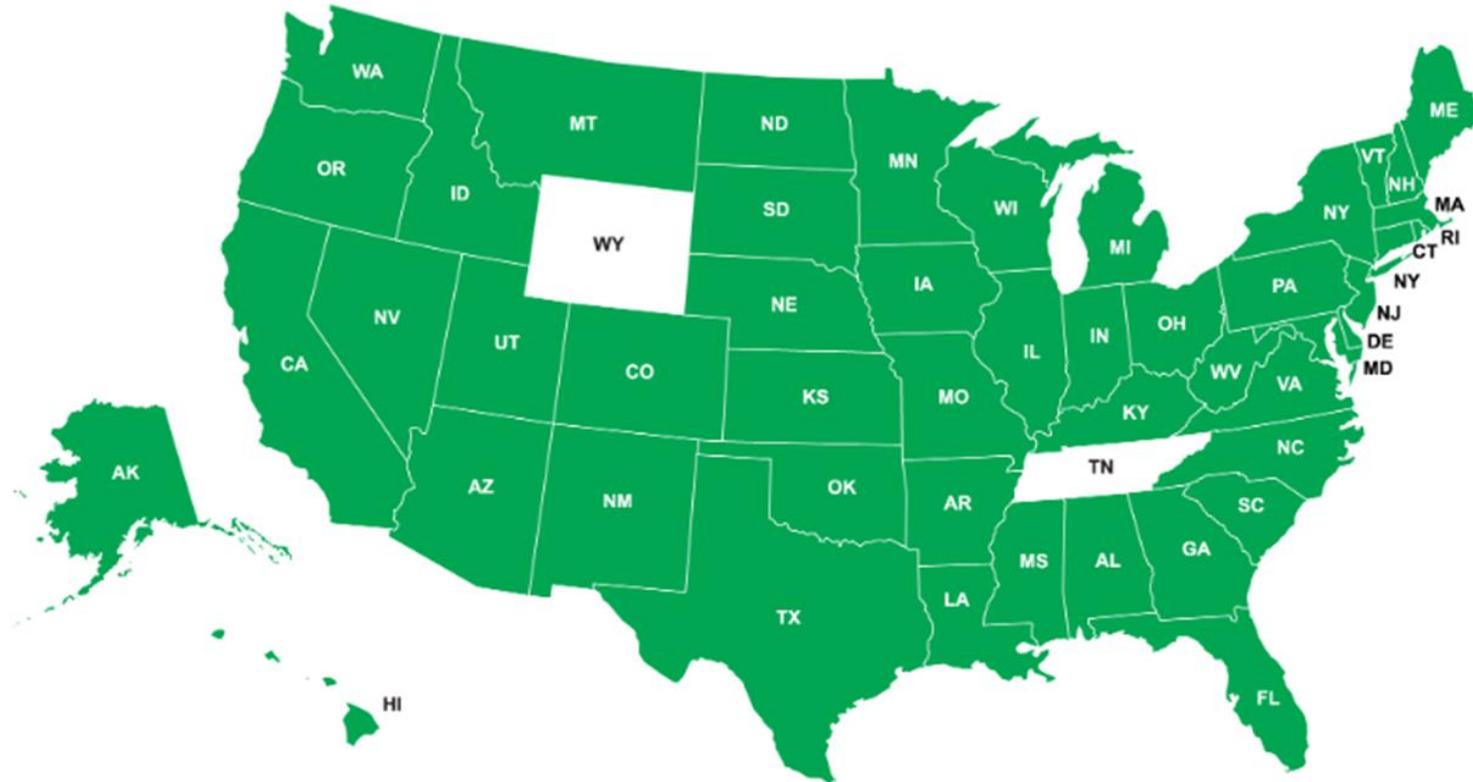


# BCBA® et al and RBT® Growth

Total Number of Behavior Analysts (BCBA-D, BCBA, BCaBA) vs RBT



# The Field of Applied Behavior Analysis: Insurance Mandates



2001 - Indiana	2009 - Connecticut	2010 - Missouri	2012 - Alaska	2015 - Georgia
2007 - South Carolina	2009 - Wisconsin	2010 - New Hampshire	2012 - Delaware	2015 - Hawaii
2007 - Texas	2009 - Montana	2010 - Massachusetts	2013 - Minnesota	2015 - North Carolina
2008 - Arizona	2009 - New Jersey	2011 - Arkansas	2013 - Oregon	2016 - Oklahoma
2008 - Florida	2009 - New Mexico	2011 - West Virginia	2014 - Maryland	2017 - Ohio
2008 - Louisiana	2010 - Maine	2011 - Virginia	2014 - Nebraska	2017 - Alabama
2008 - Pennsylvania	2010 - Kentucky	2011 - Rhode Island	2014 - Utah	2018 - Idaho
