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DISTORTING PSYCHOLOGY AND SCIENCE  
AT THE EXPENSE OF JOY  
HUMAN RIGHTS VIOLATIONS AGAINST HUMAN BEINGS WITH AUTISM  
VIA APPLIED BEHAVIORAL ANALYSIS

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*Essay*

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**Abstract**

*Although it is both one of the more “scientific” of the social sciences and also one of the most applied, Psychology has a long history of inventing both “diseases” and “treatments” for them while turning a blind eye to applications that fail to incorporate scientific knowledge and rights-based protections. Despite continued exposure of such practices, they continue to arise, with academics making their careers and practitioners making profits while patients and society suffer some of the consequences. This piece focuses on one of the latest of these modern science fiction horrors in a subfield that has been at continual fault: the mis-definition and treatment of “Autism” in the anti-science practice of “Applied Behavioral Analysis” (“ABA”). While ABA has arisen in the discipline of psychology, it is now authorized by public school educators and provided by unlicensed professionals with the discipline of Psychology failing to establish appropriate review procedures for its practices and educators, service providers (social workers who may or may not be professionals) and government agencies also failing to uphold ethical and legal action. Public and legal oversight have also failed. The author, a Ph.D. social worker, “survivor” of ABA “treatment” and the mother of a child who died from an ABA related injury, addresses the issue directly in this article.*

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It's illegal to torture prisoners and animals, but not disabled people  
- Lydia Brown, Autistic Activist1

### **Introduction**

Although it is both one of the more “scientific” of the social sciences and also one of the most applied, psychology has a long history of inventing both “diseases” and “treatments” for them while turning a blind eye to applications by “licensed physicians” that fail to incorporate scientific knowledge and rights based protections of those who are unable to give consent or who are intimidated or misled into providing it for their children or others under their care. Among the many recent “diseases” whose objective bases are questioned are: Attention Deficit Disorder; Borderline Personality Disorder or Bipolar disorder, while various “treatments” and “cures” that appear as fads and that are then eliminated because they are found to cause more harms than benefits despite their “scientific” testing include: pre-frontal lobotomies, electric shock, and drug therapies. Indeed, these practices are now outlawed as forms of battery, if not torture. Historically, other “normal” human variations have also been stigmatized as “problems” needing to be “treated” such as left handedness, homo-sexuality, female “hysteria”. Despite continued exposure of new practices as harmful without sufficient testing or regulation, they continue to arise, with academics making their careers and practitioners making profits while patients and society suffer some of the consequences.

“Applied Behavioral Analysis” (“ABA”) is one of the relatively recent and ongoing examples. It has arisen within the “social science” of clinical and developmental psychology, yet, most of its practitioners are now unregulated and unlicensed paraprofessionals and care givers, with neither the discipline of psychology nor related fields nor government establishing any real oversight or review procedures<sup>2</sup>. Psychologists have offered plenty of studies of the approaches (failures and advantages) of other alternatives but the discipline has failed to establish any public oversight of treatments like these that it invents and promotes, leaving those decisions to the “market” and to regulations that may or may not exist. Among the practitioners are those in the applied discipline of Social Work that has relatively no information regarding ABA in its curricula but they seem to focus only on dissemination, (i.e., authorizing ABA ) also taking no professional or personal responsibility when the treatments they authorize may be known to be harmful or inferior. Public and legal oversight have also failed.

Despite prestige of being “sciences” and adding intellectual value and professional safeguards, the reality appears to be that there is little accountability and little interest in it, with these professions corrupted by financial incentives and avoiding scrutiny. Although Psychology claims to be a “science” that also has ethical codes for both research and treatments, the discipline appears to this author and presented in evidence below, to be driven not by any effective scientific and ethical oversight but by a desire of practitioners to be free to earn money from new experimental treatments and to then make their careers on measuring the impacts without any personal responsibility for the consequences. My observation and experience, to state it bluntly, is that they have created a science that treats humans as guinea pigs for the self-interest of the “scientists”. It is a definition of “science” that excludes humanistic concerns (Todd, 2013) and is driven by political assumptions about what is “normal” that are filled with conflicts of interest (Dawson, 2004)<sup>3</sup>.

The failure reported in this article in the application of ABA to Autistics<sup>4</sup> is one that should not only have been avoided through objective evaluations of the practice, both in ideal form and in actual practice, but in constant reviews and government and legal oversight. Yet, these systems have all failed with harms continuing on a large scale for at least 25 years and perhaps dating back to the inception of the practice some 40 years ago.

What is happening in the “science” of psychology and its applications appears to be that conflicts of interest in funding and lack of any public or internal oversight have led to the science running amok. Such experimentation on human beings and financial influences may be occurring in other disciplines as well, at the level of entire cultures and societies, due to similar incentives and oversight failures<sup>5</sup>.

This piece focuses on one of the latest of these modern science fiction horrors in a subfield that has been at continual fault: the definition and treatment of “autism” in the practice of ABA.

The author, a Ph.D. social worker, an Autistic and “survivor” of ABA “treatment” and the mother of a child who died from an ABA related injury and two other Autistic children, addresses the issue directly in this article using case vignettes and participant observation as a parent of three Autistic children.

The piece will then offer some possible solutions.

### **Background**

To understand the failings of Psychology and its applied fields, one needs to understand the role of Psychology, the different applied fields, how they link or do not link with each other, and how they establish standards and oversight or fail to do so. While Psychology started as a social science discipline with scientific-biological approaches, its applications are splintered into different areas: Psychiatry (seen as a medical approach), Social Work (dealing with relationships and social and political context ) and Educational approaches such as Applied Behavioral Analysis.

It is within this context that a “treatment” like ABA emerges, with none of these various actors taking actual responsibility while all seek to gain. After briefly reviewing the actors and their lack of accountability, this background section briefly describes how ABA emerged. This provides the setting for presenting the data and analysis that details the failure of this system at all of these levels, using the case of Autism.

### ***Psychology and its Role in Defining and Reviewing Genetic “Diseases” and Behavioral “Treatments”***

Psychology’s Code of Conduct instructs its practitioners to respect the rights and dignity of all people including those whose vulnerabilities impair autonomous decision making in both research and applications (American Psychological Association 2010).

The Code also advises psychologists to seek the informed consent of patients in practice. Applying this code, however, is problematic in interactions with Autistics, many of whom are unable to provide consent for Applied Behavioral Analysis<sup>6</sup>.

Psychological diagnosis and treatment manuals also advise systematic evaluation of alternative theories, which would promote therapeutic alternatives for Autistic people.

These Codes have failed. While they would require oversight and commitment to procedures, the procedures are voluntary, unenforceable, and unenforced. In fact, there are no incentives to enforce them. The incentives of psychologists are only in introducing and testing treatments. Their financial interest is in obtaining money for this research. They are not trained and take little responsibility for the uses of their work or the economic influences over their research or political interests. They look the other way. It is not their “department” and they do not take responsibility.

