

Reframing Compliance: Exposing Violence Within Applied Behaviour Analysis

by

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Abstract

The purpose of this study is to explore the potential relationship between Applied Behaviour Analysis (ABA) and acts of violence. This relationship is explored through a critical discourse analysis of six scholarly research articles from the Journal of Applied Behavior Analysis. The Interactional and Discursive View of Violence and Resistance was used as the framework for analysis: this lens originates from Response-Based Practice and is useful in exploring how language is used to misrepresent acts of violence. The results of this analysis ultimately show the existence of violence within the six ABA research articles. Simultaneously, this analysis demonstrates how autistic children resist acts of violence in ways that highlight their agency and dignity. Lastly, this study includes the perspectives of self-advocates who describe alternatives to ABA.

Keywords: autism, children, ABA, violence, language, Response-Based, resistance, compliance

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Chapter One

Autism Canada (2018a) states that Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder impacting brain development. This commonly presents as challenges with communication, social interaction, and repeating patterns of behaviour (Autism Canada, 2018a). In Canada, an estimated 1 in 66 children ages 5-17 are diagnosed with ASD, with males being diagnosed four times more frequently than females (Ofner, Coles, Decou, Do, Bienek, Snider, & Ugnat, 2018). While there are various forms of therapy uses for ASD, one of the most common forms of treatment is Applied Behaviour Analysis (ABA). ABA uses behavioural observation, reinforcement, and prompting to teach certain behaviours to children with ASD, and systematically applies these interventions to work on socially significant behaviours (Autism Canada, 2018b). ABA continues to be regarded by many researchers and clinicians to be the most effective evidence-based intervention for autistic children (Autism Canada, 2018b). It should be noted that for the remainder of this study “identity first” language (i.e. *autistic child* instead of *child with autism*) will be used. This language is identified as preferable by many self-advocates (autistic individuals), who consider their autism to be an inherent and pride-worthy part of their identity (Brown, 2011).

In understanding the complexities of this therapy, it is important to understand its history. Applied Behaviour Analysis was originally an intervention offered in hospitals and institutional settings within the 1950s and 60s (Shyman, 2016). Its origins lie with early behavioural researchers (e.g. Ivan Pavlov, B.F. Skinner) who were primarily concerned with conditioning in animals: at this time, behavioural techniques were not considered an intervention for learning disabilities due to a widely held assumption that people with these diagnoses were beyond the possibility of help (Kirkham, 2017). ABA was first considered as an intervention for autism in

the 1960s by Ole Ivar Lovaas, who wrote extensively about his work with autistic children (1974; 1987). Lovaas (1974) explained his view that autistic children were a blank slate— “You start pretty much from scratch when you work with an autistic child...they are not people in the psychological sense” (p. 74). Lovaas spoke about the challenges in working with nonverbal children, and his belief that verbal consequences were not enough for this demographic; instead, his work navigated rewards as well as physical aversives such as beatings, shocks, and withholding food (Lovaas, 1974).

Since this time, ABA has grown in popularity as an intervention for autism (Greenwald, Roose, & Williams, 2015) as well as for other issues. For example, in one project titled the “Feminine Boy Project,” ABA methods were used to pre-emptively “cure” young males that were considered at-risk of becoming gay (Kirkham, 2017). In this study the researchers sought the expertise of Lovaas and cited his status in the field as an influencing factor in their approach (Kirkham, 2017). While this research has since been refuted, as homosexuality is no longer considered an illness, autism is still considered an illness and ABA is one of the most widely used and regarded treatments for it (Kirkham, 2017). In fact, Autism Speaks—a well-known organization in the field of autism—recommends ABA above all other alternatives as its use of a scientifically validated approach results in what they deem as significant improvements (Kirkham, 2017; Shyman, 2016).

Personal Connection

Although ABA’s historical aversive techniques are no longer considered ethical practice (Autism Canada, 2018b), it may be appropriate to examine other practices used by ABA researchers and practitioners. There are many reasons why this is an important topic to explore. However, to begin I will outline my experience with ABA. I have worked in the area of

disabilities over the past five years. In this time, I have been employed within four separate agencies serving local youth with cognitive disabilities in Victoria, British Columbia. In addition, I have worked alongside or connected with handfuls of other local agencies that also serve this demographic. Without exception, all these agencies used ABA, either partly or completely, in their work. I have been trained in ABA practices, have been asked to implement them, and have seen others use ABA in their work with children. According to Autism Canada (2018b), ABA is perceived as an effective way to teach social, motor, verbal, and reasoning skills. The ABA approach is a popular intervention choice given its use of tangible tools and simple instructional steps (Autism Canada, 2018b). Additionally, Autism Canada (2018b) indicates that ABA can be viewed as a way to “fill in the gaps” for autistic children who may be “less likely than other children to learn from the everyday environment” (paragraph 10). However, I have discovered that ABA’s effectiveness is debated by self-advocates who contend that ABA practices might serve to further oppress and infantilize people with disabilities. While ABA in its current form does not have to include aversive techniques, I have witnessed and been asked to participate in aversive techniques, including the restraint of children without their consent. After starting to research ABA in its entirety and having discovered a tool for assessing violence (the Interactional and Discursive View of Violence and Resistance), it concerns me that I am starting to see a relationship between ABA and acts of oppression and violence. I am particularly concerned about how ABA techniques place problems within the person with autism, encourage assimilation, and assume individuals without autism are superior.

Purpose of Study

This study explores the relationship between ABA and violence and, in particular, how recent research depicts the use of ABA when working with autistic individuals. Using the

Interactional and Discursive View of Violence and Resistance as a lens (Coates & Wade, 2007), I have analyzed current research on the use ABA in relation to autism. The Interactional and Discursive View of Violence and Resistance is a framework that analyzes the actions of both parties within a situation or interaction, as well as how they are represented through language or social discourse. This framework is comprised of six tenets: the first three tenets describe the interactive nature of violence and resistance (*violence is social and unilateral; violence is deliberate; resistance is ubiquitous*), and the last three describe the discursive nature of violence and resistance (*misrepresentation; fitting words to deeds; four discursive operations of language*) (Coates & Wade, 2007). These six tenets will be explored in more detail in the methodology section.

The Interactional and Discursive View of Violence and Resistance is a proponent of Response-Based Practice. Within this theory, increased attention is paid to how individuals respond to violence: this returns the focus to the client's agency and avoids the stereotype of a passive victim (Todd, 2010). The therapist is looking for everyday ways that individuals resist violence of all kinds, including for example the oppressive nature of ableism. It can be easy to miss the subtle and quieter ways that individuals resist, especially in situations that are misrepresented as therapeutic or involve a substantial difference in power. Response-Based Practice places significant value in analysing language to highlight clients' responses to violence, with the basic assumption that all individuals resist violence (Todd, 2010). In doing so, many acts that were previously treated as negative effects are now recognizable as forms of resistance meant to preserve the person's sense of dignity (Coates, Todd, & Wade, 2003).

Response-Based therapists believe that language can promote, support, commit, or misrepresent violent acts (Coates, Todd, & Wade, 2003). When using the Interactional and

Discursive View of Violence and Resistance framework, it is possible to critically examine the conditions that enable interpersonal violence, the actions of perpetrators as well as victims of violence, and the language used to represent these acts of violence (Coates & Wade, 2007). I chose to use this analytical framework given the highly nuanced and complicated nature of this discussion.

While it is unlikely that ABA service providers enter their profession to intentionally be violent, this study analyses language used in ABA research to determine if there is an inherent violence to ABA practices. There is evidence in the literature that some researchers, practitioners, and self-advocates have criticized the continued use of ABA; therefore, it might be worth exploring the issue through the Response-Based lens as this framework was designed to assess violence in situations where perpetrators deny wrongdoing. Moreover, ABA professionals hold a position of power over their clients while using language and deliberate actions to promote their accounts of an individual as objective, impartial, and correct. This does not take into account the ways in which practitioners and researchers use the power of language to privilege certain versions of events over others or misrepresent their clients as deficient and in need of their continued assistance (Coates & Wade, 2007). Nor does this take into account the ways in which individuals with autism resist oppression and the actions of their service providers.

Significance

It is important to acknowledge that ABA is a common, popular method of working with individuals with cognitive differences. It has been researched, is considered evidence-based, and has even been described as the best treatment for Autism Spectrum Disorder (Autism Canada, 2018b; Shyman, 2016). However, this overlooks the importance of critical self-examination.

With this study, I hope to add another perspective to the conversation wherein practitioners, myself included, are held accountable for the nuances of their chosen intervention. To my knowledge, no other study critically analyses the violent nature of ABA as evidenced by the use of language in current research. With the results of this study, I hope to clarify if ABA practices are violent and, if so, to articulate in what ways violence is present. In doing so, this study is a response to the criticisms of ABA from professionals, researchers, and self-advocates.

Process

This study involves a discourse analysis of a longstanding academic journal, the *Journal of Applied Behavior Analysis*, in circulation since 1968. In this introduction, I have outlined the current state of practice in regard to autistic assessment and treatment, as well as the purpose and significance of this study. This information led to my research question: Is there a relationship between ABA and violence? Chapter Two involves a comprehensive literature review to further explore the history and current uses of ABA. I then examine how ABA is understood by researchers, service providers, and most importantly, self-advocates. I address the concepts of ABA that are commonly used, their perceived effectiveness, and the existing criticism from the Disability Rights movement as well as other peer-reviewed articles. Next, I further expand on different models of understanding disability, including the medical and social models of disability, and how they pertain to the use of ABA. Finally, Chapter Two contains an exploration of existing calls to action surrounding the use of ABA and ableism, and the political nature of language. In Chapter Three, the methodology for this study is explained in detail. This includes an in-depth explanation of the Interactional and Discursive View of Violence and Resistance framework, the six categories within this framework, and the questions that guided data collection. Additionally, I explore the qualitative nature and transformative ontology of this

study, why I chose this method, and how these factors influenced my data collection. Using the eligibility criteria listed in Chapter Three, I selected six articles and completed a critical discourse analysis. In Chapter Four, the findings of this analysis are outlined as they pertain to the analytical framework and examples are provided from the six eligible articles. These findings are coded for themes and further explored in the final chapter of this thesis, along with possible alternatives to ABA and recommendations for future research.

Assumptions and Limits of Study

For this study, I analyzed eligible articles from one edition of one chosen journal that speaks to the use of ABA. These articles were written in an American context, and therefore do not take into account any cultural differences within a Canadian context. Lastly, this study is undoubtedly influenced by my personal history as a service provider, my biases and values surrounding effective treatment, and my privilege as an able-bodied person. To mitigate these limits, articles written by or privileging the voices of self-advocates are given the most weight in the literature review and discussion sections of this study. My personal connection to the study, however, does provide an educated perspective on the reality of ABA practices. Additionally, this study is limited due to the complex nature of the topic. Given the uniqueness of autistic people (Autism Canada, 2018a), the study deals in generalities and does not take into account individual differences among this population.

Chapter Two: Literature Review

To understand the link between ABA and violence, it is important to first understand the context within which this discussion is occurring. Doing so elucidates an understanding of ABA beyond its mainstream perception, as well as the societal discourse at its foundation. For that reason, I completed a literature review of the City University of Seattle's available online databases. Initially, I used general search terms such as "Applied Behaviour Analysis," "Autism & Applied Behaviour Analysis," and "History of Applied Behaviour Analysis." This initial search was limited to peer-reviewed scholarly articles from the past five years (2013-present). I organized the literature into three categories—concepts of ABA, the different models of understanding disability, and calls to action from the self-advocate community. In the second round of literature collection, I expanded on these themes and used them as search terms. In the overall review, I privilege the literature that is authored by—or includes the voices of—self-advocates.

Characteristics of ABA

The available literature on ABA is widely split into two distinct categories—research that highlights the efficacy of ABA concepts and applauds its effectiveness, and research that criticizes the concepts of ABA, stating concerns about its use. The disparity between these viewpoints is explored throughout this section while reviewing the three important characteristics of ABA. The first characteristic indicates that behaviours targeted for change within ABA sessions are believed to have real-life applications for the autistic person (Kearney, 2007). Next, these behaviours are targeted for change using the methods of reinforcement and extinction (Kearney, 2007). Lastly, ABA treatment decisions are made at the discretion of the

service provider and are based on continuous data collection of observed behaviour (Kearney, 2007).

