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ORIGINAL PAPER

From Interdisciplinary to Integrated Care of the Child with Autism: the Essential Role for a Code of Ethics

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Abstract To address the developmental deficits of children with autism, several disciplines have come to the forefront within intervention programs. These are speech-pathologists, psychologists/counselors, occupational-therapists/physical-therapists, special-education consultants, behavior analysts, and physicians/medical personnel. As the field of autism therapy moves toward a more comprehensive, holistic and interdisciplinary model, the complexity of an interdisciplinary service delivery model could pose significant challenges. The difficulty of carrying out this approach could lead to sub-par programs being established. With integration among the disciplines a necessity, the ethical principles and language common to all the contributing disciplines is argued as the appropriate integrating force. An outline of these principles and a draft code of ethics are offered to introduce high standards and expectations for all participating in such a program.

Keywords Interdisciplinary therapy · Integration of disciplines · Ethics

Introduction:

Over the past several decades, seven different foci and their respective disciplines have become most prevalent for helping individuals with the excesses and deficits associated with autism spectrum disorders. They are: (a) communication guided by speech and language pathologists, (b) social-emotional guided by psychologists or counselors, (c) sensory-motor guided by occupational or physical therapists, (d) adaptive daily living skills guided by occupational therapists, (e) cognition guided by special-education consultants, (f) behavior management guided by behavior analysts and (g) biomedical guided by physicians and/or nutritionists or medical personnel.

The field of autism has also seen a trend toward the development of programs utilizing "multi" and/or "inter" disciplinary approaches for treatment and assessment of individuals with autism spectrum disorders (Rudy 2009; Kaleida Health 2010; Yatchmink 2005; Linder 2008; McMillan 2009; Gearhard 2004; Prizant et al. 2007; Eagle Life College 2010; Autism Canada Foundation 2007; UC Davis MIND Institute 2010; Oakland University 2010; Kean Autism Research and Education Center 2009). This type of service delivery model has been used in the treatment of a variety of clinical diseases and disorders throughout the past number of years including things such as addiction, fibromyalgia, depression, chronic pain, rehabilitation from injury, etc. As the field of autism therapy moves toward a more comprehensive, holistic and interdisciplinary model as a whole, the complexity of an interdisciplinary conceptual framework could pose significant challenges. In particular, the difficulty of carrying out the approach properly could lead to sub-par programs being established. With integration among the disciplines a necessity for appropriate implementation of an interdisciplinary model, a unifying characteristic and language is needed. This paper argues that underlying all of these disciplines is a uniting set of ethical principles that provide common ground for integrating care and for holding members of those contributing disciplines ethically accountable for appropriate integration. The creation of an interdisciplinary code of ethics and conduct will

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ensure that those programs claiming to work from an interdisciplinary conceptual framework are quality programs that the public seeking such services can trust.

Ethics as the Basis for Integration

When looking at what would constitute the best integrating force for the many disciplines' contributing to the interdisciplinary setting, a conundrum occurs as the traditional stages in the route toward professionalization do not offer a working road map toward integration of care within the interdisciplinary setting. Usually a field that unites and becomes a profession does so by way of three specific stages: traditionalism, formalization, and professionalization with each stage possessing specific characteristics (Baker 2005a, b, 2009). Traditionalism is generally characterized by a lack of acknowledged mission statement and the field operates on traditions of practice. Formalization is characterized by rationalization and justification of traditions, ideals become identified and dedication to some specific public good is outlined. Professionalization is characterized by assertion of independence, asserting authority over membership and proclaiming its integrity to the public and formal codes are adopted (Baker 2005a, b, 2009).

