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Applied Behaviour Analysis (ABA) From an Autistic-Community Perspective: What Would It Take to Reform?

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Abstract

Autistic community perspectives on Applied Behaviour Analysis (ABA) based interventions, of which autistic children are the largest client base, have long been ignored by the mainstream ABA industry. Pitting the voices of autistic people, academics and researchers, and allied professionals against a multi-billion-dollar industry, which holds a strong virtual monopoly on autism support in North America, has led to limited progress. More widespread acceptance of the tenets of the neurodiversity paradigm, alongside increased spaces for autistic people to be heard, can be seen as contributing to a notable shift. Concurrent with continued calls to ban ABA, there is emergent realisation from within sections of the ABA industry of a need to listen and evolve. This raises the question of whether there is scope to work together to drive change. In querying this, it is vital to recognise that there is a difference in reforming ABA as an industry and reforming ABA as a discipline. We highlight the need to be cautious of instances where ABA has sought to remarket itself without undergoing more substantial change. As such, we join voices calling for more radical evolution and query what, from an autism-centred perspective, it would take to reform?

Keywords: Applied Behaviour Analysis, Autism-Centred Practice, Autistic Social Validity, Neurodiversity-Affirming, Neurodiversity-Lite

Community based concerns regarding mainstream applied behaviour analysis (ABA) practice for autism have strengthened through alignment with the fields of Neurodiversity Studies (NDS) and Critical Autism Studies (CAS). Core areas of critique include the deficit-based view of autism inherent in mainstream ABA approaches with an associated reluctance to view autistic meaning-making as valid and purposeful (Bottema-Beutel et al., 2024; Yergeau, 2018). Mainstream ABA is often seen to centre on eradicating, minimising, or silencing 'the autism' that clients bring to sessions (Callahan et al., 2023) with the aim of seeking to "normalise" autistic people (Anderson, 2023). Concerns also centre on the lack of mandatory comprehensive training on autism as a prerequisite for effective work with autistic people (Suckle et al., 2025). Criticism of ABA-based interventions has long been heard from some former recipients of these interventions (Anderson, 2023) and autistic academics (Kupferstein, 2018) but is now also echoed by autistic BCBA practitioners and allies (Johnson, 2025; Mathur et al., 2024). In fact, the ABA community itself has started to acknowledge that "individuals complaining about ABA are complaining for a reason" (Vollmer & Pendergrass, 2025, n.p). Constructive dialogue on how to progress and evolve the ABA industry has been limited and fragmented (Johnson, 2025; Mathur et al., 2026; Suckle et al., 2025). Nonetheless, there are some promising signs and hopeful indicators that increased engagement between the ABA industry and its critics holds potential to move serious constructive discussion forwards (Jackson-Perry et al., 2025). However, it is crucial that attempts to evolve ABA offer more than tokenistic moves to appease its critics or paying lip-service to the many areas of concern. As such, it is important to be cautious of ABA-based practices that simply want to be labelled 'neurodiversity affirming' for financial gain and ethical credibility (Chapman, 2023), compared to practices that are seeking to become autism-centred.

We are researchers with a long-standing record of trying to facilitate discussion on the intersection between ABA-based practice and the neurodiversity paradigm. We believe that much of mainstream ABA risks causing harm to autistic people without significant change to current practice (Johnson, 2025; Kupferstein, 2018; Marshall et al., 2025). We are also concerned about the harm that the industry causes to societal perceptions of autism. As Johnson (2025) writes: "This pathologizing approach reinforce[s] societal biases […] further marginalizing Autistic people by invalidating their natural ways of being" (p. 3). This article is our effort to raise central concerns, highlight the difficulties that autistic community perspectives on ABA-based interventions have of being heard and acted upon, and document concerns about apparent moves towards 'neurodiversity lite' practice.

On The Need to Critically Interrogate Mainstream ABA-Based Practice

Whilst many ABA practitioners may not phrase it like this, it is hard to deny that much of mainstream ABA builds on the premise that autistic people need to be supported

to change (i.e., become more neurotypical) to better fit into the world as it stands (Leaf, 2021). This means that we should unquestionably assume that it is the autistic person who needs to change and not the world (Johnson, 2025). Autistic people, like any other population, may have mental health issues, or behaviour that they wish to change, or problems. Their bodies and minds, like all bodies and minds, will fluctuate on a continuum of good and bad health. However, it is not the autistic part of them that is, or makes them, ill or unhealthy or is the direct cause of so-called challenging behaviour.

