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From Harm to Healing: Building the Future of ABA with Autistic Voices

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Abstract: Since the 1960s, ABA has been applied to individuals with developmental and behavioral differences, including those later recognized as Autistic. While ABA is grounded in behavioral science, its historical application has raised significant ethical concerns. Early implementations often prioritized enforcing neurotypical conformity over the autonomy and well-being of Autistic individuals, contributing to psychological harm, the development of masking behaviors, and a disregard for neurodivergent needs. These concerns were further exacerbated by the exclusion of Autistic voices in defining intervention goals and measuring outcomes. This paper examines the historical context of ABA, critiques raised by the #ABAisAbuse movement, and the role of social media in amplifying both awareness and misconceptions about behavioral interventions for Autistic individuals. It highlights the challenges posed by self-diagnosis, the limitations of current therapeutic options, and systemic inequities in access to care. A critical analysis underscores the need for standardized, neurodivergent-affirming, and assent-based practices that prioritize the autonomy and individuality of Autistic people. The findings emphasize the necessity of reforming ABA through collaboration with the Autistic community, ensuring their involvement in shaping governance, intervention design, and ethical standards. By addressing historical harms and embedding neurodivergent-affirming principles, ABA can evolve into a practice that supports authentic engagement and fosters trust within the Autistic community. This transformation is not only a professional responsibility but an ethical imperative to align interventions for Autistic individuals with principles of dignity, equity, and inclusion.

Keywords: applied behavior analysis (ABA); neurodivergent-affirming practices; autistic community; #ABAisAbuse movement; autism interventions; reform; masking behaviors; social validity; assent-based practices

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Academic Editors: Alexis Cloquell-Lozano and Carlos Novella-García

Received: 2 January 2025
Revised: 5 March 2025
Accepted: 11 March 2025
Published: 17 March 2025

Citation: Johnson, J.F. From Harm to Healing: Building the Future of ABA with Autistic Voices. *Societies* **2025**, *15*, 72. https://doi.org/10.3390/soc15030072

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1. Introduction

Applied Behavior Analysis (ABA) is a scientific discipline rooted in the principles of behaviorism, focusing on understanding and modifying observable behaviors through reinforcement strategies. Initially developed in the 1960s, ABA is grounded in the systematic application of interventions to improve socially significant behaviors [1]. At its core, ABA is not inherently harmful; its techniques are designed to increase or decrease specific behaviors by manipulating environmental variables. However, the harm often associated with ABA arises from issues in how social validity has been historically determined—the degree to which intervention goals, procedures, and outcomes align with the values of the individual and their community [2].

In the early implementation of ABA, the determination of social validity largely excluded the voices of Autistic individuals, relying instead on neurotypical norms to

define "acceptable" behavior [3]. This omission led to practices that prioritized conformity over autonomy, encouraging behaviors that mirrored neurotypical social expectations at the expense of respecting the unique traits of Autistic individuals. For example, stimming—a natural and often necessary self-regulatory behavior for many Autistic people—was frequently targeted for suppression because it was perceived as socially inappropriate by neurotypical standards [4].

Without incorporating Autistic perspectives into the measurement of success, ABA interventions were often evaluated based on their ability to make Autistic individuals appear "indistinguishable from peers", a goal that invalidated their authentic experiences and identities [5]. This approach fostered long-term psychological harm, including feelings of shame and a loss of agency. By failing to engage the Autistic community in defining meaningful outcomes, early ABA practices created an ethical divide between the science's potential and its application [6].

Understanding the historical context of these issues is crucial to re-evaluating ABA as a discipline. While recent advocacy efforts have helped reduce compliance-based approaches, unethical applications of ABA, including a lack of assent and the use of restrictive practices, continue in some settings. While the science behind ABA remains a valuable tool for understanding behavior, its implementation must evolve to prioritize neurodivergent-affirming practices that respect the autonomy and lived experiences of Autistic individuals. Exploring the historical harms of ABA, the emergence of movements like #ABAisAbuse, and the necessity for socially valid, inclusive practices guided by Autistic voices highlights the critical need for reform in therapeutic approaches [7,8].

2. Purpose

The purpose of this article is to critically analyze the historical practices, current implementation, and evolving critiques of ABA as a therapeutic intervention and support framework for Autistic individuals. Authored by an Autistic BCBA, it offers a unique perspective that bridges lived experience and professional expertise. It examines ethical concerns, systemic inequities, and historical harms associated with traditional ABA practices, emphasizing the importance of reform, standardization, and alignment with neurodivergent-affirming and assent-based practices that honor the autonomy and values of the Autistic community [6,9].

This article underscores the necessity of integrating Autistic voices—particularly those with lived experience and professional insights—into every stage of decision-making, including the development of intervention goals, ethical standards, and governing practices. Recognizing that the science of behavior is foundational and broadly applicable to all therapeutic efforts, the article asserts that reform and standardization, rather than elimination, are essential to addressing ABA's controversies. It advocates for the establishment of standardized, evidence-based guidelines and enhanced oversight to ensure that interventions prioritize dignity, autonomy, and collaboration in all settings.

