



Ethical Guidelines for Behaviour Therapists Working in Switzerland

ABA Switzerland

Behaviour Therapists are essential members of behaviour analysis teams, implementing evidence-based interventions to improve the quality of life for individuals with behavioural or developmental challenges. They have completed a 40-hour theoretical and practical training and are working under the clinical supervision of a certified Behaviour Analyst. Behaviour Therapists are responsible for delivering direct, hands-on therapy to clients in a variety of settings, such as homes, schools, clinics, or community environments. Their role requires a high level of professionalism, ethical responsibility, and dedication to client progress.

Responsibilities of Behaviour Therapists include, but are not limited to:

1. Direct Implementation of Behaviour Programs:

- Behaviour Therapists execute treatment plans and behaviour intervention strategies designed by supervising Behaviour Analysts. These plans are aimed at teaching new skills, reducing challenging behaviours, and enhancing the overall quality of life for clients. It is crucial that the treatment plans are implemented with the highest fidelity.
- They use a variety of techniques, such as positive reinforcement, task analysis, discrete teaching trial and naturalistic teaching, to meet the individualized goals of clients.

2. Data Collection and Reporting:

- Behaviour Therapists meticulously collect and record data on client progress and behaviours during sessions. This data is critical for the supervising Behaviour Analyst to evaluate the effectiveness of interventions and make necessary adjustments.
- They provide clear, objective, and timely session notes and reports to ensure accountability and continuity of care.

3. Support for Skill Development:

- Behaviour Therapists work with clients to develop key life skills such as communication, social interaction, academic abilities, and daily living tasks. These goals are an integral part of the IEP (individualized educational plan) developed by the Behaviour Analyst.

- They adapt their teaching strategies to the unique needs and learning styles of each client.

4. Collaboration with Families and Caregivers:

- Behaviour Therapists, together with or under the supervision of the Behaviour Analyst, educate and involve families and caregivers in the intervention process, ensuring that the skills learned during therapy are generalized to natural settings.
- They provide guidance and support to caregivers in implementing strategies outside of therapy sessions.

5. Promoting Client Independence and Dignity:

- Behaviour Therapists strive to empower clients to achieve greater independence by tailoring interventions to their strengths and preferences.
- They ensure that all interactions are respectful, person-centered, and focused on enhancing the client's autonomy and dignity.

6. Crisis Management and Safety:

- Behaviour Therapists may be required to manage challenging behaviours during sessions, ensuring the safety of the client and others.
- They follow established protocols and consult with the supervising Behaviour Analyst to address crisis situations effectively and ethically.

7. Professional Development and Supervision:

- Behaviour Therapists participate in ongoing training, workshops, and supervision meetings to enhance their skills and knowledge.
- They seek guidance from their supervising Behaviour Analyst to address challenges, refine techniques, and ensure interventions align with evidence-based practices.

8. Adherence to Ethical Standards:

- Behaviour Therapists must consistently adhere to ethical guidelines and legal requirements, maintaining confidentiality, avoiding dual relationships, and prioritizing client welfare in all aspects of their work.

Role Boundaries:

Behaviour Therapists do not design or modify treatment plans, conduct assessments, or independently make clinical decisions. They work collaboratively within their defined scope of practice, following the guidance and oversight of their supervising Behaviour Analyst.

Below are a few examples of a behaviour therapist overstepping professional boundaries:

1. Modifying a Behaviour Intervention Plan (BIP) Without Approval

- a. *Example:* A behaviour therapist notices that a child is becoming more aggressive and decides to remove a demand fading procedure and instead implements planned ignoring.
- b. *Why It's a Problem:* Any changes to a BIP must be based on data analysis and clinical reasoning from a certified Behaviour Analyst. Behaviour therapists may not create or revise interventions on their own.

2. Conducting a Skills or Functional Assessment

- a. *Example:* A behaviour therapist administers the VB-MAPP or runs a Practical Functional Assessment and writes up conclusions or recommendations.
- b. *Why It's a Problem:* Behaviour therapists may assist with assessments only under the direct guidance of a supervisor. Interpretation, scoring, and decision-making must be done by the Behaviour Analyst.

3. Creating New Goals or Targets

- a. *Example:* After teaching a client to tact "dog," the behaviour therapist independently adds "cat," "horse," and "elephant" without supervisor input.
- b. *Why It's a Problem:* Selecting new targets involves clinical judgment about prerequisites, motivation, and curriculum progression.

4. Providing Parent Training or Giving Independent Recommendations

- a. *Example:* A parent asks what to do about tantrums at home, and the behaviour therapist suggests implementing time-out or taking away iPad privileges.
- b. *Why It's a Problem:* Behaviour therapists may model strategies already defined by the Behaviour Analyst, but may not deliver training, give guidance outside the written plan, or respond to new behaviour concerns independently.

5. Collecting Data Without Fidelity to the Protocol and Deciding to Skip or Replace Procedures

- a. *Example:* The behaviour therapist finds a particular DTT procedure too repetitive and decides to skip trials, shorten the session, or "do it their way."

