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SCIENCE FOR SALE IN A FREE MARKET ECONOMY: BUT AT WHAT PRICE? ABA AND THE TREATMENT OF AUTISM IN EUROPE

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ABSTRACT: Educating the public accurately about Applied Behavior Analysis (ABA) is an important undertaking, not least because misconceptions and myths about ABA abound. In this paper we argue that, unfortunately, the efforts of many dedicated professionals and parents to disseminate accurate information about the benefits of ABA for children diagnosed with autism spectrum disorder (ASD) are damaged by a few behavior analysts whose focus seems to be more on monetary gains than social responsibility. We cite examples of the resulting harm to the public image of behavior analysis from a number of European countries. We conclude by calling upon fellow scientists to unite in their opposition to unscrupulous abuses of free market forces for short-term monetary gains that damage the dissemination of the science of behavior analysis and thereby ultimately disadvantage those who should benefit primarily from our science, i.e., some of the most vulnerable citizens of society.
KEYWORDS: ABA, autism, marketing, political naivety, profit, science, public, government, misinformation

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Research evidence has shown clearly that the science of applied behavior analysis (ABA) offers the most effective basis for the treatment of autism spectrum disorder (ASD) (e.g., Howard et al., 2007). However, ABA-based treatments are not available to all children diagnosed with autism spectrum disorder and their families worldwide. While in some countries there are laws to ensure that treatment for ASD is based on best evidence (e.g., Ontario IBI Initiative, 2002) this is not the case across Europe. On the contrary, European governments have fought parents to prevent funding of ABA-based treatments. For example, the Irish government has spent € millions on tribunals against parents who requested ABA-based treatments for their children.

> The parents of a young autistic boy who lost a €5m court battle to secure State funding for a dedicated form of education for their son will have to pay their own legal costs. Cian and Yvonne O'Cuanachain battled for 68 days in the High Court to oblige the State to provide Applied Behavioural Analysis (ABA) for their son, Sean. (Healy & McDonald, 2008)

In the United Kingdom too, ABA-based treatments generally are funded only if so ordered by a tribunal. Similarly, in Germany and in Italy statutory ABA-based services that are free to the end user are virtually non-existent. In most cases parents still loose their fight for funding home-based early intensive behavioral intervention programs and end up funding them themselves, e.g., through remortgaging their homes (Byrne & Byrne, 2005).

Morris (2009) outlined some of the many obstacles that parents face if they want to employ ABA-based treatments for their children. In a scathing critique of the Fern Forman Lecture at University of Kansas (September 27, 2007) given by Morton Ann Gernsbacher (University of Wisconsin), he exposes the reasons for misrepresentations of ABA.

> What stunned me, … was how she reached her conclusions: She inaccurately represented research reviews, wrongly characterized applied behavior-analytic interventions, misleadingly appealed to history, inaccurately conveyed research designs, selectively omitted research results, and incorrectly interpreted intervention outcomes. (Morris, 2009, p. 208)

Opponents of ABA in Europe use similar tactics to dissuade governments from funding treatment (Jordan, 2001; Jones et al., 2008; Maginnis, 2007). Much can and has been said regarding misrepresentations of ABA in the civic or scientific community (Freeman, 2003), however, in this paper we address another

issue that is unequivocally linked to misrepresentation of science: the commercialization of science. When Governments and statutory services are wrongly informed and consequently do not embrace science, then those in need cannot access services within their community. Ultimately, the vacuum will be filled by other, usually commercial, service providers. Obviously, many such service providers of ABA are reputable and offer high quality services, however, the danger of the prevailing free-market philosophy is its potential for not being consistent with equality, social justice, responsibility, and human rights. It is acknowledged that generally, parents of children with ASD who receive ABA are very positive about the services provided (Dillenburger et al., 2004; Keenan et al, 2007). On the other hand, children whose parents do not receive free ABA-based services or who are not in a position to pay for such services are doubly disadvantaged; first they are diagnosed with ASD and then they cannot avail of effective treatment. In these populations confidence in special education provision is extremely low (Lamb, 2009).

