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PERCEPTIONS OF APPLIED BEHAVIOR ANALYSIS THERAPY ON CHILDREN
WITH AUTISM SPECTRUM DISORDER VIA SOCIAL MEDIA

by

Kaitlyn Drilling

A Thesis Submitted in Partial Fulfillment
Of the Requirements for the
University Honors Program

Department of Communication Sciences and Disorders

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May 2024

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ABSTRACT

Perceptions of Applied Behavioral Analysis Therapy on Children with Autism Spectrum Disorder via Social Media

Kaitlyn Drilling

Director: Coral Dirks, Ph.D.

The use of Applied Behavioral Analysis Therapy (ABA) on children with Autism Spectrum Disorder (ASD) is a controversial topic. Stakeholders have strong opinions, and the use of social media allows them to reach a bigger audience to share their perceptions. Stakeholders such as parents of children with ASD, adults with ASD who have been treated using ABA therapy, and ABA clinicians themselves may post on long-form social media such as Reddit or Facebook to ASD specific forums. These forums provide stakeholders with information, community, and support that they might not have otherwise. The perceptions of ABA on children with ASD varied greatly, and the most represented group in this study was the perceptions of parents of children with ASD. Further research should be conducted on the perceptions of adults with ASD that were treated by ABA to provide a more comprehensive look at the matter and to better inform future research and policy.

KEYWORDS: Autism spectrum disorder, applied behavioral analysis therapy, social media, Facebook, Reddit

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DEDICATION

In hopes that the experiences and voices of individuals with Autism Spectrum Disorder
are put at the forefront of continued research.

CHAPTER ONE

Introduction

One in 36 children have been identified with autism spectrum disorder (ASD) according to a study by the CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network. (Maenner et al., 2020). ASD is a developmental disability caused by neurological differences in the brain. ASD manifests itself differently in each person that receives a diagnosis, but a few distinct and key characteristics are used to diagnose the disorder. According to the American Psychiatric Association (2013) the following are the diagnostic criteria from the DSM-5 for Autism Spectrum Disorder:

To meet diagnostic criteria for ASD according to DSM-5, a child must have persistent deficits in each of three areas of social communication and interaction (see A.1. through A.3. below) plus at least two of four types of restricted, repetitive behaviors (see B.1. through B.4. below).

- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):
1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
 2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities

in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.

3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

Specify current severity:

Severity is based on social communication impairments and restricted, repetitive patterns of behavior. For either criterion, severity is described in 3 levels: Level 3 – requires very substantial support, Level 2 – Requires substantial support, and Level 1 – requires support.

- B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):
 1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
 3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).

4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g. apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Specify current severity:

Severity is based on social communication impairments and restricted, repetitive patterns of behavior. For either criterion, severity is described in 3 levels: Level 3 – requires very substantial support, Level 2 – Requires substantial support, and Level 1 – requires support.

- C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).
- D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Note: Individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism

spectrum disorder, should be evaluated for social (pragmatic) communication disorder.
(p. 50-51)

The abilities of people with ASD can vary from person to person, and some people with ASD may be skilled in conversational abilities, while others may have low conversational ability or may be nonverbal. People with ASD might have difficulties in social situations, behave in ways that might differ from societal norms, interact with their environment uniquely, and learn differently. Some people with ASD may need a lot of support throughout their lives while others need minimal assistance.

According to the Centers for Diseases Control and Prevention (2022) the causes of ASD are not clear, but it is likely that both genetics and environmental factors increase the risk of developing ASD, and environmental factors in combination with genetic mutations likely affect the person prenatally and can result in a person being born with autism. Evidence does not support a postnatal development of autism (Amaral, 2017). Common risk factors include having a sibling with ASD, conditions such as Fragile X syndrome or tuberous sclerosis, complications during birth, or being born to older parents (CDC, 2022). ASD and its symptoms and severity vary from person to person, and it is likely that multiple causes contribute to the development of autism in multiple combinations.