As an Autistic community member and BCBA, the author is committed to transforming ABA into a neurodivergent-affirming and assent-based approach guided by the voices and lived experiences of Autistic individuals. This commitment recognizes the historical harms associated with traditional ABA and underscores the urgent need for systemic reform to ensure that interventions are ethical, respectful, and empowering. Central to this commitment is advocating for the development of standardized, evidence-based guidelines that prioritize autonomy, dignity, and authenticity. These standards reject the suppression of natural Autistic traits (such as stimming) and instead focus on fostering meaningful skills that enhance quality of life while respecting individuality. Assent-based practices form the cornerstone of this vision, ensuring that Autistic individuals actively participate

in decisions about their care and that their preferences, comfort, and agency remain central to intervention design.

Equally important is centering the perspectives of the Autistic community in shaping ABA reform. By involving Autistic individuals—especially those with personal experience of ABA—in defining ethical guidelines, intervention goals, and systemic policies, this effort aims to build a therapeutic framework aligned with neurodivergent-affirming principles. This inclusive approach seeks to redefine ABA as a supportive and equitable practice that honors the diversity, strengths, and autonomy of Autistic individuals. Recognizing that the science of behavior is foundational for supporting skill development and behavioral growth, this commitment calls for reforming ABA practices to meet the standards that Autistic individuals truly deserve. Embedding neurodivergent-affirming and assent-based methodologies at every level of intervention will allow ABA to evolve into a framework that not only addresses challenges but also celebrates neurodiversity. This transformation is not just a professional responsibility but a moral imperative to ensure that ABA becomes a practice worthy of the trust and respect of the Autistic community.

3. Historical Context and Associated Harms of ABA

Early Practices and the Emphasis on Compliance. Early implementations of ABA were characterized by intensive interventions aimed at reducing behaviors such as stimming and atypical social interactions. These practices frequently prioritized the suppression of outward signs of autism over the comfort and autonomy of the individual. Behaviors that were natural and essential to Autistic individuals, such as self-stimulatory actions (stimming), were often viewed as problematic because they deviated from neurotypical norms. As a result, these interventions did not support differences but instead sought to eliminate them, fostering a culture of conformity rather than acceptance [5,6].

Masking and Psychological Harm. A significant critique of these early methods is their role in shaping what is now recognized as masking—the suppression or camouflaging of Autistic traits to blend in with neurotypical peers. Masking emerges as a learned response in environments where Autistic traits are socially penalized, leading to long-term psychological distress, as was the case in many early ABA programs. While masking may help individuals avoid immediate social rejection, research has shown that it frequently leads to long-term psychological consequences, including anxiety, depression, and diminished self-worth [4,10]. By emphasizing neurotypical behaviors as the ultimate goal, early ABA practices inadvertently reinforced the idea that Autistic traits were inherently undesirable or shameful.

Pathologizing Differences. Historical ABA practices often treated differences as deficits to be corrected rather than as valuable aspects of neurodivergent identity. For instance, behaviors such as avoiding eye contact or preferring solitary activities were framed as deficiencies requiring intervention, despite their importance for comfort and sensory regulation among Autistic individuals [3,11]. This pathologizing approach reinforced societal biases that prioritized conformity over individuality, further marginalizing Autistic people by invalidating their natural ways of being.

The Ethical Oversight of Assent. Another critical ethical concern is the lack of consideration for assent in early ABA practices. Assent refers to an individual's willingness to participate in therapy, particularly when they cannot provide formal consent. Early ABA often relied on compliance-focused methods that disregarded the individual's discomfort or resistance. For example, children were frequently required to engage in tasks or behaviors they found distressing—such as maintaining eye contact or suppressing stimming—without their preferences being acknowledged or respected. This disrespect for

the individual's autonomy not only caused immediate distress but also undermined their sense of agency and trust in therapeutic relationships [6,12].

Long-Term Psychological Impact. Collectively, these historical practices contributed to trauma and feelings of invalidation among many Autistic individuals. Critics argue that by prioritizing societal conformity over personal well-being, ABA failed to consider the lived experiences and unique needs of Autistic people. This approach perpetuated harmful stereotypes and created long-term psychological harm, including shame, anxiety, and a loss of identity [5]. Acknowledging these harms is the first step in evolving ABA into a framework that prioritizes neurodivergent-affirming practices, supports individual differences, and actively seeks client assent in all interventions.

