

The History and Current Landscape of Applied Behavior Analysis

Applied Behavior Analysis (ABA) and ABA-based therapy is one of the most researched intervention approaches for people with autism spectrum disorder (ASD) and/or intellectual and developmental disabilities (IDD)¹. There is a considerable amount of evidence demonstrating the effectiveness of this approach. However, recently there has been a growing discussion including strong and differing opinions related to the use of ABA and the history of its implementation. The purpose of this document is to provide information related to the current state of ABA in Washington state in 2025 to help members of our community make informed decisions related to intervention and treatment, including the recommendation for therapies.

An emerging opinion about ABA from some of its consumers and some members of the autistic community is that it has caused trauma for some people with ASD who have experienced it. We acknowledge that treatment using ABA has caused trauma for some individuals, and those who have had these experiences should be listened to carefully. There are also multiple reports of outcomes of ABA that increased quality of life and provided effective supports to many people with ASD and/or IDD. These life experiences must also be honored. We encourage those who have experienced trauma to share their stories in a way that feels comfortable so the community can listen, validate, and improve the treatment of people with disabilities.

The INCLUDE (Interdisciplinary Network of Community Leaders with a focus on the Underserved and Disability Education) Collaborative² and its members respect the right of individuals with ASD and other related disabilities to seek intervention and treatment that is effective, acceptable, and culturally appropriate. Behaviorism is a science focused on understanding behavior and ABA is the application of that science. There is a robust evidence base demonstrating the effectiveness of behavioral interventions to decrease interfering behaviors associated with ASD, teach valued behaviors to people with ASD, and result in an increased quality of life for people with ASD and their families (e.g., Asmus et al., 2004; Eldevick et al., 2009; Hanley et al., 2003; Reichow & Wolery, 2009; Virues-Ortega et al., 2022). ABA-based procedures are identified by numerous scientific and professional organizations, federal agencies, and state agencies as best practice for individuals with ASD and/or IDD (Hagopian et al., 2022).

The History of ABA

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ABA uses strategies based on behavioral principles to address socially important behaviors. Social importance is defined by the person receiving intervention and their family. ABA, as we view it today², was first described by Baer, Wolf, and Risley in 1968. These procedures had immediate utility for working with people with disabilities who many professionals at the time considered to be unteachable. For example, in 1964, Wolf, Risley, and Mees used behavioral strategies to teach a three-year-old boy with autism and a degenerative eye disease to wear his glasses. This intervention resulted in the young child maintaining his vision. In the following years, important advances in the implementation of ABA continued to occur, with promising treatment packages emerging to better serve children and families. Advances in procedures occurred, and lives of many individuals with ASD were changed forever as they learned skills and behaviors to increase their independence, engage in meaningful, functional activities, and develop the skills necessary to learn daily living skills. Today, education systems utilize the principles of ABA in classrooms daily with all types of children. ABA is implemented as a therapy in homes, schools, clinics, and community settings across the country.

Behavioral treatments for people with ASD changed forever in 1987 when Ivar Lovaas published a study stating the effectiveness of early intensive behavior intervention. Children who had been thought to be untreatable were viewed as children who could attend elementary school with their nondisabled peers because of this study. This study signaled a change in how families and professionals viewed the treatment of ASD. Families wanted intervention for their young children and after years of advocating, ABA treatment is now covered by Medicaid in all 50 states, while 48 states have private health insurance mandates requiring coverage.

Our society has learned more about the value of diversity, equity, and inclusion, including the role of neurodiversity and the contributions of people with different abilities and backgrounds. We have learned that appropriate outcomes for these interventions are individual to the people receiving them and their families. Interventions and outcomes must be sustainable, acceptable, and culturally responsive. Our goals were, and continue to be, to increase the quality of life for individuals with ASD and their families by teaching skills and behaviors to promote access to, and authentic participation in, inclusive settings and communities. Like all interventions, ABA is evolving. State-of-the-art behavioral intervention in 2025 does not look like the intervention that Lovaas and his colleagues provided in the 1980s. Current practices in ABA incorporate issues of compassion, diversity, inclusion, self-determination, and social justice (Penney et al., 2023). There has also been direct work on developing trauma-informed practices of ABA. These include strategies such as ensuring trust and safety, providing choices and shared governance,

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and emphasizing skill building (Rajaraman et al. 2022). Although there are still examples of flawed behavioral practices being used in many communities, when implemented with fidelity and by properly trained staff, ABA continues to be the most effective treatment modality for people with ASD (see Hagopian et al., 2022).

As a team with professionals dedicated to providing the best care to their patients, we know that there is no one way to meet the needs of all people with ASD. We need to listen to and learn from recent criticisms of ABA as a therapy by the autistic community, and work with individuals with ASD and their families to navigate the evidence to find intervention options that are effective, responsive, and align with their beliefs. While professionals across disciplines continue to learn how to best provide services and support to all families of children of all abilities and backgrounds, implementation of ABA will grow and change as our practice evolves to meet the needs of our consumers.

ABA is an effective and powerful approach to teach people socially important behaviors. For over 50 years, this optimistic set of strategies has helped countless clients and their families accomplish goals important to them so that people with ASD can participate in authentic and meaningful ways in the activities and communities of their choice. Like all evidence-based intervention strategies, ABA evolves as we learn more. Current areas of growth in the field include integrating trauma-informed care practices into behavioral assessment and treatment strategies. These practices include strategies such as building in choice to participate in therapy that can be identified through verbal or non-verbal communication, taking more time to build rapport, and being more creative with how to alter environmental variables that reduce the desire to avoid activities and increase the likelihood the individual will choose to complete various tasks and activities (Rajaraman et al., 2022). Although there have been, and unfortunately will continue to be, some consumers who have negative experiences with behavioral interventions and interventionists, the goal of ABA is to use the power of behavioral principles to empower people with ASD and other developmental disabilities to live their best lives.

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