Targeted behaviours. In ABA, target behaviours are not always ones that are viewed as negative, but also include socially acceptable behaviours that service providers want to strengthen (Kearney, 2007). These behaviours are often distinguished as either adaptive or maladaptive—how they are classified depends on if a behaviour is socially acceptable, effective, or functional in serving its purpose (Kearney, 2007). It appears that therapists and researchers believe that they are the ones qualified to assess whether a behaviour is effective or functional (Furman & Tuminello Jr., 2015a; Kearney, 2007; Kirkham, 2017; Lovaas, 1974; Lovaas, 1987; Shyman, 2016), while autistic people appear to believe they are in the best position to decide (Broderick & Ne’eman, 2008; Gardiner, 2017; Kearney, 2007; Kirkham, 2017; Shyman, 2016; Thibault, 2014). This debate is also associated with the continuation of the dichotomy between what is seen as normal and abnormal behaviour, with abnormal regarded as undesirable and overly negative (Kirkham, 2017; Shyman, 2016). The goal of ABA treatment is reducing what practitioners view as maladaptive behaviours and increasing what they deem as adaptive or functional behaviours, which allow an autistic individual to appear *less autistic* and *more normal* (Shyman, 2016). This is supported in an article supporting ABA that claims, “with an appropriate intervention, a significant number of children with ASD can be normalized; a significant number can flourish just as much as any other child might” (Furman & Tuminello Jr., 2015a, p. 273). Additionally, the same authors claim that early interventions of ABA can help autistic children move back into normal ranges of IQ, adaptive skills, and social skills (Furman & Tuminello Jr., 2015b). These authors identify themselves as faculty of McNeese University wherein they hold upper level positions—Furman is a professor of philosophy with an upcoming

book on ethics, while Tuminello Jr. is a Behaviour Analyst (ABA provider), and the director of the McNeese Autism Program (Furman & Tuminello Jr., 2015a). Furman and Tuminello Jr. (2015b) explain that one of the best ways to think about ABA interventions is the following: “A successful ABA intervention for children diagnosed with autism may lead to a remission of sorts. The children may be quirky, but no longer autistic according to the DSM” (p. 258). They go on to say that “the child with autism is typified by extremes of excess and deficiency concerning matters of character... ABA can override the child’s extreme behaviours until they are replaced by behaviours closer to the mean” (p. 260).

While this stance is widely accepted by professionals in the field, there is growing concern from those that disagree with the effectiveness, usefulness, and ethics underlying the ABA method. The Diversity Rights and Neurodiversity movements argue that these behaviours so commonly labeled as maladaptive or abnormal have been defined this way due to a lack of tolerance among non-autistic people (Shyman, 2016). Since the early 1990s, ABA has been challenged by autistic individuals who question the need for any therapy at all (Shyman, 2016). This argument claims that ABA mistakenly considers autism a disease that requires a cure and draws parallels between the spectrum of neurological functioning and the spectrum of sexuality with a belief that medicalizing either of these spectrums is simply wrong (Kirkham, 2017). An article written by self-advocates Broderick and Ne’eman (2008) clarifies that the bulk of support for framing autism as a disease comes from the neurotypical/non-autistic community; conversely, the autistic community largely supports framing autism within a neurodiversity or social model. An in-depth analysis of two contrasting models of disability (the medical and social models) occurs later in this literature review.

Reinforcement and extinction. The second main characteristic of ABA focuses on behaviours that are observable and measurable, as its practitioners claim that the procedures are based on scientifically established concepts of learning (Kearney, 2007). After deciding what behaviours to target, an ABA practitioner might then decide how to proceed in reaching that target behaviour (Greenwald, Roose, & Williams, 2015; Kearney, 2007). Two common methods to achieve this include various forms of reinforcement and extinction (Kearney, 2007). If a service provider observes a target behaviour that they consider to be maladaptive, they might want to decrease the frequency of that behaviour and implement an extinction program—this is the process through which a behaviour is eliminated by withholding all forms of reinforcement (Kearney, 2007). Extinction used in combination with reinforcement of a preferred behaviour is described as the best way to eliminate unwanted or maladaptive behaviours (Kearney, 2007). For example, if a teacher wants to stop a student from calling out in class, the teacher would remove any reinforcement this student gets for calling out (e.g. by ignoring the behaviour) and would reinforce this student during times of quiet behaviour (Kearney, 2007). Providing a reinforcement for a preferred alternative behaviour is identified as important to avoid symptom substitution—for example, if the student received no reinforcement for quiet work, they might seek attention in other ways that are deemed equally maladaptive (Kearney, 2007). In these circumstances, a reinforcement might involve offering the child connection with an adult or peers, a preferred item, food, or anything that is deemed motivating. When a child is exhibiting an unwanted behaviour, the ABA practitioner may prompt them to use the preferred behaviour. In ABA, the use of prompts varies from gestural prompts such as pointing, to physical prompts such as touching or moving a child (Cooper, Heron, & Heward, 2007).

While the current concepts and procedures of ABA do not include the physical beatings and captivity present during its origins, there still remains threats to the individuals being treated (Kirkham, 2017; Shyman, 2016). These individuals must behave in a particular way or comply with specific expectations in order to have access to reinforcers or rewards, which are doled out at the practitioner's discretion (Shyman, 2016). The individual and their caregivers are rarely consulted about the behaviour plan in place and therefore have not given informed consent to participate in this intervention, nor might they even be aware of the assumptions underlying the plan being implemented upon them (Shyman, 2016). Furthermore, these service providers are typically strangers to the children and may not hold a complete understanding of the context within which behaviours are occurring. Self-advocates criticize ABA for discouraging behaviours that may in fact be a form of communication and say that ABA "takes away our voice" (Kirkham, 2017). In a report by Gardiner (2017) for the Autistic Self Advocacy Network, autistic individuals talk about their experiences with behavioural interventions. One participant explains:

The therapeutic goal was presented as learning social behavior—in retrospect, this was learning to mimic NT [neurotypical, or non-autistic] social behavior. It resulted in corrosive damage to self-esteem and deep shame about who I really am. No effort was made to explain autism to me or to explain the role of sensory overload in issues like meltdowns, shutdowns, etc. (Gardiner, 2017, p. 1)

Participants in Gardiner's (2017) report expressed that therapies designed to make them appear non-autistic (e.g. ABA) did more harm than good, and that therapists seek to extinguish behaviours without considering what feelings and thoughts motivate these behaviours. They offer an example of working to extinguish meltdown behaviours: "Punishing the meltdown with

restraint, seclusion, or other forms of hostile methods do nothing to address the underlying stressor and can lead to additional trauma” (p. 2). While ABA practices have evolved over time, some practitioners, at least in the places where I have worked, still use the tactics of restraint and seclusion with the stated intention of extinguishing a behaviour. Practitioners confirm this is their intent in multiple ways: first, practitioners might describe their intentions within behavioural plans. Second, practitioners may directly use the word “extinguish” to describe their working goal. Lastly, from my observations the use of restraint and seclusion cease when the behaviour has been effectively extinguished.

Power differential. The final characteristic of ABA dictates that treatment decisions are made based on data that is continuously collected by service providers, who then determine how the chosen interventions are impacting the targeted behaviour (Kearney 2007). ABA is depicted as an ongoing experiment in which practitioners keep close watch over what is happening, while simultaneously collecting data that will inform what adjustments are required (Kearney, 2007). The practitioner holds power in these circumstances as there is a distinction between who needs the intervention (the individual with what is deemed as abnormal or maladaptive behaviour), and the practitioner that provides the intervention (Shyman, 2016). The power differential is of central importance in programs like ABA, where treatment plans orbit around a practitioner’s implementation of reinforcement and extinction (Shyman, 2016). As previously mentioned, these ABA procedures are doled out at the discretion of the service provider and often without apparent consent or input of the autistic individual (Shyman, 2016). The common thread of criticism throughout the literature is the debate around normality and how it posits autism as existing solely within a medical model of disability (Kirkham, 2017; Shyman, 2016). ABA treatment plans are created based on a medical framework, which places the locus of disability

within the individual (Shyman, 2016). These individuals are therefore deemed in need of medical assistance from ABA practitioners, who then are placed in a position of authority over the individual (Shyman, 2016). This power differential exists in direct opposition to the notion from self-advocates that autism is not a disease at all; instead, it gives credit and voice to the ableist idea that outside professionals are needed to cure the symptoms of autism (Kattari, 2015; Kirkham, 2017; Shyman, 2016). As explained by the Gardiner (2017) report, recipients of behavioural interventions are expected to be complacent or face consequences such as restraint. One participant said these coercive treatments “teach you to anticipate that when you say ‘no,’ they’ll bulldoze through that because you don’t own your own body” (p. 2). There is no doubt that some behaviours engaged in by autistic people are destructive to property, to others, and to the person themselves which need to be addressed. However, the point being made by self-advocates is the usefulness of examining behaviours within their context to understand contributing factors (Gardiner, 2017; Shyman, 2016).

It should be noted that none of the analyzed studies mention outlining the proposed research and submitting it for ethical review. This is a concern given the power differential and that standard ethical reviews deem children as a vulnerable population requiring more stringent protection than adults (Canadian Counselling and Psychotherapy Association, 2007; City University of Seattle, 2019). It is also important to make sure that parents, who are usually the ones signing consent forms on behalf of their children, are given a full disclosure of the advantages and risks of participation (Canadian Counselling and Psychotherapy Association, 2007; City University of Seattle, 2019). Lastly, it is also standard practice to allow research participants to discontinue their participation at any time (American Psychological Association,

2017; Canadian Counselling and Psychotherapy Association, 2007; City University of Seattle, 2019). The analyzed studies do not address these considerations and how they were approached.

Medical Model versus Social Model of Disability

The medical model is the prominent way of understanding disability (Areheart, 2008; Christian, 2018; Kattari, 2015; Kattari, Lavery, & Hasche, 2017; Kirkham, 2017; Shyman, 2016). In the medical model, disability is at its core a pathology that exists within each individual autistic person; therefore, treatment and rehabilitation from this pathology is of the utmost importance (Christian, 2018; Kattari, 2015; Shyman, 2016; Thibault, 2014). The medical model of disability insinuates that autism is a disease requiring treatment in order to increase one's quality of life (Areheart, 2008; Kattari et al., 2017; Shyman, 2016; Thibault, 2014). From a medical understanding of disability, a person's autism is their own personal misfortune with no attached social cause or social responsibility (Areheart, 2008). It approaches autism from a pathological standpoint by placing deficiencies within autistic people while seeking little or no input from those autistic people—the absence of voices from the autistic community leaves space for misinterpretation, mistranslation, and ignorance (Thibault, 2014).

Furthermore, service providers preserve the legitimacy of the medical model by promoting the rhetoric that ABA and other interventions are what separate a *hopeless abnormal child with autism*, and a *hopeful normal* one (Shyman, 2016). When service providers place heightened value and emphasis on being able-bodied and able-minded, they are perpetuating an ideology that justifies 'curing' or eliminating disabled bodies, as well as further stigmatization, dehumanization, objectification, and institutionalization of those bodies (Christian, 2018). Additionally, when working in the medical model of disability, service providers overlook how autistic individuals interact with their environments; therefore, it is criticized as subjective and

biased by the Disability Rights movement (Kattari et al., 2017). One self-advocate described the following interpretation of this pathological understanding of disability:

Autism is a way of being. It is not possible to separate the person from the autism.

Therefore, when parents say, I wish my child did not have autism what they are really saying is, I wish the autistic child I have did not exist, and I had a different (non-autistic) child instead... This is what we hear when you mourn over our existence. This is what we hear when you pray for a cure. This is what we know, when you tell us of your fondest hopes and dreams for us: that your greatest wish is that one day we will cease to be, and strangers you can love will move in behind our faces. (Thibault, 2014, p. 67)

Autistic self-advocates present an alternative to the medical model of disability: instead of viewing autism as a disease, it can be understood as part of a larger umbrella of neurodiversity that includes all types of neurological development (Broderick & Ne'eman, 2008).

Understanding autism in this manner “portrays the pursuit to cure autism as the same as destroying their original personalities” (Broderick & Ne'eman, 2008, p. 470). This view falls within the social model of disability which views disability as a social construct and focuses on society’s systemic oppression of those who are deemed disabled (Christian, 2018; Kattari et al., 2017; Mik-Meyer, 2016). If the social model of disability was implemented for autism, the burden of making adjustments would shift away from autistic individuals and back onto others (including service providers) to ameliorate societal structures (Woods, 2017). One self-advocate describes the motives of the neurodiversity movement:

The neurodiversity movement stands for the idea that we should view neurology through the same civil rights lens as we currently view race, religion, sexual orientation and other forms of what’s termed “legitimate human difference.” And basically from that

perspective instead of trying to find a way of making autistic people normal or making people with other forms of neurobiological difference normal, what we should be doing is addressing the true problems and barriers that exist in our lives. (Thibault, 2014, p. 68)

The way society understands disability has significant consequences: mainstream opinion and policy decisions surrounding protections for disabled individuals depend on how people conceptualize disability, as well as the nature of the challenges faced by disabled people (Areheart, 2008). The pervasive medical model of disability believes that an appropriate intervention is offering rehabilitation in order to assist the individual in overcoming their disability (i.e. through methods like ABA) (Areheart, 2008). Conversely, if disability is understood through a social model, the primary associated challenges are instead focused on social structures, as well as the practices that are limiting to various disabilities (Areheart, 2008). In this case, the appropriate intervention is adjusting social environments to fit the needs of an individual, instead of vice-versa (Areheart, 2008).