4. The #ABAisAbuse Movement

The #ABAisAbuse movement emerged as a powerful critique of traditional ABA methodologies, driven by Autistic self-advocates and allies. This movement highlights the detrimental effects of compliance-focused ABA practices and advocates for reforms that respect neurodiversity and prioritize individual autonomy. By amplifying the voices of those with lived experiences, #ABAisAbuse has catalyzed critical conversations about the ethical implications of ABA and the necessity for neurodivergent-affirming approaches [13,14].

Amplifying Voices Through Social Media. Gaining significant traction in the 2010s, the movement utilized social media platforms such as Twitter, Facebook, and Reddit. These platforms provided Autistic individuals with spaces to share personal accounts of psychological harm experienced during ABA therapy. Many described how interventions focused on enforcing compliance—such as eliminating natural Autistic behaviors like stimming—led to long-term emotional distress and a diminished sense of self-identity.

The Critique of Compliance-Based Interventions. A central critique lies in the flawed application of social validity—a principle intended to evaluate whether intervention goals, methods, and outcomes are meaningful to individuals and their communities. Historically, social validity in ABA was defined exclusively through neurotypical norms, excluding the perspectives of Autistic individuals. This omission resulted in interventions aimed at making Autistic individuals "indistinguishable from their peers", prioritizing conformity over authentic self-expression and well-being [6]. Furthermore, natural behaviors such as stimming—vital for self-regulation and expression among many Autistic individuals—were frequently targeted for elimination due to perceived social inappropriateness. These interventions reflected societal discomfort with neurodivergent behaviors rather than a genuine understanding of Autistic needs [15].

Another significant issue raised by the movement is the exclusion of Autistic voices in the development of ABA practices. Historically, interventions were designed without input from Autistic individuals, leaving their unique perspectives unacknowledged. As a result, many therapeutic practices failed to align with the actual needs and values of the individuals they sought to support [16].

Psychological Harm and Long-Term Consequences. Long-term psychological harm is a recurring theme in the accounts shared through #ABAisAbuse. Autistic adults who underwent ABA as children have reported lasting trauma, often describing feelings of shame for natural behaviors and a lack of agency over their own lives. Many attribute enduring anxiety and emotional distress to compliance-based interventions that disregarded their autonomy [5]. These personal narratives illustrate systemic flaws in early ABA models and underscore the importance of evolving the practice to align with neurodivergent-affirming principles.

A Catalyst for Change and the Slowdown of Reform. The advocacy of the #ABAisAbuse movement pressured professional organizations and practitioners to acknowledge

these harms and adopt more compassionate, neurodivergent-affirming practices. Changes were initiated, including revisions to ethical guidelines and a growing emphasis on assent-based practices that respect individual autonomy. For a time, the momentum of the movement promised a new chapter for ABA aligned with the values and voices of the Autistic community.

However, as the movement's initial impact began to fade, the urgency for continued reform slowed. The systemic changes that were needed—while started—were not fully realized, leaving gaps in oversight, regulation, and accountability. The uneven adoption of neurodivergent-affirming practices across the field reflects this slowdown, with some practitioners embracing progressive changes while others remain resistant. Without sustained pressure, inertia can set in, threatening to stall the pace of transformation.

A Call for Renewed Effort and Collaboration. Despite these challenges, the work toward reform is far from over. Progress must be reignited through collective efforts to ensure that ABA evolves into an intervention that genuinely enhances the well-being and autonomy of Autistic individuals. This involves strengthening accountability mechanisms, enforcing stricter standards for harm prevention, and expanding training programs focused on neurodivergent-affirming approaches. Without ongoing effort, the field risks backsliding into outdated practices, perpetuating harm rather than healing [6,17].

The #ABAisAbuse movement underscores the need for a paradigm shift in behavioral interventions for Autistic individuals. Advocates emphasize a transition from compliance-based interventions to neurodivergent-affirming practices that prioritize consent, autonomy, and individual well-being. Additionally, the movement calls for collaboration with Autistic individuals in designing interventions and establishing ethical standards aligned with neurodiversity.

5. Concerns Surrounding Self-Diagnosis

Opportunities in Self-Diagnosis. The rising prevalence of self-diagnosis within the Autistic community presents both opportunities and challenges. For individuals who lack access to diagnostic services, self-diagnosis can be a vital first step, offering a sense of understanding, community, and validation. This process helps contextualize lifelong experiences and is particularly significant in areas where diagnostic services are limited due to financial or systemic barriers. Self-diagnosis can provide individuals with an avenue to explore their identity and connect with others who share similar experiences.

Risks and Misidentification. Despite its potential benefits, self-diagnosis raises concerns about accuracy and its implications for advocacy, research, and individual well-being. Autism traits often overlap with other conditions, such as ADHD, anxiety disorders, and sensory processing differences, making it easy for individuals to misidentify themselves [11,18]. Misdiagnosis can lead to neglecting underlying conditions that require targeted support, potentially resulting in psychological harm and hindering access to appropriate interventions [19].