When the availability of services depends on financial resources of parents, the science on which the treatment is based becomes a saleable commodity, or is viewed as a commercial product. The Minister of Education in Northern Ireland, for example, put it this way: "Applied Behaviour Analysis (ABA) is one of many commercially available interventions for children with autism" (Ruane, 2009). The consequences of a "science for sale" mentality is being experienced across a number of European countries. Figure 1 is a caricature of a situation where ABA (i.e., the applied branch of the natural science of behavior analysis) is considered something that can be bought "off the shelf." Customers (e.g., parents in front of the supermarket shelf) are faced with a decision about which "commercially available" product they should purchase; should they buy the science of ABA or a manualized program?

Obviously, a science is not something anyone can buy. A science is the accumulation of knowledge through the discovery of natural and/or social phenomena. The discoveries of science are usually disseminated through rigorously peer-reviewed journal articles and books and generally are taught in accredited, validated university level courses, not once-off training sessions. As such science is the property of everyone, i.e., you cannot buy biology, chemistry, or physics from a supermarket shelf anymore than you can buy applied behavior analysis; you can of course buy information about these sciences.

The issue addressed in this paper relates to the potential for free-market abuses, that is, the commercialisation of science with "a science for sale" mentality. Examples from three European countries illustrate conditions where individual service providers and profit making companies that are culturally in-

Figure 1. Science for sale.

sensitive are charging extortionate prices for services that are based on behavior analysis. Despite a growing awareness of parents that ABA provides the best possible outcome for their children, it is important to note that in Europe there is no legislation for behavioral services and there are virtually no ABA-based services provided by statutory bodies, neither through the health or social care sector nor through education. This means that parents have to pay for any services for their children out of their own pockets (unless they fight and win tribunals) (Byrne & Byrne, 2005). In this vacuum of statutory service provision, free-market proponents capitalise on the problems of these families, like so-called 'ambulance chasers', usually exhibiting a surprising level of naivety with regard to the detrimental consequences of their actions for parents, children, and the reputation of ABA. The detrimental effects are felt in numerous ways.

History of ABA in three European Countries

In Northern Ireland (NI), for example, despite the fact that the Irish chapter of the Association for Behavior Analysis International (ABAI) was established in 1978 (Behaviour Analysis in Ireland; BAI), there was a complete absence of any ABA-based treatments for ASD until, in 1997, a non-for-profit parent-based charity (Parents' Education as Autism Therapists; PEAT) was founded as the first organisation to promote ABA-based interventions for children with autism (Keenan, Kerr, & Dillenburger, 2000; www.peatni.org).

Since then, supported by behavior analysts from both local Universities, PEAT has run monthly parent training workshops free of charge; supervised many home programs; organised four international conferences; designed and produced a multimedia ABA training pack that has been translated into Spanish, German and Norwegian; and published two books (one translated into Japanese in 2005 and Hindi due 2011). PEAT was heavily involved in setting up a Masters course in Behavior Analysis at the University of Ulster and is contributing to the MSc in ASD at Queen's University in Belfast.

Against the backdrop of extremely strong opposition from Government departments (Maginnis, 2007; Ruane, 2009) and strong resistance of some established and influential autism charities, PEAT survived solely because of sustained input from highly motivated parents (Keenan, 2004) and some exceptional international leaders, in ABA, such as Gina Green, Bobby Newman, Bill Ahearn, and others, who offered their help free of charge. Charges for the design and supervision of home programs by PEAT are minimal while most other services are free for parents of children diagnosed with ASD. The recent development of SIMPLE STEPS, a multimedia training pack for parents and professionals, and its translation into European languages (i.e., German, Norwegian, and Spanish) means that this small charity is helping parents all over the world (PEAT, 2010). For the most part wages at PEAT are paid through fundraising and a small number of competitive grants and as such, while PEAT has offered these services for 13 years, there has been no job security for staff.

The influence of PEAT spread from Northern Ireland to the Republic of Ireland, where due to more flexible educational legislation and funding about thirteen ABA-based schools for children with autism (educating about 300 children) were founded by parents; during the same time frame there were no ABA schools in NI. Behavior Analysis Certification Board (BACB) accredited courses in ABA were developed at five Irish universities to train the staff for these schools and related services. Eleven further applications for ABA-based schools have been put on hold.

