



After reviewing the *Autism in Canada: Considerations for future public policy development* report published by the Canadian Academy of Health Sciences (CAHS) (2022), the Ontario Association for Behaviour Analysis (ONTABA) would like to thank all volunteers and members of the CAHS who provided their time and resources to compile this report for the community and government. The membership of ONTABA is primarily service providers who work directly with people with autism/autistic people¹ and their families. For this reason the focus of our review and the comments contained within this response are based upon the fourth chapter of the report: *Chapter 4: Diagnosis, supports, and services* (Autism in Canada, 2022). The CAHS report strives to provide information which will meet the needs of all people with autism, for which ONTABA commends this committee and with the information contained in Chapter 4, overall. However, there are some factual inaccuracies, misinformation, and additional information which may be missed opportunities for educating the public, government, funders, and managers, that we wish to highlight. This is especially important to the board and membership of ONTABA since we are an organisation of members who strive to practice in an inclusive manner, be culturally sensitive, and promote autonomy and self-direction for all of our service recipients.

Breadth and Quality of Behavioural Research

Throughout the chapter, there are a few instances where the evidence for the effectiveness of behavioural approaches are mentioned, citing the work of Sandbank et al. (2020, 2021), the inclusion of which ONTABA appreciates. In addition to these two references, there have been many others that would support the use of applied behaviour analysis (ABA) for autistic individuals. In late 2020, ONTABA curated a list and a review of multiple research articles released in 2020 alone, which further provides evidence to the efficacy of ABA ([ONTABA, 2020](#)).

The CAHS report also delineates the type of research that would meet the criteria for 'evidence' or empirical support from the authors' perspectives. When assessing research quality and considering its inclusion as empirical support, ONTABA has to disagree with the authors' call for randomised control trials as the standard in order to prove efficacy and effectiveness of the science. It is important to understand the utility of single case experimental design (SCED) and its place in the scientific literature; especially since this type of research spans education, psychology, and the clinical sciences (ABA, occupational therapy (OT), physiotherapy (PT), and speech-language pathology (SLP) to name a few). The SCED design is particularly well suited to match the unique needs of this neurodiverse population where the interventions must be individualized and tailored to match each person's unique presentation of needs. It is important to evaluate and offer individualized interventions that consider those across the spectrum including those with complex and significant needs. The use of SCED has been shown to be scientifically sound and given specific parameters (Horner et al., 2005, 2012; Kratochwill et al., 2010, 2013), the topic/intervention studied can attain the criteria as a high quality empirically supported

¹Throughout the response we will be using both phrases, people with autism and autistic people, in reference to this community. This is done purposefully in order to ensure the inclusion of those in the community that prefer people-first language, as well as those who prefer identity-first language.

treatment (EST). This does not mean that randomized control trials should be avoided or not used as a valid research methodology. It simply brings to the fore that SCEDs are a valid and reliable method of measuring efficacy for specific populations and specific problems.

The ‘Applied’ part of Applied Behaviour Analysis

ONTABA also concurs that it is important to highlight how important it is to teach skills that are developmentally and functionally appropriate, especially in the context or environments within which they occur. These skills also need to be maintained without the need for constant intervention or reminders from others – what the report refers to as “natural rewards.” This is a key component to the development of independence, and most importantly, the maintenance of skills across people, time, and environments. This outcome – fading reinforcement to natural contingencies – is of utmost importance in the field of ABA and stressed throughout all of our services.

The CAHS report also speaks to the necessity of supervision - we applaud that. Research has shown that best outcomes are only achieved when quality supervision is provided to ensure fidelity of treatment, ongoing therapist coaching, and timely problem solving. The nature, frequency, and quality of supervision are key components of treatment along with the maintenance and generalization of skills. These key ingredients ensure that independence, which leads to autonomy, is achieved for the person with autism/autistic person. However, there may be some confusion surrounding appropriate supervision of an ABA program as evidenced by the example found on pg. 163. Here the information presented discusses that an OT is able to oversee such programming.

Occupational therapists are experienced and well trained in their specific field, Occupational Therapy. This regulated professional title means that they have the scope of practice (i.e., formal educational training following a specific curricula in occupational therapy). Some OTs may also have a scope of competence (i.e., years of experience with a specific intervention or with a specific population). However, this specific scope of practice and competency could not be extended across scientific fields unless that OT was also dually credentialed in ABA. Thus, the example used in the report which alludes to an OT supervising an ABA program simply because they are a regulated health professional (RHP), is concerning. It should be clarified that ONTABA understands that in many jurisdictions there may be specific funding requirements (e.g., supervision by an RHP in order for funding to be provided), however the requirement of supervision here should not simply be whether or not the person supervising the program is an RHP, but also that they are competent and qualified to supervise that given program. In other words, individuals with autism/autistic individuals should receive services, techniques, and programs which are supervised by professionals with the education, competency, and skills related to the development, oversight, and provision of the specific service and/or programming received. For this reason, BCBAs should be overseeing ABA services just as SLPs oversee speech, language, and communication programs and services that they provide and/or delegate.