This lack of oversight is despite the fact that studies fully recognize that even the process of research and peer review has offered little validity or replicability (Belluz, Plumer, and Resnick, 2016) and particularly in clinical neuroscience where the majority of studies are found to be non-replicable (Rothwell and Martyn, 2000).

The discipline simply opens itself up to financial influences in a direct conflict of interest and undermining of professional review and there is no duty of care to the subjects (or “patients”) they work with. If a client runs out of funds, they can simply terminate the care with no consequence.

### ***Psychiatry: Licensed Medical Treatment: But for What “Diseases”?:***

Psychiatrists are also involved in the classification of diseases when they fall into categories, like Autism of “neuro-developmental disorders” but they are not involved in any of the care or oversight because “neurological” disorders (or “differences”, which is the term that Autistics prefer) are not “psychiatric” disorders. In other words, where the differences are genetically based without any physical or psychological cause agents, psychiatrists do not take responsibility. It is possible that they could, in the

case of Autism, particularly in defining ABA as a cause of emotional disturbances because of the trauma that it inflicts, but because of the way they define their role, they absolve themselves of responsibility.

In fact, Autistics are routinely mis-diagnosed as having psychiatric disorders that Psychiatrists treat, such as bi-polar disorder, what is called “oppositional defiant disorder”<sup>7</sup>, schizophrenia, schizoaffective disorder, and “mood disorder”, and placed on medications that may result in toxic reactions (including behavioral reactions) that can lead to psychiatric hospitalizations where harmful treatments may be continued or increased. Given the sensitivities that many Autistics have (to light and sound), they may end up in restraints. Yet, there is little accountability.

### ***Social Work: Unlicensed, Unprofessionalized Free Market “Services”***

In approving therapies that psychologists invent but that are provided by others such as teachers and teachers’ aides, Social Workers, in for-profit organizations, often receiving funding from government agencies (school districts with Autistic children) are subject to certain oversight laws and there are ethics codes for social workers. While there are fewer problems of conflicts of interest, the problem with social worker decisions is that they are often uninformed or without clarity of obligations.

Among recent laws, for example, in the United States, is the Autism CARES Act of 2014 (previously called the “Combating Autism Act” until the terminology was challenged by Autistics) that funds care for Americans ages 2 to 21. This Act, however, is an example of the failures for overseeing therapies. This is a funding bill specific to Autism, not a licensing of all social work treatments. As such, its incentives are financial ones, with service providers seeking to convince school districts to authorize the funds, without direct incentives for protections. The Acts do not require appropriate professional diagnostics consistent with state of the art diagnostics of each Autistic, nor awareness of all of the treatments. There are no provisions assuring that parents are fully informed of all of the diagnoses and treatments and the incentives are for the agencies and service providers to act on behalf of the parents.

Social Workers, if they decide to join an association, may an (unenforceable) code of ethics and they are generally trained to be advocates. However, there is no obligation that they are licensed or continually trained in the services that they authorize or that they oversee. Moreover, Social Workers are not required to belong to any professional licensing organization that regulates them. They often authorize interventions like ABA without ever having seen it or even knowing what it does or what its consequences might be. While the National Association of Social Workers now has an edict, as of 2014, against Social Workers authorizing ABA, not all Social Workers belong to the NASW or that they follow its determinations even if they do. There is also no clarity, in dealing with children, as to whether the Social Workers have a duty of care to the children (and with Autistic children, they are often non-verbal) or to their parents.

### ***Educational Approaches: Licensed and Unlicensed, Including ABA***

Public schools in the U.S. and elsewhere, in efforts to find solutions to help the disabled, have now also become the decision-makers on the type of “education”, “therapies” and “treatments” that are offered (and administered) to children. In doing so, they respond to administrative and bureaucratic pressures to “provide” services and to contract with providers but have few specific safeguards or oversight assuring that what they offer is state of the art or in the best interests of the children.

As educators, their incentive is not to choose appropriate “care” and “therapy”. It is, instead, to look for work as educators. That means that they have an incentive to promote approaches like ABA that offers them work in providing a “teaching” approach to try to change Autistics so that they can “do more”, rather than to offer them “therapies” that just allow them to feel more comfortable with themselves and their environments. They rely on the Social Workers to authorize their work and then they (teachers and teachers’ aides, often without even high school diplomas) offer “teaching” like ABA.

Anything and everything that changes behaviors may be introduced in schools and in the marketplace in countries like the U.S. and described as behavioral services or treatments or forms of “education”

whether or not they actually meet any of these definitions. These all compete in the “marketplace” for recognition, funding and approval without restriction. Those that are able to be mass produced, offer “efficiency” in application, and can most actively lobby government are those that are the “winners” in being applied, whether or not they meet standards and laws for being “humane” or for actually being the highest quality or cost effective. Moreover, the interests and abilities in this system do not start with those of the child, since they are not the paying clients with political power or effective legal protection.

### ***The Emergence of “Treatments” like ABA in this Setting***

Applied Behavioral Analysis (ABA), a multi-billion dollar industry<sup>8</sup> in the United States, is based on the work of Dr. O. Ivar Lovaas, a clinical psychologist and graduate of the University of Washington in the 1970s and then professor at the University of California, Los Angeles. It is an example of how “treatments” emerge in psychology and then enter the private sector as well as public funding, without any oversight. Though there have been some spinoffs of ABA, now broadly defined as “Discrete Trial Training”, the basics of ABA continue and this article will focus specifically on this practice.

ABA is essentially a practice of introducing trauma (pain and punishments) in order to change a behavior that society determines (with a claim to a scientific basis) needs to be changed. While such kinds of actions would ordinarily be considered assault, battery and even torture (“The action or practice of inflicting severe pain on someone ...in order to force them to do or say something”<sup>9</sup>) when used without consent, these activities are re-classified as “treatments” or “therapies” when psychologists label them as having some kind of social or behavioral benefit. The problem is establishing what the standards are for making this determination, how consent is given, who applies it and with what expertise and under what conditions, how it can be challenged and verified, and how the public and individuals being treated are actually “protected”. That is where major questions are raised.

Before examining what “Autism” is, how it is defined and how one determines whether a “treatment” or “therapy” is even appropriate for this genetic “difference” (or “disorder” or “disability”, which are all parts of the questions of this “scientific process”), it is important just to place in context how an activity like ABA somehow even emerges as a “service” offered freely in the marketplace in a country like the U.S. and how widespread it is.

In fact, no one really knows how many practitioners there are of ABA other than perhaps some people in the industry who study their “competitors” to learn how they can increase their “market share”. It is a “service product” without regulation that is sold to school districts, parents and individuals through a number of providers who may specialize in it and other kinds of “therapies” for behaviors considered abnormal ranging from dyslexia to depression. In the U.S., the American Board of Behavioral Psychology offers certificates to those who wish to enhance their employability but these are not licenses and there is no requirement for practitioners to have them. In 2012, some 1,817 people sought these certificates compared to 3,184 in 2014 and they include people in positions of “counselors, school psychologists, special education teachers and teaching assistants (U.S. Behavior Analyst Workforce, 2014). But no one knows how this translates into practitioners of specific services.

