

Editor's Notebook: Bernard Rimland, Ph.D.**The ABA Controversy**

I am a long-time and ardent supporter of what is now called the "ABA" (Applied Behavior Analysis) method of teaching autistic children.

I remember very clearly the day in October 1964—35 years ago—that I first visited Ivar Lovaas in his clinic at UCLA. I met the autistic children Billie, Rickie, and Pam, who resided there. Their speech was sparse and stilted, but the children were miles ahead of where they had been when they were filmed (this was before videotape) at intake. I spent the day with Ivar, and came away impressed. I returned home and started using "operant conditioning" with my then eight-year-old son Mark. He, too, began to improve.

A year later, in November 1965, I spoke to a group of parents in Teaneck, New Jersey, a suburb of New York City, and proposed that we start a national organization, the National Society for Autistic Children (now the Autism Society of America) dedicated to *helping*, not just baby-sitting, our children. The talk I gave was titled "Operant conditioning: breakthrough in the treatment of mentally ill children." (I said "mentally ill" because few were aware of the term "autism" then.) I traveled to city after city, giving the "Breakthrough" talk and starting a new chapter of the society in each city. My "Breakthrough" talk was translated into many languages in the '60s and '70s, and helped educate parents and educators around the world.

In 1987, when Lovaas' landmark study of ABA was published, we featured it in the ARRI. I wrote dozens of letters of support for parents who wished to obtain ABA for their children, and in ARRI Vol. 8, No. 3, in 1994, I published a generic letter of support (copies available on request) which was helpful, I'm told, to innumerable families fighting to get ABA for their children.

As a long-time advocate and supporter of ABA, I take a back seat to no one.

Having said that, I must tell you that I am dismayed and appalled at the ludicrous position taking by many other supporters of ABA, who claim that ABA is the *only* scientifically validated treatment for autism. Not so! That position is not only false, it is absurd. Believe it or not, the Early Intervention Program of the New York State Department of Health has published a series of Clinical Practice Guidelines which makes that claim.

Considering the weight of scientific evidence, there are several treatment approaches which clearly meet the criterion of scientific validation, and of these, at least two surpass ABA in terms of scientific supportability. I will confine my comments here to the treatment modalities which most clearly exceed ABA in terms of level of scientific support

It is a major mistake to think of ABA as being competitive with, rather than complementary to, many other interventions, particularly such biologically based interventions as vitamin B6 and magnesium therapy.

(not necessarily in terms of percentage of children helped, nor in terms of the degree to which they are helped, but only in terms of weight of scientifically valid evidence that the treatment effect is *real*).

The New York State Guidelines, which recommend ABA as the only effective treatment, explicitly reject vitamin therapy, gluten- and casein-free diets, anti-fungal treatment, auditory integration training, sensory integration, and many other interventions.

The Lovaas 1987 study, the centerpiece of the ABA early intervention movement, attracted a great deal of attention because it employed a control group of more-or-less equally impaired children who were given less intensive (fewer hours per week) treatment. This represented an important advance in methodology over no control group at all (the usual approach), but the study did not employ double-blind procedures. Those involved in the study knew how intensive the treatment was for each child. I am aware that it would have been exceedingly difficult, if not impossible, to develop a double-blind evaluation of intensive ABA treatment, but that does not change the fact that a double blind was not used. The results were thus to some extent contaminated by participant bias and expectancy.

Further, all of the methods of measuring the effect of the treatments were to some degree subjective—and a source of error. No study of the effectiveness of ABA has used double-blind procedures or scientific laboratory analytical equipment.

In contrast, of the 18 studies showing vitamin B6 and magnesium to be effective, 11 employed the double-blind procedure. Further, in addition to using soft behavioral and observational criteria such as were employed in the ABA evaluation studies, 10 of the studies of B6 and magnesium measured the presence of abnormal substances in the blood and urine of autistic children, and found the B6/magnesium to have improved the children's metabolism. Five studies of B6/magnesium in autism have shown normalization of brainwave activity in the autistic children. These are hard, objective, measurable, scientifically replicable findings. Show me the equivalent of such solid scientific evidence in the ABA literature. It is absent.

The situation is similar with regard to the efficacy of the casein- and gluten-free diet. Study after study has documented the presence of abnormal substances in the urine of autistic children, with improvement in the children's urine and in the children's behavior when the special diets are implemented. There are over 40 such studies, yet the New York State report claims the diets are ineffective. Very strange.

Recently an organization has been formed with the title Association for Science in Autism Treatment (ASAT). Their literature espouses the same nonsensical, counterfactual position as the aforementioned New York State report: ABA is the only scientifically valid intervention for autism. Their position is indefensible: it requires a distorted view of what science is all about, as well as a willingness to ignore all relevant evidence.

The "ABA is the only way" folks are wrong, not only because of their lack of information about research on the validity of other interventions, but because of their failure to recognize that parents have a right and an obligation to consider all possible forms of intervention, including those which may not yet have won the stamp of approval of whatever person or committee feels qualified to pass judgment on candidate interventions.

A case in point: ABA itself. I can't help but wonder how the ABA-only folks would view my efforts to have ABA accepted between 1964 and 1987. Though there were no control group studies, and certainly no double-blind studies to point to, the evidence was clear enough to compel me to fight for ABA. Should I have abandoned my efforts for more than two decades while waiting for a control group study to appear? I'm glad I didn't.

It is a major mistake to think of ABA as being competitive with, rather than complementary to, many other interventions, particularly such biologically based interventions as vitamin B6 and magnesium therapy. For years, our publications have urged parents who are about to undertake megavitamin therapy to refrain from mentioning the new intervention to teachers, therapists, grandparents, sitters, etc., so they would be able to obtain objective input from these "blind" observers. Each such case is a mini double-blind single-subject experiment. We have heard from hundreds of parents who have reported, "Our therapist, who did not know about the B6 we started last week, said our child has made more progress in one week than in the prior three months" (see letters sections in back issues of the ARRI).

If you really want to be scientific, do a mini double-blind trial on your child.