

# Contents

Preface	xi
Evolution of the 3rd Edition	xvii
Acknowledgments	xxi
Disclaimer	xxiii
<b>SECTION I Background for Ethics in Behavior Analysis</b>	
Chapter 1 How We Got Here	3
Chapter 2 Core Ethical Principles	15
Chapter 3 Ethics and Whitewater Rafting	27
Chapter 4 Analyzing Complex Ethics Cases Using a Seven-Step Model	35
Chapter 5 Everyday Ethical Challenges for Average Citizens and Behavior Analysts	47
<b>SECTION II Understanding the Professional and Ethical Compliance Code for Behavior Analysts</b>	
Chapter 6 Responsible Conduct of Behavior Analysts (Code 1.0)	57



Chapter 7	Behavior Analysts' Responsibility to Clients (Code 2.0)	81
Chapter 8	Assessing Behavior (Code 3.0)	109
Chapter 9	Behavior Analysts and the Behavior-Change Program (Code 4.0)	123
Chapter 10	Behavior Analysts as Supervisors (Code 5.0)	141
Chapter 11	Behavior Analysts' Ethical Responsibility to the Profession of Behavior Analysis (6.0)	155
Chapter 12	Behavior Analysts' Ethical Responsibility to Colleagues (Code 7.0)	165
Chapter 13	Public Statements (Code 8.0)	177
Chapter 14	Behavior Analysts and Research (9.0)	193
Chapter 15	Behavior Analysts' Ethical Responsibility to the BACB (10.0)	209

### **SECTION III Professional Skills for Ethical Behavior Analysts**

Chapter 16	Conducting a Risk-Benefit Analysis	221
Chapter 17	Delivering the Ethics Message Effectively	237
Chapter 18	Using a Declaration of Professional Services	253
Chapter 19	A Dozen Practical Tips for Ethical Conduct on Your First Job	263
Chapter 20	A Code of Ethics for Behavioral Organizations	283

### **SECTION IV The BACB Code, Glossary, Scenarios, and Further Reading**

Appendix A: Professional and Ethical Compliance Code for Behavior Analysts	299
--	-----

Appendix B: Glossary	331
Appendix C: Fifty Ethics Scenarios for Behavior Analysts (With Hints)	335
Appendix D: Suggested Further Reading	361
Notes	367
References	373
Index	377

## Preface

### EVOLUTION OF THIS BOOK AND HOW TO USE IT

My first experience in ethics came when I was a graduate student in psychology in the late 1960s. I was working with a profoundly developmentally disabled young man who was confined to a heavy metal crib in the small ward of a private institution in Phoenix, Arizona. Blind, deaf, nonambulatory, and not toilet trained, my "subject" engaged in self-injurious behavior virtually all day long. His head-banging behavior against the metal bars could be heard 25 yards away and greeted me each time I entered his depressing, malodorous living unit. Day after day, I sat by his crib taking notes on a possible thesis concerning how one might try to reduce his chronic self-injurious behavior or SIB (we called it self-destructive behavior in those days). After a few informal observation sessions, and reading through his medical chart, I had some ideas. I set up a meeting with one of my committee members, Dr. Lee Meyerson, who was supervising the research at the facility. "I'm observing a subject who engages in self-destructive behavior," I began. "He hits his head 10 to 15 times per minute throughout the day. I've taken informal data at different times of the day, and I don't see any consistent pattern," I offered. Dr. Meyerson let me go on for