It is true that autistic people often struggle to access many social goods on an equitable scale to non-autistic people. Figures vary, but autistic people are unemployed, or under-employed, at alarming rates worldwide, often falling in the lowest employment rate for all groups deemed to be disabled (Office for National Statistics [ONS], 2021). Autistic people with co-occurring severe externalising behaviours, sometimes also with co-occurring intellectual disability, who do not receive effective support for those behaviours experience higher rates of hospitalisation (Jeglum et al., 2024) and placement in residential care (Newcomb & Hagopian, 2018). Autistic people also experience high rates of bullying and social isolation (Wang & Susumu, 2024) and experience discrimination, social exclusion and shame (Doherty et al., 2024). This may result in higher rates of poor mental health, including clinically diagnosed anxiety, depression, and higher rates of suicide (Cassidy et al., 2018). In the largest research study published to date on autistic research priorities, the top scoring areas included mental health, post-diagnosis support, and eradication of social stigma (Cage et al., 2024). Community perspectives on support goals for autistic children evidence broad support for the reduction and replacement of harmful behaviour alongside improving quality of life (Waddington et al., 2024). The social exclusion and discrimination that many autistic people contend with can irrefutably be linked to societal stigma due to lack of acceptance of the different ways of being and behaving in the world. However, eradicating such differences assumes that it is autistic people who should be changing rather than societal perceptions. Notably, community perspectives, in particular from autistic adults, indicate low backing for support goals targeting autistic characteristics and overall high backing for support goals that involve adults changing to better support autistic children (Waddington et al., 2024).

Frequently, ABA-based interventions focus on eradicating or reducing natural autistic ways of being and behaving and work against the right to be understood, heard, and seen specifically as an autistic person (Anderson, 2023). In this sense, mainstream ABA is also built around a profound lack of critical interrogation of the current world order with its established hierarchies between majorities and minorities, between those who determine what behaviour is desirable and which is aberrant and defective and those whose behaviour is being analysed. When ABA programmes focus on normalisation as a goal, they take the world of acceptable and desirable behaviour as given, without considering

the ableist sociopolitical roots of how some behaviour comes to be seen as good, valid, and rational and some as bad, invalid, and irrational (Chown & Murphy, 2022). The behaviours targeted for reduction in ABA programmes are often justified through the concept of social validity (Wolf, 1978). However, the ABA literature has not acknowledged that the concept of social validity exists within entrenched social hierarchies which favour majority patterns of thinking, being, and doing. Chown and Murphy (2022) have stated the fallacies of evaluating interventions based on 'what society wants' and a central role of the ABA practitioner, in our opinion, should clearly be to interpret and listen to understand the rationale underlying their autistic client's behaviour. When a functional assessment of behaviour exhibited by an autistic person is undertaken the practitioner must understand and situate behaviour within an autistic frame of reference. Where behaviour may appear to lack social validity to the practitioner untrained in autism, from an autistic perspective the behaviour may have a perfectly valid internal rationale (Suckle et al., 2025) – known as autistic social validity (Jackson-Perry et al., 2025). In addition, as Bottema-Beutel et al. (2024) point out, there are deeper problems in how so-called problematic behaviour is conceptualised and measured in terms of outcomes and causal effect and much more work needs to take place to examine how ABA based interventions fit within macro-scale social processes.

Take the young child who quite suddenly, after dressing for school independently each morning, can't tolerate wearing clothes. She fights off any attempt at getting dressed and despite all sorts of parental encouragement rips any clothes that come near her body and remains at home undressed when the school day starts. She regresses and from being verbally articulate becomes mostly non-verbal or speaks only in simple words or sounds. She starts drawing on walls and furniture and experiences a regression in toileting and hygiene.

Whilst it might be quite easy to see this behaviour as problem behaviour, an autism-centred understanding of what is going on for this person and subsequent analysis of the function of the observed behaviour, would need to understand the various stressors in this child's life that have influenced and preceded this behaviour. In what ways has the school environment become such a stressor that the child has found a rather ingenious way to never leave their own home – nudity? In what ways has the ongoing discouragement of not being heard or seen led the child to reduce their verbal communication? In what ways has the child found a way to reduce demands on herself (going out, verbal communication, hygiene) to stave off possible burnout and retreat into a space where recovery is possible?