ASD is unable to be cured and manifests differently in each person, so no singular treatment works for all people that have been diagnosed. The treatments available for ASD are used to “eliminate, minimize, or prevent problem behaviors that may interfere with functional skills” (Hyman et al., 2020, p. 20). An interdisciplinary approach is likely necessary to treat an individual with ASD, and professionals such as physical therapists, speech-language pathologists, primary care physicians, occupational therapists, school psychologists, teachers,

and behavioral analysts may all work together to meet goals and provide intervention.

Treatments for ASD are broken down into categories including behavioral, developmental, educational, social-relational, pharmacological, psychological, and complementary or alternative (CDC). Treatments may fall under multiple categories and treat multiple areas of symptoms.

Applied Behavioral Analysis (ABA) therapy is a treatment commonly used for individuals with ASD to change natural behaviors into desirable behaviors. The beginning of ABA therapy was based on B.F. Skinner's theory of operant conditioning, which is using rewards or punishments to modify behavior (Gitimoghaddam et al., 2022, p. 522). The basic model based on operant conditioning is called Discrete Trial Training (DTT) and is a structured therapy where the client is asked to display a desirable behavior, is rewarded (punishment is no longer used in DTT), and the trial is repeated a set number of times. ABA therapy has evolved since its introduction in 1968 into targeted intervention and comprehensive treatment models that address deficits across all levels of functioning for children with ASD by using techniques such as reinforcement, extinction, prompting, video modeling, and the Picture Exchange Communication System (PECS). (Gitimoghaddam et al., 2022, p. 523).

ABA therapy is used for children with ASD for a multitude of reasons. This form of intervention can be customized and the therapy is created around the individual needs of the child. ABA therapy can be used for more than just social skills therapy, and can be used to target educational skills, life skills, and other problem areas. This therapy is usually very structured with core teaching techniques, and teachers and parents can help the child practice learned skills outside of therapy. The initial studies on efficacy of ABA by pioneer Ivar Lovaas are suggested to include fabricated data and audits discovered that only one of his 58 studies were of high quality (WHYY, 2022). Research conducted about ABA therapy and its efficacy has been

debated, but meta-analyses suggest that ABA, if consistently attended by the child, results in small to moderate improvement in adaptive behaviors such as socialization, communication, and expressive language (Choi et al., 2022, p. 10). A study on longitudinal predictors of ABA therapy as a treatment for children with autism states that “higher cognitive functioning significantly predicted faster growth across all four developmental domains” (Tiura et al., 2017, p. 185).

ABA therapists are licensed through the Behavior Analyst Certification Board and are certified based on varying degree of education. A Registered Behavior Technician (RBT) is a paraprofessional that has received a high school degree and additional training, and a Board Certified Assistant Behavioral Analyst (BCaBA) is an under-graduate level professional. A Board Certified Behavior Analyst (BCBA) is a professional with graduate level training and supervises RBT’s and BCaBA’s. RBTs spend the most time interacting with the clients and providing behavioral therapy. Becoming an RBT takes about a month, requires a high school diploma, 40 hours of training, and passing the RBT examination. RBTs are not required to be trained to be sensitive to the sensory needs of children with autism and goal behaviors are often unnatural for children with autism.

The perceptions of ABA therapy as a treatment for children with autism varies greatly. Personal experiences shared by adults with autism say that ABA therapy is abusive to children with autism (Tung, 2022). ABA therapy is an intense and repetitive therapy, and while it is now mostly reward based, the desirable behaviors are typically unnatural to children with autism. ABA therapists use the hand over hand method to teach goal behaviors, and this reduces the child’s ability to stim, or self-stimulate with repetitive motions, speech, or use of an object, as they naturally would to self soothe (Wang, 2024). The child’s sensory needs or feelings are not

considered during therapy, and the child learns that the quickest way to escape the uncomfortable sensations is to comply. Children with autism typically receive about 25-40 hours per week of ABA therapy. ABA therapy is designed to change the behaviors of children with autism and does not consider their emotional welfare in the process (Tung, 2022).