Social Media's Influence on Self-Diagnosis. Movements such as #ActuallyAutistic and #ABAisAbuse have played pivotal roles in promoting the awareness, acceptance, and visibility of Autistic behaviors and traits. The #ActuallyAutistic movement, led by Autistic individuals, provides a platform for sharing lived experiences and challenging stereotypes about autism. Social media has become a powerful tool for normalizing behaviors such as stimming, sensory-seeking, and the use of alternative communication methods [20]. However, this increased visibility has also inadvertently contributed to imitation by individuals engaging in self-diagnosis without a full understanding of Autistic experiences. Similarly, the #ABAisAbuse movement inspired many Autistic and neurodivergent individuals to share videos displaying traits like meltdowns and stimming. While these posts have helped

raise awareness, they have also become reference points for imitation, further complicating the discourse around self-diagnosis [21].

The Complexities of Online Advocacy. The role of self-diagnosed individuals in online neurodivergent advocacy spaces adds another layer of complexity. These communities often advocate for the recognition of self-diagnosis as valid, citing the inaccessibility of diagnostic services as a significant barrier. While it is essential to respect the lived experiences of self-diagnosed individuals, professionals must also examine how these dynamics affect the broader Autistic community and the validity of research findings.

Many clinicians and advocates tread cautiously when discussing self-diagnosis due to the strength and influence of online communities. Balancing inclusivity with accuracy is crucial to ensure that advocacy efforts remain grounded in the experiences of Autistic individuals who face significant systemic barriers.

The Importance of Maintaining Authenticity. One critical question is why self-diagnosis is widely accepted in the Autistic community despite its potential risks. For example, in other marginalized communities, self-identification alone is rarely sufficient to claim group membership without broader validation. Similarly, some level of discernment or gatekeeping may be necessary to protect the authenticity and integrity of Autistic voices.

Without appropriate safeguards, individuals who are not Autistic but identify as such for personal or social reasons may inadvertently overshadow the voices of formally diagnosed individuals who have struggled to access appropriate support and advocacy spaces [11] his phenomenon raises ethical concerns about the potential appropriation of Autistic identity. When individuals without formal diagnoses speak on behalf of the Autistic community, it can undermine the lived experiences of those facing significant challenges and inequities [18,20].

Striking a Balance. Maintaining the integrity of advocacy efforts requires finding a balance between inclusivity and authenticity. "Gatekeeping" in this context is not about exclusion but rather about preserving the Autistic community's voice in research, advocacy, and policy development. Ensuring that advocacy efforts genuinely reflect the needs and perspectives of Autistic individuals is essential to building sustainable and inclusive progress.

Moving Forward: Fostering Respectful Dialog. Professionals and advocates navigating these complexities must engage in open and respectful dialog. Addressing the impact of self-diagnosis on research and advocacy, ensuring that the voices of formally diagnosed individuals remain central, and critically examining the role of social media in shaping public perceptions of autism are all crucial steps. By balancing inclusivity with the need for accuracy and authenticity, the Autistic community can continue to advocate for meaningful change while maintaining its integrity. Advocacy efforts led by individuals with direct experience and a deep understanding of neurodivergent identities will help foster sustainable progress that benefits the entire community.

6. Global Perspectives on ABA: Accessibility, Systemic Barriers, and Financial Constraints

Differences in ABA Coverage and Global Access. The accessibility and adoption of ABA vary significantly worldwide. In the United States, ABA has become a dominant autism intervention, largely due to insurance mandates that classify it as a medically necessary treatment [22]. This policy-driven approach has contributed to widespread reliance on ABA, often making it one of the few funded options available to families. In contrast, other countries provide more diverse autism support models:

- United Kingdom: the National Health Service prioritizes developmental and social communication-based interventions over ABA [23].

- Canada: ABA funding varies by province, with some emphasizing early developmental interventions rather than intensive behavior programs [24].
- Australia: ABA is one of several options under the National Disability Insurance Scheme, but developmental approaches like the Early Start Denver Model are also widely supported [25].
- Nordic Countries: structured teaching models such as TEACCH are more common in educational autism services than ABA [26].

Financial Barriers and Systemic Inequities in Autism Services. Financial barriers exacerbate the reliance on ABA, particularly for families who cannot afford private therapies. Most insurance plans do not cover the full range of interventions for Autistic individuals, making many evidence-based services inaccessible to families with limited financial resources [27]. Critics of ABA often fail to account for this reality, focusing solely on theoretical critiques without acknowledging the systemic inequities that limit access to care. For families without the means to pay out of pocket, ABA may become the default option simply because it is one of the few interventions covered by insurance, regardless of whether it aligns with their values or the specific needs of their child [22,28].