Recently, however, in an effort to secure sustainability for these schools, most of them have accepted a deal with the Department of Education and Skills on the premise that they should offer eclectic teaching and that only teacher-trained personnel can be employed to teach in schools. Thus, ABA professionals, most of whom have a background in psychology rather then teaching, now are to lose their role as main educators in these schools. This is despite the fact that most teachers are not trained sufficiently in the science of behavior analysis (Parsons et al., 2009). In effect, this may spell the end of science-based education in these schools, and parents in the Republic of Ireland who want to avail of ABA-based education for their children are back to square one.

In Italy, the emergence of behavior analysis can be traced to the late 1970s - early 1980s when Fred Keller and Sid Bijou (1984) visited Italy and disseminated (free of charge) their scholarship and humanity. Around the same time, "behavior modification" (Kazdin, 1978) was used as the basis of the first interventions of people diagnosed with developmental delay. The full story of the history of ABA in Italy is told elsewhere (Moderato & Presti, 2006; Moderato, 1998a, b; see also www.iescum.org). A quick sketch shows that since the second half of the 1980's a group of researchers became progressively more interested in interventions based on Skinner's analysis of verbal behavior (Gentile, Moderato, & Pino, 1992), rule governance and instructional control (Moderato, Presti, & Gentile, 1989), ecological approaches (Gentile, Moderato, & Pino, 1993; Moderato, & Pino, 1990), and interbehavioral contextualistic frameworks (Caracciolo, Moderato, & Perini, 1988).

In 1987 the Italian chapter of the Association for Behavior Analysis International (ABAI) was established; in 1994 the Italian Association of Behaviour Analysis and Modification hosted the Second Conference on Behaviourism and Sciences of Behaviour, where Fred Keller held his last speech; he died in the Spring of the following year. In 2001, the first ABAI Conference was held in Venice and in 2002 the *European Institute for the Study of Human Behavior* (IESCUM), a non-profit organization was founded with the support of an International Development award from the Society for the Advancement of Behavior Analysis (SABA). Subsequently, in 2003 the first conference of the newly formed European Association of Behaviour Analysis (EABA) was held in Parma and in 2007 the Behavior Analysis Certification Board (BACB) approved the postgraduate program in Applied Behavior Analysis run by IESCUM.

Despite these achievements, behavior analysis is not yet widespread in Italy, especially among child psychiatrists who are mainly trained in a psychodynamic tradition. There are only three BCBAs and one BCaBA in Italy, however, in the last two years IESCUM developed the Italian Model of Intensive Early

Interventions for Autism (MIPIA; Moderato, Presti, & Copelli, 2009), which integrates ABA-based treatments with dynamic systems theory (Novak, 1999), clinical behavior analysis, and ACT practice (Hayes, Strohsal, & Wilson 1999). One of the main aims of MIPIA is to bring Early Intensive Behavioral Intervention (EIBI) and other ABA-based methodologies out of private practice into the public school and into the National Health Service. For this purpose, IESCUM offers workshops and courses for parents at affordable prices and MIPIA offers home program packages as inexpensively as possible.

In 2005 the Italian Society of Child Psychiatry published guidelines for the treatment of autism, in which behavioral and developmental models were suggested as the gold standard, and early intensive interventions were strongly recommended. Recently, a Government Special Taskforce on Autism produced a final document that states:

> Within a philosophically consistent and scientifically-based framework, there must be an emphasis on the possibility and necessity of integrating interventions aimed at developing verbal and communication skills, increasing cognitive skills and empowering the person with autism.… This can only happen in a frame of cooperation among the three main agencies that take care of the child: family, school and health service. …As a priority there needs to be an effective relationship between the world of health services and that of education and school institutions. (Ministero della Salute, 2009; translation by Moderato for this paper).

A good applied science cannot ignore or neglect statements that define the policy of the interventions for persons with autism, particularly if, rather than being a transient short-lived fad, it is to offer a real and long-lasting, natural, effective and culturally integrated way of dealing not only with autism but also with many problems of society nowadays. The statement above shows that in Italy the time is ripe to enhance the dissemination of the science of behavior in the child psychiatry environment, but behavior analysts have to make an effort to establish seminal contacts with society more generally and not isolate themselves in private practice.

