



Supporting Autistic Learners / Learners with Autism through Neuro Affirming and Trauma Informed ABA Practices

Introduction

Applied Behaviour Analysis (ABA) involves the intentional application of the science of human behaviour to build meaningful skills, increase independence, and support positive behaviour. ABA focuses on the use of evidence-based practices to purposefully arrange instruction and environments to support learner success. The science of behaviour tells us that most behaviour is learned, that learning happens through interaction with the environment, and that what happens before and after a behaviour generally affects whether that behaviour will happen again. ABA applies this science, focusing on clear goals, intentional teaching, and ongoing observation and monitoring, to help learners build skills they may not yet have. ABA helps educators identify missing skills or skill gaps (communication, attention, self-regulation, flexibility, academics), teach the skills directly, practice them in meaningful ways, and reinforce progress so the skills stick and generalize to other environments. While ABA is most associated with intervention for autistic learners / learners with autism, it is not limited to a specific population and is used in a variety of settings, including schools, clinics, hospitals, long-term care, community settings, and businesses and organizations.

ABA has faced growing criticism in recent years for its perceived insensitivity to neurodivergent identities and the potential to cause psychological harm when applied without consideration for trauma experiences or individual autonomy (Sandoval-Norton & Shkedy,



Information Papers provide topical research summaries and recommendations based on empirical evidence in the field of Autism Spectrum Disorder. It is our aim that the information will guide thoughtful educational planning within the context of informed evidence-based practice and build awareness of potential benefits and risks for any intervention implemented.



Please note that the authors seek to acknowledge and honour both identity-first language and person-first language. As such, the terms autistic learners / learners with autism are used throughout this paper.



Disclaimer: This document synthesizes current knowledge and offers recommendations for consideration. It does not constitute provincial education policy or commit Departments of Education & Early Childhood Development to the activities described. This document originates with Autism in Education.

2019; Wilkenfeld & McCarthy, 2020). This paper will address criticisms and misconception regarding ABA and examine how neuro-affirming and trauma informed practices are reshaping the field of ABA.

Neurodiversity and ABA

Neurodiversity is the idea that human brains naturally vary in how they think, learn, process information, and experience the world — and that these differences are natural and valuable forms of human diversity (Kapp, 2020). The term emphasizes that neurological differences are not deficits to be fixed, but part of natural human variation. It reframes neurological and developmental conditions such as autism, ADHD, dyslexia, dyspraxia, Tourette syndrome, and others as neurotypes, each with unique strengths and challenges.

Neurodivergent

refers to someone who exhibits unique variation in development, cognition, learning, and social behaviours. Neurodivergence is part of a person's identity.

Neurotypical refers to someone whose neurological development and subsequent functioning, including social behaviours, aligns with what society considers standard or typical and in keeping with cultural norms. **Neurodivergent**, on the other hand, refers to someone who exhibits unique variation in development, cognition, learning, and social behaviours. Neurodivergence is part of a person's identity (Kapp, 2020). Variations in neurological functioning are natural, and something to be acknowledged and accepted. The challenges faced by neurodivergent individuals arise from a lack of understanding on the part of others and a lack of appropriate accommodations for these differences.

It should be noted that there is not unanimous agreement among proponents of the neurodiversity movement. There is considerable variation in the presentation, skill set and adaptive functioning experienced by autistic individuals. Some caregivers and autistic persons feel that the neurodiversity movement does not address the needs of those who are more severely affected by their autistic traits or who may be non-speaking and have higher support needs (VanDaalen, 2022). They maintain that intervention can reduce serious behaviour challenges and improve independence and quality of life while still respecting the uniqueness of the individual. Some researchers argue that intervention addressing co-occurring conditions rather than the core characteristics of autism supports a neurodiversity paradigm (Graf-Kurtulus, 2024).

A balanced view of neurodiversity recognizes that, while diversity brings fundamental collective advantages, within any one neurodivergent individual, weaknesses are often the

inextricable partner of strengths, and that individuals can want things to be different and still want to be themselves. It includes the understanding that some neurological differences are disadvantageous, either inherently or in interaction with the environment, and could benefit from correspondingly targeted supports and interventions (Leadbitter, 2021).

