



Northern Ireland Task Group Report on Autism: P.E.A.T. Response

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Parents' Education as Autism Therapists (P.E.A.T.) was delighted that the Department of Education was to commission a report into the needs of children with autism. Upon the publication of the report we found that there was much to be welcomed in its findings. The report rightly points out that autism is an under-reported and under-developed area of special needs education and we welcome the reports assertion that "more prompt access to diagnostic services are required at an early age, and that this should be followed immediately by effective home- and school-based intervention" (p.iii). We are also delighted that much emphasis is to be placed upon access to multi-agency, multi-disciplinary diagnostic and assessment services; training for parents of, and people who work with, children and young people with ASD; and, school-based and home-based educational and therapeutic provision.

P.E.A.T. is a charitable organisation that exists to help children and young people with autism realise their potential by providing Applied Behaviour Analysis training and support to their parents and carers. Despite the many positive aspects of the Task Group report we have found that throughout it ABA has been misrepresented in various ways and the group's response to these misunderstandings are outlined below. This is an important undertaking because the views expressed in the report do not accurately reflect the current standing of ABA world-wide. Indeed the views expressed in the report may be harmful to budgeting decisions regarding the development and quality of ABA training in the community. They may impact also in a detrimental way on the support P.E.A.T. parents receive from professionals not trained in ABA.



1. Task Group make-up

For the record, then, our first major concern relates to the make-up of the Task Group. There are a number of issues here. Firstly, we are concerned that both ABA professionals and ABA-trained parents were excluded from participating. P.E.A.T. wrote to the Department of Education on a number of occasions asking for details of the ABA professionals to be included on the Task Group. These letters were never answered. Eventually an answer was procured with the help of Jane Morris (MLA) who posed a question on the floor of the assembly:

DATE FOR ANSWER: Monday 14 May 2001
AQW 2759/00

Ms Jane Morrice: To ask the Minister of Education to explain why Applied Behaviour Analysis (ABA) professionals have been excluded from the North South Task Group that is deliberating on the infrastructure needed for helping children with autism.

The North-South Special Education Co-ordinating Group is limited to officials from the respective Education Departments. An Inter-Board Task Group has been established in the North to advise my Department on training and other matters relating to education provision for autistic children. For manageability reasons, this Group was kept small.

The Task Group included members of two of the voluntary organisations who work in the area of autism, namely P.A.P.A. and the National Autistic Society, but who have no expertise in ABA. The argument that 'manageability' was the major reason for excluding an ABA representative is disconcerting because a relatively large proportion of the report was given over to commenting on ABA, and getting it wrong. The same argument could have been applied to other group members. But it was not.

This brings us to a second major concern in that panel members did not disclose their interests in their preferred treatment methodology. There was a clear bias in favour of T.E.A.C.C.H. as can be seen from the favourable comments it received at the expense of ABA (see below). In relation to this, our other major concern about the Task Group make-up is that there was reference in the report to the fact that parents of P.E.A.T. made up "a small but significant" group in the community. The P.E.A.T. group has currently over 80 families as members. The majority of these families are also members of P.A.P.A. which has a membership of 400 individuals members. P.E.A.T. also organised the first international conference on ABA and Autism in Northern Ireland October 2000. The conference was attended by over 200 parents and professionals from across the U.K. and Ireland and at least one leading member of the Task Group attended. Furthermore, the parents of P.E.A.T. published an internationally acclaimed book (Parents' Education as Autism Therapists:



Applied Behaviour Analysis in Context, Jessica Kingsley Publishers) on the treatment of autism. To our knowledge this is the only book on autism written by parents and professionals in the U.K.. This in itself should have justified their inclusion in the group. It is extremely worrying that there is not one single reference to his book, although it was personally presented to some members of the Task Group. This treatment of ABA-trained parents by the Department of Education is in stark contrast to the inclusion of ABA-trained parents in the task group on autism in the Republic of Ireland.