Calls to Action

There is a common thread in articles including the voices of self-advocates that asks able-bodied people to examine their own biases and opinions around ability and able-bodied privilege (Kattari, 2015). One way to do this is through an analysis of language and an acknowledgement that language-use is inherently political (Christian, 2018). Current language surrounding disability typically positions individuals as lacking or powerless and is associated with weakness, loss of agency, and a lack of capabilities (Christian, 2018). Therefore, there is room for advocates and allies to remove social barriers through being deeply and critically aware of the use of language and discourse around autism (Woods, 2017). Furthermore, self-advocates Broderick and Ne'eman (2008) encourage researchers and fellow citizens to act as allies by

condemning language and advertising that endorses eugenics—or the erasure of disabled people. These authors are among other self-advocates listed in an article by Thibault (2014), who ask society to re-imagine autism as an acceptable form of difference.

These calls to action are ultimately the influence and motivation for this research. As explored above, ABA is built upon the medical model of disability and its methods are highly criticized by the autistic community. Nevertheless, there continues to be widespread support for ABA as a main intervention for autistic children from professionals. While it can be acknowledged that ABA has departed from its violent origins, it is not clear how practitioners and researchers address critical issues such as consent and power. To highlight these issues, a critical discourse analysis methodology was chosen for the present study. This form of research is identified as useful in interpreting specific use of language in research, especially on how it relates to power and control (Shyman, 2016). As explored in the introduction, the Interactional and Discursive View of Violence and Resistance is one way to complete this critical discourse analysis while bringing to light the subtle and unique ways that autistic children show strength and creativity by resisting violence in order to maintain their dignity.

Chapter Three: Methodology

To understand how ABA relates to violence, I completed a critical discourse analysis of a longstanding academic journal by selecting a recent quarterly edition of the *Journal of Applied Behavior Analysis*, in circulation since 1968. At the time of this study, the summer 2018 edition was the most recently published. This edition had twenty-three peer-reviewed articles on the topic of ABA, which represented the data pool from which I completed my discourse analysis. To be included in this study, the research articles had to address either one or more ABA practices as they related to working with autistic individuals. Furthermore, the studies had to pertain to direct work between a clinician (i.e. the researcher) and an autistic individual. Articles pertaining to indirect work in this area, including work between two separate service providers or with individuals that do not have autism, were excluded in order to remain focused on the interactions between a service provider and an autistic person.

After reviewing all twenty-three articles for eligibility, six articles were deemed eligible for inclusion. Each eligible study was analyzed from its methods section through to its conclusion. This was done to focus on how each eligible study depicted their use of ABA, rather than the literature that informed their study. Next, I completed a critical discourse analysis. Specifically, I used Coates' and Wade's (2007) *Interactional and Discursive View of Violence and Resistance*—this response-based framework has six tenets which represent the themes I searched for in my collected data and are described in detail later in this chapter. A critical discourse analysis is a methodological framework interpreting the specific use of language in research that involves notions of power, control, and dominance (Shyman, 2016). It looks at what words and phrases are used, how they are used, and what information is being expressed by the choice of language (Mertens, 2009). Thus, I chose to complete a discourse analysis to focus

on, and critically analyze, how researchers use language in ways that might oppress autistic individuals. This type of research involves multiple detailed readings of collected data to develop a comprehensive understanding of patterns (Mertens, 2009). To analyze each eligible article for the six tenets of the Interactional and Discursive View of Violence and Resistance, I read through each article looking for one tenet at a time. In doing so, it is less likely I overlooked the nuances of what language was used (Creswell, 2014). The process used for this research study is further clarified later in this chapter.

This study is qualitative in nature and based in a transformative ontology. Qualitative research is useful for exploring the meaning ascribed to a social or human phenomenon (Creswell, 2014), such as the rationale for using ABA when working with autistic individuals. A transformative worldview holds that research benefits from fusion with a political change agenda to confront social oppression (Creswell, 2014). Historically, transformative research emerged as a response to oppression by individuals who fought for a way to bring their voices into the world of research (Mertens, 2009). Transformative research studies the experiences of marginalized populations and links political and social action to these inequities (Creswell, 2014). Moreover, it is founded in the belief that a deliberate and conscious use of critical analysis can reveal the many strengths and acts of resistance needed to promote social change (Mertens, 2009). Mertens (2009), in her book on transformative research entitled “Transformative Research and Evaluation,” describes how research that is traditionally based in a deficit perspective could benefit from transformative research: “When the deficit perspective is used to frame a group as a problem with barriers, then the strengths in that community are not as likely to be recognized” (p. 17). She goes on to say that the researchers’ gaze should be turned to those who are privileged by the status quo (e.g. ABA service providers). One important question to ask is “How

can the researcher interrogate [the] dimensions of diversity associated with unearned privilege that serve to sustain the status quo?" (Mertens, 2009, p. 19). This study aims to challenge the deficit perspective that is common in ABA literature (e.g. medical model discourse), and to challenge the status quo by analysing the actions of service providers instead of autistic children.

It is important to note that I made a deliberate decision to critically analyze researchers' use of language in order to challenge academics and researchers who are privileged by the status quo and ableism. This includes me, a young white professional who has used ABA and has financially benefitted from its use through maintaining employment and perceived relevance. From this study's transformative ontology, I acknowledge that reality is socially constructed, and as Mertens (2009) points out, those with the most power decide which version of reality is widely accepted. As explored in the literature review, and summarized here, non-autistic people (i.e. service providers) hold power over autistic individuals because autism is viewed by society as a pathological disease signifying deficiency within the person. Because society-at-large holds this medicalized view of autism, more weight is given to the version of reality described by service providers. In this study the voices of self-advocates are highlighted as the experts on the experience of autism.

Interactive and Discursive View of Violence and Resistance

The framework created by Coates and Wade (2007) lists six tenets which are used to critically examine the use of language in depictions of violence. Within this study, the framework is used to reveal the ways ABA may be violent by analyzing how it is depicted in apparently socially accepted, scholarly research. In the following paragraphs, violence is defined through the depictions within Coates and Wade's (2007) framework. After defining each tenet of the framework, comments and questions for consideration are provided. These were created with

inspiration from the content of the Coates and Wade (2007) article and guided the discourse analysis.

The first tenet of Coates and Wade's (2007) framework describes violence as social and unilateral. Violence is social as it occurs within specific interactions that include at least two people. It is unilateral as violence is an action of one or more people against another—it is not a mutual action. The eligibility criteria for this study included only studies that were social in nature, as in they depict an ABA intervention involving a minimum of one service provider and one child. When completing the critical discourse analysis, I further assessed for this tenet by looking for language depicting unilateral scenarios. For example, was the study focused on the actions of the service provider towards the child? Was there any depiction of a reciprocal exchange of information, ideas, or consent?

The second tenet of the framework by Coates and Wade (2007) describes violence as deliberate. The authors clarify that perpetrators of violence anticipate the resistance of victims and take active steps to suppress or conceal this resistance. For example, bullies intentionally choose victims that they can physically or socially overpower (Coates & Wade, 2007). Additionally, perpetrators use strategies before, during, and after their violent actions to conceal resistance. This might include deliberately isolating a victim, using threats and physical force during the violent act, and then refusing to accept responsibility or even blaming the victim for the violence (Coates & Wade, 2007). To assess for this tenet within eligible articles I looked for indications of a service provider's actions as deliberate. For example, were the intervention methods decided ahead of time? Did they account for the child's responses to these intervention methods? I then looked at how service providers responded to the child's response. Did they

describe preparing for a certain type of response, or anticipating a certain response based on prior knowledge of the child? Did they engage in certain actions with the intent to subdue a child?

The third tenet in Coates' and Wade's (2007) framework lists resistance as ubiquitous. They describe how victims consistently resist violence, and that this resistance comes in all different forms. The reason for this is that victims understand that perpetrators could become even more violent in response to acts of defiance; therefore, open acts of defiance (e.g. physically resisting the perpetrator) are the least common form of resistance (Coates & Wade, 2007). To assess for this tenet, I looked for descriptions of how children responded to the actions of service providers. These responses ranged anywhere from complying with the demands of service providers to aggression, with the idea being that all responses are a form of resistance against oppression.

The fourth tenet in Coates' and Wade's (2007) framework details the misrepresentation of acts of violence. They describe how language is used to reverse the position of victims and offenders, manipulate public appearances to promote certain accounts within public discourse, or mutualize what are in fact unilateral actions. In doing so, acts of violence and oppression are misrepresented as consensual, justifiable, or the fault of the victim. To assess for this tenet, I looked for language that reversed the position of victims and offenders. For example, did the authors refer to a child's response to an imposed intervention as a violent attack on the provider, despite said provider not receiving consent to implement an intervention? Did the authors use mutualizing language implying a young child shares equal blame and pathology as a young adult with similar behaviour? Or as the service provider?

Similarly, the fifth tenet speaks to the importance of fitting words to deeds. Coates and Wade (2007) describe how every single account of an interaction influences public perception.

They describe how language is often used to represent violent acts in ordinary and benign terms, which consequently misrepresent the actions as acceptable. For example, one passage analyzed by Coates and Wade (2007) describes a man that “knocked [his wife] down” (p. 514). This act is misrepresented as it is over-simplified and does not fit the correct words to this action. The statement overlooks how he knocked down his partner—a more accurate statement might be “I waited until she turned to run away and kicked both feet out from under her. She then fell to the ground.” To assess for this tenet, I recorded what words were being used to describe actions. For example, did the authors use specific and detailed language to describe the actions of service providers? Or did they use general terms, passive language, and academic jargon that might influence public perception?

The last tenet of Coates’ and Wade’s (2007) framework delves into four ways that language serves to misrepresent violence. They describe how language has four discursive operations when describing acts of violence. First, the use of language conceals violence. As mentioned above, language often lacks sufficient detail which obscures the strategic and deliberate nature of the act. Additionally, accounts of the violence’s severity might be minimized or missing entirely. For example, in a different passage analyzed by Coates and Wade (2007), a perpetrator’s actions were described as a “compulsive urge” (p. 516). As explained by the authors, this language denies the intentional and deliberate actions taken by a perpetrator. Furthermore, it insinuates that the perpetrator was not in control of their actions, and that the violence occurred in one compulsive moment as opposed to being comprised of numerous deliberate and unilateral interactions. In this study I looked for how ABA researchers described their actions: were interactions described in detail, or were specific details omitted? How did this inclusion or omittance influence the perception of the interaction?

Next, the use of language obscures and mitigates responsibility. This is done through the use of a highly qualified tone, obscuring the unilateral nature of the act, or separating the description of the offender and their deliberate actions. For example, Coates and Wade (2007) analyzed a Canadian politician's statement about residential schools wherein the extensive violence of the Canadian government and churches against Indigenous peoples was portrayed as a relationship issue. In doing so, the unilateral nature of the violence was misrepresented and the unique responsibility of the perpetrators (i.e. the Canadian government and churches) was obscured. In the present study, the six articles were assessed for this mutualizing language: how did researchers depict ABA interactions? Did the authors use language that implied shared responsibility for an interaction?

Third, the use of language conceals resistance. This is done through the displacement of victims' feelings and responses and through an author's efforts to define a range of appropriate responses (Coates & Wade, 2007). Doing so misrepresents the victim's responses and portrays them as passive or willing participants in the violence. For example, perpetrators of violence might completely omit discussions of consent from their account. Similarly, perpetrators often exploit the societal misconception that a lack of open defiance implies the victim was a willing participant in the interaction: this completely overlooks the existing power dynamics and less overt forms of resistance (Coates & Wade, 2007). In this study, the six articles were analyzed for instances of this type of language. For example, if an autistic child shows anger, are they then described as the problem and subjected to judgment and social control? This category also describes the way authors use language to place all victims in a singular category, which therefore creates a presumption of shared deficiencies. For example, are all the authors' research participants described with identical language, regardless of age or context?

Lastly, the use of language blames and pathologizes victims. This is done by interpreting behaviour out of context and then making psychological inferences based on this inadequate information. For example, Coates and Wade (2007) analyzed a passage in which female victims of violence were pathologized. This was done by interpreting the victims' behaviour out of context and then pathologizing this behaviour—these women were described as having “difficulty protecting [themselves],” having “clouded judgement,” and lacking “safe and appropriate boundaries” (Coates & Wade, 2007, p. 518). In making such claims, the violence is misrepresented as partly the fault of the victim's deficient boundaries and inability to protect themselves instead of acknowledging that violence is the sole responsibility of the perpetrator. In the ABA articles, I recorded situations in which the chosen language blamed or pathologized the autistic children. For example, do researchers include the context of their participants, including to whom or what their behaviours are a response? Or do they strip this context from their studies entirely, inferring that a behaviour like hitting or yelling is merely a deficiency/pathology within the child?