Furthermore, the inclusion of BCBAs in broader conversations and specifically in this report, is especially pertinent as the [regulation of BCBAs is currently underway](#) in Ontario, which will set a standard, process, and pathway for other provinces to follow in the future. ONTABA also understands that the Ontario process may not be feasible for every province and

territory and that there may need to be some creative solutions for regulation and public protection as can be seen in other fields in Canada (e.g., [SLP and Audiology services across Canada](#)). However, skirting the issues by excluding BCBAs from service provision teams and clinical supervision roles not only further reduces capacity, it creates the potential for public harm since behaviour analytic services may then be delivered and supervised by clinicians who are not equipped with appropriate training, experience, and competence.

It is for these two reasons – adequate clinical supervision for best outcomes and regulation for public protection – that ONTABA believes that a recommendation which specifically ensures that only BCBAs are eligible to supervise ABA should not only be supported and promoted by CAHS but that this should be a call for this standard across Canada with regulation of the industry to increase public protection. Service recipients deserve adequate, high quality, safe services, regardless of where they live in Canada.

Ethical and Professional Obligations

The CAHS report does a great job at highlighting a number of key points: the importance of reduction from harm for service recipients; the importance of historically contextualizing the methods used in early studies and interventions; how the field continues to evolve with new information; and, providing the opinions and lived experiences of the autistic adults/adults with autism who took part in this process and note their lack of support for ABA practices in general (Autism in Canada, 2022). ONTABA wants to provide our support for these autistic advocates/advocates with autism and highlight our commitment to safe and effective treatment for those who consent. Abuse is simply and clearly not ever tolerated. BCBAs, Board Certified Assistant Behavior Analysts (BCaBAs), and Registered Behaviour Technicians (RBTs) must uphold the standards set out in our Ethical Code (BACB, 2020) as well as uphold all legislation and mandatory reporting requirements, across all jurisdictions in Canada. We are saddened that some individuals with autism/autistic individuals have suffered abuse and that those who may have contributed to this harm have not been sanctioned. ONTABA and our entire membership stand firm in our support (and requirements) to report all instances of abuse and encourage autistic individuals/individuals with autism to also do the same.

Capacity Building for Needs-based Services Across Canada

It is important to reiterate that the lack of regulation, training, and appropriate oversight increases the likelihood of harm. However, the complete removal of funded ABA services as has been advocated by some advocates with autism/autistic advocates, does not remove the potential for harm but rather may actually increase the likelihood of harm due to a shortage, or complete absence, of appropriately qualified and regulated service providers. It also goes against the evidence cited by the CAHS in their own report for the efficacy of short- and long-term outcomes for service recipients (Lai et al., 2020; Sandbank et al., 2020, Sandbank et al., 2021). This is also an instance where ONTABA believes the CAHS may have missed an opportunity to specifically address the support that service providers need, especially ABA service providers. Families are seeking ABA services and will continue to seek ABA services since they see positive outcomes for their loved ones. To ensure that these individuals receive quality services, with a decreased potential for harm, an increase in training (specifically educational opportunities) is crucial. Further government investment in

academic programs that focus on high quality ABA training will benefit families and individuals accessing the services. This capacity building will also provide additional access to quality mentoring, coaching, and consultation opportunities and services over the longer term.

Furthermore, a recommendation for some type of uniformity and stability in provincial and territorial service and funding policies will greatly benefit service recipients, as this will ensure funding is accessible and that services are received in a timely, effective, and needs-based manner. Funding for services and supports for autistic individuals/individuals with autism has repeatedly shown a return on investment (ROI) and a decreased need in long-term spending for later housing and medical care (Senate report - [Pay Now or Pay Later](#)). Proper funding of services also leads to increased employment opportunities, thus not only increasing capacity for services but also for meaningful jobs for Canadians within the industry. Guaranteed funding for services and supports also increases the flexibility for families and individuals who may be required to relocate to a different province or territory without concern for loss or disruption in services for their children or for them as an autistic individual/individual with autism.

Equity in Service Allocation and Funding

The mechanism and distribution of funds should also be a focus of the recommendations. The CAHS cites the methodology of funding allocation of a specific province, but makes no recommendation as to how it could be enhanced to be needs-based, an important feature highlighted multiple times by CAHS and supported by ONTABA.

In the example discussed on pg. 166, the funding allocation was determined by a multidisciplinary team that reviewed the individual's assessment(s). This type of 'gatekeeping' has been seen as problematic simply because there have been numerous articles that expose standardized assessments as superficial and not aligned with the individual's true strengths and needs. For an equitable and wholistic approach to needs-based funding, it is important for the assessor to know the individual beyond the assessment results and the numerical scores. ONTABA suggests that advocacy and recommendations for services and funding is best placed with the clinician(s) in charge of the individual's programming. In this way, the clinical recommendations for funding are based on need, are truly client-centred, and will support programming and services which would focus on building on the strengths of the individual. This is consistent with any medical service where the physician or other medical practitioner assesses the patient, devises a plan of treatment or care, and then provides the funded, partially-funded, or fully private treatment and re-assesses, follows the patient's progress, and changes the ongoing services as required to support continued progress.

