

ATiA 2018

AAC Ethics: Avoiding Potholes and Pitfalls

AAC 41

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Learning Objectives

- 1. Identify three ethical pitfalls in AAC practice.**
- 2. Connect two ethical pitfalls to the revised ASHA Code of Ethics**
- 3. Identify at least one ethical resolution to a situation that posed a potential violation to the revised ASHA Code of Ethics.**



Speaker Disclosures

The speakers have no financial or non-financial relationships with regard to the content of this presentation.

ASHA's Code of Ethics - 2016



CODE OF ETHICS

THIS VERSION OF THE ASHA CODE OF ETHICS WILL BECOME EFFECTIVE ON MARCH 1, 2016.

3/1/2016



CODE OF ETHICS

THIS VERSION OF THE ASHA CODE OF ETHICS WILL BECOME EFFECTIVE ON MARCH 1, 2016.

Principle of Ethics I: Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally

Rules of Ethics:

E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.



CODE OF ETHICS

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Principle of Ethics I: Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally ...

Rules of Ethics:

K. Individuals who hold the Certificate of Clinical Competence shall evaluate effectiveness of the services provided, technology employed, and product dispensed, and they shall provide services or dispense products only when the benefit can reasonably be expected.

Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and , otherwise, externally.



CODE OF ETHICS

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3/1/2016

Principle of Ethics II: Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics:

A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the profession that are within the scope of their professional practice and competence, considering their certification status, education , training, and experience.

D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.



CODE OF ETHICS

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3/1/2016

Principle of Ethics IV:

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.

N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such a violation compromises the welfare of persons served and/or research participants.

R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.

Related Professions: RESNA

- **Individuals shall engage in only those services that are within the scope of their competence, their level of education, experience and training, and shall recognize the limitations imposed by the extent of their personal skills and knowledge in any professional area.**
- **In making determinations as to what areas of practice are within their competency, assistive technology practitioners and suppliers shall observe all applicable licensure laws, consider the qualifications for certification or other credentials offered by recognized authorities in the primary professions which comprise the field of assistive technology, and abide by all relevant standards of practice and ethical principles...**

RESNA

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Related Professions: Behavior Analyst Certification Board – Boundaries of Competence

- All behavior analysts provide services, teach, and conduct research only within the boundaries of their competence, defined as being commensurate with their education, training, and supervised experience.
- Behavior analysts provide services, teach, or conduct research in new areas (e.g., populations, techniques, behaviors) only after first undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas.
- Behavior analysts work with colleagues within the profession of behavior analysis and from other professions and must be aware of these ethical obligations in all situations.



Avoiding The Pitfalls and Potholes In AAC Practice: Scenarios in AAC Practice

What would you do? What should you do?

What violations of the Ethical Code may be involved?



Scenario 1

You have been asked by a developmental pediatrician to see 4-year-old boy with a diagnosis of autism, to determine his need for a SGD. The doctor indicated to you that his patient had an evaluation by a regional vendor representative who the local MD finds to be unreliable. The patient arrives with his mother and private SLP who both report that they do not know why they were referred to you. They add they have already had an evaluation completed by the SGD vendor that they are satisfied with but state the doctor will not fill out the necessary paperwork for them to proceed. The SLP hands you a report written by the regional vendor representative (who is an SLP), but signed by herself, the private SLP.

Options

Option 1

Call the MD and let her know you have read the report and find it to appear to be appropriate. Decline to see the child, citing duplication of services.

Option 2

Call the vendor and gather more information about the evaluation and recommendations and then advise the family without seeing the child for a complete evaluation. Contact the MD and let her know that you have contacted the vendor and find the substance of the report to be reliable.

Option 3

Use the report at hand to generate your own report and get what the family wanted. Contact the local MD and let him know you are recommending the same item as the regional vendor.

Option 4

Instruct the family that the MD wants you to see the patient and proceed with a full evaluation.

- **What if either SLP – or the vendor representative – was a licensed SLP, with their CCCs, who was also an ATP?**

Scenario 2

Mr. J. is an SLP in a private practice with high productivity demands. He is the only staff member who "knows" AAC. He saw a 50-year old stroke patient with aphasia for an AAC evaluation. After a successful trial with a single device, he wrote a funding report that included all the relevant materials suggested by the vendor and other sources. The patient's insurance company denied the funding request. The family subsequently asked Mr. J. to assist them with the appeal. Mr. J. said he is unable to help them at this point, because he has already spent too much time on the case that is not compensated. He suggested the family find another SLP to help, or have the social worker do it.

Resolution

- **What are the ethical practice issues?**
- **What are your responsibilities to the client?**
- **What must you do?**

Scenario 3

Ms. Take, an SLP who works in a school district, and has evaluated an 8th grader for a dedicated SGD after the one he was using became unable to be repaired. It was noted that he had lost interest in using it, in any case, as he was becoming more and more self-conscious about using his device. After reviewing the recommendations in the report, the child's mom asked the SLP to consider finding an "app" that might meet the child's communication needs, as he was very motivated to use an iPad. Ms. Take refused, stating the school would never fund an iPad and an app.

