


Date recorded: April 2022

Incorporating Cultural Shifts into Clinical Practice

Providing Compassionate, Informed ABA Service

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1

Objectives

Main Objectives

- Historical Considerations
- ABA in Ontario
- Cultural Shifts
- Culture and Compassion in ABA
- Ethical Considerations and Codes

2

Confidentiality Agreement

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- Record any part of this presentation for personal or professional use
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3

***This presentation uses identity-first language**

4

Historical Considerations

Social Perception How autism is presented to and perceived by society greatly impacts autistic people	Silenced Voices Autistic voices have historically been excluded from the conversation	Trauma Increased risk of trauma as a vulnerable population
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5



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 inflection

6

“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

7

“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

8

Silenced voices

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

[Autistic Self Advocacy Network, 2021]



9

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

10



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

11



Trauma

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

12

Why is this important?

- Sensitivity**
Understand personal and collective history
- Perspective**
Recognize that as a neurotypical person, we can't fully understand the autistic experience
- Evolved learning**
Learn from past mistakes and evolving knowledge
- Clinical implications**
Understand ABA's history and consciously do better

13

Active Student Responding

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

- a) True
- b) False

14

Active Student Responding

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

a) True

- a) False

15

History of ABA in Ontario

- **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

16

History of ABA in Ontario

- **2015:** Auditor General report on autism services
- **2016:** AIP changes announced for children under and over 5 receiving service
- **2019:** announcement of age-based funding allocation
- **2019:** promise to change to needs-based model based on previous announcement

17



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

18

Ethical Implications

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



19

Active Student Responding

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

20

Active Student Responding

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

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21

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

22

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

23

Neurodiversity

- Embracing neurodiversity
- Moving away from grief/loss




24

“Disability requires societal support, acceptance of difference and diversity, and societal ‘reasonable adjustment’, while disorder is usually taken to require cure or treatment”
- Simon Baren Cohen, 2017


25

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



26



Representing Autism

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

27



Representing Autism

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

28

Considerations for ABA

1

Are we helping or harming?
Does any part of our practice or service have the potential for trauma?

2

Clinician or Child-focused?
Are we focusing on what the child needs or what we think we should teach?

3

Are our practices up-to-date?
Are we operating using the most up-to-date information on research and ethics?

29

Active Student Responding

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

30

Active Student Responding

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31

Active Student Responding

Question #4
Neurodiversity makes a shift between which models of thinking?

- a) Medical to socioeconomic
- b) Social to medical
- c) Medical to social
- d) Social to inclusive

32

Active Student Responding

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33

How can we do better?

Fluid teaching

- NET
- Child-first approach

Compassion

- Adjusting our own behaviour
- Adopt new perspective on ABA

Informed Practice

- Include own-voice narratives
- Trauma-informed

Respect & acceptance

- Avoid masking
- Self-advocacy
- Bodily autonomy

34

Fluid Teaching

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



35

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.




36

“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....”

- Taylor, LeBlanc, and Rosnik, 2019

37



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

38

Compassion

Safety - prioritize safety (ours, the clients or others)


Televisability - If this were shown on the news, would you be proud?

Rapport - Building trust and positive relationships with the client and their families

39

Informed Practice

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



40

Safety

- Ensure physical and emotional safety
- Common areas open and welcoming; privacy is respected

Choice

- Individual has choice & control
- Give clear and appropriate message about their rights and responsibilities

Collaboration

- Making decisions/sharing power with individual
- Provided significant role in planning and evaluating service

Core Principles of Trauma-Informed Practice

Trustworthiness

- Task-clarity, consistency, and interpersonal boundaries
- Professional and personal boundaries are maintained

Empowerment

- Prioritize empowerment, skill-building
- Provide an atmosphere that allows for validation and always affirm the validity of their wants and needs

41



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)

42

Active Student Responding

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

43

Active Student Responding

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44

Active Student Responding

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

45

Active Student Responding

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

46

Ethical Codes & Considerations

Ethics are created to **rectify historical missteps** and mistakes


Guided by ethics to **provide top-tier service** that puts the client above all else

Ethics **always inform our practice** - not abiding by the ethical code can result in devastating effects

47

Ethics

1.01 – Behavior analysts rely on professionally derived knowledge based on science and behavior analysis when making scientific or professional judgments in human service provision, or when engaging in scholarly or professional endeavors



48




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.


49

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, most-effective treatment procedures. Effective treatment procedures have been validated as having both long-term and short-term benefits to clients and society.



50



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 at any time without penalty; about significant factors that may influence their willingness to participate; and answer any other questions participants may have about the research.

51

Active Student Responding

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

52


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53



In conclusion:

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

54

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55

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56

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57
