



November 16, 2021

A Letter to Our Fellow ABA Practitioners

As the State Associations representing ABA practitioners and Autism Treatment Providers, the Wisconsin Association for Behavior Analysis (WisABA) and Wisconsin Autism Providers Association (WAPA) want to formally acknowledge the growing criticism of Applied Behavior Analysis (ABA) and Autism Treatment by autistic self-advocates, members of the LGBTQIA+ community, and others.

ABA is the science of behavior that is used in the applied setting to improve socially significant behavior (i.e., results in behavior changes that improve the life experience of the person served). Practitioners of ABA collaborate with clients and relevant parties (such as family members, caregivers, other service professionals, etc.) to identify goals and intervention strategies that are meaningful, valuable, and acceptable to the person served. Ethical practice of behavior analysis recognizes and respects culture, traditions, society, and family dynamics when determining when and how to best support the individual(s) we serve. ABA is intended to be person-centered and collaborative, with a strong emphasis on teaching important skills using positive reinforcement. The use of aversive procedures outside of crisis situations may indicate an outdated approach to practice and warrants further assessment by the clinical team in collaboration with the individual served.

ABA's relationship with the LGBTQIA+ community has been profoundly impacted by conversion therapy and the use of punishment procedures to eliminate gender non-conforming and non-heterosexual behaviors. As of the writing of this statement, the practice of conversion therapy is legal in Wisconsin and continues to be a real threat to the LGBTQIA+ community. WAPA and WisABA want to make clear our position that conversion therapy and the use of behavioral principals and procedures to alter a client's sexual orientation or gender identity is unethical and does not belong in the practice of behavior analysis.

The field of ABA places a strong emphasis on collecting data and considering whether the interventions and outcomes are meaningful to the individuals we serve (i.e., social validity). WisABA and WAPA believe it is essential to consider all the data, including criticisms of our field, so that we can learn from the persons we serve and do better. A fundamental assumption of our field is that all behavior can be changed, even our own.

By ignoring the history of ABA and current concerns, we would be doing our discipline and the community a grave disservice. We acknowledge that individuals have had adverse experiences directly resulting from ABA treatment. Examples of harmful procedures include, but are not limited to, conversion therapy (punishing gender non-conforming behavior, punishing non-heterosexual behavior) and the use of aversive procedures (administering electric shock, spanking, escape extinction, restraint) in non-crisis situations. While there is certainly room for improvement in our field, as there is in all

helping professions, claims that all forms of ABA are harmful or abusive, result in harm to individuals seeking medically necessary services. We believe it is more productive to educate consumers about indicators of ethical and competent ABA as well as red flags of potentially harmful practitioner behavior. WAPA and WisABA members do not engage in conversion therapy or use physical punishment.

Best practice dictates that least restrictive measures should be utilized first when developing behavior change plans. Individual variables and cultural values are taken into consideration to ensure the well being of individuals served. More intrusive procedures should only be used when less intrusive procedures have been implemented and found to be ineffective. In the event that more intrusive procedures are under consideration, best practice includes the practitioner consulting with peers and conducting a risk-benefit analysis. This consultation process aims to ensure that treatment goals and outcomes are in accordance with the principles of our field, and meet the ethical tenets under which we function.

In recent years, the field of ABA has seen substantial growth in the number of certified individuals, leading to concerns regarding the level of experience and competence of certified and licensed practitioners. Nationally, the Behavior Analyst Certification Board (BACB) oversees the credentialing of Board Certified Behavior Analysts (BCBAs), Board Certified Assistant Behavior Analysts (BCaBAs), and Registered Behavior Technicians (RBTs). Individuals certified by the BACB are bound by the BACB's ethical code. (<https://www.bacb.com/ethics-information/ethics-codes/>) Unethical behavior can be reported directly to the BACB. Additionally, BCBAs in the state of Wisconsin are accountable to the state licensing board, and complaints can be made to the Department of Safety and Professional Services (<https://dsps.wi.gov/Pages/SelfService/FileAComplaint.aspx>).