When looking at the common characteristics associated with the aforementioned stages that serve as a uniting force for practitioners within a given field, none are sufficient when considering them within the interdisciplinary setting. However, one common characteristic amongst the many disciplines involved is the ethical framework that provides the premise for many of these characteristics. These are each discipline's rationale and justification of their traditions, each discipline's dedication to their targeted public good, ideals each has formulated, each discipline's assertion of independence and integrity, and each disciplines authority over its membership. In addition, the language of ethics can serve as a common communicative language for the interdisciplinary professionals rather than each discipline attempting to use its own language to talk to the others. This common ethical framework and language therefore plays a central role in integrating the various disciplines, the methodologies they utilize, and the approaches employed within the interdisciplinary intervention setting. Consequently, the manner by which the integrating role of ethics can be brought to the interdisciplinary setting is through a code of ethics that is unique to the interdisciplinary setting, but still drawing from the ethical principles from the disciplines' that comprise it.

Rationale Behind the Draft Code Components

The interplay between the clinical staff working within the interdisciplinary conceptual framework and the therapist sets up an interesting dilemma. Each of the clinical staff has a set of educational requirements, certification tests that need to be passed, code of ethics and conduct, and other professional standards that guide their everyday practice. As a result, the clinical staff members implicitly influence the expectations and ethical obligations the interdisciplinary therapists hold for themselves within the therapy they are providing. Depending on how the therapist personally leans in his or her theoretical perspective, he or she will assign more weight to a specific discipline's ethical obligations and expectations of certain disciplines over other disciplines. In fact, the ethical obligations and expectations of all of the disciplines involved are of equal importance to the interdisciplinary setting, once properly integrated.

In creating the code of ethics and conduct for the interdisciplinary intervention therapist, an analysis of each code of ethics from the disciplines contributing to the interdisciplinary model was performed (American Speech-Language-Hearing Association 2003; American Psychological Association 2002; American Occupational Therapy Association 2005; American Academy of Special Education Professionals 2010; Behavior Analyst Certification Board 2010; American Medical Association 2011). Each of the codes was analyzed for both overarching ethical categories and specific therapeutic dilemmas that indicated ethical comment and are also seen within the interdisciplinary therapeutic setting. Any standard related to education and certification was left out of the interdisciplinary code of ethics and conduct as there currently isn't any formal educational or certification standards for an interdisciplinary field of autism therapy. The concept of professional competence was included in the code, however, as though no formal educational program exists, professional competence is still an ethical necessity to claim one does what they say.

Common Ethical Principles and Obligations Encountered in the Interdisciplinary Setting

As with the majority of healthcare fields, each interdisciplinary therapist possesses the same duties to informed consent, confidentiality, beneficence, nonmaleficence, respect for autonomy, and justice. These common ethical duties that span all of the respective disciplines that contribute to the interdisciplinary setting, as well as the interdisciplinary therapist, provide the beginning language and motivation for properly integrating the many disciplines involved.

Informed Consent

The duty of informed consent is associated with three specific elements in standard practice. The first is that

"patients must have been *informed* about their diagnosis, available alternative treatments for their condition including their rationale and likely prognoses with those treatments as well as with no treatment, and the risks and benefits of the alternative treatments" (Brock 2007). The second component is that the client's choice in using an interdisciplinary treatment program is made without "coercion, manipulation, or undue influence by others," such as other family members or other members of the clinical team (Brock 2007). The final aspect of informed consent is that the clients or guardians of a client must have decisional capacity or competence to "give or withhold valid consent to the treatment in question" (Brock 2007). All of these aspects are present mainly within the intake process as well as through written and verbal communication with the parents regarding the child's progress once in the program.

