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Thank you: A series of tributes to Dr. Jerry Shook Introduced by David Celiberti, ASAT President

Since its very beginning, ASAT embraced a mission to work toward the adoption of higher standards of accountability for the care, education, and treatment of individuals with autism. ASAT has long recognized that the development of effective training models in university settings and professional credentialing were essential pathways for this mission to be realized. It should, therefore, be no surprise that Jerry Shook was one of the founding members of ASAT.



Looking back a few decades ago, it was clear the autism community was in crisis. The sharp and sudden increase in demand for behavior analytic services could not be satisfied by the existing and tiny group of qualified providers. This gap led to a number of unfortunate outcomes, including: unqualified individuals pawning themselves off as “experts,” parents being price-gouged by providers charging exorbitant fees, and seemingly well-intentioned providers practicing beyond their scope of practice due to the unavailability of more suitable providers.

I vividly recall a trip to Sydney, Australia in the late 90s and meeting a young lady attending my two-day workshop. When she shared her business card with me, I noticed that she used the moniker “Lovaas therapist.” That first day I politely questioned her, inquiring how one actually becomes a “Lovaas therapist.” The next day, I re-approached her and was more direct by pointing out the ethical and potentially legal ramifications of holding oneself out as a “therapist.” That was not the first time I had conversations of that nature, but I am pleased to share that the need for such has been reduced due to the establishment of the BACB, adoption of the Behavior Analyst Certification Board Guidelines for Responsible Conduct, and the newly enacted laws supporting and defining the practice of behavior analysis.

Jerry Shook had a vision, and for the last decade and a half he has worked tirelessly to promote credentialing that was sensitive to the intense demand for services and the establishment of standards of excellence. His journey was systematic and well-planned, but the outcome was nothing short of transformational. Professionals have a minimum

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Tribute to Dr. Jerry Shook continued...

(Continued from page 1)

set of credentials and experiences to obtain. Consumers have a framework with which to guide decisions about who may better shape their child's precious future.

I have invited several colleagues to share their views on Jerry's work. The final essay was authored by Jerry's wife, BJ Quinn. Although each contributor comes from a different vantage point, the common threads that run through these essays describe an incredible man whose efforts advanced our discipline, benefitted countless consumers, and will remain part of the fabric of our discipline for decades to come.

And for that, thank you Jerry!

Jerry Shook and the BACB: An Enduring Legacy James Carr, PhD, BCBA-D

Dr. Gerald "Jerry" Shook founded the nonprofit Behavior Analyst Certification Board® (BACB) in 1999. The BACB was initially based on the Florida behavior analysis certification system, which Dr. Shook helped develop in the 1980s and 1990s. Beginning in December of 2012, Dr. Shook will transition out of his role as Chief Executive Officer of the BACB after 13 remarkably productive years. As Dr.

things were -- there existed no standard for calling oneself a "behavior analyst." Dr. Shook's development of the Board Certified Behavior Analyst (BCBA) and the Board Certified Assistant Behavior Analyst (BCaBA) credentials has led to thousands of individuals being trained and credentialed in behavior analysis. Today, there are 9,661 certificants in 42 countries and the trend is increasing. In addition, there has been substantial growth in behavior analysis training programs to meet the growing demand by those seeking certification. There are currently 194 universities that offer BACB approved course sequences in behavior analysis in 22 countries, including recently approved sequences in Saudi Arabia and Russia. Dr. Shook's efforts have truly had a remarkable impact on the growth of university training in behavior analysis, on the ability of employers to identify and hire quality providers, and on the availability of behavioral services for consumers who desperately need them.

Knowing that a certification program would not be viable if no one was eligible for it, Dr. Shook established a culture of steady, cumulative increases (i.e., shaping) in certification standards at the BACB. Consider the following requirements for the BCBA for

1999	2011
180 hours of graduate coursework in behavior analysis	270 hours of graduate courses in behavior analysis (<i>approved for 2015</i>)
10 coursework hours in ethics & professional behavior	45 coursework hours in ethics & professional behavior (<i>approved for 2015</i>)
Master's degree	Master's degree in specific academic areas
Coursework from a non-accredited university acceptable	Coursework must come from an accredited university
Supervision by non-certificants	Supervisors must be certified
18 months of mentored experience (hours/month undefined)	1500 hours of supervised experience
Monthly contact with supervisor	Biweekly supervisor contact (5%)
36 CEUs	36 CEUs including 3 in ethics
Few practice-related disciplinary standards	Expanded disciplinary standards

Shook's successor, I would like to highlight some of his accomplishments at the BACB and briefly touch on their importance to applied behavior analysis and those who benefit from its services.

From the outset, Dr. Shook's mission was to develop quality credentials for behavior analysis practitioners in an effort to assist consumers in identifying practitioners with a defined background in behavior analysis. Those who practiced prior to the BACB's inception likely remember just how nebulous

applicants who apply under the standard "Coursework" option. Since 1999, Dr. Shook has overseen numerous standards increases in all of the certification requirements such that today's BCBA requirements are more rigorous. By steadily increasing certification standards, Dr. Shook has enabled the BACB to take root, grow, and flourish. It is not difficult to imagine where this trend will lead.

The growth of the applied behavior analysis

(Continued on page 3)

Tribute to Dr. Jerry Shook continued...

profession over the past decade has been accompanied by some growing pains, as well as numerous triumphs, but Dr. Shook’s steady hand and consistent long-term vision have brought us to a place I never imagined possible. It has been a pleasure knowing Dr. Shook for almost two decades, but it has been an absolute honor to work with him on BACB initiatives this past year while I have been “learning the ropes.” Succeeding Dr. Shook in this position that he founded is a daunting and humbling proposition. I can’t imagine how I will even begin to fill his shoes, but I am confident that his well-established vision for the field and the BACB infrastructure he created will be enormously helpful in the stewardship of his life’s work.

A Compassionate Visionary Suzanne Buchanan, PsyD, BCBA-D Autism New Jersey

I am humbled by the opportunity to write about a man who has had such a positive impact on the fields of behavior analysis and autism intervention. I first met Jerry about five years ago. It was the night before a New Jersey Association for Behavior Analysis (NJABA) conference at which he was speaking. A few Board

members, he and I were chatting over dinner. We discussed the viability of the credential and the response of the autism and behavior analytic

“Dr. Shook’s steady hand and consistent long-term vision have brought us to a place I never imagined possible.”

communities. Of course, many viewed the credential as a welcome advancement in the field and that was the easy part of the discussion. As the conversation turned to people who were hesitant to value the credential, Jerry articulated the reasons why the credential was needed for consumers and professionals alike. He spoke of consumer education, minimum standards, and a common language to discuss just what a behavior analyst does. As a psychologist, behavior analyst, and long-time advocate for families of individuals with autism, his answers resounded with me. ABA services are too important to too many. I thought we must do more as a field to deliver high-quality intervention, and credentialing was a critical component in the evolution of ABA services.

