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Identifying Effective Systems and Processes to Promote Ethical Workplace Cultures in the Applied Behavior Analysis (ABA) Therapy Industry

by

Manuel Rodriguez

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Business Administration Muma College of Business University of South Florida

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Keywords: Professionalism, Human Services, Ethics Code, Supervision, Behaviorism

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DEDICATION

Sacrifice, commitment and perseverance are the qualities and values my familia has demonstrated in support of me completing the doctorate of business administration. I could not have asked for more and this work is dedicated to them. A special dedication to my partner in life Paige and our children – Hope, Sabrina, and Aidan, my mother Maria, sisters Melissa and Vanessa, and their families as well. They were all there for me in every way I needed. Mi familia, I dedicate this work to you.

To my doctorate research committee, your time and support were amazing throughout this endeavor. I dedicate this work to you. To my fellow DBAers, I am so appreciative to have gone through this journey with you. You have all inspired me in many ways, taught me valuable lessons, and showed a great deal of support to me. I dedicate this work to you.

To the professionals who call themselves behavior analysts, working to make a positive difference in this world, I am inspired by you all. This work was specifically focused on the applied behavior analysis clinical industry serving the development disability population of our world. I applaud you and your work and I dedicate this work to you. To the behavior analysts working with executives, focusing on safety, teaching in academic institutions, and bringing about world change on a political front, I dedicate this work to you.

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ABSTRACT

The purpose of the study is to identify methods and practices which encourages and enables ethics in organizations providing Applied Behavior Analysis (ABA) therapeutic services to individuals with development disabilities. The professional and organizations they represent must protect the consumer, the employees and the integrity of the practice as part of their ethical responsibilities. The specific focus of this research is the behavior analyst and the ABA industry. The behavior analyst is a practitioner who studies and applies behavior analysis, working with various populations such as individuals with development disabilities, autism, attention deficit hyperactivity disorder and learning disabilities. The subject matter of ethics in ABA is a constant discussion point, a continuous educational component and a reinforced element of the practitioner's career. This research intends to benefit the ABA industry and human services in three ways. First, proven methods to encourage and enable ethical decision making. Second, specific leadership characteristics and behaviors that support ethics. Third, proposed improvements for the field at large regarding ethics. A qualitative research design was used to interview participants, representing ABA therapy companies, to gain their perspectives on the subject. As a result, consistent themes emerged from the interviews with regards to organizations systems to encourage ethics such as education, supervision, the role of an Ethics Officer, the use of scorecards, and the role of leadership being active models and encouragers of ethics. The findings of this study are consistent with previous literature and contributes to the existing literature in three ways. First, the study provides the perspective of practitioners in the field with

no filter or narrow stimulus to react to such as a closed-ended question. Second, the study expands on the exiting literature on ethics by focusing on concrete policies, procedures and practices used by organizations to encourage ethics versus conceptual ideas. Third, this data can be beneficial to an organization either starting up in the ABA industry or a long-standing organization looking to continuously improve in the area of ethics.

CHAPTER ONE:

INTRODUCTION

What is the Research Study About?

Imagining the business world without ethics can evoke images of corruption, deceit, and utter chaos. Though these images may appear extreme however a few hours of reading will lead one to recent media reports of alleged fraud (Nicodemus, 2020; Yang, 2020), poor government decision making (Mackrael, 2020), and sexual harassment (France-Presse, 2020). In the area of human services, such as organizations/professionals who provide therapeutic services to individuals with mental and/or development disabilities, ethics is deeply integrated into their day to day work. The professional, and therefore the organizations they represent, must protect the consumer, the employees, and the integrity of the practice as part of their ethical responsibilities. Without strong ethics, these organizations and professionals can find themselves faced with a series of potential unethical conundrums such as breaching confidentiality, exploitative relationships, dual relationships, and fraud. Striving for an ethical workplace culture continues to be a common interest and subject matter across industries and academic studies. The notion of ethical companies (Chadegani & Jari, 2016) and the relevancy to focus areas such as leadership (Bello, 2012; Yang, 2014; Krapfl & Kruja, 2015; Moore, Mayer, Chiang, Crossley, Karlesky, & Birtch, 2018), and turnover (Kangas, Kaptein, Huhtala, Lämsa, Pihlajasaari & Feldt, 2018) is being studied both by ethicists, psychologists, human resource professionals, economists, and academics in schools of business.

The following research study aimed to identify policies, procedures and practices that encourages and enables ethics in organizations providing Applied Behavior Analysis (ABA) therapeutic services to individuals with development disabilities. The primary objective of the research was to explore how ethics is promoted and encouraged, influencing the overall organizational culture. The study focused on the perspectives of executives, senior management team members, and the practitioners providing ABA therapy (Board Certified Behavior Analysts, Board Certified Assistant Behavior Analysts, and Registered Behavior Technicians/Therapists).

The ABA Industry

Human services and the human services industry are very broad in definition, approaches, and disciplines. The field of human services can be simply defined as "an interdisciplinary knowledge base, focusing on prevention as well as remediation of problems, and maintaining a commitment to improving the overall quality of life of service populations" (National Organization for Human Services, 2019). Examples of human service worker positions include case worker, drug abuse counselor, and mental health counselor. The specific focus of this research was the behavior analyst and the ABA industry. As described by the Behavior Analyst Certification Board (BACB, 2019), "behavior analysis is the science of behavior, with a history extending back to the early 20th century... [with the] guiding philosophy...behaviorism." The behavior analyst is a practitioner who studied and applies behavior analysis, working with various populations such as individuals with development disabilities, autism, attention deficit hyperactivity disorder, and learning disabilities.

The ABA industry has experienced exponential growth in recent years primarily due to the effectiveness of its applications with individuals diagnosed with autism. Forty-eight (48)

states require insurance coverage for autism services such as ABA (Morris, 2018). On January 1, 2019, the American Medical Association enacted medical billing codes for ABA (Morris, 2018), recognizing ABA as a medically necessary treatment. A recent article by LaRosa (2018) stated that the U.S. autism treatment market is expected to grow to a \$2.23 billion dollar industry by 2022, stating the "average" ABA center grosses approximately \$821,000 annually.

Professionals in this field are supported by professional networking, conferences for continued education, and scientific peer reviewed journals such as the *Journal of Applied Behavior Analysis*, and *Behavior Analysis in Practice*. A number of challenges have arisen with the growth of the industry, including supply and demand of therapists, maintaining quality (Morris, 2018), employee turnover (McMillin, 2016; Molko, 2018), supervision (Sellers, Alai-Rosales & MacDonald, 2016) and ethics (Bailey & Burch, 2016). The subject matter of ethics in ABA seems to be a constant discussion point, continuous educational component, and reinforced element of the practitioner's career (Rosenberg & Schwartz, 2019; Broadhead, Cox & Quigley, 2018).

This research intends to benefit the ABA industry and human services in three ways: 1) reveal proven methods to encourage and enable ethical decision making, 2) identify specific leadership characteristics and behaviors that support ethics, and 3) propose improvements for the field regarding ethics.

Research Questions

The research questions explored were:

RQ #1: What strategies do ABA organizations employ to promote ethics?

RQ #2: What strategies do ABA organizations employ to prevent and address unethical behaviors?

RQ #3: Which dimensions of executive ethical leadership are most important?

RQ #4: What factors influence the development of ethical leadership in executives?

RQ #5: What organizational and employee outcomes do ethical leaders influence?

The literature review is organized as followed: the business case for ethics in the workplace, ethics in human services, the importance of ethics to the aba industry, a conceptual model, and specific theoretical discussions relevant to the research.

Literature Review

Ethics and Human Services

Given the nature of their work serving clients with specific needs, such as drug addiction, developmental disabilities, and mental health, ethics is at the core of the professionals practicing within the human services industry. Human services professionals enter their career with ethics being a central focus, realized by the various codes of ethics practitioners must adhere to (Workers, 2008; Behavior Analyst Certification Board, 2014; American Psychological Association, 2017). Professionals in human services hold various certifications and licensures that include codes of ethics. Their commitment to their profession, adherence to their codes of ethics, and moving beyond compliance to a more proactive or preventive ethics with strategies such as ethics committees and education in ethics (Winfield, Sparkman-Key and Vajda, 2017) are becoming more prevalent in the industry than ever before. Many professionals work for companies have their own code of conduct with regards to ethics. However, because individual professionals must adhere to their codes of ethics, potential conflict may arise if the organizations code of conduct, or the practices within the company conflict with the individuals code of ethics.

Ethics in the ABA Industry

From an ethics perspective a number of articles have been written regarding managing an ABA company ethically. Broadhead et. al. (2018) describe the explicit use of organizations in ABA supporting the Professional and Ethical Compliance Code for Behavior Analysts (Behavior Analyst Certification Board, 2014), which is referenced as "the Code" hereafter. Parks, Tudor and Ventura (2019) discuss how leaders in behavior analysis would benefit from "adopting a consistent and transparent system of ethics training will encourage dialogue about anticipated or unique ethical scenarios" (p. 53). Ethical decision making is important for the ABA industry to protect the consumers, the reputation of the providers, the field at large, and adherence to laws (Broadhead & Higbee, 2012). The field of ABA requires a focus on ethics as observed by relevant laws (Association of Professional Behavior Analysts, 2019) and the mandatory compliance code requirements (Behavior Analyst Certification Board, 2014). Moreover, the consumer population of ABA is a vulnerable population, including children and adults with developmental disabilities such as autism, individuals with dementia, and at risk-youths, which may lead the ABA therapy provider to encounter several ethical challenges such as poor training and supervision, treatment integrity, dual relationships, and scope of competency (Bailey & Burch, 2016).

Thought leaders on ethics in the field of ABA have written about several benefits of organizations teaching and maintaining ethical behavior (Broadhead & Higbee, 2012). Those benefits include a higher quality of care and consumer protection, training and continuing education compliance, mitigating consumer loss and reputation damage, and promoting the organization and the field of ABA. These same thought leaders provide suggestions for ABA organizations to enable and encourage ethics such as appointing an ethics coordinator

(Broadhead & Higbee, 2012), rule-based decision making or deontology (Rosenberg & Schwartz, 2019; Parks, Ventura & Tudor, 2019). Specifically, this study sought to understand the application of policies, procedures, and practices regarding ethics in ABA companies

A Conceptual Model

A conceptual model (Figure 1) was designed based on the existing literature that proved useful in conceptualizing and synthesizing the array of research, conceptual papers, and theorems explored on the subject matter.

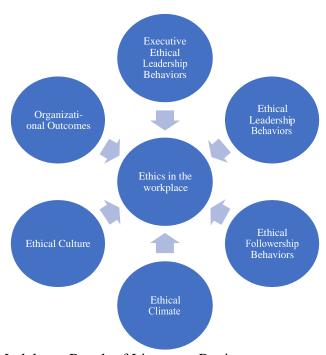


Figure 1. Conceptual Model as a Result of Literature Review.

The conceptual model is designed to illustrate the connections between leadership behaviors, followership behaviors, climate, culture and outcomes, each as individual variables that influence ethics in the workplace.

Executive Ethical Leadership Behaviors

As the literature describes, ethics starts at the top of the organizational hierarchy with members of an executive team demonstrating ethical leadership behaviors. The executive's

behaviors trigger, model, and reinforce ethical leadership behaviors for individuals in management roles (Wu, Kwan, Yim, Chiu, & He, 2015). Ghosh (2008) described clearly how "ethics need to start at the top and address basic workplace decisions which may not have legal compliance connotation but, nevertheless are an integral part of corporate culture" (p. 68). Ghosh's research evaluated the effects of corporate values influence on decision making, comparing three levels of values: integrity and good business practices, profit-oriented and performance driven, and having no values in perspective (the control group). Their findings suggest the 94 participants in an executive development program proved less ethical when the values were profit-oriented compared to the values of integrity or no corporate values are expressed. Their results also show predictors of ethical decision making based on the individual's ethical standards and the explicit corporate values on ethics. Ghosh (2008) emphasizes that the role of the executive is to be an exemplar manager and "the moral compass of the company" and the executive "must set the tone by professing and embracing integrity" (p. 81).