If the valid and desirable behaviour is a child who dresses, communicates verbally, and maintains bodily hygiene, then the behaviour displayed by the child would be considered problematic. However, if the desirable outcome is a child who communicates distress (verbally or non-verbally), then the child's behaviour is highly effective, fully rational, and has a clear purpose. The concept of "functional communication training"

(Carr & Durand, 1985) in ABA literature is based on the idea that all behaviour, no matter how problematic it looks, if it results in reinforcement from others (in this example, avoidance of an aversive school environment), is communication and is therefore fully rational. This perspective insists that the person should be empowered to learn other ways to communicate their needs that are more likely to be successful (e.g., speech, sign language, pictures, etc.). But to the extent that ABA service programmes still focus on eliminating behaviour by default, it seems clear that the full potential of the functional communication training perspective has not been realised in ABA service delivery.

We contend that the internal purpose and rationales behind how autistic clients behave are frequently missed by ABA practitioners without comprehensive training in autism and a willingness to approach their work through a fully autism-centred lens including, for example, recognising the importance of stimming for concentration and wellbeing (Legault et al., 2024). In mainstream ABA research and service delivery, stimming is generally referred to as "automatically reinforced repetitive behaviour," that is, behaviour that produces its own satisfaction, either through attenuating an unpleasant sensation or through accessing a pleasant sensation. This conceptualization is consistent with autistic perspectives on stimming but it is stunted. ABA researchers and practitioners rarely, if ever, query *why* the individual needs that automatic reinforcement, whereas such explanations are readily available by simply asking autistic people. It is worth noting that in a recent systematic review of intervention studies stereotypic intervention was in fact the most common intervention target (Bottema-Beutel et al., 2024).

Recognising autistic people's embodied self-expertise in this way can further help ABA practitioners understand that communication extends beyond neurotypical verbal language and eye contact; that rituals and routines often build global stability (Beardon, 2021) to support the autistic person in feeling safe in an unpredictable world; and that communication difficulties are often bi-directional. Non-autistic individuals may struggle just as much as autistic individuals when navigating the complexities of cross-neurotype interaction (Milton, 2012). For example, when a non-autistic child is experiencing distress, they may seek out their parent, make eye contact with them and ask for help as a way of communicating their distress. A minimally verbal autistic child in a similar situation may communicate that same distress through averting eye gaze and instead sit alone and stim. Without considering the autistic child's perspective, the non-autistic parent or therapist may miss the child's distress altogether and instead assume they are "aloof" or simply want to be alone; perhaps even labelling the child's behaviour as "socially inappropriate" and "in need of intervention," rather than looking for the environmental source of distress and addressing it. All work with autistic individuals should recognise the autistic person's practical and embodied epistemic agency (Legault et al., 2024).

Moreover, whilst mainstream ABA talks of 'autistic clients,' in most cases it

appears as though ABA services are provided as though the parents of autistic children are the clients, despite the fact that the Ethics Code for Behavior Analysts clearly specifies the child as the client and the parent as a stakeholder, at least as of 2022 (Behavior Analyst Certification Board [BACB], 2020). This raises questions of consent, assent, and the ethics of enrolling young children in behavioural modification programmes which may strip them of their identity and self-understanding as autistic people, and which should be investigated in terms of the long-term effects on mental health (Chown, Murphy & Suckle, 2023).

Overall, therefore, we believe there is a need to critically interrogate ABA with specific focus on the following:

- Is the intervention based on a thorough understanding of autism?
- Is functional assessment of behaviour centred on an understanding of what the behaviour means and represents for the autistic person?
- Has the role of autistic masking (i.e., camouflaging authentic autistic ways of being in the world to fit in) been fully explored?
- Has the systemic hierarchy in relation to what is considered 'valid' and 'non-valid' and 'desirable' and 'undesirable' behaviour been fully appreciated and contextualised?
- Have the ethical rights to consent / assent of the client and long-term effects on life quality and mental health been appreciated?
- Has comprehensive training on autism been offered to the parents/caregivers/support persons of autistic children in a way that considers the double empathy problem (i.e., bi-directional challenges with communication/interaction across neurotypes—see Milton, 2012) and the unique emotional regulation needs of autistic children?
- Have parents been trained to focus on modifying the environment or their own behaviour to better meet their child's needs (Waddington et al., 2024)?