2008 - Illinois	2010 - Kansas	2011 - California	2014 - Washington	<b>2018 - North Dakota</b>
2009 - Colorado	2010 - Iowa	2011 - New York	2015 - South Dakota	
2009 - Nevada	2010 - Vermont	2012 - Michigan	2015 - Mississippi	

# The Field of Applied Behavior Analysis: Private Equity Deals

Greater Availability of Funding			Influx of External Investment	
	New States with Autism Insurance Mandates	Total States with Autism Insurance Mandates	# Private Equity Transactions	Total Private Equity Transactions
2001	1	1	N/A	N/A
2002	0	1	N/A	N/A
2003	0	1	N/A	N/A
2004	0	1	1	1
2005	0	1	1	2
2006	0	1	0	2
2007	2	3	0	2
2008	5	8	0	2
2009	7	15	2	4
2010	8	23	4	8
2011	6	29	2	10
2012	3	32	0	10
2013	2	34	3	13
2014	4	38	7	20
2015	5	43	7	27
2016	1	44	9	36
2017	2	46	13	49
2018	2	48	1 (Q/2018)	50

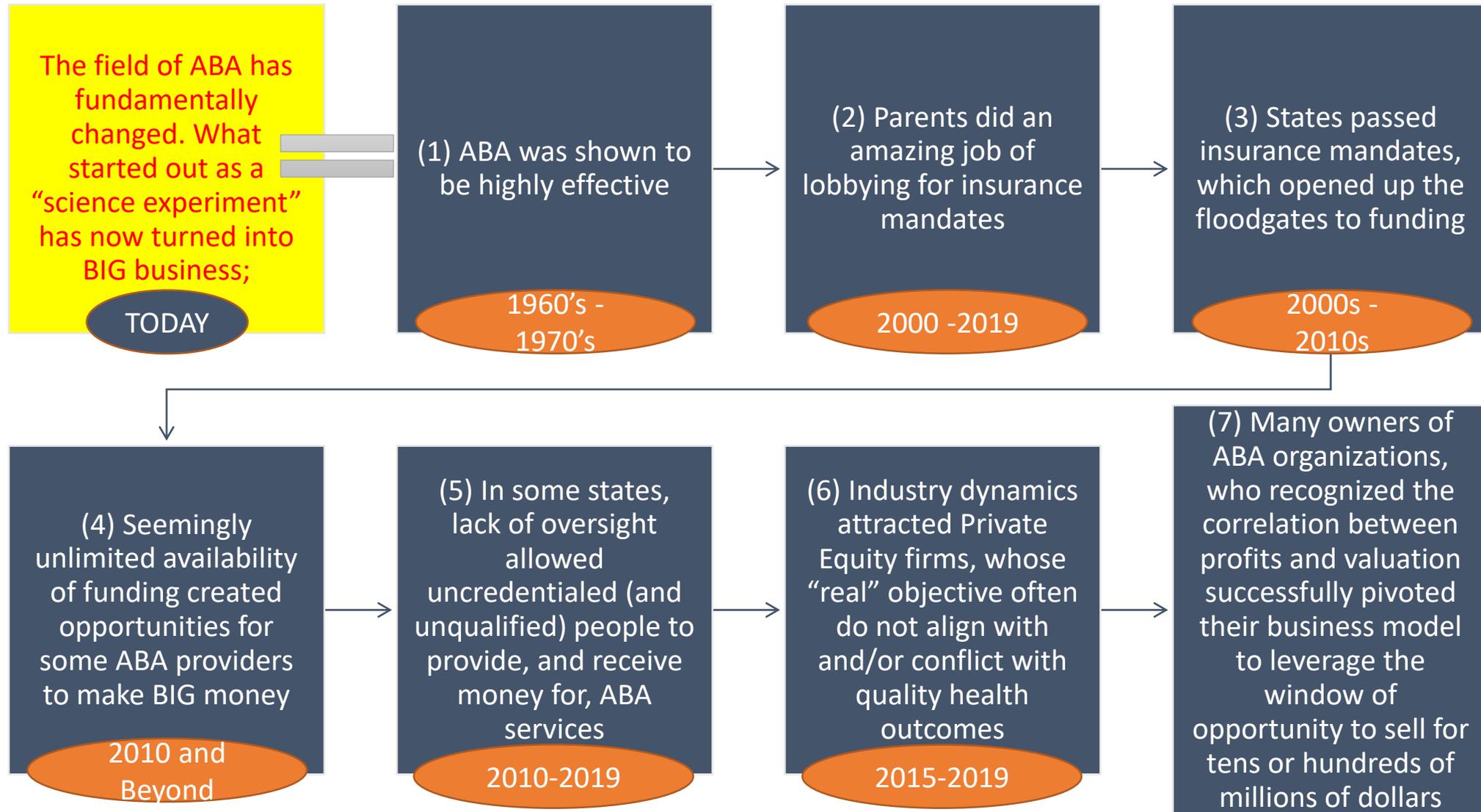
Source: Autism Speaks  
Source: Provident