Trevino, Brown, and Hartman (2003) conducted a qualitative analysis of the perceptions of executive ethical leadership. The informant-based interview included senior executives and corporate ethics officers to learn what constitutes ethical leadership due to the limited empirical evidence at the time, which is the reason the researchers chose a qualitative informant-based interview approach (Trevino et al., 2003). The research included perspectives from within the senior executive suite as well as outside perspectives, mostly from the corporate ethics officers. Forty (40) interviews, evenly distributed between senior executives and corporate ethics officers, were conducted with medium to large organizations from the United States of America (Trevino et al., 2003).

From the interviews, the authors reported broad themes, The categories were: people orientation (i.e., respect, "walk the talk," honesty, modeling), setting ethical standards and accountability (i.e., setting expectations and rules, use of rewards and punishment, institutional values), broad ethical awareness (i.e., greater good, long term concerns, bottom line concerns, quality and value to customers), decision-making processes, and miscellaneous categories such as personal morality being related to ethical leadership, ethics being top down however can also be bottom up surfaced but inconsistent in responses (Trevino, et. al., 2003, pp. 15-16). The contribution of this research were the categories being more applied focused.

Wu et al. (2015) studied the relationship of CEO leadership in regards to ethics and corporate social responsibility. The authors described a lack of attention on the "relationship between CEO ethical leadership and corporate social responsibility" (p. 819), which is focused on organizational economics as well as social and environmental performance. The authors further state how "research has argued that establishing an organizational culture is a fundamental function of an ethical leader" (Wu et al., 2015, p. 819), describing the link to social learning theory (Bandura, 1977). Wu et al. (2015) provided a conceptual model for their study, illustrating the connection between the CEO founder status, CEO ethical leadership, organizational ethical culture, and corporate social responsibility.

The research used a questionnaire survey of Chinese firms "as a part of a comprehensive research project centering on CEO leadership and business strategy in China" (Wu et al., p. 823). CEO ethical leadership was measured using a ten-item scale from Brown et al. (2005), a nine-item scale developed by Key (1999) was used to measure organizational ethical culture, and a seven-point scale by Turker (2009) was used to measure corporate social responsibility. As the authors note, a main contribution of their study is related to managerial discretion as a moderator

of CEO ethical leadership (Wu et al., 2019). Additionally, the "model of CEO ethical leadership...provides a generative framework for future research that focuses on the firm consequences of CEO ethical leadership (Wu et al., 2019, p. 827). The body of literature on executive leadership behaviors leads to a discovery of research on ethical leadership behaviors, the next level of leadership and element of the conceptual model.

Ethical Leadership Behaviors

Ethical leadership behaviors influence the followership behaviors, whom could be direct reports or any member of the organization who follows the leader's example. The subject matter of leadership behaviors contributing to unethical behavior adds to the literature on ethical workplace cultures. Litzky, Eddleston, and Kidder (2006) review triggers and costs to employee deviant behaviors such as violating standards, stealing, and hostile behavior, as illustrated in Figure 2. Litzky et al. (2006) describe six factors "under managers' control" that can encourage deviant behaviors: "1) the compensation/reward structure, 2) social pressures to conform, 3) negative and untrusting attitudes, 4) ambiguity about job performance, 5) unfair treatment, and 6) violating employee trust" (p. 93).

The term "ethical leadership" continues to be a subject of interest by researchers and organizations alike (Yang, 2014; Zoghbi-Manrusique-de-Lara & Suárez-Acosta, 2014). Brown, Treviño, and Harrison (2005) define ethical leadership "as the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and the promotion of such conduct to followers through two-way communication, reinforcement and decision-making" (p. 120). The definition provides a construct based on social learning theory focused on two behaviors: 1. leaders modeling ethical conduct, and 2. leaders encouraging ethical conduct through communication, reinforcement and making ethical decisions.

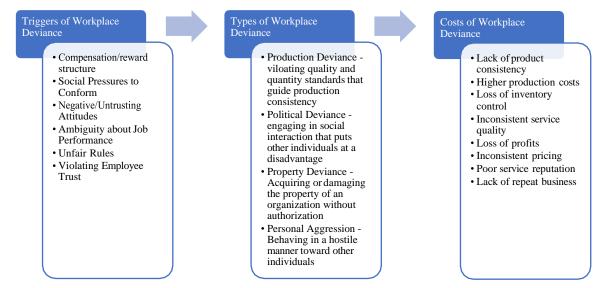


Figure 2. Triggers/Cost Related to Workplace Deviance, from original Litzky et al. (2006).

Resick, Hanges, Dickson, and Mitchelson (2006) reinforce the definition of ethical leadership that "focuses on how leaders use their social power" (p. 346). Their research took a cross-cultural approach to ethical leadership, evaluating four dimensions: character/integrity (demonstrating a pattern of ethical behavior), altruism ("engaging in behaviors intended to help others without expecting any external rewards" (p 347), collective motivation (the interest of the group comes before an individual's interest), and encouragement (reinforcing others to be "self-sufficient" (p. 347).

Resick et al. (2006) used data from the Global Leadership and Organizational Behavior Effectiveness (GLOBE) program as a basis for their study, which included "17,000 middle managers from 931 organizations in 62 different societies and three different industries" (Resick et al., 2006, p. 349). Data related to ethical leadership was obtained as part of the GLOBE's process using "scales designed to assess organizational culture...[and] scales designed to examine societal culture" (Resick et al., 2006, p. 349). As a result, the researchers found the four components of ethical leadership were supported across the cultures, and leaders were perceived as effective across cultures with these behaviors. Resick et al. (2006) further concluded that

"each of the ethical leadership dimensions...focuses on leading in a positive or people-focused manner. When combined, these dimensions reflect leading in a manner that is respectful of the rights and dignity of others - that is, ethical leadership" (p. 357).

Research has also explored antecedents to ethical leadership predicting ethical behavior of others. Mayer, Acquino, Greenbaum, and Kuenzi (2012) found an antecedent of ethical leadership to be "moral identity," a construct related to demonstrating traits such as honesty, caring, compassion, and hard-work ethic. A finding from Mayer et al. (2012) suggested that "finding ways to reinforce or activate leaders' moral identities may be one way to promote ethical behaviors" (p. 166). Activating moral identities could take the form of various antecedents such as symbols, slogans and prompts. Mayer et. al. (2012) also presume moral identities are self-motivating and can be maintained through avoidance of "feeling inauthentic" (p. 166). Simha and Cullen (2012) discussed exploring strategic and managerial orientations as antecedents to ethical climates. The literature on ethical leadership behaviors resulted in identifying research on ethical followership behavior.

Ethical Followership Behaviors

As defined by Daniels and Daniels (2007), "follower behavior, not leader behavior, defines leadership" (p. 5). Literature on leadership focuses on the dynamics of "leadership as a two-way influence relationship between leaders and followers united by a common purpose" (Reed, 2014, p. 5). With regards to ethics, followers of leaders face many challenges including "expressing loyal dissent, being true to oneself while in service to the values of an organization, and actively opposing a supervisor" (Reed, 2014, p. 5). Expressing dissent to a leader has been written about as a "exemplary" behavior of followers (Kelly, 1992). Although dissent is viewed as honorable for followers to demonstrate, Chaleff (1995) contends followers should be focused

on the purpose and values of the organization rather than simply following the leader.

Challenging a leader on every issue is not the direction Chaleff (1995) would recommend. Rather, he proposed being selective, stating "It is not ethical to break rules for simple convenience or for personal gain, but neither is it ethical to comply with or enforce rules if they impede the accomplishment of the organization's purpose, the organization's values, or basic human decency" (Chaleff, 1995, p. 47). Reed (2014) describes principles of loyal dissent, a proposed set of "should and ought statements that would help followers discern courses of action that are more rather than less morally supportable" (Reed, 2014, p. 14). In summary, the principles are 1) put the organizational goals first, 2) act with caution and limits as not every issue requires dissension, 3) consult with colleagues and mentors,4) dissent with tact and diplomacy, 5) express your dissent internally first, exhausting your efforts inside, and 6) give leaders the opportunity to act. As Reed (2014) states, "by examining followership through an ethical lens, various forms of dissent can be evaluated as to whether they are more or less morally supportable" (p. 16).

Kellerman (2008) provides an evaluative tool regarding followership behavior related to leadership behavior. The tool expresses the behavior of followership engagement as either doing nothing, being supportive, or opposing a leader. The evaluation occurs when describing these followership behaviors relative to an effective, ethical leader or an ineffective, unethical leader. This evaluation is helpful for followers to learn from past situations versus real-time analysis as Reed states that it is "difficult in the moment to discern whether a leader's actions are going to be effective in the long run" (Reed, 2014, p. 9). Figure 3. illustrates Kellerman's evaluative tool of followership.

Ends and Means of the Leader



Figure 3. Kellerman (2008) Criteria-Based Evaluation of Followership.

The importance of focusing on followership behaviors is highlighted in the literature on crimes of obedience, acts considered illegal or immoral performed as a result of following orders from leaders (Kelman & Hamiltom, 1989). Carsten and Uhl-Bein (2013) describe crimes of obedience in the workplace as occurring "when subordinates willingly follow an unethical or illegal directive of a superior" (p. 50). The researchers mention the case of Enron and, in our most recent history, the case of Wells Fargo deceiving as examples of crimes of obedience (Flitter & Cowley, 2019). These crimes lead to employees being fired, prosecuted, and incarcerated in some cases.

As Kelman and Hamilton (1989) describe, followers demonstrating such crimes of obedience feel powerless to the leader. The idea that followership behaviors are influenced by leadership behaviors points to the need to focus on followership behaviors as a dependent variable. As Carsten and Uhl-Bein (2013) conclude, "by establishing the important relationships between follower beliefs, displacement of responsibility, and obedience, we begin to understand the follower side of ethical leadership and appreciate the role that followers play in challenging their leaders to uphold ethical codes" (p. 59). The research on followership behaviors linked to

ethical climates and cultures, a body of literature and research with a significant amount of depth and breadth across disciplines and applications.

Ethical Climate and Culture

Raile, E.D. (2013) describes the difference between organizational culture and climate, which admittingly he states, "remains subject to some ambiguity" (p. 253). As Raile (2013) mentions, organizational culture is typically viewed to focus on stability, values-based, outcomes of the organization based on connections between individuals and the environment. However, organizational climate is viewed as "temporary, better defined, easier to measure, and more controllable" (Raile, 2013, pp. 253-254). Defined as "...the shared perceptions of procedures, policies, and practices, both formal and informal, of the organization" (Reichers & Schneider, 1990; Schneider, 1975, 1983), organizational climate has a major influence on the organizational culture.

Ethical workplace culture, also identified as ethical culture or ethical organizational culture (Huhtala, Tolvanen, Mauno, & Feldt, 2014), has been defined as "values, systems, norms or behaviors promoting ethical conduct" (Treviño, 1986). Additionally, ethical workplace culture has been written and studied in relation to shared experiences between and within work groups (Huhtala et al.,2014). A few models have been documented to provide concepts of an ethical workplace culture such as describing individuals as members of an organized group (Solomon, 2004; Schein, 1990), and organizations as a group (Kaptein, 2008). As a result of these models, Kapstein (2008) has described eight virtues of organizational culture: clarity, congruency of management, managerial behavior, feasibility, supportability, transparency, discussability, and sanctionability.