Today, ABA is largely approved by these unlicensed paraprofessionals, many of them only just paraprofessionals (staff persons supervised, in theory, by Masters or Ph.D. level Psychologists) with no advanced or degrees in Education or Psychology, who may be trained by others with a similar lack of professional training and no obligations. They are also not psychotherapists and not providers of any mental health training. These paraprofessionals who then offer the services (teachers and teachers’ aides) are, in turn, supposed to be supervised by Masters-level Board Certified Behavior Analysts (BCBAs) and occasionally at the doctoral level, who are usually only educators and, less often, psychologists; again with the provider organizations having to meet no requirements for whom they hire or whether or how they are licensed. In truth, “supervision” often includes one initial observation of the child by the BCBAs; however, this is often not the case, and often there is no observation of the child by the supervisor.

The fact that ABA trainers are not therapists or Social Workers is key in understanding the fundamental value differences and philosophies between education and social work *vis a vis* respect for human beings and self-determination that leads to conflicts in determinations with interventions like ABA. Even if one were to argue that ABA paraprofessionals and trainers are helping people with Autism, they are helping them through a form of training or education, not through a therapeutic venue.

Overall, the approach seems to follow that of a business rather than that of a client-focused professional service. In working with the nation's largest insurer in this area, the author observed ABA practices at work, for a period of some four years, from October 2010 to July 2014. The initial observation, when it does occur, often happens by Skype or by telephone. Increasingly, there are paid reviewers involved who have neither met the child, the ABA trainer, nor the supervisor, and may conduct 50 reviews a day on Autistics, aged 2 to 21 from across the United States, often providing the exact same treatment plan for each client. ABA has clearly become a large-scale, mass-produced assembly line. In the case of offering ABA for Autistics, the BCBA's also do not have Autism, but they have decided, in furtherance of their business interests in providing their services, that they know best in terms of what people with Autism need to learn.

In the 1970s, Lovaas began by identifying a behavior that did not fit the definition of "normal" and he picked an approach for human experimentation to see if he could change it. Then he sought government money to run the experiments. The original "abnormal" population he chose was "gay children" and the approach he chose was to use "aversive stimuli" that were painful and unpleasant to see if he could force children to change the behaviors. He then had the chance to move on with the approach to other "abnormal" populations and to seek additional funds.

Dr. Lovaas's initial work at UCLA in the 1970s "curing" gay children was generously funded by the U.S. National Institute of Mental Health (NIMH). This comprehensive and intensive behavioral intervention used the principles of operant conditioning to displace feminine, homosexual maladaptive behaviors, which were punished and replaced with more masculine, heterosexual behaviors and were then rewarded (Rekers and Lovaas, 1974). Dr. Lovaas and (1987) claimed that these children eventually became "indistinguishable from their peers". He also presided over gay conversion camps, which are still in existence today in the United States, attempting to make gay and lesbian youth heterosexual.

The approaches that Lovaas originally used included not only hitting gay children (corporal punishment) but also electric shock. At the time in California in the 1970s, homosexuality was still a "crime", so Lovaas was able to claim that his work was deterring criminal behavior. Indeed, Lovaas later objected (apparently on religious grounds) to homosexuality being removed later from the *Diagnostic and Statistical Manual of Mental Disorders* since he viewed it as a disease.

Lovaas (1974) lamented that he was unable by law to hit the children harder, particularly one female Autistic child whom he referred to as fat. In that case, the authorities finally intervened and forbade Lovaas from further use of corporal punishment, though his aversive treatments continued to use other unpleasant stimuli beside physical violence on the body.

Ultimately, the gay community, starting with the Gay Activist Alliance (GAA) fought Lovaas and convinced the public that the "abnormal" behavior of being gay was in fact just another aspect of normal human behavior and the "treatment" was in fact a form of abuse. But that did not stop the very same "treatments" from being applied to other populations whose advocates were less politically vocal; non-verbal, Autistic children. Indeed, the only oversight of these experiments and treatment is community political pressure on a case by case basis by the minority population that faces it.

When the U.S. National Institute of Mental Health (NIMH) terminated his funding in 1976 due to complaints of excessive use of corporal punishment against children, Lovaas expanded his techniques to "Autistic" children, using similar characterizations and approaches. This same phrase that Lovaas used in the treatment of homosexuals was also used to describe Autistics who are currently forced to undergo ABA: the goal of making them "indistinguishable from their peers" (Lovaas, 1987). In fact, this is the current stated goal of ABA treatment; the most effective punishments with both populations, per Lovaas, were spanking or hitting the children.

Although some of these regimes have changed over time, the underlying philosophy of studies that seek to justify the “effectiveness” of punitive techniques on children in creating “desirable behaviors” (as defined by the experimenters) continues. Among them is an often cited study today, from 2005, that stereotyped children as having “serious behavioral problems” that were not investigated, in order to justify the punitive “treatments” (Hanley, Piazza, Fisher and Maglieri, 2005).

### **Methodology: Examining a Failure of Applied Behavioral Analysis in a Case Study:**

This article is written from the perspective of a participant observer who is a practicing social worker observing ABA treatments, an Autistic and “survivor” of ABA “treatment”, and the parent of three Autistic children and the mother of one child who died from an ABA related injury and two other Autistic children. The author does not claim to be “objective” but offers observations from the perspectives of a professional participant, patient and caregiver, reflecting on each of these perspectives with case vignettes and documented studies. Much of what needs to be documented for the “experts” such as the relationship between ABA and deaths is simply not available as “peer reviewed” scholarship because the victims do not have the power and privilege to complete peer reviewed research while their experiences and those of their parents are invalidated because they do not have the same political authority and voice as those controlling the “treatments” and the reviews. In working with the nation’s largest insurer in this area, the author observed ABA practices at work, for a period of some four years, from Oct 2010-July. The author seeks to provide the missing voice from the perspective of an observer.

The piece offers the definition of Autism, provides a short vignette that highlights the problems of how it is “treated” in the U.S. under the rubric of ABA, then examines the reality of “treatments” in practice in the face of research studies that show a disconnect between the studies and the applications. The author then addresses some of the root causes of the problems of scientific and oversight failures at many levels, and offers some solutions.

While the practice of ABA is the specific focus of this essay, ABA is not the “only” “treatment” for Autism. The point of this essay is to challenge the mindset of practitioners that focuses on finding something that “works” that they define for others, but without considering the ethics and human costs and their faulty definitions of “science”. Although ABA continually attempts to rebrand itself as the gentler, kinder ABA (in response to complaints of human and ethical rights violations from both Autistics as well as others), its historical origins and underlying belief system, including its use of authority to design what is “normal” and the freedoms that people have to life with their differences are clearly at odds with the human rights perspective.