Process

To collect the data, I read through each of the six articles looking for one category at a time. Passages were highlighted based on the questions listed for each of the tenets of the Interactional and Discursive View of Violence and Resistance: for clarity, the different tenets were marked using a variety of coloured highlighters. Using Excel, I created a spreadsheet for each article wherein the columns represented different tenets of the framework. I then re-typed all the highlighted passages into the appropriate column in that article's spreadsheet. It is important to note that the tenets of this framework overlap in many different ways. In coding the eligible articles within this framework, I noted that many sentences or paragraphs fell under

more than one tenet, demonstrating the complex nature of language and the nuanced way it is used to portray acts of violence. When this occurred, the passages were marked with all applicable highlighters. The passages were then entered into all appropriate columns within the spreadsheets with the added notation of any other columns within which they were included. Consequently, when analyzing the data, it was evident how many passages fell under multiple tenets. Next, I made executive decisions regarding which column the passage was best suited. These decisions were made by comparing the passage with the questions and considerations listed above.

It is also important to note that the process for inclusion was subjective in nature as other researchers might extrapolate different meaning from the language used. Additionally, this analysis is unique in the inclusion of all the points from the Coates and Wade (2007) framework: in previous theses (Hirschfield, 2017; Leippi, 2018), only the four discursive operations of language (the sixth tenet of the framework) were included for analysis. I decided to include all six tenets to account for any possible information that would not fit under the sixth tenet. While this added more criteria and categories to analyze, I believe the finished product is based on a thorough analysis. At the same time, I believe the inclusion of all categories was the reason so many passages fell under multiple tenets. Therefore, it is possible that a simplified version of this analysis might be more objective.

Chapter Four: Results

As discussed in Chapter Three, the Summer 2018 edition of the *Journal of Applied Behavior Analysis* was the focus of this study. From this journal edition, six out of twenty-three articles were eligible. Eligible studies addressed an independent and in-person study involving a minimum of one ABA provider (not parent or teacher), and a minimum of one youth with a diagnosis of Autism Spectrum Disorder (ASD). The studies had to have addressed a behaviour intervention approach (i.e. with a goal of reducing or changing a current behaviour).

While analyzing these six articles, I extracted passages that fit the components of the Interactional and Discursive View of Violence and Resistance (Coates & Wade, 2007). To organize the data, I placed the passages within a spreadsheet for ease of viewing. Passages that fit under more than one category were marked accordingly in order to find themes. Next, I reviewed all the passages under each category and coded for subcategories (see Figures 1 and 2). It is important to note that the first category of the Interactional and Discursive View of Violence and Resistance, which describes violence as social and unilateral, was part of the criteria for the article to be chosen for the study and thus not included in the in-depth analysis. As explained in Chapter Three, the remaining categories in Coates' and Wade's (2007) article are the basis for this critical discourse analysis. Figure 1 details the following categories: Violence is deliberate, Resistance is ubiquitous, Misrepresentation, and Fitting words to deeds. Figure 2 shows the four discursive operations of language as explained by Coates and Wade (2007). In both Figures, the subcategories list the unique ways these categories show up in the six articles on ABA. In this chapter, I review and describe each of the subcategories—for each subcategory, I provide a minimum of one example from the eligible articles.

Findings

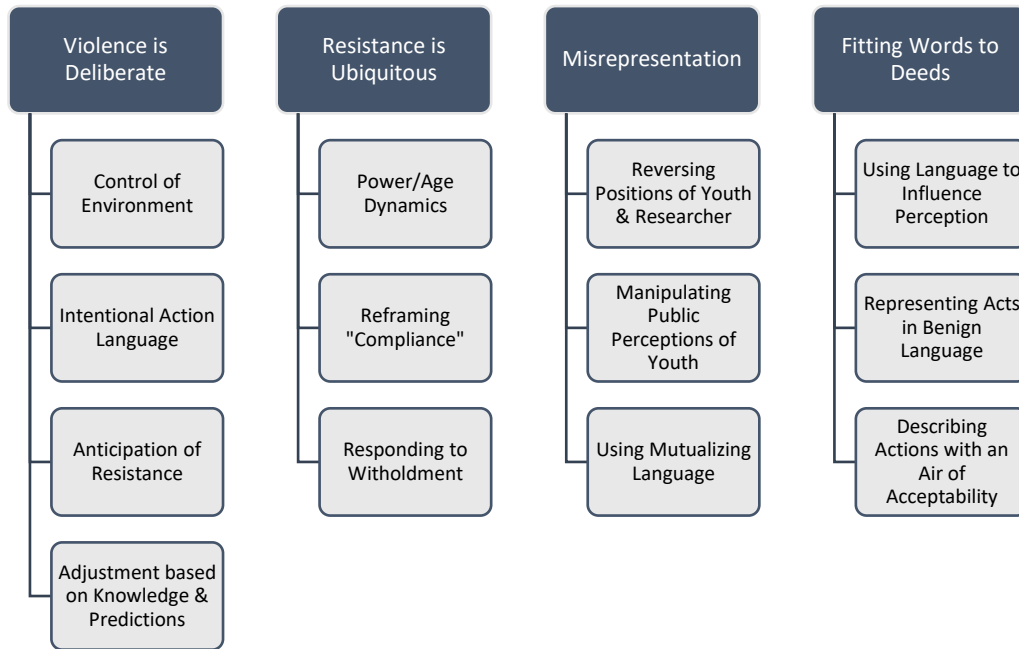


Figure 1: Interactional & Discursive Themes of ABA

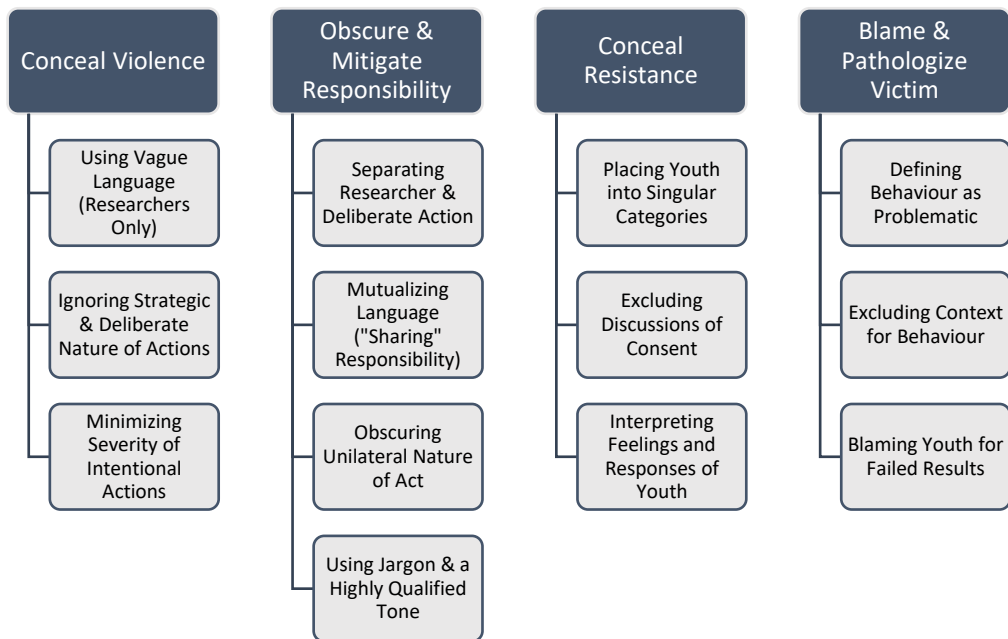


Figure 2: Discursive Operations of Language Within ABA

Violence is Deliberate

Control of environment. In each of the six articles, the sessions in question took place in treatment rooms predetermined by the researcher. All six articles list the dimensions for the room, and any particular arrangements the researchers decided on for their participants. For example, Kettering, Fisher, Kelley, and LaRue (2018) describe how they “conducted all sessions in a 3-m by 3-m padded treatment room equipped with a therapist, a stereo system, and two chairs” (p. 688). Ghaemmaghami, Hanley, Jessel, and Landa (2018) write that “all sessions for [the participants] were conducted in 4-m by 3-m treatment rooms equipped with a one-way mirror, audio/video equipment, child-sized tables, chairs, and academic and play materials” (p. 504).

It is normal for professionals to meet their clients in a predetermined location. Pre-determining the location for the ABA studies in and of itself does not equate to a violent act. It does, however, speak to the deliberate actions of the researcher. The importance of this fact becomes clearer when understood in conjunction with the other factors of this study.

Intentional action language. Within the six articles, there are multiple instances of intentional action language. The researchers in these studies use terms that demonstrate the deliberate nature of what they want to accomplish. For example, Ghaemmaghami et al. (2018) explain a belief that demanding simple replacement behaviours from youth (as opposed to the behaviours that are deemed problematic) is “probably critical for quickly eliminating problem behavior” (p. 517). This same article expresses that within each session was a carefully planned and determined set of rapidly alternating factors that “emulated the typical conditions experienced by the child, in which various positive and negative social consequences operated simultaneously to create a context that exerted control over the child’s problem behavior” (p.

517). In this article, Ghaemmaghami et al. (2018) deliberately fluctuate between control/baseline expectations, during which no change in behaviour is expected from the youth, and implementing new expectations of what the professionals deem as preferred behaviour. These fluctuations occur at a rate determined solely by the researcher with no input or consultation with the youth on whom they are experimenting—if these consultations or considerations did exist, they are not mentioned at any point in the study.

Using language such as “eliminating” and “exerting control over” a behaviour shows how the researchers deliberately act to achieve their vision, with or without the consent of their human participants. This is shown in Bell and Fahmie’s (2018) study that describes how researchers “initiated” a set of behaviours by presenting or removing materials they already knew were correlated with the so-called problematic behaviour. For example, one of their test conditions “was initiated by the experimenter removing a highly preferred leisure item from the participant’s possession, presenting instructional materials, and stating, ‘Time to work’” (p. 531). Similarly, Kettering, Fisher, Kelley, and LaRue (2018) deliberately arranged for one participant to be enclosed in their “3-m by 3-m padded treatment room” (p. 688) while forcing her to listen to a nearby stereo, and “selected the noise level (in dB)... based on noise levels observed to evoke problem behavior” (p. 688). Understood in conjunction with the deliberate control of the environment, it is easier to see how researchers act intentionally to move towards their own goals, whether or not these goals are shared or understood by the underaged participants. In contemplating words such as initiated and evoke, it is clear that the children were not participating in the so-called problematic behaviour at the time of the ABA session. Therefore, the researchers acted in ways they knew would elicit the response they wanted. In doing so, the

researchers could then implement the ABA techniques upon these youth, consent notwithstanding.

Anticipation of resistance. Another way that ABA researchers act in deliberate ways is to anticipate the resistance of their participants. One deliberate way in which participant resistance is anticipated is through the gathering and implementation of protective equipment prior to the session. For example, Bell and Fahmie (2018) describe how “the experimenter wore protective equipment (e.g. arm guards when applicable) to protect the experimenter and the participants from physical injuries” (p. 530). In this particular article, the protective equipment was donned prior to the ABA session. The researchers anticipated that their participants—ages 3 to 5—would resist their demands in a way that necessitated arm guards. This implies that the researchers understood going into these sessions that their deliberate actions and demands on these children would be met with resistance, and in response to this the researchers took steps to overcome the resistance of these children.

Another example of this is in the article by Oropeza, Fritz, Nissen, Terrell, and Phillips (2018). The use of protective equipment is instrumental to this study, which looks into the impact that wearing protective equipment has on the analysis of “aggressive” behaviours. In their study, Oropeza et al. (2018) use “padded blue and grey shin guards (worn over the therapist’s pants), padded white arm guards (worn over shirts or jean jacket that covered the therapist’s hands and forearms), and long pants” (p. 683). When interacting with one participant, researchers wore a facemask and goggles to protect from spitting (Oropeza et al., 2018). The researchers in this study, then, knew prior to the ABA session that the actions they planned to take would elicit an aggressive response from their youth participants.

Similar to the Bell and Fahmie (2018) article, the examiners in the Oropeza et al. (2018) article understood that their demands would be met with a certain type of resistance, and in response the researchers took steps to overcome the resistance of their participants. While it is important to acknowledge that any person or professional has the right to protect themselves from aggression or behaviours that are unsafe, it is also important to note that the researchers in these studies act in deliberate ways to control the environment of the participant, intentionally act in ways that evoke or initiate the behaviour they want to see, and take steps to overcome the resistance their participants have to these deliberate actions.