On the Challenges in Critiquing Mainstream ABA-Based Practice

With autistic communities sharing spaces and stories online, there has been increased growth of movements centred on disability rights and promoting the inclusion of autistic voices in all matters concerning the autistic community (Autistic Self Advocacy Network [ASAN], 2021). One such movement is the #ABAisAbuse movement which has centred ethical concerns on both the normalising aspect of ABA alongside narratives of physical and psychological harm and trauma from autistic adults who had received ABA-based therapy as children (see also Ask an Autistic, 2019). Despite being powerful and plentiful, these criticisms have had limited transformative power in terms of actual change

to ABA-based practice because they have often sought an outright ban of ABA (see Autistic Collaboration, 2022). A divisive chasm has materialised between those who promote and practice ABA, and those who identify such practice as tantamount to abuse with limited productive space for discourse between these two groups. Other scholars argue for a middle ground approach involving reform of mainstream ABA in view of the forces at work in the USA including legislation and insurance mandates (Chown, Murphy & Suckle, 2023; Dwyer, 2022).

Trying to bring greater attention and weight to community narratives on ABA-based interventions, arguably the most important critique of ABA-based interventions by an autistic scholar is the research by Kupferstein identifying a possible link between ABA-based interventions with autistic children and post-traumatic stress symptoms (PTSS) (Kupferstein, 2018). It may be that the mainstream ABA community has engaged in criticism of Kupferstein's study because they see her findings as a fundamental challenge to their business model. Leaf et al. (2018, p. 122) wrote that her 'results should be viewed with extreme caution', and Dillenburger (2025) and Morris et al. (2025) have either implied or stated that her work amounted to misinformation. Morris et al. (2025) mentioned Kupferstein in the same breath as Wakefield's infamous retracted article about MMR and autism. However, Rajaraman et al. (2022) seek better understanding of negative experiences of ABA rather than criticising methodological rigour.

Wilkenfeld & McCarthy (2020, pp. 50-51) have provided a properly objective stance on Kupferstein's study, stating that:

> We would not want to argue that the study demonstrates that ABA really does tend to cause anything like Post-Traumatic Stress Disorder—the symptoms are self-reported, and the sample is (of necessity) non-random. However, the very fact that people who experienced ABA are disproportionately likely to report symptoms at the very least suggests the possibility of real harm as a result of the treatment.

The ABA industry has yet to demonstrate any objectivity on the Kupferstein matter. If there is any chance of ABA-based interventions causing harm to autistic clients, however small, and Wilkenfeld & McCarthy (ibid.) consider that there is, we believe that the right thing for mainstream ABA to do is take steps to determine if there is validity to the claim rather than attempt to discredit the researcher who made the claim. The obvious step is for an in-depth robust evaluation of any link between ABA-based intervention and PTSS by a multidisciplinary team.

Alongside, the challenge of raising concerns, and the insular nature of much mainstream ABA-practice, there is a crisis of bias and ableism in autism research and

