

Committee Conducting an
Independent Analysis of
Department of Defense's
Comprehensive Autism Care
Demonstration Program

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NATIONAL
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Medicine*

Affirming Neurodiversity within Applied Behavior Analysis

Authors Note: This article was authored by a neurodiverse team of scholars, practitioners, and advocates.

SCAN ME



**Affirming Neurodiversity within
Applied Behavior Analysis**

Behavior Analysis in Practice - Criticisms of
applied behavior analysis (ABA) from the
autistic community continue to intensify and...

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Language Matters

Self-advocates indicate a preference for identity-first language (i.e., “autistic”) over person-first language (i.e., “person with autism”)

If our goal as researchers and clinicians is to help our clients, then we should use the same language that they use rather than discussing autism solely in academic jargon.

On using the term disability



Understanding Neurodiversity

Neurodivergent: Cognitive functioning which is not considered "typical". For example, autistic, dyslexic, and dyspraxic people.

Neurotypical: Descriptor that refers to someone who has the brain functions, behaviors, and processing considered standard or typical.

Neurodiverse: Describes the diversity and variation of cognitive functioning in people. Neurodiverse is typically used to describe neurodivergent people.

Neurodiversity: The diversity of human brains and minds – the infinite variation in neurocognitive functioning within our species. **A biological fact.**

Neurodiversity Movement: A social justice movement that seeks civil rights, equality, respect, and full societal inclusion for the neurodivergent.

The image features a dark grey background with three overlapping blue circles. A white horizontal band runs across the middle of the circles. The text "Neurodiversity Paradigm" is centered within this white band.

Neurodiversity Paradigm

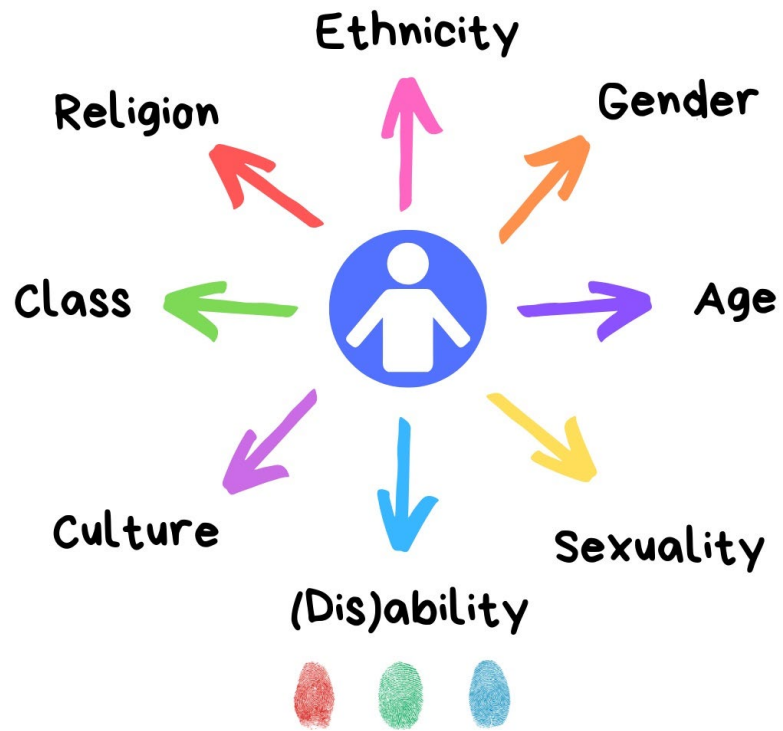
Double Empathy Problem

“The neurodiversity perspective contends that living in a society designed for non-autistic people contributes to, and exacerbates, many of the daily living challenges that autistic people experience. . . . Sensory demands, social ambiguities, and information complexities are among the barriers that the modern 21st century presents to autistic people” (Robertson, 2010, p. 3)



What is “normal”

INTERSECTIONALITY





How to modify ABA practices to be Neurodiversity Affirming

Table 2 Less-Optimal ABA Practices and Potential Neurodiversity-Centered Practices

Criticism	Less-Optimal ABA Practices	Neurodiverse-Centered ABA Practices
ABA Programs Seek to Erase Autistic Identity and Encourage Masking	<ul style="list-style-type: none"> ● Goal of making client indistinguishable from peers ● Target all stereotypy for reduction by default ● Social skills that are not relevant to client interests and preferences ● Discourage special interests 	<ul style="list-style-type: none"> ● Center client values in choosing targets ● Educate clients about neurodiversity ● Educate clients on self-acceptance ● Build treatment around client's special interests
ABA causes or worsens mental health conditions	<ul style="list-style-type: none"> ● Excessive escape extinction ● Ignoring assent-withdrawal ● Not responding to client's emotional well-being ● Forced tolerance of sensory discomfort ● Resorting to coercive procedures too rapidly 	<ul style="list-style-type: none"> ● Assess for client assent and assent-withdrawal and reinforce assent withdrawal ● Monitor for harmful side-effects ● Teach self-advocacy skills ● Adopt trauma-informed care practices
ABA reduces whole human beings to individual behaviors	<ul style="list-style-type: none"> ● Not attending to emotions ● Not inquiring about unique variables that may influence behavioral functions 	<ul style="list-style-type: none"> ● Assess emotional well-being in clients on an ongoing basis ● Collect data on client affect ● Ask clients for their input on behavioral function
Autistic voices are absent in ABA research and practice	<ul style="list-style-type: none"> ● Treatment resources that do not include autistic input ● Addressing research topics that are the focus of neurotypical researchers 	<ul style="list-style-type: none"> ● Engage with autistic colleagues to create new treatment resources ● Invite autistic researchers as co-investigators on research ● Create autistic advisory boards
Pressuring parents to choose ABA	<ul style="list-style-type: none"> ● Represent ABA as the default support option ● Overemphasizing possible negative outcomes if ABA is not chosen ● Overemphasizing lack of research or other concerns with non-ABA disciplines 	<ul style="list-style-type: none"> ● Consider referring some to non-ABA services if those may be a better fit ● Supportive, compassionate, zero-pressure approach ● Provide information on other evidence-based interventions and practices