Parents of children with autism in support of ABA therapy have a positive perception typically due to the behavioral changes that they see within their child (Tung, 2022). ABA therapists can advocate for children receiving their services to be placed in the general classroom. The skills and behaviors learned in ABA therapy are not typically generalized to other environments, but showing teachers and educational assistants how to correct behavior using skills from ABA therapy can help the child minimize distractions during class time and have social interaction with their peers (Kehoe, 2015, p.12). Advocates of ABA therapy are working to push for medically necessary health insurance coverage of ABA therapy. Idaho and Wyoming are the only two states that currently do not have ASD specific insurance coverage mandates (ASHA). ABA is typically covered under the state mandates while other medically necessary services that can be provided by other professionals are not, so this gives parents an incentive to choose ABA over other types of therapies (ASHA).

ABA therapy practices are often criticized by adults with ASD that experienced the therapy as children. There is limited research documenting these experiences, but a study conducted by Henny Kupferstein in 2018 cites increased evidence of PTSD in people with ASD who were exposed to ABA therapy. While research is limited, these stories may be documented in news reports or articles written by adults with ASD that experienced ABA themselves. In 2022 WHYY, a public media organization in the Philadelphia region, reported on the

controversy surrounding ABA from the perspective of adults who were part of the first generation receiving this therapy.

Given the limited research that documents the effects of ABA therapy on adults with ASD, the purpose of this research is to examine the varying perceptions of ABA on children with ASD via social media. The study asked the following questions: Why is ABA therapy perceived as “good” or “bad”? Why do parents choose ABA as treatment for their child with ASD? Would the same desired results be seen with a different type of therapy? Why do the perceptions surrounding ABA therapy vary drastically?

CHAPTER TWO

Methods

This project used publicly available long form social media platforms to investigate the perspectives surrounding the use of ABA therapy on children with ASD. Institutional Review Board Approval was not needed because the data recorded was accessed through social media that is publicly available. Data was collected by using Reddit and searching the keywords “ABA” or “ABA therapy”. The keywords for Facebook searches were also “ABA” or “ABA therapy”, but within public groups dedicated to autism parenting or autism support groups. This paper evaluates the long form social media sites of Facebook and Reddit. Limiting the scope of this research to long form social media was done for a variety of reasons. Communities are already established surrounding autism on both Facebook and Reddit, the word limit on these social media sites is much larger than other platforms, and both are typically moderated to avoid blatant misinformation. The focus of this qualitative study is to combine research on ABA and perceptions of ABA on social media sites to inform further research on the impact of ABA therapy. ABA therapy in its entirety is a passionate subject, and some people fully support it, some people want to ban it, and some people have opinions aligning with both sides. Using anecdotes from online spaces is a way to get an understanding of the varying perceptions surrounding ABA therapy.

CHAPTER THREE

Literature Review

The users of social media as a form of advocacy for ASD range from adults with autism to parents or guardians to professionals who work with people with ASD. The treatment of ASD is highly collaborative, so naturally people have begun to use social media as a way to connect, inform, and discuss with one another. For example, support groups exist on sites like Facebook, discussion forums exist on sites like Reddit, and personal blogs dedicated to parenting children with autism or personal experiences of living with autism. The advances of social media have allowed for advocacy in new ways and has made “opportunities for networking; locally, nationally, internationally, much faster and simpler” (Kareem & Akoja, 2017). Many parents use long form social media sites like Facebook or Reddit to ask for advice or share anecdotes, and these spaces also involve adults with autism and professionals that work with children with autism, allowing for different viewpoints to be shared. These support groups and discussion forums are vital for parents of children with autism and adults with autism because it provides a community and support that may otherwise not exist for these people.

People take to social media as a format for activism for various reasons. People are likely to engage in using social media for activism if they have a strong motive for sharing their opinion, but people who share for the purpose of activism on social media are not influenced by the belief that their activism will influence policies (Hong and Kim, 2021). Each social media platform has its own set of rules pertaining to what can and cannot be said and each platform has a specific demographic that makes up the majority of those contributing to the feed. Posts can be removed if they are reported to violate the platform’s guidelines. A systematic review on health misinformation on social media said that sites such as Twitter had high rates of health-related

misinformation (Suarez-Lledo and Alvarez-Galvez, 2021). Not all information posted to social media is based on valid research and instead based on opinions, but these posts help to open up dialogue about health-related issues.