autism publications (Botha & Cage, 2022). It appears to us that autism journals are wary of publishing criticism of ABA. Journals will generally send manuscripts out to review by at least one behaviourist scholar whose priority is likely to be protecting the ABA industry from harm rather than investigating the potential for ABA-based interventions to harm autistic people. This potential source of bias is likely present for any discipline but the defensiveness that the ABA field has shown suggests it may be especially true in ABA. Given the near outright monopoly on autism support by the ABA industry in North America, publications that query the effectiveness of ABA based support for autistic people are challenging not just the support-approach but a well-resourced industry. These protectionist issues will be particularly evident in US-based journals in view of the power of the ABA industry and its fellow travellers in politics and the healthcare industry in North America—a situation that is only likely to get worse in the current climate where the US Health Secretary portrays autistic people as dysfunctional believing that childhood vaccinations cause autism (Raskin, 2025), and where Diversity, Equity, and Inclusion (DEI) has been removed from coursework and education requirements set out by the Behavior Analyst Certification Board (Ontario Association of Applied Behaviour Analysis [ONTABA], 2025). These issues are a part of what has been defined as the Autism Industrial Complex (Broderick & Roscigno, 2021) - a complex interplay of forces where autism becomes commodified and diagnosis and support become part of a viable financial infrastructure. Here, the controlled routes to a formal clinical assessment of autism and entry into clinically governed pathways for support, sustain this infrastructure and perpetuate mass commodification of autism. This already heavily monetarised industry is one where 'the growth of ABA has garnered significant attention from entrepreneurs and businesses' (Morris et al., 2025, n.p.). The influence of big money in the ABA service provision industry, including the influx of private equity investment, may make efforts to reform ABA practice more challenging. When private equity business models prioritise short-term expansion and profit, it may prove exceedingly difficult to influence these corporations to invest the time and money that will be required to train ABA staff in evolved practices. In addition, the profitability of ABA-based services opens other challenges, such as ensuring possible conflicts of interest are adequately reported and transparent when considering the design and effectiveness of autism interventions (Bottema-Beutel et al., 2021). All these factors bring significant implications in terms of quality control, oversight, and regulation.

More recently, there has been a notable shift, and this should be understood as autistic and allied BCBAs becoming more ready to transform and evolve ABA from within and a renewed interest in interdisciplinary collaborations where ABA practitioners are inviting open discussion and critique (Suckle et al., 2025). This shift also suggests that ABA is much more differentiated than critiques allow for and not all ABA-based practice is the broad mainstream business as usual. Instead, some sections honour approaches and

methods that are neurodiversity-affirming and some autistic and ally BCBA practitioners focus on autism-centred practice (e.g., Allen et al., 2024; Johnson, 2025; Mathur et al., 2024). This then poses the question of the best way forward—does it still make sense to work to dismantle the ABA-industry? Or, is the time right to take the pragmatic approach, hold the ABA industry accountable, and work with practitioners calling for change (many who are also autistic advocates) to further the dialogue on how ABA might be evolved?

Working together in interdisciplinary teams involving both autistic scholars, and neurodiversity studies scholars, alongside those who practice ABA-based interventions could ensure progress and evolution. Recent calls for behavioural studies to engage in more critical reflection and for a new disciplinary focus – Critical Behavioural Studies (CRIBS) – hold promise and suggest that some factions of the ABA world are ready to listen and engage (Jackson-Perry et al., 2025).

On the Ways That Sections of the ABA Industry Are Engaging with the Neurodiversity Paradigm

Some ABA researchers and practitioners have embarked on a journey of examining their ABA practices in efforts to become autism-centred (see Hanley, 2021) and neurodiversity-affirming (Allen et al., 2024; Mathur et al., 2024). For example, some ABA researchers have acknowledged "the need to listen, reflect, and reconsider approaches to service delivery" in light of the recognised ableism embedded in traditional ABA practices that impede autistic autonomy and neurodiversity aims (Allen et al., 2024, p.1). In an attempt to reform, some ABA research has engaged critically with its own shortcomings including a lack of attention to: autistic autonomy and identity; disability rights; neurodiversity; practitioner biases; social validity of therapeutic goals; consent and assent; autistic masking (i.e., camouflaging); adaptive functions of behaviours resulting from trauma and discrimination; and potential harm caused by compliance-based supports (e.g., Allen et al., 2024; Johnson, 2025; Mathur et al., 2024).

However, there remains no clear evidence that the *field* of ABA is undergoing a process of genuine autism-centred reform. Without significant shifts in epistemologies, worldviews, and research methodologies that truly validate autistic ways of being, we believe that mainstream ABA practice will remain rooted in its traditional aim of changing autistic behaviours while operating under the guise of neurodiversity-affirming practice.

Included in discussions of ABA reform are goals related to enhancing autistic autonomy in the services they receive through a process of obtaining assent—i.e., assessing and understanding consent from autistic people who are deemed incapable of providing this on their own (e.g., preschool children and some people with intellectual disabilities) (Allen et al., 2024; Mathur et al., 2024; Rajaraman et al., 2022). This shift from solely

obtaining caregiver consent to gaining assent from autistic children themselves is new to the field of ABA and not yet legally required (Allen et al., 2024). In practice, obtaining assent means assessing whether the child's behaviour signals a desire to opt in or opt out of the therapy. One ABA team described it this way,

> Consistently opting out would occasion careful analysis of features of the client's environment, so that aversive features might initially be removed, as well as ensuring consistent access to preferred social and nonsocial stimuli to engender "opting back in" (i.e., acknowledge trauma and its impact; ensure safety and trust). (Rajaraman et al., 2022, p. 52).