The Risks of Unregulated Alternative Therapies. Additionally, the emergence of experimental or non-evidence-based therapies marketed as alternatives to ABA poses significant risks. Interventions such as sensory deprivation tanks, hyperbaric oxygen therapy, and restrictive diets often lack rigorous scientific validation and can be both costly and harmful [29]. Families seeking alternatives may inadvertently pursue these unproven methods, leading to wasted resources and potential harm. This highlights the urgent need for greater oversight and regulation to ensure that all interventions for Autistic individuals adhere to robust, evidence-based standards that also align with Autistic values and identities [30].

The Need for Global and Financial Reforms in Autism Therapy. These differences in funding models and service availability shape how ABA is perceived and debated. In the U.S., discussions focus on reforming ABA to align with neurodiversity-affirming principles. However, in countries where ABA is less prominent, debates often question whether ABA should be included in public healthcare at all [23]. Recognizing regional differences is crucial when evaluating the future of autism services. No single therapy should be the default option—families worldwide should have access to a variety of ethical, evidence-based, and affirming interventions that respect individual needs and autonomy. At the same time, systemic funding inequities must be addressed so that no family is forced into ABA due to financial constraints. Policies should promote greater access to a spectrum of interventions, ensuring that funding models empower families to make informed choices about what best supports their child's needs.

7. Enhancing BCBA Training and Standards

Current Gaps in BCBA Training. A key component of ABA reform lies in improving the education and training of the professionals who deliver behavior-analytic services. board-certified behavior analysts (BCBAs) are required to have graduate-level training in behavior analysis and to pass a certification exam. However, critics argue that the current training paradigm does not adequately prepare practitioners to implement truly humane and developmentally informed interventions [3]. Historically, BCBA training has emphasized mastering the mechanics of behavior change—such as conducting functional analyses, implementing reinforcement schedules, and collecting data. In contrast, less focus has been placed on developmental psychology, client relationships, and the lived experience of Autistic individuals. This imbalance leaves new BCBAs technically proficient but underprepared to appreciate the human side of their work. Understanding what is

developmentally appropriate for a five-year-old Autistic child or recognizing the signs of anxiety or trauma in an eight-year-old who may not or cannot vocally report their feelings is just as crucial as knowing how to run a discrete trial teaching session. Yet many BCBA graduate programs offer minimal coursework on child development or counseling techniques, which are essential to working ethically and effectively with Autistic clients [31].

Integrating Neurodiversity-Affirming Content into Training. To address this gap, BCBA curricula and certification standards should be updated to incorporate a broader foundation in neurodevelopment, communication, and ethics. Experts are increasingly advocating for integrating neurodiversity-affirming content into training programs [23]. Future behavior analysts should receive training on sensory processing differences, alternative communication methods such as augmentative and alternative communication (AAC) for non-speakers, and the importance of respecting neurodivergent behaviors as part of an individual's identity rather than automatically viewing them as behaviors to extinguish. Additionally, BCBA training should include trauma-informed care, ensuring that behavior analysts understand how coercive or harsh techniques can trigger trauma responses and that they learn to use supportive, consent-based strategies instead [30]. Building strong therapeutic rapport—the ability to establish a trusting and positive relationship with clients—should not be treated as an optional skill but as a core competency. Coursework and supervised fieldwork should train practitioners in observing client cues, respecting boundaries, and adjusting interventions based on signs of distress or disengagement [32].

The Importance of Assent-Based Practices. Another vital element of BCBA education is ensuring that behavior analysts are trained to obtain and respect client assent. The concept of consent is complex for young or non-speaking children, but it remains a critical ethical issue. BCBAs should be required to continually seek client assent, ensuring that the individual is a willing participant in therapy, and they must be trained to appropriately respond if assent is withdrawn [6]. Client resistance should not be viewed as a behavior to eliminate but as valuable communication indicating discomfort, distress, or a lack of autonomy in decision-making. The recent literature on ABA reform strongly advocates for assent-based practice as a foundational ethical principle, particularly as ABA continues to evolve toward a more person-centered approach [31]. Formal training in this area would provide new practitioners with strategies to ensure that therapy remains a collaborative rather than coercive process.

Including Autistic Voices in Training. Improving BCBA training should also involve directly incorporating the voices and experiences of Autistic individuals. Just as medical schools now include patient educators to provide insight into the lived experience of various conditions, BCBA training programs should actively involve Autistic self-advocates. These individuals should be invited to speak about their experiences with ABA—both positive and negative—to help behavior analysts understand the long-term impact of their interventions [23]. This inclusion would reinforce that Autistic individuals are the true experts in what it feels like to be on the receiving end of therapy. Some progressive ABA agencies have already started integrating Autistic consultants into their staff or hiring Autistic BCBAs, providing mentorship and valuable perspectives for Allistic behavior analysts in training. Expanding these practices across the field would help address longstanding concerns about the exclusion of Autistic voices from decision-making in ABA.