Confidentiality

The ethical obligation of confidentiality is central to all health care roles and is one of the few clinical ethical obligations regulated legally through the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA). Even though these regulations reflect an ethical consensus of society making confidentiality legally relevant to the daily practice of a therapist working out of an interdisciplinary conceptual framework, an understanding of the underlying ethical justification is worth noting. Confidentiality is defined as "the means for creating an additional, distinctive, socially protected space for sharing specific information among a cohort of others who are committed to using that information in the service of that individual" (Rhodes 2007), and to proactively prevent access to information from those without authorization from the client. With the high degree of influence that the intimate and personal details of the home environment, parent–child relationship, school environment, sibling relationship, genetics, child's medical history, child's medical conditions, child's behavioral history, child's past life events, etc. have on the direction and implementation of therapy from an interdisciplinary conceptual framework, the parents and child must be able to trust the therapists to keep the information private and secret from all parties, only to be shared within the therapeutic process on a need to know basis. Without the assurance that confidentiality will be upheld, the parents and child will be much less likely to divulge information that may be of relevance to the interdisciplinary therapeutic process. Having a child with an autism spectrum disorder can be very stigmatizing and parents often hesitate to divulge any information that could lead to greater stigmatization. Confidentiality is therefore one of the most vital ethical obligations a therapist working from an interdisciplinary conceptual framework has to the individual with an autism spectrum disorder and their family.

Beneficence

In the Belmont Report released by the National Institutes of Health and the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research on April 18, 1979, the ethical principle of beneficence was defined as treating persons "in an ethical manner not only by respecting their decisions and protecting them from harm, but also by making efforts to secure their well-being" (NIH 1979).

The concept of beneficence, as is the case among all health care workers, is another ethical principle that the interdisciplinary therapist must adhere to within the therapeutic setting. This principle comes to the forefront when considering the integration of care for an individual with autism spectrum disorders. The interdisciplinary therapist needs to remember the rule of maximizing possible benefits and minimizing possible harms when taking into consideration the other disciplines' presence when targeting a specific goal within a specific area of focus. Since discrete parameters of any individual discipline's domain are artificially constructed by man there necessarily is an ever-present interplay amongst the many disciplines' domains within any given therapeutic event. This constant presence therefore suggests that skill acquisition or degradation is constantly a possibility whether or not the therapist is choosing to attend to such skills. Conscientiousness on part of the therapist to accept only the topography of a skill already established across the many disciplines involved therefore has to be had.

Nonmaleficence

The principle of nonmaleficence refers to the duty of clinicians to avoid universally recognized harms such as death, pain, disability, loss of pleasure or loss of freedom as a result of the treatments they provide to their clients. The prevention of these items within one's practice can be verbalized into the maxim "do not cause harm" or primum non nocere, as it is often cited, and becomes the essence of nonmaleficence (Gert et al. 2006). However, since all treatments involve some harm to the individual receiving them, the principle of nonmaleficence indicates that the harms should not be disproportionate to the benefits of the treatment. An interdisciplinary conceptual framework is typical of other health care settings with respect to the need to proportionately justify the treatment being provided in terms of the benefits the treatment offers and the resulting

harms. Extra care especially needs to be taken when considering the harms that occur within other disciplines outside of the original discipline a course of action is being theorized within.

Respect for Autonomy

A fifth ethical obligation encountered by the interdisciplinary intervention therapist that is common to all health care fields is the principle of respect for autonomy. The principle of respect for autonomy possesses three specific characteristics. The first characteristic is that the therapist pays attention to the client's ranking of goods and the therapist uses their therapeutic skills and training to promote the client's good (Rhodes 2007). The second characteristic defining respect for autonomy is that the therapist must commit himself or herself to truth telling in order to help the client make the most appropriate choice regarding the decisions facing them (Rhodes 2007). A final key aspect of respect for autonomy is the liberty of the individual in relation to the direction of the treatments offered and in consenting or choosing to not partake in the treatment(s) proposed by the guiding healthcare professional (Veatch 2003).

