

## **Divergent Statistics: Consideration of Presented Research**

Matthew P. Larson

Transpersonal Wilderness Therapy, Naropa University

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### **Author Note**

Notes for a 5-10 minute presentation on a single or on multiple statistics that relate to psychology and the practice of psychotherapy.

1. What are the statistic(s)?
2. Why are these statistics of interest to you?
3. What are the therapeutic implications of these statistics?
4. How will these statistics influence your work as a psychotherapist?
5. What biases may be present with these statistics?
6. What information could be lacking in these statistics?
7. How could these statistics be misinterpreted and used incorrectly?

## DIVERGENT STATISTICS

### **Divergent Statistics: Consideration of Presented Research**

The U.S. Department of Defense seemed dubious of their own study results showing year over year data with 76% of ABA cases resulting in no change, an additional 9% with worse results, yet they expressed nothing describing the modality in a negative light in the referenced quarterly report to Congress (Stewart, 2019, p. 10). These research priorities are not established by a global minority of autistic people (many of whom are parents). Autistic people have been freely offering help to (warrior) parents of autistic children only to be unironically rejected as not autistic enough to have a voice in the conversation. Less than 4% of all autism related spending by the dominant organization driving relevant research was devoted to subjects addressing concerns actually supported by the autistic adult community (Bascom et al, 2012, p. 272). Consider the relevant, and disappointing, makeup of Autism Speaks leadership in the year 2013: "Of the thirty-three board members, twenty-five were white men and only one board member was a person of color. All board members, of course, were nonautistic" (Yergeau, 2018, p. 158).

Statistics such as these captivate my attention because I am a member of the lost generation; for decades, diagnostic criteria designed with good little white boys as normative behavioral targets have been in use. The biases of the early pioneers in autism research resulted in missing huge swaths of non-white and non-male people in the process. For those privileged with access to diagnosis and treatment, the primary option (and often the only option billable to insurance) is ABA. In the years since my diagnosis, I've received zero help from autism adjacent organizations beyond suggestions to obtain occupational therapy and attend rare meet-ups with other autistic adults. These spaces are overrun with advice that ignores wisdom collected within autistic community.

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The therapeutic implications are clear: as an industry, in the USA, we're doing it wrong. An overwhelming majority of the 16,000+ participants in this study, when judging by the sample sizes (which range between 500-700+ in each report citation), have not been shown to benefit from ABA and similar numbers appear to have been helped as those that could be described as harmed by these practices.

I plan to continue actively opposing ABA and other behaviorist interventions for divergent populations. Systemic oppression, wrapped in labels of "evidence-based" practices, encouraging the ongoing internalization of oppressive viewpoints is not something I can silently witness any longer. Autistic academics and clinicians across the globe stand ready with alternative approaches that are already showing promising results. This moment presents all of us with an opportunity to act in direct service of the disability rights motto: *nihil de nobis sine nobis* ("Nothing about us, without us!"), in continuing to explore and support neuroqueer theory.

Some of the bias present in these statistics has already been mentioned, but a direct quote may drive the point home:

In summary, the Department is committed to ensuring military dependents diagnosed with Autism Spectrum Disorder have timely access to medically necessary and appropriate ABA services (Stewart, 2019).

This is a position entirely incongruent with the data included within the preliminary reporting. The conclusion of this study is scheduled for December, 2023, and I look forward to reading about how therapies which show a net neutral result after years of analysis could possibly remain in consideration as "medically necessary."

Missing entirely from Department of Defense analysis is consideration of autistic perspective. Neither the participants, nor autistic professionals appear to have been consulted in

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any way. This report acknowledges that ABA research has yet to establish dose/response relationships with regard to patient needs or service recommendations (Stewart, 2019, p. 6).

ABA, especially in this study, is proving out to be similarly effective as an average placebo in best case scenarios. Autistic academic literature, studies, and autobiographies, reveal this industry as providing almost entirely negative outcomes.