2. International views on ABA

Had the Task Group included ABA representatives the report would have been consonant with international views on ABA:

"Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior. " (Mental Health: A Report of the Surgeon General, 21st March, 2000, p. 5, emphasis added)

"It is beyond debate that the appropriate treatment is ABA [Applied Behaviour Analysis] or early intensive behavioural intervention." (The Supreme Court of British Columbia, Docket C984120, 26th July, 2000, p.64)

The California Department of Education (1997) concluded that "research has shown that intervention and educational programming based on the principles and practices of applied behavior analysis can produce rapid, complex, and durable improvements in cognitive, social-communication, play, and self-help skills. Application of behavior-analytic principles are very effective in replacing and/or reducing maladaptive behavior" (p. 67). (California Departments of Education and Developmental Services, Collaborative Work Group on Autistic Spectrum Disorders. (1997, July). Best Practices for Designing and Delivering Effective Programs for Individuals with Autistic Spectrum Disorders. Sacramento, CA: California Department of Education.)

The New York State Department of Health issued guidelines for the treatment of young children with an ASD [Autistic Spectrum Disorders; essentially someone who can be diagnosed as having autistic tendencies], stating that early and intensive behavioral intervention is at present the only appropriate treatment (New York State Department of Health, 1999). (New York State Department of Health, Early Intervention Program. (1999, May). Clinical Practice Guidelines: Autism/Pervasive Developmental Disorders, Assessment and Intervention for Young Children (ages 0-3 years). Albany, NY: Author.)



As it is, the report demonises ABA while at the same time laying part of the blame on P.E.A.T. members for this state of affairs. This is a disingenuous position to take. P.E.A.T. was set up precisely because ABA was not available in the community. Currently many of its members struggle against a wall of misinformed and prejudicial views held by many professionals. This occurs to the extent that successful home programs for children are jeopardised because professionals at various schools refuse to embrace these achievements and engage in partnership with parents who are developing their skills in ABA.

3. Demonising ABA

As noted above ABA is a scientifically validated approach to the treatment of autism yet the Task Group Report fails to properly acknowledge this and perpetuates unsubstantiated misrepresentations of the science. The most blatant abuse of the Task Group's responsibility to provide an objective independent evaluation of therapies is found in section 3.25.

Local professionals who work with young children suggested to Task Group members that they would have grave reservations about being involved in subjecting such young children to such an intense behavioural programme for fear of causing some kind of psychological damage. Some local professionals have also suggested that it may be difficult to remain within guidelines on Child Protection while conducting Lovaas-type programmes

The inclusion of this statement in the report is unforgivable since there is no evidence of any kind to support it, and none were offered. The parents of the P.E.A.T. group were totally sickened by these statements which suggest that they would knowingly bring harm to their children. These professionals obviously do not have a clear understanding of what is involved in ABA. Time and again ABA-trained parents are told that learning must be fun for their children. Any possibility of abuse arises because of a poor level of therapist training rather than because of something inherent in ABA methodology or techniques. The report makes no informed recommendations about the level of training that is required for those purporting to be trained in ABA. This is a serious omission because without clearly defined criteria for determining standards of training children will be open to abuse that arises from incompetence. We can look to the States where some lessons have already been learned. There have been cases where people who have attended short courses in ABA then went on to present themselves as ABA-trained. To counter-act this the Association for Behavior Analysis International (<http://www.wmich.edu/aba/>) is supporting moves towards a certification program in ABA that would protect the rights of children and other clients.



4. The truth about ABA

Anderson and Romanczyk (1999) note that

"...the behavior analytic approach views behavior as functional and purposeful, even when function and purpose are not immediately discernible by an observer. Thus, behavior is viewed as a result of a complex blend of variables that include the individual's strengths and limitations, physical status, and current social-environmental circumstances... ABA places stress on understanding the behavior in question, whether it is the acquisition of a skill that is currently absent from a person's repertoire or the amelioration of problem behaviors" (p.163).

They add that if emphasis is placed on the analysis level the certain prerequisite steps must follow. The first of these is the objective measurement of behaviour. In order to ensure such objectivity a cornerstone of ABA is the operational definition and validation of all measurements. This allows the unique and specific expression of a behaviour by the individual to be addressed. Reliable observations and measurements are further ensured by such procedures as inter-observer reliability.