Since that dinner, I have had the pleasure of speaking with Jerry on many occasions regarding advocacy for the credential in New Jersey and across the country. His advice is always sound and informed from multiple angles. You can always count on him for a reasoned explanation of the BACB's initiatives and future plans. When NJABA asked the BACB for advice on pursuing licensure a number of years ago, he explained

the advantages and risks in doing so. He also offered alternative ways to promote the credential to build a critical mass of consumers, professionals, and state government officials who were familiar with the credential. When NJABA requested an extension of the expedited application process for seasoned doctoral-level behavior analysts, he and the BACB responded in kind. This olive branch went a long way with these clinicians and helped unite New Jersey's ABA community. Whenever I need advice, he is there.

We can probably all agree on a simple idea: the quality of autism intervention is a direct function of the competence of the person delivering the services. When parents of children and adults with autism ask me to recommend someone to work with their child, I educate them about ABA, the BACB credentials, and the importance of ethical conduct, relationship building, and accountability. Prior to the prominence of the BACB credentials, this was a much more nebulous conversation. Jerry's efforts have directly resulted in improved consumer education and consumers’ access to many professionals who meet and exceed the BACB's minimum qualifications.

In summary, one would like to think that others could have easily filled this role, in other words, that the current state of credentialing in our field has not

been solely in his hands. While many talented and passionate people are there supporting him, one has to wonder if the BACB and the credentials' impact on autism intervention would have been so successful had Jerry not taken the lead. What can you say about a man whose name is synonymous with the credentialing of behavior analysts? He is a pioneer, a visionary, and a compassionate advocate for the often vulnerable populations behavior analysts serve. Behavior analysis is evolving into a more mature practice and countless individuals are benefitting because of him. I speak for myself, and I believe many others, when I say from the bottom of my heart, "Thank you, Jerry."

Tribute from the Autism SIG Leadership Lori Bechner, MA, BCBA, Bob Ross, EdD, BCBA-D, Ruth Donlin, MS, Mary Jane Weiss, PhD, BCBA-D and David Celiberti, PhD, BCBA-D

It is an impossible task to accurately describe the impact that Jerry Shook has had on the practice of behavior analysis. The field would literally never have developed from its infancy without his vision, wisdom,

(Continued on page 4)

Tribute to Dr. Jerry Shook continued...

courage, and persistence. Like many professionals at the time, Jerry listened and heard the problems associated with non-credentialed professionals. Unlike others, he took risks and devoted his career to fixing the problem. In every stage of the evolution of our field, he has been a beacon of light, a source of reason, and a paragon of professionalism.

At the Autism SIG, Jerry has always been a grounding force for us – someone whom we turned to whenever we needed guidance, perspective, or support. Literally, there has been no initiative, project, or undertaking that the SIG engaged in that Jerry did not support, contribute to, and mold. He helped us do everything we have done. He attended EVERY SIG Business meeting, every year. He routinely updated the membership on BACB relevant information and often participated in SIG panels. The original version of the Autism SIG Consumer

“I guess it comes down to his quiet courage, clear vision of what was important and needed in the autism community, and gentlemanly way with all.”

Guidelines, or its revision, would never have been finished without his vision, insight, support, editing, and encouragement.

Jerry also helped us to be the most professional behavior analysts we could be. As leaders of the SIG, we were sometimes confronted with perplexing and challenging situations. Jerry modeled professionalism, finesse, and a firm commitment to the greater good. We consistently benefitted from his cogent analysis and respectful approach.

And, no matter how often we had asked before, and no matter how unpleasant the task, Jerry always seemed genuinely happy to hear from us and truly delighted to

help. He never, ever turned us down when we asked for help. We are not alone in that; he helped us all. We are all forever in his debt.

Thank you, Jerry, for giving us the BACB to protect our field and our consumers, and for modeling for each of us how to be an excellent behavior analyst and a great human being.

Thank you, Gentle Warrior Catherine Maurice, PhD Founding Member of ASAT

In the years when I was actively involved in fighting for a science-based approach to autism research and intervention, Jerry Shook was (and continues to be) one of my heroes. I never thought about precisely why, but when David Celiberti asked me to write a few words for this tribute to Jerry, I had to sit down and reflect on why he meant so much to me. I guess it comes down to his quiet courage, clear vision of what was important and needed in the autism

community, and gentlemanly way with all. In my own

personal experience, which had to do largely with autism and not with the wider applications of behavioral science, I had early on been struck by the chaotic state of “qualifications” for any kind of therapist for autism. Anyone, it seemed, had the right to call themselves a “therapist” or a “specialist” or an “expert” in the education or treatment of vulnerable people who had been diagnosed with autism. Here we had a condition that had until very recently been blamed on insufficient emotional bonding; now it was postulated that there were genetic/neurological/ environmental factors involved, and nobody knew precisely what those

factors were, nor even what autism was, but hordes of people thought they knew how best to “treat” it. In any case, whatever the cause, parents and caregivers were most concerned with helping their newly diagnosed loved ones learn the basic rudiments of speech, language and communication, the gateway to all learning and self-determination.

In the late 1980s and early 1990s, it was becoming clear that the evidence behind applied behavior analysis strongly indicated that most children and young adults could be helped to achieve varying degrees of communicative competence through early intensive structured intervention based on the principles of ABA. But, as this evidence began to mount, and finally to be recognized by a reluctant “mainstream” of psychiatric and medical professionals, and the need for quality ABA-based programs became more and more urgent, people were coming out of the woodwork asserting that they had the qualifications to deliver such intervention. I will never forget the array of people who astonished me by their claims of “expertise” in this domain – some after only a few workshops in behavioral intervention; some who had read a couple of books or articles on the subject; some because they felt that they alone had the “best” version of correct behavioral intervention for young children with autism; some because they had degrees in fields which they felt were “closely related,” such as social work. Yes, social work. I have nothing against social workers – my mother was a social worker who spent many long hours working with the elderly poor – but it would never have occurred to her to suddenly decide that her degree in

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Tribute to Dr. Jerry Shook continued...

social work (or communication, or speech language intervention, or early childhood education) magically qualified her to structure a therapeutic program based on applied behavior analysis.

Where were the behavior analysts? Why had they themselves not specified and clarified who could call themselves a “behavior analyst?” What were the qualifications for that type of title, and what was the process whereby one could achieve that level of professional expertise? To these questions, there was a mishmash of answers, depending on whom one spoke to. Did the qualification come from the universities? From some kind of institute or organization? From some type of overseeing academy or certifying body? From some god or guru? Unclear, uncertain, nobody could agree.