The concept of respect for autonomy and its compositional elements is as significant in the interdisciplinary therapeutic setting as in all other health care settings. For example, the work that is being done within the interdisciplinary sessions requires consistency across as many environments as possible in order to maintain the progress being seen and to allow for the greatest amount of skill acquisition over time. This cross-setting consistency includes getting all of the professionals from the contributing disciplines as well as the parents to remain as consistent with the treatment regimens as possible in the home and other environments outside of the therapeutic setting. The concept of respect for autonomy thus becomes another integrating obligation amongst the many disciplines involved as they all are bound by this obligation in addition to the others. Furthermore, due to the importance of obtaining consistency across the home environments, the parent's and child's rankings of goods in life, being honest in what kind of progress can be seen, and affording the parent and child the liberty ethically required are very important when determining and implementing the intervention program for the child receiving services from an interdisciplinary conceptual framework.

Clinical Justice

The concept of clinical justice in relation to the distribution of medical care is much different than commonly thought of concepts of justice such as voting where everyone gets an equal amount of representation, first-come-first-serve found with distributing goods, honors based on past achievements, distribution of respect, etc. In contrast, the principle of justice in relation to allocation of medical care involves urgency, need, efficacy, and treating all clients in similar situations similarly (Rhodes 2007).

With respect to the interdisciplinary intervention setting, the same concepts of clinical justice apply in that the allocation of resources (mainly therapy time or access to therapeutic technology/materials) follows the same principles of distribution in urgency, need, efficacy, and treating all similarly situated individuals in the same manner. Issues surrounding urgency and need arise through a variety of situations and circumstances. Generally issues surrounding urgency occur when the individual receiving services has a drastic increase in socially inappropriate or problem behaviors within or across the therapeutic foci for whatever reason that may be. Examples of this could be drastic increases in self-injurious behaviors, a sudden rapid regression within any related skill set, or rapid onset of responsiveness to various sensory modalities or combinations of sensory modalities. In such situations, the impact on the individual receiving services is such that the urgency that exists provides justification for allocating resources to those individuals they otherwise may not have received.

A second common urgency that arises is in relation to the individual's funding for services and treatment. Often times the family or funding agency provides a set amount of funds for a specific period of time for each individual they are offering financial support. Just as some people do a better job of managing their personal finances as compared to others, the same occurs with the funding and time restrictions for using such funding for individuals with an autism spectrum disorder, his or her family and their funding agency. It is not uncommon to receive a client who will be losing funding soon and need a host of therapeutic assessments, direct therapeutic treatment, and/or strategies for dealing with issues in the home, school or community environments. Therefore the time window related in which funding is available for an individual with an autism spectrum disorder can create an urgency that justifies the allocation of resources to those individuals over others.

The provision of efficacious treatments is one of the stickier aspects of the interdisciplinary setting as there is currently to date one published article on the efficacy of utilizing an interdisciplinary approach (Dawson et al. 2010). In addition, the study published possesses a different therapeutic structure and a different paradigmatic approach than other interdisciplinary/multidisciplinary models. This lack of efficacy as well as a lack of similarity among approaches using an interdisciplinary conceptual framework coupled with one published study speaks further to the need for integration and unity among the disciplines and models currently being employed.

Common Principles, Unique Feel

In addition to the typically standard principles in healthcare already discussed, the interdisciplinary setting also contains other common ethical challenges that possess a unique look and feel based on the interdisciplinary setting. These are the ethical principles of professional competence, fiduciary responsibility to the children with autism and their families, peer communication, and non-judgmental regard.

Professional Competence

The most important ethical issue present within the interdisciplinary therapy session is that of professional competence. In the book *The Blackwell Guide to Medical Ethics*, Rosamond Rhodes describes perfectly the role of professional competence within medicine (2007). She states:

> To be trustworthy the doctor must, of course, be knowledgeable and skilled, be fully informed of the most recent clinical studies, and be able to assess their strengths, weaknesses, and implications. Without professional competence, the physician is not deserving of trust. Competence, therefore, is more than a matter of competitive pride, personal curiosity, ambition, or prudence. Being knowledgeable and skilled is essential to trustworthiness and, hence, a moral obligation of physicians. Someone who assumes the title 'doctor' and pretends to practice medicine without competence is a charlatan and a quack. 'Be competent' and 'Be a lifelong learner' are, therefore, principles of medical ethics.