In Germany, ABA-based interventions were virtually unknown until recently the Health Technology Assessment (HTA) Agency, part of the Institute for Medical Documentation and Information (DIMDI), published a report concerning therapeutic interventions for autism that recommended that behavior analytic interventions ("based upon Lovaas program") were to be considered the most empirically evaluated early interventions in autism:

> Preschool children can achieve improvements in cognition and functional domains when treated with behavioural interventions with a frequency of at least 20 hours per week... There was no high quality evidence for other comprehensive early interventions. (Weinmann et al., 2009)

The erroneous view of ABA as "based on Lovaas therapy" rather than the other way around is only one of the problems in Germany because despite these recommendations the everyday reality of autism interventions looks very different. Most so-called autism therapy centres choose an eclectic, polypragmatic approach mainly based on therapist preference, i.e., every therapist does what he or she thinks might be useful. The evidence-based behavioral interventions recommended by the HTA agency are a rare exception and are often strongly rejected due to therapists' personal and ideological backgrounds. Most so-called autism experts adhere to psychodynamic theories of autism and there are no statutory ABA-based services. A very small number of service providers (approximately 2-3) offer ABA-based services at full cost to service users in Germany. Only recently, some universities and charities have started non-commercial ABA programs but can only care for a very small number of families.

Commercialization of ABA

The above examples are typical for Europe (except Norway where ABA-based services are enshrined in the law for children with ASD) and mirror the situation in most other places outside North America, i.e., the Middle East, Asia, Australia, South America etc. In most of these places free-market forces allow for unregulated commercialization of ABA to fill the vacuum of statutory ABA-based services.

The commercialization of ABA in Northern Ireland is at least three-fold. First, a number of individuals and companies that have their base abroad offer services (for example, Firm A). Firm A is based abroad (e.g., in USA or Australia) and sends staff to NI, to conduct assessments, diagnosis, and design and supervise home programs. Contrary to existing practices within their community, families have to pay entirely on their own for expensive services, plus flights, accommodation, etc. Needless to say, professionals from Firm A cannot monitor or supervise the minutiae of programs from abroad or be available for regular reviews. Yet, like anything for sale, sometimes parents are deceived by a higher price and a glossy brochure that gives the impression of high quality service, despite the fact that staff employed by Firm A oftentimes do not have the appropriate levels of training (i.e., many are not Board Certified Behavior Analysts; BCBA). Parents are not able to discriminate what constitutes relevant

training, either for themselves or in relation to the experience of professionals, and of course, only those parents who are relatively well off financially can afford to use the expensive services of Firm A.

Second, companies or institutes based abroad, some of whom are Board Certified Behavior Analysts, come to NI to deliver short courses (e.g., 1-5 day courses) or longitudinal courses that stretch over few weeks (e.g., Firm B). Commonly, Firm B sends a trainer to NI for a week or so, charging very high fees (e.g., $50,000 to $100,000 for a 3-4 day workshop). Even when divided by 20 course participants, these fees exceed the entire course fees for the local MSc in Behavior Analysis. According to participants of these courses, one particular Firm B even made claims that their courses are better than the local University-based BACB approved Masters course.

Firm B commonly provides certificates that are not professionally accredited or supported, yet established autism charities have supported Firm B over the years and local health boards have spent extraordinary amounts of public money sending staff on courses run by Firm B. Even more importantly, Firm B certificates create confusion in the public mind about "certificate" and "certification." People are left believing that they are the same and do not understand how internationally recognised BACB *certification* differs from non-accredited Firm B *certificates*.

Apart from the economic lunacy (i.e., public money from a deprived area in Europe is going abroad instead of being invested locally), the knock-on effect is that statutory education, social services, and health departments now claim that their staff members are being trained in ABA because they have attended short courses (Ruane, 2009). To compound the problems, some individuals who have taken short courses, now claim to have a certificate and/or are offering "ABA" training within their local organisations (Gladwell, 2010).

Firm C, has set up within NI and offers ABA-based services to parents who can afford to pay commercial fees. Firm C employs BCBAs and other therapists with lower levels of training in ABA. The advantage of Firm C is that the services provided are offered locally and can be supervised continuously. The problem is that only parents who can afford to pay commercial fees can avail of services offered by Firm C, and thus ABA seems available but too expensive to afford for most.

The situation in Italy is the same as that in Ireland. While there are a small number of families who have been willing to pay any sum of money for a service from Firm A or Firm C, the impression is cemented that ABA is a very expensive, though effective therapy for autistic children. So, in addition to the common

misrepresentations of behaviorism in general and ABA in particular, there is now a new label, *therapy for the wealthy* (Weinman, et al., 2009).