From a consumer standpoint (as a parent of two children diagnosed with autism), I thought there was some urgency to figuring out some answers to these questions. Parents could ill afford to shell out huge amounts of money to well-meaning people who had minimal training or understanding of essential ABA principles and practices. Insurers and educators and “gatekeepers” to services needed some kind of guideline as to who was qualified to deliver critical services to children, adolescents and adults with autism. I was relieved when I learned that Jerry Shook, PhD, highly respected and well liked by so many of his colleagues in a field known for its bickering and constant turf wars, was trying to establish a national certification board. When he called one day, I accepted his invitation to become one of the founding members of the Behavior Analyst Certification Board.

In my years of service on that BACB, I never met anyone as kind, as honorable or as courteous as Jerry Shook. I observed him in front of crowds of professionals, who quizzed him and challenged him on every aspect of what he was trying to do. He took every question with the utmost consideration and

thoughtful respect. I observed him as he responded to comments, challenges, and critiques of the BACB exam and the process of certification itself, and he never once attacked the questioner, only tried to answer with facts and calm logic and reason. He understood the need for a standardized and nationally normed certification, because he understood the needs of those of us who were looking to behavior analysts for critical help - who were relying on behavior analysts for their theoretical and clinical expertise. I think that his principal goal and vision was to protect the “consumer” – the people who most needed some reliable benchmarks and clear standards as to what constituted professional competence.

Yes, a few lucky parents of children diagnosed with autism might have stumbled upon some hugely talented people who had yet to pass any such test; yes, there may have been generations of professors and PhDs in behavioral psychology who had never sat for any “certification” exam and never would - yet who had contributed mightily to the field of ABA. But identifying such geniuses and assuming that anyone who claimed to have such expertise was automatically to be believed was becoming more and more of a capricious roll of the dice. You could get lucky and hope that they rolled in your favor; or by seeking evidence of some kind of certification, you could increase the odds of finding someone with at least the basic knowledge and understanding needed as you sought every possible means of helping your loved one.

As we puzzled out the nuts and bolts of the mission together and wrestled with many a discussion and challenge, I used to laugh with him. He had a wry and dry sense of humor, beneath that proper suit and tie and that dignified air, and I could always rely on him to lighten the mood of the intense and incessant “autism wars” with some self-deprecating humor. He reminded me of a sweet and shy young man – so innocent and charming and “non worldly” in some ways, so lacking in guile or cynicism or jealousy. I am forever grateful to him, who worked so hard and so humbly for people like me, my family, and my children.

Deflected Glory – Reflected Grace Judith Favell, PhD, BCBA-D President, BACB

I write this with the big blue BACB pen Jerry gave me long ago, reflecting on our time as friends and colleagues, and especially during the last years together, serving the Behavior Analyst Certification Board’s organization and its mission.

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Tribute to Dr. Jerry Shook continued...

It would be expected and appropriate for me to address Jerry's contribution to credentialing in applied behavior analysis. Indeed he has been the face and force of the BACB from its inception. It was his vision and conviction that began the entire credentialing effort, and since its beginning he has overseen the development, refinement and promulgation of virtually all aspects of certification as a method of defining and advancing standards in applied behavior analysis. The evidence of this effort can be seen everywhere: 10,000 certificants around the globe and thousands upon thousands of lives made better through their efforts, hundreds of educational programs with increasing breadth and depth of curricula, an examination process that meets the highest standards of accreditation, refined and enforced ethical guidelines and professional standards, enhanced preparation and oversight methods, and legislation and policies supporting the appropriate role and practice of behavior analysis.

While these achievements serve as testimony to Jerry's prodigious efforts and effectiveness, they do not fully reveal the attributes and characteristics which have made him so singular.

His integrity is revealed in everything that he does. I cannot name a more decent, honest, pure of heart and principled individual than Jerry Shook, period.

Jerry is also selfless beyond measure. He has given of himself tirelessly and unwaveringly, devoting all of his talents, energy and resources to the field and its consumers, never seeking his own acknowledgement or reward. Time and again I have watched him deflect credit, focusing instead on the role and influence of others. It is never about Jerry; it is always about the mission.

Jerry is a gentleman. He reflects all of the grace that the word implies. He is kind to all, gracious in his ways, never abandoning good manners or decent decorum, even when addressing the toughest of challenges or the most difficult of times.

Jerry is a friend to many, and to me. He is generous with his time, concerned with others' well-being, warm and easy as a companion, and even forgiving of my mistakes. It is said that we can count on one hand our true and enduring friends; he is the little finger on my left hand.

"I cannot name a more decent, honest, pure of heart and principled individual than Jerry Shook, period."

Of Jerry's many attributes, a strength that has fueled his career and filled his life is BJ, his wife and partner. It is with her substantive and spiritual support that Jerry has been able to devote himself wholly to his mission, a mission she came to share and, through countless sacrifices, helped him achieve. Their relationship and life together have served as an inspiration and source of joy to me and many others.

Jerry has achieved and contributed much, forever changing the way the profession of applied behavior analysis conducts itself and serves its consumers. But perhaps even more than what he has done, is who he is. He set professional standards for the field, and his own behavior set personal standards for us. His integrity, selflessness, his gentle ways are a lesson to us all. His friendship with us and relationship with BJ are a model to admire and emulate. The lessons Jerry teaches us are profound and enduring. His life epitomizes the phrase: deflected glory, reflected grace.

Humble Beginnings

BJ Quinn, RPR, CRR, CBC Wife and Business Partner

When I first met Jerry Shook, he told me of his dream to begin a credentialing board for behavior analysts. Not being in the field, I did not fully understand this dream. But there was something he said that resonated with me: "I want to make sure those who cannot speak for themselves are given a voice through the most qualified help they can get."

"It is going to be hard," he said, warning me that, "This is not about money, and it will be a long dry period, needing our personal funds."

As the years clicked by, I fell in love with this very strong, yet quiet man. We married, and his dream endured and grew. He left his job with the Florida state government, and in 1998 he set up shop, sharing office

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Tribute to Dr. Jerry Shook continued...

space and staff with my court reporting agency.

Those were lean years. To get the Board off the ground, we took out a second mortgage on the house. I can remember the three of us – Jerry, our office manager, Meredith Schafer, and myself – applauding each time a new certificant’s paperwork came in to the office- “Whoo-hoo, Certificant Number 250!!!” We celebrated every single certificant. A database was begun, exams were developed and peer reviewed, and testing professionals were hired.

For decades, Jerry traveled tirelessly to states, other countries, and universities, educating governments and teaching institutions on the BACB requirements, and certification in general. He never complained about

the rigors of the road; he simply knew what he had to do, and never gave up. The long hours and unpaid years of work it took to bring the BACB to the place it is now, made all of his efforts worth the journey.