The assent process signals an attempted shift toward autism-centred ABA through a method of ensuring the environment is enriching for the child so that they remain "happy, relaxed, and engaged" throughout the intervention (Hanley, 2021 para. 3).

A key component missing from this approach is mention of the behaviour goal itself. Newer ABA studies have yet to meaningfully engage with critical questions regarding goal setting. For example,

- Is the behaviour goal aligned with the aims of neurodiversity or is it based on neuronormative standards of behaviour (e.g., "quiet hands"?);
- Does the goal recognise dysregulation (i.e., the inability to regulate behaviour caused by stress) as an adaptive autonomic nervous system response that is beyond the child's ability to control? (e.g., in ABA jargon, emotional or respondent properties of behaviour)
- Is the goal more aligned with short-term compliance than long-term wellbeing?
- Is assent/consent assumed to be attained based solely on the child's engagement within the enriching environment?

Simply enriching the environment is not "autism-centred" when bodily autonomy is violated or when the goals for intervention cause long-term harm that is not immediately obvious. *Appearing* to be happy to engage with their favourite activities or eager to please the therapist does not necessarily mean the intervention is ethical when the goal is compliance to adult-directed goals. In fact, researchers have made compelling arguments to suggest that the reward-based learning methods (i.e., operant conditioning) of ABA violate the tenets of bioethics as the ABA practitioner encourages the autistic young person "how to blend in rather than exercise their own unique capacities" (Wilkenfeld & McCarthy, 2020, p. 33). Similarly, rewarding a child for compliant behaviour without an

understanding of the underlying causes of behaviour or the autonomic fight/flight or fawn responses of the nervous system will result in a temporary fix—a child who learns to mask their distress in efforts to please adults and adapt in the face of social stigma related to being autistic in a neuronormative world (Pearson & Rose, 2023).

The idea that an enriching therapy environment enhances autonomy and choice for autistic children has been described as a more compassionate form of ABA compared to the compliance-based or disciplinary ABA of the past.

In the podcast video titled, *Building Trust, Not Just Plans: A Compassionate ABA Approach for Challenging Behavior,* two BCBAs describe the importance of the pairing process, which refers to the intentional process of discovering what motivates the child and then pairing oneself with the motivating item—e.g., toys, games, food, etc. (Cooper et al., 2020). They explain the process of giving autistic kids everything they love, and once trust has been developed, the therapist slowly starts placing demands on the child to shape their behaviour. In the video, the therapist explained it this way,

> Let's make this a really safe environment for you and let's make this really fun and let's develop that relationship, right? …and once we have that relationship, then we can start putting those demands on them. (How To ABA, 2023, 3:27).

While we appreciate these practitioners' focus on child safety and engagement, the pairing process requires some critical examination. The pairing process has always been a fundamental tenet of ABA practice that highlights the imbalance of power between therapist and child. Autistic advocates, such as the blogger who writes under the alias *Real Social Skills* (2015), have a keen eye for pointing out the danger of reward-based teaching:

- ABA programmes give the therapist massive power over the person. That power in itself can cause people to look happy, through a more subtle reinforcement mechanism than takes place on a behaviour plan:
- If you have power over someone in the way that behaviour therapists do, they're going to be highly motivated to please you
- If they figure out that you want to believe that they are happy, they are very likely to act like they are
- If you treat them better when they display the affect you want or praise you, they're likely to act happy.
- It doesn't mean they're actually happy
- Or that what you're doing is good for them.

While we understand that ABA practitioners may have the best intentions when it

comes to pairing, it is problematic when relationships are used as a means for compliance. Arguably, claims that the "new ABA" is autonomy-focused and compassionate—due to its shift toward enriching the environment—are called into question when one examines the underlying power dynamics and insufficient training on the harmful impacts of autistic masking. For the field of ABA to become truly autism-centred, practitioners must become familiar with the difference between self-determined behaviour change (wherein the autistic learner genuinely assents to opt-in) and autistic masking. This will require robust, qualitative, long-term follow up studies on autistic wellbeing that centre the voices of autistic people themselves. This will also require the field of ABA to catch up to the neuroscience-aligned understanding of behaviours that shed light on the internal processes, emotions, and nervous system responses contributing to certain behaviours (e.g., challenging behaviours) (Broderick, 2022).