WisABA and WAPA are committed to educating practitioners and consumers of ABA about modern, ethical ABA practices, which emphasize the use of reinforcement rather than aversive or punishing procedures, prioritize client assent and self-advocacy skills, and respect neurodiversity. Treatment should be identity-affirming with respect to the individual's race, ethnicity, sexual orientation, gender identity/expression, and culture. The individual served should be included in selecting treatment goals and intervention procedures. Prior to any assessment or treatment procedure, a risk-benefit analysis should be completed, all efforts should be made to minimize risk, and consent/assent must be obtained from the individual prior to any treatment. Consent/assent is an on-going process and should be continually obtained throughout service provision. Behaviors should only be targeted for reduction if they are dangerous or interfere with daily activities. Skill development, including communication and adaptive skills should be the focus of intervention programs. Behavior support plans intended to reduce dangerous behaviors must include the development of adaptive skills that allow individuals to access the same reinforcement in a safe, more effective way.

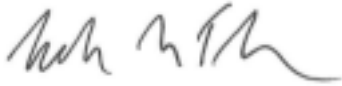
To demonstrate our commitment to ethical practice, WisABA and WAPA will be taking the following actions:

- Collaborating with the WI Autism Society State Affiliate groups to hold listening sessions and panels of Autistic Advocates and BCBAs.
- Offering Continuing Education opportunities on Ethical Practice and Neurodiversity.
- Encouraging provider organizations to establish practice guidelines that minimize risk and outline procedures to communicate grievances with the clinician, practice leadership, BACB and, when necessary, the state licensing board.
- Providing information to support consumers in identifying modern, ethical ABA and supporting

consumers in advocating for themselves.

We will continue to advocate for not only the autistic voices who speak out against prior negative and harmful experiences, but for those in the LGBTQIA+ community. We will continue to listen. We will not dismiss, explain away or attack you; instead, we are here to support you.

Respectfully,



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A Letter to Our Fellow ABA Practitioners: Supplemental Information & Resources

What is Ableism?

Ableism, or the discrimination in favor of able-bodied/minded people is harmful as it partakes in a system of discrimination. Ableism can also take the form of assuming that neurotypical status is preferable to being neurodivergent and when assumptions are made that brain differences, such as autism, are inherently debilitating. Ableism, even when unintended, can be harmful to individuals seeking services by negatively impacting their self-concept and identity.

<https://www.liebertpub.com/doi/10.1089/aut.2020.0014>

What is Neurodiversity?

Neurodiversity refers to the range of observed differences in brain functioning related to language, learning, sociability, sensory processing, attention, mood and other neurological processes (term coined by Judy Singer 1998). The key component of neurodiversity is that differences in neurological functioning are to be expected, accepted, and celebrated. Resources can be found at

<https://neurodiversitysymposium.wordpress.com/>

What do social validity and socially significant behavior mean?

Social validity refers to the extent that the behaviors targeted (goals) and interventions used are deemed appropriate by the individual served and relevant parties, resulting in meaningful change that enhances the individual's life. Socially significant behaviors are goals/outcomes that positively impact the individual, based on the individual's needs, preferences, and culture. The development of socially significant behaviors is 1 of the 7 dimensions of ABA and is a hallmark of the practice of ABA.

How has ABA harmed the LGBTQIA+ community?

Conversion therapy is an unethical and harmful procedure that aims to change or overcome the sexual orientation or gender identity held by lesbian, gay, bisexual, and transgender people. The Association for Behavior Analysis International (ABAI) drafted a statement in 2021 condemning this outdated and unethical practice. (<https://www.abainternational.org/about-us/policies-and-positions/policy-statement-on-conversion-therapy-and-practices,-2021.aspx>)

Conversion therapy has negatively impacted the lives of those within the LGBTQIA+ community, their families and the larger society. Conversion therapy has been banned across many states and municipalities within the United States, but remains legal in Wisconsin.