When my husband’s dream became my dream, we became a team: a force, whose goal was single-minded.

Credentialing has given validity, education, and training to over 10,000 certificants. And through them, the dream has been realized: A voice- a source of advocacy- has been given to those who could not speak for themselves.

I have great pride in this man’s vision. I have stood in awe of the quiet tenacity my husband possessed to bring the BACB to where it is today: over 10,000 certificants, in all 50 states;

approximately 200 university programs teaching the BACB course content; 200 U.S. testing sites, and 150 non-U.S. testing sites; nearly 50 different countries boasting of Board Certified Behavior Analysts. The test has even been translated into Chinese and Spanish.

The Board has also received the prestigious accreditation by the National Commission for Certifying Agencies of the Institute for Credentialing Excellence.

The journey has been long, spanning decades; and the work, at times, has been very arduous. But there are no regrets. It has been my great privilege and honor to be Jerry Shook’s partner and wife, and witness the fruition of his incredible dream.

“I want to make sure those who cannot speak for themselves are given a voice through the most qualified help they can get.”

Letter from Josh Pritchard, Co-Editor of SIAT

I sit here, organizing such poignant tributes to one of the greatest men alive in our field today, and am in wonder at all that he has done. I imagine Jerry will never truly know the sheer number of lives he has impacted. I hope this tribute provides Jerry a window into the expanse of those who have been touched by his selfless work.

I am struck by a singular theme emerging from the tributes contributed by such a diverse group: Jerry Shook was a class act. No matter what was thrown his way, he managed it with grace, integrity, and amazing composure. While reading these pieces, I was reminded of a meeting at which I sat opposite Jerry during negotiations that were heated (to say the least) in which both sides felt that they had positions that could not be compromised. I walked away from this meeting with the same exact impression; he is the epitome of grace.

I don’t know if it is because of the turtleneck he often wears, or his unassuming, yet powerful presence, but as I sit here, I can’t help but compare him to Apple’s Steve Jobs. Where Job’s genius was in his vision for the future of our electronic technology, Shook’s genius can be found in his vision for the future of our profession.

Although the myriad BACB certificants likely owe our livelihood to his vision, it is not the most notable contribution in my opinion. Jerry — while I, and my colleagues, all give you our heartfelt gratitude, consider the population who initially motivated you. Because of your stewardship, they received qualified treatment. Because of your efforts and this treatment, many now have been given the voice to speak for themselves. I imagine a seemingly endless line of people snaking into the distance, as they come, one by one, each saying, “Thank you. The decades of long hours, unpaid work, tireless travel, and opposition; they were all worth it. Because of you, I have a voice.”

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Treatment Summary: Picture Exchange communication System (PECS)

Picture Exchange Communication System (PECS)

Description: Based upon the principles of applied behavior analysis (ABA), PECS is a methodology that uses pictures and other symbols to develop a functional communication system for individuals with autism. In the early stages of training, PECS teaches students to exchange a picture of a desired item for the actual item. Next steps in training include teaching expansion of vocabulary, including attributes (e.g., “big”, “red”) and commenting (e.g., “I like swinging”).

Research Summary: Studies show that PECS is effective in teaching communication skills that involve single words or short phrases, and that these communication skills may generalize to everyday settings. Ongoing consultation from an expert in PECS is likely to improve outcomes for children with autism spectrum disorders who receive this intervention.

Recommendations: PECS is an appropriate intervention for teaching functional communication skills to children with autism spectrum disorders who have limited or no communication skills, or have difficulty initiating or expanding vocabulary. To increase the utility of this intervention, an important area for future research is to investigate PECS procedures for promoting initiation of communication and acquisition of complex, flexible language.



Selected References:

Selected scientific studies:

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- Yoder, P., & Stone, W. L. (2006). Randomized comparison of two communication interventions for pre-schoolers with autism. *Journal of Consulting and Clinical Psychology*, 74, 426-435.

Systematic reviews of scientific studies:

- Flippin, M., Reszka, S., & Watson, L. R. (2010). Effectiveness of the Picture Exchange Communication System (PECS) on communication and speech for children with autism spectrum disorders: A meta-analysis. *American Journal of Speech-Language Pathology*, 19, 179-185.
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- Tien, K. C. (2008). Effectiveness of the Picture Exchange Communication System as a functional communication intervention for individuals with Autism Spectrum Disorders: A practice-based research synthesis. *Education and Training in Developmental Disabilities*, 43, 61-76.
- Tincani, M., & Devis, K. (2010). Quantitative synthesis and component analysis of single-participant studies on the Picture Exchange Communication System. *Remediation and Special Education* (Online First), 1-13.

For additional information:

- Bondy, A., & Frost, L. (2001). The Picture Exchange Communication System. *Behavior Modification*, 25, 725-744.

Clinical Corner: Bowel Training

I am a parent of an adolescent with autism who is urine trained but continues to have bowel accidents. What treatment strategies can I use to begin bowel training with him?

Answered by Frank Cicero, PhD, BCBA-D
Director of Psychological Services
Eden II Programs

Lingering issues with bowel training are common in individuals with autism, even if urination training has been successfully completed. As with urination training, the key to success in bowel training will involve behavioral assessment, data collection, and behavioral teaching techniques.

The first step in any bowel training program is to collect baseline data. Data should be collected every day for at least two weeks. You can make a simple data sheet to record the following:

1. the date and exact time of all bowel movements (please also record meal times);
2. where the bowel movements occurred;
3. what the individual was wearing;
4. the consistency of the stool.

Once data are collected, you will use the information to better understand why the individual continues to have bowel accidents. Unlike a urination training program that takes the form of traditional toilet training, a bowel training plan more often resembles a behavior plan in which the plan is tailored to the function of the bowel accidents. Typically, an individual continues to have bowel accidents for one of the following reasons:

- a medical cause;
- a skill deficit (lack of generalization from urine training);
- noncompliance;
- presence of rituals and routines surrounding bowel movements.

For an individual affected by a medical cause, there is usually something atypical with the frequency of bowel movements or the consistency of the stool (e.g., the bowel movement may appear grainy or not well formed). You will notice this in your baseline data. In such cases, a medical examination is indicated and you should speak with your pediatrician. He or she may refer your son to a specialist for further testing. Medical treatment suggestions should be followed and you should direct any and all questions to these doctors. If the individual remains untrained after medical issues are cleared, an additional training program will be needed.