### **What is Autism and Who Defines It?**

The lack of agreement among Autistics, themselves, psychologists, educators, ABA practitioners, and society itself itself suggests the inherent politicization of psychology in determinations of what is “normal” and what is “acceptable” and how these terms can be abused.

Autistics have a biological difference that limits their ability to communicate in ways that are normal or “neuro-typical” (i.e., like 80% of the current population, which is simply a statistical measure of human variation and nothing more). In fact, many Autistics see it as a neurological difference that carries with it many strengths including honesty, loyalty the ability to hyper-focus and a higher level morality that does not allow for cheating.

According to the American Psychiatric Association (2013), Autism (or the “autistic spectrum”) is a range of “neuro-developmental disorders” including a difficulty in interpersonal communications and social awareness and repetitive behaviors. Some 1.5% of American children are now considered to exhibit various forms of autism, though the range of difficulties has wide variation given differences in intellectual abilities and specific behaviors (Center for Disease Control, 2014). In viewing Autism as a “disorder”, Autistics note that it is simply a genetic “difference” that makes it difficult to feel comfortable with particular surroundings.

By contrast, the mis-definition used by ABA is one that focuses on undesirable behaviors to be eliminated, rather than on a biological-genetic determination and a diagnostic of some 250 different syndromes. The behaviors that Autistics are supposed to lose include any behaviors which make them visible as being Autistic, including rocking (tremendously self-soothing) and hand flapping. These self-stimulatory behaviors are often referred to as “stimming” in ABA language, and are considered undesirable because they result in pleasure for Autistics and withdrawal from neuro-typical people. Many of these behaviors (e.g., hand flapping or gaze aversion) are simply part of the repertoire of Autistics for maintaining their own sense of balance. When Autistics are stripped of these self-soothing mechanisms that are vital to their sense of well-being, they suffer.

### **A Vignette: The Human Cost of Applied Behavioral Analysis**

#### **“They Murdered My Son”**

*A Case Report of How the “Science” of ABA “Treats” Autistic Children*

My son loved watching Willie Nelson music videos and would shriek with joy whenever Willie appeared on the screen. He loved riding in the car with my husband. If he had been permitted to jump on a trampoline, swing on a swing, go in the pool to swim (which he also enjoyed), or listen to music, he would be alive today. Not only would he be alive but he would not have spent his entire life suffering because of people being wedded to an ideology that does not work for a large number of Autistics. All of these activities are those that are now approved as therapies for Autistics like my son. But he did not have the chance to reach adulthood and enjoy his life with these approaches and there are thousands, maybe tens of thousands of children like him who have not and perhaps will not because of the way the “science” of psychology and the decisions of “treatments” of educators and social workers continue to act, for their benefit, but without real oversight or even information. The system we live in today is intent on “curing” them with “treatments” that do not recognize their abilities or differences and that inflict pain that would be considered criminal battery in any other circumstances, in doing so.

My son was diagnosed at age 2 with Autism. Until his death from a fatal head injury sustained during ABA, and possibly several injuries that were never reported and that contributed to harm him over years, he never spoke, never was able to go to the bathroom, feed or dress himself. The “treatments” were all designed to turn him into a “normal” child and to inflict punishments on him in order to induce him to do so. That belief had nothing to do with the reality, but no one in the system of devising and approving and implementing these treatments was ever checked by the reality, and not even in the courts despite several cases my husband and I brought over the 22 years of my son’s life.

My son had an IQ of 10 but no one ever told me that as a parent. All they told me was that he needed “treatments” to become normal. No one (neither the educators who enforced the treatment without any training, nor the social workers who administered it, also without training) ever told me that such “treatments” have no benefit for children with low IQ’s. Nor were they required to have my son’s IQ evaluated as a precondition in determining and authorizing treatment. Nor did the authorities nor the courts enforcing and authorizing funds for ABA ever demand or require such determinations for the benefits of my child or for other parents’ children. In fact, ABA trainers advise that there is no way to determine IQ and that 40 hours a week of ABA for a 2 year old at a minimum are required and are in fact the only hope for a child to develop speech and the ability to go the bathroom unassisted.



Psychologists who conducted studies ultimately understood all of this, years after these ABA treatments were being promoted and funded, but they also had no obligation to use what they knew to protect anyone. Nor did the original “inventors” of the treatment, who made their careers and gained lucrative research contracts. Unlike testing of drugs before they are authorized for sale, there is no government testing of treatments that create emotional distress or fear in unwilling and unsuspecting children, before these treatments are marketed to school districts and forced on already distraught and vulnerable parents.

At age 3, a year after these “treatments” began my son became frustrated at being restrained in a chair. He had no capacity to understand the demands of his ABA trainer, with only a General Equivalency Diploma from High School in his special education classroom. He banged his head out of frustration, which is also a common reaction. In doing so, he split his head open, coming very close to losing his eye. He required numerous stiches to his head, and was unable to swim; something that he loved and then never wanted to do again as he started to recover as his pattern had been interrupted. This was perhaps the largest loss in his life prior to finally murdering him

Over the next several years, I went to court five times in an attempt to halt the administration of ABA and to protect my son against continued injuries. At one point, rather than examining the impact of the ABA on my son, the school district investigated me, instead, through Child Protective Services, seeking to blame me and my husband for being neglectful parents unwilling to “save” our son.

This situation continued for several years and my son sustained numerous injuries. By the time he reached the age of 21, he was 6’ 6” and 260 pounds. It was only at this point and with videos of his reactions to the ABA treatment that we were allowed to home school him. But by that time, the harms that were to cause his death had already been done. Head injuries suffered as a response to ABA led to a slow, torturous death over a period of 13 months.

How many more unprotected children will die from this treatment or the next one promoted by psychological research and service providers, both of whom have financial interests in promoting the treatments but no liability for the consequences.

**“Touch Red”**

(An Example of ABA “Treatment” at Work)

“Touch Red” is often a beginning command utilized in ABA, which assumes that the person who is commanded has receptive language skills and is able to distinguish colors and understands the concept of “touch”. Putting these together is, in fact, a complex intellectual process. This command is repeated over and over and over again by ABA trainers, thousands of times, while the Autistic is restrained.

An even greater assumption is that this is good for the Autistic person, which is an imposition of neuro-typical values and has caused great harm to Autistics. The philosophy behind the restraint and the commands is that the person with Autism will be able to generalize the learning and will then seek to follow the command. With Autistics, both assumptions are false, so the repeated command by the person administering them is often an example of a psychological deficit among the person making the commands (inability to recognize reality and inability to learn from repeated experience). Increasingly, the continuation of this by the person making the commands may reach a level of either exploitation of the child (inflicting the treatment as a way to earn funds) or abuse and enjoyment of inflicting abuse (what psychiatrists might diagnose but do not, as psychopathic behaviors by the “trainer”).