(<https://bornperfect.org/facts/conversion-therapy-bans-by-state/>)

For more information about the harm of conversion therapy and efforts to ban this practice:

American Psychological Association Consensus Statement on Conversion Therapy with Minors
<https://www.apa.org/advocacy/civil-rights/sexual-diversity/lgbtq-therapy>

Anderson Cooper 4-part series on “The Sissy Boy Experiment” documenting the after effects of the 1974 study conducted by Rekers on Lovaas <https://www.youtube.com/watch?v=AirAT0viF0&list=PL0922202D15EFE01A&index=1>

BornPerfect.org <https://bornperfect.org/home/>

Petition for retraction of the seminal article on conversion therapy Rekers & Lovaas 1974
<https://docs.google.com/document/d/1ABbUoe38ocT9oawJDDZPMuJ42M00K7QGlwJq4YgGkXg/edit>

What are some harmful, outdated ABA Practices?

Autistic self-advocates have shared concerns about ABA for years which include, but are not limited to: culture of ableism (trying to “fix” autism), trying to change who a person is (by actively discouraging stimming behaviors and unique interests), use of aversive procedures (withholding reinforcement, manual guidance), age-inappropriate expectations (e.g. expecting more from the child with autism than we would expect from a neurotypical child of the same age, such as demanding 100% cooperation), failure to obtain assent from the person served. Another concern is the use of food as a reinforcer for cooperation. While there may be times that powerful rewards are needed to teach essential life skills (i.e. during toilet training), excessive use of food as a reward, especially high-calorie or high-sugar food, is unhealthy and harmful to the individual served.

Autistic self-advocates have also expressed concerns about a particular method of teaching within ABA, Discrete trial training (DTT), which uses a high level of repetition, highly structured teaching approach, and extrinsic forms of reinforcement (food, toys, tokens, etc.). Concerns with DTT include potentially being boring to the learner and difficulty using the skills learned in the natural environment (everyday life). It is important to note that DTT is an evidence-based teaching approach that can benefit many learners. When ethical ABA practice includes DTT, there is also a plan for generalization to ensure the learner can use the skills they learned in a highly structured setting in their real life with access to more naturalistic rewards.

For more information on contemporary, ethical ABA:

<https://practicalfunctionalassessment.com/2021/08/24/a-perspective-on-todays-aba-by-dr-greg-hanley/>

How do I know if my ABA team is practicing Ethically?

BCBA-Ds, BCBA's, BCaBA's and RBTs are governed by The Behavior Analyst Certification Board (BACB). The BACB has enforceable ethics guidelines that BACB certificants are required to comply with: *The Ethics Code for Behavior Analysts* (applies to BCBA-D's, BCBA's, BCaBA's) and the *RBT Ethics Code* (applies to RBTs). BACB certificants are held accountable with self-reporting guidelines, code-

enforcement procedures, and resources to assist in the compliance of the BACB ethics guidelines. Certificants are encouraged to share this information with current and future clients to ensure that ethical practices persist. Full details can be found at <https://www.bacb.com/ethics-information/>

The University of Washington Autism Center has a useful resource entitled *Finding the Right ABA Treatment*, which outlines questions parents should ask and characteristics of ethical vs questionable ABA practices.

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwj1t5TSM7HzAhUNWs0KHZmNBgUQFnoECAgQAO&url=https%3A%2F%2Fdepts.washington.edu%2Fuwautism%2Fwp>

[content%2Fuploads%2F2020%2F10%2F4.-UWAC-Finding-the-Right-ABA Treatment.pdf&usg=AOvVaw2dal_IraeSXjeRLPrPAuyQ](#)

Below are additional resources about components of high-quality ABA treatment and red flags of poor quality and potentially unethical treatment.

<https://childmind.org/article/know-getting-good-aba/>

<https://www.appliedbehavioranalysisedu.org/5-red-flags-that-you-need-to-find-another-aba/>