The following table outlines key factors indicating what we feel it would take to develop a genuine neurodiversity-affirming and autism-centred ABA. We caution against defining any autism-centred practice definitively, as we understand that practices must remain fluid and flexible in response to diverse and evolving autistic needs. However, we feel that this table is a necessary start to this important conversation.

Table 1: Key components for moving towards autism-centred practice

Where mainstream ABA-based practice stands now		**What it would take to reform mainstream ABA**
Autism-centred practice considerations	Overrepresentation of goal setting that is aligned with the needs of parents, caregivers, teachers, and therapists	Goal setting that is genuinely aligned with autistic needs, autistic autonomy, and self-determined goals (e.g., goals based on clients' stated values, directly influenced by their interests, or informed by autistic advocates)
	Functional analysis of behaviour is focused on interpreting behaviour in non-autistic terms and social validity is centred on non-autistic norms	Functional analysis based on an autism-centred lens involving understanding of behaviour and communication by autistic people and 'autistic social validity'
	Approaches that are narrowly focused on observable, short-term behaviour change with minimal focus on the impacts of trauma, stigma, mental health or developmental/sensory differences	Approaches that are trauma-informed (e.g., abolishing forced compliance), culturally sensitive, and address the root causes of behaviours
	An emphasis on perceived deficits rather than strengths; pathologising language and outdated/inaccurate information framing autism as a 'disorder'	An emphasis on the acceptance and validation of autistic ways of being in the world (e.g., autistic stimming; alternative and diverse modes of communication, play, and social interactions)
	Primary focus on quantitative research designs with an overrepresentation of studies that lack qualitative data derived from lived experiences	Robust qualitative research on autistic wellbeing that includes long term outcomes
Bias and power imbalances	An overrepresentation of goals set by caregivers, teachers, and practitioners without attention to mitigating bias	Recognition and mitigation of neuronormative biases when setting goals *with* (not for) autistic young people
	Little attention to the potential harm caused by reward-based learning with the aim of compliance	Recognition of power imbalances between adult and child relationships when conducting therapy or providing education including recognition of the difference between self-determined behaviour change and autistic masking

	Approaches that are singularly designed by allistic (i.e., not autistic) psychologists decades ago	Approaches that are collaboratively designed with autistic people at each step
Training	Theories that do not recognise the developmental physiology underlying behaviours caused by trauma, stigma, neurodevelopmental disabilities, and sensory processing differences	Training that is aligned with neuroscience and autonomic functions of the nervous system e.g., polyvagal theory.
	Little to no focus on ableism nor the importance of Diversity, Equity, and Inclusion (DEI) from a neurodiversity perspective	Training in anti-oppressive, anti-ableist, and neurodiversity-affirming practices
	A lack of training about autism in Board Certified ABA training and education	Commitment to ongoing learning about autistic experiences and behaviours as mandatory in professional regulatory bodies at the state or national levels.
Service delivery considerations	Focus on the process of intervention as giving the child social communication skills with a close focus on rewarding neurotypical social communication skills whilst ignoring autistic social/emotional communication skills	Autism-centred service delivery that helps parents / caregivers of autistic children understand and communicate better with their child through situating a child's behaviour within a fuller understanding of autism – this includes strategies to support the adults to regulate their own nervous system responses in ways that provide stability/modelling for autistic children to develop emotional regulation skills of their own (e.g., co-regulation training)
	Service delivery aiding the growth of the Autism Industrial Complex through expensive and resource intensive services that gain profit at the expense of governments and autistic caregivers	Autism-centred service delivery that is affordable, accessible, and translatable to various contexts (e.g, schools, home)

The items in this table are informed by literature developed by Allen et al., 2024; Anderson, 2023; Autistic Collaboration, 2022; Broderick, 2022; Chown & Murphy, 2022; Delahooke, 2019; Desautels, 2020; Gardiner, 2019; Gates, 2019; Marshall et. al., 2025; Mathur et al., 2024; McGill & Robinson, 2020; Pearson & Rose, 2023; Pritchett et al., 2021; The European Council of Autistic People [EUCAP], 2022).