This description is exemplary of the main issue within the interdisciplinary therapeutic setting. For a model to claim that it utilizes all of the described approaches, focuses on six different disciplines, and recognizes the interplay between all of the disciplines is a large and weighty claim to make. As such a massive amount of knowledge and skill are needed to be able to make such a claim and appropriately elicit trust from the clients and their families receiving services. The various disciplines and their theoretical perspectives offer some guidance as to what body of knowledge and skill set is required, but there is nothing officially recognized as of yet, although some outlines have been offered (Cox 2010).

It is the importance of this ethical obligation that provides the basis for offering a push toward professionalization or, at the very least, unity among all of those claiming to utilize interdisciplinary models and conduct therapy out of an interdisciplinary conceptual framework. To restate Rosamond Rhodes with respect to the topic at hand, without professional competence the interdisciplinary therapist is not deserving of trust. Being skilled and knowledgeable with respect to the many disciplines involved, the variety of therapeutic approaches, and theoretical perspectives is essential to gain the trust needed from the clients and their families. This competence should not be a matter of competitive pride, personal curiosity, ambition, or prudence. This competence is a moral obligation of the therapist working out of an interdisciplinary conceptual framework and anyone who practices without the needed professional competence is a charlatan and fraud. Interdisciplinary competence can only come after the many disciplines involved have been integrated appropriately. It is by way of the common ethical principles present in the disciplines separate from one another as well as the unique ethical obligations that the interdisciplinary setting evokes that provide the opportunity for a code of ethics and conduct to unite and appropriately integrate the many disciplines involved in this holistic approach to autism therapy. Once this integration occurs, the claim of professional competence needed to carry out the model can be accomplished through four requirements. These are (a) achieving a high-amateur status regarding the other disciplines, (b) seeing to it that what needs to be done by a disciplinary colleague gets done, (c) ensuring continuity of information as the key to continuity of care, and (d) committing to accountability and continuous quality enhancement to ensure (a), (b), and (c) occur.

Fiduciary Responsibility

In addition to the aforementioned ethical duties, the therapists also possess a high degree of fiduciary responsibility to both the individuals with autism and their families. Fiduciary responsibility requires the knowledge, expertise, trust, good faith and honesty in relation to the interdisciplinary approach as well as to act in the best interests of the child and their family.

Without a guiding body of knowledge for interdisciplinary intervention, the therapist is left to hash out what knowledge is needed to act in the best interest of each child and their family by themselves in order to maintain trust, good faith, and to speak honestly to the said individuals. Through open discussion with each other the clinical team can offer guidance on the various routes that could be taken to act in the best interest of the individual with an autism spectrum disorder for a given situation and the individual's program as a whole. However, the knowledge and expertise portion of the fiduciary responsibility the interdisciplinary therapist has to their client currently is informally acquired through self-motivated seeking of learning opportunities.

As for the other three aspects of fiduciary responsibility, trust in the interdisciplinary therapists by the family stems

from open and honest communication between the therapists and the individuals with an autism spectrum disorder and their family with respect to the therapeutic strategies being implemented, the rationale behind the strategies, the skill development that is or is not occurring, and by providing any support needed for generalizing skills and successful strategies to the home, school, and community environments. By maintaining open and honest communication with the individual receiving services and his or her family, trust and good faith in the therapists and the interdisciplinary therapeutic setting will develop and foster an environment that will allow for the best interests of the child and his or her family to be properly identified and addressed.