Unfortunately, as in Ireland, the selling of short courses from Firm B compounds the problem in Italy especially because scientific honesty usually is not a good sales pitch. It is simply not a good marketing strategy to tell parents and professionals that although they will be charged high fees for their course or interventions, the training or services they receive does not meet internationally agreed standards and certificates are not validated through established educational institutes, e.g., universities.

The situation in Germany is slightly different because of differences in legislation, i.e., there is legislation that the Health Care system (Gesundheit-swesen) has to pay for diagnosis but generally, with the exception of some specialized institutions, it offers no specific therapy or intervention. Local authorities and statutory bodies that are traditionally responsible for individuals with learning or physical disabilities treat children diagnosed with ASD in the same way as they treat their other clients. This means typically that two hours per week non-specific, eclectic intervention is the maximum offered to families of children diagnosed with ASD.

In contrast, the social care system (Sozialwesen) in Germany is organized on a local (Länder) level whereas the underlying law is a federal one (Bund). Strictly speaking, social care authorities are obliged to pay for all (scientifically recommended) services necessary for the treatment or improvement of a condition or disability.

> "Public Care for participation of persons with disabilities" states: (1) Participation is supported by all necessary measures that 1. avert a disability, ease a disability, prevent a deterioration or ease its consequences … independent of the cause of the disability …" (Sozialgesetzbuch, IX, 4, Phrase 1, translation by Röttgers for this paper).

From the juridical point of view intervention costs are not taken into consideration when decisions are taken. However, there is little or no exchange of information and knowledge between local authorities, and most of them are not in a position to judge the scientific base of an intervention. Thus, some parents initiate successful lawsuits against their local authorities that forces the authorities to pay huge amounts of money, whereas in another county, families who do not know about this situation and do not have either the time or competences to access the administrative court system just accept the "two hours per week of whatever" that is routinely offered.

Consequently, in Germany there exists a huge market of quacks and phony services for the families who are abandoned by the system, and a range of therapies are promoted, including Dolphin Therapy, Facilitated Communication, and medication (e.g., an organization called "Dolphin aid" claims to have "successfully treated autism" among other conditions: http://www.dolphin-aid.de/index2.htm and was even rewarded with an innovation prize by government authorities) (cf. Freeman, 2007).

Of course, some parents educate themselves about behavioral interventions on the internet, although if "ABA" is entered into a search machine in Germany, there is a query about the Swedish music group ABBA first, and then homepages of one of the very few commercial ABA service agencies may come up, who, like Firm C, offer services of very different quality and are frequently motivated by monetary gains, e.g., promise "recovery," if only the sum invested is high enough. In some cases, the fragmented care system in Germany even pays for these commercial agencies.

Cultural issues

The concerns raised above lead to some obvious questions in relation to the practices of Firms A, B and C: Is what they deliver an example of good science? Is their self-promoting behavior a measure of what the science of behavior analysis has to offer to a community? How much do these consultants know about the core values of the society in which they operate? Do they need to know anything? Can a science of behavior be successfully integrated into a society with no knowledge of its culture and values? Is it unfair to criticise firms who do not lobby governments to invest internally in training in ABA so that their services are no longer needed?

Behavior analysis is a science of values (Skinner 1971). There are three "loci" where it is particularly critical to be attuned to local values when it comes to ABA and autism: family, school, and national, statutory health and social care systems. As outlined above, family is the main context in which early interactions take place. But therapists and consultants need to know what "natural" means in the family context, not only for Natural Environment Training (NET).

Italian family life, for example, is very different from Anglo-Saxon/US family life. Behaviors within the family are very different both in topography and function. Many basic routines are different; the way of living, speaking, moving, eating, loving, expressing feelings and emotions are different, not better or worse, simply different. Professionals from Firm A or B, who come from abroad to Italy cannot possibly understand all the idiosyncrasies of Italian family life. The same is true for Germany and Ireland.

There is another important and pressing issue that affects countries where English is not the first language. For example, when professionals from Firm A come to Italy or Germany to consult with families they usually are on a very tight time frame (generally 2 days every 3 or 4 months) aiming to ensure that effective family programs are implemented. These time lines are far too short to support the wider application of ABA. In addition, however, unlike in Ireland, all these consultants need an interpreter to talk to parents and tutors. This means parents have to spend more money on additional fees for translation and crucial therapy time is wasted and decisive content may be lost to translation.