Potential concerns with ABA practices (left column), corresponding traditional ABA practices (middle column), and a nonexhaustive list of examples of potential neurodiversity-centering ABA practices (right column)

(Mathur, Renz, & Tarbox, 2024)

Criticism	Less Optimal ABA Practices	Neurodiverse-Centered ABA Practice
ABA Programs Seek to Erase Autistic Identities	<ul style="list-style-type: none">● Goal of making client indistinguishable from peers● Target all stereotypy for reduction by default● Social skills that are not relevant to client interests and preferences● Discourage special interests	<ul style="list-style-type: none">● Center client values in choosing targets● Educate clients about neurodiversity● Educate clients on self-acceptance● Build treatment around client's special interests

(Mathur, Renz, & Tarbox, 2024)

Criticism	Less Optimal ABA Practices	Neurodiverse-Centered ABA Practice
ABA causes or worsens mental health conditions	<ul style="list-style-type: none">● Excessive escape extinction● Ignoring assent-withdrawal● Not responding to client's emotional wellbeing● Forced tolerance of sensory discomfort● Resorting to coercive procedures too rapidly	<ul style="list-style-type: none">● Assess for client assent and assent-withdrawal and reinforce assent withdrawal● Monitor for harmful side-effects● Teach self-advocacy skills● Adopt trauma-informed care practices

Criticism	Less Optimal ABA Practices	Neurodiverse-Centered ABA Practice
ABA reduces whole human beings to individual behaviors	<ul style="list-style-type: none">● Not attending to emotions● Not inquiring about unique variables that may influence behavioral functions	<ul style="list-style-type: none">● Assess emotional well-being in clients on an ongoing basis● Collect data on client affect● Ask clients for their input on behavioral function

(Mathur, Renz, & Tarbox, 2024)

Criticism	Less Optimal ABA Practices	Neurodiverse-Centered ABA Practice
Autistic Voices are Absent in ABA Research and Practice	<ul style="list-style-type: none">● Treatment resources that do not include autistic input● Addressing research topics that are the focus of neurotypical researchers	<ul style="list-style-type: none">● Engage with autistic colleagues to create new treatment resources● Invite autistic researchers as co-investigators on research● Create autistic advisory boards

(Mathur, Renz, & Tarbox, 2024)

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Criticism	Less Optimal ABA Practices	Neurodiverse-Centered ABA Practice
Pressuring parents to choose ABA	<ul style="list-style-type: none">• Represent ABA as the default option for supporting autistic people• Over-emphasizing possible negative outcomes if ABA is not chosen• Over-emphasizing lack of research or other concerns with non-ABA disciplines	<ul style="list-style-type: none">● Consider referring some to non-ABA services if those may be a better fit● Supportive, compassionate, zero-pressure approach● Provide information on other evidence-based interventions and practices

Summary: Recommendations of Neurodiversity Affirming ABA

Goals should focus on **Increasing Quality of Life**

Focus on developing **coping skills** and **expanding on the persons strengths**

Center client values in choosing targets (do not impose neurotypical values)

Educate clients AND SOCIETY about **neurodiversity**

Educate clients on **self-acceptance**

Build treatment around clients' **special interests**

Assess for client **assent and assent-withdrawal** and reinforce assent withdrawal

Monitor for harmful side-effects

Teach **self-advocacy skills**

Adopt **trauma-informed care** practices

Summary Continued

Assess **emotional well-being** in clients on an ongoing basis

Collect data on **client affect**

Measure success by measuring clients: happiness, autonomy in service design, self-advocacy skills, and overall quality of life

Include client input on behavioral function

Engage with **autistic colleagues** to create new treatment resources

Invite **autistic researchers** as co-investigators on research

Create **autistic advisory boards**

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Parents and Families

Whenever possible, talk with your child, rather than about your child. Include your autistic child as much as you can in treatment planning. Let them share concerns and experiences with doctors, therapists, and teachers.

Share your child's ASD diagnosis with them at the earliest appropriate time. Many authors relayed their diagnosis helped them understand themselves better.

Discuss your child's specific strengths and challenges related to ASD and how you can support them. Ask them if and how they feel different from their peers and how you can support them.

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Read!

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Teamwork makes
the dream work!

**Centering autistic
voices means
prioritizing our clients'
input in treatment
planning, it does not
mean excluding the
expertise of clinicians
or judgements of family
members**

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Thank You!

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