

Applied Behavioral Analysis: The Ethical Implications of this Evidence-Based Intervention

A Presentation by Liza Freed

Normalization:

A Concept Developed by
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“Utilization of means which are as culturally normative as possible, in order to establish and/or maintain personal behaviors and characteristics which are as culturally normative as possible” (“The Autism History Project,” 2019).

Applied Behavioral Analysis (ABA)



As defined by Healthline (n.d.), Applied Behavioral Analysis is “a type of therapy that can improve social, communication, and learning skills through reinforcement strategies.”

Is the most widely used therapy for Autism, Applied Behavioral Analysis (ABA), more harmful than it is helpful, and what are the ethical implications of continuing to use it even if it is an evidence-based intervention?

Applied Behavioral Analysis (ABA): A Literature Review

1. The harmful impact of ABA
2. Evidence of the efficacy of ABA
3. Evidence of successes with alternative interventions

Applied Behavioral Analysis (ABA): The Controversy

Proponents: ABA has an effective and extensive record of success in terms of the application of operant-based behavioral principles that are indicators of “good behavior” (like toilet training) (Wingate et al., 2017).

Applied Behavioral Analysis (ABA): The Controversy

Critics: “The therapeutic goal was presented as learning social behavior - in retrospect, this was learning to mimic NT [neurotypical, or non-autistic] social behavior. It resulted in corrosive damage to self-esteem and deep shame about who I really am. No effort was made to explain autism to me or to explain the role of sensory overload in issues like meltdowns, shutdowns, etc.” - Anonymous Participant, ASAN

Applied Behavioral Analysis (ABA): Impact on Social Workers?

- What do we do when a parent of an individual with special needs is committed to ABA but we see it as harmful to the client?
- How does ABA intersect with the carceral system and other methods of control that social workers put onto our clients
- How does consent fit into all of this? Don't we want our clients to be autonomous? Does ABA inherently preclude consent in earnest?

References

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