Another example of a beginning command is “Look at me”. This is viscerally painful for many Autistics, yet they comply because it is expected of them, despite the pain. In the Autistic community, such self-protection is referred to as “gaze aversion”, not the “lack of eye contact” as the ABA trainers classify it. Here, again, the ABA trainer assumes that the person has the capacity for receptive language and is being willful and non-compliant if he or she does not look at the ABA trainer. That assumption is false.

**A Modern Horror Story: ABA and the “Treatment” of “Autism”**

Despite more than 25 years of studies showing not only that the ABA approach to autism is a failure but that it uses techniques that Social Workers deplore and courts and prosecutors would sanction as “battery” and “infliction of emotional distress” if not “fraud”, the process has continued unabated. How is it that years of studies of failure and of the existence of better therapies could fail to result in actual impact on practices? It appears that “research” rewards the researchers for inventing new theories and trying to promote them as well as for then studying their failures, but not one that provides rewards for protecting and promoting benefits to the public.

Applied Behavioral Analysis (ABA) has always been grounded in human and civil rights violations from the beginning of its practice because the harms that the “treatment” causes were directly hidden by the “scientific” measurement used for success. Here is why. Autistics have an acute sense of hearing, light and touch sensitivity. That means that the use of such stimuli in ways that create aversion to it (e.g., bright light) force reactions that lead to compliance with the goals of the person creating this trauma. While this response is an automatic one and not an example of human interactions, Lovaas’ studies labeled these reactions as a “success” in treatment that was published in the literature without challenge, perhaps given the funding and prestige of the institutions behind it. What Lovaas actually “proved” in his scientific publications was something already very well-known and did need additional validation: it is relatively easy to terrify children. This historical context is crucial to understanding present ABA, as well as the present corporate industry’s attempts to distance themselves from their historical origins.

Only in 1991, some 15 years after the initial studies, did researchers from Rutgers, including the well-known behaviorists Sandra Harris and Jan Handelman, publish a study about the consequences of the use of aversive stimuli (i.e., stimuli with punitive and painful consequences that people normally seek to avoid such as bright lights or loud noises, many of these are described below) in Autism programs, comparing the morale and job satisfaction of more than 100 staff members. In their study, the staff was divided into those who could use only mild aversive stimuli, and those who could use severe aversive stimuli on their Autistic clients. Severe aversive stimuli included, but were not limited to, slapping, pinching, electric shocks, noxious odors, noxious liquids, and hair pulls (Harris, Handelman, Gill, & Fong, 1991). Restraints were removed from the scope of the study when no one involved could decide whether their use on Autistics constituted mild or severe aversive stimuli. The researchers discovered that staff members who applied severe aversive stimuli were happiest and reported less job-related stress and greater personal accomplishment. In fact, the longer the staff members who worked in the programs being studied had been using aversive stimuli on their Autistic clients, the more personally accomplished they reported being. The authors concluded that allowing staff to use a wide range of interventions, including strong aversives, may diminish job stress and enhance one's sense of personal efficacy, suggesting a certain personality type that is attracted to the control and domination inherent in ABA "therapies".

Nearly two more decades went by, but the findings of this study seem to have had no impact on any regulation of the practice of ABA or its choice for use in treatment.

City University of New York researcher Brown (2008) observed the very same flaws again and reported them again, nearly two decades later. ABA providers are more likely to be comfortable with the use of aversives, including restraint, seclusion, and food, water, and sensory deprivation, as well as electroshock, particularly against the disabled, who are often seen as, in Lovaas' (1974) words, less than human. "You see, you start pretty much from scratch when you work with an Autistic child. You have a person on the physical sense, they have hair nose and a mouth but they are not really human in the psychological sense," Lovaas claimed in an interview. "After you hit a child, you can't just get up and leave him; you are hooked to that kid". (Chance, Psychology Today, 1974)

Despite this evidence, Social Workers at insurance companies have been authorizing hundreds of millions of dollars for ABA treatment without ever having seen the practice in action. They are often surprised when they are informed that ABA requires physical restraint—often of two-year-olds for 40 hours per week and upwards. Indeed, as Autistics begin to self-injure in response to this treatment, I observed that the hours recommended for children of different ages were typically *increased* rather than decreased. Any child development expert will advise that 40 hours per week of restraint for a typical two-year-old is not advisable, much less a two-year-old with Autism, who has significant sensory issues and a high need for vestibular input. These Social Workers believe that they are helping families, yet they sadly are unaware that they may, in fact, be funding criminal battery or perhaps "torture".

In the reviews that took place that this author observed in working for a company providing ABA services, all Autistic children were determined to "need" a minimum of 40 hours per week of this treatment, never less, There was never a request by the providers to decrease hours, based on the child's frustration, regression or injury. All of the ABA practitioners were working with the same goal, and one that studies have determined to be impossible to attain for many Autistics: speech utterance.

As these ABA corporations have continued to grow and to become more "efficient" so have they continued to increase the call for treatments without any review, with practitioners often reviewing some 50 cases a day of Autistics they never see and never meet. Often these treatments plans are exactly the same for all 50 children without any recognition of their variations and appropriateness of ABA. ABA practitioners call for the regime without knowing what the syndromes or even the IQ's are of individual children; meaning that they have no idea of the potential prognosis and implications of the ABA regime. As a practitioner, I was informed over and over by superiors that it was impossible to obtain IQs as the children were too low functioning to do such diagnosis, though I now know that to be absolutely false.

In luring parents and Social Workers to support these treatments in the U.S., the approaches taken by ABA practitioners may in fact be examples of criminal and civil fraud, using high pressure tactics against

people under stress. Parents who are desperate and devastated by having been given no strength-based perspective of Autism, are often told that their child's Autism is a "death sentence" (Autism Now, 2013), but that a reprieve is possible. These parents are told that their afflicted children may be cured but that time is of the essence, and ABA is their last chance. Thus, they are told to obtain a minimum of 40 hours per week of ABA before the opportunity of the developing brain passes. Tragically, by the time they may find out that their child has a 20 IQ or lower, sometimes many years have passed and many millions of dollars have already been spent.

It is very difficult for some parents to accept that their child will never be typical. Rather than being encouraged, ABA practitioners offer parents false hope and tell them not to mourn the typical child that they will never have, the college graduation and the wedding that they will not attend, and the grandchildren that they will never have. By contrast, Social Workers are uniquely trained and experienced in the mourning process and would be much more effective here<sup>10</sup>.

