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CURRENT EDUCATIONAL AND SOCIAL ISSUES ASSOCIATED WITH
PPM 140 AND THE SUCCESSFUL INCLUSION OF CHILDREN WITH
AUTISM SPECTRUM DISORDER IN REGULAR CLASSROOMS

By

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Abstract

In 2007, the Ontario Ministry of Education mandated through Policy Program Memorandum No. 140 (PPM 140) guidelines on the use of Applied Behaviour Analysis (ABA) in public schools to assist in the education of students with Autism Spectrum Disorder (ASD). The literature suggests that while PPM 140 appears to be a much needed step towards the availability of ABA for all students with ASD, lack of provincial regulation of ABA, teacher training, resources, and funding continue to challenge the full realization of this policy. Students with ASD remain at risk of inadequate therapy and educational remediation, impeding their successful transition to regular classrooms. It is suggested that although PPM 140 has the potential to provide interim and long-term benefits, further research is necessary regarding the provision and regulation of ABA in Ontario, the effects of PPM 140, and existing social and cultural attitudes regarding 'disability'.

Current Educational and Social Issues Associated with PPM 140 and the Successful Integration of Children with Autism Spectrum Disorder into Regular Classrooms

In 2007, the Ontario Ministry of Education mandated guidelines on the use of Applied Behaviour Analysis (ABA) to assist in the education of students with Autism Spectrum Disorder (ASD) in the public school system (Policy Program Memorandum No. 140 - PPM 140) (Ontario Ministry of Education, 2007). While the guidelines have been gradually implemented with some success, this process has been riddled with obstacles and setbacks. Realization of the guidelines has been inconsistent throughout the province, allowing PPM 140 to become subject to interpretation (Ontario Ministry of Education, 2007; Pearce, 2008, p. 5). The capacity of PPM 140 to deliver relevant ABA to persons with ASD within the school system is not being fulfilled. The intent of the policy has been diluted due to the lack of provincial regulation of ABA and oversight to provide supervision for qualified professionals delivering ABA within the school system.

Literature and research suggests that current educational and social issues related to PPM 140 may be relevant to the successful participation and total inclusion of persons with ASD in regular classrooms. As school is the medium through which students become contributing members of society, the curricular implications for children with autism and related disabilities must be fashioned to their specific educational needs. However, discriminatory attitudes towards disability prevail in current educational discourse.

This paper takes an interdisciplinary approach to explore the following question: Based on literature, research, and commentary, what are the current educational and social issues associated with PPM 140 and how are these relevant to the successful participation and total

inclusion of persons with autism and related disorders in regular classrooms in Ontario public schools? To begin, I first explain the use of an interdisciplinary research approach, outlining the disciplines relevant to the paper topic. Next, I provide an overview of current studies, integrating the findings using a Social Theory of Disability framework. I then demonstrate how the current research related to PPM 140 may be correlated to successful inclusionary practices in regular classrooms. Finally, I suggest possible remedial courses for action. A comprehensive examination of the issues surrounding PPM 140 may assist in exposing the need for more relevant and meaningful educational practices for persons with ASD.

A Case for an Interdisciplinary Approach

Interdisciplinary research enables the researcher to explore a complex problem using any theory (or theories), including the application of any relevant disciplinary insights (Szostak, 2012, p. 4). Using an interdisciplinary process for the purposes of the paper permits for the removal of disciplinary constraints which may promote partial considerations (p. 4). The social and educational issues surrounding PPM 140 are multifaceted, requiring the synthesis of information from a variety of sources and fields.

Although Allen Repko offers a ten-step process for interdisciplinary research (as cited in Szostak, p. 4), research may still be considered interdisciplinary as long as the researcher adheres to at least one component of the process (Newell, 2012, p. 302). Drawing from several disciplines (including behavioural sciences, education, and social and disability studies), the literature review in this paper transcends disciplinary boundaries.