Ethical climates are one type of work climate (Raile, 2013), which includes the idea "1) that ethical climates involve shared perceptions of group norms related to organizational policies, procedures and practices, and 2) that these norms deal with distinctions between right and wrong behavior within the organization" (p. 254). It would appear it is more desirable to establish an ethical workplace climate to ensure stability and organizational outcomes. Simha and Cullen (2012) describe ethical climate theory based on the works of Victor and Cullen (1987,1988). as consisting of two dimensions: ethical philosophy and sociological theory. Ethical philosophy provides the foundation of three criterion: egoism (self-interest), benevolence (decisions and actions for the greater good), and principle (in accordance with laws, rules, codes and procedures) (Simha & Cullen, 2012, p. 21). The sociological theory is comprised of three "loci: individual, local, and cosmopolitan" (Simha & Cullen, 2012, p. 21). This theory is about decision making per individual beliefs and values, the organization, and the society at large (Simha & Cullen, 2012). Decision making has been described to drive organizational outcomes, which has been related to ethical climates such as "job satisfaction, organizational commitment, turnover intentions, ethical behavior, and dysfunctional behavior" (Simha & Cullen, 2012, p. 24).

Litzky et al. (2006) describe how "ethical organizational climate" supports improving the triggers for deviant behaviors (p. 97). Organizational climate includes organizational systems such as structure, reward, and standards, and reactions to those systems (Litzky et al., 2006). It has been argued that climates that emphasize ethical behavior have less deviant behavior.

Research has also described how management behaviors strongly influence employee decision making when it comes to ethics (Treviño & Brown, 2005), which is reinforced heavily by Litzky et al. (2006).

In addition to establishing an ethical organizational climate, Litzky et al. (2006) described fostering relationships based on trust and respect and that implementing rules and reward systems also improves deviant behavior (pp. 98-99). Huhtala et al. (2014) studied employee perceptions of organizational culture and the relationship between the culture and well-being regarding burnout and work engagement. Based on qualitative survey data using the Corporate Ethical Virtues questionnaire with 2,146 respondents, the researchers (Kaptein, 2008) found that shared experiences at departmental levels supported ethical culture perceptions, and positive perceptions of ethical cultures contributed to low burnout and high engagement.

Ardichvili, Mitchell, and Jondle (2019) identified characteristics of ethical business cultures by executives across several industries. The authors' research describes how ethical cultures "are based on alignment between formal structures, processes, and policies, consistent ethical behavior of top leadership, and informal recognition of heroes, stories, rituals, and language that inspire organizational members to behave in a manner consistent with high ethical standards that have been set by executive leadership (Ardichvili et al., 2019, pp. 446). The authors explored their research on regarding executives' perspective on the most important characteristics of ethical business cultures using grounded theory to gather data through field investigation (Ardichvili et. al., 2019, p. 446). They used an informant-based interview method on 67 participants, including 54 executives, that represented eight industries and academia. The research identified five characteristics of ethical business cultures: mission-and values driven, stakeholder balance, leadership effectiveness, process integrity, and long-term perspective (Ardichvili et al., 2019, p. 448). The literature review on ethical climates and culture led to the final element of the conceptual model proposed, organizational outcomes.

Organizational Outcomes

The outcomes of an ethical climate require a discussion of ethical and unethical outcomes. Research has explored various outcomes of ethical climates, including as strategy and managerial orientations, management practices such as communication and empowerment, and the role of leadership (Simha & Cullen, 2012). Outcome variables such as "job satisfaction, organizational commitment, turnover intentions, ethical behavior, and dysfunctional behaviors" have been studied in research, suggesting strong associations between ethical climates and these variables (Simha & Cullen, 2012, p. 24).

Research on the topic of outcomes of ethical climates uncovered ethical decision making was significantly impacted by workplace ethics, standards, and practices (Elango, Paul, Kundu, & Paudel, 2010). Several elements seem to influence decision making such as perceptions of ethics (Forte, 2004); management's encouragement of ethical decision making (Sweeney, Arnold, & Pierce, 2010); and ethical norms and incentives (Shafer & Simmons 2011). Unethical workplace behaviors such as fraud, vandalism, theft, lying, spreading malicious rumors, withholding effort, aggressive behavior, and sexual harassment continue to be present in our day to day workplace environments (Peterson, 2002). There appears to be a connection between ethical transgressions, ethical work climates and organizational outcomes "such as insider trading, embezzlement, corporate fraud, and workplace bullying" (Arnaud, 2010, p. 345). Studies have discovered "not only the financial impact, but also the social and psychological effects of negative workplace behavior on the organization" (Peterson, 2002, p. 47).

Schein (1985) suggested five mechanisms related to the impact of leadership on ethical business cultures and organizational outcomes. The five mechanisms are: attention, reaction to crisis, role modeling, allocation of reward, and criteria for selection and dismissal. The

implication for management is to "be aware of the differential impact of climate dimensions on employee attitudes and behavior. Importantly, certain climates may encourage patterns of misbehavior" (Vardi, 2001, p. 333) such as accepting bribes, taking longer lunch breaks than permitted, using an expense account inappropriately, and wasting money or materials. By studying ethical climates and the associated outcomes, Schein (1985) encouraged organizations to establish systems and processes to encourage more ethical behaviors and practices, and avoid the inappropriate misbehavior deemed as unethical.

A study by Freiwald (2013) illustrates the connection of outcomes to the other elements in the proposed conceptual model described in this research. Freiwald studied the link between "ethical leadership, an ethical workplace climate, safety culture, safety behaviors, and measured safety outcomes in workers in the high reliability organizations of aviation and healthcare" (Friwald, 2013, p. 2). The studied focused on safety related events and occupational injuries. As concluded by the researcher, the results suggest "occupational injuries might be reduced in the first instance through a focus on safety-related events, which are themselves impacted by perceptions of safety climate and perceptions of an ethical workplace climate" (Friwald, 2013, p. 106). Additionally, the study concluded that it provided "further support for the positive impact of ethical leadership upon occupational injuries" (Friwald, 2013, p. 107).

Goebel and Weißenberger (2017) studied potential antecedents and ethical work climates' impact on organizational performance. Figure 4 represents the researchers' theoretical research model that was studied. Their findings concluded "coherent ethical work climates influence organizational performance in a more indirect way through increased mutual trust among employees" (Goebel & Weißenberger, 2017, p. 519). Kihl, Ndiaye, and Fink (2018) highlight trust as an indicator of corruption by organizations; they state "corrupt acts erode"

citizen trust and potentially affect ongoing contractual ties with employees and customers...impacting future business relationships" (Kihl, Ndaye, & Frink, 2018, p. 43).

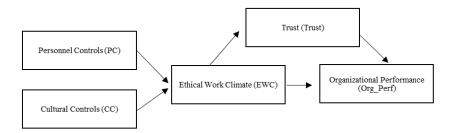


Figure 4. Goebel and Weißenberger (2017) Theoretical Research Model.

According to the researchers, mutual trust "mediates the relationship between ethical work climates and organizational performance" (Goebel & Weißenberger, 2017, p. 519). Luthar and Karri (2005) identify trust as a key outcome of ethical practices and business outcomes, signifying a heighted level of trust by society at large. Therefore, trust can be researched as a potential antecedent and consequence to ethical climates.

Specific Theoretical Discussions Relevant to the Research

A few theories on leadership address ethical leadership. Transformational leadership describes leaders posing influence and power over others, as demonstrated by interpersonal behaviors. Followers of the transformational leader develop moral principles similar to the leader given the positive influence transformational leaders look to achieve (Bass & Steidlmeier, 1999). Authentic leadership (George, 2003; Avolio & Gardner, 2005) also has similarities to ethical leadership. Authentic leadership focuses on integrity, honesty and self-awareness. Yang (2014) points out "despite the similarity...these types of leadership contribute to only a part of ethical leadership" (p. 514).

Yang (2014) also references social identity theory as relevant to ethical leadership.

Taijfel (1982) notes how the relationship between individuals creates both a sense of belonging

and divide. Walumbwa suggests social identity theory explains how ethical leadership leads to employee outcomes related to behaviors linked to the organization's values. Yang (2014) also suggests the leader-member exchange theory as relevant to ethical leadership, proposing its focus on the interaction between manager and employees being is a good "predictor of outcomes of not only the individual, but also of the subunit and organization" (p. 515). Yang (2014) argues the relationship between "...leaders of an organization and its members is crucial..." however few studies have explored the reflection on "...ethical status of their supervisors" (p. 515). These theorems were the basis for Yang (2014) exploring the framework of ethical leadership supporting job satisfaction, employee well-being, and life satisfaction of employees, illustrated in

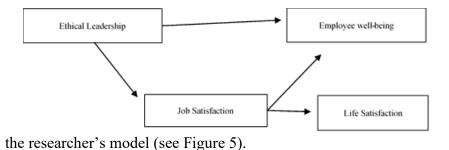


Figure 5. Yang (2014) Model.

There are several theorems relevant to the study. Table 1 organizes these theories and their possible applicability. Each theorem will be reviewed in the conclusion section of this research with respect to the results.

Table 1. Relevant Theorems.

Theory	Possible Applicable Theories [Summarized]		
Virtue Theory or Virtue Ethics Theory	Approach to ethics emphasizing individual character influencing ethics versus rules.		
Cultural Theory	Perception of risk are different between people resulting in different social norms		
Social Learning Theory	Learning takes place in a social context and behaviors are acquired by observation and imitation of others.		
Social Identity Theory	Group members self-image will influence other groups.		

Table 1 (Continued)

Leader-Member Exchange Theory	The relationship and quality of the relationship between leader and follower influences the followers' behaviors.
Ethical Climate Theory	Consists of Ethical Philosophy Theory (egoism (self-interest), benevolence (decisions and actions for the greater good), and principle (in accordance with laws, rules, codes and procedures)) and Sociological Theory (comprises of three "loci: individual, local, and cosmopolitan

Methods

Population

The participants were individuals working in ABA Organizations with job titles CEO (2), Vice President of Clinical Services (2), Board Certified Behavior Analyst -BCBA (4), and Registered Behavior Technician (RBT) or referred by one organization as an ABA Therapist (4). The two CEOs and two Vice Presidents of Clinical Services were also credentialed as Board Certified Behavior Analysts. These individuals represented three different organizations.

Organization A, which is located in the state of North Carolina with an employee headcount of 20, included one CEO, one BCBA, and two RBT's. Organization B included one Vice President of Clinical Services and two BCBA's; it is located in the state of California with operations in more than 10 states. While the headcount of the ABA Therapy staff totals 20 individuals, the organization has more than 10,000 employees across the United States Organization C included one CEO, one Vice President, two BCBA's, and two ABA Therapists and is located in the state of Maryland with operations in four states and an employee headcount of 160. Each organization and participant met the following inclusion criterion to ensure clarity on the scope of the participants. The inclusion criteria were:

- 1)Individuals working within the organization who are credentialed by the Behavior Analyst Certification Board (BACB).
- 2) The organization has a set of values that includes ethics.

3)The organization has more than one executive level manager that could be interviewed by the researcher.

Following acceptance by the executive level representative of the organization (CEO, Vice President of Clinical Services), the other participants within the organization were chosen at random from the full roster of employees. The random selection was conducted by the executive numbering the full roster of employees and the author selecting a number at random. Then, the randomly selected employees were emailed by the executive and author to request their participation, noting it was voluntary and optional. The author received 100% acceptance from the individuals selected at random. Each participant was provided the agreements of confidentiality and asked to consent verbally on the recording to being interviewed, the interview being recorded and transcribed, and their representation being held anonymously.

Research Design

To explore ethical workplace cultures in the ABA industry, the study utilized a qualitative research design gathering perspectives from practitioners within the ABA industry serving the same consumer base providing ABA therapy. The current study explored ethics in the workplace from their perspectives and due to the subject matter's complexity and the focus of this research to learn from their point of view, a qualitative approach seemed most appropriate. These constructs were studied from the perspective of those interviewed. The intention was to raise awareness and understanding of the subject matter from the perspective of these professionals, garnering data that will help others in similar positions within ABA Therapy organizations, supporting researchers and practitioners interested in the subject matter.