If an individual is having accidents due to a skill deficit, you will notice that there is no evidence of him holding his stool and no patterns indicating a ritual or routine. In this case, you will begin a bowel training intervention consisting of positive reinforcement for success and punishment for accidents. Prompt the individual to go to the toilet on a ten-minute schedule starting at the time when

Competent toileting skills are essential for every child in order to promote greater independence in his or her self-care. Many individuals with autism have difficulty mastering such complex tasks as toileting. Thus, it is especially important to implement programs for both urination and bowel training. In this edition of Clinical Corner, Dr. Frank Cicero provides practical, behaviorally-based strategies to address common difficulties and ensure success in bowel training individuals with autism.

Nicole Pearson, MA
SIAT Clinical Corner Coordinator

they are most likely to have a bowel movement (look at your baseline data to determine an approximate time of day). Choose one highly preferred reward that they can earn if they successfully have a bowel movement on the toilet. It would be important to restrict access to that reward at other times. If, however, they have a bowel accident outside of the toilet, initiate a punishment procedure such as an overcorrection (having them clean their own clothing) or a response cost (taking away a privilege). Although punishment strategies are not always needed, you will find that with only 1 or 2 bowel movements per day, opportunities to teach the individual to discriminate between a correct and incorrect response are limited. Adding a punishment component to the training procedure will likely increase the individual's ability to discriminate between the two responses.

When noncompliance is an issue, you will find that the individual seems to be actively holding stool when asked to have a bowel movement on the toilet. In such cases, it is also common that the individual demonstrates noncompliance in other areas besides bowel training. Although intensive plans employing the use of physical prompts such as suppositories and enemas are successful, I usually recommend starting with a plan similar to the one suggested for skill deficits (simple reinforcement for success and withholding reinforcement for accidents). With noncompliance, you want to make sure that the reward you are delivering is very powerful. One good technique for doing so is to remove all access to the reward for two weeks prior to starting training. This will increase its potency once you reintroduce it for appropriate bowel movements. Because the individual is actively holding stool, you should continue to collect data daily so that any evidence of constipation can be identified and corrected prior to becoming an issue.

Last, there are issues related to rituals and routines. Individuals on the autism spectrum often have an inclination towards establishing and maintaining routines.

(Continued on page 12)

Clinical Corner: Bowel Training continued...

When having a bowel movement becomes wrapped up in a routine (i.e., the individual will only have a bowel movement after school, while wearing a pull up and standing behind the couch), that routine can be very hard to break. One strategy is to slowly shape a new routine by introducing steps closer and closer to having a bowel movement on the toilet while reinforcing success at each new step. Keep introducing gradual steps. If you move too quickly, the individual might become resistant to the new routine and constipation could result.

Considering the above mentioned routine (the child always has bowel movements while wearing a pull up and standing behind the couch), the treatment steps might progress as follows:

1. prompt and reinforce a bowel movement in a pull up in front of the couch
2. prompt and reinforce a bowel movement in a pull up in the hallway by the bathroom
3. prompt and reinforce a bowel movement in a pull up standing in the bathroom
4. prompt and reinforce a bowel movement in a pull up sitting on the toilet
5. prompt and reinforce a bowel movement on the toilet with pull up at the knees
6. prompt and reinforce a bowel movement on the toilet while holding the pull up
7. prompt and reinforce a bowel movement on the toilet without any pull up

Keep in mind that the gradual steps you design must be tailored to the routine and needs of your child. The steps listed above are only an example.

With any of the treatment strategies suggested here, remember that it is important to collect data on a daily basis and make treatment decisions based on what your data are telling you. With bowel training, I usually suggest implementing a plan for at least 3 weeks before deciding whether or not the plan is working. As you go through the training, make modifications as necessary, keep implementation of the plan consistent across days and maintain a positive attitude.

Good luck!

Shout Outs, Accolades, and Appreciation!

By Kerry Ann Conde, M.S., BCBA

ASAT would like to recognize those individuals and organizations who strive to support our mission. Specifically, we would like to thank and send a "shout out: to..."

- Bill Murray from Wisconsin ABA for including a full page ASAT flier in all of their annual conference packages this past August.
- Elizabeth Neumann, M.A., BCaBA, who published *Autism for Public School Administrators: What You Need to Know*. Ms. Neumann presented workshops on this topic at 10 locations throughout New Jersey from June to October of this year. She referenced ASAT at each of her presentations and also in the publication.
- Thanks to Achieve Beyond/ Bilinguals for including ASAT's information in their brochures.
- Amy Hansford, MS from Rutgers University for sharing our newsletter flier with her undergraduate research assistants.

If you would like to share information about any initiatives you have undertaken to support ASAT, please write us at publicity@asatonline.org or if you'd like to share the word about our newsletter, please feel free to distribute this document: http://www.asatonline.org/pdf/newsletter_ad.pdf

Message from ASAT President, David Celiberti, Ph.D., BCBA-D

I would like to start this letter with a direct appeal. When selecting possible recipients of your year-end donations, please give ASAT your fullest consideration.

Although we strive to keep our expenditures and overhead very low, have no paid staff, and rely exclusively on volunteers, it is your donations that enable us to carry out our initiatives and offer all of our resources at no charge. I recognize that many are facing tough economic times; we appreciate your support as our place within the autism community and the need for financial resources to focus upon scientifically-validated treatment is as important now as ever.

By contributing to ASAT, you will increase the likelihood that the thousands of families with newly-diagnosed children, as well as the professionals that serve those children, will have timely access to clear, accurate and science-based information about autism and autism treatments. This information will help families distinguish between the fads and the "miracle cures" that have plagued autism intervention for decades, and effective research-based interventions.

If you support our mission and believe in the promotion of science and the need for the education that we continue to offer, please consider making a donation today by completing the panel on page 22 or making a donation online at www.asatonline.org/donate.

As 2011 draws to an end, I am very proud to report that ASAT has had a very productive year. More

specifically, I am sharing some of our accomplishments in the box on page 14. Our 2012 goals will be reported in the Winter 2012 issue of the newsletter.

Our accomplishments to date and our goals for the future would not be possible without the tireless efforts of a cadre of parents and professionals. I would like to draw your attention to our Board of Directors on page 9. Advisory Board members on page 19, and Committee members on page 21. On page 1, you will also find our SIAT Newsletter staff. It is wonderful to have so many individuals committed to ASAT's success.

Simply put, our ongoing success in helping families and providers alike is predicated on the financial support of generous donors. Please make a donation today!

Best,

David Celiberti

David Celiberti, PhD BCBA-D
ASAT President



International Update by Daniela Fazzio, PhD, BCBA-D

I am happy to report that SIAT has subscribers in 78 countries in addition to the US. The largest non-US participation is Canada, with 38% of the international subscriptions. I will be working toward increasing the number of international subscribers so that the important mission of ASAT can reach more and more people. I invite you to contribute to spreading the word around the world! Encourage others who can benefit from the top notch content of every issue to also subscribe and disseminate accurate, scientifically-sound information about autism and its treatment.