# Private Equity Trends

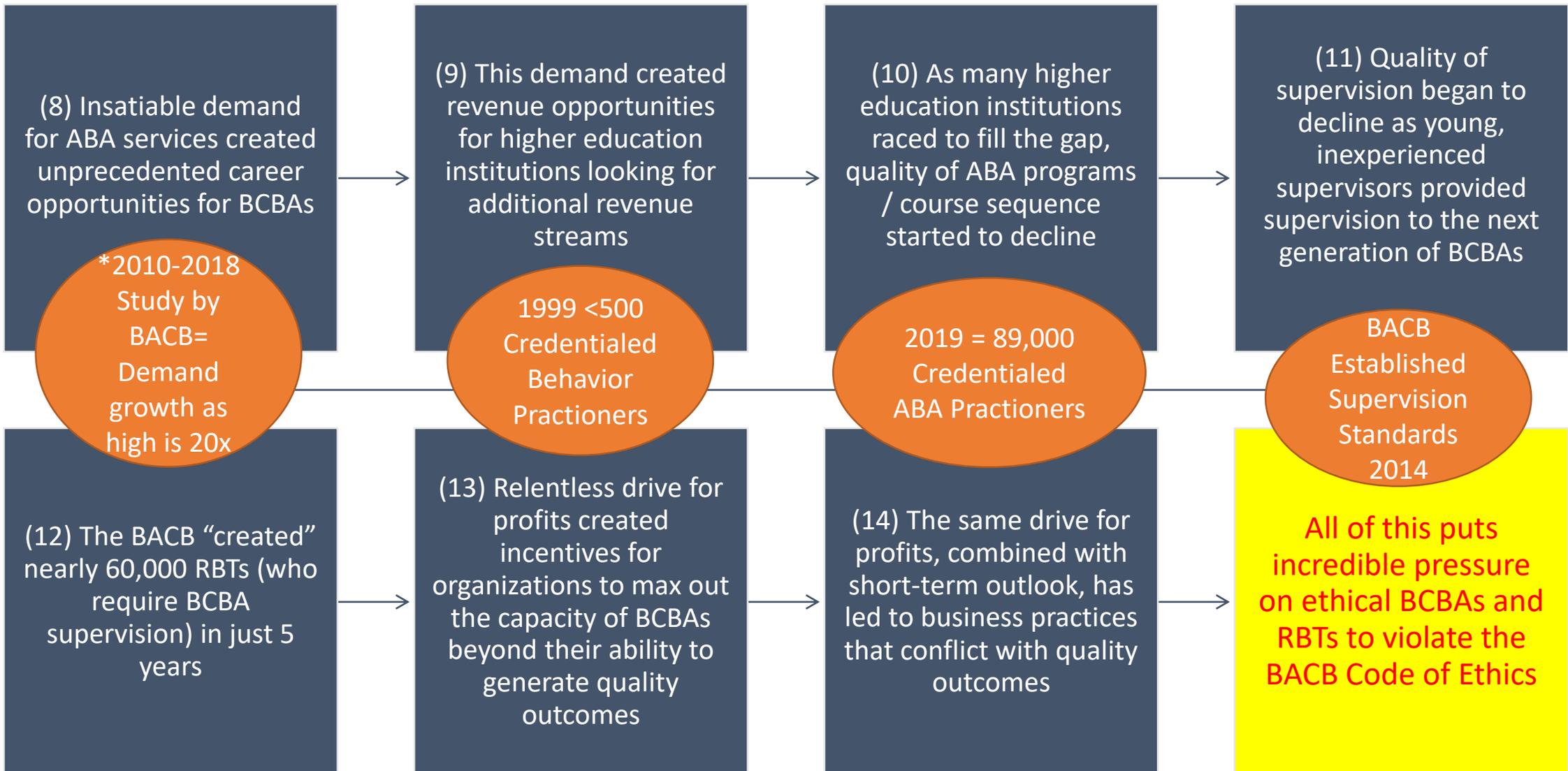
Mounting recognition of the benefits of early intervention and intensive therapy to improve educational outcomes and reduce costs has spurred improved and earlier diagnosis of autism and learning disabilities, as well as mandatory insurance coverage for autism treatment in 47 states. Consequently, 13.0% of public school students receive special education services and today one in 59 children are diagnosed with Autism Spectrum Disorder, double the prevalence rate in 2008. Private equity (PE) firms are keenly aware of these trends and are aggressively pursuing companies serving children with special needs. Detailed below is a sampling of PE backed firms active in the sector.

