



AAC Ethics: Avoiding Potholes and Pitfalls

Richard Hurtig, University of Iowa

Amy Goldman, Temple University

Debora Downey, University of Iowa

ASHA 2016 – November 17, 2016 3:00 PM

Philadelphia

Session #1114



Disclosures

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

Agenda

- Introduction and overview of learning outcomes
- Overview and background of ASHA's revised Code of Ethics (2016) as it relates to AAC practice
- Avoiding the pitfalls and unethical AAC practice: A review of scenarios in AAC practice
- Real life experiences: what did you do?
- Summary- discussion and questions

Learner Outcomes

- 1. List 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.**
- 4. Describe the relationship among violations in reimbursement, state licensure, and the ASHA Code of Ethics.**

ASHA's revised Code of Ethics as it relates to AAC practice



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

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.

3/1/2016

Useful Terminology

- Misrepresentation
- Negligence



CODE OF ETHICS

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

3/1/2016

Principle of Ethics I:

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research or scholarly activities, and they shall treat animals involved in research in a humane manner.

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.



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

CODE OF ETHICS

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

3/1/2016

Principle of Ethics I:

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research or scholarly activities, and they shall treat animals involved in research in a humane manner.

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

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

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

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

3/1/2016

Principle of Ethics III:

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspects of the professions.

Rules of Ethics:

D. Individuals not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.

G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.



CODE OF ETHICS

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

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.**

Rules of Ethics:

E. Individuals may not engage in dishonesty, negligence, fraud, deceit or misrepresentation.

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.



CODE OF ETHICS

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

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.**

Rules of Ethics:

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.



Avoiding The Pitfalls and Unethical 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 3

Use the report at hand and 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 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 4

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

Scenario 2

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

Solutions

SOLUTION 1

SOLUTION 2

SOLUTION 3

SOLUTION 4

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.

Solutions

SOLUTION 1

SOLUTION 2

SOLUTION 3

SOLUTION 4

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.

Solutions

SOLUTION 1

SOLUTION 2

SOLUTION 3

SOLUTION 4

Scenario 5

SWS is an SLP working in a hospital serving both inpatient 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 evaluations if her billable charges decline.

Solutions

SOLUTION 1

SOLUTION 2

SOLUTION 3

SOLUTION 4

Scenario 6

Josie is an adult who has autism. Her certified Behavior Analyst recommended an iPad and the *UCanTalkNow* app, and the device was purchased after the family had a successful *gofundme* campaign. The family was told by the Behavior Analyst to come to you for support in learning to use the iPad and app. You did not provide an evaluation, and you haven't seen any evidence that the app would be effective with someone with autism.

Solutions

SOLUTION 1

SOLUTION 2

SOLUTION 3

SOLUTION 4



Real life experiences: what did you do?



Discussion & Questions

?

References

1. ASHA Code of Ethics (2016) <http://www.asha.org/Code-of-Ethics/>
2. ASHA SLP Scope of Practice (2016) <http://www.asha.org/policy/SP2016-00343/>
3. ASHA Statement on Speech-Generating Devices <http://www.asha.org/SLP/healthcare/Medicare-Speech-Generating-Devices-Information/>
4. ASHA, Issues in Ethics: Representation of Services for Insurance Reimbursement, Funding, or Private Payment. <http://www.asha.org/Practice/ethics/Representation-of-Services/>
5. ASHA Schools Survey (2014) <http://www.asha.org/uploadedFiles/2014-Schools-Survey-SLP-Caseload-Characteristics.pdf>
6. ASHA Statement on Medicare Reimbursement for Speech-Language Pathology Services <http://www.asha.org/practice/reimbursement/medicare/SLPMcareReimbursement/>
7. ASHA, Related Links for Professionals About Augmentative and Alternative Communication (AAC) <http://www.asha.org/academic/curriculum/slp-aac/related.htm>
8. ASHA Statement on Medicare Coverage Policy for Speech Generating Devices http://www.asha.org/practice/reimbursement/medicare/sgd_policy/
9. Brown, J., (2013) On the Pulse: When Your Employer Makes Unethical Demands., The ASHA Leader, February 2013, Vol. 18, 31. doi:10.1044/leader.OTP.18022013.31 <http://leader.pubs.asha.org/article.aspx?articleid=1784799>
10. 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/>
11. Swanson, N., (2012) How to Keep Ethically Clean in Reimbursement., The ASHA Leader, November 2012, Vol. 17, 3. doi:10.1044/leader.BML.17142012.3 <http://leader.pubs.asha.org/article.aspx?articleid=2280647>
12. Von Hallet, D., (2012), Inbox: Fighting Fraud, The ASHA Leader, February 2013, Vol. 18, 3-4. doi:10.1044/leader.IN4.18022013.3 <http://leader.pubs.asha.org/article.aspx?articleid=1784794>

Contact Information

- Richard Hurtig

Richard-Hurtig@uiowa.edu

- Amy Goldman

amy.goldman@temple.edu

- Debora Downey

Debora-downey@uiowa.edu