"Such operationalised, unbiased, and reliable observation serves as the basis for hypothesis testing as to factors that may be of importance and influence the individual, and therefore leads to the process of conducting a functional analysis"(p.164).

The next crucial component of any clinical/educational model leading to the development and implementation of a comprehensive intervention programme is the assessment of the child. Whereas standardised psychometric tests have much to merit them ABA focuses strongly on functional assessment (functional analysis) of behaviour. This allows the selection of specific short-term and long-term goals and helps determine the specific intervention methodology to be used.

"Within ABA the term functional analysis refers to the process of ascertaining empirically the controlling variables that enhance or inhibit the expression of behavior.... It is a process of observation, hypothesising, testing, evaluating, refining hypotheses, and repeating.... The essential aspect of functional analysis is the explicit testing of factors presumed to be important to the maintenance or non-occurrence of behavior" (p.164).

The accuracy of information obtained through a functional analysis are central to the success of an ABA intervention.



“One of the important characteristics of children on the autistic spectrum is uneven learning ability and skill levels. Thus, individualisation of intervention cannot be overstated. The specifics of programmes will be different for different children and must be sensitive to the child's needs. Thus, an important aspect of ABA is the introduction of procedures to quantify the child's behavior that can be used to create and evaluate individualised interventions” (p.165).

Anderson and Romanczyk go on to add that

“Generalisation is a key concept in which a behaviour or skill learned under particular conditions and settings will be expressed in other conditions and settings. Within ABA, generalisation is a key concept bound directly to goal selection. Baer, Wolf, and Risley (1968) note that “generalisation should be programmed, rather than expected or lamented”. As such, an important characteristic of ABA is that the intervention process must explicitly address strategies and procedures to teach and promote generalisation across time, setting, people, and tasks” (p.165).

Numerous strategies exist including, stimulus control, reinforcement schedules, prompting and fading, setting events, antecedent conditions, contingency criteria, etc.

5. Research on ABA and autism

Six studies evaluating the benefits of intensive home-based intervention for children with autism have been published. The most widely known is Lovaas (1987). Lovaas compared an intensive treatment group receiving up to 40 hours of 1:1 treatment per week to a another group that received 10 hours or less per week. Trained therapists worked at home with those children in the experimental group. No pre-treatment measures demonstrated any significant differences between the two groups. However, post-treatment data showed that 9 of 19 (47%) children in the experimental group were indistinguishable from their typically developing peers. In comparison, only 2% of the children in the control group met displayed normal functioning. When these children reached a mean age of 13yrs McEachin, Smith, and Lovaas, (1993) conducted a follow-up study. Clinicians unaware of the children's prior history carried out assessments. Again, 8 of the 9 children were still indistinguishable from the comparison group. Since Lovaas' pioneering work Birnbrauer and Leach (1993), Sheinkopf and Siegal (1998), Smith, Eikeseth, Klevstrand, and Lovaas (1997), and Anderson, Avery, Di Pietro, Edwards, and Christian (1987) have replicated the original Lovaas study.



As well as the studies above a wealth of research concerning autism and behavioural methods can be found in The Journal of Applied Behavior Analysis. These studies demonstrate that

“... ABA is not a stagnant, single continuum of prescribed methods but rather emphasises the use of methods that change behaviour in systematic and measurable ways with an emphasis on analysis, replication, social importance, and accountability. ABA includes a large number of conceptually consistent techniques that can be used in various combinations across many different contexts whilst remaining abreast of developments in biology, medicine, and neuroscience (e.g. dietary requirements)” (Anderson and Romanczyk ,1999, p.167).

6. ABA as a continuum-based model and some myths about ABA

ABA is not an exclusively home-based intervention model. Anderson and Romanczyk (1999) note that although the studies referred to earlier were carried out in home-based settings they all contained a common feature ñ transition of the intervention programme to a school setting. Home-based programmes offer a firm foundation for learning as they offer a familiar environment for the child, there is a high level of parental involvement, and it is a natural setting for learning. The above programmes were also mainly, but not exclusively taught through 1:1. As a continuum based model ABA programmes also build the requisite skills for small and large group participation. Whereas individual instruction makes sense when the student has limited attention, responds idiosyncratically, requires physical guidance, lacks basic group readiness skills, or is first introduced to a teaching situation, an ABA intervention is programmed to allow newly acquired skills to be built upon and generalised to group settings. The potential benefits of group instruction are that the child can be prepared for classroom skills, the likelihood of incidental or observational learning are increased, and opportunities for social and language interactions with other children are provided.