TOP PRIVATE EQUITY BACKED PLAYERS					
<b>CENTER FOR AUTISM AND RELATED DISORDERS</b>	<b>THE STEPPING STONES GROUP</b>	<b>INVO FAMILY OF COMPANIES</b>	<b>AUTISM LEARNING PARTNERS</b>	<b>LEARN IT SYSTEMS</b>	<b>SEQUEL YOUTH AND FAMILY SERVICES</b>
<b>Blackstone</b>	<b>Five Arrows Capital Partners</b>	<b>The Wicks Group / The Jordan Company / Post Capital Partners</b>	<b>FFL Partners</b>	<b>LLR Partners</b>	<b>Altamont Capital Partners</b>

# How Did We Get Here?



# How Did We Get Here? (Continued)



A thick, dark teal horizontal line spans across the top of the slide. On the right side, there is a graphic element consisting of overlapping semi-circles in shades of orange and yellow, partially cut off by the edge of the slide.

# 5-Minute Break

# Any Questions?

# Ethics Code = Best Practices

## MAINTAINING INTEGRITY (1.04) PROMOTING AN ETHICAL CULTURE (7.01)

### UPON INCEPTION

2.0 Behavior Analysts' Responsibility to Clients  
2.12 Contracts, Fees and Financial Arrangements

### SERVICE DELIVERY PROCESS

2.04 Third-Party Involvement in Services  
2.09 Treatment Efficacy  
3.0 Assessing Behavior  
4.0 Behavior Analysts and the Behavior Change Program  
5.0 Behavior Analysts as

### CONSENT / COMMUNICATION

2.05 Rights and Prerogatives of Clients  
2.06 Maintaining Confidentiality  
3.03 Behavior-Analytic Assessment Consent  
3.04 Explaining Assessment Results  
3.05 Consent-Client Records  
4.02 Involving Clients in Planning and Consent

### DOCUMENTATION

2.10 Documenting Professional Work  
2.11 Records and Data  
2.13 Accuracy in Billing Reports  
2.06 Maintaining Confidentiality  
2.07 Maintaining Records  
2.08 Disclosure

### PROFESSIONALISM

1.04 Integrity  
7.02 Ethical Violations of Others and Risk of Harm

# Measuring Best Practices in Client Outcomes

1. Mastery of goals vis-à-vis treatment plan
2. Total number of programs mastered
3. Reassessment scores
4. Decrease in maladaptive behavior
5. Increase in skill acquisition
6. Generalization to natural environment
7. Progress towards least restrictive environments
8. Parent training and engagement
9. Parent satisfaction
10. Academic reports

## Client Satisfaction Survey

The Counseling Center staff is interested in obtaining your comments about the services offered to you. Your feedback helps us to improve the quality and effectiveness of the counseling program. Please complete this questionnaire and return it to the box in the Counseling Center or mail it to back to us in the envelope provided (210 Health Center, 1019 Campus Drive, Ferris State University, Big Rapids, MI 49307).

