

Autism and Behaviorism

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New Research Adds to an Already Compelling Case Against ABA

By Alfie Kohn

When a common practice isn't necessary or useful even under presumably optimal conditions, it's time to question whether that practice makes sense at all. For example, if teachers don't need to give grades *even in high school* (and if eliminating grades clearly benefits their students), how can we justify grading younger children? If research shows there's little or no benefit to assigning homework *even in math*, which is the discipline that proponents assume makes the clearest case for its value, why would we keep assigning it in other subjects?

And if it turns out that, contrary to widespread assumptions, behavior modification techniques aren't supported by solid data *even when used with autistic kids*, why would we persist in manipulating anyone with positive reinforcement? A rigorous new meta-analysis utterly debunks the claim that applied behavior analysis (ABA) therapy is the only intervention for children with autism that's "evidence-based." In fact, it raises serious questions about whether ABA merits that description at all.

Before exploring the new report, let's take a minute to

consider what we know about rewards and positive reinforcement more generally. In 2018, I reviewed two decades of recent research for the 25th-anniversary edition of my book *Punished by Rewards*. These studies strongly confirm the original findings: Carrots, like sticks, are not merely ineffective over the long haul but often actively counterproductive – at work, at school, and at home – and these negative effects are found across ages, genders, and cultural settings. As a rule, the more you reward people for doing something, the more they tend to lose interest in whatever they had to do to get the reward. And they often end up being less successful at a task they're completing than are people who weren't offered any reward for doing it. (Even more damaging, according to the research, is an arrangement where people are offered a reward for doing something *well*.)

In the face of such evidence, which has been accumulating for about half a century, the last refuge of behaviorists has been to claim that rewards must be used on people with special needs and challenges. Heavy-handed controlling tactics, and rewards in particular, are most pervasively applied to children who carry a label that sets them apart. They are often subjected to a relentless regimen of Skinnerian manipulation, complete with elaborate charts, point systems, and reinforcement schedules. Even teachers and clinicians who would hesitate to treat other children that way assume it's justified, or even necessary, to do so with, well, you know, *those kids*.

But that claim has always been hard to defend based on research. Even older studies showed, for example, that (a) teachers act in a more controlling way with children who are thought to have a learning disability than they do with other students, (b) moral objections aside, the use of control almost always backfires, (c) children identified as learning disabled are just as intrinsically motivated to learn as their peers are in the early grades, but (d) they soon come to be

“more dependent on external sources of evaluation” such as rewards and praise, “whereas regular students [feel more] capable of making decisions on their own.” (I’m quoting here from a study in the *Journal of Clinical Child Psychology*). Much the same is true of children whose diagnosis would now be ADHD.¹ In fact, regardless of whether we’re talking about kids with emotional issues, problems with learning or attention, intellectual disabilities, or behavior challenges, offering rewards (including praise) for doing what the adult wants can sometimes buy temporary compliance, but rarely does the intended effect generalize to other situations. And not uncommonly it is actually worse than doing nothing.

However, like economists with their axiomatic commitment to using incentives to change people’s behavior, “behavior analysts” have set up an unfalsifiable belief system: When behavioral manipulation fails, the blame is placed on the specific reinforcement protocol being used or on the adult who implemented it or on the child – never on behaviorism itself. The underpinnings of that ideology include: a focus only on observable behaviors that can be quantified, a reduction of wholes to parts, the assumption that everything people do can be explained as a quest for reinforcement, and the creation of methods for selectively reinforcing whichever behaviors are preferred by the person with the power. Behaviorists ignore, or actively dismiss, subjective experience – the perceptions, needs, values, and complex motives of the human beings who engage in behaviors.

The late Herb Lovett used to say that there are only two problems with “special education” in America: It’s not special and it sure as hell isn’t education. The field continues to be marinated in behaviorist assumptions and practices despite the fact that numerous resources for teachers, therapists, and parents offer alternatives to behavior control.² These alternatives are based on a commitment to care and to understand. By “care,” I mean that our relationship with the

child is what matters most. He or she is not a passive object to be manipulated but a subject, a center of experience, a person with agency, with needs and rights. And by “understand,” I mean that we have an obligation to look beneath the behavior, in part by imaginatively trying to adopt that person’s point of view, attempting to understand the whys rather than just tabulating the frequency of the whats. As Norm Kunc and Emma Van der Klift urged us in their *Credo for Support*: “Be still and listen. What you define as inappropriate may be my attempt to communicate with you in the only way I can...[or] the only way I can exert some control over my life...Do not work on me. Work with me.”