Criticisms of ABA

Given that proponents of the neurodiversity perspective reject the medical model, and given that ABA is often associated with that model, it should come as no surprise that ABA is often a target of criticism from proponents of the neurodiversity perspective (Graber, 2023). Autism advocates within the neurodiversity movement take exception with what they perceive are historical efforts to “normalize” autistic individuals. Applied Behaviour Analysis as a treatment for autism has been viewed by critics as an intervention that promotes ableism and has inherent implicit bias as a result of its association with a medical model that situates autism within a deficit framework. Ableism refers to attitudes in society that devalue and limit the potential of persons with disabilities (Ontario Human Rights Commission, 2024). Critics of ABA assert that it denies individual autonomy and self determination in goal setting and targets behaviours that are benign or not socially accepted, all for the sake of fitting into the norm (Allen et al., 2024). They argue that it subjects the learner to sometimes questionable practices and tedious repetition and drill, with poor generalization (Veneziano, 2023). Moreover, there is little research in the field that involves members of the Autism community.

Much of this objection can be traced back to early practices of blaming autism on the family dynamic and the belief that autistic learners / learners with autism should undergo behavioural intervention that frequently incorporated techniques considered harmful. Other concerns relate directly to the research and clinical work of Dr. Ivar Lovass and the UCLA Young Autism Project referring to the use of aversives, the rigidity of the program and his goal of making children with autism “indistinguishable” from their peers which, to neurodiversity advocates, means denying legitimate neurological differences and making autistic children “normal” (Leaf, 2022; Leadbitter, 2021). Research suggests that intervention that seeks to reduce or eliminate core characteristics of autism can lead to serious mental health issues rather than support well being and quality of life (Graf-Kurtulus, 2024). Such efforts can result in individuals trying to “mask” or camouflage their autistic characteristics to avoid stigma. Autistic individuals report this to be stressful and trauma-inducing (Wagland, 2025).

Miller (2021) notes that ABA should acknowledge criticisms and approach these curiously, humbly and compassionately, and in a manner aligned with conflict resolution instead of rebutting or dismissing concerns. Rajaraman (2022) recognizes that the field will continue to advance when feedback is used to promote self-reflection which will improve ABA practice and perception by others. By attending to the needs, preferences and priorities of autistic people we can move beyond historical divides, misunderstandings and wrongdoings to a place where we value the expertise of autistic persons, embrace practices that respect and accept individual neurotypes, and ensure our interventions and supports address the things that matter most to the recipients (Leadbitter, 2021).

Moving Forward

In light of new research and advances in the field, ABA has undergone many changes in recent years. There has been a shift away from a medical model of disability to a biopsychosocial model that acknowledges the neurological differences among individuals and the social and environmental barriers that prevent autistic persons/ persons with autism from being fully included in society (Schwartz, 2021). Behavioural approaches such as Incidental Teaching, Pivotal Response Treatment, Verbal Behaviour and Naturalistic Developmental Behavioural Interventions provide more naturalistic opportunities for learning and are flexible and person-centered, incorporating assent, choice-making, and activities meaningful to the individual. Social connection, self regulation and fostering independence are important programming objectives. Evidenced-based strategies are used to teach a variety of skills and reduce behaviours that interfere with learning and participation and focus on activities that are important to each individual. The emphasis is on tailoring treatment goals for the individual and creating a therapeutic environment that is positive, supportive, and respectful of the individual's autistic identity and individual strengths. The unique traits of autistic individuals are celebrated and incorporated into teaching skills most relevant to them (Schuck, 2022).

Neuro-affirming practice acknowledges that autistic learners / learners with autism have areas that could benefit from strategies to support skill building or address harmful behaviours, while not trying to change core aspects of the learner (Wagland, 2025). Baiden (2022) emphasizes that goals targeting autism-specific behaviours should only be included in therapy at the request of the autistic individual or when such goals are believed to meaningfully enhance their quality of life. At the same time, adjustments to the environment should be made to improve accessibility.