The author conducted a series of interviews with the participants. The interviews included the following questions to explore ethics in practice.

- 1. How do you define ethical behavior?
 - a. What would you say are the top challenges in our field with regards to ethics?
- 2. What strategies influence ethical behavior in your organization?
 - a. What strategies do not work to influence ethical behavior in your organization?
- 3. What strategies support preventing and addressing unethical behavior?
- 4. How are the organizations mission and values in reflection the promotion of ethics and ethical behavior?
- 5. Which characteristics of leadership best define ethical leaders from your perspective?
- 6. Which leadership behaviors are critical for encouraging ethical behavior of others? How would you evaluate them?
- 7. How is ethics incorporated in decision-making?
- 8. How do you know these policies and procedures are working? How do you evaluate things are working with respect to ethics?

The interviews were conducted over the video conferencing program Zoom. Upon consent by each participant, the interview was recorded and saved as a mp4 file with both video and audio; the mp4 file was then uploaded in the online program Otter.ai, a speech to text application. The uploaded mp4 file produced a complete transcript of the interview that included the date of the interview, the time of the transcript being created, the duration of the interview, a summary of key words automatically generated from the interview by the Otter.ai program, and the interview commentary by the author and the interviewee. The transcripts were used to complete the inductive coding of the anecdotal data from the interviews.

The coding process was organized by each question, organized by two variations of the data set: 1. overall common themes from at least two of the organizations, and 2. across the

participants, who were identified by role within each organization. The coding supported the creation of the tables illustrated in the results section that illustrates similarities and differences of responses. Coding also supported identifying single responses from a participant that were not stated by another participant.

Results

The results of the thirteen (13) interviews are organized by overall common themes as well as themes across the participants within each organization.

Overall Common Themes

The inductive coding by the researcher identified common themes for each question. The criterion used was at least one representative from the companies said the response, resulting in at least two of the same response being observed across the three companies. The response could be from any of the three roles (Executive, BCBA, RBT/Therapist). Table 2 shows the overall common themes identified for each question. Question 7 and 8 did not have at least 2 same responses across the three companies. Questions 1, 1a, 2, 4, 5 and 6 had more than one common theme observed, and questions 2a, and 3 had only one common theme identified.

Table 2. Overall Common Themes.

Question	Overall Common themes
Question 1. How do you define ethical behavior?	 The Code HIPAA Confidentiality Medically Necessary Ethical treatment Moral principles Guidelines
Question 1a. Top challenges in our field?	 Scope of Competency Use of Punishment Dual relationships
Question 2. What strategies influence ethical behavior in your organization?	 Education – Training and Continuing education The Code Ethics Officer Supervision Performance Evaluations and Scorecards Anonymous reporting
Question 2a. What strategies do not influence ethical behavior in your organization?	Lack of Supervision

Table 2 (Continued)

Question 3. What strategies support preventing and addressing unethical behavior?	• Education
Question 4. How are the organizations mission and values in reflection to the promotion of ethics and ethical behavior?	Education Quality of Care
Question 5. Which characteristics of leadership best define ethical leaders from your perspective?	Honesty Humility Gives and Receives Feedback
Question 6. Which leadership behaviors are critical for encouraging ethical behavior of others? How would you evaluate them?	Admits to mistakes Modeling

Across the Participants

The following tables show, in few words, the responses for each question from the representatives of each company side by side. When the same words were used within and across the companies, those words were bolded to allow for ease of visual analysis. In addition to the tables, quotes are included to help illustrate the responses collected. Quotes were selected based on the length of response and clarity of response. Quotes were excluded if the response was a concise answer of few words, such as "the Code," with no further explanation by the respondent.

Question 1. How do you define ethical behavior?

Table 3. Question 1 Across the Organizations and Participants.

	Organization A	Organization B	Organization C
CEO and VP			Moral principles Guidelines The Code HIPAA
BCBA	Values Character	The Code Policies Procedures Engaged Employees Collaboration Scope of competency Client treatment with integrity	Ethical Treatment Client Supervisee Supervision
RBT/Therapist	HIPAA ABA Ethically Medically Necessary Maintaining client dignity Confidentiality		Respectful Confidentiality Honesty Treat clients equally The Code Our own ethics

Table 3 shows the themes from question 1 from the interviews. The following two common themes emerged: 1. The Code, and 2. HIPAA. All other responses were single responses. The following quotes were extracted from the interviews:

A BCBA from Organization A - "Think of your character...what would you do if no one was looking ... ABA, a lot of times, we are thinking primarily by our code being in

these are the things in the code and this is what ethics looks like ... what it comes down to is doing the right thing ... even if no one's going to find out or get injured ... is it right for the client, right for the staff member, right for the employee?"

An RBT/Therapist from Organization A - "Provide ABA, ethically, you know, medically necessary, make sure that we're not recording or taking pictures or, you know, disclosing any information outside of the clinic especially."

An RBT/Therapist from organization A - "Maintaining client dignity, confidentiality in any way that you can. Whether that is, you know, something as small as wiping chocolate off of a kid's face or keeping their address a secret. I think it's very, very broad thing that is ethics, which is one of the things that I love about ABA."

whatever realm or terms that they use, with dignity, with respect and then again, always making sure that we have their best interests at the forefront of it all."

A BCBA from Organization B - "Treatment of our patients, consumers, clients,

A BCBA from Organization C - "You have to be ethical in how you treat and respond to your clients. So ethical treatment, keep the client in mind; do the best for the client ... I have to be ethical in how I supervise supervisees and make sure that I am keeping their best interest in mind and not having like multiple relationships with

them as well or just being as ethical as possible as a supervisor."

An RBT/Therapist from Organization C – "Ethically, just treat them like everyone else...I know he has needs, but I'm not going to magnify his needs."

Table 4 shows the themes from question 1a from the interviews. The following three common themes emerged: 1. Scope of Competency, 2. Dual Relationships, and 3. Use of Punishment. All other responses were single responses.

Question 1a. Top challenges in our field?

Table 4. Question 1a Across the Organizations and Participants.

	Org A	Org B	Org C
CEO and VP			Use of Punishment
			Dual Relationships
BCBA	Fraudulent billing	Scope of Competency	Maintaining Boundaries
	Scope of Competency	Use of Reinforcement vs.	Balancing expectations of billable
	Seeking Supervision	Punishment	time and clinical quality
	Dual Relationships	Being a nice person	Burnout
	-		Dual Relationships
RBT/Therapist	Discretion Being a Supervisor		

The following quote was extracted from the interviews:

An RBT from Organization A - "There are clinics that have, you know, their name or it will say ABA clinic or things like that. I don't think that is a requirement...we're very discreet about what we do and not secretively, but not all parents you know, don't want everyone to know that their child is going in for services We don't wear scrubs, we

don't wear anything to reveal what we're there for. And I think that, I think that that's important just to keep that family's privacy."

Table 5 shows the themes from question 2 from the interviews. The following four common themes emerged: 1. Training (includes education events, continuing education, annual training, refresher training, and access to training) 2. Auditing/Auditing Cases, 3. The Code

(includes the Code, Board Code of Ethics, and Code Discussions) and 4. Ethics Officer. All other responses were single responses.

Question 2. What strategies influence ethical behavior in your organization? The following quotes were extracted from the interviews:

The CEO of Organization A - "We have a value based scorecard that's based on value driven behavior, which are backed up by the code ... during our education events, we discuss the BACB code of ethics and ethical scenarios ... we provide CES for our BCBA days, every month that are at no charge to them, and at least quarterly, it's an ethics discussion ... We have a QR code that's an anonymous scanner that's posted around the clinic for anonymous ethical or illegal reporting." An RBT/Therapist from Organization A – "We have a monthly educational event that we go over pretty much the RVT code of ethics, we go over a section each month, and even when we get through all of them, we restart them." An RBT/Therapist from Organization A - "I am so proud of where I work, and I

truly, truly appreciate the people that I work for and work with. So it makes me want to be a better RBT and as ethical as I possibly can because I don't want to let somebody down."

An RBT/Therapist from Organization A - "It's not voluntary to follow the code of ethics; it's mandatory."

An RBT/Therapist from Organization A – "Related to the use of the values based scorecard, it allows you to be, you know, truthful and honest, and you know, what you're actually completing. And definitely promotes, like open communication, which I think is important just in the way of like, being able to speak to your

coworkers openly and truthfully about, you know, not just what you're doing to get your bonus card higher, but to promote ethics because we can talk to each other about you know, hey, this is what I'm doing."

An RBT/Therapist from Organization A - "A big thing to think about when I'm going out in the community ... is this ethical, what I'm doing? Am I following HIPAA? And I following [the organizations] code of ethics? Am I following the board's code of ethics, just to make sure that I can still do what I love to do."

The VP from Organization B – "Ensuring that the ethical guidelines are intertwined...something that we touch on every day in every decision in every meeting. The organization's ethical guidelines, hope to guide ethical conduct at a macro level, and how you conduct yourself as an employee of the organization, whereas the BACB Code help to ensure that we're following ethical guidelines in clinical decision making process."

A BCBA from Organization B — "You'll get a list each month of the cases that the authorizations are going up and like, breaking the road to run out. And those are the cases that have been like flagged as saying like, hey, these kids have been maybe it's an eight or nine year old been in service for six or seven years. The kids' hours are 40 plus a week, you know, what's going on here? ... You know, does this child need outpatient services, doesn't need inpatient services, you know, are there other services that are needed and so when you get those cases in, it's you start to have to go through, and every day, we're reviewing treatment plans. So, every day, it's looking at data, making sure that the other BCBA that you're reading the plans of are following the ethical guidelines."

A BCBA from Organization B – "I think ethical compliance ethics in general, from my experience has been best in any organization system when it's discussed openly and it's discussed frequently."

The CEO from Organization C - "Instead of adopting our own ethical code, we said we're going to abide by the BACB code of ethics."

The CEO from Organization C - "Ethics officer, someone that can be there ... an employee of the organization, but it's someone that is very knowledgeable about the code of ethics and is able to take the situation and really guide people through it without ... being in a supervisory role ... we wanted to have kind of like an ethics ear that people can go to. Especially because that is what it says in [the Code], like, don't come to us with all these questions because they don't have the manpower for that ... try to resolve within the organization first and then if it's, you know, a serious breach then come to us... since we've opened that we've gotten some really great questions that we were able to answer without any judgment ... It's separating it so that they don't feel like we're, you know, micromanaging that and that they're going to us for it ... also helps us capture some patterns and behavior that might be occurring with our employees that maybe a fault of the organization for not educating them enough about a certain code or not reviewing it enough ... it's been really helpful because there are weird situations that pop up with families and staff that some people just might not know how to answer, and they don't feel comfortable going on to their supervisor, so they can just have like an ethics ear to listen to." A BCBA from Organization C - regarding the ethics officer, "It's made a really big difference in us actually being able to practice the best ethical solutions, even when

it involves, like, high up administrative people, which is obviously the most uncomfortable part of ethics is that chain of command."

"The ethics officer that's what makes it practical in order to be able to practice our ethics code." "It kind of comes from the top down...like [the CEO] have sent out several emails about all the protests that are happening now. And trying to make a new a committee kind of for diversity...like from the top down, also make it so that, like, we feel like where everybody needs to be really ethical in their behavior. All right, that's excellent. So, in terms of those values, for the company ... they are explicitly written in terms of values."