Evolving BCBA Certification and Continuing Education. The certification and continuing education requirements for BCBAs should also evolve. The Behavior Analyst Certification Board (BACB) could incorporate competencies related to neurodiversity and humane practice into its examination and ethics code. The BACB already instructs behavior analysts to do no harm and to respect client dignity, but these guidelines should be expanded with explicit policies on honoring client communication (including non-

traditional communication methods such as AAC) and ensuring cultural responsiveness to neurodivergent norms [33]. Additionally, continuing education requirements should be broadened so that practicing BCBAs remain informed about neurodiversity-affirming practices throughout their careers. Topics such as supporting Autistic adults, augmentative communication, and cultural competence in autism should be required as part of BCBA continuing education units [30]. Expanding the scope of BCBA education and training in this way would help the field keep pace with evolving ethical and scientific standards.

Moving from Behavior Modification to Support. Some of these changes are already emerging within ABA. Publications such as "Neurodiversity-Affirming Applied Behavior Analysis" [34] offer practical suggestions for aligning ABA with neurodiversity principles. These include training practitioners to collaborate with clients in goal-setting and incorporating self-advocacy training into ABA programs [31]. By following these guidelines and making them standard practice, BCBA education can shift toward cultivating a new generation of behavior analysts who see themselves not as controllers of behavior but as supporters and educators working alongside Autistic individuals rather than imposing external expectations on them. The field must transition from a framework centered on modifying behavior to one that prioritizes supporting an individual's autonomy, personal growth, and overall well-being.

A Critical Step Toward Reconciliation. Ultimately, enhancing BCBA training and standards is essential for ensuring that ABA aligns with ethical considerations and neurodiversity-affirming values. A well-trained behavior analyst will set appropriate developmental goals, build trust and therapeutic rapport, and recognize and respect Autistic identity rather than treating it as something to be "fixed". Improvements in training will directly translate into higher-quality ABA services, giving families greater confidence that their providers are respectful, flexible, and attuned to their child's needs.

Furthermore, better training and education for BCBAs can help mend the rift between ABA and the Autistic community. When Autistic individuals see that behavior analysts are making an effort to educate themselves about neurodivergence, respect autonomy, and listen to feedback, it sends a powerful message that their concerns are being heard. Strengthening BCBA education is not only a practical necessity for improving ABA outcomes—it is also a symbolic step toward reconciliation. It demonstrates that ABA as a field is capable of evolving into an ethical, supportive discipline rather than one that imposes compliance at the expense of individual dignity.

8. Mandated Standardization and Reform of ABA

Establishing Neurodivergent-Affirming Practices. A central step in the evolution of ABA is establishing neurodivergent-affirming, assent-based services as the standard across the field, rather than treating these approaches as specialized or optional. Historically, compliance-based models dominated ABA practice, with limited emphasis on individual autonomy and self-determination [6,12]. Moving forward, standardization must focus on embedding neurodivergent-affirming principles into all levels of practice, ensuring these approaches are universally applied rather than considered niche services [16,17,34].

Incorporating Autistic Leadership and Representation. Incorporating Autistic leadership and representation is essential for developing effective and respectful support frameworks for the Autistic community. Historically, many organizations influencing interventions and policies have lacked Autistic voices in leadership positions, leading to practices misaligned with the community's actual needs and values. This absence undermines the authenticity and effectiveness of their efforts. Autistic leaders bring invaluable insights that can inform more nuanced and effective policies and interventions. Their firsthand experiences enable them to identify potential pitfalls in proposed strate-

gies and advocate for approaches that genuinely enhance quality of life. Moreover, their representation fosters trust within the community, as decisions are made with a true understanding of Autistic experiences. The lack of such representation has in the past resulted in interventions that do not align with the community's needs and values [35].

Guidelines Informed by Autistic Perspectives. Social validity, which assesses the acceptability and significance of interventions, must be grounded in the experiences and preferences of Autistic individuals. When guidelines are developed based on neurotypical standards without Autistic input, they risk promoting conformity over individuality, potentially causing harm. For instance, interventions that discourage natural behaviors like stimming can lead to long-term emotional distress and a diminished sense of self-identity [6]. It is imperative that Autistic individuals actively participate in creating guidelines to ensure that support practices are both effective and respectful of neurodiversity.

Representation in Decision-Making Bodies. The inclusion of Autistic individuals in decision-making roles within organizations that impact their lives is not just beneficial but necessary. Autistic leaders' insights can lead to more nuanced and effective policies and interventions. Their experiences enable them to foresee potential issues in proposed strategies and to champion approaches that truly enhance quality of life. Representation also builds trust, as the community sees that those in charge have a genuine understanding of Autistic perspectives. Without such representation, interventions risk misalignment with the community's needs and values [35].