Peer Communication

As with other health care fields, the importance of communicating rationale for treatment decisions, communicating the treatment plans themselves, communicating clinical findings, and communicating successful and non-successful approaches for therapy are other important aspects of the interdisciplinary intervention setting. When the therapist goes into therapy, the goals for skill acquisition given to them by the clinical staff are often all that is offered in written form. The best approach to use for targeting a specific goal and skill acquisition is highly context and child dependent and thus any guidance given from clinical staff to the therapists would not necessarily be appropriate. As such the therapists are required, based on their knowledge of the many approaches and theoretical perspectives and their familiarity with the child, to determine what approach to use in any given situation to maximize the development of the child and increase their skill acquisition. This task in itself is very difficult conceptually, let alone in practice. As a result the communication between the clinical team members both verbally and in written notes and presentation of data as to their successes and difficulties in relation to the approaches they have tried with a given child for a given goal is imperative for consistency across staff. Communication amongst peers is therefore a central component to the successful integration of the many foci within the interdisciplinary therapeutic setting.

In addition to peer communication for each individual client's program, communication with peers is important to help others recognize the interdisciplinary nature of each setting and the therapy as a whole. Since the interdisciplinary conceptual framework is relatively novel in comparison and there is no guiding field offering formalized learning opportunities on how to recognize the interrelatedness among the many disciplines across therapeutic settings, each of the therapists must currently manage this task by themselves for the most part. However, identification of the underlying ethical principles present within all therapeutic settings offers the guiding framework needed to formally structure and unify interdisciplinary therapists in their approach to recognizing the interdisciplinary nature of each setting. The language of ethics, since it is already agreed upon by each of the contributing disciplines, can therefore be the language by which the interdisciplinary nature of the various therapeutic settings can be formally broken down, analyzed, and identified for all practicing within the interdisciplinary framework.

Non-Judgmental Regard

Another ethical principle common to health care fields that is also present within the interdisciplinary setting is the principle of non-judgmental regard. In the traditional medical sense the concept of non-judgmental regard refers to the physician providing medical care for an individual "regardless of whether or not they were somehow at fault and regardless of their worth in the eyes of others" (Rhodes 2007). For example, a physician ought not refuse to treat the symptoms of a client with emphysema even if the onset of the disease was a result of 20 years of smoking which the individual had control over, or because treating the disease would be too much work for the physician when less demanding clients might be waiting in the wings for treatment.

With respect to the interdisciplinary setting, the principle of non-judgmental regard is applied mainly with respect to the perceived worth of each of the individuals receiving services in the eyes of others as well as equal and total respect for all persons that are seeking services. The autism spectrum is truly a spectrum that ranges from very low-functioning individuals who will need around-the-clock services for the remainder of their life to individuals who can lead normal lives but may be only socially awkward. As a result, it is very easy to work harder, provide more services, offer more attention to the case, etc. for those individuals who have a greater likelihood of making more gains and becoming more 'typical' than the others or for the cases that require less response effort being less difficult. On the flip side, some may find it much easier to devote more attention and resources to those clients who come from more difficult backgrounds or environments resulting in the withholding or skimping on the necessary care for those that might seem "better off" or coming from more privileged environments. The principle of non-judgmental regard states that the therapist ought to provide the same amount of effort and resources, tempered by effectiveness, in obtaining the greatest amount of skill acquisition as is possible for *all* individuals that they provide services for showing no favoritism to one based on

anything other than objective characterizing attributes known to play a role in their current display of skills across developmental domains. It is not the therapist's place to judge the individual's worth for services based on the individual's history or potential for improvement. Some of this information will surely influence the *type* of therapy given and what may be targeted for change through the therapeutic process. However it ought not to influence the *amount* nor the *quality* of the services provided unless warranted.

Why a Code of Ethics and Conduct?