An RBT/Therapist from Organization C - "Innovation in retail or outreach, so I'm their innovation just to stay updated with the times like Coronavirus happen, and it seems like my company then it's gonna be you know, communication stage or events reschedule instantly, constant updates, constant like again, outreaches communicating like just you know, get in a pain, get an advice, whatever it may be. My company isn't afraid to be transparent and isn't afraid to like, you know, just like, Hey guys, how are you feeling? I love whenever I get weekly emails from my CSM. I'm FM. Just Hey, Joe, how are you doing? You know, great job, we're seeing your stats while blah, blah, like, if you need anything, let us know. Like that means so much. And, it makes me feel great to the point where it's like, I know, I can reach out if I ever had an issue or if I'm ever struggling with anything, I wouldn't be afraid to say that I'm struggling with some."

Table 5. Question 2 Across the Organizations and Participants.

	Org A	Org B	Org C
CEO and VP	Values based scorecard	Corporate Ethics	Employee handbook (2)
	Auditing	Board Choice of Ethics	Modeling, Training
	Education Events	Ethical guidelines	Onboarding
	Continuing Education	Ethics daily	Code (2)
	Anonymous reporting		Ethics Officer (2)
			Anonymous Channel
			Supervision, Training
			Ongoing surveillance cameras
			360 feedback surveys
BCBA	Annual Training	Training	Training
	Education events	Refresher training	One to one training
	Code discussions	Monthly meetings	Continuing Education
	Competency Assessments	Tracking caseload	Ethics Board
	Rotations between specialists	Auditing cases	Ethics Officer
	(cross training)	Communications	Code
		Ethics Officer	Values
		Decision flow charts	
RBT/Therapists	The Code		Access to training CEUs
	Self-talk		Supervisors
	Secured emails		Innovation
	HIPAA		Transparency
	Self-Care		Community inclusion events
	Scorecard		Policies
	Bonus system tied to values		Communications

Table 6 shows the themes from question 2a from the interviews. One common theme emerged from the interviews: Lack of Supervision. All other responses were single responses. No quotes were extracted from the interviews due to answers being short.

Question 2a. What strategies do not influence ethical behavior in your organization? **Table 6.** Question 2a Across the Organizations and Participants.

	Org A	Org B	Org C
CEO and VP		Preventing procedural drift	Comfort levels
BCBA		Employee of the month Only annual training Zero tolerance	Punishment
RBT/Therapist	Lack of supervision Lack of role models Too big of caseload Motivation		Isolation Lack of supervision

Table 7 shows the themes from question 3 from the interviews. The following two common themes emerged from the interviews: 1. Education (includes education events and training) and 2. Scenarios (includes guidelines for presenting ethical situations, knowledge of past examples of unethical behavior, communicating examples of scenarios, and scenario based

practice). All other responses were single responses.

The following quotes were extracted from the interviews:

The CEO from Organization A – "They have guidelines about how to talk about it because what happens with ethics, and I think with case presentations, and even for me, I tend to be a bit verbose."

"I've had to make maybe more structure than feels comfortable for me as a person because that's what the organization needs because we've got to get people in and oriented more quickly."

An RBT from Organization A - "I know that there have been cases of like somebody leaving and not giving the correct notice. So, they had been reported. And honestly, just knowing that I think is enough for a lot of people to be like, you know, I, I don't know why anybody would do that anyway, but right, or want to do that, and it's a nice preventative measure...reporting a clinician for doing that, that's a big step." The VP from Organization B - "We want to prevent procedural drift, is you want to continually promote ethical guidelines and the ethics and the standards in everything that we do. What we want to do is make sure is that people are making independent clinical decisions. It's not your initial decision. It's the clinician's independent decision. So within that, when we are auditing and making sure that decisions are being made using citing literature, medical necessity criteria, citing guidelines that are set forth by the ACD, what did you base the determination? So that's something that we always want to make sure that we do...The reason why is that we have to push the field of behavior analysis into the same breadth of other clinical practices in the medical model. So, in the way in which if somebody's going in for orthopedic

surgery, say they fractured their knee, you're not going to have 10 surgeons doing 10 different surgeries, right? You're going to have 10 surgeons doing the same surgery. And so, how can we standardize the practice of care within ABA so that a five year old with level two autism should be getting the same level of care all throughout the country and that we should be guiding decision making and the way in which treatment should be conducted in the same way."

A BCBA from Organization B - "Giving specific examples or scenarios of what's going on or what has occurred, I think, helps out. I think it really kind of drives a point and maybe hits home with a lot of people where they're like, hey, I've been in a similar situation. Another practice I think we had was an agency had, like, a flowchart. If, you know, like, if this happens, you know, like, How do you feel? Or you know, is it a yes, or is it a no, and so they kind of, they almost always lead to report to your supervisor or you know, emails, HR, but that helped because then it puts people in a position where they can make decisions for themselves, and they actually have leaned over them."

The CEO from Organization C - "The educating them on what that is. If unethical behavior does occur, we investigate to see why that occurred in the first place to see if it was, you know, an oversight or, you know, can't really measure intent, but I'm trying to get all the facts first. And then, depending on the degree of the ethical behavior, then we have to kind of take different measures. But, if it's something that can be retrained and someone that can just be alerted of something. So, we have to be very adaptable because times are changing constantly."

A VP from Organization C - "I would like to think it's an honest person just that

wants to report it. But no, there's also the case of even myself at my level. I can walk into the classroom and walk through. I walked through multiple times a day. I could show up at any time...the longer a staff is with us, I feel like they're more apt to just report it themselves ... I would love to tell you people are reporting because they're true, ethical behavior inside but no, they're being watched. People can go out of the room every day. You're never by yourself in a room. So, I feel like there's both sides."

A BCBA from Organization C - Performance Evaluations "Well, I feel like we do a really good job of making really systematic evaluations. And ethics are kind of a part of that, right? So everything about myself and how I evaluate my RBT is right that I need to make sure that they're being professional, that they're maintaining, you know, that they're not having relationships, that they're following scheduling policies and things like that, that maintain that consistency of care, which is really important, ethically, and so we give really specific feedback about all of that very regularly, right? So, every single time I see one of my technicians, I fill out a form that gives that feedback and then quarterly, there are additional meetings with field coordinators that also cover that information and ask additional information. So like, quarterly, we do solution focused behavioral search. And that also have some ethics questions in there about like, you know, are they maintaining professional, appropriate boundaries? If the family is concerned about something? Are they *letting us know if something's happening when we're not around?* Do they let us know? Because obviously, as a supervisor, there are things that I don't always see when I'm around. That kind of helps keep us all accountable. And

then, I know, I'm also regularly evaluated and some of it has to do with ethics stuff as well. So making sure ROI, what does that stand for request for? It's me being able to talk to the schools, the OT, and all of that kind of stuff, and making sure that all of that documentation is correct, and that also all of its HIPAA compliant so that there's nothing in any of my files on Drive are my actual files in the binder that's in the home. That is in HIPAA compliant. And so, I feel like the company does a good job in both directions, kind of keeping us all accountable very regularly. Where I think that's happened to other companies, but it was like once a year that I would get that feedback, not four times a year. Yeah, no, that's excellent. I think that's a great example. And, and it's tied to my bonus, and so you know, reinforcement helps all behaviors, right? And that I think that also honestly makes a really big difference, right? I'm much more likely to be HIPAA compliant when I know there's a couple hundred bucks on the line. There you go. And you feel like feedback that you get from other staff members; do you feel like those also encourage them as well? Those kind of systems and processes. So definitely the people underneath of me for sure. They really appreciate the regular feedback that we get. I have to be totally honest, the I'm out in the field and I'm in like Middle of Nowhere Maryland nowhere. Anyone else? And so, I'm not sure how other BCBA says the company feel, but definitely below me that regular feedback makes a really big difference for how many people by the way report to you."

An RBT from Organization C -"Treat their clients and how they're supposed to, you know, like, stick to the behavior, protocols and like, the skills and that sort of stuff. And it's not like and like you know, like, No phones at any time at, you know, at the center in

sessions, that sort of thing. And I mean, unless you're calling, you know, it used to be or something, but, you know, like, those sort of things because it's at the other place that I was, you know, like, the techs are on their phones, and they were giving the clients their phones, and it was just like, what is going, like, bro beginning with, like, you know, flip out, so it was just like, knowing that, although it seems like you know, like, self-explanatory and like, you know, like you're working so you shouldn't have, you know, like your phones and that sort of stuff. It's kind of like, maybe I think that is selfexplanatory because real beginnings made it very explicitly clear and like, you know, like, they really, you know, enforce what they think ethics are and that sort of stuff. And then, you know, like you like the, the chain of command. I guess like, you have a clinical supervisor, you have a field supervisor, and I mean field coordinator, and they're both, they communicate together, and they also have different roles. So, you don't so the RBT knows, like, who to go to for whichever support they need. And making sure that the, the employee also like always has the number of hours that they want. And, you know, like, they also ask, what they do is they ask the parents or like the family also to report on how they feel about the employee. So me, being you know, like how I apply to services and stuff and then, like the supervision after, you know. I think it's a I think it's 30% that they have to come in for a service. The BCBA to come in for supervision. So I mean, for me, it's easy, you know, my BCBA comes in once a week and you know, comes you know, gives newbie. Have your plans, watches, you know, like what I'm doing. And then, you know, there's a supervision sheet that she fills out, we go over it, that sort of stuff. And quarterly reports we do that stuff and opportunities for bonuses and those things, and it kind of encourages. Oh, so yeah, like, the bonuses

are really cool. And they just started I think, like, a year ago probably. And it was like, it pushes the employee to fulfill their clinical hours and you know, like so, it's kind of like an incentive to do what you're supposed to do, I guess. And you know, because I mean, I think that keeping your hours and like making efforts to make up your hours is a part of ethics too because I mean, like the parents are, you know, like their insurance I guess being billed for this and you know, like they are they put their child in [our organization] for the impression or you know, that there may get quality you know, AV services. So I feel like that is definitely something that goes along with ethics and does really well."

Table 8 shows the themes from question 4 from the interviews. The following two common themes emerged from the interviews: 1. Education (includes ongoing education and education) and 2. Quality of care. All other responses were single responses.

Question 3. What strategies support preventing and addressing unethical behavior?

Table 7. Question 3 Across the Organizations and Participants

	Org A	Org B	Org C
CEO and VP	Education events Guidelines for presenting ethical situations	Auditing	Education Investigation Disciplinary action Leadership presence Being watched
BCBA		HR Disciplinary process Performance improvement plans Communicating examples of scenarios	Ethics board Ethics officer (2) Open door culture Scenario based practice Performance evaluation
RBT/Therapist	Knowledge of past examples of unethical behavior		Expectations Mandates Training Procedures

The following quotes were extracted from the interviews:

An RBT from Organization A – regarding discretionary effort: "Ethics with discretionary effort, just making sure if you see someone's iPad out, make sure you close it or put it away that way." Regarding service delivery: "We make sure that we

do not share it outside of [the company] to tie in that ethics, if anything, is talked about client lies or you know, something that we do or we provide."

Related to community: "Not everybody in the community, whether their clients are ours or not, are not aware that what we're doing, you know, or like, you know, if we're out a walk, we wear a T shirt that was provided or one of our T-shirts; we don't really disclose that we're at [the company] or if we're going to an in home session, we won't wear scrubs or a [company] shirt. I am so proud of where I work, and I truly, truly appreciate the people that I work for and work with. So, it makes me want to be a better RBT and as ethical as I possibly can because I don't want to let somebody down."

"Our values are absolutely core to who we are."

The VP from Organization B - "Everything about the organization and everything that the organization says about values is keeping the member in mind and doing what's best for the member."