List of countries with the top number of subscribers (next top 10)

Australia	India	Philippines	Iceland
United Kingdom	Israel	Sweden	
Ireland	New Zealand	Brazil	

A Partial List of Noteworthy 2011 Accomplishments

- We continue to receive positive feedback about our quarterly newsletter, Science in Autism Treatment. In this past year, we have added a few new features to the newsletter including “From the Archives” and “Shout Outs.”
- We are well on our way to reaching 7000 subscribers by the end of this calendar year.
- Since November 2, 2010, we have had over 98,586 visits from 175 different countries and territories, with over 336,801 page views in total. This includes 74,082 unique visitors. We are thrilled that the website continues to serve as a resource for parents and professionals worldwide. This represents a 45% increase in number of visits relative to the same time period last year.
- A new toolbar allowing easy sharing on Facebook and email and a mechanism to print articles has been added to all pages of the ASAT website. In addition, a “What’s New?” section has been added to the homepage.
- Over 100 pages of new content have been added to the RESOURCES section of the website. We have continued to update the treatment summaries for biomedical, behavioral and non-behavioral treatments.
- ASAT’s Media Watch writers have authored 19 letters highlighting accurate media portrayals, as well as responding to inaccurate portrayals of autism treatment.
- 40 organizations participated in the 2011 Real Science, Real Hope Sponsorship Initiative. This represents a steady increase from 11 in 2009 and 31 in 2010.
- ASAT was represented at 7 national, regional and state conferences thus far this year.
- We have continued to expand upon the ASAT Facebook page with over 3600 fans, many of whom participate in lively discussions about science and autism treatment. This represents an almost two-fold increase since this time last year.
- We have welcomed three new board members including Leigh Broughan, MA, BCBA, Cyndy Hayes, MS, MBA, DBA and Sabrina Freeman, PhD, all of whom have a family member with autism.
- In an effort to secure additional sources of funding, ASAT has submitted two grants in 2011 and is amidst submission of a third.
- We have participated in a number of fund raising initiatives this year including the Dairy Queen Campaign in Maine, Dine InDeed (our restaurant based fundraiser), and the Rock’n for Autism Awareness concert in Hoboken, New Jersey which raised over \$16,000.

Media Watch Update by Barbara Jamison, Media Watch Coordinator

- ASAT Responds to Star Tribune's "Autism's \$100,000 Question" (April 30, 2011)
Sensational media article headings pique reader interest and sell newspapers...but unfortunately also mislead readers through distortion of the facts. ASAT refutes the inferences of Star Tribune Journalist Maura Lerner and explores the true cost (and savings) of effective autism treatment.
- ASAT Responds to US News & World Report's "Complexities of Autism Extend to Its Treatment" (June 06, 2011)
What are the key considerations which should be focal to the discussion of autism treatment? U.S News & World Report writer Dennis Thompson shares these in his thoughtful article, and ASAT reveals how families can confidently investigate possible interventions for their loved ones.
- ASAT Responds to Portland Press-Herald's "Graduating to an Uncertain Fate" (June 15, 2011)
The needs of a burgeoning adult autism population is the "elephant in the room" that must be addressed.
- ASAT Responds to Ezine article, "Is Autism Treatment Possible?" (July 31, 2011)
Science is optional...for some journalists when it comes to reporting about treatments for autism. Should the path to effective intervention be a matter of "trial and error?"
- ASAT Responds to Huffington Post's "Autism Screening Called into Question" (August 17, 2011)
When a journalist doesn't do her homework, an unbalanced story with misinformation emerges, thieving hope from parents and caregivers.
- ASAT Responds to Calgary Herald's "Autistic Boy Receives Love and Help from Trained Dog" (August 18, 2011)
Reporter Michelle Hopkins shares the touching story of a dog's impact in the life of a boy with autism. However, how can a family distinguish between the joys of a pet relationship and the effects of treatment for autism?
- ASAT Responds to The Detroit News story, "Study: Michigan autism teachers need more training: experience, effective practices lacking, says a report from MSU" (September 16, 2011)
A recent Michigan State University study found that more than 40 percent of Michigan's educators are not applying the most effective teaching methods for children with autism. Why is this the case and what can be done?



Recipient of Autism Society of Indiana's 2011 Excellence in Direct Care Award

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Little Star Center is looking for BCBAs to join our dynamic team of professionals. If you are looking for a team-based atmosphere that supports excellence and rewards hard work and dedication, visit our website below for more information!

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ASAT is excited to announce a new feature of our website. ASAT fans are now invited to "Facebook Recommend" each page on our website to share resources, articles, events, media watch responses and more! ASAT is committed to improving the education, treatment, and care of people with autism. We know that this new feature will help us in this goal.



Share ASAT Content using "Facebook Recommend" by clicking the blue button on any page and post your favorite link on your Facebook Page.

ASAT Advertising Policy and Protocols

The Association for Science in Autism Treatment (ASAT) accepts advertising for the ASAT.org website, newsletter and other ASAT publications to offset its operational expenses. Products or services accepted for advertisement by ASAT will be consistent with our mission to disseminate accurate, scientifically-sound information about autism and its treatment and to improve access to effective, science-based treatments for all people with autism, regardless of age, severity of condition, income or place of residence.

All advertisers must sign the ASAT Advertising Application. ASAT maintains the right to refuse any proposed advertisement that is incompatible with its mission, as determined through a case-by-case review by the ASAT Board of Directors, prior to placement of advertisement in ASAT publications.

In order to be considered for acceptance by the ASAT Board of Directors, the proposed advertisement must **NOT**:

- make unsubstantiated health or treatment claims
- suggest endorsement by ASAT
- contain religious or political content
- contain pop-ups, floating ads or surveys
- collect personal information from an individual visiting www.ASAT.org
- use cookies, applets or other such files that transmit or otherwise collect personally identifiable information

For each possible ASAT advertiser, an authorized person will be required to sign off that his/her organization is in support of the following tenets:

1. All treatments for individuals with autism should be guided by the best available scientific information.
2. Service providers have a responsibility to rely on treatments that have been shown to be safe and effective in scientifically rigorous, peer-reviewed research studies.
3. Service providers should take steps necessary to help consumers differentiate between scientifically-validated treatments and treatments that lack validation.
4. Consumers should be informed that any treatment lacking scientific support should be pursued with great caution.
5. Objective data should be used when making clinical decisions.

Advertisement on www.asatonline.org, newsletter or other publication does not imply endorsement by ASAT of the advertised company, service or product. All advertisements will be clearly labeled as an advertisement. ASAT reserves the right to decline any advertising request if the content of ad contains reference to treatments that are not established. ASAT may also decline requests if the website or mission statement contains content not consistent with the tenets above.