Adjustment based on knowledge and predictions. Lastly, the deliberate actions taken by ABA researchers can be showcased through the adjustments they make based on predictions and gained knowledge. This is evident in a few ways. To begin, researchers initiate the so-called problem behaviour that they want to see by using information gleaned from other assessments. For example, in Bell and Fahmie's (2018) study, the examiners "initiated the escape condition by stating 'It's time to work' and presenting several instructional materials. Instructional materials were those activities reported in the [assessment] to be correlated with the problem behaviour" (p. 531). In the same study, experimenters adjusted their approach based on a prediction: "we removed the experimenter from the ignore condition because... we hypothesized that the presence of an adult may have had suppressive effects on chin hitting" (Bell & Fahmie, 2018, p. 531). Similarly, Oropeza et al. (2018) included a condition in their testing surrounding the use of tangible/preferred reinforcers "because caregivers reported that aggression occurred when preferred items were restricted or access to the items was denied" (p. 683).

From these passages, it is clear that ABA researchers take time to complete assessments and gather knowledge of their participants prior to the ABA research session. In doing so, the

researchers have a sense of under what conditions a behaviour deemed problematic appears.

After bringing their participant into a room of the researcher's choice, the researcher then acts in deliberate ways to evoke the so-called problem behaviour by using the knowledge that they have spent time gathering prior to the meeting. In anticipation of the behavioural response, researchers take steps (e.g. wear protective equipment) to overcome this response from the youth in favour of demanding a new response in its stead.

Resistance is Ubiquitous

Power and age dynamics. When analyzing the six articles through the Interactional and Discursive View of Violence and Resistance, one of the first themes to stand out was the power and age dynamics between the researchers and their young participants. After analyzing how the actions of the ABA researchers are deliberate and intentional in nature, it is important to equally consider how the researchers are using their authority and vast age difference in their favour. Across the six eligible articles for this study, there were 20 participants (see Figure 3). From this, the mean age was 6.85 years old, the median age was 5.5 years old, and the most frequently occurring age was 5 years old (25% of total participants). 50% of participants were between the ages of 3 to 5 years old. If we consider how the examiners are likely, at the minimum, in their early 20s, this constitutes a large difference in age, size, and influence.

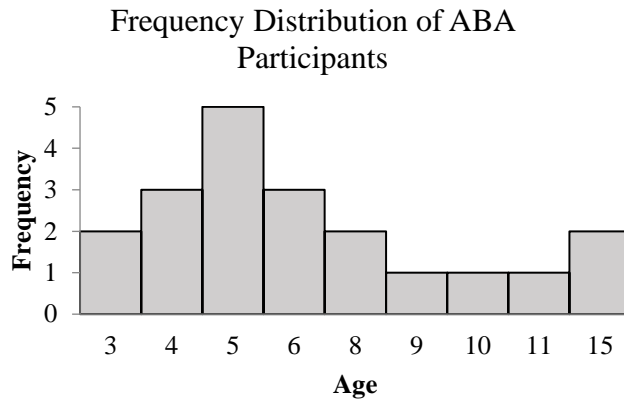


Figure 3: Ages of ABA Participants

When reading about the problem behaviours in these studies, it is crucial to keep in mind the age difference and how power dynamics are at play. For example, in the study by Hernandez, Fernand, Vollmer, and Slocum (2018), examiners brought a 3-year-old participant into a pre-determined space over which the examiners had complete control, acted in deliberate ways to elicit a behavioural response, and then demanded the 3-year-old respond in a more preferable manner. It is not stated in the article whether the child knew why they were there, if they had the option to leave, or even if they knew how to reconnect with their parents if needed. None of the six articles spoke to the age or power dynamics at play in these ABA sessions, nor did they elaborate on what measures were in place to hear requests from youth about their treatment.

Reframing compliance. Throughout the six articles, there is a common thread of compliance-talk. By this, I mean that the researchers speak to reductions in behaviour from youth after they place their demands. This is evident in all six articles. For example, Ghaemmaghami et al. (2018) state “there was an immediate reduction in [the participant’s] problem behaviour and near-optimal rates of [the preferred behaviour]” following the implemented ABA technique (p. 507). Similarly, Oropeza et al. (2018) describe how one 5-year-old participant’s average rate of

behaviour “substantially decreased during the functional analysis with protective equipment” (p. 684). Kettering et al. (2018) explain how their 6-year-old participant “independently put [her sound-attenuating] headphones on and wore them throughout all treatment sessions” after researchers demanded this behaviour change from her.

Simply taking this at face value, it might appear that the ABA intervention created a positive change towards a behaviour that researchers deemed to be more socially appropriate. As explained by Coates and Wade (2007), individuals take into account how the perpetrators of a violent act might respond with even more violence if they were to show any act of defiance. Similarly, it is possible that children are not blind to existing power dynamics, and therefore understand that continuing to demonstrate a behaviour that has been deemed problematic results in more intrusive actions from researchers. On the contrary, compliance is one way to stay safe and make it through their current situation. For example, if a participant complies with the examiner’s demands, they are often met with praise and preferred items (Bell & Fahmie, 2018; Ghaemmaghami et al., 2018; Gunby, Rapp, & Bottoni, 2018; Hernandez et al., 2018; Kettering et al., 2018; Oropeza et al., 2018).

As mentioned, if participants comply with the demands of the researchers there is a higher chance that researchers will decrease the intensity of their demands or cease their intentional efforts to evoke a behavioural response. For example, Gunby et al. (2018) write that “if the participant made eye contact following the first or second name call, the instructor removed her hands from the participant’s hands” (p. 697). Kettering et al. (2018) explain that during their study, if the participants demonstrated the preferred behaviour, they provided escape from the triggering level of noise (either high decibel music or arguing) for 30 seconds before resuming playing. If this happens on a consistent basis, the youth likely catch on to the fact that

outward defiance could make things worse, and that compliance results in a reprieve from the intentional and deliberate acts of the researchers. In the articles, this compliance is phrased as the youth learning a new skill or way of responding. This compliance could instead be understood as a form of resistance against the deliberate and intentional acts of violence by the researchers, as well as the ever-present power dynamics.

Responding to withholding. The last common theme in this section is the ways that the youth participants use compliance to respond to the withholding of connection or preferred items. This seems to be a common practice across all six articles. For example, Ghaemmaghami et al. (2018) state that “Reinforcers were withheld and prompts were repeated as necessary until the child responded to the prompt” (p. 512). The same researchers further explain: “During the test condition, the analyst interrupted [the participant]’s play, directed her to an array of nonpreferred activities she could engage in, and ignored all her requests and bids for attention” (p. 511). Similarly, Hernandez et al. (2018) write “During breaks, the educational materials were removed, the therapist did not talk or interact with the child, and no other materials were available in the room” (p. 523). Bell and Fahmie (2018) further clarify that researchers would take the preferred items straight from the participant’s hands, replace them with the instructional materials, and tell them it was “Time to work” (p. 531).

When analyzed in isolation, one might wonder how ignoring a child’s bids for attention, or removing an item in order to do work, could be considered violent. Or, how compliance with these demands might be considered an act of resistance. However, these acts cannot be understood in isolation. When understood in the context of what has already been discussed (e.g. violence is deliberate, resistance is ubiquitous), and the factors remaining in this analysis (see Figures 1 and 2), it can be concluded that researchers deliberately put child participants in a

position wherein compliance is the least obtrusive (and most successful) way to resist increasingly intrusive methods, regain access to preferred items, and to avoid being further ignored.

Misrepresentation

Reversing positions of youth and researcher. Coates and Wade (2007) articulate that one of the ways perpetrators misrepresent the nature of their violence is by using language that reverses the position of the victim and the offender. This is evident in three of the ABA articles, where researchers describe their studies using language that posits the researchers as being on the receiving end of aggressive acts. For example, Hernandez et al. (2018) describe how their methodology “could increase problem behavior and the risk of injury to the participant or the implementer of the assessment” (p. 525). Bell and Fahmie (2018) describe how the experimenters wore protective equipment “to protect the experimenter and the participants from physical injuries” (p. 530). Similarly, Oropeza et al. (2018) explain that “All therapists received extensive training in safety procedures... and were instructed to terminate sessions if they felt unsafe or if aggression broke the skin” (p. 683). The same researchers go on to say, “It is possible that this outcome might have posed increased risk for therapists; however, none of the therapists experienced significant injuries from [the 9-year-old participant]’s aggression” (p. 684).

In these passages, the researchers use language that posits themselves as potential victims of violence (e.g. by being at risk of significant injury or unsafe working conditions). The implicit messaging within this use of language is that the youth participants have the power and potential to significantly harm the researchers or cause them to feel unsafe. If this is the case, the positions of researcher (perpetrator of ABA actions), and participant (victim of ABA actions) are reversed:

researchers suddenly become the victims of violence perpetrated by children and youth. Again, understood in isolation, the researchers have every right to refuse unsafe working conditions and to protect themselves against injury. However, this issue cannot be understood in isolation. To frame the researchers as potential victims that may feel unsafe around their participants denies the inherent power dynamic, age difference, and intentional actions meant to elicit the behavioural response in the first place. Phrasing this issue in this way also overlooks the safety experienced by the children—if they feel unsafe, are they rewarded the same opportunity to terminate the session? Is that discussed with the youth prior to the session in language that they understand? None of the six studies address this issue.

Manipulating public perceptions of youth. Another way that researchers misrepresent their actions is through the language used to describe their young participants. In all six articles, participants are only spoken about in terms of their behaviour with little to no context given about their life outside of the effects their behaviours have on their schooling and families. These children and youth are reduced to a set of behaviours that are explained in detail throughout the articles; for example, Ghaemmaghami et al. (2018) write that “[the participant] was a 4-year-old boy with a diagnosis of ADHD who engaged in daily episodes of highly disruptive tantrums that included property destruction and aggression” (p. 504). The same authors describe a 10-year-old participant: “[the participant] was a 10-year-old girl with a diagnosis of autism who engaged in daily episodes of severe tantrums that included self-injury and aggression” (p. 509). The perception of how these participants are viewed is influenced right from their introduction in the articles. When introducing the participants in their study, Kettering et al. (2018) state that their two participants were “referred for the assessment and treatment of aberrant behavior” (p. 688). Similarly, Oropeza et al. (2018) introduce their participants by stating that the chosen youth all

“engaged in aggression” (p. 682). Ghaemmaghami et al. (2018) explain that their participants (ages 4 and 6) were “referred to a university-based outpatient clinic for assessment and treatment of their severe problem behavior” (p. 504).

How participants are portrayed in research articles is at the complete discretion of the researchers: depending on what language is used, or what context is included and excluded, participants can be perceived in any number of ways. Because this was the chosen language, it becomes clear the researchers want their readers to view their participants as poorly behaved individuals in need of their intervention. If readers have a perception that these children and youth are aggressive and demonstrate severe behaviour, they may be more likely to overlook the deliberate and intentional acts perpetrated by researchers, or to forget the ever-present age and power dynamics underpinning behaviours during the sessions. This manipulation of public perception is another way that ABA researchers act in deliberate and intentional ways, as the choice of language is completely within their locus of control.

Using mutualizing language. Lastly, ABA researchers use mutualizing language to misrepresent the interactions within their study. For example, five of the six articles express that their chosen participants “participated” in their studies (Bell & Fahmie, 2018; Ghaemmaghami et al., 2018; Gunby et al., 2018; Kettering et al., 2018; Oropeza et al., 2018). To use the word participated implies that the children willingly consented to engage in the ABA study. This is a misrepresentation and simplification of the children’s engagement in the research. To willingly participate in a study, one must know the ramifications of that decision. In this case, that might include the goal of the study, why they were chosen, what they might gain or lose from participating, and their option to withdraw consent at any time. For instance, in the ethical guidelines provided by City University of Seattle (2019), if researchers plan on using child

participants in their study it is expected that at the very least their parents give consent. It is also standard practice in ethical research that participants are not harmed—this is especially true when working with vulnerable populations, such as children (American Psychological Association, 2017; Canadian Counselling and Psychotherapy Association, 2007). As none of the six articles addressed this matter, it is unclear how consent was handled by the researchers. If children were not offered this opportunity, the question becomes: for what reason was the opportunity to have informed consent waived?

If researchers used language that accurately demonstrated the matter of consent, the passages might read very differently. For example, researchers might explain how they considered the ways youth would respond to knowing the goal of the study—to eliminate their current behaviour and demand a new behaviour—and ultimately chose to refrain offering this knowledge. It is possible that in the worst-case scenario, researchers intentionally offered invitations to participate to parents who were struggling and unsure of how to help their child's behaviours. It is unclear whether those parents fully knew what would happen, or if they could fully explain to their children the purpose and structure of the study. It is even possible that some parents may have coerced, bribed, or forced their children to attend the study. Some children then, knowing that it was ultimately not their choice or within their control to determine if they participated or not, may have resisted the unfamiliar researchers' intensifying levels of demands by complying with the demands placed upon them.