One of the important tenets of ABA is social validity. Intervention should focus on behaviours that are socially significant and meaningful in the individual's everyday life and

should lead to significant improvements in quality of life. Social validity is important to ABA approaches because it helps to determine the treatment efficacy. In other words, does treatment result in behaviours and skills that carry over in a meaningful way in the individual's daily life? The question for behaviour analysts today, in consideration of the neurodiversity perspective, is what constitutes social validity? Interventions are considered successful when they align with the individual's goals and improve their quality of life (Bottema-Beutel et al., 2021). Dawson et al. (2022) highlighted that neurodiversity challenges researchers and practitioners in the field of autism to think more deeply about which outcomes really matter, and which procedures (e.g., inclusion of autistic people across all stages) can uplift neurodiverse perspectives. Social validity assessments, co-designed with the individual, are crucial for evaluating outcomes (Schwartz & Baer, 1991).

It is essential that practitioners collaborate with caregivers and, whenever possible, with autistic individuals to determine what constitutes meaningful and socially valid goals. Targeting autism-related characteristics that are largely benign, or selecting goals without the involvement of the individual and their family or caregivers, is neither respectful nor aligned with neuro-affirming practice. Autistic learners and their families should be fully informed about the intervention approach and the specific targets identified at any given time. When behaviour analysts engage in social-validity assessment in this manner, ABA practice can be conducted in a way that is consistent with neuro-affirming principles.

Cultural competence and cultural responsiveness are important considerations when supporting autistic learners / learners with autism.

Cultural competence and **cultural responsiveness** are also important considerations when supporting autistic learners / learners with autism. These elements of ethical and respectful professional practice are about acquiring the knowledge about cultural differences and beliefs that can inform intervention and relationships with autistic learners / learners with autism and their families. Also consistent with a neuro-affirming approach to social validity, **cultural humility** is a framework that values the process of ongoing self-reflection / self critique, and continual learning to gain a better

appreciation of cultural differences between ourselves and others in order to develop truly collaborative relationships based on mutual understanding and respect. It is an important tool to combat implicit bias in decision-making regarding social validity. Adopting a mindset of cultural humility allows behaviour analysts to adjust their approach, tailor practices to each individual, and pursue additional education to appropriately support each learner as necessary (Kolb, 2022).

Trauma-Informed ABA

Autistic learners / learners with autism are more susceptible to experiencing trauma and have been found to have significantly higher exposures to potentially traumatic experiences when compared to their typically developing peers (Wheeler et al., 2024). It is, therefore, imperative that behaviour analysts are knowledgeable about trauma-informed care and incorporate it into their practice.

According to The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014), trauma-informed care is guided by six principles: safety, trustworthiness, peer support, collaboration, empowerment, and cultural competence. In schools, this means adjusting practices to avoid re-traumatization, promote emotional regulation, and build supportive relationships (Dorado et al., 2016). In 2022, Rajaraman and colleagues outlined four key components for incorporating trauma-informed care into ABA: acknowledgment, ensuring safety and trust, promoting choice, and emphasizing skill building.

1. Acknowledge Trauma

The first step is recognizing that trauma has occurred and understand that this may affect behaviour. This includes appreciating that not all trauma events are the same and not all responses to trauma are alike.

2. Ensure Safety & Trust

Behaviour analysts need to ensure that the individuals they work with feel physically and emotionally safe.

3. Promote Choice & Autonomy

Research shows that providing opportunities to make choices is important to give the individual a sense of control in a situation. Most modern ABA intervention incorporates choice-making. This should also allow for the individual to refuse participation in activities and the opportunity to choose something else instead.

4. Emphasize Skill Building

Trauma-informed practice prioritizes replacing challenging behaviours with functional skills. A focus on increasing skills gives individuals a means to navigate their world and to experience increased success.

