

**Ethics for Real:
Case Studies Applying the ASHA Code of Ethics
(Session #0609)**

**Presented by the
ASHA Board of Ethics
November 16, 2007
8:00-10:00 a.m.**

**Boston Convention & Exhibition Center
Room 207**

Ethics for Real:
Case Studies Applying the ASHA Code of Ethics
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ASHA Board of Ethics

- I. Welcome and Introduction of Board of Ethics
- II. Review of Session Learning Outcomes
 - A. Describe at least three principles in the ASHA Code of Ethics
 - B. Analyze ethical principles relevant to problematic cases
 - C. Apply principles and rules of the ASHA Code of Ethics in determining appropriate ethical outcomes to problematic cases.
- III. Ethical Decision-making
- IV. Principles and Scenarios
 - A. Lonesome Lee Ann—The Rural Speech-Language Pathologist
 - B. The Pressured Speech-Language Pathologist and Her Assistant
 - C. The School Speech-Language Pathologist and Medicaid
 - D. Jim, the Absent Speech-Language Pathologist
- V. Summary: Q & A

Attachments/Links

- 2007 Board of Ethics Roster
- [ASHA Code of Ethics](#)
- Ethical Decision-Making Model
- [Issues in Ethics Statement: Support Personnel](#)
- [Issues in Ethics Statement: Representation of Services for Insurance Reimbursement, Funding, or Private Payment](#)
- [Issues in Ethics Statement: Conflicts of Professional Interest](#)
- ASHA Staff Resources for Ethics & Ethics-Related Issues
- [Ethics home page](#) from ASHA Web site
- List of [Issues in Ethics Statements](#)
- Scenarios

**ASHA Board of Ethics
2007**

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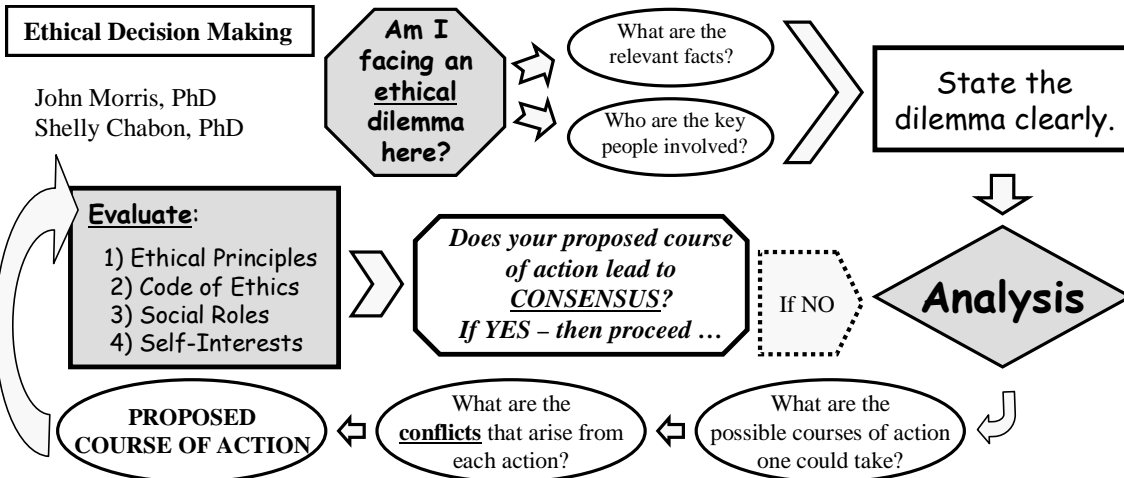
Charles R. Drew University of Medicine & Science
Los Angeles, CA

Diane Yeager

Georgetown University
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ASHA
Rockville, MD



Am I facing an ethical dilemma here?

1) Z kd v#l u h#k k h#h d y d q v#d f w?

2) Z k r #l u h#k k h#h/ # h r s d#q y r o y h g?

3) V d v#k k h#g l d p p d#f d d u d'?

(Chabon and Dunham, Rockhurst University, 2007. In *Hk l f v#f g x f d r q*, 2007, chap. 7)
(Morris & Chabon, Rockhurst University, 2005)

ASHA STAFF RESOURCES FOR ETHICS AND ETHICS-RELATED ISSUES

ASHA's Ethics Team

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The Ethics Team provides ethics information, resources, and guidance directly to members, certificate holders, Clinical Fellows, students, and consumers.

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Speech-Language Pathology Practices Unit

Mission

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Teams

The Speech-Language Pathology Practices Unit consists of three teams: Clinical Issues, Health Care Services, and School Services.