Once basic skills have been taught to the child in home or school-based settings an ABA programme aims to provide the child with independent, functional skills. Whereas the child may have been initially quite reliant on tight control and instruction from an adult, the goal is to fade out prompting and instructing to allow the child to engage in generalised functional skills. This is essential as practitioners of ABA cannot be satisfied with producing simple behaviour change in highly controlled conditions without fully considering how the skill will be used in more natural settings.

Despite the above scientific rigour many misrepresentations of ABA exist. The most blatant example of how ABA has been demonised comes from the reference to the use of aversive procedures for dealing with difficult behaviours. As presented, the report serves as a warning



to professionals not familiar with ABA to be wary of it because of potential damage to children. Parents in the P.E.A.T. group were outraged by these comments because they know this to be entirely untrue.

However, a patronising and deft stroke the pen by the Task Group makes it difficult for a parent to criticise this view without being seen as someone who will opt for anything, even potential damage to their children, as long as there was a glimmer of hope. To put the issue of aversives in perspective Sallows (1999 - Autism '99 conference) notes the following:

"the reader may be interested to know that aversives were a generally accepted practice during the 1960's and 1970's. TEACCH, for example also advocated the use of aversives at that time. In their training manual, Schopler, et al. (1980), describe the use of "aversive and painful procedures" such as meal deprivation (p.121), "slaps or spansks on the bottom" (p.121), or "electric shock, unpleasant tasting or smelling substances" (p.122) as appropriate interventions if positive methods are ineffective." (p. 48)

Had an ABA representative been on the Task Group a more informed debate would have taken place and misrepresentation would not have appeared in a government sponsored report. This is a particularly serious issue because the goal shared by all professionals is the welfare of children who are relying on unbiased discussion about scientifically validated treatment. This point is made all the more poignant by the Task Group's reference to comments by a parent, Catherine Maurice, which gives the impression that she is opposed to ABA. It is easy to take things out of context but it is difficult to reconcile the impression created with the views really held by Catherine Maurice. Catherine Maurice is a member of the Autism Advisory Board of the Cambridge Center for Behavioral Studies (www.behavior.org). In a recent address to this body she said the following:

"There is widespread misunderstanding and distortion of the approach. Dozens of pseudo-scientific books and articles out there describe it as child abuse, a squelching of the spirit, a crushing of the soul. Treating the symptoms and not the "root cause," whatever that might be; a denial of the self, cruel, manipulative, dehumanizing, punishing, controlling; etc. etc. Moreover, even when people do not attack behavior analysis, they make glaringly ignorant statements about it, like "Oh yes, that's where they do discrete trials for forty hours a week." Or, "behavior management is for really low functioning kids."

And then gradually, I began to understand ABA more and more. I started to understand what it was: Not some dehumanizing control of people through a cynical manipulation of rewards and punishments, but rather the light of scientific exploration brought to bear upon behavior, and upon learning. At its best, a rational, empirical exploration of conduct, including human conduct, that was able to predict certain probabilities of behavior, based on certain laws of learning. What I do know, what I have seen with my own eyes, is the significant difference that Behavior Analysis is making in other children's lives, and in the lives of adults as well. What convinces me to keep speaking



out is not even that I know some other children who have achieved normalcy. Rather, it is knowing that Behavior Analysis continues to help those that do not recover. As time goes on, I have seen many different rates of progress in children who are receiving behavioral intervention.

I have spoken to parents whose children have been in therapy for five years and will probably continue to need some form of support for most of their lives. I've seen children who, after two years of intervention, are now enrolled in first grade with normal peers. And yet, I have seen very few of any of these parents abandon Behavior Analysis.