Neuro-Affirming ABA Approaches in Education

Neuro-affirming practices adjust the environment, teaching, or expectations to support access and inclusion and value the voices of neurodivergent people in decision-making about supports, therapies, and policies. Neuro-affirming means creating spaces where all kinds of brains are accepted and supported. Working in educational settings remains the second largest area of professional emphasis for Board Certified Behaviour Analysts (BCBAs) (Copeland, 2025). Behaviour Analysts bring important expertise to the collaboration around the education table to support students. Education promotes a social disability model, and Universal Design for Learning (UDL) is a framework educators use in designing successful learning environments in the classroom. This involves an examination of barriers in curriculum, assessment and instruction in keeping with neuro-affirming practice. High-Leverage Practices were developed by the Collaboration for Effective Educator Development, Accountability, and Reform (CEEDAR) Center and the Council for Exceptional Children to support students with disabilities, including those with autism, and align with a UDL approach and neuro-affirming practice. Behaviour analysts are well positioned to support both UDL and many high leverage practices, including the delivery of positive and constructive feedback to guide learning and behaviour, data-based decision making, systematic design of instruction, understanding motivation, and using explicit and intensive instruction (Aeves & Kennedy, 2024). Incorporating a neuro-affirming approach, trauma-informed practice, and cultural humility within these frameworks enhances the delivery of ABA and supports positive educational experiences and success for autistic learners / learners with autism.

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Core Principles of Trauma-Informed, Neuro-Affirming ABA

Identity

Neuro-affirming ABA respects identity first language, i.e., autistic learner rather than learner with autism. Some members of the autistic community also choose to self-identify as having Autism Spectrum Conditions (ASC) rather than Autism Spectrum Disorder (ASD) consistent with the view that autism should be seen as a difference rather than a deficit. A neuro-affirming approach also avoids deficit-based terms, such as “high/low functioning” which fail to acknowledge the person’s unique profiles of strengths and challenges.

Safety, Consent, and Autonomy

Past practices in ABA sometimes included techniques that may have overridden a learner's refusal or distress, inadvertently causing harm (Sandoval-Norton & Shkedy, 2019). For example, an intervention based on escape extinction would mean that an adult would not allow the learner to avoid a task or leave a situation following challenging behaviour (Chazin et al., 2022). Trauma-informed ABA rejects such methods, emphasizing emotional safety, assent, and the learner's right to withdraw from interventions at any time (Rajaraman et al., 2022).

Collaboration and Empowerment

Collaborative goal setting between school practitioners, families, and learners ensures that interventions are meaningful and respectful (Mathur et al., 2024). Empowerment also includes teaching self-advocacy skills and validating communication in all forms, including behaviour, gestures, vocal language, and the use of augmentative devices (Beaulieu & Jimenez-Gomez, 2022).

Strengths-Based and Socially Valid Goals

Neuro-affirming ABA does not aim to make learners appear more neurotypical; instead, it focuses on helping build functional skills, independence, and self-regulation and uses learners' motivation and interests. Interventions are considered successful when they align with the learner's goals and improve their quality of life (Bottema-Beutel et al., 2021). Intervention goals and strategies are communicated to learners and families to ensure they reflect the learner's needs and the family's priorities and cultural values. Social validity assessments, co-designed with the learner, are crucial for evaluating outcomes (Schwartz & Baer, 1991).

Positive Reinforcement and Avoidance of Coercion

Since most behaviour is shaped by interactions with the environment, those interactions provide natural sources of reinforcement to keep behaviour going. Reinforcement strategies used to help autistic learners / learners with autism build meaningful skills should follow the same principle. Whenever possible, consideration should be given to the natural sources of reinforcement that are meaningful to the learner in each setting. While it is sometimes necessary to add extra reinforcement in the early stages of teaching to get behaviour going, the goal should always be to capitalize on natural reinforcement in the environment. Reinforcement strategies must be respectful, relevant, and never based on deprivation of needs such as food, attention, or movement (Wilkenfeld & McCarthy, 2020). Coercion and compliance-focused objectives are replaced by choice-driven, intrinsically motivating supports.

Environmental and Sensory Supports

Inclusive classrooms must accommodate sensory and regulatory needs—such as noise reduction, fidget items, and quiet zones—to reduce stress and support learning (Dorado et al., 2016). Trauma-informed ABA includes modifications to the physical environment and instructional delivery while also focusing on the learner’s emotional wellbeing. Self awareness, emotional regulation and resilience are important skill-building goals (Graf-Kurtulus, 2024). It is important to remember that people are also part of the classroom and school environment and to focus on creating an environment with compassionate, attentive and learner-centered adults.