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But autism! Now we’re talking potentially about a much more serious set of challenges: a child who can’t communicate the way other children do and doesn’t seem to understand boundaries, who is exquisitely sensitive to (or, conversely, in constant need of) sensory stimulation, who may explode when there’s even a slight deviation from rigid routines, who engages in repetitive behaviors and might even be at risk of injuring himself or those around him. All of this is unsettling at best, and often downright frightening, for a neurotypical adult.

Enter ABA: an intensive training regimen consisting of an elaborate system of rewards to make children comply with external directives, to memorize and engage in very specific behaviors. An expert promises to train the child to make eye contact or point at an object on command, to stop fluttering his hands or rocking – in short, to make him act like a *normal* kid. ABA is the accepted, expected, even mandated³ system for dealing with autistic children.

One California teacher, new to special education, observed that “almost all school programs for students with severe autism are based on ABA. Alternative programs are difficult to

find and parents may not know of their existence.” So she agreed to learn how to do it – and was quickly appalled. Her account of how ABA silenced the kids’ voices and violated their dignity, how she kept feeling she was “torturing” them, illustrates what it means to bring fresh eyes to a situation that everyone around you has come to accept and rationalize.

But even more compelling is the testimony of young people who understand the reality of this approach better than anyone because they’ve been on the receiving end of it. It is nothing short of stunning to learn just how widely and intensely ABA is loathed by autistic adults who are able to describe their experience with it. Frankly, I’m embarrassed that, until about a year ago, I was completely unaware of all the websites, articles, scholarly essays, blog posts, Facebook pages, and Twitter groups featuring the voices of autistic men and women, all overwhelmingly critical of ABA and eloquent in describing the trauma that is its primary legacy.

How is it possible that their voices have not transformed the entire discussion? Suppose you participated in implementing a widely used strategy for dealing with homelessness, only to learn that the most outspoken critics of that intervention were homeless people. Would that not stop you in your tracks? What would it say about you if it didn’t? And yet the consistent, emphatic objections of autistic people don’t seem to trouble ABA practitioners at all. Indeed, one critical analysis of ethics in this field notes that “autistics have been excluded from all committees, panels, boards, etc., charged with developing, directing, and assessing ABA research and treatment programs.”

So *why* are autistic people so opposed? For many, the underlying assumption that they have a disease that needs to be cured is misconceived and offensive. Resistance to this premise led to the founding of the Autistic Self-Advocacy Network and has been described in such mainstream periodicals as *Salon*, the *Atlantic*, and the *New York Times*. From the last

of those three articles: "Autism has traditionally been seen as a shell from which a normal child might one day emerge. But some advocates contend that autism is an integral part of their identities, much more like a skin than a shell, and not one they care to shed. The effort to cure autism, they say, is not like curing cancer, but like the efforts of a previous age to cure left-handedness." Or like curing homosexuality: In the autism community, ABA is often compared to gay conversion therapy.⁴ Many argue that its goal is to force these children to stop being who they are.

While this objection presumably would apply to any method used to "cure" people of autism, ABA is uniquely repugnant. Here's why:

* **It's dehumanizing and infantilizing.** Should we really be surprised that people chafe at spending hour after hour being promised the equivalent of a doggie biscuit for jumping through hoops? (Actually, one professional dog trainer rejects the comparison. After investigating ABA, she exclaimed, "I would never treat a dog like that!")

* **It ignores internal realities.** According to B. F. Skinner⁵ and his followers, all organisms, including humans, are just "repertoires of behaviors" that can be fully explained by "environmental contingencies." ABA is rooted in an ideology that proudly stays on the surface, committed to reinforcing whatever behaviors the people who control the reinforcements endorse and extinguishing those they don't. This focus on behavior – on that which can be seen and quantified – isn't just problematic theoretically (reflecting a truncated understanding of human psychology) and ethically; it also fails from a practical perspective, as has been demonstrated repeatedly. If you train an autistic kid to stop rocking or squealing or flapping his hands, you have done exactly nothing to address what elicited that self-regulating or self-stimulating behavior and its emotional significance to him.

Kids need to feel safe; ABA just eliminates the (unusual) ways he tries to attain that safety – for example, by elaborately praising him for “quiet hands.”

