Incorporating Cultural Shifts into Clinical Practice

Providing Compassionate, Informed ABA Service

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Historical Considerations

Social Perception How autism is presented Autistic voices have to and perceived by society greatly impacts autistic people

Silenced Voices historically been excluded from the conversation

Trauma Increased risk of

trauma as a vulnerable population

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Social perception of autism

- Incomplete person needing to be fixed
- Often portrayed as dependent and incompetent or as genius savant
- Narrative centred around grief, loss, and infliction

"We have your son. We will make sure he will no longer be able to care for himself or interact socially as long as he lives. This is only the beginning" [signed] Autism

New York University Child Study Centre campaign

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"I am autism. I'm visible in your children, but if I can help it, I am invisible to you until it is too late. I know where you live... I hover around all of you... I work faster than pediatric AIDs, cancer, and diabetes combined. And if you are happily married, I will make sure that your marriage fails... I will bankrupt you for my own self gain"

- Autism Speaks Ad

Silenced voices

- Lack of consultation
- Diagnosis and age can lead to decisions being made for them
- Neurotypical overstepping



Medical vs. Social Model

Medical model of disability

- Personal deficit or abnormality
- Treatment or cure

Social model of disability

 Identifying barriers, derogatory attitudes, and social exclusion

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Trauma

- Children and individuals with autism are at a greater risk of abuse/trauma
- Increased risk due to:
 - Communication difficulties
 Dependence on adults
 - Higher rates of social isolation

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Trauma

- Lack of bodily autonomy and infantilization from adults
- Suppressing autistic tendencies can be harmful



b) False

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Question #1 Social perception, trauma, and silenced voices are important historical considerations when working with the autistic population a) True

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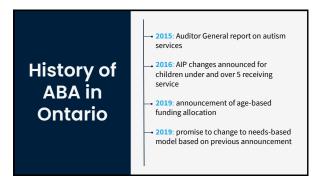


a) False



- → 1999: parent-created Beecroft Learning Centre
- -• 2001: first ABA-based charitable organization
- → 2004: Fleischmann vs TDSB
 - 2007: Brock accredited by the BACB, PPM 140 introduced
 - → 2010: ABA Supports Program introduced, IBI funding decreased
 - → 2013: ABA/IBI support from parents

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Waiting for Service

- Study (2016) examined family quality of life as impacted by service wait times in Ontario
- 484 families on service wait lists completed a quality of life survey
- Self-reports of quality of life was decreased for families waiting for service

Ethical Implications

- Wait times deny children with services they need
- Age-based funding allocation ignores the needs of the individual child



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Question #2 How do wait times for service impact children and families?

a) Increases quality of life

b) Decreases quality of life

c) Decreases child quality of life, but increases parents' quality of life

d) There is no direct impact on quality of life

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Active Student Responding

Question #2

How do wait times for service impact children and families?

a) Increases quality of lifeb) Decreases quality of life

c) Decreases child quality of life, but increases parents' quality of life

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Cultural Shifts

Language

The language we use has a major impact in contributing to or shifting away from problematic perceptions of autism

Neurodiversity

Moving from a strictly medical model to incorporate the social model to more fully understand autism and disability

Acceptance Listening to and highlighting the narratives of autistic people to better understand and accept them as they are

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Language

- Identity-first vs. person-first language
- Important to listen to the preferences of the community
- Language about a population should be dictated BY the population

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Neurodiversity

- Embracing neurodiversity
- Moving away from grief/loss



"Disability requires societal support, acceptance of difference and diversity, and societal 'reasonable adjustment', while disorder is usually taken to require cure or treatment"

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Neurodiversity

- Medical vs. social model
- Acceptance instead of masking, which is the suppression of natural autistic tendencies by trying to appear more neurotypical and meet societal expectations of behaviour



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Representing Autism

- Include autistic advocates into advocacy and support initiatives
- Shift in how ASD is being represented



Representing Autism

- Company-led vs. community-led initiatives
- Rainbow infinity vs. puzzle piece symbol
- Autism Acceptance vs. Awareness Month
- Red vs. blue

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Considerations for ABA

Are we helping or harming? Does any part of our practice or service have the potential for trauma? Clinician or Child-focused? Are we focusing on what the child needs or what we think we should teach? Are our practices up-to-date? Are we operating using the most up-to-date information on research and ethics?