A BCBA from Organization B - "[The companies] values, you know giving the best behavioral health care to all the members. And like I mentioned before, I look at it like my values go, like why should this one and a half year old be doing ABA for 40 hours? That that's unethical to me like because I just think that the brain development and the socialization, Why should this five or six year old be in the most restrictive environment because you as a clinician are refusing to try out being in school like that? I think my values would deeply impact how I am as a clinician, but values also reflect definitely how I was raised, definitely reflect where I was brought up, definitely reflect my past history with the jobs that I've had, where I lived in said

jobs. I mean, I was I was working I was raised in Connecticut. So, we're a democratic state. The town paid for ABA programs and every single town so to observe Texas, for example, that doesn't have that, it's a totally different, so their values are completely different than mine. So what I view as bringing them back to the school least restrictive environment, they're viewing as the school doesn't do anything."

Question 4. How are the organizations mission and values in reflection to the promotion of ethics and ethical behavior?

A BCBA from Organization B - "Know Your Role, Have A Goal, and Shut Your Hole."

"All company wants to do is they want to ensure that our members are provided for with quality of care, that, you know, they're getting things in a timely manner."

The CEO from Organization C – "There's a lot of repeated themes that need to, people need to be reminded of in different environments. We have our values collaboration, education, dissemination, inspiration and innovation. And I can go over what those mean in a little bit. But I went through, and I went through the code of ethics, and I found every single one of them in there.

Being a BCBA, your kind of like, ethics is like, it's like, like, you, you breathe it, you love it, like there's no going around it like, as a CEO you have, you have to abide by like the legal regulations, the regulatory processes of, you know, state, federal and then other departments that you have to answer to. As a BCBA, you also have to answer to the ethical board. And whatever we do, it's like, you know, that the, the ethics code is, is our code. So, when we in our manual, when we have in our employee manual, that, you know, what is the behavior that we want to see from our

people? Well, we have the ethical code referenced in there. ... The decisions that we make, we always take ethics into consideration."

"Our mission is changing lives one child at a time, one professional at a time. So were driven by both. So we try to get our services to be as quality based as possible, tracking progress, making sure that all of our clients are making sufficient progress, but then also looking out for people making sure that they're happy in their environment, making sure that we're meeting their needs and that they're growing so that they can also contribute

to the success of our clients as well."

A VP from Organization C – "They're there from there in your face all the time at [the company]. I mean, it's the name of our conference rooms, to everything you do. And it's there and every single one within it promotes some sort of ethical behavior, dissemination, being able to disseminate information out to the world, innovation, education, all of them promotes some form of ethical behavior. Not only are they talked about with stuff, they're reminded of it for when they walk around. It's also part of bonus cards, it's also part of evaluations. So, there's just that constant core values that are sort of in your face for better lack of a word that drive what we do. And all of them have some sort of ethical component to them, if that makes sense."

A BCBA from Organization C - "It's really important that we're all keeping up on our, the current literature, right, that's a big part of our ethics, that we're going to stay up to date with what's happening. And dissemination is one of their core values. And so, there are free CEUs that are available to us every month. And I think that that's one way of living that value."

Table 8. Question 4 Across the Organizations and Participants.

	Org A	Org B	Org C
CEO and VP	Service delivery Education/Ongoing learning Discretionary effort and wellness	Being member centric	Like breathing Compliance Code Collaboration Education Dissemination Inspiration Innovation Open communication Quality of care Dissemination Innovation Education
BCBA		Tied to members Quality of care Transparency	Collaboration Inspiration Dissemination (2) Collaboration Education
RBT/Therapist	Values of community Ongoing education Discretionary effort and wellness Integrated into performance scorecard		

Table 9 shows the themes from question 5 from the interviews. The following eight common themes emerged from the interviews: 1. Openness (includes openness and open access),

2. Honesty, 3. Gives and Receives Feedback, 4. Compassion (includes sense of love, love, compassion, and considerate), 5. Transparency (includes transparent and transparency), 6. Humility, 7. Knowledgeable, and 8. Fairness. All other responses were single responses.

Question 5. Which characteristics of leadership best define ethical leaders from your perspective?

Table 9. Question 5 Across the Organizations and Participants.

	Org A	Org B	Org C
CEO and VP	Openness	Accountability	Knowledgeable
	Courage	Humility	Resourceful
	Honesty		Ethical
			Flexible
			Respect
			Dignity for the rights of all
			others
			Trust worthy
			Honesty
			Considerate
			Fair

Table 9 (Continued)

BCBA	Modeling	Fairness	Transparency
	Strong communication	Sense of humanity	Compassion Continuous
	Readily available	Good morals	Learner, Honesty
	Gives and receives feedback	Prideful of their work	Self-Reflection
		Adheres to the code	Receives Feedback
		Humility (2)	
		Being Knowledgeable	
		Communicative	
		Transparent	
RBT/Therapist	Honesty		Clear expectations
	Strong willed		Active Listener
	Sense of love		Gives advice
	Openness		Open access
	Communication		Tact
	Being thorough		Love
	Follow through		Compassion
	_		Humility
			Listening
			Open Minded

The following quotes were extracted from the interviews:

The CEO of Organization A – "I'm open to the feedback but also, I'm not afraid of getting in trouble. Like I'm committed to this as a learning process that I don't look at it as like I'm in trouble or I'm not or It's right or wrong."

An RBT from Organization A - "Strong willed and a sense of love. Like, you're not just letting this ethics code fall by the wayside, you need to, it definitely needs to be important to you."

A VP from Organization B - "I think accountability in that channel, a leader also adopts those same qualities that you're asking your team to adopt. And then, humility in that in areas that you don't know, just saying, I don't know, or areas that you don't know simply saying, I don't know, but you know what, let's go and find out. Humility and accountability, especially on the accountability side because we have the lives and the future of so many young people in the members of patients in the palm of our hands, so ensuring that we are making decisions that are in their best interest."

A BCBA from Organization C - "Someone who is compassionate, understands that sometimes, you make mistakes and is open to helping you learn from those mistakes in a not judgmental manner, which goes into that would be a good quality non-judgmental. I think someone who's motivated to learn is also a great ethical leader."

An RBT from Organization C - "A leader has the ability to say, I messed up, help me now, you know, a leader should be able to also follow to expand. You can't give directions if you can't listen to directions."

Table 10 shows the themes from question 6 from the interviews. The following two common themes emerged from the interviews: 1. Admitting to mistakes, and 2. Modeling (includes leading by example, modeling ethical behavior and modeling). All other responses were single responses.

Question 6. Which leadership behaviors are critical for encouraging ethical behavior of others? How would you evaluate them?

Table 10. Question 6 Across the Organizations and Participants.

	Org A	Org B	Org C
CEO and VP	Talking about ethics	Transparency	Modeling (2)
	Admitting to mistakes	Dissemination of information	Set clear expectations
		Mentoring	Hold people accountable
			Provide feedback
			Direct observations
			Use the Code explicitly
			Open communication
			Admits to mistakes
			Allows for mistakes
BCBA		Clinical decisions	Modeling
		Modeling	
		Holding people accountable	
RBT/Therapist	Maintaining confidentiality		Evaluations
	Modeling ethical behavior		Supervision forms
			Lead by example (modeling)

The following quotes were extracted from the interviews:

The CEO of Organization A - "Talking about ethics and the mess ups, sometimes there are ethical missteps. I don't want you to not make mistakes. I want you to be

trying new things, so you make mistakes and to be aware of yourself and to know that

I make them

too and that it's okay and just let."

An RBT from Organization A - "Supervisors, if we, you know, something happened in session and we want to talk about it, just making sure that there are no parents or, you know, people waiting in our waiting room before we discuss what happened in the session or any names. Making sure that our language around other students or other clients as well, not mentioning names of other clients or other parents, you know, in front of someone that's not that parent or that patient or client. Do you want to meet up here in the staff area in front of everybody, would you rather meet in a private room? So anytime

that something has to be addressed to us, whether good or bad, option is always given to be you know, spoken to in a private area or in front of everybody else, that way, you know, our information is not leaked or, you know, leaked is a weird word to use, but that way, whatever is being discussed about us or what we're doing is not in front of everybody else, that way, our information is protected as well."

The VP from Organization B - "As the leader, you know, you have to be able to model and prompt the way in which you want people to act and react. If you don't have active leadership, ethics can go out the window. And I think transparency is huge as a leader. Of course, there's only you know, you have to draw the line somewhere, but also dissemination of information, dissemination of leader of research and literature, and disseminating whatever I know to empower other people. One thing I tell my team all the time is, my job is to prepare you for your

next job. As much and fantastic as you are, if somebody else comes knocking or giving you a better opportunity, go and take that, and I'll write you a letter of recommendation. But can you do what I do? And the hope is yes. I want you all to be able to do what I do so that you can go out there and become independent leaders on your own as well. So, being transparent, getting as much information as possible, and the why behind that. Mentorship and the guidance in that never stops, right? ... What are you going to go to bat for your team? Can you show your team that you're willing to sacrifice for them as well? And I think that's a really big component I am highly, highly protective of my team. And. if I find out that somebody is disrespecting them and speaking to them or behaving in an unethical way towards them."

The CEO of Organization C - "They really use the code as a crutch. I would hope so. I'm not involved in a lot of those discussions. Because that's, and that's probably not something that we've specifically asked. But, um, but I know that when we talk about ethics, we will refer back to the code a lot. Okay? And that makes it very concrete. So, it's not like an objective. So, it's not my opinion. It's the code. You can't fight the code, right? I don't think it's being evaluated specifically for ethics. I think that if there was a huge ethical dilemma that our leaders were misaligned with, that would be a very big red flag for us. Just like I would really, I would compare that to like, if our leaders started making illegal decisions that broke the law, I would be very concerned about that. Same thing with ethics. I mean, we hold ethics to that, like degree, that it's pretty much in line with like, legal stuff."

An RBT from Organization C - "You have to be ethical yourself. You need to show me what collaboration looks like, you know, you need to be outward going with messages and working with messages; you need to be able to tell me what I did wrong precisely in the correct manner to like model how I do that for the next person."

Table 11 shows the themes from question 7 from the interviews. No common themes emerged from the interviews. All responses were single responses. The following quotes were extracted from the interviews:

A BCBA from Organization B - "Decision making would be to authorize these services, or do we not authorize these services? I have to use my best clinical judgment, which also then ties into, you know, my ethical judgment, which ties into the past history that I've had, and which everyone has a different past history...I mean, our job every day is decision making. I mean, that's all we do. It's looking at it and saying, this child can benefit from a lower level of care. And it's making those hard decisions while still remaining ethical and still remaining. We have what's called the medical necessity criteria. And so that helps for us to make our decision, and we use that criteria for every request that's submitted, you know, by all the providers. And so, within those criteria's, they're really derived from the ethical code of compliance, you know, from the ECB. So for us, it's, it's pretty easy to make a decision, whether things are going to be effective or ethical, specifically if they're ethical because those values of our ethical compliance code are embedded within, you know, criteria."

The CEO of Organization C - "We think we really educate them on like, what's going

on right now? Like what are, like, regulations around COVID? What do we have to consider from, like, a federal level, from a state level, from a local and then also like, ethically, what should we consider families want to be put on hold? What are ethical obligations to that without leaving them? So, we've had a lot of really great suggestions from our leadership team about other things that could be done, so that you know, they're not abandoning their child because that wouldn't be unethical, but they're providing other ways to support them during this time. So and that's it. I think it's, like, ingrained, so ingrained that we don't really consider. Every single time we have to make a decision, we have to ask ourselves, like, is that? Because it's, like, kind of second nature now."

Question 7. How is ethics incorporated in decision-making?

A BCBA from Organization C - "Constantly asking myself, why am I making this decision? Is it for me? Am I making this decision for my benefit? Or am I making the decision for the other person's benefit? You have that ethical responsibility to be doing what's best for your client, but then you have that responsibility for your company, to making sure that they have money coming in. Our decision making is really objective. Right? And so it's not, it's not subjective. It's not like my boss likes me more than she likes somebody else. And that's maybe why I get more of a bonus, right? It's really, really clear criteria that gets me a bonus, and maybe not someone else where I feel like in other companies, it might be a little less ethical, right? Like, it's the one that the boss likes the most that is going to get the promotion and not the person that has checked all of these very specific boxes that need to happen before they're going

to get a promotion. So, I feel like being very, very clear about how decisions are made kind of makes it so that it's a much more ethical decision process, right?