Variability and the Need for Ethical Standards. A critical issue in ABA's implementation is the variability in practice standards and the reliance on individual clinicians' philosophies. While ABA is based on behavioral principles aimed at addressing socially significant behaviors, the harm reported by many Autistic individuals has often stemmed from the application of interventions that prioritize compliance over autonomy. This variability can result in practices that are not neurodivergent-affirming, perpetuate harm, and fail to respect the dignity of Autistic individuals. To mitigate these risks, standardized guidelines must be developed and enforced to ensure that all ABA practices align with ethical, evidence-based approaches that prioritize assent, autonomy, and individual well-being. Doing harm can never be an acceptable outcome of therapy; governing bodies have a responsibility to ensure that practices align with the values and norms of the Autistic community. Ethical guidelines should be explicit, emphasizing harm reduction, respect for autonomy, and the prioritization of neurodivergent-affirming practices. These guidelines must set clear boundaries for acceptable methods and provide actionable frameworks for clinicians to implement interventions that reflect the dignity and individuality of Autistic people. Without explicit ethical standards and enforcement, variability in implementation will continue to foster mistrust and harm, undermining ABA's credibility as a therapeutic approach.

9. The Imperative of Robust Qualitative Research in Autism Studies

Importance of Qualitative Research. Qualitative research plays a vital role in understanding the lived experiences and perspectives of Autistic individuals. Unlike quantitative research, which often focuses on measurable outcomes, qualitative studies provide deeper insight into how interventions—such as ABA—impact Autistic individuals and their communities [16,36]. This approach highlights nuanced experiences that might be overlooked in traditional research, making it an essential tool for promoting reform and improving practices.

Challenges in Methodological Rigor. While qualitative research has the potential to drive meaningful change, its effectiveness depends on maintaining methodological rigor. One significant challenge arises from the inclusion of self-diagnosed individuals in research

without verifying their diagnostic status. Online surveys and studies that recruit from digital communities often lack mechanisms for participant verification, increasing the risk of selection bias and misrepresentation [11,37]. Although self-diagnosis can be a valid step for those lacking access to formal services, its use in research may distort findings, particularly if the experiences of self-diagnosed individuals are generalized to represent the broader Autistic population [19].

Safeguarding Research Integrity. To ensure the integrity and credibility of qualitative research, it is essential to implement robust verification processes. Confirming participants' diagnostic histories is a crucial step in avoiding bias and ensuring representative findings. Additionally, researchers must prioritize the inclusion of diverse Autistic individuals—especially those who have received ABA services—to better capture a comprehensive range of experiences [38]. Collaboration with Autistic individuals during the research design and execution phases further enhances validity, ensuring that the priorities of the Autistic community are authentically represented [8,12].

Inclusion of Under-represented Voices. Historically, nonspeaking Autistic individuals and those with co-occurring intellectual disabilities have been under-represented in research, leaving a narrow and incomplete view of the Autistic experience [3,39]. Addressing this gap is crucial for creating more inclusive and accurate research that reflects the full diversity of Autistic individuals. Including these voices is not only an academic necessity but also an ethical obligation to ensure that the most vulnerable members of the community are represented in advocacy and policy development.

Aligning Research with Advocacy and Policy. By centering the voices of formally diagnosed Autistic individuals and maintaining rigorous, transparent methodologies, qualitative research can provide a strong foundation for shaping interventions and policies that align with the Autistic community's needs and values. This research must go beyond anecdotal accounts and strive for methodological excellence to ensure that findings are not dismissed as unrepresentative by clinicians and policymakers who prioritize evidence-based practices [4,36].

10. Conclusions and Path Forward

Historical Context and the Ethical Imperative for Reform. ABA has long been a cornerstone of interventions for Autistic individuals, but its historical practices and some contemporary implementations have raised significant ethical and practical concerns. Early practices prioritized neurotypical conformity over autonomy and well-being, suppressing natural behaviors such as stimming and seeking to make Autistic individuals "indistinguishable" from their peers [6,15]. These interventions, often developed without input from Autistic individuals, left a legacy of harm and mistrust that continues to challenge the field's credibility.

Reforming ABA requires a systemic transformation that addresses these historical failings and aligns its future with principles of equity, inclusion, and respect. For ABA to truly become the ethical, evidence-based intervention it aspires to be, the field must move beyond superficial changes. Neurodivergent-affirming practices must become the universal standard—not an optional approach—for ABA to fulfill its moral and professional responsibilities [6,16].

The Need for Regulation and Standardization. Regulation and oversight are critical components of this transformation. The field must develop and enforce standardized guidelines to prevent harmful practices such as targeting natural Autistic behaviors or prioritizing neurotypical conformity. These guidelines must be explicitly outlined in ethical codes and reinforced with rigorous accountability measures to protect individuals from harm [38]. Incorporating mandatory training for ABA practitioners in neurodivergent-

affirming, assent-based approaches is essential to ensure that individual differences are celebrated rather than suppressed. Training must emphasize respecting autonomy, fostering authentic engagement, and collaborating with the individuals and families being supported [34].