Ensuring that individuals receive the amount of funding that meets their needs removes financial barriers to services and ensures individuals receive exactly what they need to thrive. Furthermore, ensuring that this method of funding is achieved aligns well with the CAHS' belief that,

a stepped approach requires ongoing assessment and use of evidence based outcome measures to ensure progress and support healthcare professionals and families make informed decisions about supports and services that are based on the

assessed needs of the child. Supports should then be tailored to each child's needs and family situation, adjusted based on the child's progress and focused on building upon the child's strengths (Autism in Canada, 2022, Pg. 168).

Moreover, the definition of 'healthcare professionals' should include *all* professionals providing services, and not only those that are currently registered or under the umbrella of the RHPs, and empower them to make clinical decisions for the individuals they are directly working with.

Education

Finally, the CAHS team is to be commended for the great recommendations regarding the advancement of accessibility for people with autism/autistic people in educational settings. Individuals that provide early learning services and child care services are definitely in a position to implement evidence-based strategies to benefit their autistic students/students with autism, with the caveat that they should also be trained and overseen by appropriately qualified professionals. Well-trained frontline workers are key to learning and outcomes, not only for young children but also for youth and adults with autism. In the field of behaviour analysis, there are specialized areas of practice which focus on training under Organizational Behaviour Management (i.e., the workings of systems and organizations to increase safety and productivity of the staff). BCBAs have extensive experience in conducting high quality, efficient, and effective training to many different types of learners and across many different industries. Thus, excluding BCBAs as a 'trainer' within education (as stated on pg. 191, that RHPs should be supervising these trainings) simply overlooks the plethora of evidence in the field of ABA that could enhance the training and opportunities for skill development for the service providers in education and child care settings.

BCBAs also have training and experience in creating and increasing supportive environments through environmental assessments and modifications/rearrangements to increase student success. ([ABA Applications in Schools](#), 2020). This 'environmental analysis' also includes an assessment of the relationships between the adults and clients/individuals within it. Assessing and ensuring a good "fit" between client/learner and the support staff most often includes additional training, oversight or coaching, and the involvement of a multidisciplinary team. This careful assessment, rearrangement of contingencies, and recommendations of appropriate supports and teaching strategies can also have positive consequences in the reduction and/or removal of intrusive strategies that may have been in place. BCBAs have advocated for the [reduction of using physical restraints, seclusion, and time-out](#) procedures in schools while still striving to create safe, supportive, and inclusive schools. This unique skill set furthers our recommendation that BCBAs should be included in the development of school safety planning as a team member with other allied regulated health professionals..

Summary

ONTABA reviewed the recent CAHS report in its entirety and is offering comments specifically based upon the fourth chapter of the report: *Chapter 4: Diagnosis, supports, and services* (Autism in Canada, 2022). ONTABA commends the CAHS overall for the breadth and depth of their report which strives to suggest strategies and directions to improve the lives of individuals with autism/autistic individuals across the country. However, there are some factual inaccuracies, misinformation, and additional information which may be missed opportunities for educating the public, government, funders, and managers, that we have highlighted for your consideration.

In summary, the main areas of concern and the specific points offered in this response are:

- Breadth and quality of behavioural research
 - SCED (single case experimental design) research is scientifically valid and sound and can lend to the body of empirical evidence
- “Applied” part of applied behaviour analysis
 - The use of natural reinforcers to assist with maintenance of generalization of skills
 - BCBAs as the appropriate professional to supervise ABA services
 - The regulation of the field of behaviour analysis as an RHP to enhance public protection and legitimize the field
- Ethical and professional obligations
 - Upholding high standards for service recipients and practicing within one’s scope of practice and scope of competency
 - Reporting abusive practices for client protection
- Capacity building for needs-based services across Canada
 - Increase the capacity of direct service providers (of all types)
 - Ensuring high quality education and training programs
 - Increasing employment opportunities for Canadians
 - Increasing services for recipients
- Equity in service allocation and funding
 - Utilizing the assessing clinician to determine need-based services and funding allocations
 - Increasing needs-based and client-centred services and supports across Canada
- Education
 - Increasing the opportunities for training of individuals in education and child care settings
 - Expanding the educational team to include behaviour analysts
 - Ongoing environmental assessments provided by a BCBA to further reduce physical restraints, seclusionary practices, and use of time-out in educational settings

ONTABA believes that autistic people/people with autism should develop the skills needed to live independent lives, be able to voice their opinions and their views (i.e., demonstrate autonomy) while determining what independence looks like for them (i.e., self-determination). Each individual has different goals, and it is crucial to identify and foster that individuality. Board Certified Behavior Analysts and the science of applied behaviour analysis can assist in achieving this.

Thank you for the opportunity to provide constructive feedback. We welcome opportunities for further dialogue and discussion in this important initiative.

A handwritten signature in black ink, reading "Jaime Santana". The signature is written in a cursive, flowing style.

Jaime Santana, M.ADS, BCBA
President-elect, ONTABA
On behalf of the ONTABA Board of Directors

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