

Autism: ABA Therapy



What is Applied Behavior Analysis (ABA) Therapy?

Applied Behavior Analysis (ABA) is a type of therapy based on learning and behavior science. The fundamental principle of ABA is that what happens right before and right after a behavior teaches someone whether they should repeat that behavior again in the future. For example, if a child gets praised and gets what she wants every time she says "please," she is more likely to say "please" next time she wants something. Or, if a child gets to have more screen time every time they tantrum when an adult tries to take the screen away, they realize that tantrums are an effective strategy for getting what they want. ABA therapy changes what happens right before and after a behavior to teach a child to behave differently.

ABA was first developed in the 1960s, and has changed dramatically since then. Many different types of therapies based on ABA have been developed, but they are often all included under the umbrella term "ABA." Some examples are:

	Examples	Comments
Applied Behavior Analysis (ABA)	Understanding what happens just before and just after a child's behavior helps adults know how to respond. For example, if a child gets a reward every time they do something, they are more likely to repeat it.	General ABA programs Pivotal Response Training* Discrete Trial Teaching Early Start Denver Model*
Naturalistic Developmental Behavioral Approaches	Intervention focusing on techniques to increase motivation and performance (child-preferred activities in the natural environment, incidental teaching, consideration of developmental prerequisites). Informed by ABA methods.	Early Start Denver Model* Pivotal Response Training* Early Achievements Program Joint Attention Symbolic Play Engagement and Regulation (JASPER)* Project ImPACT*
Parent-Mediated Intervention	Parent training and coaching to provide consistent intervention for joint attention, social communication, and behaviors. Studied as a method for augmenting therapist-led interventions.	Research Units in Behavioral Intervention (RUBI) *See above for behavioral interventions with parent training components

What are some commonly expressed concerns about ABA?

Some adult autistic self-advocates and other stakeholders have expressed strong concerns about ABA therapy. Some examples of these opinions include:

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- Concerns that ABA teaches children to comply with adults rather than advocate for themselves or respond naturally to their own discomfort, which is psychologically damaging and potentially increases the risk of abuse.
- Concern that ABA prioritizes blending in with non-autistic ("neurotypical") people over building useful skills for improving quality of life
- Concern that ABA therapy assumes that autistic behaviors are wrong and autistic people cannot be accepted unless they change who they are
- Concerns that ABA therapy is rooted in an ableist perspective (that being autistic is not the "right" way of being in the world)
- Concerns that ABA therapy aims to suppress child's expression of distress (e.g. meltdowns) rather than provide accommodations (e.g. reduced sensory demands)
- Concerns about the history of aversive methods being used in ABA therapy

However, other autism stakeholders point out that ABA is a huge, generic category of interventions that has evolved since it was first developed about 60 years ago. Some of the criticisms may apply to the way ABA therapy was implemented in the past, but less so now. Ideally, modern ABA-based therapy uses more flexible, child-led techniques in the natural environment (home or school) to work on goals for lessening disability and improving quality of life. This evolution is due in part to the vigorous and successful advocacy efforts of autistic adults who had negative or even traumatic childhood experiences with older ABA methods.

How can parents choose a therapy that best supports their autistic child's learning and emotional health?

Choose a type of therapy backed by scientific evidence. There are many types of autism therapies. Some are helpful, some are ineffective, and some are harmful. Every family has a limit to the resources (money, time, energy) they can devote to autism therapy, so ideally every therapy session will help a child move closer to their goals. Therapy is most likely to be effective if it is backed by objective scientific studies.

Trust your instincts. Parents are the experts on their children, and are often the first to notice if something is not going well. If a parent is concerned that a therapy is not helpful or is harmful for their child, they should talk to their support system including the child's doctors and teachers.

Not every therapist is right for every child. Sometimes a therapist is not a good "fit" for a family, but a different therapist or type of therapy might be very helpful for them. This does not mean the first

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therapist is unskilled or “bad.” (When we try on a pair of shoes that doesn't fit, we don't assume that all shoes are wrong for us, just that we need to try on another pair.)

Ask your child's therapist lots of questions. High quality therapy should have explicit, individualized, measurable goals that the family and therapist agree on together. This means that the therapist and family will talk about what the goals are, how to work on goals, and how to measure progress periodically so that everyone can make adjustments as needed.

Where can I find out more?

The Autism Navigator website from Florida State University has video examples of different types of therapies. <https://autismnavigator.com/asd-video-glossary/>

The Autistic Self Advocacy Network has a policy statement page explaining their position on ABA. <https://autisticadvocacy.org/about-asan/what-we-believe/>

The Autism Science Foundation also has a position statement on ABA. <https://autismsciencefoundation.org/statement-on-use-of-applied-behavior-analysis-aba-for-autism/>

This article for doctors from the American Academy of Pediatrics has more technical information on autism interventions. [Identification, Evaluation, and Management of Children With Autism Spectrum Disorder | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)