Conclusion

There is persistent and highly valid criticism of ABA-based practice documented from autistic people, academics, and allies. For long, these voices have been largely ignored by the mainstream ABA industry. It has been nearly two decades since the emergence of the #ABAisAbuse movement but still the ABA industry is experiencing an "astonishing amount of growth" (Morris et al., 2025, n.p) and the BACB is certifying more new members than ever before (BACB, 2025). Considering this we feel that the progress hoped for, by community groups, in critiquing (or calling for bans) has not been achieved. It feels like we are approaching a crossroad. Either the ABA industry continues to miss opportunities to meaningfully engage with these criticisms, or community perspectives are bolstered from emergent voices within the ABA industry itself. Community voices could gain momentum and effect change by recognising the need to work with the sections of the ABA industry motivated to evolve.

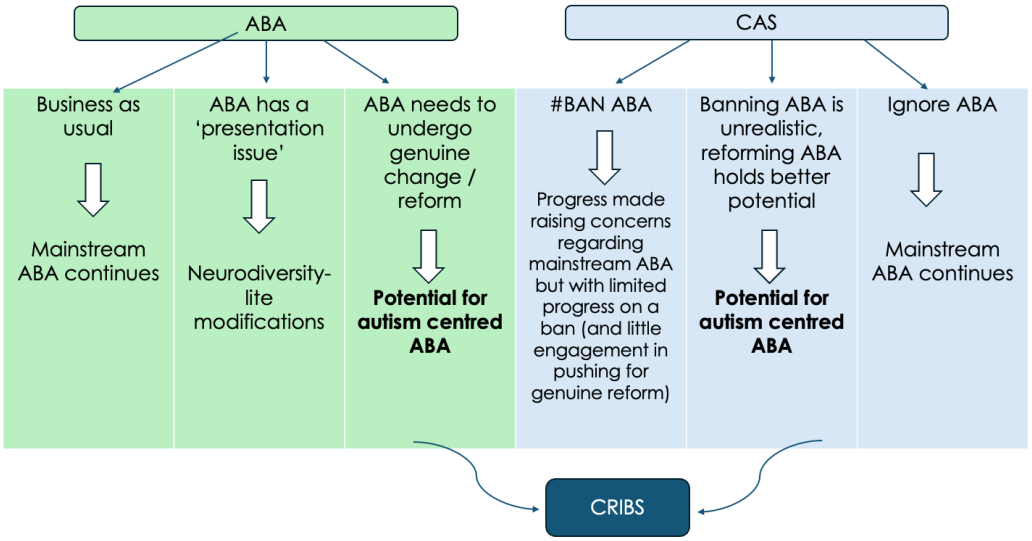

Figure 1: Perspectives on ABA-based practice within ABA-CAS

Taking a Critical Behaviour Studies (CRIBS) approach - see Figure 1 - is more likely to be successful if ABA-based practice is treated less as a homogenous body of practice, and there is acknowledgement that approaches can look very different from the mainstream. Rather than critiquing ABA at large, recognising and working with more evolved factions that recognise the need for genuine change and reform holds promise and

could build towards a shared pursuit to "reimagine the field" (Jackson-Perry et al., 2025).

We argue that from a community perspective this may be the most pragmatic way to push a multi-billion-dollar industry to pay attention to the concerns of their largest client base - autistic people and their caregivers. Although ABA-based approaches should be viewed as a discipline, its highly profitable business status should be viewed as an inseparable and alarming co-factor when we consider change (Broderick & Roscigno, 2021). The worry is that any change is motivated by protecting the business model rather than boldly reforming the discipline. The neurodiversity paradigm has very much become part of this equation, and it is important to treat this with vigilance. Referencing practice as neurodiversity-affirming sends a message to autistic people that ABA is changing. We caution against unquestionably accepting such changes and suggest the need to closely consider if, and how, practice is genuinely shifting and whether observed changes further autism-centred goals. Our table above (Table 1) provides a starting point for this, and we firmly believe that another way to seek to safeguard the move towards reform is to ensure that autistic people are fully part of such efforts.

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