Fitting Words to Deeds

Using language to influence perception & benign language. Similar to how ABA researchers misrepresent the public perceptions of their participants and use negative language to speak about the participants, researchers also use benign language to describe their own actions.

The differences between how the actions of youth and researchers are described are stark. For example, Bell and Fahmie (2018) meticulously break down and operationally define a 5-year-old participant's behaviour:

"vocal stereotypy was defined as repeating syllables, letters, words, or phrases two or more consecutive times; and motor stereotypy was defined as contact of the palms of the hands together two or more consecutive times while jumping up and down two or more consecutive times." (p. 530)

In this instance, the action of jumping while clapping has been reclassified as motor stereotypy, a behaviour in need of ABA intervention. Comparatively, ABA researchers use positive adverbs and adjectives to qualify their actions. Gunby et al. (2018) describe one intervention as follows: "The instructor gently held the participant's hands on the table to block him or her from making a selection prior to making eye contact with the instructor" (p. 697). Similarly, Oropeza et al. (2018) write that "During the attention condition, the participant had free access to a less-preferred item, and aggression resulted in a reprimand (e.g. "Do not do that; that hurts") with a soft pat on the back or shoulder" (p. 683). In ABA procedures, a condition refers to the type of stimulus being manipulated following a behaviour (Cooper, Heron, & Heward, 2007). Therefore, in this example the attention condition refers to what is offered to the child after the behaviour (e.g. a reprimand).

In these passages, the ABA researchers deliberately use language to influence perception by fitting certain types of words to their deeds while attributing other types of words to the actions of children. If the alternate was true, the passages might read differently. For example, Gunby et al. (2018)'s passage might specify that the instructor demanded their 3-year-old participant to follow her eye gaze. When the 3-year-old did not understand or respond as

expected, the instructor pinned their hands to the table and refused to let go. Understanding the age and power dynamics influencing their options, the 3-year-old met the researcher's gaze and followed her eye shift to the appropriate item. At that time, the instructor let go of their hands.

Similarly, the passage from Oropeza et al. (2018) uses the adjective "soft" to qualify their action and influence the perception of readers. When fitting the appropriate or correct words to this action, we might instead wonder how or when it is appropriate for a stranger to reprimand a youth by swatting their back or shoulder without prior warning or consent. By using qualifying language, researchers appear to misrepresent their actions. As a result, readers might not understand the significance or violent nature of what is actually occurring.

Describing actions with an air of acceptability. Lastly, ABA researchers use language to give an air of acceptability to their actions. As discussed in the above examples showing how language influences perception, one of the ways researchers do this is through the use of qualifiers and alternate wording to misrepresent their actions. Another way that researchers create an air of acceptability is by comparing their actions against something else that is more socially acceptable. The clearest example of this can be found in the study by Kettering et al. (2018). These researchers note that the noise levels forced upon their 6-year-old participant (101 dB) "could be potentially harmful with extended exposures" (p. 692). Shortly after, they clarify that "the noise levels used in this study were less than those [the participant] encountered during routine events, such as school dances (105 dB), and sporting events (120 dB), among others" (p. 692). They also note that "noise exposure for [the participant] never exceeded the maximum exposure time of 15 minutes" (p. 692).

In this passage, ABA researchers do not fit the correct words to their actions. In stating that the noise levels were less than other events attended by the 6-year-old participant, they are

implying that this noise exposure was on par or less triggering than those experiences. This does not consider the fact that a six-year-old child was trapped in a small room with unknown adults, forced to listen to music at a high decibel, and then reprimanded for instances of what is described as aggression. Through the use of excuses or rationales behind harmful action, using alternate wording, or by describing actions in benign terms, ABA researchers can manipulate the public perception and discourse of their article in their favour.

Conceal Violence

Using vague language for researchers only. So far, this study has covered how the use of vague language can misrepresent what is happening by manipulating public perception and providing the false pretense of acceptability. Another function of vague language is concealing violence: this is done through the intentional omission of specific details. For example, five out of six ABA studies use vague language to refer to how they are prompting behavioural change (Bell & Fahmie, 2018; Ghaemmaghmi et al., 2018; Gunby et al., 2018; Hernandez et al., 2018; Oropeza et al., 2018). This is typically expressed by talking about the “three-step” process: Bell and Fahmie (2018) write that “The experimenter delivered demands continuously using a three-step prompting sequence (i.e. verbal, model, and physical prompt)” (p. 531). Similarly, Ghaemmaghmi et al. (2018) describe a three-step process wherein “Prompts included specification, modeling, and full or partial physical prompting” of the desired behaviour (p. 511).

When researchers use vague language regarding their actions, they are concealing the specific nature of what they are doing. To elaborate on situations where a vague use of language could have an impact, the following items might be taken into consideration: first, when researchers physically prompt a child, they might include specific details regarding that physical interaction. For example, some physical prompts include grabbing a child’s hand and moving it

to the desired item, while others might include physically moving children into another part of the room. Rather than being vague, the researchers might reference how much pressure they used while touching these children or specify whether or not they let the children know the reasons why they were touching them. Researchers might clarify for readers the difference between a full or partial physical prompt and elaborate on their decision-making process surrounding which type of physical prompt they chose. Furthermore, researchers might explain if they used the same level of physical prompting with a 3-year-old participant as for a 15-year-old participant. If not, researchers might explain how they discerned what was appropriate or inappropriate within their role. Lastly, researchers might address the issue of whether parents were informed of this information and if parents knew the potential for physical prompting as part of the ABA process.

ABA researchers also use vague language to conceal how they are accomplishing certain actions. For example, four out of six articles describe how researchers “remove” preferred items from their participants’ possession during test conditions (Bell & Fahmie, 2018; Ghaemmaghami et al., 2018; Hernandez et al., 2018; Oropeza et al., 2018). What is missing from these descriptions are the specific details about how these preferred items are actually removed from the youth. By concealing specific details, researchers manipulate the public perception of their actions—readers of these articles might not think to question what this removal process looked like. For example, did the researcher ask for the item and explain the rationale behind needing it back? Or did they physically grab the item from the child’s hands and offer no explanation for why they could no longer have the item? When comparing how ABA researchers use vague language to conceal the specific and deliberate nature of their actions while simultaneously offering extremely detailed definitions of participants’ behaviour, the disparity is obvious, and it

is clear how this strategy serves to misrepresent the unilateral nature of violence of the ABA researchers.

Ignoring strategic and deliberate nature of actions. Next, ABA researchers conceal violence by ignoring how their actions are strategic and deliberate in nature. Earlier, I analyzed how these researchers deliberately control their environment, use intentional language, anticipate the resistance of participants, and make adjustments based on pre-existing knowledge. These factors also serve to conceal the detailed nature of the violence that researchers perpetrate against these young participants. As previously discussed, one way that researchers conceal violence is through vague language. Apart from how vague language misrepresents actions and omits important details, it also downplays the strategic and deliberate nature of what is happening: for example, Ghaemmaghami et al. (2018) explain that one participant's "problem behavior was placed on extinction" (p. 506). Using vague language in this way denies all the deliberate and strategic measures that researchers took to achieve this statement. In overlooking these details, the researchers have downplayed the amount of time they spent strategizing how to eliminate this behaviour, making specific plans based on their existing knowledge of the child, and implementing deliberate ABA techniques to overcome the participants' resistance.

Furthermore, ABA researchers misrepresent the strategic and deliberate nature of their actions by describing them with an air of acceptability; an example of which can be seen when researchers describe increasingly intrusive prompting. Gunby et al. (2018) explain that "the instructor systematically exposed the participant to more intrusive prompts across each successive phase" (p. 697). Similarly, Hernandez et al. (2018) explain that "the therapist delivered instructions from a variety of programs using a least-to most prompting procedure, consisting of vocal, model, and physical prompts, until problem behavior occurred" (p. 523). In

reading these passages, readers might be more reticent to question the actions of an instructor or therapist, within whom there is a societal expectation of ethical work. By including a professional title, the strategic and deliberate nature of these actions are concealed under the guise of acceptability. It might read differently if Hernandez et al. (2018) wrote how the therapist, an adult unknown to the 3-year-old participant, overcame the child's resistance (in the form of compliance) and systematically increased their demands with the singular focus of witnessing the problem behaviour. The 3-year-old, not understanding the wishes of the unknown adult, eventually attempted to respond perhaps to the distress of this adult's behaviour using the behaviour they know will work—hitting. They were then reprimanded for this behaviour. It is ultimately important to recognize how all choices made by the ABA researchers are deliberate in the search for certain outcomes, and that these outcomes are achieved at the expense of their young participants.

Minimizing severity of intentional actions. Correspondingly, ABA researchers hide the severity of their deliberate actions done at the expense of their participants. The clearest examples of this are by Kettering et al. (2018). The first example is the way they exposed their 6-year-old participant to levels of noise that were proven to be harmful. Kettering et al. (2018) then explain "...It is important to note that noise exposure for [the participant] never exceeded the recommended maximum exposure of 15 minutes" (p. 692). As previously explained, this example demonstrates how these ABA researchers speak about their deliberate actions with an air of acceptability, as if the potential harm to the participant was negligible because they followed the exposure limit. The addendum explaining why their action was okay served to minimize and conceal the severity and potential harm of this action. Furthermore, the authors do not include whether they warned the child about the upcoming loud noise or if she was given an

option of a lower noise decibel. This action was intentional, as evidenced from the authors investigation and emulation of what noise levels triggered the participant's apparent problem behaviour. Moreover, the authors do not address the potential emotional harm and fear caused when they trapped a 6-year-old child in a room with adult strangers, with no apparent offer of comfort or relief. As this was not addressed, readers cannot be sure if the child knew why they were being held in the room or when they might be released.

Secondly, the same authors minimize the severity of the actions they took against their 15-year-old participant. This young man reportedly had problematic self-injurious behaviour when his parents "argued loudly in front of him" (Kettering et al., 2018, p. 688). To intentionally elicit this same behaviour, "two therapists who were familiar to [the participant] stood on the opposite side of the room from [him] and engaged in an arranged argument about various topics... in a somewhat elevated voice" (p. 689). This passage undermines the severity of the researchers' actions. Alternatively, it could be stated that two adults with some pre-existing knowledge of the youth planned prior to the meeting what type of argument they might have. When the youth was stuck with them in the small room, the adults stood nearby and followed through on their plan—to emulate a stressful home situation of the participant—with the singular focus of eliciting the participant's so-called problem behaviour. When the youth responded accordingly, the adults continued with their study. No emotional support was provided to the youth after putting him through this stressful situation. When rephrased in a way that realistically highlights the severity of the researcher's actions, the violent nature of the action is no longer concealed.

Obscure & Mitigate Responsibility

Separating researcher and deliberate action. This next category speaks to how perpetrators of violence obscure and mitigate their responsibility through language. One way this is accomplished is when ABA researchers separate themselves from their deliberate actions. For example, all six articles include grammatical instances of agentless sentences. This means that researchers use language that removes themselves from the “agent” or subject-position of the sentence, and consequently places space between themselves and their intentional actions. For example, Bell and Fahmie (2018) explain that “Vocal disruptions may have been evoked by the demands present during the functional analysis of aggression” (p.532). Ghaemmaghmi et al. (2018) write that their 4-year-old participant’s behaviour “was evoked when his preferred activities were interrupted with a demand to engage in a different task” (p. 506). Oropeza et al. (2018) state that “the [preferred] items were removed at the start of the session” (p. 683).

When structuring sentences this way, researchers remove themselves as the perpetrator of the action. As a result, readers might forget the individuals that are responsible for these actions. It is important to include the perpetrating party in these sentences to remind readers who evoked the vocal disruptions, who interrupted the 4-year-old’s preferred activities and demanded a different engagement, who removed the preferred items, and how this was achieved. Worded alternatively, this might instead be written as, “The researcher evoked the 4-year-old’s behaviour by grabbing the preferred item from their hands and demanding they engage in a non-preferred activity.” By removing themselves from sentences detailing actions taken against participants, the researchers shift the focus to what they want readers to understand: a reminder of the participants’ behavioural shortcomings, as well as reinforcing and lending credibility to the perceived acceptability and rationale behind their actions.

Mutualizing and obscuring unilateral nature of act. Another way that ABA researchers obscure and mitigate their responsibility is by obscuring the unilateral nature of their actions. One way this is accomplished is by researchers misrepresenting and reversing the roles of perpetrator and victim. Earlier, I analyzed how three of the six articles misrepresent their roles in this way—Bell and Fahmie (2018), Hernandez et al. (2018), and Oropeza et al. (2018). In two of the articles, this misrepresentation and role-reversal involves the inclusion of protective equipment. Oropeza et al. (2018) go so far as to explain that the researchers were “instructed to terminate sessions if they felt unsafe” (p. 683). As previously explained, when researchers reverse their positions in this way, they are suppressing the inherent age and power dynamics attached to their actions. Furthermore, researchers are misrepresenting the facts to readers of the articles who might not realize that no discussion of the youth’s perceived safety was included in the article. This is a strategic and intentional role reversal in which researchers (perpetrators of ABA) obscure and mitigate their responsibility by insinuating the children (victims of ABA) were equally responsible for instances of aggression.