In discussing the basis for his treatment, Rekers and Lovaas (1974) argued in *Human Beings with Autism*, that practitioners should start from scratch when they work with an Autistic child. He describes patients as persons in the physical sense—they have hair, a nose and a mouth—but not as people in the psychological sense. They advised that one way to look at the job of helping Autistic kids is to see it as a matter of constructing a person—starting with the raw materials and building a person. Lovaas, in borrowing the principles from his earlier punitive and pain inducing approaches to gay children, began to impose similar strictures on children with Autism, a population that many people would argue have an even greater vulnerability.

Applied Behavioral Analysis is an experiment in punitive or “aversive” stimuli (imposing stimuli that people normally avoid) in order to make their claim claiming that half of all children subjected to its methods could be made to look “indistinguishable from their peers” (Rekers & Lovaas, 1974). The crux of the ABA movement is to render people with Autism invisible as a distinct group void of all remnants and gifts of Autism. Nine out of 19 children in Lovaas’ experimental group underwent ABA for 40 hours a week for two or more years.

Despite the facts, the ABA industry has always downplayed and even denied the importance of aversives in achieving this famous 47%. This dubious oft-cited 47% represents the “best” outcomes of Dr Lovaas' 1987 study: the 9 out of 19 pre-school Autistic children in his experimental group who underwent 40 hours of ABA per week for two or more years. At the end of therapy they were reported to have "recovered" and become indistinguishable from their typical peers. They maintained this result through a battery of tests at the 1993 follow-up. (Of the 40 children in two different control groups, the first getting 10 hours of ABA per week and the second drawn from existing cases in the community, only one from the second group tested as "recovered" in 1987 (Dawson, 2004).)

Nevertheless, Dr. Lovaas and his colleagues have never acknowledged progress through a course of natural developmental for Autism, and also never discussed the importance of intelligences (such as measured by IQ) or specific syndromes to future prognosis. According to studies by the Mayo Clinic (2016), there are some 250 different types of Autistic syndromes, determining for example whether an Autistic child even has the capacity for speech. This approach was not recognized in the initial studies and it continues to be excluded from ABA approaches to diagnosis and treatment, with the assumption that one approach fits all.

Autism is a lifelong neurological disorder (or difference) that no amount of aversive conditioning, torture, or torment will ever be able to “cure.” The underlying physical or genetic condition (the “organic disease” as opposed to the abnormal behavior, or the psychological disorder) will continue throughout the life cycle; however, what sometimes occurs is that if Autistics are frightened and deprived enough, eventually—like dogs or other caged lab animals—they will succumb to their “trainers” out of frustration and utter helplessness, and, as common with any victims of torture, will give the ABA trainer what the trainer has demanded of them. This stress response, however, is possible only in the event that the Autistic has the capacity to give the ABA trainer what they demand. If their IQ is too low, and the Autistics have no receptive language capacity, they will not make the connection that they are supposed

to provide: eye contact, touch red etc. Thus, they may become increasingly frustrated, and may even engage in self-inflicted injury, often for the first time in their lives. This scenario is most likely to result not only in injury and Post Traumatic Stress Disorder (PTSD), but also in depression and Obsessive-Compulsive Disorder (OCD) due to the constant replications conducted “over and over, day in and day out” (C. Fleischman, personal communication, day, month, 2013). Seclusion, restraint, and aversive stimuli have been proven to be ineffective in modifying behavior, and in fact, actually increase behavior in many children and have the potential to cause physical and long-lasting trauma to the child (Jones & Timbers, 2002; Magee & Ellis, 2001; Natta, Holmbeck, Kupst, Pines, & Schulam, 1990). Yet, ABA does not recognize it<sup>11</sup>.

The ultimate goal, desired not only by the ABA trainer, but, tragically, also by the parents of the person with Autism (who are often ashamed of their child and who desire that they look typical, regardless of the cost in terms of emotional comfort to their child) is forced “normalcy” rather than acceptance of genetic differences that cannot be changed. As with the “treatment” of homosexuality, the basic ideology underlying ABA is a religious and anti-science approach that biological, genetically rooted differences can be “cured” and “eliminated” through punitive and painful techniques. This scientific fallacy is one that remains unchallenged by insurance companies, government policies, educators and by practitioners.

Studies now at least ten years old suggest that ABA treatment may not only be misdirected, but that results may in fact be fraudulent; having no scientific basis and relying on data that failed to include what would have been found from routine control groups. Gernsbacher (2006) advised that the effectiveness of ABA for Autistics is a myth and misconception, because the gains made during the treatment are actually due to the child’s development, rather than ABA<sup>12</sup>. This raises the question of whether ABA, apart from its great expense (projected at \$3,380,000 per child now in the United States) and its historical basis in torture, is also completely ineffective.

As the ABA trainers never obtain the IQ and syndrome prior to training, they have no way of understanding if the person they are seeking to train has a 20 or a 200 IQ, has an innate capacity for speech, or has no such capacity. Human beings with Autism are trapped, often by restraint straps that inhibit their movements until they comply. When there is no ability to comply, the person with Autism will often become self-injurious for the first time in their lives. Subsequently, the ABA trainer then advises family members that more ABA is needed to quell these new behaviors. Ironically, if the person with Autism has no capacity to understand the demands, he or she is at even greater risk, and is described as non-compliant. Most often, ABA trainers are unaware that there are multiple syndromes that underlie Autism, and do not understand the importance of obtaining this information prior to beginning the training. For the person with average or borderline IQs who can obey the commands of the ABA trainers, it is at the expense of joy, as expressed by Child Development expert and advocate Dr. Toni Spiotta from Montclair University Child Development Center (personal communication, July 1998).

From a Human and Civil Rights perspective, there are no successes in ABA; there are only broken and traumatized human beings, who do what they are told at the expense of joy. Of course, by social work standards, this is a very high price to pay.

In fact, there are several other therapeutic options that are preferable and that studies confirm as better options. Yet, there are no oversight mechanisms or incentives that work to assure that these alternatives are considered as treatments by professionals. These alternative therapeutic approaches are in fact more humane and suited to both Autistics with lower IQs as well as those with highly evolved sensory systems. They include “floor time” (getting on the floor with a child and gently and respectfully attempting to form a connection and attachment), music therapy, water therapy, animal assisted therapy (introducing cats, not dogs) and vestibular input (physical movement such as swinging or jumping on a trampoline). These therapies, although preferred by Autistics and effective in creating attachment are almost never offered, largely because they seem to require less therapeutic time, meaning lower billings for the providers.

The failure of ABA can be described simply. Autistics have a biological difference that limits their ability to communicate in ways that are normal. Science and law recognize that the way to deal with this

difference is to accept it and to help Autistics and those around them to be tolerant and to adjust to it in constructive ways. ABA stigmatizes it and disregards science and law. The term “behavior as communication” refers to the child’s effort to communicate dislikes, needs, desires etc., but the Autistic child cannot do so because of a communication deficit (i.e., no speech or limited speech). When an Autistic’s behavior is seen merely as bad behavior and not as an effort to communicate, which is how ABA characterizes it, the Autistic can become even more frustrated, thus causing escalation. People who are not properly trained to distinguish these “behaviors” or to decipher the communication attempts can sometimes escalate the Autistic to a critical point where the use of physical and/or mechanical restraint comes into play.