The interdisciplinary therapist should be committed to the difficult task of appropriately combining the participating disciplines in a manner that is best for the client and their given situation, removing the confusion and complexity for parents of children with an autism spectrum disorder. The task of appropriately integrating the disciplines and foci involved is accomplished through the concepts and language of ethics, resulting in the interdisciplinary therapist being held accountable by his or her peers within the profession for serving this public good with the utmost in professionalism based on the ethical obligations and principles previously outlined. The claims of an interdisciplinary intervention model and the theoretical underpinnings are too complex for those outside the field to appropriately gauge performance of those operating within the model. Self-regulation with sufficient educational and training standards, combined with formal ethical standards is the best manner of proceeding into the future to maintain the integrity of the interdisciplinary intervention conceptual framework into its all-to foreseeable, long-term future and presence within the field of autism therapy. As is true of most professions, those practicing within the interdisciplinary field "don't want less than qualified individuals doing less than adequate jobs under the same umbrella name" (Baker 2009) and proactive steps need to be taken now before it becomes too strenuous.

Purpose of a Code of Ethics/Conduct

In general, the purpose of codes of ethics and conduct can vary depending on the premise surrounding their conception; i.e. to ensure competence, to define acceptable behaviors, to promote high standards of practice, to provide a means of self-evaluation, to mark occupational maturity, as a vehicle for occupational identity, or to inspire. Ideally, the purpose of a code of ethics and conduct for the developing field of interdisciplinary intervention for individuals with autism spectrum disorders should be to define acceptable behaviors and promote high standards of practice from the field's outset, rather than having to weed out the bad programs later. As described previously, any code of ethics and conduct at this point in time would be merely advisory with adherence being voluntary and personal.

Code of Ethics and Conduct for the Interdisciplinary Autism Therapist

Preamble

Interdisciplinary Autism Therapists are dedicated to the provision of therapeutic services based on the interrelatedness and equally recognized importance of the developmental domains of communication, social, emotional, sensory, motor, adaptive daily living, cognition, socially appropriate behavior management, and biomedical.

The *Code of Ethics and Conduct for the Interdisciplinary Autism Therapist* is a public statement of the standards and expectations required of those participating in the interdisciplinary setting in order to promote and maintain high standards of conduct, promote the well-being and protection of the individuals receiving their services, inspire professional excellence and professional development, and to offer a commitment to the interdisciplinary conceptual framework, clients and to the public as to the nature of all of the aforementioned. The aforesaid is accomplished through the appropriate integration of the many disciplines involved by way of the language of ethical obligations and principles common to all within the interdisciplinary setting, regardless of theoretical or education background.

Principles

All of the principles are meant to guide the actions of those working within the interdisciplinary setting, serving as a standard for ethical decision making and appropriate conduct.

Principle 1: Beneficence

The interdisciplinary therapist will actively work to ensure and demonstrate a concern for the well-being of the recipients of their services as evidenced by:

1. The provision of services in a fair and equitable manner to all clients under their care (clinical and procedural justice).
2. Uphold all aspects of fiduciary responsibility to those receiving their services. This includes veracity in the services rendered and in statements about such services to clients and to the public at large. This also includes fidelity to those receiving their services.

3. Upholding the principle of non-judgmental regard in initiating and conducting services for each and every client.
4. Making every effort to advocate for the individuals receiving services to obtain any and all services they may need, within and outside the interdisciplinary framework.
5. Nurture development within communicative, social, emotional, sensory, motor, daily living, cognitive, behavioral, and biomedical domains for all those seeking their services without placing undue emphasis on one domain unless there is supporting objective evidence to do so.

Principle 2: Nonmaleficence

The interdisciplinary autism therapist will take measures to avoid situations that have the potential to cause harm and will ensure the safety of those receiving their services as evidenced by:

1. Ensuring that the benefits received from treatment outweigh the negative aspects of any intervention being utilized.
2. Utilizing reinforcement procedures rather than punishment procedures whenever possible. If a punishment procedure is necessary, a reinforcement procedure for alternative behaviors is always included within the program.
3. Avoiding the use of harmful reinforcers that are harmful to the long-term health of the individual receiving services (e.g., cigarettes, or sugar/fat laden food) based on collective agreement from all involved parties guided by the client's or the client's guardians' rankings of goods and harms in life.
4. Always using the least-restrictive procedures that are likely to be effective for any problem behaviors or socially-inappropriate behaviors that arise.
5. Make modifications to the program direction and approaches used with the individual receiving services if the analysis of ongoing data collection would suggest that modification is needed.