Like, I've never, there's never been a time where I'm like, I don't think I should get more for my bonus right or like we do those [leadership behaviors], which I'm sure you're familiar with."

Table 11. Question 7 Across the Organizations and Participants.

	Org A	Org B	Org C
CEO and VP		Being member centric	Second nature
			Empowering leaders
			Education
BCBA		Authorizations	Time to think
		Clinical judgment	Consider impact
		Ethical judgment	Objectively
		Medical necessity criteria The Code	
RBT/Therapist			Lead by example (modeling)

Question 8. How do know these policies and procedures are working? How do you evaluate things are working with respect to ethics?

Table 12 shows the themes from question 8 from the interviews. No common themes emerged from the interviews. All other responses were single responses. The following quotes were extracted from the interviews:

Table 12. Question 8 Across the Organizations and Participants.

	Org A	Org B	Org C
CEO and VP	When people speak up		
BCBA		Monthly report on ethical compliance Compliance Officer Auditing	Sets boundaries
RBT/Therapist	Securing IPads HIPAA Standards Confidentiality Avoiding Dual Relationships		Individualized treatment plans

An RBT from Organization A - "Seeing our clients in public, like at a store or something, we are not allowed to approach them first. If they do approach us, we can engage with that. But, we cannot talk about anything that involves a VA or

anything that we do at [the company] to just keep it like, Hey, how are you? And also to tie into that, no double relationships or friendships or anything beyond this is what happened today. And this is what I think you should know. And it's just that it's not what are you doing tomorrow. Or, how was your work? You know, I guess you could ask how was your day but other than that, not going into any sort of friendship, relationship and making sure that pick up and drop off are quick but are still providing how the day was, but just so that we're not opening the door for a parent to start a friendship or think that a friendship is developing."

An RBT from Organization C - "I think always maintaining the individual aspect of your clients that like, every because, I mean, most people know that, like, every child with autism is different. And you know, like, just because something worked with one client doesn't mean it's gonna work with this client and not to compare your clients to because I know that once you have more than one, it's kind of tricky, you know? Because if they're on the same page, it's like, well, you know, this client's doing that, why can't the other client do this too? And like that sort of thing."

Individual Questions

The following additional questions were asked during four of the interviews. Each question only had one respondent. The questions and responses are being included as part of the research as they offered insight into the applications of ethics in their organization as well as more details from the questions and responses documented and coded. These questions and responses are not coded.

Question. Do you ever find any situation where codes from one discipline versus the BACB don't match? Context, more than just ABA therapy is provided thus more than one

practitioner with a set of their own ethic codes

Organization A, CEO

"We go by the strictest code, which is honestly the BCBA, which has created some challenges."

Question. Do you ever find yourself in conflict of following the code compared to the guidelines of the company? Or do they seem to work pretty well together?

Organization B, Vice President

"No, they work great together. I'm really fortunate about the organization that I work for is we developed our medical necessity criteria, large part from what the ACP guidelines are, and that's nice. Everything has to come down to research in science and published data in what the industry indicates not what our opinion."

Question. You're now managing a virtual team. So from your perspective, that's kind of a unique question. I haven't asked other people because everybody else is in person. Do you see a difference between the ABA industry with regards to a virtual team versus a live team that you work with together? Or is it pretty much the same?

Organization B, Vice President

"I think I want to be able to say something, but I also want to be cognizant of the social determinants of what our industry looks like. I feel the ABA is very, very young. You and I are relics. This is why we're in the position we are because we're all better, longer, right? I'm sorry, by virtue of age and experience, we have to be in these positions. And winning the war of attrition. That's what it is. Yeah."

Question. The question is, what would you hope is the single most repeated thing that I get from interviews about effective systems and processes to promote ethics in the workplace.

And, it doesn't just have to be within your company; it can be in the context of the AV industry. If we pulled 100 people and interviewed 100 people, what would you hope would be, like, the single number one thing that you would hope would be the absolutely consistent across the board? No matter who I interviewed: executive, VP, RBT?

Organization B, Vice President

"Our ethics and our mission and our values are driven by the population in which we serve."

Question. From your perspective, as the ethics officer and saying that there are good things about it, yeah, can you illustrate from your perspective, like, the pros for why companies should consider having an ethics officer? And then, some of the challenges that an ethics officer face?

Organization C, Vice President

"Pro is that as I said, it provides that anonymous channel for people to reach out. I also think from a company perspective, it shows that your company places value of importance that you are an ethical company, and it's something that they want to hear about and want to discuss. And even just having that is showing that it's, it's a value. It's something that we value. The challenges of an ethics officer come from sometimes trying to figure out all of the pieces that lead to somebody reaching out, getting enough background information and information in order to make a sound ethical judgment call, knowing how much information to disclose because you're going to have to get additional background information, but you want to maintain that and timidity of the staff. So I think that, for me, that has been the biggest challenge is the best way to navigate and ensuring that I'm informing the staff that in

order for me to move forward, I may have to give some identifying information. If that's the case, and I think it's important in the ethics role, if that is the case, but if they want you to move forward, they may be determined to, that they are aware of that. Because otherwise they're not going to trust in that role."

Question. So, you're the mentor, and you have five days. And so, if you were to kind of hit home on, you know, three or three or less, you know, key things with regards to, you know, being an ethical practitioner at the company, you know, at this specific company, what would you want to make sure those three things would be that you would hit home with them to the point of after the five days they will never forget it?

Organization C, An RBT

"Maintaining, like, making sure that you're always being respectful to the client and their family and making sure that you're always maintaining client dignity...making sure that you are keeping the client's information confidential...be prepared and in the mindset to do the work."

Discussion

Themes

Consistent themes emerged from the interviews with regards to organization's systems to encourage ethics, such as education, supervision, the role of an Ethics Officer, the use of scorecards, and the role of leadership being active models and encouragers of ethics. The findings of this study are consistent with previous works and contributes to the existing literature in three ways. First, the study provides the perspective of practitioners in the field with no filter or narrow stimulus to react to, such as a policy, the Code, or close-ended questions. Second, the study expands on the existing ABA literature on ethics in the ABA industry by focusing on

concrete policies, procedures, and practices used by organizations to encourage ethics versus conceptual ideas. Third, this data can benefit an organization either starting up in the ABA industry or a long standing organization looking to continuously improve in the area of ethics. Future research can be beneficial to the ABA industry by examining the implementation of such systems, gathering concrete behavioral and outcomes data, securing feedback from employees, and measuring the outcomes related to ethics – positive measures (i.e., number of educational events on ethics) and negative measures (i.e., number of allegations, number of violations).

The questions from the current study related to leadership (questions 5 and 6) resulted in a set of characteristics and behaviors related to ethics, including honesty, humility, openness, giving and receiving feedback, accountability, fairness, and transparency. These characteristics and behaviors are observed in existing literature (Daniels & Daniels, 2007; Parks, Ventura, & Tudor, 2019) and can serve the ABA industry well regarding training, recruitment and selection, and professional development of leaders in the industry. Future research on these characteristics and behaviors would contribute to the literature on leadership, ethical leadership specifically, and the impact on followership behavior. One recommendation from the current study is to ensure future studies include interviews of supervisors and employees on the targeted leadership characteristics and behaviors to evaluate comparisons from both perspectives. A final recommendation for future research to consider is examining the education of behavior analysts in their graduate studies related to supervision, management, and leadership, specifically targeting the characteristics and behaviors identified in the current study as well as literature on the topic, such as Daniels and Daniels (2007) and Parks, Ventura, and Tudor (2019).

Another consistent theme found throughout the interviews was the focus on the consumer. Whether the organization refers to the consumer as a "member" or "client," at the

forefront of all participants was the consumer receiving ABA therapeutic services. Quotes from the participants that reflect this conclusion are statements such as, "maintaining client dignity, confidentiality in any way that you can" and "you have to be ethical and how you treat and respond to your clients. So ethical treatment, keep the client in mind; do the best for the client." The ABA Industry would benefit from more research on treatment integrity and the evaluation of behavioral interventions achieving their goals.

Treatment integrity has been researched with regards to telehealth (Rodriguez, 2020), instructional approaches such as Discrete Trial Training (DTT) and Naturalistic Training (Weiss, 2005), and the use of lottery based incentives to improve treatment integrity (Miller, Carlson, & Sigurdsson, 2014). These studies support the need for treatment integrity and models for evaluating. Future studies on the practices of treatment integrity based on the findings of this study would be beneficial. Also, future studies should consider qualitative research that surveys practitioners from various ABA companies on their practices, quantitative research that examines the impact of treatment integrity on behavioral outcomes of ABA consumers, and the way treatment integrity impacts practitioner competency, such as promotions and complexities of cases the practitioners work on, using a longitudinal study.

Conceptual Model Revisited

As previously mentioned, the conceptual model illustrates the variables influencing ethics in the workplace as described from existing literature. Based on the results of this research, the conceptual model can be used to further show the variables using examples in practice, figure 6 showing the model with examples from the interviews.

The respondents shared the role of organizational and personal values, the responsibilities of an Ethics Officer, and the adoption of the BACB Code of ethics as important influencers to

ethics in the workplace, examples that can be proposed as part of Executive Ethical Leadership Behaviors. The characteristics and behaviors stated by the participants (openness, honesty, giving and receiving feedback, compassion, transparency, and humility) can be illustrated in the model with regards to Ethical Leadership Behaviors. Ethical followership behaviors were reflected by the respondent's statements about being consumer focus, raising ethical questions, and the "see something, say something" approach to ethics. The Ethical Climate variable was illuminated by the interviews in regards to the practical use of the Code, scorecards, evaluations, training and procedures. The participants provided comments regarding the role of anonymous reporting, open discussions, and reporting unethical behaviors which can be proposed as examples of Ethical Culture. With regards to organizational outcomes, the participants suggested authorizations of clinical therapy hours, clinical and ethical judgment, the adherence to a medical necessity criterion, and adherence to the Code. By using example, the conceptual model can be enhanced to provide clearer understanding of the variables in practice towards influencing ethics in the workplace.

Limitations

The study had several limitations. First, the number of participants (13) across the number of organizations they represented (3) is a small sample size comparatively to the ABA industry, potentially impacting the ability to generalize the findings.

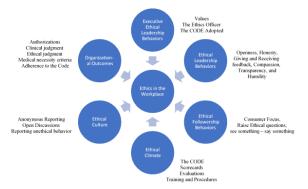


Figure 6. Conceptual Model Revisited to Include Responses from Interviews.

Second, although the interviews were structured with a total of ten (10) questions (eight questions plus two sub questions (1a and 2a), time constraints did not allow for all the questions to be asked and answered by each participant, which may limit the strength of the results per question since there was not a 100% response rate. Third, other than the responses, no physical artifacts were collected to verify the responses such as organizational values, scorecards, or meeting agendas, potentially limiting the generalization of the responses. Fourth, the time to interview the participants and code the transcripts were labor-intensive, potentially limiting the replication of this research. Fifth, the responses to the questions were difficult to investigate causality of any one single approach to encouraging ethics, potentially leading to inconclusive data. Sixth, the researcher's status as a BCBA with more than 20 years of experience could have influenced the participants responses and also the questions asked by the researcher could have been perceived by the participants to have underlying bias, potentially leading to different responses if the researcher was a non-BCBA.

Each limitation was considered prior to the research being conducted. The number of participants was a small sample size. The decision to conduct the research with the three organizations and the participants was based on the participants representing the ABA industry professionals (BCBA, RBT) and the organizations being of various sizes in regards to number of employees and consumers. Additionally, each participant represented the ABA industry with a minimum of five years of experience in the field of ABA, with the BCBAs and the executives having a minimum of 10 years of experience.