This policy is intended to provide general guidance and is not inclusive or exhaustive. ASAT may change this policy at any time, at its discretion, by posting a revised policy to the ASAT.org website.

For questions about advertising, contact newsletter@asatonline.org.

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Rates

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As you can see below, we are offering additional percentage discounts in addition to a free ad for our 2010 Alliance and Patron sponsors.

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Please create ad that conforms to dimension ratios specified below.

All ads will need to be sent in TIFF or JPG format.

To allow for highest quality, do not compress ads.

Larger ads are allowed, as long as they are in the appropriate ratio (i.e., – a 9:7 ratio for a full-page ad) – sending larger files may allow for better ad quality.

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Does your agency share ASAT's values?

ASAT believes that individuals with autism have the right to effective treatments that are scientifically demonstrated to make meaningful, positive change in their lives.

We believe that it should not be so challenging for families to find accurate information about the efficacy of various autism interventions.

ASAT works toward a time...

..... when all families would be empowered with skills in identifying and choosing the most effective, scientifically-validated interventions for their child.

.....when the media would educate and not confuse parents by providing accurate information and asking the right questions.

.....when all providers would be guided by science when selecting and implementing their interventions.

What it means to be a sponsor.....

ASAT's sponsors have indicated their support of the following tenets:

1. All treatments for individuals with autism should be guided by the best available scientific information.
2. Service providers have a responsibility to rely on science-based treatments.
3. Service providers should take steps necessary to help consumers differentiate between scientifically-validated treatments and treatments that lack validation.
4. Consumers should be informed that any treatment lacking scientific support should be pursued with great caution.
5. Objective data should be used when making clinical decisions.

.....Become a 2012 Sponsor Now!

These sponsorships not only provide financial support used specifically for our dissemination efforts, but also send a clear message that ASAT's vision is shared by others within the professional community.

The tasks of educating the public about scientifically-validated intervention and countering pseudoscience are daunting ones, and ASAT appreciates the support of all of its sponsors.

If you are interested in becoming a 2012 Sponsor, please visit the sponsor page on our website at www.asatonline.org/about_asat/sponsors.htm#learn.

Thank you for your consideration!

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Research Review: Systematic Review of Early Intensive Behavioral Interventions for Children with Autism.

Howlin, P., Magiati, I., & Charman, T. (2009). Systematic review of early intensive behavioral interventions for children with autism. *American Association on Intellectual and Developmental Disabilities*, 114, 23-41.

Reviewed by: Amy Hansford, MS, Rutgers University

Why research this topic?

Among the most thoroughly evaluated programs is early intensive home-based behavioral intervention (EIBI), which begins at the age of 4 years or younger and involves 20-40 hours per week of intervention for 2 or more years. This review analyzed the outcomes of controlled EIBI studies.

What did the researchers do?

Thirteen studies were included in the review, including Lovaas's (1987) original study and its follow up in 1993 by McEachin, Smith, and Lovaas. Each study had a comparison group varying in treatment. Treatments included parent-directed, low intensity EIBI, eclectic, special autism school, or a mixture of interventions. The mean duration for both EIBI and comparison groups was approximately 27.4 months (except for Lovaas's study) and follow up which lasted 2- 6 years. Children in the EIBI groups received significantly more hours of intervention (29.8) per week than children in comparison groups that did not receive EIBI (19.1).

What did the researchers find?

Overall, the researchers found that there were positive results for all EIBI groups, including a few individuals being placed in a regular classroom setting. IQ change was the only measure reported in every study, showing significant differences in 9 of the 11 studies. Six studies reported an increase in verbal and nonverbal IQ outcomes. A few studies reported on levels of problem behavior and severity of autistic symptoms.

What are the strengths and limitations of the study? What do the results mean?

This review indicated that EIBI may be effective for some, but not all children with autism. The greatest gains may occur in the first 12 months of treatment. However, the researchers described many shortcomings in studies on EIBI. One limitation is that the only variable

This newsletter contains two summaries on the overall effectiveness of Early Intensive Behavioral Intervention (EIBI) for children with autism. The researchers in the first article, Eldevik, Hastings, Hughes, Erik, and Svein, found consistent improvement in both adaptive behavior and IQ in the children receiving EIBI when compared to children not receiving this intervention. In the second article, Howlin, Magiati, and Charman formed similar conclusions in that EIBI resulted in positive skill gains, including in IQ, and in some studies improvement in problem behavior, though not all studies reported on the latter.

Sharon A. Reeve, Ph.D., BCBA-D, SIAT Research Corner Coordinator

consistently reported across all studies was IQ. Because other measures varied across studies, it was not possible to assess children's overall functioning after intervention. Also, it was often unclear how much treatment children actually received in the studies. Future research should include more randomized controlled studies incorporating family functioning and better assessments. Research should also compare EIBI to other autism interventions.



The Applied Behavior Analysis Program is Hiring ABA Consultants for its state-of-the-art intensive behavioral intervention program.

Great job opportunity for behavior analysts looking for a rewarding career with children with autism in a well-funded and well-supervised program. Small caseloads, intensive training and supervision from PhD and BCBA-D, clinical support from experienced Senior Tutors, and administrative support from office and scheduling assistants. BACB CE provider. Canada has universal healthcare and St. Amant, Top Employer in 2011, offers a comprehensive benefits package. International relocation fee provided. [See our ad at www.abainternational.org](http://www.abainternational.org) ID: 8687437

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We provide Applied Behaviour Analysis (ABA) services for children with Autism Spectrum Disorder and other Developmental Disabilities.



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Research Review: Meta-Analysis of Early Intensive Behavioral Intervention for Children with Autism.

Eldevik, S., Hastings, R.P., Hughes, J.C., Erik, J., Svein, E., & Cross, S. (2009). Meta-Analysis of Early Intensive Behavioral Intervention for Children with Autism. *Journal of Clinical Child & Adolescent Psychology*, 38 (3), 439-450. **Reviewed by:** Amy Hansford, MS, Rutgers University

Why study this topic?

Several studies indicate that early intensive behavioral intervention (EIBI) is effective for accelerating development and improving symptoms of autism. One approach to evaluating the literature as a whole is to conduct a meta-analysis, which is a statistical method for integrating results from individual studies. Meta-analyses can be useful for obtaining an overall estimate of whether or not EIBI is effective and, if so, what the size of the benefits are.

What did the researchers do?

The authors aimed to both replicate and improve a meta-analysis conducted by Reichow and Wolery (2009) on EIBI by strengthening the criteria needed for an article's inclusion in the analysis. For example, unlike Reichow and Wolery (2009), the authors confined their review to studies that compared EIBI

to a control or comparison group, used only full-scale IQ results, and evaluated changes in adaptive behavior.