At this time, my counseling  
 \_\_\_\_\_ is still in progress  
 \_\_\_\_\_ has been completed

4 = True to a great extent  
 3 = Mostly true  
 2 = Somewhat true  
 1 = Not at all true  
 0 = Does not apply

How long have you been involved  
 in counseling at FSU? \_\_\_\_\_

1.	I was treated considerably and respectfully by the Counseling Center staff.	4	3	2	1	0
2.	My counselor acted professionally.	4	3	2	1	0
3.	My counselor understood my problems and concerns	4	3	2	1	0
4.	My counselor and I worked well together.	4	3	2	1	0
5.	I felt safe to talk about my issues in counseling.	4	3	2	1	0
6.	My counselor helped me to find my own solutions.	4	3	2	1	0
7.	I could have done more to make counseling more useful for me.	4	3	2	1	0
8.	My counselor could have done more to make counseling more useful for me.	4	3	2	1	0
9.	I am satisfied with the accomplishments that I made in counseling.	4	3	2	1	0
10.	My concerns that brought me to the Counseling Center have improved as a result of the services provided.	4	3	2	1	0
11.	My academic performance has improved as a result of my participation in counseling.	4	3	2	1	0
12.	What I have learned from coming to the Counseling Center has led to positive changes in my life?	Yes	___	No	___	
13.	I have learned one or more strategies to solve or cope with problems.	Yes	___	No	___	
14.	I learned to think more clearly/accurately to reduce distressing emotions or behaviors.	Yes	___	No	___	
15.	I strengthened one or more self-management skills (example: managing time, stress).	Yes	___	No	___	
16.	I made an important decision.	Yes	___	No	___	
17.	I gained greater understanding or a clearer sense of identity.	Yes	___	No	___	
18.	I live a healthier lifestyle in at least one area. (example: I get more sleep, exercise more, eat better, use less alcohol or other drugs).	Yes	___	No	___	
19.	I improved my relationship with another person.	Yes	___	No	___	
20.	I increased my ability to recognize, name, and/or appropriately express my emotions.	Yes	___	No	___	
21.	I improved my academic performances.	Yes	___	No	___	
22.	I increased my self-confidence or self-esteem.	Yes	___	No	___	
23.	I am more likely to continue my education/graduate from FSU.	Yes	___	No	___	
24.	I increased my understanding and appreciation of human differences. (example: personalities, ethnicities, sexualities).	Yes	___	No	___	

<https://www.ferris.edu/HTMLS/studentlife/PersonalCounseling/docs/Client-Satisfaction-Survey1.pdf>

# Measuring Client Outcomes: Sample Client Satisfaction Survey

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1.	I was treated considerately and respectfully by the Counseling Center staff.	4	3	2	1	0
2.	My counselor acted professionally.	4	3	2	1	0
3.	My counselor understood my problems and concerns	4	3	2	1	0
4.	My counselor and I worked well together.	4	3	2	1	0
5.	I felt safe to talk about my issues in counseling.	4	3	2	1	0
6.	My counselor helped me to find my own solutions.	4	3	2	1	0
7.	I could have done more to make counseling more useful for me.	4	3	2	1	0
8.	My counselor could have done more to make counseling more useful for me.	4	3	2	1	0
9.	I am satisfied with the accomplishments that I made in counseling.	4	3	2	1	0
10.	My concerns that brought me to the Counseling Center have improved as a result of the services provided.	4	3	2	1	0
11.	My academic performance has improved as a result of my participation in counseling.	4	3	2	1	0