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Clinical Issues

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surj udp v/#s ur gxf w/#lqg#s r dflhv#uhadvg#v #s hhfk00dqj xdj h#S dvr arj | #s udfvfh#

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Health Care Services

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#

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School Services

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Audiology Practices Unit

Vision

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The Audiology Practices Unit will be recognized by ASHA members as the #1 national resource for state-of-the art information in audiology, as the provider of value-added services and benefits for all audiologists, and as a unifying voice for the profession of audiology.#

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Mission

The mission of the Audiology Practices Unit is to provide unique, customized, personal, and interactive professional consultation, programs, services, and professional development related to audiology and hearing impairment for all ASHA members; and to provide a communication link/connection related to audiology among ASHA members and leadership, consumers, other organizations and professions, and units within the ASHA National Office.

Unit Members

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OFFICE OF MUTTICULTURAL AFFAIRS

Mission

The Office of Multicultural Affairs at ASHA exists to:

- Develop and disseminate information and resources to ASHA members, related professionals, consumers, and interested others regarding service delivery to individuals from culturally and linguistically diverse backgrounds.
- Ensure full participation of multicultural professionals and students in the discipline and the Association.
- Promote an atmosphere at the ASHA National Office that supports its diverse staff in their efforts to address multicultural issues, resulting in the provision of quality services to all ASHA members.

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Health Care Economics & Advocacy Team

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Expertise regarding Medicare conditions of participation, and payment policies and other regulations for speech-language pathologists and audiologists.

Director of Private Health Plans Advocacy

Expertise in coverage and payment issues related to managed care plans such as health maintenance organization (HMO) and preferred provider organizations. Maureen coordinates the new State Advocates for Reimbursement (STAR) Network.

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Certification Team

For questions regarding the Clinical Fellowship, certification requirements and application procedure, and the appeals process regarding adverse certification decisions, call the National Office at 301-897-5700 and request to speak with a Certification Case Manager.

Scenario A: The Rural Speech-Language Pathologist

Lee Ann Rhymes is the only speech-language pathologist in a remote rural school system. She has practiced in the schools for 15 years following the completion of her master's degree and gaining her Certificate of Clinical Competence. She meets the maintenance of certification requirement mostly by attending in-service opportunities offered through the schools and an occasional state association meeting. When she is able to attend these conferences, she tries to get more information regarding articulation and phonological disorders, the most common diagnosis for children on her case load. She is a well-respected member of the school faculty.

A new family recently moved to the community and enrolled two children in the school, one of which is 7 years old and has a diagnosis of autism. He was being seen for inclusion services and pull-out speech-language and behavioral services in his previous school system. Additionally, his parents had a nutritional consultant and an ABA therapist who worked with the child after school hours. The parents are insistent that the same level of services should be provided in the school system.

Lee Ann has a dilemma. She has never worked with an autistic child before and had very little instruction in her degree program about the disorder. Her supervisor indicates that she is the person who must accept responsibility for directing the special education team in developing an IEP and who must also take the lead in providing services to the child. The logistical and financial challenges of seeking services at another center are too great as far as the school is concerned. Lee Ann knows she does not have all of the skills to provide needed services. She isn't sure what ABA therapy is—and when the parents talked about the child's success with utilizing visual schedules and social stories in the classroom, she did not know what they were talking about. She is uncertain that the school can monitor the child's gluten-free diet appropriately. She feels that the school administrator is unfairly pressuring her to take the lead with a disorder with which she is unfamiliar. However, no one else seems to know as much as she does about autism, so she feels a sense of responsibility to the child and to do her best to make the school system meet its responsibilities. Finally, she wants the parents to perceive that the school can provide an appropriate education for their child.

Ethical Decision-Making Perspective

1. What is/are the ethical dilemma(s)?
2. Are there issues that are not "ethical" ones?
3. What portions of the Code of Ethics are applicable?
4. What information does Lee Ann need?
5. What are her possible courses of action, both immediately and in the near future?

Scenario B: The Pressured Speech-Language Pathologist and Her Assistant

Charlotte is a speech-language pathology assistant in a large urban school district. She has a bachelor's degree in speech-language pathology and is in the second semester of her master's degree program at the same institution. She works full-time and attends school part-time. In her first semester, Charlotte took graduate courses in child language disorders and motor speech disorders. This semester she is taking classes in adult language disorders and aural rehabilitation. She also has a clinic assignment, providing supervised clinical service to a child with language disorders.

Charlotte's supervisor works three-quarter time and has a caseload of 60 clients in three schools. The cases vary in type and severity of disability. She and Charlotte have a very good relationship. The supervisor needs to complete a great deal of assessment, including formal testing, observation, language sampling, and oral-motor mechanism examinations. In the interest of time, she has asked Charlotte to do half of all the assessments and Charlotte, being an avid learner, has agreed. The supervisor has shown Charlotte how to administer each type of evaluation. Further, Charlotte's course instructor was the author of the test they use for language evaluation.