- b. *Why It's a Problem:* This undermines treatment integrity. Behaviour therapists are responsible for implementing programs as written and reporting difficulties to their supervisor.

6. Implementing Punishment-Based Strategies Without Approval

- a. *Example:* A child is screaming frequently. The behaviour therapist decides to say “no” firmly and remove access to reinforcement for the rest of the session.
- b. *Why It's a Problem:* All punishment procedures must be designed, approved, and monitored by a Behaviour Analyst,. Even mild strategies must be formally documented.

7. Supervising Other behaviour therapists or Trainees

- a. *Example:* An experienced behaviour therapist “trains” a new hire on how to run a program and corrects them without consulting the supervisor.
- b. *Why It's a Problem:* behaviour therapist may model correct procedures as peers, but cannot supervise, evaluate, or instruct others unless formally delegated by a Behaviour Analyst, and trained to do so.

Key Qualities of Behaviour Therapists:

- Strong observational skills to recognize patterns in client behaviour.
- Effective communication skills to collaborate with families, caregivers, and supervisors.
- Patience, energy, enthusiasm, empathy, and adaptability to meet the diverse needs of clients.
- Commitment to professional growth and adherence to ethical practices.

By fulfilling these responsibilities with professionalism and care, Behaviour Therapists contribute significantly to the success of behaviour analysis programs, supporting clients in achieving meaningful outcomes and improving their quality of life.

While they do not independently design interventions or make clinical decisions, their implementation of services is critical to client success.

These guidelines outline the ethical responsibilities of Behaviour Therapists to clients, supervisors, colleagues, and the broader community.

General Principles

1. Adherence to Supervision

Behaviour Therapists must always work under the clinical supervision of a qualified Behaviour Analyst (has at least a master's degree in psychology or Applied Behaviour Analysis, has completed 2'000 hours of supervised fieldwork, has passed the Behaviour Analyst examination, and meets the ethical adherence and continuing education requirements). They are not authorized to independently design or modify interventions, conduct assessments, or make clinical decisions. Should supervision not be available immediately, the behaviour therapist should:

1.1. Follow the Written Plan as Closely as Possible

- 1.1.1. Implement only what is clearly outlined in the treatment plan or behaviour protocols.
- 1.1.2. Avoid making any clinical decisions, changes, or improvisations.

1.2. Use Professional Judgement Within Scope

- 1.2.1. If an unexpected situation arises (e.g., a mild behaviour not covered in the plan), manage it using general ABA principles already trained (e.g., redirection, reinforcement of alternative behaviours).
- 1.2.2. Do **not** create new interventions or punishment procedures.

1.3. Ensure Client Safety and Dignity

- 1.3.1. Always act in a way that protects the client's safety and well-being.
- 1.3.2. If a serious behaviour incident occurs and safety is compromised, follow the **emergency protocol** (if included in the plan) or general crisis management guidelines (e.g., call for help, ensure a safe environment).

1.4. Document the Incident or Concern

- 1.4.1. Write down a **factual, objective description** of what occurred, what you did, and the outcome.
- 1.4.2. This is important for clinical decision-making once the supervisor reviews it.

1.5. Contact the Supervisor as Soon as Possible

- 1.5.1. Email, call, or send a message to your Behaviour Analyst, to report the situation and ask for guidance.
- 1.5.2. Include the date, time, client initials, and a neutral description of what happened.

1.6. Do Not Discuss Clinical Matters with Families Independently

- 1.6.1. If the parent asks questions about the plan or wants advice, say: "That's a great question. I'll make sure to pass it on to [Supervisor's name], and they can follow up with you."
- 1.6.2. Never give recommendations or training outside your scope.

1.7. Reflect and Ask for Preventive Clarification

- 1.7.1. Once the supervisor is available, ask: "How should I handle this if it happens again?"
- 1.7.2. Clarify boundaries, get scripts, or ask for protocols to cover similar cases in the future.

2. Commitment to Client Welfare

The primary responsibility of Behaviour Therapists is to support the physical and emotional well-being, rights, and dignity of the clients they serve, ensuring that services are delivered safely and effectively.

3. Respect for Individuals

Behaviour Therapists must treat all clients, families, and colleagues with respect, regardless of age, disability, ethnicity, gender identity, marital status, race, religion, sexual orientation, or socioeconomic status.

1. Professional Competence and Responsibilities

1.1 Practice Within Competency

- Behaviour Therapists must only implement interventions for which they have been trained and supervised by a Behaviour Analyst.
- They are responsible for maintaining the skills necessary to deliver services effectively and seeking additional training as needed.

1.2 Maintain Professional Boundaries

- Behaviour Therapists must maintain professional relationships with clients and their families. They must avoid dual relationships that could impair objectivity or lead to conflicts of interest (examples: family friend, social media connection)

1.3 Accountability for Work

- Behaviour Therapists are accountable for their work and must report any errors, concerns, or challenges to their supervising Behaviour Analyst promptly.

- They must follow through on assigned tasks and document services accurately and honestly.

2. Respect for Clients and Families

2.1 Informed Consent

Behaviour Therapists must ensure that clients or their guardians have provided in-session consent before delivering interventions. They must respect the rights of clients to withdraw consent at any time.