This is also evident in how researchers portray the actions of participants during their studies. For example, Oropeza et al. (2018) writes: “Another possible undesirable effect was that participants might have allocated responding towards areas not covered by protective equipment” (p. 684). They conclude “It is possible that this outcome might have posed increased risk for therapists” (p. 684). Again, this strategic role reversal seeks to obscure how complete responsibility and liability rests with the researchers—not the children on whom they are perpetrating ABA.

Using jargon and a highly qualified tone. Lastly, ABA researchers obscure and mitigate their responsibility by using a high degree of jargon. By describing their actions with a

professional and scientific vernacular, they are further misrepresenting their actions as acceptable. Earlier, I described one example of this when Bell and Fahmie (2018) describe the “motor stereotypy” of their 5-year-old participant, which a lay-person might classify as clapping. Another example of this is when Hernandez et al. (2018) explain their results: “Reinforcing problem behavior on an FR1 schedule could increase problem behavior and the risk of injury” (p. 525). Ghaemmaghami et al. (2018) write that for both participants “we used a shaping procedure for progressing from simple to complex FCRs during FCT for the treatment of the highly impulsive (i.e. short latency to problem behavior upon removal of reinforcers) problem behavior” (p. 504).

In these examples, scientific and specialized language is used to describe intentional and deliberate actions. In doing so, researchers obscure their responsibility by hiding behind the guise of professionalism. While it is not abnormal for researchers to use jargon or a specific vernacular, it is important to remember that doing so influences the perception of readers. When reading these passages, one might see the professional language and presume that the subject matter underneath this language is ethical. However, the use of professional jargon is one more way that ABA researchers misrepresent the true nature of their actions, influence public perception with language, and do not fit correct words to their deeds.

Conceal Resistance

Placing youth into singular categories. While ABA researchers use language to conceal violence and to obscure and mitigate their responsibility, they also use language to conceal the resistance of their participants. This was discussed earlier when analyzing how resistance is ubiquitous, as well as how the language of compliance can be reframed. The resistance of children and youth is also concealed when ABA researchers place their participants into a

singular category; all of the six analyzed studies demonstrate a generalization with respect to how the children and youth are described. For example, Hernandez et al. (2018) describe how “[Participant One] was an 8-year-old boy diagnosed with pervasive developmental disorder; [Participant Two] was an 11-year-old boy diagnosed with ASD; [Participant Three] was a 3-year-old boy and [Participant Four] was an 8-year-old boy, both diagnosed with ASD” (p. 522). In this passage, the four participants are placed under the umbrella of “cognitively disordered,” which becomes the single unifying factor. In the remainder of the article, the youths’ responses are filtered through this lens, and all other context is excluded.

In these articles, there is a wide age disparity of participants (see Figure 3). Moreover, placing youth into shared categories based solely on a diagnosis undermines every other aspect of that person—including the unique differences between how children or youth experience that diagnosis. Placing youth into a singular category creates and underscores shared deficiencies among victims of violence, which allows perpetrators to put forth one account that seemingly applies to all victims (Coates and Wade, 2007). By insinuating all participants behave in a certain way because of their autism, and are therefore in need of an ABA intervention, ABA researchers continue to operate under the guise of acceptability. From this position, these researchers can then conceal all the varied and individualized responses of participants as deficiencies in need of their correction.

Excluding discussions of consent. As alluded to throughout this analysis, one glaring theme throughout all six articles is the absence of consent-talk. Furthermore, researchers primarily excluded descriptions of how their participants responded to the ABA interventions. Coates and Wade (2007) explain that by excluding this important information, there is a presumption that the victims of violence consented to the actions of the perpetrator. Similarly, by

excluding any discussion about consent, or how they navigated this conversation with such young participants, researchers generate the inaccurate presumption that the youth consented to the researchers' actions, or had the right to abstain from participation. By excluding any discussion about consent and resistance, researchers paint their participants as passive and as simply a means to complete a scientific experiment in which the researchers are entitled to engage. Additionally, by concealing this discussion, researchers strip participants of their humanity and dignity. Some basic questions to address these issues might include, how did researchers introduce themselves to their 3-year-old participants? Their 15-year-old participants? Did they address what they were about to do to them at all, or communicate only with the parents? Did they situate themselves in front of the door, blocking all opportunities for escape? Where was the treatment room situated in the building—were parents nearby and did the children know this? Or had they left the building with the belief that their children would be safe with individuals trusted as professionals? If that is the case, how might that alter the perception of compliance? How did the researchers decide what information to exclude from their portrayal of these young children, and what does this insinuate about their beliefs about autistic children? It is important to consider how researchers strategically exclude information to conceal the true nature of their actions, as well as the ubiquitous nature of children's resistance against those actions.

Interpreting feelings and responses of youth. Lastly, ABA researchers conceal the resistance of their participants by interpreting their responses and actions. For example, when responses were included in these articles, they fell into two distinct categories. First, researchers seem quick to include instances of perceived compliance. As discussed earlier, compliance can be reframed as instances of resistance against violence. Secondly, researchers interpret

behavioural responses as the fault of the participant. For example, Kettering et al. (2018) describe how a 6-year-old participant “engaged in high rates of aggressive behavior during the escape-from-various-noises condition” (p. 690). Similarly, Oropeza et al. (2018) describe how a 5-year-old participant “occasionally attempted to peel back the arm guards to pinch the therapist, or she would switch to punching the therapist’s thigh” (p. 685).

Researchers intentionally use language that portrays these children as deficient and poorly behaved. Instead, the analysis through the lens of the Interactional and Discursive View of Violence and Resistance suggests that these behavioural responses can be reframed as instances of resistance. For example, after the researchers demanded a new behaviour from the 5-year-old child, she might have observed that she was in a room with adults she did not know. In an effort to restore the inherent power imbalance, she attempted to use behaviour that has worked for her in the past. In response, the unknown adults became increasingly demanding and escalated their prompts to overcome her resistance. Realizing that it was unsafe to continue resisting in this outward manner, the child then decided to comply with the demands of these adults. Consequently, the adults continued with their testing in a less intrusive manner.

Blame & Pathologize Victim

Defining behaviour as problematic and excluding context. The final category for analysis in this report is how ABA researchers blame and pathologize their participants. The first way researchers do this is by intentionally defining certain behaviours as problematic. One example previously discussed in this report is Bell and Fahmie’s (2018) pathologizing a 5-year-old’s behaviour of clapping while jumping (i.e. re-classifying it as motor stereotypy in need of intervention). The same authors define motor stereotypy differently for their 4-year-old participant: “motor stereotypy was defined as up/down or side/side movement of the arms and

hands, jumping up and down, and contact of the hand with the tongue two or more consecutive times” (p. 530). Ghaemmaghami et al. (2018) describe how their 4-year-old participant “engaged in daily episodes of highly disruptive tantrums that included property destruction and aggression” (p. 504). Kettering et al. (2018) explain how they “targeted self-injurious behavior for [the 15-year-old participant], which consisted of self-biting, head-hitting, and forcefully banging hard surfaces” (p. 688). They later clarify that “[the participant’s] mother reported that [he] displayed problem behavior when she and [the participant’s] father argued loudly in front of him” (p. 688).

In these examples, researchers define behaviour as problematic while simultaneously ignoring the context within which these behaviours are occurring. For example, during what times of the day does the motor stereotypy occur? Around whom does it occur? What are the 4- and 5-year-olds’ thoughts about this behaviour, and how would they describe it? For whom are these movement-based behaviours problematic—and whose needs are being served by pathologizing these actions? In the Kettering et al. (2018) example, a 15-year-old’s self-injurious behaviour is framed as problematic: while the hazards of this behaviour can not be denied, pathologizing behaviour without understanding context might constitute blaming the victim. How might this self-injurious behaviour be reframed as a response and resistance against seeing his parents argue loudly in front of him? For example, perhaps the participant knows that when he hurts himself, his parents will stop arguing. There are many potential reasons for this behaviour, such as protecting one parent’s safety from the other, protecting a sibling or pet, wanting to help his parents calm down, wanting to relieve his own distress by making the arguing stop, among many others. By excluding this contextual information, the blame and

pathology is shifted entirely to the youth who is demonstrating what is viewed as problematic behaviour.

Blaming youth for failed results. Finally, ABA researchers blame and pathologize their participants by blaming them for failed results. This is then used as an excuse for further violence. For example, Gunby et al. (2018) state that “Because [the 3-year-old participant] did not emit a correct selection after three sessions of gestural prompts, the instructor replaced the gestural prompt with a physical prompt” (p. 697). Ghaemmaghami et al. (2018) indicate that their prompts became more intrusive “as necessary” depending on the youth’s rate of compliance (p. 511). Lastly, Hernandez et al. (2018) write that their 3-year-old participant’s results “were somewhat inconsistent with those observed for the other participants” (p. 526). These inconsistencies were attributed to the youth’s desire for attention (Hernandez et al., 2018).

These passages, among all others used in this report, demonstrate how the different categories analyzed are present simultaneously. Researchers act in intentional and deliberate ways to achieve the outcomes they want; they make adjustments to overcome any signs of resistance (e.g. a behavioural response), while manipulating inherent power and age dynamics. Researchers then misrepresent their actions by deliberately portraying these young children as the reason their prompting became more intrusive. They use language that describes themselves as professionals and their actions as having an air of acceptability, while depicting their interventions as necessary to these children. Doing so conceals the nature of their violence, and obscures how the responsibility for these actions rests solely on the researchers. The children in these examples are portrayed as deficient and sharing a pathology simply due to their diagnoses: their context is skipped over, if mentioned at all. And ultimately, these youth are blamed as being the reason for failed results rather than a flaw within the ideology of ABA.

Chapter Five: Discussion

The purpose of this critical discourse analysis was to examine if there is inherent violence in practicing ABA, and how its researchers may use language to further oppress autistic individuals. To complete this analysis, six current scholarly articles were put through the Interactional and Discursive View of Violence and Resistance. This framework was chosen as it presents clearly defined ways that perpetrators use language to misrepresent their violence and erase the resistance of children. To my understanding, this is the first study to critically examine the language used by ABA researchers with the purpose of exposing the violent nature of ABA. In this final chapter, I provide a detailed interpretation of my findings through exposing ABA's violence, and by highlighting the resistance of ABA's victims. Next, I outline suggestions from self-advocates on alternatives to ABA, and lastly, I list the limitations and recommendations of this study.

Interpretations of ABA Research

Exposing violence. When putting the selected six articles through the Interactive and Discursive View of Violence and Resistance, two important tasks were accomplished. First, the violence of ABA was exposed (see Figures 1 & 2). It is important to note that these articles, all published in the year 2018, are a reflection of current practices within the field of ABA. As they are all peer-reviewed articles in a long-standing academic journal, readers can assume that these practices are considered acceptable by the field of ABA perpetrators (practitioners). This study critically examines the acceptable label of ABA, and instead suggests that ABA practices are inherently violent.

To begin, ABA perpetrators use the prominent medicalized discourse of autism to excuse their behaviours. As explored in Chapter Two, the dominant discourse of autism posits that autism is a disease requiring an intervention to improve quality of life (Areheart, 2008; Kattari et al., 2017; Shyman, 2016; Thibault, 2014). ABA researchers make use of this medicalized view of autism to provide an excuse for their violence: one example of this is how all researchers describe their young participants solely as a set of so-called problematic behaviours. As examined in Chapter Four, these researchers place their victims into singular categories within which the only shared characteristic is the diagnosis of autism, thus manipulating the public perception of these children as being solely definable by their diagnosis. The context within which these so-called problematic behaviours occur is removed to intentionally place pathology within these children. While context or discussions about consent are denied to readers, researchers simultaneously provide detailed descriptions of how the youth are behaving (i.e. through detailed operational definitions or misrepresenting certain acts). This highly specific language is used only for youth, and only when youth are behaving poorly as interpreted by professionals, while vague language is used to describe actions of the ABA perpetrators. In these situations, ABA researchers use highly specific language to signify personal deficiency within these children; consequently, readers might overlook the unethical and violent practices happening in these studies.