The supervisor is confident of Charlotte's ability and it turns out that Charlotte really is very good. Furthermore, the supervisor reasons that Charlotte is going to be an independent speech-language pathologist in just a few years, and the experience of completing these evaluations will make her that much better. Charlotte agrees.

Finally, the supervisor has given Charlotte some model evaluation reports and asked her to write reports of the assessments. The reports contain language like, "The clinician determined..." and "In the clinician's opinion..." rather than specifically identifying who the clinician was. Charlotte wrote excellent reports and both she and the supervisor signed them.

Ethical Decision-Making Perspective

1. Does this scenario describe a matter of ethical concern?
2. If not, why not?
3. If yes, is there direct connection to the ASHA Code of Ethics. If yes, how?
4. If yes, are both Charlotte and the supervisor in jeopardy of ethical violations.
5. If there are ethical concerns, what actions might be taken by both parties to avoid or ameliorate them?
6. What actions would you take, assuming the role of both Charlotte and the supervisor, that might be different?

Discussion Questions

1. Given the shortage of resources, and the dictum of the Code of Ethics to "hold paramount" client welfare, does the need to assess the children override all other considerations?
2. Did the supervisor's demonstrations and sample reports suffice to ensure client welfare? After all, Charlotte was quite good at providing assessment and writing reports.
3. Besides this job, Charlotte is a graduate student in speech-language pathology. Does that status suffice to allow her to complete the evaluations in the manner described? How would your answer change if all Charlotte's evaluations were directly supervised?

Scenario C: The Public School Speech-Language Pathologist and Medicaid

You are a public school speech-language pathologist with 6 years of school experience after obtaining your CCCs. Your school district has identified special education Medicaid billing as an additional source of revenue. This program is permitted by federal and state special education and Medicaid rules and regulations.

You are one of two speech-language pathologists in your district with your CCC; the remaining 4 do not. Two are “grandfathered” bachelor’s level SLPs and two are master’s level SLPs who let their ASHA certification lapse. The Medicaid program in your state requires providers to hold the ASHA CCC. However, it does permit districts to bill for services provided by speech-language pathologists who do not hold the CCC if they do so “under the direction of” a speech-language pathologist with the CCC. Your district has decided to pursue this route.

The district has provided you with a reduced caseload to allow for the time required to supervise and review the work of the other speech-language pathologists. In addition, the district is earmarking some of the Medicaid funds generated for professional development for speech-language pathologists, for purchase of speech-language assessments and AAC devices, and for payment of your ASHA dues.

In your monthly review of the notes of two of the speech-language pathologists you are supervising (one a bachelor’s level SLP and one a master’s level SLP), you notice some concerns. Both sets of notes reveal incomplete data collection. In one circumstance, the data does not adequately reflect the students’ performance, making it difficult to determine if the students are making progress. In another, the lack of complete data makes you unsure as to whether the students were actually present on the days indicated. Later that week, while observing the two speech-language pathologists, you observe therapy procedures that leave you uncomfortable. They are using materials and techniques that are different from those you use, and you are not sure they are selected to support the therapy goals.

Ethical Decision-Making Perspective

1. Does this scenario describe a matter of ethical concern?
2. If so, what aspect of the scenario?
3. What aspects of the scenario may be of concern to the speech-language pathologist, but may not be an ethical issue?
4. How does the ASHA Code of Ethics address these concerns?
5. What are some possible actions that might be taken?
6. What course of action would you take and why?

Discussion Questions

1. How would the speech-language pathologist address her feelings of discomfort about the therapy she has observed?
2. How should the speech-language pathologist address the record keeping errors?
3. What should the speech-language pathologist communicate to her supervisors in the district?
4. How would the scenario be different if the district did not allocate time for supervision and did not allocate Medicaid funds for professional development?

Scenario D: The Absent Speech-Language Pathologist

Jim D., owner of a speech-language pathology practice, contracts with a preschool program to deliver screening, testing, and therapy to children ages 3-5 in a remote region of the United States. Jim bills Medicaid for the services. Jim D. is the certified staff member who supervises three highly experienced speech-language pathology assistants, all with undergraduate degrees in early childhood education. Jim supervises the SLPAs appropriately. The parents and the staff of the preschool are pleased.

The services start in August. However, in February of the following year, Jim became ill and left the area for medical treatment for four months. While away, he made arrangements to stay in touch with SLPAs, preschool staff, and other stakeholders by telephone. Services continued, as did Medicaid billing. Jim returned in July to resume on-site duties.

Ethical Decision-Making Perspective

1. Does this scenario describe a matter of ethical concern? If so, what aspect(s) of the scenario?
2. How does the ASHA Code of Ethics address these concerns?
3. What are some possible actions that might be taken?
4. What course of action would you take and why?