

ADDENDUM

Conflicts of Interest, Governance Failures, and the Misrepresentation of Field-Wide Authority by the Council of Autism Service Providers (CASP)

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This section documents updates, corrections, and supplemental material made to this position statement following its initial publication in March 2026. Each entry is dated and identifies the relevant section of the original document. Updates are made in the interest of precision and transparency; they do not alter the statement's core findings or conclusions.

May 2026 — Section XII: Governance Standards in Comparable Fields

Update: Standards Framework Reference

The original text cites the American National Standards Institute (ANSI) as the benchmark for balanced multi-stakeholder representation in standards-setting bodies. This reference is accurate in the context of general standards governance. However, subsequent expert review identified a more authoritative and healthcare-specific framework: the Institute of Medicine (IOM)—now the National Academy of Medicine (NAM)—whose report *Clinical Practice Guidelines We Can Trust* (2011), commissioned by the U.S. Congress, establishes eight criteria for trustworthy clinical practice guidelines. These criteria include:

- Transparency of funding and development process;
- Conflict of interest disclosure and management, including divestment requirements for panel chairs;
- Multidisciplinary panel composition including patient and caregiver representation;
- Systematic evidence review using accepted methodologies;
- Explicit grading of evidence quality and recommendation strength, consistent with the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) framework—the international standard for this purpose;
- Articulation of recommendations in a standardized, measurable format;
- External review by diverse stakeholders, including patients and the public, with a publicly available draft; and
- A defined process for monitoring the literature and updating guidelines as evidence evolves.

The IOM/NAM framework is widely recognized across healthcare disciplines—including by the American Thoracic Society, the Guidelines International Network (G-I-N), and the Agency for Healthcare Research and Quality—as the definitive standard for evaluating the trustworthiness of clinical practice guidelines. It is more specific to the context of healthcare guidelines development than ANSI, and therefore a stronger benchmark against which CASP's guidelines process should be evaluated.

Applied against IOM/NAM criteria, CASP’s guidelines development process fails on multiple dimensions: its panels are not demonstrably multidisciplinary and do not include patient or caregiver representatives in a governance role; its conflict of interest management is structurally inadequate given that the governing board consists entirely of executives whose organizations operate under the guidelines being developed; its evidence synthesis and grading methodology is not disclosed; and its external review process is not described.

Most significantly, CASP’s own published materials explicitly reject the multi-stakeholder model that IOM/NAM and G-I-N require. In its treatment intensity white paper—Evidence About ABA Treatment for Young Children with Autism (CASP, 2024)—CASP defines generally accepted standards of care as guidelines “developed and defined within the profession by subject matter experts rather than externally by other stakeholders (e.g., funders, consumers, and professionals who practice in other areas).” This definition directly contradicts the IOM/NAM requirement for multidisciplinary, multi-stakeholder panel composition—and does so in CASP’s own words, in a document CASP produced to assert its own clinical authority.

The ANSI reference in Section XII is retained as relevant to general standards governance structure. The IOM/NAM framework is added as the primary benchmark for evaluating the healthcare guidelines development process specifically.

Additional entries will be appended below as updates occur.