Social media is used by people interested in discussing ASD treatments for many other reasons. Stakeholders will share anecdotes of their own experiences in ABA therapy – whether they acted as the patient, therapist, or guardian. Sharing experiences, positive or negative, opens up dialogue about treatment for ASD. ABA therapy is a controversial issue in the ASD community, and having social media platforms for individuals to share their opinions allows for greater dialogue surrounding this topic. A linguistic analysis of Reddit posts concerning ABA as a treatment for ASD suggests that most posts were based on personal experiences and opinions rather than clinical research (Bellon-Harn et al., 2022). Studies based around the perceptions of ABA therapy as a treatment for ASD can help inform healthcare professionals on the common misconceptions surrounding ABA therapy so they can provide stakeholders with evidence-based information.

CHAPTER FOUR

Perceptions of ABA Therapy on Social Media

Posts on long form comment forums, like Reddit, typically argue whether ABA therapy is “bad” or “good” for children with ASD. Many factors, such as the parent’s perception of their child’s enjoyment during session, play into the opinions posted on these forums, but typically parents will decide if ABA therapy is “good” or not based on if they saw desirable results from their child. Each parent’s desirable result is different, but some noted behaviors such as an increase in communication, an increase in learning appropriate social behaviors, and a decrease in self-harming behaviors. Reddit user DreamingOfHope3489 posted to r/autism parenting under the thread “Is ABA therapy bad?” that their son had an “extremely positive experience with ABA” because of the play breaks his ABA therapists used throughout sessions and his “version of ABA was never about forcing him to be anything or anyone other than who he was. His ABA was only about helping him overcome his speech delay and about teaching him skills that would help prepare him for kindergarten” (2023). The commenter’s desirable behaviors for her child were increasing his communication and providing him with skills that would be helpful in a classroom environment, and therefore perceives their child’s experience with ABA as “good” because that is what he learned from ABA therapy.

Facebook is very similar to Reddit in its longform post format, but some major differences separate the two. Users of Facebook can join specific Facebook groups, and these groups may be private or public. Moderators for Facebook groups have to approve posts before they are public to the group instead of all posts being allowed and moderators removing them if they violate guidelines like on Reddit. Facebook users can also post on their own timeline unlike Reddit where they are forced to post under a subreddit, so this does not generate all posts about a

similar topic to the same place. Facebook allows users to friend others so their posts will show up on each other's homepage, and this can allow for posts to reach different target audiences. Facebook users may post on their own timeline about topics that are important they share with their friends, but they may also post to a specific group to share with likeminded people. Many posts on Facebook relating to ABA therapy are from clinics themselves promoting their business, which does not happen as often on Reddit. Similar to Reddit, Facebook posts about perceptions relating to ABA therapy typically are in Facebook groups related to parenting children with autism.

Some warnings exist throughout the r/autism_parenting discussions of ABA therapy that ABA therapy is not one size fits all and some ABA therapy providers may be better than others. Commenters encourage other users to use their judgement on whether or not ABA therapy would be a good fit for their child based on their therapy needs. Some commenters said that they opted for a combination of physical, occupational, and speech therapy to fit their child's needs because ABA and the behavior modification would not have been appropriate. Commenters also note that in the US, ABA therapy is typically covered under insurance while other therapies are not, so sometimes ABA therapy may be the only financial option available for parents. Reddit user SheOfRedIsle posted her own observations of ABA therapy and how it can be positive or negative based on the clinic and their training and practices. Her daughter went to two different ABA therapy clinics, the first was noted as a success because her daughter "started eating a variety of foods and using [the] washroom independently" after working with a therapist that observed and responded to her cues. At age 13 the daughter went back to ABA therapy and the commenter said they "quit after 3 days. Her desires were NOT considered. She was forced to make choices, even if she didn't want either option. She is verbal and expressed that she wanted

time to think or didn't like either choice and [she] was verbally berated" (2023). The commenter also warns other users of the thread to research the clinic that they choose for their child because of the two vastly different experiences she had from the two clinics. ABA therapy is regulated by the Behavior Analyst Certification Board, but some commenters note that the high turnover rate throughout ABA companies may make some clinics lower quality than others.