2.2 Confidentiality

- Behaviour Therapists must protect the confidentiality of all client information, adhering to data protection laws and professional secrecy obligations.
- They must only share client information with the supervising Behaviour Analyst or other authorized personnel.

2.3 Cultural Competence

Behaviour Therapists must consider the cultural, social, and personal backgrounds of their clients when delivering services, ensuring that interventions are respectful and relevant.

3. Delivering Behavioural Interventions

3.1 Implementation of Treatment Plans

- Behaviour Therapists are responsible for accurately implementing treatment plans developed by the supervising Behaviour Analyst. This:
 - **Ensures Treatment Effectiveness**
 - ABA is based on evidence-based procedures. The plan is carefully crafted after assessment and analysis.
 - Deviating from it can weaken the intervention or lead to no improvement—or worse, regression.
 - **Protects Client Safety and Rights**
 - Intervention plans are designed to be **safe, ethical, and appropriate** for the client.
 - Unapproved changes can cause distress, increase challenging behaviours, or violate the client's dignity.
 - **Maintains Validity of Data**
 - Data collected during therapy is only meaningful if the plan is implemented as written.
 - If a therapist improvises, it becomes impossible to know whether the data reflect the procedure's effectiveness or random variation.

- **Supports Team Consistency**
 - Many clients have more than one therapist or receive support in multiple settings.
 - Fidelity ensures everyone is teaching, prompting, and reinforcing the same way, reducing confusion for the learner.
- **Meets Ethical and Professional Standards**
 - The BACB Ethics Code requires that behaviour therapists implement behaviour plans **as designed** (Code 2.02).
 - Making unauthorised changes violates this code and can result in disciplinary action.
- **Provides a Basis for Clinical Decisions**
 - Supervisors review data to decide whether to fade prompts, increase demands, or introduce new goals.
 - Inaccurate implementation leads to inaccurate decisions.
- They must use procedures as designed, adhering to evidence-based practices and ethical guidelines.

3.2 Data Collection and Documentation

- Behaviour Therapists must collect data consistently and accurately as instructed by the supervising Behaviour Analyst.
- They must document all services provided in a clear, timely, and objective manner to ensure accountability and continuity of care.
- Data must be stored securely.

3.3 Avoiding Harm

Behaviour Therapists must prioritize client safety, dignity and well-being. They must discontinue any procedure that may result in harm (physical, emotional or psychological, violations of dignity or autonomy) and report concerns to the supervising Behaviour Analyst immediately.

3.4 Use of Reinforcement

- Behaviour Therapists must prioritize the use of positive reinforcement and positive behaviour support strategies in all interventions.
- They must avoid implementing punitive or restrictive procedures.

4. Professional Relationships

4.1 Collaboration with Supervisors

- Behaviour Therapists must communicate regularly with their supervising Behaviour Analyst, providing updates on client progress and any challenges encountered. Therapists should communicate concerns early and frequently, not only during formal supervision.
- They must seek clarification or additional training when needed to ensure interventions are delivered effectively.

4.2 Conduct Toward Colleagues

Behaviour Therapists must demonstrate respect, cooperation, and professionalism when working with colleagues, families, or other professionals involved in a client's care. Respectful disagreement and feedback also part of professional conduct

4.3 Receiving Feedback

Behaviour Therapists must be open to receiving constructive feedback from their supervisors and implement suggested changes to improve their practice.

5. Professional Conduct and Development

5.1 Continuous Learning

Behaviour Therapists must participate in professional development activities (ethical and clinical), including training sessions, workshops, and supervision meetings, to improve their skills and knowledge.

5.2 Ethical Responsibility

- Behaviour Therapists are responsible for identifying and reporting ethical concerns to their supervising Behaviour Analyst.
- They must adhere to all applicable laws, regulations, and organizational policies governing their role.

5.3 Prohibited Activities

- Behaviour Therapists must not engage in any activities outside the scope of their training or supervision.
- They must avoid misrepresenting their qualifications, roles, or responsibilities to clients or other stakeholders.

6. Addressing Conflicts or Ethical Issues

6.1 Reporting Concerns

Behaviour Therapists must promptly report ethical concerns, unsafe practices, or other issues to their supervising Behaviour Analyst.

6.2 Avoiding Conflicts of Interest

Behaviour Therapists must avoid situations where their personal, financial, or other interests may interfere with their professional duties.

7. Use of Technology and Social Media

7.1 Maintaining Privacy

Behaviour Therapists must not share or post client-related information or images on social media or other platforms without explicit consent and direction from the supervising Behaviour Analyst. That includes anonymised pictures, or information.

7.2 Appropriate Communication

Behaviour Therapists must use secure and approved channels of communication for sharing client information and avoid using personal devices or social media for professional purposes.

Acknowledgment and Adherence

Behaviour Therapists working under ABA Switzerland commit to adhering to these Ethical Guidelines. By maintaining high ethical standards and working under appropriate supervision, they contribute to the quality of behaviour analysis services and the well-being of clients.