### **The Problem**

Though ABA has arisen outside of the discipline of psychology and its practitioners are “educators”, the discipline has failed to establish appropriate review procedures for ABA’s practices while the applied discipline of Social Work has also failed to uphold ethical and legal action against such practices. Public and legal oversight have also failed in the U.S., even though other countries in northern Europe seem to have avoided many of these problems. In the U.S., the ethics that appear to drive science and to compete with and undermine it are too often financial (itself a kind of “religion”) and religion, itself. Motives of short-term financial gain seem to overcome concern for children and for tolerance at all levels in professions. Meanwhile, there appears to also be a dark undercurrent that calls for obedience and conformity and control, as well as the power of authorities to seek to achieve it in a vulnerable population through the ability to inflict pain. “Science” and “education” appear to be linked with motives of power and control.<sup>13</sup>

At the level of social science – Psychology and Psychiatry – there is a failure to incorporate human obligations to potential victims of treatments, with researchers insulating themselves by claiming that they are only doing “research” that their universities and government funding agencies support. They take no responsibility to the consequences. Their goal is to promote “normality”. Despite the lessons of German (Nazi era) and Russian (Soviet) era psychology and experimentation, it is hard for this author to see how such lessons have been directly incorporated into either self-regulation or oversight in the U.S.

In my view, the values of these two professions that apply the treatments – Social Work and Board Certified behavioral analysis trainers – are also in conflict regarding Applied Behavioral Analysis in ways that undermine public protections. The supervisors — BCBAAs — have chosen education rather than Social Work as a profession and adhere to the values of education. As education enters into the field of treatment, there are problems of structure, form and philosophy. ABA was invented by a Psychologist (who was attempting to cure Autistics through aversives as he previously attempted to do with gay males). Now, the "treatment" (like substance abuse) is completed by paraprofessionals (often without even high school diplomas) and is signed off on by Masters level Educational Psychologists.

Educators have a vastly different philosophy than Social Workers- most notably a demand for work rather than a therapeutic stance to protect the recipients of their services. Instead of meeting the child where she or he is there was a demand to look neuro-typical - no matter the level of agony - and hence a lack of support for dignity both of children and the disabled. This is a disciplinary failure as well as a failure on many other levels.

Transferring some of the diagnosis and treatment to Psychiatrists is also not the answer because that profession is also ill suited to it and has also been part of the problem for Autistics. Psychiatrists are not at well versed in Autism. I saw first-hand the misdiagnosis of Autistics daily (with bi-polar disorder, schizophrenia, “oppositional defiant disorder”, “mood disorder”, schizo-affective disorder and “attention deficit hyperactivity disorder”)- and then the resulting prescription of medications that were toxic to Autistics and resulting in self-injurious behaviors, often for the first time in their lives, and ensuing hospitalizations, 4 point restraint and sadly trauma and Post Traumatic Stress Disorder. Sadly, the misdiagnosis, once in their files, followed them through the rest of their lives, resulting in continuing

hospitalizations (sometimes after only a few days after discharge) and big admissions monies for hospitals. The financial incentives thus work against accurate diagnosis and treatment.

Part of the underlying problem is also that of financial motivations. A few words must be said about the large, "not-for-profit" Autism organizations that are headed by neuro-typical people who uniformly support ABA. Although these organizations raise hundreds of millions of dollars each year, a miniscule amount is delivered for *people* with Autism to assist the quality of our lives. According to the U.S. Department of Health and Human Services Office of Autism Research Coordination, only 2.4% of NIMH's research funding goes toward research on services, and only 1.5 % is directed toward adults with Autism (Autistic Self Advocacy Network, personal communication, April 15, 2014). The money is spent on either "curing" Autism or, even more depressingly, on the prospect of detecting Autism via amniocentesis to ensure that people with Autism will no longer be born. The vast majority of funding through large Autism organizations is funneled to microbiologists working on prenatal testing, which will result in eugenic extermination of people with neurological differences, referred to by Dr. James Watson as curing stupidity Watson (2007) is also famous for his white supremacist comments as well, including his sentiment that Black people do not have the same intelligence as white people. In 1997, Watson also advised that a woman should have the right to abort her unborn child if the tests could determine that the child would be homosexual.

There is also a religious ethic at work that is part of the ABA approach and that directly contradicts approaches of science and law. ABA largely developed to promote religious motives of stigmatizing homosexuality and defining "normal" in keeping with the values of Christianity. Treatments that are punitive and painful are also a part of this religious ethic with religious doctrinal underpinnings and history in religious education in Christian communities. One of the reasons the ABA approach may have been allowed under law in the U.S. is because of this religious approach.

In plural civil societies, there is an opportunity for pressure groups to arise to bring attention to these issues, but that only happens on an individual basis and the impact depends on the power of the groups. That explains why ABA has been eliminated for homosexuals but not for Autistics. There is now a subject of "Disability Studies" that is slowly bringing in these concerns, but it responds to the same funding incentives that are the source of the overall problem.

### **Solutions:**

#### **Bringing Science and the Public Back in to Oversight of Definition and Treatment of Disease**

The long term solutions for protecting the public from failures in the discipline of Psychology and from various applied disciplines working on "treatments" follow directly from the problems. There are also some short term measures that Social Workers can take now to address the harms from current approaches to Autism. Many of these solutions are legal and they are also culture. They require a cultural change towards standards and responsibility and oversight and a social science and professionalism that is subject to public review rather than financial incentives.

Having traveled to other child centered countries such as Denmark, Norway and Sweden countries where ABA is not a profit making enterprise, the situation there looks very different. Not every child is pushed into regimes of ABA and no child who does is ever subject to 40 hours of it (the standard minimum request that I observed in the U.S.). Thus, the ABA problem is a uniquely U.S. problem, driven by failures in American culture, political economy, and regulation. It may also be difficult to change in current U.S. political institutions and culture, including US courts, due to the wrath, the power and the legitimacy of the ABA institutions in the U.S.

Since many of the solutions are clear and can be seen in other countries, there is no need to lay out the solutions but instead to advocate for professionals and individuals to follow the models that are more effective, professional, humane and rights based, that are found elsewhere.

***Long Term Structural Solutions:***

The social science, globally tells us that ABA definitely does not work in individuals who are non-verbal and will never be. It tells us that diagnosis is needed prior to assigning treatment. It tells us that legal protections in the interests of the child, not the parents or the society, can protect rights and also protect public funds. But in the U.S., the incentive system does not work. These structures need to be changed.