In relation to schooling too, there are wider cultural contexts to be considered. For example, the Italian school system is different from school systems in other countries, e.g., since 1977 all special education classes were closed and all children including those with sensorial, physical and learning disabilities now attend mainstream schools. Specially trained teachers support the learning and social inclusion for these children. The process of total inclusion differs in Italy from other countries, e.g., Northern Ireland and Germany, where while inclusion into mainstream schools is the aim, some special schools remain for children for whom total inclusion is not deemed to be suitable (yet). In Italy all children attend the same school. Obviously, some children including those diagnosed with ASD may need special training and activities before they can be fully included and profit fully from regular mainstream classes and as such full social inclusion can be a difficult and complex process.

In Germany there is a different double-challenge. First, behavioral interventions are not yet established as the gold standard in autism therapy. At the moment they are called "autismusspezifische Verhaltenstherapie," i.e., autism specific behavior therapy. Verhaltenstherapie (behavior therapy) has been an accepted form of therapy for a variety of diagnoses especially in clinical psychology/psychiatry for many years and is funded by the health care system. Therefore, if ABA-based interventions were accepted as medically necessary "autismusspezifische Verhaltenstherapie," funding would not be the big issue. However, the term "ABA" is hardly known in Germany, let alone defined correctly. At the moment most professionals working within the area of autism do not accept ABA as the basis of best treatment and parents are generally not accurately informed either.

Subsequently, in Germany there is no comprehensive network of professionals and institutions providing ABA-based services. Much resistance is to be expected because the self-defined experts without scientific evidence and empirical basis will not abandon their ideologies or markets easily. In the meantime, the health care system is intent on saving money by declining

responsibility for autism therapy. By stating that there is no therapy for autism, they shift costs to the social care authorities who are paying long-term facilities for untreated "cases" of autism instead of investing in ABA-based interventions that could prevent the need for costly long-term institutional care for many individuals.

Further evidence of cultural differences relate to the health care systems. The US system is based on private health insurance that in 2006, for example, meant that 47 million people were without health cover for at least part of the year (Johnson, 2007). In Europe, the idea of welfare and a "National Health Service" for all people was introduced after World War II. Therefore, if ABA were to be funded it would not be covered by health insurance but would have to be implemented by statutory bodies.

Consequences of commercialisation

The lack of statutory provision of ABA and consequently the commercialisation of ABA outlined above has a number of detrimental consequences. In Northern Ireland, the parent movement has been undermined because statutory bodies or traditional well-established autism charities are saying that ABA is available (through Firms A, B, or C), but is too expensive to be supported. Parents who can afford outside consultants are placated because their child is receiving services and they therefore see no need to join forces with parental campaigners. Thus potentially strong voices are silenced. This has had detrimental effects in the Republic of Ireland too, where nearly all ABA education centers had to give up their focus on ABA and instead take on an eclectic non-ABA focused stance in order to ensure continued governmental funding.

In Italy, lack of interactions with the public school system has lead to a resurgence of private special schools. These new private "schools" are for autistic children only using ABA-based procedures; they are not recognised as schools in the usual sense of the term, they are more like clinics. The result is that Early Intensive Behavioral Interventions (EIBI) remains out of the public school system.

This is a difficult conundrum because the demand for good services is high and the few available local, reputable consultants cannot fulfill the demand on their own. In the era of the global market there are no boundaries for delivering services, and the key issue is that children and families receive good quality service and interventions. But delivering services for autism is different from selling cars or refrigerators. Therefore, market economics and competition in this special market should follow special rules.

Unfortunately, as noted earlier, sometimes a higher price can give the impression of higher quality. Parents, of course, have the right to freely choose what they think is the best for their children. But how can they choose when they are not likely to be in a position to make informed scientific or professional judgments on what is really the best? Informed-parental choice has to be the long-term goal.