As noted in Repko's process, integration of findings may take several forms (Szostak, p. 15). Synthesis of the research suggests practical implications for the study of PPM 140 and related inclusionary practices, such as lack of provincial regulation and oversight. Review of the

literature suggests that qualified professionals and regulating bodies are not required to manage ABA within the school system. Students with ASD remain at risk of derisory therapy and educational remediation, impeding their successful transition to regular classrooms.

The application of a Social Theory of Disability framework provides a theoretical understanding for such practical implications. The Social Theory of Disability is based on the premise that ‘disability’ is socially contrived – constraints are defined by past and current cultural and socio-political interpretations of ‘normal’ and deviations therein (Reid & Valle, 2004; Springgay & Freedman, 2007; Shakespeare, 2005; Titchkosky, 2003). Current findings on ABA and PPM 140 will be interpreted using this framework to demonstrate such theoretical implications. This paper, therefore, seeks to not only discover complications surrounding the successful delivery of relevant ABA practices within the school system; it also provides a social and cultural context for further understanding.

What the Literature Suggests

Behavioural Sciences

Research suggests that behavioural therapy (based upon the scientific principles of Applied Behaviour Analysis) remains the most effective form of treatment for individuals with ASD. ASD is the most commonly diagnosed developmental disability and is characterized by a variety of negative social behaviours, including: difficulty initiating and maintaining social interactions, communicative impediments, and the presentation of repetitive behaviours and unusual interests (Offord Center for Child Studies, 2007; Newschaffer & Curran, 2003, p. 393; Norris, Paré, & Starkey, 2006; Perry & Black, 2003, pp. 205, 208). As other disorders are often comorbid with ASD, successful treatment is often interdisciplinary in nature; however, behavioural therapy (i.e. ABA-based) remains “the only treatment that has been empirically

demonstrated to be effective for children with autism” (Offord Center for Child Studies, 2007; Norris, Paré, & Starkey, 2006; Perry & Black, p. 205). Borrowing upon the scientific principles of respondent and operant conditioning, ABA-based therapy is a technique that involves the manipulation of environmental variables so as to increase the probability of occurrence of desired behaviours and decrease the probability of undesired ones (Baer, Wolf, & Risley, 1968; Cooper, Heron, & Heward, 2007, pp. 15, 16). While variations of therapeutic interventions have surfaced since the introduction of ABA, their form, function, and content parallel this behavioural model (Perry & Black, p. 212). Although current research demonstrates the continued efficacy of ABA, further examination implies gaps in implementation, namely lack of provincial regulation and governmental initiatives for funding and research (Ontario Ministry of Youth and Child Services, 2011; Pearce, 2008).

As the success of ABA has been empirically demonstrated (and the only non-pharmalogical treatment¹ thus far to be scientifically validated), it is astonishing that the application of ABA and related therapies remains unregulated in Ontario. In the United States, the provision of ABA-based therapies is regulated by the Behaviour Analyst Certification Board (BACB). While certification under the BACB is recognized in Ontario, the province has failed to establish similar standards (Behavior Analyst Certification Board, 2010; Ontario Ministry of Youth and Child Services, 2011). Although ABA service providers practicing in Ontario may receive certification from the BACB, there is limited data on the number of providers who have been certified or are currently seeking certification. While research suggests the importance of

¹ Research reveals a shift in society’s perception regarding the use of medications in children with ASD, revealing that psychotropic medications are more commonly prescribed to this population than previously thought, with just as effective results as ABA-based therapies. With the prevalence of ASD on the rise and lack of quality control for ABA-based therapies, the field of autism has a promising outlook for the highly regulated and multi-billion dollar industry of pharmaceuticals (Jensen & Sinclair, p. 45; Nickels, Katusic, Colligan, Weaver, Voigt, & Barbaresi, 2008; Norris et al., 2006; Perry & Black, p.208; Wong & Smith, 2006).

governmental regulation in the treatment of autism, there are several impediments to provincial regulation (including overlap of credentialing with psychology) (Jensen & Sinclair, 2002, pp. 43, 45; Moore & Shook, 2001; Shook & Favell, 2008; Shook & Neisworth, 2005). As such, governmental initiatives regarding the regulation of ABA-based therapy are uncertain, permitting children with ASD to remain at risk of inadequate therapy.