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Question #3 How should one refer to a person diagnosed with autism?

a) Autistic

- b) Person with autism
- c) A person's individual preference

d) Both A & C

Question #3

How should one refer to a person diagnosed with autism?

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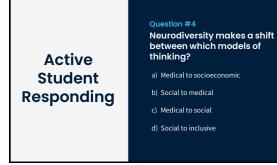
d) Both A & C

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Active Neurodiversity makes a shift between which models of thinking?

Responding

b) Social to medical

d) Social to inclusive



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Fluid Teaching

- NET teaching
- Child-led: less control over child's interests
- Consider development and peers



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Fluid Teaching

Podcast: Two Sides of the Spectrum **Episode**: Lessons from a Black Autistic Behavioural Therapist

Johnson talks about her interest in movie credits where she hates watching movies but found comfort in watching the credits.



"By applying techniques of compassionate care, a behavior analyst can identify and tact when others are suffering through the process of perspective taking, tact their own personal experiences and how the observed suffering may relate to his or her own, and then act intentionally to alleviate the suffering...."



Compassion

- If it is acceptable for adults to engage in self-stimming behaviours, it is unfair to expect autistic children to completely mask or stop these behaviours either
- We need to remember they are children first, above everything else

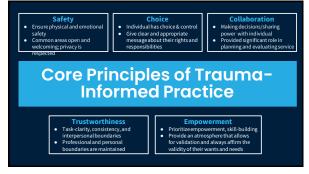


Informed Practice

- Listen to autistic voices, opinions, and narratives
- Find research that includes autistic input
- Include core principles of traumainformed practice







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Autonomy & Self-Advocacy

- Respecting their bodies
- Teaching self-advocacy skills
- Cooperation vs. compliance
- Remember our role (not to fix their autism, but to help them thrive with it)

Question #5

What is the ultimate goal for compassionate ABA?

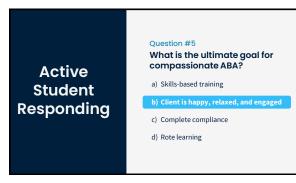
- a) Skills-based training
- b) Client is happy, relaxed, and engaged
- c) Complete compliance
- d) Rote learning

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Question #6

What are the 5 core principles of Trauma-Informed practice?

- a) Safety, choice, collaboration, trustworthiness, empowerment
- a) Happy, relaxed, engaged, compassion, natural environment teaching
- a) Choice, advocacy, safety, televisibility, rapport
- a) Compassion, collaboration, trust, engagement, advocacy

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a) Compassion, collaboration, trust, engagement, advocacy

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Ethical Codes & Considerations







Ethics

2.09 (a) – Clients have a right to effective treatment (i.e., based on the research literature and adapted to the individual client). Behavior analysts always have the obligation to advocate for and educate the client about scientifically supported, mosteffective treatment procedures. Effective treatment procedures have been validated as having both long-term and short-term benefits to clients and society.

Ethics

2.02 — Behavior analysts' responsibility is to all parties affected by behavior-analytic services. When multiple parties are involved and could be defined as a client, a hierarchy of parties must be established and communicated from the outset of the defined relationship. Behavior analysts identify and communicate who the primary ultimate beneficiary of services is in any given situation and advocate for his or her best interests.

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Ethics

9.03 — Behavior analysts inform participants or their guardian or surrogate in understandable language about the nature of the research; that they are free to participate, to decline to participate, or to withdraw from the research any time without penalty; about significant factors that may influence their willingness to participate; and answer any other questions participatms may have about the research.

Question #7 Why is the BACB ethical code important?

- a) Protects practitioners from legal action
- b) Code is a legally binding contract for families
- c) Informs safe and ethical practice for ABA practitioners and clients
- d) Rulebook for families while in service

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In conclusion:

- Progress forwards with inclusive input
- Be compassionate clinicians
- Empower and accept

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