The Collaborative Redefinition of Social Validity. A central focus of reform must be the active involvement of Autistic individuals in shaping policies, designing therapeutic goals, and redefining social validity standards. Historically, social validity in ABA has been defined through a neurotypical lens, often excluding Autistic perspectives. Including Autistic voices at every step ensures that interventions align with personal values, preferences, and well-being, making therapies more meaningful and impactful [3,12,40].

Addressing Systemic Barriers and Harmful Alternatives. The current state of insurance coverage further complicates reform efforts. Financial barriers often push families toward reliance on ABA or toward unregulated, experimental therapies that can be costly and potentially harmful. Interventions such as hyperbaric oxygen therapy and restrictive diets lack scientific validation and pose significant risks [29]. Ensuring that ABA fulfills its promise as a gold-standard intervention is not just about accessibility; it is about transforming it into a model of ethical excellence. ABA must genuinely reflect neurodivergent-affirming principles and address systemic inequities to prevent families from feeling that they have no choice but to pursue unproven alternatives. Only through meaningful reform can ABA become the ethical and effective intervention it purports to be [15].

Lessons from the #ABAisAbuse Movement. The #ABAisAbuse movement demonstrated that systemic change is possible when marginalized voices are amplified. At its peak, the movement forced long-overdue accountability and spurred reform efforts within the field. However, as the initial momentum slowed, so too did the urgency for sustained change. Without continued advocacy and pressure, the necessary transformation risks stagnation, leaving the field's evolution incomplete [13,14].

The Path Forward: A Collective Responsibility. The path forward requires collective action from policymakers, practitioners, and Autistic advocates alike. Standardized, evidence-based guidelines must be coupled with rigorous oversight and accountability measures to rebuild trust within the Autistic community. Involving Autistic individuals in shaping policies and defining therapeutic goals ensures that ABA evolves into a practice rooted in authenticity and collaboration [3,15].

By prioritizing neurodivergent-affirming principles, embedding ethical standards into every aspect of practice, and addressing systemic barriers to care, ABA can evolve into an intervention that genuinely empowers individuals. This future must reflect not only the lessons of ABA's past but a commitment to ensuring dignity, autonomy, and well-being for all Autistic individuals.

Conclusion: A Moral and Professional Imperative. The future of ABA hinges on its ability to reconcile its scientific foundation with the ethical imperatives of neurodiversity and human rights. Reforming ABA is not merely an aspiration—it is a moral imperative. Only through systemic change can ABA fulfill its potential as an intervention that enhances quality of life for Autistic individuals, honors their diversity, and supports their autonomy. Such a transformation is essential to making ABA a practice worthy of the trust and respect of the Autistic community [6,15].

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: No new data were created or analyzed in this study. Data sharing is not applicable to this article.

Conflicts of Interest: The author declares no conflicts of interest.

Glossary

Allistic—A term used to describe individuals who are not Autistic. Unlike neurotypical, which refers to those without any neurodevelopmental differences, allistic specifically denotes individuals who are not on the autism spectrum but may still be neurodivergent in other ways. Applied Behavior Analysis (ABA)—A behavioral intervention based on principles of behaviorism, commonly used to support individuals with autism. Historically criticized for compliance-based methods, ABA is undergoing reform to incorporate neurodivergent-affirming and assent-based practices. Assent-Based Practices—Therapeutic approaches that prioritize obtaining ongoing agreement (assent) from the individual receiving services, ensuring their autonomy, comfort, and willingness to participate in interventions. Autistic Masking—The conscious or unconscious suppression of Autistic traits, often to conform to neurotypical social norms. Masking can lead to long-term psychological harm, including anxiety and identity loss. Behavioral Compliance—A term used in ABA and other interventions referring to an individual following directives or expectations. Historically, compliance-based approaches have been criticized for prioritizing conformity over autonomy. Neurodivergent-Affirming Practices—Approaches to therapy and support that respect and validate neurodivergent experiences, prioritizing autonomy, self-advocacy, and strengths rather than focusing on "fixing" perceived deficits. Social Validity—A concept in ABA and psychology that measures whether intervention goals, procedures, and outcomes are meaningful and beneficial to the individual and their community. Historically, social validity was assessed through a neurotypical lens, often excluding Autistic perspectives. Stimming (Self-Stimulatory Behavior)—Repetitive movements, sounds, or behaviors commonly used by Autistic individuals for self-regulation, comfort, or expression. Stimming is often misunderstood and has been a target for suppression in early ABA practices. #ABAisAbuse Movement—A social movement led by Autistic self-advocates highlighting the harm caused by traditional compliance-based ABA practices and advocating for ethical, neurodivergent-affirming alternatives. Self-Diagnosis—The process of identifying oneself as Autistic or neurodivergent without a formal medical or psychological evaluation. While often necessary due to systemic barriers to diagnosis, self-diagnosis raises concerns about misidentification and validity in research contexts.

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