Despite a lack of regulation, the government of Canada does provide limited amounts of funding to therapeutic centers and families for the provision of such therapy. Currently, federal funding is provided to the “provinces and territories who then distribute it through their health care systems to meet identified priorities” (Norris et al., 2006). Despite this monetary provision, funding is restrained, resulting in short-term subsidized therapy and growing waitlists. Although parents and disability activists have been diligent in demanding increases in government funding, research, and therapeutic support, persons with ASD remain an overlooked group.

Educational Studies

The Ontario Ministry of Education introduced PPM 140², potentially enabling students with ASD (regardless of their funding status) to receive ABA-based instruction within the public school system (Ontario Ministry of Education, 2007). PPM 140 establishes guidelines on the use of ABA in classrooms, emphasizing a team-based approach to further assist in effectively teaching children with ASD (Ontario Ministry of Education, 2007).

PPM 140 provides two requirements to school boards: first that “school boards must offer students with ASD special education programs and services, including, where appropriate, special education programs using ABA methods”, and secondly, that “school board staff must

² In Ontario, the public school system is regulated by the Ontario Ministry of Education. Through the Education Act, the Ministry provides directives to school boards and school officials, operating within the legal contexts of the Canadian Charter and the Ontario Human Rights Code (Ontario Ministry of Education, 2001, pp. vi, A5, A7, B4). In order to reflect governmental, societal and research-based trends, the Ministry institutes amendments through Policy/Program Memoranda (Ontario Ministry of Education, 2001, p. A5).

plan for the transition between various activities and settings involving students with ASD” (Ontario Ministry of Education, 2007).

The policy, reflecting the needs of children with ASD and the increase in empirically-based research regarding the efficacy of ABA, has the potential of supporting great numbers of children with ASD (including those on the waitlist for provincial funding). However, literature suggests that PPM 140 lacks direction in regards to determining appropriateness of ABA methodologies, allocation of resources and funding, teacher training, collaboration, and quality control (Ontario Ministry of Education, 2007; Pearce, p. 6). For example, professionals and teaching staff knowledgeable in ASD and/or ABA methodologies are not required to contribute during Independent Placement and Review³ meetings, during creation of the Individual Education Plan⁴, or assist in the implementation of or oversee separate ABA-based programs (Ontario Ministry of Education, 2001, pp. C6, D4-5, D7-9, D12, E12, Section E; Pearce, p. 6). Research indicates that even small amounts of teacher and staff preparation may increase awareness and understanding of ASD, use of ABA strategies within the classroom, and lessen the overall stress associated with integration of students with ASD in regular classrooms (LeBlanc, Richardson, & Burns, 2009). Although government initiatives have been put in place to assist with teacher training, school officials retain discretion concerning the quantity and nature of ABA training, the establishment of in-school support teams, and the allocation of

³ Identification, Placement and Review Committees (IPRCs) determine: 1) the students strengths and needs (including the necessity of ABA programming); 2) whether the student meets the criteria for exceptionality and requires an IEP; and 3) the placement of the student (i.e. regular classroom, regular classroom with support, special education classroom, etc.) (Ontario Ministry of Education, 2001, pp. D4-5, D7).

⁴ An IEP is a document that describes the student’s strengths and areas of need, the special education program that will be implemented including strategies and modes of delivery, the resources that will be utilized, and an explanation of how the student will be assessed (Ontario Ministry of Education, 2001, p. A16). Principals are required by Regulation 181/98 to ensure that an IEP is created for any student that is defined as exceptional (Ontario Ministry of Education, 2007). An exceptional student is any student that displays behavioural, cognitive or physical deficits that affect his/her ability to function within the school system (Ontario Ministry of Education, 2001, p. A3).

provincial resources and funding for ABA-based and related special education programs (Ontario Ministry of Education, 2001, pp. C6, E12; Pearce, p. 6; Naylor, 2001).