Principle 3: Respect for Persons

The interdisciplinary autism therapist will demonstrate a respect for autonomy, maintain confidentiality, and obtain informed consent for all treatments proposed and implemented, including, but not limited to:

1. Use of the client's ranking of goods to guide the course of treatment as feasible.
2. Full disclosure of the nature, inherent risks, benefits, and potential harms of all treatments being proposed and implemented.
3. Respect of the individual's right to refuse services or involvement in any aspect of the therapeutic setting and treatment being offered.
4. Protect all privileged and confidential information gained from any activity (e.g., therapy sessions, education) and in any form (e.g., written, verbal, electronic communication) unless otherwise mandated by federal, state, or local law, or if such information involves the potential for harm to either the individual or others.
5. Veracity with respect to the representation of the credentials of all individuals involved in the client's care and provision of services to them.

Principle 4: Professional Commitments

The interdisciplinary autism therapist will seek out to positively represent and implement collaboration amongst disciplines to their peers, their clients, and to the public.

1. Demonstrate veracity with respect to all information portrayed to the public and in the claims made in relation to what the interdisciplinary program entails in practice.
2. Seek out competency with respect to all of the approaches utilized within an interdisciplinary therapy setting.
3. Seek out competency with respect to the various theoretical perspectives involved with the interdisciplinary therapy setting.
4. Maintain an exceptional level of communication with peers in relation to all treatments and approaches being provided for individuals receiving services.
5. Seek out consultation and collaboration from professionals across the various disciplines for any questions that may arise regarding response targets, excesses, or deficits relevant to each respective domain.
6. Collect, utilize and analyze reliable and valid data for the assessment of the program.
7. Maintain competency surrounding related research and implement research as appropriate to maintain an evidence-based best practice model.
8. Wherever possible, the interdisciplinary therapists should attempt to avoid contexts that create conflicts of interest, or appear to create conflicts of interest.

Conclusion

As professionals we have seen a trend toward the development of programs utilizing "multi" and/or "inter"

disciplinary approaches for the treatment and assessment of individuals with autism spectrum disorders. These therapeutic settings that work out of an interdisciplinary conceptual framework attempt to combine the disciplines of speech-language pathologists, psychologists, counselors, occupational therapists, physical therapists, special-education consultants, board certified behavior analysts, and/or medical personnel and their respective scope of practice within the realms of communication, social, emotional, motor, sensory, cognition, behavioral, and biomedical. The difficulty of conceptually and practically carrying out an interdisciplinary conceptual framework for treatment of a disorder with no currently known cause provides ample opportunity for wide differences in topography and quality of services offered. As is the nature of most specialized services offered within society, the public at large is unable to determine the good programs from the bad and therefore these services fall under the umbrella of self-regulation with respect to standards of care. Integration amongst the disciplines will allow for a unified movement for interdisciplinary care for individuals with autism spectrum disorders to move into the future while upholding the utmost in ethical standards and quality in provision of therapy across this specific conceptual framework uniquely different from any of the individual disciplines that comprise it. A unifying characteristic amongst the many disciplines has to be identified in order to appropriately integrate care. This paper has argued that the appropriate integrating force is the language of ethics underlying the premise for why each of the disciplines comprising the interdisciplinary conceptual framework does what they do. This paper attempted to take the first steps toward integration amongst the disciplines by way of ethical language and offered a workable code of ethics for therapeutic programs working out of an interdisciplinary conceptual framework. The creation of an interdisciplinary code of ethics and conduct will ensure that those programs claiming to work from the aforesaid framework are quality programs that the public seeking such services can trust.

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