Implementation of Trauma-Informed, Neuro-Affirming ABA in Inclusive Education Settings

Functional Behaviour Assessment (FBA)

FBA remains a cornerstone of ABA, but trauma-informed FBA focuses on understanding behaviour as communication rather than as misbehaviour (Rajaraman et al., 2022). The emphasis is on identifying unmet needs, stressors, or contextual triggers. Self stimulatory behaviour (hand-flapping, rocking, spinning, etc.) is valid and often serves important regulatory functions for autistic learners / learners with autism. Rather than suppressing these behaviours, they can be accepted, valued, and incorporated into motivational and self regulation strategies. Serious challenging behaviours or self-injury are addressed by teaching alternative behaviours and regulation strategies, not by using punishment-based approaches or focusing solely on suppressing the behaviour.

Tiered Interventions

Trauma-informed and neuro-affirming ABA can be integrated into multi-tiered systems of support (MTSS), aligning with Positive Behavioural Interventions and Supports (PBIS). Universal supports (Tier 1) include proactive classroom management and emotional regulation practices. Targeted (Tier 2) and intensive (Tier 3) supports incorporate individualized, consent-based plans (Brunzell et al., 2015). Student strengths and challenges are identified, and a strengths-based approach is used to foster student success and well being.

Staff Training and Culture Shift

Professional development is essential for shifting staff attitudes from behaviour management to collaborative support. Training in trauma-informed care, neurodiversity, and ethical ABA practices fosters safer, more inclusive school climates (Dorado et al.,

2016). School based behaviour analysts and specialists should avail themselves of the opportunity to take part in school based professional learning so their support can fit within the educational context, and they can build relationships with their educational partners.

Outcomes and Ethical Implications

Evidence suggests that trauma-informed and neuro-affirming ABA promotes emotional safety, reduces anxiety, and enhances learner and family engagement (Rajaraman et al., 2022). Ethical practice rooted in dignity and respect also aligns with inclusive education goals and disability rights frameworks (Kapp, 2020).

Conclusion

ABA is moving forward to understand and incorporate neuro-affirming practice and trauma informed care. Allen (2024) urges behaviour analysts to examine how societal ableism is reflected within the field of behaviour analysis and to learn from the perspectives and lived experiences of members of the Autistic community. It is essential to genuinely hear and understand these concerns and to recognize that they represent valid issues of ethical practice rather than challenges to the scientific foundations of ABA itself. Strengthening social validity requires a commitment to meaningful, sustainable change—both in everyday professional practice and across the broader systems and structures that shape the field of ABA.

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References

- Allen, L. L., Mellon, L. S., Syed, N., Johnson, J. F., & Bernal, A. J. (2024). Neurodiversity-affirming applied behavior analysis. *Behavior Analysis in Practice*, 1-23.
- Arthur, S. M., Linnehan, A. M., Leaf, J. B., Russell, N., Weiss, M. J., Kelly, A. N., ... & Ross, R. K. (2023). Concerns about ableism in applied behavior analysis: An evaluation and recommendations. *Education and Training in Autism and Developmental Disabilities*, 58(2), 127-143.
- Aceves, T. C. and Kennedy, M. J. (Eds.) (2024). High-leverage practices for students with disabilities. 2nd edition. Arlington, VA: Council for Exceptional Children and CEEDAR Center.
- Baiden, Kaitlyn, M, Williams, Zachary, Schuck, Rachel K., Dwyer, Patrick. (2025). The social validity of behavioral Interventions: Seeking input from autistic adults. *Journal of Autism and Developmental Disorders*.55(4),1172-1186.
- Baron-Cohen, Simon. (2017) Editorial perspective: Neurodiversity – a revolutionary concept for autism and psychiatry. *Journal of Child Psychology and Psychiatry*, 58(6), 744-747.
- Barnett, Juliet Hart, Stanley H. Zucker, and Cori M. More. (2020) Applied behavior analysis in today's schools: An imperative for serving students with autism spectrum disorder. *DADD Online Journal* 7(1), 108-117.
- Beaulieu, L., & Jimenez-Gomez, C. (2022). Cultural humility in applied behavior analysis. *Behavior Analysis in Practice*, 15(3), 768–781. <https://doi.org/10.1007/s40617-022-00698-0>
- Bottema-Beutel, K., Kapp, S. K., Lester, J. N., Sasson, N. J., & Hand, B. N. (2021). Avoiding ableism in autism research. *Autism*, 25(2), 1176–1179. <https://doi.org/10.1177/13623613211035955>
- Brown, Heather, Stahmer, Aubyn, Wyer Atrick, Rivera, Susan. (2021) Changing the story: How diagnosticians can support a neurodiversity perspective from the start. *Autism*, 25(5):1171-1174. doi: 10.1177/13623613211001012. PMID: 34232104.
- Brunzell, T., Waters, L., & Stokes, H. (2015). Teaching with strengths in trauma-affected students: A new approach to healing and growth in the classroom. *American Journal of Orthopsychiatry*, 85(1), 3–9. <https://doi.org/10.1037/ort0000048>