Despite the fact that PPM 140 is intended to have a direct impact on students with ASD, parents remain the ultimate advocates for the continued sustainment of equitable and effective educational practices. Although little research is available regarding the actual implementation of PPM 140, several studies have been conducted regarding parents' perceptions on the use of ABA methodology in their autistic child's classroom. The studies demonstrate that parents are, on average, more satisfied with their child's schooling when ABA methods are incorporated. However, parents remain concerned that a lack of training, communication, and resources limit teachers' abilities to effectively implement ABA methods in the classroom and manage maladaptive behaviours associated with ASD (Dillenburger, Keenan, Doherty, Byrne, & Gallagher, 2012; Starr & Foy, 2010). In 2008, Autism Ontario surveyed parents of students with ASD regarding the specific implementation of PPM 140 in their child's school (Weiss, White, & Spoelstra, 2008, p. 6). The study suggests that parents are concerned with the amount of ABA that has been incorporated into their child's special education program, including lack of appropriate ABA methodology, teacher training, resources and collaboration since the implementation of PPM 140 (pp. 7-8, 10-11). This demonstrates that while PPM 140 is making progress in the integration of ABA in schools, effective ABA planning, incorporation of ABA practices into IEPs, staff training, correct utilization of ABA approaches, and an increase in collaborative methods are still required (pp. 6, 13). Until this occurs, the inconsistency between what is mandated by PPM 140 and what is actually practiced will continue.

Social and Disability Studies

In addition to the disconnect between the efficacy of ABA and the actuarial management of ABA in the classroom, an examination of social and disability studies further reveals a divergence between the medical model and the social model of ‘disability’. The medical model highlights that through diagnosis, persons with disabilities are labeled and objectified, furthering the distance between the ‘disabled’ and ‘able-bodied’ (normal) population (Gillman, Swain, & Heyman, 1997). The intended dislocation of persons with disabilities from mainstream society helps to preserve the status quo (Snyder & Mitchell, 2006, p. 5). ‘Disability’ is denoted as a personal problem rather than a cultural and sociopolitical issue, with treatment resting with the individual (Gillman, Swain, & Heyman, 1997; Snyder & Mitchell, pp. 5, 71; Titchkosky, pp. 13, 50, 131).

The social theory of disability, however, maintains that the parameters of ‘disability’ are socially defined, shifting with social and cultural perceptions regarding ‘normal’ (Reid & Valle, p. 477). These parameters are created by and influence society, telling current and future generations what ‘disability’ is, the preconceptions surrounding ‘disability’, and its place within mainstream (nondisabled) society (Springgay & Freedman, p. xxiv; Titchkosky, p.47). This separation and continued objectification of persons with disabilities only serves to reinforce their low rank in society (Reid & Valle, p. 477). According to this model, ‘treatment’, or the resolution of unfair segregation of the ‘disabled’, is not a personal problem; rather, it is a ‘social problem’ requiring a shift in cultural and social attitudes.

Integration of Findings using Social Theory of Disability

According to Social Theory of Disability, the notions upon which the concept of ‘disability’ and ‘normal’ are based (mainstream ideologies, beliefs, and norms) are dynamic, influenced by cultural, religious, political and educational trends. ‘Disability’, objectified and

ranked as inferior to ‘normal’, has come to be viewed a syndrome in need of treatment.

Although treatment provides for some the possibility of integration into mainstream society, it, at most, teaches the population how to manage their disability. Treatment, however, does not necessitate successful transition into or acceptance by mainstream society, including the removal of labels and stigmas. The various strategies that exist to assist with such transitions (i.e. diagnosis, treatment, rehabilitation and various pragmatic accommodations) ultimately provide a course for change with the individual, not society.