Paraprofessionals should no longer be performing ABA. Prior to writing an initial behavior plan, the Autistic child should see a geneticist to determine syndrome and accompanying IQ, Children who have exclusionary syndromes (and all children) should be offered alternative therapies that are more therapeutic in nature and more respectful of the child, Schools of Social Work should be training on Autistic life and should be utilizing materials written by Autistics as well as inviting Autistics in to make policy and to complete direct instruction with Social Work students

BCBAS and BCBADS should also be in direct contact with Autistics so that they can hear Autistic responses to ABA. In addition they should be taught alternative therapies. As we have research that indicates that oftentimes people gravitate to ABA due to internal sadism, psychotherapy should be mandated for all ABA licensed practitioners as a means of institutional and cultural change.

Though the U.S. has signed onto most international law, its view of “American exceptionalism” places it above the law and makes its commitments questionable. I am calling upon social scientists and academics to go against the standing social order that tells us that Autism must be cured and the people with Autism should be stripped of every possible defense they have been able to muster and of all of their joy and to follow these international law and ethics.

Even if Social Workers believed that ABA had the capacity to transform a 20 IQ into a 200 IQ, or that ABA had all of the magical properties that the corporate ABA industry and the large multimillion dollar Autism organizations try to convince Social Workers and educators that it does, I would still ask them to oppose this practice, as a Social Work body, on the grounds that it is a Human and Civil Rights violation, and is, in fact, torture as defined by the Geneva Convention Part 4C(c), which outrages against personal dignity, in particular humiliating and degrading treatment (1949). Acts defined as torture under the Convention are those “by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as ... intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity” (U.N. Convention Against Torture, 1949<sup>14</sup>). In the case of Autistics, the sensitivity to stimuli is greater than that of neuro-typical people and they are a discrete minority being targeted directly as a result of this minority status.

***Short Term Treatment Options for Autism:***

I am also calling upon Social Workers to reconsider responses to a family where a child has recently been diagnosed with Autism. Rather than assisting them in suing their school districts to obtain more ABA (as the large Autism organizations always recommend them to do) and putting them in touch with attorneys to lead this charge, please recommend that they see a geneticist in order to obtain syndrome and IQ. This will ensure that over 95% of the people currently receiving ABA will be spared, and parents will be spared the prospect of collaborating in the torture of their own children. Utilizing a strength-based model for Autism when working with families can educate them as to the many gifts that Autism brings. However, most importantly, I am asking that they oppose the practice of ABA on Human and Civil Rights grounds.



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<sup>1</sup> Found on Facebook, Accessed in 2015.

<sup>2</sup> As of now, only a bare majority of U.S. states (26) provide any licensing at all. The Association of Professional Behavior Analysts provides a 2015 resource that reviews the state-by-state status of regulation of ABA providers (<http://www.apbahome.net/pdf/StateRegulationofBA080615.pdf>).

<sup>3</sup> Part of the problem today is that even major dictionaries exclude humanistic concerns and scientific ethics from the definition of science and this is the standard that some experts now use to justify their work and avoid accountability. The Oxford dictionary, for example, defines science as “The intellectual and practical activity encompassing the systematic study of the structure and behavior of the physical and natural world through observation and experiment.”(<https://en.oxforddictionaries.com/definition/us/science>) without any other modifications. Decapitating animals or torturing humans systematically would likely fit this definition of “science”.

<sup>4</sup> Note that while this article uses the term “Autistics” which is the choice of Autistics, themselves (ourselves) as to how they (we) prefer to self-identify, there is an ongoing debate over terminology. Professionals prefer to categorize Autistics in a way that Autistics find demeaning and controlling, “People with Autism” as if they/we are diseased and needing of “treatment” of a “disease”. See as <http://www.ageofautism.com/2008/08/olmsted-on-au-1.html> and <http://ncdj.org/style-guide/>

<sup>5</sup> Editor’s Note: See the articles in this Special Issue on the discipline of Economics, where the “experimentation” without consent and with financial motives may be on entire populations if not on humanity, itself, in the form of globalization and cultural homogenization.

<sup>6</sup> Most states, if not all states, require informed consent for psychological treatment; and the American Psychological Association, under Standard 3.10, requires informed consent (<http://www.apa.org/ethics/code/>). Nevertheless, there is a huge disparity between the requirement of consent and the actual protection of children, parents and other caregivers to ensure that these “requirements” are an enforceable reality.

<sup>7</sup> *Editor’s Note:* Although it is not the subject of this article, the psychological “disorders” and “diseases” identified by Psychiatry seem to routinely any kind of deviance as “abnormal” and in need of “cures” (e.g., sedatives and other drugs to pacify specific groups) whether or not there is any actual disease agent. There is always the danger of turning political deviance into a disorder (which typically occurred in the Soviet Union) and genetic deviance as a disorder (which typically occurs in empires with minority populations” such as Jews in the Soviet Union, Native Americans and Blacks in the U.S.). “Mood Disorder” and “Oppositional Defiant” disorder are already suggestive in their naming of attempts to suppress dissent and discontent by classifying it as a “disease”.

<sup>8</sup> This is based on the author’s best estimates having worked in the industry. No actual figures are available.

<sup>9</sup> This is the standard definition of torture from the Oxford Dictionary (<https://en.oxforddictionaries.com/definition/torture>). In the case of psychological treatments, the goal is to force a behavior that the professional determines is necessary.

<sup>10</sup> Rather than advocating for the boundless amounts of money to fund ABA, we would be better served in assisting families to mourn these expectations and/or celebrate their child with Autism. We need to ask ourselves as Social Workers, however, if the parents’ need to have an indistinguishable child should outweigh the child’s need for integrity and self-determination.

Note that there is also a potential moral dilemma for families in the area of Autism, as genetic technologies improve. Currently, 92% of families who discover that they are having a child with Down syndrome make a decision to terminate the pregnancy (Massachusetts Down Syndrome Congress, 2013). If Autism is able to be detected via amniocentesis, the expectation is that 92% of pregnancies involving a fetus with Autism will also be terminated. This is an urgent moral crisis that necessitates social workers to evaluate our value systems, both individually and collectively, as this is an issue we MUST reconsider-and urgently. Eugenics is not the topic of this work- but as the time is drawing so near for it to any longer be a choice- I am posing the question at this time for urgent consideration.

<sup>11</sup> When children begin to self-inflict harm (as did my son, about 2001, eventually resulting in his death from excessive headbanging), the ABA approach was to request more ABA hours rather than less.

<sup>12</sup> Against all statistical odds, they advise that each and every child they treat was making progress toward "utterances".

<sup>13</sup> *Editor’s Note:* Anyone familiar with the penal system in the U.S. is also aware that it retains the death penalty and supports a huge prison industry. While most other industrial countries focus on “reform” and reintegration of offenders, there is a much larger element in the U.S. for vindictiveness and punishment. The differences in approaches in the U.S. and Europe make this article, in fact, a case study in how culture and religion seems to drive science in a way that undermines objectivity.

<sup>14</sup> <http://www.hrweb.org/legal/cat.html>