# Measuring Client Outcomes: Sample Client Satisfaction Survey (Cont'd)

## Client Satisfaction Survey

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- |     |  |            |
|-----|--|------------|
| 12. | What I have learned from coming to the Counseling Center has led to positive changes in my life?   | Yes__ No__ |
| 13. | I have learned one or more strategies to solve or cope with problems.  | Yes__ No__ |
| 14. | I learned to think more clearly/accurately to reduce distressing emotions or behaviors.  | Yes__ No__ |
| 15. | I strengthened one or more self-management skills (example: managing time, stress).  | Yes__ No__ |
| 16. | I made an important decision.  | Yes__ No__ |
| 17. | I gained greater understanding or a clearer sense of identity.   | Yes__ No__ |
| 18. | I live a healthier lifestyle in at least one area.<br>(example: I get more sleep, exercise more, eat better, use less alcohol or other drugs). | Yes__ No__ |
| 19. | I improved my relationship with another person.  | Yes__ No__ |
| 20. | I increased my ability to recognize, name, and/or appropriately express my emotions.   | Yes__ No__ |
| 21. | I improved my academic performances.   | Yes__ No__ |
| 22. | I increased my self-confidence or self-esteem.   | Yes__ No__ |
| 23. | I am more likely to continue my education/graduate from FSU.   | Yes__ No__ |
| 24. | I increased my understanding and appreciation of human differences.<br>(example: personalities, ethnicities, sexualities).                     | Yes__ No__ |

# Sampling of Best Practices in Real Life (from BCBA's in Practice)

- “We try our best to put the pieces in place to reinforce a culture of honesty and integrity and not billable hours.”
- “Manageable case loads for BCBA's, a model where the Behavior Analyst has true oversight of the client's programs and maintains full responsibility for the treatment plan.”
- “Regularly scheduled parent training into their treatment model.”
- “Adequate support and training for their RBT's.”
- “Coordination of care to review and connect with other professionals providing care to the client.”
- “Documentation that outlines all behavior analytic treatment provided in appropriate settings.”
- “Every clinical recommendation that we provide a child is paired with a clinical recommendation for parent training to ensure active participation and skill transfer to the child's main caregivers.”

# Organizational Best Practices of an Independent Agency

- Appropriate scaling of organizational growth: Choosing to provide services to clients, only if we can do it with clinical integrity and have the appropriate amount of staff for, however we are continually focused on reducing the wait list in our County for services and have several fundraising events throughout the year so that we can have the capacity to support more individuals.
- Keeping caseloads low for our BCBA's, continuous support, supervision and feedback.
- All of our behavior technicians are required to become RBTs within the first 6 weeks of hire. We provide an intensive 3 week on-boarding process, which includes the training and competency completion to sit for the exam, plus continued support past initial training period. Ensure RBTs practice within the scope of their competence.
- Having a BCBA as a Performance manager (Me)- continually looking at our performance management and training practices to ensure that they are aligned with best practices in OBM
- Our CEO is BCBA-she ensures that organization operates with strict adherence to the BCBA ethics and compliance code (this should probably be #1!)
- Ethical billing practices (bill daily, emphasize accuracy of billing notes).
- Open and transparent culture

# Does an Exit Strategy Affect Organizational Behavior?

Type	Minimum Revenue	Control	Staff Protection	Client Protection
Recapitalization (for Growth)	N/A	High	High	High
Liquidation and Shutdown	N/A	High	N/A	N/A
Pass Down to Family	N/A	High	High	High
Financial Buyer	\$2 to 3 million	Low	Low	Low
Private Equity (PE) Backed Financial Buyer	\$15 million and above	Low	Low	Low
Strategic Buyer	\$5 million and above	Low	Low	Low
Employee Stock Option Plan (ESOP)	\$4 to \$6 million	Low	High	Medium

# Best Practices

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Establish clearly stated and achievable organizational objectives



Embed the Ethics Code into organizational policies and procedures



Operationalize organizational ethics



Implement a compliance program with a system of feedback



Do You Have Any Questions or Comments?

So, Where Do We Go From Here?

# References

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\* = downloadable tool



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Thank you for attending Special Learning's  
**Organizational Ethics & OBM: Best Practices**

*Thank you to Special Learning Staff who made this event seamless:*

Krystal Larsen, BCaBA, VP of Operations and Clinical Solutions  
Ann Beirne, BCBA ACE Coordinator  
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