Individuals with ASD fall into this category of ‘disabled’ and, therefore, ASD is viewed as a condition in need of remedy. ABA and other therapies ultimately exist for the purpose of individual remediation – they do not provide recourse for societal integration and acceptance. Research in autism appears nearsighted, focused on determining the best therapeutic method to eradicate all indications of the disorder, rather than the reformation of the social constructs regarding persons with disabilities. As such, ASD is regarded more like a disease, of which there is no cure, rather than a developmental disorder. Even if a child receives therapy (behavioural, biomedical, or pharmacological), it cannot be guaranteed that he/she will ‘recover’ (Perry & Black, p.212). As the diagnosis of autism is on the rise, it would be prudent to alter social norms to accommodate this growing population. Perhaps a shift in the discourse needs to occur – from best individual treatment to best methods for successful integration, acceptance, and inclusion in society.

Initiatives such as PPM 140 have the potential to effectively accommodate such populations – with the intention of enabling children with ASD to receive a meaningful education alongside their typically developing peers. In February 2007, a report from the Ontario Ministers’ Autism Spectrum Disorders Reference Group was made to the Minister of

Education and Children and Youth Services recommending a variety of strategies for the successful educational development of children with ASD. The report suggested increases in funding for teacher and educational assistant training, increases in funding for the Council of Ontario Directors of Education (CODE) to support school-board projects to “enhance system capacity and support better achievement for students with special education needs” (p. 13). It also recommended increases in funding so that the Ontario Psychological Association may assist to “improve instructional practices, to work with school boards to reduce current wait times for students who require assessments, and to enhance the capacity of teachers to provide effective programs for students with special education needs based on assessment information” (p. 13). While PPM 140 and the addition of these supervisory boards may assist in improving the quality of education for students with autism, research suggests that lack of training, resources, quality control and ongoing program maintenance has practically eroded the benefits of these strategies.

There are obvious flaws with current educational practices. However, remediation requires more than a reorganization of curricular goals - it requires a transformation in sociopolitical agendas. Perhaps PPM 140 and its related initiatives provide a misconception that society is progressing towards fair practices, such as the accommodation and inclusion of disabled individuals, as a way to appease social activists and the public. The Ontario Ministry of Education fails to provide continued governance over the provision of ABA and related behavioural therapy, while the other provincial governments seem to disregard the need for the regulation of ABA services in Canada. The expedient approach taken by the Ontario government towards the modification of the education system reinforces the idea that “the doing of ‘little things’ for disabled people reflects their assumed value – their value is so minimal that ‘little things’ are all that is required to be done” (Titchkosky, p. 119). However, while

government intention and actuarial long-term benefit of such initiatives are debatable, it has to be recognized that the government is providing accessibility of ABA through educational strategies, initiatives, and funding.

Correlation to Successful Integration in Regular Classrooms

Until the 1970's it was common practice for children with disabilities to be segregated from their peers in public school settings (Goodman, Hazelkorn, Bucholz, Duffy, & Kitta, 2011, p. 241). Taught separately in special education classrooms, students with disabilities were regarded as defective individuals who required remedial education (Reid & Valle, p. 478; Titchkosky, p. 131). Not 'fitting in' or being able to achieve standard curricular targets was seen as a personal dilemma and not considered part of broader curricular and societal issues (Reid & Valle, p. 467). Historically, funding was allocated to schools for the purpose of remediation at the individual level rather than at the organizational level. The goal of segregated teaching was not to integrate students into general classrooms, but to prepare disabled students for entry into society so that they could fulfill their role as contributing citizens (Reid & Valle, p. 477). Thus, remediation took a separate course, distinct from the mode of instruction occurring in general classrooms (treatment vs. learning). However, as sociopolitical attitudes continue to change, these marginalizing customs continue to be replaced by more just inclusionary practices (Reid & Valle, p. 477).

