

Declaration of Professional Practice*

(Your Name, Degree)
Intern, Applied Behavior Analysis, George Mason University

(your e-mail address and telephone number)

For those I serve in the capacity of Applied Behavior Analysis Intern

I am in training to become a Behavior Analyst. I am enrolled in the Graduate Certificate Program in Applied Behavior Analysis at George Mason University, and my supervisor for this internship is _____. She / he can be reached at _____. The highest degree I hold is in _____, from _____.

Professional Relationships, Limitations, and Risks

Behavior analysis is a science that considers much of the behavior we exhibit to be learned, whether we knew we were learning it or not. Behavior is influenced by what happens before it, around it, and after it. When important events that happen before, around, or after behavior change, the behavior changes. My job as a behavior analysis intern will be to help you discover what those important events are, how to change them, and to accomplish those changes. I will ask you to change things and will need your participation. I will collect data, and will ask you to collect data. We will use those data to determine whether or to what extent the changes we're making are influencing the behavior in the direction we need it to go.

I will consult with you and with my supervisor at each stage of the behavior change process (e.g., assessment, intervention, evaluation, and revision of intervention). I will ask about and incorporate your goals. I will explain my assessments, assessment results, and procedures in plain English. I will not participate in any assessment or intervention without your consent. If, at any point, you wish to terminate our relationship, I will cooperate fully.

I cannot guarantee any particular result, or that progress will be made by any particular date. I will make no guarantees. Instead, I will put forth my best effort, and I trust that you will put your best effort forth, too.

If I believe that my work has become non-productive, I will discuss the situation with you and with my supervisor as soon as possible, with an eye toward resolving the situation in a way that is most helpful to all. Possible actions taken may include my receiving additional training or supervision, requesting that my work be altered in some way, or discussion of terminating or providing referral information, as is appropriate.

(*Based on the Declaration of Professional Practices and Procedures for Behavior Analysts in Bailey, J., and Burch, M. (In Press), *Ethics for Behavior Analysts*, New York, NY: Routledge.)

I can only work with clients and practicum site personnel who fully inform me of any and all of their concerns, as early as the concerns arise as is possible. I will need your full cooperation as I

try to understand the various behaviors that are problematic for you. I will ask questions and make suggestions and will need your total honesty with me at all times. I will show you data as part of my work, and expect that you will pay attention to the data, ask questions if you do not understand the data, and give me your true evaluation of how things are going.

I will make my decisions primarily, and to a great extent, on the data that are collected as part of our work together. (I will also consider ethical and other technical factors, and will consider the needs of the recipients of my services, when making evaluations and decisions.) I will need to collect data (with your help) before an intervention begins, and continue throughout the intervention. This will permit us to evaluate how or whether the intervention is helping. We'll need to continue data collection after the intervention has ended to determine whether the behavior changes are durable. We will stop taking data when it is ethically and technically okay to do so.

Under my code of ethical conduct, I'm not allowed to have a relationship or work with you in any way other than as an intern under supervision of my faculty supervisor. Since I am a student, I cannot be left alone in a building responsible for a child or other vulnerable person without a responsible person (e.g., parent, guardian, or parent's or guardian's designee) present. I cannot drive you, your child, or others connected to the internship anywhere, and cannot babysit, or provide non-internship services.

I cannot meet with you or interact with you except as part of this practicum for the duration of my internship. Our relationship is purely professional, and I will not be able to have a personal relationship with you. I may not accept gifts regardless of value, and may not accept meals. I cannot attend family or site events such as birthday parties, weddings, funerals, religious services, etc., unless doing so explicitly for the purpose of providing assessment, treatment, or instructional services during those events, and has been approved by my supervisor in advance.

I will need a list of medications (prescription and over the counter) and diagnosed medical conditions for your child or for the student or client with whom I am working. I will keep this information (and all other information I get during the internship) confidential. I am trusting you to tell me when medications or dosages change.

If the person(s) I serve at your site participate in other therapies or forms of instruction, please let me know. If other therapies or forms of instruction change, or you are thinking about adding new ones, please let me know. I will share with you information I have regarding how to measure effects of those treatments or instructional procedures on the student's or client's behavior, and will ask you to measure with me.

If you need to cancel or reschedule an appointment, please call me at _____, as soon as far enough in advance as you can before the appointment. I will call you, as well, if I must cancel or be tardy to an appointment, and will do so as far enough as I can before the appointment.

I am a student intern, in training to become a behavior analyst. My supervisor is a Board Certified Behavior Analyst who is employed by George Mason University to provide my supervision. Both my supervisor and I will behave in accordance with the professional and ethical standards set forth in the Behavior Analyst Certification Board's ***Guidelines for***

Responsible Conduct. If you would like a copy of these guidelines, please let me know, and I will provide you with one.

If, at any time and for any reason you are dissatisfied with our professional relationship, please do not hesitate to discuss the situation with me, with my supervisor, or with the ABA Coordinator, Dr. Theodore Hoch (703.993.5245). If, after this discussion, the situation has not been resolved to your satisfaction, you may contact either Dr. Terry Werner or Dr. Michael Behrmann at 703.993.3670. Should Dr. Werner or Dr. Behrmann be unable to resolve the situation to your satisfaction, you may contact the Behavior Analyst Certification Board at 850.765.0902, or through their website at www.bacb.com.

By signing below, you indicate that you have received this document, have read it, understand its contents, and have had any questions answered or concerns addressed to your satisfaction.

Internship Site Personnel Signature

Date

Intern Signature

Date

Supervisor Signature

Date

Received by ABA Coordinator on _____ Initials _____