Why is this? Very simply, because Behavior Analysis has given them a model of effective teaching. It has truly empowered them to make a positive difference in their children's lives, even while they may be searching for other biomedical solutions. As one group of parents has put it, they do not know where each of their children will end up, but they are convinced that Behavior Analysis is helping each of them, now, to reach their fullest potential."

Catherine Maurice address to the
Cambridge Center for Behavioral Studies (CCBS)
Annual Board Meeting, Palm Beach, Florida, November 5, 1999

7. Training in ABA

Since its inception the goal of P.E.A.T. has been to bring ABA to parents and professionals so that they can better understand why it has received the support outlined above. Its members pay £20 per annum per family and they receive support from a professional trained to PhD level in behaviour analysis (£10 per hour consultation, maximum £20 per visit). One of the keynote speakers at the P.E.A.T. conference was Professor Gina Green From the New England Center for Children. Prof. Green is a past president of an international body called

the Association for Behavior Analysis and, at the time of the conference, she was mental health professional of the year in the U.S.. U.S. Secretary of Education Richard W. Riley named The New England Center for Children as a recipient of the U.S. Department of Education's National Award for Model Professional Development. Citing efforts to improve teachers' expertise and raise student achievement, Riley stated, "These award winners exemplify what can be done to give teachers the best skills and knowledge".

The support that Prof. Green and many other international experts in ABA had shown, and continue to show, for the development of ABA in Ireland have been totally ignored by the Task Group. Instead, they have relied extensively on the writings of an English professional, Rita Jordan. Dr. Jordan is no fan of ABA, as she made clear in her review of the P.E.A.T.



book where she described the whole discipline as intellectual nonsense. It is difficult to reconcile these views with the international acclaim accorded to ABA.

Many of the points she has made about the effectiveness of ABA relative to T.E.A.C.C.H., and that are reiterated in the report, have been dismissed convincingly by Sallows (1999). This is not the place to engage in that debate. The point to be made here again is that these views should have been counter balanced in direct debate with ABA professionals on the Task Group.

Evidence-based practice is the hallmark of ABA. Secondly, it is ethically imperative that practitioners who claim to offer ABA services can provide evidence of competency in this discipline. Our greatest concern centres around the issue of who defines what is appropriate training in ABA. The report makes no mention of this crucial aspect of quality assurance. This is a serious omission, especially in light of the fact that the people who wrote the report have not understood ABA properly. Potentially this omission opens the floodgates for people briefly acquainted with ABA to offer training that does not meet agreed international standards. Unfortunately this is already happening to some extent in our community. (For more information relating to Certification in Behaviour Analysis the reader should visit the following web site: www.behavior.org.)

8. ABA is only one approach

Throughout the report the impression is given that ABA is narrow in focus. Indeed the report makes the basic mistake of considering ABA only to be a cookbook of methods. This is extremely misleading. ABA is a natural science, and in keeping with all natural sciences there is an emphasis on accountability. The mistake the report makes is to question a science that makes decisions based on proven effectiveness. To dismiss it as representing one approach is like dismissing the findings of Medicine because it too relies on proven effectiveness in decision making. Regarding Lovaas' position per se on procedures developed by other behaviour analysts, Sallows (1999) made the following comments:

"Lovaas has nothing against treatments supported by research, which complement rather than detract from behavioral therapy. In recent years Lovaas' group has felt that many procedures developed by other researchers were potentially quite beneficial. These have included visual (pictorial) and written cues (Krantz and McClannahan, 1993), as well as visual schedules and instructional sequences (McClannahan and Krantz, 1994), and visual strategies for addressing social skills (Gray, 1994; Charlop and Milstein, 1989)."

Regarding the evidence specifically for T.E.A.C.C.H., a letter was sent recently to both the Health Minister and the Education Minister from the Glenne Center in Norway, the leading centre for the treatment of autism in Europe:



"To date there have been 12 independent, peer reviewed outcome studies of early intervention programmes (Smith 1999 Clinical Psychology Vol 6, No 1, spring pages 33 -49). Nine studies have scrutinized and/or replicated behaviour analytic programmes, only one has been devoted to TEACCH. The results clearly show that behaviour analytic intervention constantly and consistently achieves significantly greater IQ gains, lasting performance gains in language, reading and concept attainment than TEACCH."