The duration of the interviews enabled respecting the time of the participants and allowed for a maximum number of questions to be asked. With a possible total of one-hundred and thirty (130) responses across the 10 questions, thirty-nine (39) opportunities for a response

were missed, which is 30%, leaving a respectable 70% of the opportunities to respond being represented in the data set. Additionally, the results showed consistent responses across the participants within the organizations suggesting a form of validity to the responses, such as the use of value based scorecards in Organization A, and the Ethics Officer in Organization C.

The research commenced to conduct interviews and perform inductive coding because the researcher believed the responses from the practitioners in the industry would be beneficial for the field of ABA at large versus other qualitative research methods such as surveys.

Additionally, because of the decision to move forward with a small sample size, the coding process was manageable by the researcher resulting in a good data set for qualitative research.

The responses to the questions make it difficult to investigate causality of any one single approach. The literature and research on the subject matter of ethics suggested a multi-facet set of solutions is typical to encouraging ethics and supporting an ethical workplace culture.

Furthermore, the purpose of the research was to seek input from practitioners within the ABA industry, not definitively identify causality of any one single approach.

The researcher and participant discussed confidentiality of the participants name and their affiliated organization, no identifiers would be used in the written work, and the questions were open-ended, supporting an unbiased approach to the questions. Additionally, many of the participants had limited to no knowledge of the researcher's standing in the ABA industry (i.e., published author of books and peer review journals, invited speaker at professional conferences, private businesses) prior to the interviews, minimizing any bias the participants had related to the researcher specifically.

The limitations to the research could be overcome through future studies. First, the sample size could be larger using a different scope and approach to selection, such as ABA companies in the state of Florida, and interviews conducted on site during a professional conference. Second, a survey instrument could be used to ask the same questions, and the participants could be reached using a network of practitioners in the ABA industry, such as the Behavior Analyst Certification Board list of certified professionals. Third, gathering physical artifacts representing the respondent's answers, such as the organizations set of values, training material on ethics, the job description of the Ethics Officer, and reports of alleged ethical issues investigated within the organization, could be beneficial in future research. Fourth, a research team conducting the interviews could be beneficial for future studies to analyze the data and include inter-observer agreement of the themes. Finally, a quantitative study on ethics in the ABA industry could be beneficial, reviewing the policies, procedures, and practices in place within a given organization and evaluating those artifacts in relation to the number of ethical discussions held, allegations of unethical behavior, and violations of ethical codes of conduct.

Research Questions

The current study aimed to answer five research questions. The first was *What strategies do ABA organizations employ to promote ethics?* The common themes resulting from the interviews were education in ethics, which included training and continuing education, the Code as a tool to evaluate ethics, the role of an Ethics Officer, supervision - both direct (hands on and 1:1 supervision) and indirect - in the form of auditing, the use of performance evaluations and scorecards to monitor performance indicators related to ethics (values based scorecard, treatment integrity, and case management), and anonymous reporting. The interviews were able to concretely identify these strategies, which supported the research question. Future studies could

focus on qualitative and quantitative approaches to evaluating these systems and others.

The second research question was *What strategies do ABA organizations employ to prevent and address unethical behaviors?* Only two common themes emerged from the interviews in response to this question, which were education and the use of examples of unethical scenarios. Other responses on strategies to prevent and address unethical behaviors include investigations, disciplinary actions, being monitored by surveillance cameras, equipment common for the protection of the consumer and indirect supervision of the therapy, the use of performance improvement plans, and the role of the Ethics Officer and an internal ethics board. No participant responded with the role of the Behavior Analyst Certification Board, which is the procedure for reporting practitioners suspected of possible unethical misconduct related to the Code.

According to the Behavior Analyst Certification Board (2020), there are two means of reporting: self-reporting and reporting an alleged violation. As the CEO of organization C stated, the BACB strongly encourages certified professionals to work through ethical challenges prior to reporting. The questions asked during the interview were specific around the systems in place to prevent and address unethical behaviors within the company; therefore, they may have signaled to the participants not to mention reporting an individual to the BACB. Future research would benefit from analyzing the response of employees within an ABA organization on their perspective of reporting a fellow employee (presumably a certified professional) to the BACB in an effort to evaluate preparedness and perceived consequences to reporting.

The third research question, *Which dimensions of executive ethical leadership are most important?* was not asked as a direct question in the study nor were any dimensions or characteristics of executive ethical leadership provided as a stimulus to evoke a response. The

questions asked that were directly related to the research question were question 5, *Which* characteristics of leadership best define ethical leaders from your perspective? and question 6, *Which leadership behaviors are critical for encouraging ethical behavior of others? How would* you evaluate them? Although the results of these questions provided a list of characteristics as described in the results section (i.e., Admitting to mistakes, Modeling, Transparency), it was beyond the scope of this study to match executive ethical leadership as described by existing literature (Treviño, Brown, & Hartman, 2003). Future research could focus on one group, such as executives in ABA companies, versus a broader focus on leadership.

The fourth research question, What factors influence the development of ethical leadership in executives? was not addressed directly or indirectly in the current study. The decision was made to focus on the broader group of "leadership" during the interviews instead of the executives based on two reasons. First, organization A and B's employees reported directly to the executives who participated; thus, "leadership" pertained directly to them. Second, the focus on leadership characteristics and behaviors was proposed as broadly applicable to executives, managers, and supervisors (i.e., anyone in a leadership role). Future research would help the ABA industry by focusing questions on a specific role within a company (i.e., CEO, Director of Clinical Services) and identifying the antecedents (i.e., training, education, mentoring) that influence the development of ethical executive leaders.

The fifth research question, What organizational and employee outcomes do ethical leaders influence? was also not addressed directly or indirectly. The last two questions of the interview, question 7 (How is ethics incorporated in decision-making?) and question 8 (How do you know these policies and procedures are working? How do you evaluate things are working with respect to ethics?) provided data related to organizational and employee outcomes

influenced by ethics. Although not all participants responded to both questions, responses to question 7 included authorizations of hours for a case, meeting the medical necessity criteria, adherence to the Code, empowered leaders, and consideration of impact to the consumer.

Although these responses cannot be definitively linked to organizational and employee outcomes of ethical leader's influence, they related to ethical practices and the impact on the consumer.

Question 8 responses of monthly reporting on ethical compliance, auditing, avoiding dual relationships, meeting HIPAA standards, maintaining confidentiality, securing IPads, the role of a compliance officer, when people speak up, setting boundaries, and individualized treatment plans were identified as ways the respondents would evaluate ethics. This question most closely relates to the outcomes that organizations and employees would experience based on an organization encouraging ethics, including its leadership. Future research can explore direct links of ethical leadership to employee and organizational outcomes by asking interview participants about these relationships as well as analyzing outcome measures and specific leadership behaviors, such as investigating and resolving ethical issues.

Theories

The following six theorems were described as relevant to the current study: virtue theory or virtue ethics theory, cultural theory, social learning theory, social identify theory, and leader-member exchange theory. Table 13 shows the proposed relevant theorems, a summary of each theorem, and reflections from the current study. The third column distinguished table 13 from what was written previously in table 1 in the introduction of the theorems.

Table 13. Reflections from the Current Study on the Applicable Theorems.

Theory	Possible Applicable Theories [Summarized]	Reflections from the Current Study
Virtue Theory or Virtue Ethics Theory	Approach to ethics emphasizing individual character influencing ethics versus rules.	Respondents stated individual character, morals and values as contributors to encouraging ethics, potentially demonstrating a reflection of virtue theory.
Cultural Theory	Perception of risk are different between people resulting in different social norms	The focus on the consumer and the treatment integrity are areas the participants described as important for ABA companies related to ethics. Both are related to the vulnerability of the consumer base of ABA therapy, suggesting a perception of risk is different for their consumers and their practice, resulting in specific ethical considerations and potentially the Code itself, possibly suggesting cultural theory is true.
Social Learning Theory	Learning takes place in a social context and behaviors are acquired by observation and imitation of others.	Participants stated educational events, learning from scenarios, modeling by leaders, direct supervision, and discussing ethics openly as key to encouraging ethics. These actions are examples of learning in social contexts, which can support social learning theory.
Social Identity Theory	Group members' self-image will influence other groups.	Some respondents discussed their personal reflection regarding ethical practices and how they influence or impact others. The executives specifically described their behaviors as influencing others. These statements possibly support social identify theory.
Leader-Member Exchange Theory	The relationship and quality of the relationship between leader and follower influences the followers' behaviors.	The questions regarding leadership characteristics and behaviors and their influence on followership behaviors are related to leader-member exchange theory. Statements from participants and the concept of followership behaviors from previous research supports leader-member exchange theory.
Ethical Climate Theory	Consists of Ethical Philosophy Theory (egoism and self- interest), benevolence (decisions and actions for the greater good), and principle (in accordance with laws, rules, codes, and procedures)) and Sociological Theory (comprised of three "loci: individual, local, and cosmopolitan).	The participants identified the focus on the consumer, the role the BACB, the Code, and society at large as it relates to ethics in ABA practice. It is proposed these states relate to ethical climate theory.

Conclusion

The study aimed to benefit the ABA industry and human services in general in the following three ways: 1) provide proven methods to encourage and enable ethical decision making, 2) identify specific leadership characteristics and behaviors that support ethics, and 3) propose improvements for the field at large regarding ethics. The participants identified several methods to encourage and enable ethical decision making, including the explicit use of the Code as a tool for decision making, guidelines to work through situations with questionable ethics, the use of values-based scorecards to encourage ethics, anonymous reporting, and the role of an

ethics committee and an Ethics Officer. Although these methods were not proven from a scientific standpoint, the participants providing these methods as strategies that encourage ethics in their organizations suggests methods that are effective. Future research can support empirically evaluating such methods to prove their validity and value to the organizations.

Leadership characters and behaviors that support ethics were the focus of questions 5 and 6 from the interview. The study provides future researchers with a set of leadership characteristics and behaviors to investigate further. For ABA companies and practitioners, the same characteristics and behaviors can be used to support leadership development.

Regarding proposed improvements for the field at large, the third aim of this study was focused on benefitting the ABA industry. Therefore, the interviews included one question regarding top challenges in the field of ABA. Participants stated scope of competency, use of punishment, dual relationships, fraudulent billing, supervision, maintaining boundaries, balancing expectations of billable time and clinical quality, and burnout as top challenges in the field. Each of these areas represent opportunities to improve, many of the areas have been written about and studied (Bailey & Burch, 2016; Broadhead & Higbee, 2012; Broadhead et al., 2018; Miller et al., 2014; Parks et al., 2019; Rodriguez, 2020; Sellers et al., 2016).

Based on the results of this study, the differences in responses of strategies to encourage ethics suggest an area of improvement for the field, namely, the need for empirical research to identify evidence-based practices. Future research and further study from the perspective of practitioners and ABA business owners can further refine the strategies that encourage ethical practice, triggering empirical research to validate these strategies, resulting in true evidence-based practices to encourage ethics.

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In his role as the Continuous Improvement Manager for Trenton Corporation, Manny led multiple change initiatives to improve productivity, safety, and overall operations for the chemical company. He collaborated with the management team and executives to ensure science-based approaches to improve performance and efforts yielding sustained success.

Manny has authored several articles on OBM in Business Science Magazine, Behavioral Science in the 21st Century, published in peer-reviewed journals. Throughout his career, Manny has been sought out as an invited speaker and keynote for national and internal conferences. His presentations focus on the application of OBM, educating the world on the science of human behavior and developing practitioners to further advance the field.

Manny is a Board-Certified Behavior Analyst who received a Master's degree in applied behavior analysis at the Florida Institute of Technology and a dual Bachelor's degree in criminology and psychology from Florida State University in Tallahassee, Florida.