A post titled "Let's talk about ABA therapy. ABA posts outside this thread will be removed." within the r/autism Reddit page is essentially a catch all for posts about ABA within the subreddit. Subreddits may create a master thread like this for a variety of reasons, but this one was created to centralize the discussion about ABA therapy to one place within the subreddit and to decrease clutter. The posts under these master threads may be about any subtopic relating to ABA and allows for interesting discussion and perceptions to be shared. A comment thread under this post discusses the Behavior Analyst Certification Board (BACB) as having a monopoly over ABA certification and therefore being motivated by generating more money than improving quality to gain more clients than their non-existent competition. Reddit user big_publicity states that they have experienced ABA therapy as a helpful treatment for autism, but they believe that the BACB is financially motivated and "ABA needs to be reformed so it can be administered without this monopoly organization controlling virtually every therapy company" (2024). In reply to the previous comment, Reddit user Commercial-Jury9698 states that the BACB's "control over insurance contracts is a violation of US anti-trust laws. They justify their position by acting as a nonprofit, but actually they are stifling competition and closing the space to innovation" (2024). The BACB is the main organization in which therapists are licensed to provide ABA therapy and provide the guidelines for practices, and therefore is able to control how ABA therapy is conducted throughout the US. With ABA being covered by

insurance in most cases, ABA therapy has the endorsements and resources to generate income for the BACB to maintain their monopoly.

ABA therapy is highly collaborative with parents transferring over the teaching practices at home, but ABA therapy can also be collaborative with other therapies such as speech therapy, occupational therapy, and physical therapy. Sometimes children with autism are in ABA, school, and speech therapy. Facebook user Gracelynn Earle posted in the Facebook group Autism Parents Support Group of her son that “he’s been doing ABA since he was 2, but I feel like he gets way more out of speech and school than he does ABA” (2023, 17 December). Depending on what the goal is for the child, they may receive many different avenues for help, and ABA is not always the best fit. Sometimes other specialists may be better equipped to assist in needed areas. Educational consultant Kara Ketter posted a status update relating to her perceptions of ABA as someone who is on the spectrum saying:

“the good news is, there’s literally no problem that ABA would “solve” that can’t be better addressed by another avenue. Neurodiversity-affirming OT, alternative schooling that allows for wider stretches of time to develop core skills, supporting sensory regulation to minimize stress (and minimize those “challenging behaviors”), etc.” (2023).

If parents do not agree with or are not seeing their desired results with ABA therapy, other options are out there although they may not be as well known or accessible due to the push for ABA therapy because of insurance coverage.

ABA therapy is used as intervention for various disorders, but it is often used and promoted as a therapy for ASD and has become a very prevalent discussion throughout the community. Reddit user sourapplemeatpies states that ABA is not a match for therapy for individuals with ASD because “autism isn’t a [behavioral] disorder” and explains that “if you

spend months trying to train an autistic kid not to bite people or poke themselves in the eyeball, that's months longer that child needs to wait in pain before the underlying medical condition (dental issues or calcium deficiencies, respectively) can be addressed” (2024). Autism is a neurological disorder characterized by behaviors, not a behavioral disorder. Changing the behaviors of an autistic individual only changes their behaviors, not their neurology. Reddit user yeshua1986 replied to the previous comment by saying they have a seven-year-old female student with maladaptive behavior and “the obvious reason (to me) for this behavior is that her family is overwhelming her with therapies” (2024). The intensity of her treatments is causing her stress, and she is using maladaptive behaviors to communicate. Eliminating these behaviors eliminates her ability to communicate, and this does not change the neurology of her brain, so she will still feel the same stress.