One can only speculate as to why this information is not evident in the report. The report also advocates an experimental mixing of different therapeutic approaches, a so-called eclectic approach, even though there is no hard evidence to support doing so. Reference was made to one study which purportedly showed that T.E.A.C.C.H. and ABA were more effective than ABA alone. As far as evidence goes, this is extremely weak and it has received the following critical comments in Sallow's (1999) response to Jordan's assessment-

"... a more recent study of 22 children in a behavioral classroom where half also received TEACCH home programs (Ozonoff and Cathcart, 1998). After four months, the children receiving the TEACCH home program showed greater increases in imitation, motor skills and non-verbal imitation. Although Jordan et al. refer to the behavioral classroom as "Lovaas style ABA", Lovaas does not advocate his treatment be delivered via a classroom model because the required one-to-one contact cannot be provided. Since one of the first skills addressed in Lovaas's program is imitation, the fact that Jordan et al's. "Lovaas" classroom was less effective at building imitation than parents were at home, is fairly clear evidence that the classroom setting was not delivering Lovaas behavioral therapy as prescribed. It should be noted that the TEACCH manual used by parents for their in-home programs (Schopler, Lansing and Waters, 1983) includes many of Lovaas' early programs, (such as non-verbal imitation), so that what this study may really have demonstrated was the extra benefit of four months of Lovaas type in-home therapy, (albeit at less than optimal intensity and delivered by unsupervised staff), compared with the lesser effects of a behavioral classroom alone."

There are other reasons why the notion of an eclectic approach might cause more problems than it solves. It cannot accommodate the differing goals associated with the practice of a science with those of a packaged system like T.E.A.C.C.H.. The advocates of T.E.A.C.C.H. assert that the overall aim of the programme is to provide lifelong support for people with autism and their families. In contrast research findings from children who have received early intensive ABA treatment have shown that autism does not have to be considered a lifelong condition for all, as normal educational, emotional, and social functioning can be achieved



with some children. This being the case, it is difficult to see how one can design an educational plan that on one hand aims to promote life-long adherence to a an artificial environment and at the same time aims to make the very notion of an artificial environment unnecessary. In essence, the distinction between ABA and T.E.A.C.C.H. is that ABA is a holistic approach that aims to help redress the child's psychological imbalance and thus realise the child's potential to live in natural environments, such as mainstream school, open employment markets, original family, and community settings. The T.E.A.C.C.H. system, on the other hand, accepts that inevitably " autism is a lifelong condition that will require special care and consideration into adulthood" (Jordan & Powell, 1995, Understanding and teaching children with autism. Chichester: John Wiley & Sons. p. iix).

9. Picture Exchange Communication System

The Picture Exchange Communication System (PECS) is included in the report as a stand-alone strategy. In presenting it this way the authors again expose their misunderstanding of the developments pioneered by ABA. PECS was created by two behaviour analysts and in correspondence with the P.E.A.T. group one of its creators, Andy Bondy, noted that:

"PECS is an approach to communication for some children. All of the principles and strategies were developed within a broad spectrum behavior analytic framework. ...Lovaas has written, as have his colleagues, that PECS is appropriate for some children who do not rapidly benefit from vocal imitation training. Thus, PECS per se is not counter to anything within a narrowly defined ABA approach (a la Lovaas) or other ABA-based approaches. When we work with classes or school districts, we refer to the broad array of behaviorally based strategies as the Pyramid Approach to Education (Bondy & Sulzer-Azaroff, 2002), not PECS. Behaviorally based strategies are appropriate for ALL students (independent of disabilities) whereas PECS is an approach for some children (again, independent of their disability) designed to help improve functional communication".

The report further states that the system is inexpensive, does not require complex materials or manuals or highly skilled training. Many of the P.E.A.T. parents use PECS where their children have little expressive or receptive language. The introduction of the child to PECS requires at least two trained individuals. Once trained the parent or teacher must refer to the PECS manual repeatedly to bring the child as quickly through the different stages of the PECS programme. Since the child's PECS book should contain all of their vocabulary it is necessary that a symbol or picture data base is on hand 24 hours per day. The PECS material may be purchased but can be quite expensive for parents. Contrary to international standards of training in ABA, then, it is clear that the authors of the report do not recognise the need for quality assurance in training and application of ABA-developed resources.