As explained by Coates and Wade (2007), perpetrators of violence link their actions to institutional ideologies, policies, or objectives in order to justify their egregious use of power, or to convince others that their perspective is truthful. Coates and Wade (2007) offer an example of how European colonizers perpetrate significant acts of violence against Indigenous peoples “on the basis of the presumed natural deficiencies of the aboriginals and the God given superiorities

of Europeans” (p. 512). This ideology serves to deliberately misrepresent entire groups of Indigenous peoples as deficient, and thus in need of assistance from the self-identified superior group (Coates & Wade, 2007). Similarly, non-autistic individuals deliberately misrepresent an entire population of autistic people as inferior to themselves when operating through a medicalized model of disability. Individual perpetrators of ABA use this ideology to misrepresent their actions as required in order to assist what they see as the deficiencies of autistic children. As seen in Chapter Four, one way that ABA perpetrators make deliberate use of their status as superior is by using specialized and scientific vernacular to misrepresent the violent nature of their actions. They also make use of the status provided from the medical model of disability to place themselves in the role of expert, consequently having the ability to define what behaviours count as being problematic.

The act of misrepresentation is one way that perpetrators of violence acquire and exercise power (Coates & Wade, 2004). ABA perpetrators misrepresent their actions in many ways to conceal their violence, obscure and mitigate their responsibility, conceal the resistance of their victims, and lastly to blame and pathologize their victims. By classifying their deliberate actions as therapeutic interventions or referring to themselves as therapists, ABA perpetrators present their actions with an air of acceptability and necessity. Conversely, by exposing the minutiae of ABA interactions, the inherent violence is visible.

Highlighting resistance. The other important task accomplished by this research study was highlighting the resistance of the victims of ABA, mainly young children (see Figure 3). One of the most important parts of the Interactional and Discursive View of Violence and Resistance lists resistance as ubiquitous, that is, any time there is a situation of violence, the victim of that violence will undeniably respond in an attempt to maintain their dignity (Coates &

Wade, 2007). This response is a resistance against the violence perpetrated against them and is a powerful way for all beings to maintain their sense of humanity. It is crucial to consider how this resistance is just as real as the violence that is occurring (Todd & Wade, 2004). This resistance is evident in all beings, including children. Richardson and Bonnah (2015), two prominent researchers within Response-Based Practice, explain that when children face injustice, they will invariably resist that injustice. Furthermore, when children feel powerless over decisions that impact their lives, they will resist those decisions (Richardson & Bonnah, 2015). Autistic children are no different than anyone else: when they face injustice or powerlessness, they will resist.

In Chapter Four, I analyzed how the power and age dynamics must not be overlooked in ABA, yet the discussion is completely absent from any of the research studies. When contemplating the vast age difference, differences in authority, and other mitigating circumstances (e.g. forcing youth into unfamiliar circumstances, withholding information/items/connection, wearing protective equipment, physical coercion, etc.), the deliberate use of power becomes clear. Within these research studies, ABA perpetrators account for two responses to their methods: a pathologized behaviour, or apparent compliance with their demands. The evidence suggests that both of these response-types are a form of resistance against the violence of ABA. In analyzing this idea of resistance, it is important to keep in mind the undeniable power and age dynamics that exist during ABA. The type of resistance depends on the unique combination of dangers and opportunities present in any given situation (Wade, 1997). Victims of violence could face retaliation for any act of perceived defiance, as perpetrators often suppress actions that might be considered as threats to their authority (Wade, 1997). Acts of suppression are often increasingly forceful in relation to the original violent act:

this is evidenced in Chapter Four when ABA perpetrators intentionally became increasingly intrusive upon any signs of problematic behaviour (Wade, 1997). After forcing these young children into unknown environments and demanding new behaviours, all while providing readers no explanation on the discussion of consent, ABA perpetrators increased the severity of their actions from verbal demands to physical coercion (pinning hands to tables, swatting children's shoulders, etc.). Maintaining authority over these children seems to be critical in ABA as conversations about collaboration or compromise are absent from 100% of ABA articles in this study.

Through these articles, the children seemed to initially respond with more outward so-called problematic behaviours and, upon realizing that the ABA perpetrators were becoming increasingly violent, switched their resistance tactic to compliance. Once the children were seen as complying with their demands, ABA perpetrators lessened the intrusiveness of their actions. If children continued to resist through problematic behaviour instead of showing compliance, they were branded as at-fault for the failed results (see Chapter Four). Using the problematic behaviour resistance-tactic was not common in the ABA articles, wherein only one 3-year-old participant was blamed for inconsistent results. All other participants switched to the compliance resistance-tactic at various points during their ABA experience. This does not mean that one method of resistance is more significant or valuable than the other. It does, however, speak to the children's knowledge that continued behaviour would result in further violence. Open defiance (e.g. problematic behaviours) is actually the least common form of resistance for this very reason (Wade, 1997).

It is clear from this critical discourse analysis that the notion of compliance can be reframed. ABA perpetrators use the resistance-tactic of compliance to misrepresent their actions

as successful; however, it can instead be understood as a child's deliberate act of resistance against the violence of ABA. If compliance is understood as a way that autistic children resist violence, it becomes clear that these children have capacity, knowledge, and wisdom. They are more than a set of pathologized behaviours, or an entity on which to enact behavioural experiments. By concealing or misrepresenting these resistance-tactics, ABA perpetrators further deny the agency and dignity of this demographic.

Alternatives to ABA

While ABA is the most pervasive form of therapy for autistic children, it is not the only way to provide support in the areas of self-regulation, life skills, and social skills. In this section, I prioritize the opinions of self-advocates as they are the experts of their own experiences with ABA, and of what they would like to see happen instead.

To begin, participants in Gardiner's (2017) report for the Autistic Self Advocacy Network preferred interventions that helped them understand their autism and how to cope with sensory overload, as opposed to focusing on appearing "less autistic on the surface" (p. 1). This might include therapies like social skills groups, job coaching, mentoring, and mindfulness, which are all aimed at increasing self-determination and self-care instead of decreasing the amount they stand out from their peers (Gardiner, 2017). Additionally, the participants encouraged therapists to identify the reasons behind a child's behaviour, instead of simply punishing the outward behaviour (Gardiner, 2017). In applying these preferences to research, investigators might include the context within which the behaviours occurred.

Next, participants wrote about the value of protecting the autonomy of children and youth with autism. As they so clearly state:

It all goes back to consent. The power differential between the patient and the therapist needs to be taken into consideration. The patient needs to have a say-so in their treatment plan and if they say no to something the therapist needs to try something else. (Gardiner, 2017, p. 2)

One participant went on to say that consent for any therapy should be mandatory to prevent coercion and to respect that children have their own agency (Gardiner, 2017). The report acknowledges that respecting autonomy is possible with youth: one way to do this is by offering a series of choices as well as helping the youth decide what they think is most meaningful and useful for them to work on. This is supported by Richardson and Bonna (2015) who explain the importance of including the perspectives of children wherever possible. They stress that this inclusion and respect for children's perspectives needs to be genuine and "more than a token gesture" (Richardson & Bonna, 2015, p. 202). When autistic voices are privileged in a genuine way, the experiences of self-advocates are more likely to translate into therapeutic approaches that "address individual embodied features, well-informed educators, policy decisions that reflect and respond to autistic needs, and social norms that value autistic ways of being" (Thibault, 2014, p. 80). In the ABA articles, this might be enacted by including the voices and perspectives of the children. It might also include ABA perpetrators acknowledging and honouring the resistance of these children and changing their actions to ensure they are consensual.

Third, participants in Gardiner's (2017) report highlighted the value of inclusivity. They write about the importance of teaching self-advocacy skills, such as how to set boundaries, appreciating personal preferences as well as how to state those preferences, and how to understand others' boundaries. Accessibility should be considered, such as appreciating and accounting for different sensory needs and sensitivities (Gardiner, 2017). They also explain the

importance of contextualizing the way autistic people are taught to adhere to social norms: for example, teaching about maintaining eye contact can be explained in concrete language around how others might feel if they do not do this and why we ask them to do this, instead of a “Because I said so” attitude (Gardiner, 2017). In the current study, this might be enacted by explaining why the children were being asked to change their behaviours, as well as articulating the rationale behind the ABA interaction.

This report also highlights the importance of being trauma-sensitive. One participant says that correction techniques, such as those described in Chapter Four, feel to the recipient like censure and criticism that results in difficulty trusting others (Gardiner, 2017). They suggest that any intervention intended to help autistic children must be cognisant of the stress involved with navigating a world that is not designed to accommodate one’s needs (Gardiner, 2017). Another participant says that therapists could take on an advisory role instead of becoming authority figures over a child/youth: this approach places the emphasis on guidance instead of punishment and restraint (Gardiner, 2017). As explored in this study, perpetrators of ABA maintain relevance and power through their perceived authority and superiority over autistic children—this is in direct contrast to the self-advocates’ suggestion of an advisory or mentoring relationship.

Lastly, the participants stress the value of promoting cultural competency. Participants urge readers to “Get out of your minds that autism is an eight-year-old non-verbal white boy” as autistic people come from all different racial, ethnic, socioeconomic, and cultural backgrounds (Gardiner, 2017, p. 5). Participants highlight the need for continued support in this area and that systemic discrimination in society grants comprehensive services to some while others are ignored—this contributes to other social issues like homelessness, chronic illness, depression, and substance misuse (Gardiner, 2017). They describe how being intentional in ensuring cultural

competency is one way to mitigate these challenges. Lydia Brown, another self-advocate, clarifies this position:

Respect us. We are people, fellow human beings. We deserve to be treated with the same respect afforded to our non-Autistic peers. Respect starts by understanding that we are full and complete human beings, with individual personalities, life experiences, goals, and preferences. We deserve an education, access to communication, and a place in society as we become adults. We deserve to live without fear of being abused, manipulated, or hurt. We are not less than. (Thibault, 2014, p. 71)

Personal Reflection

A potential limitation exists in the subjective nature of this type of analysis: I acknowledge that my experience in the field informed the lens I carried while reading these research articles, as well as the process for choosing a critical framework. I would like to again reiterate that not all individuals perpetrating ABA intend on being violent, nor do all these individuals approach ABA in the same manner. It is, however, my personal experience that ABA interventions look very similar to the interactions outlined in these six articles, including the use of intrusive demands, physical coercion, and actively overcoming resistance. As this was my experience, I was not surprised to see violence used in these six ABA articles. My biggest surprise in this research was my ignorance surrounding the history of ABA and its ties to ableism. Consequently, I encourage all practitioners still using ABA methods to further examine the origins of the approach and reflect on the values underlying the method as a whole. It is a matter of debate whether the outcomes of ABA justify the means with which these outcomes are accomplished. Given the outcomes of this study, further exploration is needed in regard to the

ethical dilemmas presented by ABA practices. Ethical considerations should be examined thoroughly by parents, practitioners, researchers, universities, and funding bodies: I recommend that funding bodies insist on ethical reviews of all studies exploring treatment of autism, especially those using ABA. Upon the completion of this study, I am left humbled by the powerful voices of self-advocates. I hope this thesis encourages current practitioners to seek out the voices and feedback of self-advocates who can provide relevant insight into ethical practices that respect diversity. Additionally, I recognize that it was impossible to include the voices of all autistic individuals in this study and encourage future research to expand this philosophical and ethical debate, include different voices than those in this study, and analyze additional articles.

Conclusion

The current study explored how recent research depicts the use of ABA with the intention of exploring the relationship between ABA and violence. To complete this exploration, a critical discourse analysis was completed using a framework that specifically addresses the use of language in cases of violence (the Interactional and Discursive View of Violence and Resistance). This research study was qualitative in nature and based in a transformative ontology, which explains that research benefits from fusion with a political change agenda to confront social oppression (Creswell, 2014). The findings from this study demonstrate that ABA perpetrators act in deliberate ways to control their environments and overcome the resistance of young children. ABA perpetrators misrepresent their actions by manipulating the public perception of youth, as well as the perception of the necessity of their actions. This is accomplished by deliberately using specific language that represents violent actions in benign language or with an air of acceptability. Perpetrators of ABA conceal their violence by depicting their own actions with vague language, while operationally defining every behaviour of children.

They minimize the severity of their actions by providing excuses or rationales for harmful behaviour, which also serves to obscure and mitigate their sole responsibility. Perpetrators of ABA conceal their victims' resistance by excluding discussions of consent, interpreting the feelings and responses of youth out of context, and ignoring the unique nature of each child. Finally, they blame and pathologize their victims by deliberately choosing what behaviours to define as problematic, intentionally excluding context for these behaviours, blaming youth for failed results, and solely defining autistic children as a set of behaviours. As explored in this study, autistic children resist this level of violence in different ways. Within the research studies included in these studies, two resistance-tactics were visible: continued outward behaviours, and compliance. This study shows that these tactics can be understood as resistance against violence, which consequently highlights the agency and capacity of autistic children. Finally, the perspectives of self-advocates were included to offer alternatives to ABA. These alternatives include teaching autistic children how to cope with sensory overload while increasing self-determination and self-care, identifying and accounting for the context of a behaviour, respecting autonomy by obtaining consent for service, offering choices, listening to the perspectives of autistic children, and explaining the rationale for therapeutic services (Gardiner, 2017).

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