In Germany, fully trained and qualified behavior analysts are non-existent in the statutory sector and are urgently needed. In order to correct erroneous views of ABA (common are statements such as "ABA is a therapy that was developed by Lovaas" and "behaviorism was discredited") Germany needs training courses at University level. The dilemma is that there are only very few BCBAs (n=4), so at this moment in time Germany depends on BCBAs from other countries who do not abuse the local vacuum and a small group of autism-specialized behavior therapists with a medical or psychological background. Until now, the BCBA system is not formally compatible with academic psychotherapy training in Germany.

The damage that the complex web of commercialization is doing to behavior analysis is untold. This is especially serious when even the British Psychological Society (BPS) gets confused. Recently, the BPS was asked to review misinformation on ABA in NI government reports. These reports typically do not include behavior analysts in the writing teams and therefore include numerous mistakes, e.g., in their definition of ABA etc., that could be very easily corrected. To the dismay of local behavior analysts and parents, the BPS review team also did not include any behavior analysts and consequently did not correct any of the mistakes. The European Association for Behaviour Analysis (EABA) as well as the chairperson of PEAT asked the BPS for meetings to no avail and when asked by a member of the Northern Irish Assembly, the BPS refused to meet or comment any further.

> As far as the Society is concerned correspondence in this matter is closed. (Gardner, 2009)

Most recently, parents in Scotland were more successful in addressing the misrepresentation of ABA in a new government-sponsored Toolbox on Autism. With the help of a solicitor, some guidance from behavior analysts and the EABA, mistakes were formally identified and exposed publicly as erroneous, based on outdated literature, and in need of revision; the report was subsequently withdrawn, thus exposing the fact eminent ASD experts got ABA wrong! It goes beyond the objectives of this paper to discuss the audacity of some ASD specialists who simultaneously set themselves up as ABA experts when it comes

to writing government reports, but they exist! In relation to the current paper, a familiar question arises: If parents in Scotland were to be successful in opening the doors to ABA, does this mean they may be simply preparing the market for more unscrupulous ABA professionals who, like Firms A, B or C simply want to make a quick buck and care little about participating with local communities struggling to build infrastructures for the future of their children?

Call to action

> It doesn't cost anything to tell the truth. Even if the Government cannot fund optimal support, it ought at least to be honest about what optimal is. If intensive, one-on-one ABA education is the ideal, then more affordable steps can be identified toward that ideal. … ABA advocates need to get serious about cutting the cost of implementation. (Durkin, 2010)

People are free to market their skills and when what they market are skills promoting evidence-based practice so much the better for the advancement of behavior analysis. However, it has been our collective experience that problems arise when the goal of making money appears to be higher on the list of priorities than the ethical promotion of behavior analysis. The goal of making a quick buck at the expense of damaging the image of our science around the world is a behavior that needs to be addressed. But who is going to do this? Ethical guidelines alone are insufficient when what is done is hidden from inspection in a far off country, away from the scrutiny of the organisations that draft ethical guidelines, and in a variety of different languages. Figure 1 captures another aspect of the problem addressed here and it also poses a question. If behavior analysts prioritise the promotion of branded versions of autism treatments does this mean that they don't see the need to promote ABA? If they don't see the need to promote their science as ABA, then why should others care about investing in this science? Why should those who obstruct the uptake of ABA in a community care about correcting the category mistake shown in Figure 1 when behavior analysts arrange contingencies to make it likely that the mistake happens in the first place?

As a simple act of countercontrol, we propose that a declaration be signed by all those with vested interests in the application of the science of behavior in the treatment of autism. We can either pull together to have behavior analysis recognised for its successes in the treatment of autism, or we can persist in strategies that impact negatively in the uptake of a science of behavior. If there is a common goal to promote the development of Applied Behavior Analysis in

other countries, then we suggest here some behavior in the form of a declaration that would help to make this happen. Below we have penned the first few lines of such a declaration. We put it on the table, so to speak, to stimulate discussion and to see where the interests of professionals really lie. Can we produce a declaration and have it signed by all concerned? Or has the behavior of marketing particular brands gathered so much momentum it is now impossible to stop?

The declaration …

> We agree that the promotion of the science of Applied Behavior Analysis is more important than the promotion of otherwise 'branded' ABA-based procedures, companies, institutes, or …. If there is evidence of a mismatch between our written declaration and our behavior in practice, then we will voluntarily correct the mismatch in such a way that it meets with the approval of our peers and ensure that it does not adversely affect efforts to bring ABA to local communities.
>
> Signed…….

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