The authors searched the literature and found 34 studies on EIBI in children with autism. Nine of these studies met criteria for inclusion in the meta-analysis.

What did the researchers find?

Overall, the researchers found consistent improvement in both IQ and adaptive behaviors in children receiving EIBI. The benefits seen in IQ were considered statistically "large," while adaptive skills improvements were "moderate." They obtained a higher estimate of IQ gains than did Reichow and Wolery (2009) and attributed this difference to the improved methodology of their review.

However, they also identified scientific weaknesses of the EIBI

research, particularly the small number of studies comparing EIBI to an alternative intervention and the absence of random assignment of children to EIBI or the alternative intervention in most of those studies.

What were the strengths and limitations of the study? What do the results mean?

Overall, the researchers concluded that EIBI improves IQ and adaptive skills in children with autism spectrum disorders, compared to those receiving no intervention or individualized, diverse treatments. However, while these results seem promising, the lack of well-controlled studies highlights the need to evaluate this intervention more thoroughly.

A Review of Green, G. (2010). *Training Practitioners to Evaluate Evidence About Interventions*. *European Journal of Behavior Analysis*.

Reviewed by Elisabeth M. Kinney, M.S., BCBA, Behavioral Learning and Leadership, and Zachary Houston, M.S., BCBA, Quality Behavioral Solutions, Inc.

Since 1998, the Behavior Analyst Certification Board (BACB) has provided guidance to consumers of applied behavior analytic services in determining whether practitioners demonstrate at least minimal competence in behavior analysis (www.bacb.com). The BACB clearly informs consumers that certification only guarantees that practitioners demonstrate the minimal behavior analytic competencies required to be eligible for, and then pass the certification examination ([click to see](#)). However, over the past 13 years, the BACB has convened Expert Panels and distributed and reviewed job analysis surveys that have resulted in revisions to the eligibility standards, supervision requirements, and the examination itself. Such updates provide further guarantee that those with BACB certification are meeting the minimal competencies as they evolve and/or are better understood.

Green's article plants a seed for consideration of additional practitioner competencies in the scientific evaluation of interventions and evidence, especially for those providing services to individuals with autism. It recommends that the BACB considers the skill of examining scientific evaluation as an additional practitioner competency when the BACB next convenes its Expert Panels and disseminates job analysis surveys.

Green suggests that the BACB requirements "be expanded to explicitly include competencies in basic scientific reasoning and critical thinking" (Green, 2010, p. 223) for those providing services to individuals with autism. In doing so, Green further substantiates the role of the BACB's Guidelines for Responsible Conduct by supporting a minimal competency toward ensuring consumers receive effective interventions. Current guidelines regarding responsible conduct include 1.01 Reliance on Scientific Knowledge, 1.03 Professional Development, 2.10 Treatment Efficacy, and 9.02 Scientific Inquiry.

Green is now upping the ante in making the case for the BACB and its affiliated university programs to teach and require practitioners of behavior analysis to chart a clear scientific course for consumers of autism treatment. Green discusses an expansion of the BACB Task List to include two new content areas: (1) Basic scientific concepts and reasoning, and (2) Evaluating claims about interventions. What exactly is Green asking that practitioners learn?

Green proposes that skepticism and other aspects of scientific inquiry are critical components of not only experimental but also clinical work. Competency in this area requires training in identification of valid re-

We often discuss the need to teach consumers how to evaluate the evidence for treatments directed toward individuals with autism. By understanding how to weigh the scientific support for interventions, consumers can make informed decisions regarding treatment. However, it is also important to ensure that the behavior analysts who provide services to consumers are also well-trained in considering the evidence for the many forms of autism treatment available. In this installment of the *Consumer Corner*, Elisabeth Kinney and Zachary Houston summarize Gina Green's recent article on training practitioners to evaluate the evidence for interventions.

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search methods, bias, researching hype, and traps like logical fallacies in which arguments of logic are inherently flawed. This skill set becomes especially important in the identification of good science versus potentially harmful pseudosciences.

Although of concern in most disciplines in which behavior analysis is applied, Green argues that for ASD practitioners the competencies are paramount given the history of ASD interventions "touted as effective ... on the basis of anecdotes, testimonials, speculations, and poor research," and that "... many have been put into widespread use before they were tested carefully, or at all" (Green, 2010, p. 224). Over 10 years ago, [Perry & Green \(1999\)](#) asked readers to discriminate between science, pseudoscience, and anti-science, considering "... research has shown that many currently available interventions for autism are ineffective, even harmful," and "... every moment spent on one of those therapies instead of effective intervention is a moment lost forever" (p. 5).

As such, an apparent void exists in the BACB curriculum with regards to evaluation of evidence for autism treatment, as the responsibility for critical reasoning should be on the shoulders of clinicians as well as consumers at all levels. Scientific inquiry and evaluation are critical to educational staff, clinical consultants, family members and all other involved parties. This is a tremendous responsibility. In the past decade much has been done to alleviate the burden on the consumer in scientifically evaluating interventions and evidence for autism treatment. For example, the following resources are helpful when considering the evidence for/against a specific treatment:

- The National Academies Press outlined their criteria for the designation of "Model Program," in determining 10 representative models "in which empirically demonstrated strategies for addressing specific problems were gradually packaged as

(Continued on page 21)

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components of overall comprehensive models.” (http://www.nap.edu/openbook.php?record_id=10017&page=141).

- The Organization for Autism Research (OAR) created “a basic primer on autism research for use as a reference by parents,” titled A Parent’s Guide to Research (<http://www.researchautism.org/resources/reading/documents/ParentsGuide.pdf>).
- The National Autism Center responded to “a growing number of unproven treatment methods,” with the National Standards Project for the purpose of helping “families, practitioners, policy-makers, and funders make informed decisions and choose effective treatments.” (<http://www.nationalautismcenter.org/about/national.php>)
- Last, but definitely not least, ASAT itself has responded to the consumer’s need to separate the wheat from the chaff and summarized scientific research on intervention on autism (<http://www.asatonline.org/resources/research/research.htm>).

Considering these resources, the consumer can either evaluate a proposed treatment (as per Green & Perry, 1999) or assess the ability of service supports to evaluate a proposed treatment. Moving forward, however, Green makes the case that the burden must transition from the consumer to the practitioner. While the BACB has some standards that begin to address this, as in Conduct Guideline 6.03 Preparing for Consultation, which states that the behavior analyst must implement or consult on behavior management programs for which the behavior analyst has been adequately prepared, the standards, per Green, must be expanded to best prepare practitioners for skillful consideration of scientific evidence. The take-home point of this article is for the “buyer” to continue “to be aware.” In this world of scientifically based and unscientifically based interventions, it is critical that we not only pursue new research on treatment options but also be required to learn how to effectively evaluate those that already exist.

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