Research on inclusive teaching suggests that students with disabilities, including ASD, can benefit when taught alongside their nondisabled peers (Banerji & Dailey, 1995, p. 511; Goodman et al, p. 241). Through active participation in inclusive settings, academic and social learning opportunities are amplified for both students with disabilities and students without

disabilities (Kanu, 2006, p. 14; Odom, Buysse, & Soukakou, 2011, p. 345; Salend & Duhaney, 1999, p. 114).

Through remedial techniques, such as ABA-based therapy, students with ASD can acquire the necessary skills needed in order to achieve success in public school settings. Through PPM 140, schools have the potential to enable students with ASD to fully integrate into regular classrooms. However, the provision of ABA-based treatment or education does not necessitate inclusion into regular classrooms for several reasons. Firstly, the matter of inclusion is one of degree. That is, there is no set parameter of inclusion for students with ASD in a regular classroom. As the construct of 'disability' is itself controversial, it is difficult to determine what form or degree of 'disability' (i.e. severity of ASD) necessitates placement in an inclusive general education classroom versus a special education classroom (Goodman et al., p. 249; Reid & Valle, pp. 466, 477; Sharpe, York, & Knight, 1994, p. 281). Secondly, inclusive teaching is not without some controversy. While some claim that inclusive teaching fosters social skills development, others argue that lack of research, training and support as well as inadequate instruction not only fails to benefit children with disabilities, but also those without disabilities (Sharpe et al, pp. 281 & 291). While inclusive teaching does present students with diverse and rich learning opportunities, producing interim social and academic benefits, longitudinal studies suggest that such benefits are not sustained beyond the classroom (Banerji and Dailey, p. 512; Salend & Duhaney, p. 115). Perhaps this is a downfall of the inclusive teaching attitude: the grouping of many different students as one posits that all students have the same goal and that the function of education is to serve a common purpose (Goodman et al., p. 249).

As with ABA techniques, in order for inclusive practices to be successful teachers need to have specialized training and experience (Sindelar, 1995, p. 241). However, many teachers are not qualified to assess or teach children with disabilities; nor are many students with disabilities taught by qualified teachers (Sindelar, pp. 236 & 242). To teach inclusively is not to expect all students to be able to complete the same work or have the same abilities, rather, successful inclusion allows for differentiated instruction and support, just within the confines of a general education classroom (Banerji & Dailey, pp. 511-512). It is sad to state that many inexperienced teachers are unwilling to utilize such differentiated teaching strategies (i.e. ABA and inclusionary practices) (Vaughn, & Schumm, 1995, pp. 268-269). Lack of training, resources, and support leaves teachers feeling stressed, anxious, overworked, and generally dissatisfied with their profession (Stempien & Loeb, 2002, p. 263). As a result, high attrition rates and lack of qualified inclusive education teachers presents negative implications for students with and without disabilities (Billingsley, 2004, p. 39).

Due to financial constraints, many schools decide to forgo the restructuring or training required to meet the needs of their disabled students (Sindelar, p. 238). If disability is regarded as a condition that rests solely with the individual and education as the medium for the transmission of knowledge, society is free to absolve education from the duty of having to ‘repair’ disabled individuals. Failure of the school to effectively teach, include, or remediate disabled individuals becomes excusable – we tried, but had no success (Reid & Valle, p. 477).

Future Directions

Can parents and school boards expect increased regulation of ABA and related inclusionary practices in school in the future or is PPM 140 intended to be an overarching document meant to appease parent groups and social activists? Given the empirical success of

ABA and lack of regulation, it seems to be a strategic move by the Ontario government to include ABA practices directly within schools. As certification is not necessary to apply the principles of ABA, teachers, school staff, and in-school support staff are all able to utilize ABA methodology without ramification. Does PPM 140 maintain the status quo of non-regulation in Ontario or is it the beginning of a transition towards regulation and quality control?