- Chazin, K. T., Velez, M. S., & Ledford, J. R. (2022). Reducing escape without escape extinction: A systematic review and meta-analysis of escape-based interventions. *Journal of Behavioral Education*, 31, 186-215.
- Copeland, S. R., Duffie, P., & Maez, R. (2025). Preparation of behavior analysts for school-based practice. *Behavior Analysis in Practice*, 18(4), 1-17.
- Dawson, G., Franz, L., & Brandsen, S. (2022). At a crossroads—Reconsidering the goals of autism early behavioral intervention from a neurodiversity perspective. *JAMA pediatrics*, 176(9), 839-840.
- den Houting, J. (2019). Neurodiversity: An insider's perspective. *Autism*, 23(2):271-273. doi: 10.1177/1362361318820762.
- Dorado, J. S., Martinez, M., McArthur, L. E., & Leibovitz, T. (2016). Healthy environments and response to trauma in schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools. *School Mental Health*, 8, 163–176. <https://doi.org/10.1007/s12310-016-9177-0>
- Graf-Kurtulus, S. & Omar, C. G. G. (2024). Rethinking psychological interventions in autism: Toward a neurodiversity-affirming approach. *Counselling and Psychotherapy Research*, 25(1). <https://doi.org/10.1002/capr.12874>
- Jimenez-Gomez, C., & Beaulieu, L. (2022). Cultural responsiveness in Applied Behavior Analysis: Research and practice. *Journal of Applied Behavior Analysis*, 55(3), 650-673.
- Kapp, S. K. (2020). Autistic community and the neurodiversity movement: Stories from the frontline. Springer.
- Kolb, R. L., Robers, A. C., Brown, C., & McComas, J. J. (2022). Beyond cultural responsivity: Applied Behavior Analysis through a lens of cultural humility. In *Handbook of Special Education Research, Volume I* (pp. 144-157). Routledge.
- Leadbitter K., Buckle K. L., Ellis, C., & Dekker, M. (2021) Autistic self-advocacy and the neurodiversity movement: Implications for autism early intervention research and practice. *Frontiers in Psychology*, 12, 1-7.
- Leaf, J. B., Cihon, J. H., Leaf, R., McEachin, J., Liu, N., Russell, N., Unumb, L., Shapiro, S, & Khosrowshahi, D. (2022). Concerns about ABA-based intervention: An Evaluation and recommendations. *Journal of Autism and Developmental Disorders*, 52(6), 2838–2853. <https://doi.org/10.1007/s10803-021-05137-y>