Resolution

- **What are the ethical practice issues?**
- **What are your responsibilities to the client?**
- **What must you do?**

Scenario 4

An SLP in early intervention is working with Cliffy, a youngster with spinal muscular atrophy (SMA), characterized by deterioration and death. Cliffy's mom has heard from a Facebook group of which she's a member that AAC may help. The SLP refuses to consider AAC because she does not believe benefit can be reasonably expected, given the prognosis. Cliffy's mom has a friend whose child receives speech and language services and she tells her friend's child's SLP what happened.

Resolution

- **What are the ethical practice issues?**
- **What are your responsibilities to the client?**
- **What should you do?**

Scenario 5

SWS is an SLP working in a hospital serving both in-patient and clinic patients. Staff from the intensive care units are requesting that she provide AAC services for some of their intubated patients and for patients who cannot access the standard nurse call pendant. SWS's inpatient services are mostly dysphagia evaluations and her outpatient services are limited to voice and speech evaluation and therapy. She has chosen to not respond to the requests for AAC services. SWS has no work experience with SGDs or adapted switches and does not want to take on the AAC cases as they would take considerable time and she is worried about her job evaluation if her billable hours decline.

Resolution

- **What are the ethical practice issues?**
- **What are your responsibilities to the client?**
- **What should you do?**

Scenario 6

Josie is an adult who has autism and intellectual disabilities. Her Board Certified Behavior Analyst (BCBA) recommended an iPad and the *UCanTalkNow* app. The items were purchased under the Medicaid waiver – which will fund AT without an SLP assessment if under \$1000. The case manager referred Josie to you, since your agency has a contract with the residential provider’s agency to assist with AAC implementation (but not assessment) in the residence.

Resolution

- **You believe the BCBA overstepped her professional expertise.**
- **You believe the BCBA was in fact practicing speech-language pathology without a license – in violation of your state’s licensure act.**
- **You feel a full communication evaluation is needed. However, there are no Medicaid providers in the area with AAC expertise.**

What should you do?

Scenario 7

- **You have been seeing Bobby Jones, a 15 year-old with autism on your outpatient AAC caseload, for 6 months. He’s been making good progress with an iPad with a robust app for generating language. Mrs. Jones has asked you to use the Rapid Prompting Method (RPM) from now on, and has recommended you attend an upcoming workshop on “Typing to Talk”.**

Resolution

- **What are the ethical practice issues?**
- **What are your responsibilities to the client?**
- **What should you do?**

Your real life experiences

- **Ethically challenging cases have you experienced**
- **How did you resolve the ethical dilemma(s)?**

Discussion & Questions



References

1. American Occupational Therapy Association. (2015). *AOTA Code of ethics*. American Journal of Occupational Therapy, September 2015, Vol. 69, 6913410030p1-6913410030p8. doi:10.5014/ajot.2015.696S03 (accessed 1/13/2018 <https://ajot.aota.org/article.aspx?articleid=2442685>).
2. American Speech-Language-Hearing Association. (2016). *Code of ethics* [Ethics]. Available from www.asha.org/policy/ (accessed 1/13/2018 from <http://www.asha.org/policy/ET2016-00342/>).
3. American Speech-Language-Hearing Association. (2016). *Scope of practice in speech-language pathology* [Scope of Practice]. Available from www.asha.org/policy/. (accessed 1/13/2018 <http://www.asha.org/policy/SP2016-00343/>)
4. Behavior Analyst Certification Board. *Professional and ethical compliance code for behavioral analysts* (2014). (accessed 1/13/2018 <https://www.bacb.com/wp-content/uploads/2017/09/170706-compliance-code-english.pdf>)
5. Brown, J. (2013). On the Pulse: When Your Employer Makes Unethical Demands, *ASHA Leader*, February 2013, Vol. 18, 31. doi:10.1044/leader.OTP.18022013.31 <http://leader.pubs.asha.org/article.aspx?articleid=1784799>
6. Chabon, S., Estomin, E., & Rodgers, T.H. (2011). Ethical Decisions: A Foundation for Appropriate Problem Solving. ASHA Presentation. <http://www.asha.org/events/convention/handouts/2011/chabon-estomin-rodgers/>
7. Rehabilitation Engineering and Assistive Technology Association of North America. *RESNA code of Ethics* http://www.resna.org/sites/default/files/legacy/certification/RESNA_Code_of_Ethics.pdf (accessed 1/13/2018)
8. Rehabilitation Engineering and Assistive Technology Association of North America. *RESNA Standards of Practice*. (accessed 1/13/2018 <http://www.resna.org/sites/default/files/legacy/certification/Standards%20of%20Practice%20%28final%2010.10.08%29.pdf>)

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