One of the main concerns throughout Facebook pages related to parenting children with autism is about the time commitment that ABA therapy can be. Often doctors, psychologists, or neurologists that diagnose children with ASD will recommend ABA therapy as a treatment, and ABA clinics will recommend that the child receives anywhere from 10-40 hours a week at ABA therapy. This can be overwhelming, especially considering that early intervention is encouraged, but is also up to the discretion of the ABA therapist on how much therapy would have a positive impact on the child. Throughout searches of Facebook groups pertaining to autism and parenting are many posts by parents concerned with the number of ABA therapy hours recommended for their children. An example of a group post by Holly Anne Harris to the Facebook group Autism Parents Support Group asks:

How do you manage your children’s schedule between school and ABA therapy? My son starts Kindergarten in August and will soon start ABA. ABA is recommending 30+ hours

a week. I want him in school as much as possible, but I also want him to benefit from therapy. He obviously can't do both full time! What does your child's schedule look like if you're doing both? (2022).

Responses varied from parents saying they put their child in full time ABA, decided against ABA, used ABA as daycare, or lessened both the amount of school and ABA therapy their child was receiving. The amount of therapy suggested varies depending on the child and their goals, but there can come a point where it can be overwhelming for both the parent and child.

Another common post throughout Facebook pages related to parenting children with ASD refers to the varying perceptions of ABA and how difficult it is to decide whether ABA is "good" or "bad" for children with autism. Parents of children with ASD, ABA therapists, and adults with autism that went to ABA all have varying perceptions of ABA therapy depending on their own experiences. Experiences with ABA vary greatly, and this could be difficult to navigate as a first-time parent to a child with autism. A comment under a post in the Facebook group asking for perceptions of ABA therapy was posted by Alyssa Rosario saying:

ABA is so controversial. Just about all of the autistic community doesn't support ABA on the basis that it's an "abusive way to have children mask and conform into societal norms." ABA therapy does historically have instances where there was very real abuse, and I [would] be ignorant to say it doesn't still go on. My feelings, and you can take them into account or leave them, it's like anything else... There's good and bad. As parents we can shape the experience our children have in the delivery of ABA. I don't believe in negative reinforcement, but I do think that positive reinforcement can be used in such a way that it promotes my child to build skills to succeed in society. Positive reinforcement is used in so many different ways in all children, not just neurodivergent children. I don't

agree that there's harm in that as long as it's intentional. I'm a realist, and society is never going to be able to meet every self-directed person where they are. My child is still welcome to be themselves, but they do also need to learn how to have tools to succeed in life. (2023).

This comment summarizes a lot of the debate that parents of children with autism have surrounding ABA. Some people say it is harmful and controversy exists surrounding this therapy, but many people have seen desired results from it. A common warning is that parents should do research on the ABA clinics they are looking into, and if something doesn't feel right they should advocate for their child even if it is met with resistance. This is a lot to ask of a parent of a child with ASD, but these support groups provide insight and support when needed.

The Reddit thread "An amazing way to explain why ABA therapy is harmful" contains a link to a video from TikTok posted by Jeremy Andrew Davis comparing ABA therapy to healing a hurt knee by learning how to walk on it without showing pain (2022). This video says ABA therapy is teaching children with autism to do things through positive reinforcement that are uncomfortable to them for the sake of making the people around them more comfortable, a common opinion against ABA therapy. Reddit user shapeshifterhedgehog posted under this thread their own experience with ABA therapy saying:

Now I get why the ABA I got was harmful even though it wasn't as problematic as some ABA places were back then. I hated getting dressed, brushing my teeth, all that stuff because it was uncomfortable to do for my senses. This program rewarded me for ignoring how uncomfortable it was. There are a lot of ways in which ABA is less harmful than it used to be but it's still a slippery slope into teaching kids to ignore what's painful for them (2022).

ABA therapy is used for a variety of reasons as a treatment for children with autism, and in this instance it was used to teach hygiene practices. Daily basic hygiene is an important skill to learn for independence, and ABA was the route that was used for this commenter. In substitute for ABA therapy this commenter suggests using “incentives. Games. But more importantly, teaching emotional regulation. Healthy. Coping. Mechanisms. Of course, life is uncomfortable. Of course, people need to learn that life is uncomfortable and scary and accept it. But neurodivergent or not, we never just accept it without learning coping mechanisms” (2022). By teaching emotional regulatory skills along with necessary skills, this may be an effective method to teaching children with autism causing the least amount of lasting harm.