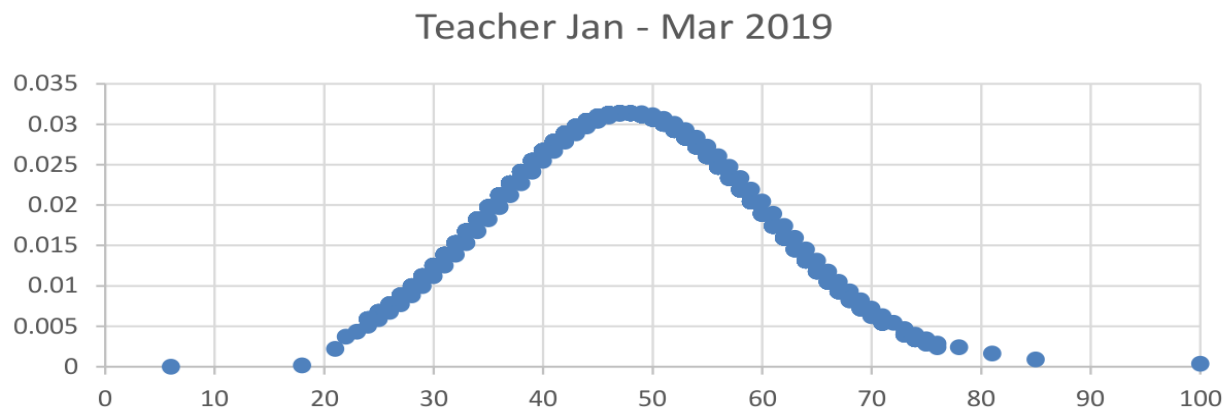
If one were to focus only on the percentage of improved case outcomes reflected in Figure 3, it might be possible to convince consumers of the need to continue funding ABA clinics. Similarly, one might argue that the high degree of interrater reliability between parent (Figure 2) and teacher (Figure 1) evaluations shows that the research team is onto something (Stewart, 2019, p. 11). While this lends support to internally developed instrumentation, it also ignores lived experience of ABA survivors, autistic-led research, and the very well-documented cultural divide between autistic adults and the research community at large.

## References

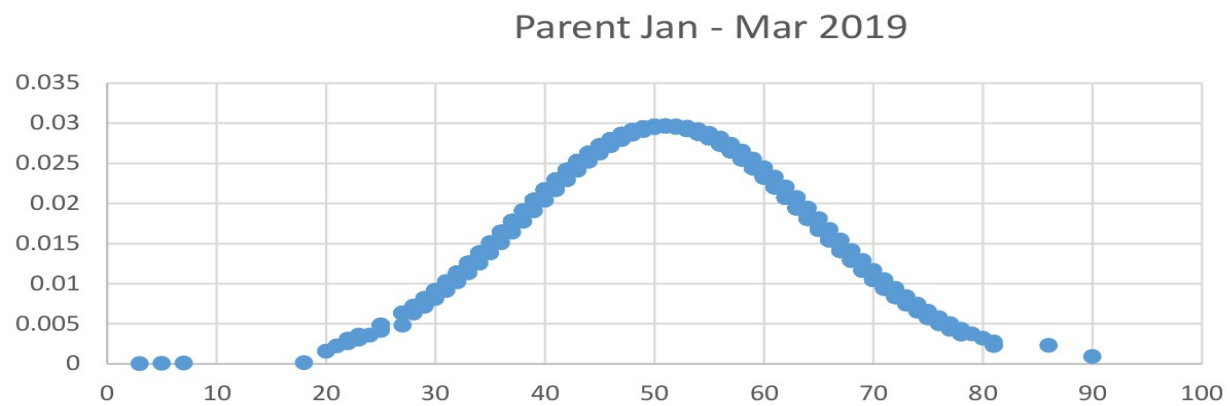
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## DIVERGENT STATISTICS

**Figure 1**



**Figure 2**



**Figure 3**