10. ABA is expensive

The report makes a case about the expense involved in ABA. However, cost-benefit analyses (US) were given to the Task Group. Each of these studies showed the substantial savings to be made when long-term care is no longer needed by children who have benefited from ABA. The conclusion from one of them was as follows:

"The principal conclusion from this preliminary cost-benefit analysis is that the cost savings substantially exceed the early intensive treatment cost for a candidate 3-year-old child with autism or ASD. This conclusion holds for a wide range of cost assumptions and discount rates." (Prepared for Harper Grey Easton, Barrister and Solicitors. Submitted by Columbia Pacific Consulting, 1550-650 West Georgia Street, Vancouver, B.C. V6B 4NB. December 7, 1999)

A cost benefit analysis for behavioural intervention versus traditional provisions (in special schools) for children with autism was also conducted in the UK by Parents for the Early Intervention of Autism in Children (PEACH) in 1997. Their findings showed that a typical home-based intensive behavioural programme was estimated at £17,000 per annum covering a 50-week period. In comparison a NAS school placement cost between £22,500 and £23,500 per annum covering a 38-week period. No mention of these reports can be found in the section on ABA.

Conclusion

Parents should have a right to choose which treatment they would consider best for their child. Parents can only make that decision, though, when they have confidence in those in authority whose job it is to be fully informed and unbiased in their assessment of current research findings. This report fails in this respect. Had the task group been bold enough to



commit itself to scientific standards of proven effectiveness, parents could have been reassured that their children would be provided with the kind of care praised by the US Secretary of Education. As it stands this report is not sufficiently enthusiastic in guaranteeing that ABA training for professionals will be at the forefront of the new agenda for helping children with autism. Rather, the practices of a whole scientific discipline have been submerged in a so-called eclectic approach. Not only that, but there is no indication that the burden of providing training in ABA will be removed from the parents who maintain P.E.A.T. as an organisation. This is cruel in the extreme. Parents want to spend more time with their children. They do not want a situation to arise where they have to continue running an organisation that should never have had reason to exist in the first place. The Departments of Health and Education jointly should provide the resources necessary to enhance the ABA expertise that currently exists in the community.

Government ministers would be advised to tread carefully in their digestion of this report. Even in purely financial terms, an aspect crucial to government spending plans, the case for ABA was not made properly. Independent cost-benefit analyses of implementing ABA programs exist but their conclusions are not resonant in the report.

We can only hope that government officials as well as concerned parents are able to see the inconsistencies and concentrate on the recommendations of the report rather than the superficial descriptions of specific approaches. Correct and detailed descriptions and research evidence regarding the use of ABA are widely available in books, manuals, films, and training course materials, the Web (www.behavior.org) as well as in scientific journals such as the Journal of Applied Behavior Analysis.

As for the recommendations, the task group report wants to see improved services for children with autism. It confirms ABA as a key method of intervention, especially in regard to evaluations of programme effectiveness and parental inclusion in decision-making. However, given the current understanding of ABA by the report's authors, it is clear that caution should be exercised in the assessment of how this is to be achieved.

It seems that the formal statement of educational needs (commonly called 'statementing') will continue to be a crucial juncture for decision-making. The task group would like to see included in the statement of educational needs a section identifying the objectives which the provision should address and meet and which are considered appropriate to needs of a child. It will be up to parents and ABA professionals to ensure that ABA is recognised in the statement of educational needs as the appropriate intervention that meets these criteria.

In conclusion, it should be noted that there are two fundamental and inextricably linked ethical considerations related to the practice of ABA. Firstly, all children have the right to the



most effective treatment. Secondly, it is ethically imperative that practitioners who claim to offer ABA services can provide evidence of competency in this discipline. Only time will tell if the proper resources are made available to ensure that international standards for ABA training are met in our community. Children deserve nothing less.

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