- Liebert, Mary Ann. (2021) “Masking Is Life”: Experiences of masking in autistic and nonautistic adults. *Autism in Adulthood*, 3(4), 330-338.
- Mastrogriacomo, L., Foley, K., & Weiss, M. (2025). A systematic literature review of Applied Behavior Analysis (ABA) collaboration across disciplines. *Behavior and Social Issues*, 1-22.
- Miller, M. M. (2021). The compassionate and curious behavior analyst: Navigating criticism of behavior analysis. In *Understanding Ethics in Applied Behavior Analysis*, 312-317. Routledge.
- Ontario Human Rights Commission, 2024. Ableism, negative attitudes, stereotypes and stigma (fact sheet). <https://www3.ohrc.on.ca/en/ableism-negative-attitudes-stereotypes-and-stigma-fact-sheet>
- Pellicano, E., & den Houting, J. (2022). Annual research review: Shifting from ‘normal science’ to neurodiversity in autism science. *Journal of Child Psychology and Psychiatry*, 63(4), 381-396.
- Rajaraman, A., Austin, J. L., Gover, H. C., Cammilleri, A. P., Donnelly, D. R., & Hanley, G. P. (2022) Toward trauma-informed applications of behavior analysis. *Journal of Applied Behavior Analysis*, 55(1), 40-61. doi: 10.1002/jaba.881.
- Schuck, R. K., Tagavi, D. M., Baiden, K. M., Dwyer, P., Williams, Z. J., Osuna, A., & Vernon, T. W. (2022). Neurodiversity and autism intervention: Reconciling perspectives through a naturalistic developmental behavioural intervention framework. *Journal of Autism and Developmental Disorders*, 52(10), 4625-4645.
- Schwartz, I. S., & Kelly, E. M. (2021). Quality of life for people with disabilities: Why Applied Behavior Analysts should consider this a primary dependent variable. *Research and Practice for Persons with Severe Disabilities*, 46(3), 159-172.
- Skinner, C. H., & Daly E. (2010) Improving generalization of academic skills: Commentary on the special issue. *Journal of Behavioral Education*, 19, 106–115.
- Squires, M., Cutrer-Párraga, E. A., Morris, J. R., Miller, E. E., & Hansen, B. D. (2024). Navigating collaboration: Factors influencing special education teachers’ relationships with BCBAs in diverse school contexts. *Behavior Analysis in Practice*, 17(4), 1033–1049. <https://doi.org/10.1007/s40617-024-01009-w>
- Taylor, B. A., LeBlanc, L. A., & Nosik, M. R. (2019) Compassionate Care in behaviour analytic treatment: Can outcomes be enhanced by attending to relationships with

- caregivers? *Behavior Analysis in Practice*, 12(3), 654–666.
<https://doi.org/10.1007/s40617-018-00289-3>
- Travers, J., & Tincani, M. (2025) In defense of Applied Behavior Analysis and evidence-based practice. *Perspectives on Behavior Science*, 48(3), 641–653. <https://doi.org/10.1007/s40614-025-00468-y>
- VanDaalen, R. A., Vallefuooco, A. A., Fernandez, M. L., Liu, S. Y., & Lemaire, C. J. (2025). Public perceptions of the neurodiversity movement: A thematic analysis. *Neurodiversity*, 3, 1-12. <https://doi.org/10.1177/27546330251325973>
- Veneziano, J., Shea, S. (2023) They have a voice; are we listening? *Behavior Analysis in Practice*, 16(1), 127–144. <https://doi.org/10.1007/s40617-022-00690-z>
- Wagland, Z., Sterman, J., Scott-Cole, L., Spassiani, N., & Njelesani, J. (2025). Promoting neurodiversity-affirming care for autistic children: A Scoping Review. *Neurodiversity*, 3, 1-23. <https://doi.org/10.1177/27546330251357479>
- Wheeler, K., Hixson, J., Hamrick, J., Lee, J. & Ratliff, C. (2023) Behavior analysts' training and practice regarding trauma-informed care. *Behavior Analysis in Practice*, 17(3):746-758. doi: 10.1007/s40617-023-00836-7
- Wilkenfeld, B., & McCarthy, K. (2020). Ethical concerns with Applied Behavior Analysis for autism spectrum disorders. *Kennedy Institute of Ethics Journal*, 30(1), 31–69.
<https://doi.org/10.1353/ken.2020.000>
- Wright, P. I. (2019). Cultural humility in the practice of Applied Behavior Analysis. *Behavior Analysis in Practice*, 12(4), 805-809.