Firstly, the provincial regulation of the provision of ABA will be costly and take time. Secondly, if provincial regulation were to occur, educational institutions would have to be recognized as providers of approved courses and training. Thirdly, the government would have to establish a transitory plan to transition uncertified ABA providers out of the field and insert certified professionals. If the provision of ABA falls under the realm of special education and special education teachers become experts or qualified professionals in this field, will there be a need for private Behaviour Analysts⁵ and/or an Ontario-based regulatory board? Will the Ontario government need to continue providing provincial funding to families for privatized treatment if ABA-based education is offered in public school, free of charge? Or is this part of an interim plan with the end goal of a provincially regulated ABA board?

In regards to the actual provision of ABA in schools and related inclusionary practices, it is evident that school boards require increased funding for the continued successful delivery of relevant resources and teacher training. Such support might appease attrition rates and enable teachers to recognize and support the needs of all students in order to ensure continued academic and social success.

Subsidy also needs to be available beyond that of just inclusive education classrooms: relevant secondary school courses need to be made available for the many diverse students in the

⁵ Please refer to the Behavior Analyst Certification Board for more information regarding certification as a Behaviour Analyst or Assistant Behaviour Analyst at <http://www.bacb.com/>.

public education system. Data from the National Longitudinal Transition Study (NLTS) suggests that students with disabilities who take more general education classes in high-school compared to special education classes have an increased tendency to continue their studies into post-secondary education, seek successful employment, make more money, live independently, and have more meaningful adult relationships (including marriage) (Salend, & Duhaney, p. 115). If one of the goals of education is to produce fully contributing citizens, does it not stand to reason that funding should be allocated to the benefit of all students and, thus, society in general?

Of course, allocation of resources requires a shift in cultural and sociopolitical agendas. If mainstream society regards the ‘disabled’ as having less social worth than those who are typically developed, then changes need to occur beyond that of curriculum and the provision of ABA and inclusionary practices. Society has an ethical responsibility to ensure social equality of all citizens (Reid & Valle, p. 467). Perhaps to achieve this, educators should acknowledge that through curricular discourse one can expand knowledge and transform current ideologies (Reid & Valle, p. 478; Sefa Dei & Doyle-Wood, 2004, pp. 164-165). If educators are aware of how history has shaped current societal ideals, they can contest biased opinions and longstanding educational practices of “divide and exclude”, helping steer curricular conversation towards a more socially just location (Kanu, pp. 215, 219; Watt, 2007, p. 157). Interdisciplinary discourse may further assist educators in realizing progressive strategies for practical application (Kanu, p. 215). Progressive modes of learning, such as embodied learning, can assist with the transcendence of cultural views of the body as a discrete entity whose value and worth is weighted against societal norms (Keifer-Boyd, 2006, p. 53). This may also assist with challenging fearful, patronizing, and discriminatory mainstream and pop-culture attitudes towards disability (Garlen Maulin, 2006, pp. 114-115, 128).

Of course, while it may be easy to discuss the fallacies of current societal and educational ideals and place the responsibility of imminent change on the shoulders of educators, it is assumed that educators either believe in or will come to revere such hybrid and inclusive ideals. While a good teacher is one who is aware of his/her role in fostering an environment that will yield positive academic and social effects for all students, their personal beliefs and biases can ultimately affect the success of ABA and related inclusionary practices (Banerji & Dailey, p. 512; Odom et al, pp. 348-349). As such, it is important to ensure that in order for the guidelines of PPM 140 to be realized, teachers, parents, and society must reach a consensus regarding the importance, applicability, and relevance of such educational practices.

Conclusion

In examining the current literature and research, it is evident that PPM 140 as well as related inclusionary practices may provide benefits to students with ASD and their nondisabled peers. While PPM 140 appears to be a much needed step towards the availability of ABA for all students with ASD, analysis of the literature suggests that the full potential of PPM 140 is not being realized. Further research needs to be conducted on how to successfully implement ABA within the school system, so that all students with ASD can profit from this behavioural technique. Perhaps the biggest change of all needs to be a shift in societal attitude towards those with disability, including the province-wide adoption and recognition of the relevance and value of ABA methodologies. Until this occurs, PPM 140 will remain merely a guideline – signifying an agenda to change, rather than a course for change.

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