Masking is a common tool used by children with autism. Masking, in the context of autism, is the process of hiding specific traits or actions to fit in with neurotypical society (Belcher, 2022). To mask is to prevent displaying stimming behaviors or to duplicate the mannerisms or speech of neurotypical peers. The process of masking is an attempt to make others more comfortable because of societal norms but can result in higher levels of anxiety and depression and an increase in suicidal behaviors (Cassidy et al. 2018). ABA therapy may be used as a tool to help children with autism learn how to mask and socialize in the way that their peers do. Reddit user flynsty posted a comment on parents using ABA therapy to teach masking skills saying:

You may think it's helpful because your child is "magically" better, but that's called masking. They seem better because they've been taught to ACT that way so they can receive love and praise. So yes, even when it's just "praise" or positive reinforcement and no negative reinforcement, it's still harmful. (2022).

Masking is a learned behavior in children with autism, and ABA therapy could be the first instance in which they are learning how to modify their own behaviors in this way. It is likely that children with autism will use masking at some point in their life, but ABA therapy provides clear, external, and positive feedback to this manipulation of behavior.

ABA therapy has been called abusive and traumatizing by those who advocate against the use of ABA therapy. The claims of abuse come from anecdotal experiences of individuals with autism who have experienced ABA therapy when they were younger, but a common counterargument is that ABA therapy is now strictly reward based and has different goals for treatment than it used to. While ABA therapy has undoubtedly evolved since its introduction, advocates against ABA still feel that, by nature, the use of ABA is abusive because it is training a child with ASD to do things that are unnatural and uncomfortable for them. Facebook user Autistic, Typing posted a status update on how to protect children with ASD from experiencing abuse within ABA saying:

We protect kids from ABA by dismantling the harmful systems that capitalize on scared parents, by providing accurate and useful information, by discrediting the lies that ABAers push, by providing options for families that promote inclusion of their children.

We don't protect kids from ABA by causing desperate parents to feel attacked. (2023).

This suggests that to enact the change that advocates against ABA want to see should be accomplished not by shaming parents who have decided to place their child in ABA, but instead focus on the potential harmful practices of ABA and how to educate others about them.

CONCLUSION

Discussion

ABA therapy is highly recommended as a treatment for children with ASD because insurance policies typically cover the treatment and research has been conducted on its efficacy as an evidence-based treatment. With ABA being a common treatment for children with ASD, it is important to understand the anecdotal evidence and perceptions surrounding the treatment to ensure parents can make informed decisions regarding their child. Treating ASD is not one-size-fits-all and there may be different approaches that are more appropriate in specific circumstances than ABA therapy. One of the common perceptions on social media like Reddit and Facebook about ABA was that successful outcomes depend on the practices of the clinic and the relationship between the clinician and the child. Understanding the varying perceptions of ABA can help clinics and their governing boards improve their approach and minimize the possible negative impact on children.

Limitations

The conclusions drawn from this study are limited due to the nature of the quantitative research. The pages and subreddits searched were some of the most popular on their respective social media platforms, and therefore would be reaching the largest audience. It is not possible to include all posts related to ABA on each social media platform, but the posts mentioned are representative of the majority of the posts concerning ABA. The perceptions of ABA vary significantly, and the sources of these perceptions vary significantly as well. The most well represented population perceptions came from parents of children with ASD, followed by ABA therapists and clinicians, with the least represented population being the perceptions of people with autism.

Future Directions

Further research should be conducted to investigate the perceptions of adults with ASD that have received ABA treatment. Studies about ABA therapy are typically centered on effectiveness, which is important to understand, but the psychological and emotional impact of ABA should be understood as well. Research around ASD and treatments for ASD should be centered around people with autism so they can advocate for themselves. This research has tried to include the stories and perceptions of people with autism, but a vast majority of what is posted on social media sites like Reddit and Facebook are from the parent or therapist perspective. Parent and therapist perspectives are valuable in their own right, but to truly understand the impact of ABA therapy would be through the voices of people with autism who have experienced it firsthand.

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