* **It undermines intrinsic motivation.** Rewards fail to help people (of any age) develop an underlying *commitment* to whatever value or action is being reinforced. Worse, they actively impede the development of intrinsic interest. Thus, several studies have shown that when children are rewarded or praised for doing something nice for someone else, they are likely to be less generous in the future as a result. Students who are led to focus on getting good grades become less interested in the learning itself. Employees who are promised bonuses for meeting certain criteria come to find their work less satisfying. These findings are disturbing in their own right, and they also help to explain a related discovery: People are often less successful at tasks for which they have been led to expect a reward. This is true partly because they resent being controlled and partly because the task has been reframed as a tedious prerequisite to getting a goodie.

In a therapeutic context, the fact that rewards don't promote, and may undermine, an interest in doing x often means x won't be generalized to other situations. As one writer explained, “A child may learn to make eye contact in response to ‘How are you?’ and to reply, ‘Fine, how are you?’ But such rote memorization does not give the child the intuition to know when a stranger is to be greeted warmly and when to be avoided, and it does not enable him to meet his grandmother with greater warmth than the grocer.”⁶ Behaviorists insist this can be solved by fiddling with the reinforcement protocol – the type or size of the rewards, the schedule on which they're meted out, or the specificity or difficulty of the target behavior. But decades of research, along with real-life experience, suggest that the problem inheres in the whole idea of extrinsic inducements.

* **It's all about compliance.** The problem with PBIS, a Skinnerian school-based program, isn't just its manipulative and ultimately ineffective *technique* but its basic *objective*. The reason for its failure to help students become critical thinkers or members of a caring community isn't that its implementation is flawed. It's that PBIS and similar programs aren't trying to promote those qualities. Their goal is to make students do what they're told. By the same token (so to speak), ABA does not exist to do what's best for the children themselves, to meet their needs and honor their preferences. Its goal is to extinguish behaviors that make the people around them uncomfortable. What's candidly called "compliance training" – often preceded by the adjective "errorless" – is an integral feature of ABA. If a child cries or resists doing what she's told, the trainer is told to persist lest her "inappropriate" behavior be inadvertently reinforced.

If their theory collapses the richness of human experience into measurable behaviors, and if their practice relies on objectifying children, is it really surprising that the widespread antipathy for ABA expressed by people who have had it done to them doesn't seem to faze its practitioners and proponents one bit? Behaviorists see only behaviors. The *experience* of those to whom they're doing things is, if you'll excuse the expression, outside the spectrum of what they've been trained to detect and address.⁷

* **It creates dependence.** If you devote tens of hours each week to exhaustively and exhaustingly teaching a small child that he gets a reward when he suppresses his own preferences and does exactly what he's told, you have grievously compromised that child's nascent sense of autonomy. The more you control him – even with the sugar-coated control of positive reinforcement – the more he may come to rely on being controlled. This is why many autistic people view ABA as not only distasteful but dangerous. A peer-reviewed report in the *Journal of Cogent Psychology* discussed the inappropriateness

of using ABA on children with low verbal skills given the likelihood that they will be left with lifelong passivity and, in particular, “prompt dependence” – that is, an inability to initiate activities after having been trained to wait for a nudge or command. [ADDENDUM: An essay published in a prominent bioethics journal in March 2020 offers a careful analysis of ABA’s ethical status, concluding that it “violates the principles of justice and nonmaleficence [the obligation to avoid doing harm] and, most critically, infringes on the autonomy of children and (when pursued aggressively) of parents as well.”]

* **It communicates conditional acceptance.** What defines a reward isn’t just its desirability – the chance to play with a favorite toy, go to the playground, watch a video – but the fact that it’s offered contingently. What someone finds enjoyable has been turned into a lever with which to control the child. (As one critic puts it, “ABA therapists are trained to find out what your child loves the most and hold it [for] ransom.”) Now the child must *earn* the right to do what gives her pleasure by obeying the adult – and that right can be snatched away at any time. (The latter reminds us of the punitive underbelly of “positive reinforcement”; every carrot contains a stick.)

But there’s also a deeper and more disturbing kind of conditionality at work here, particularly when affection and attention are treated not as something that all kids should receive but as additional goodies to be dangled and withdrawn.⁸ With endless “Good job!”s and other expressions of enthusiasm offered only conditionally – You must submit to my will in order to get a big smile, a thumbs up, a high-five – ABA by its very nature makes care transactional and leads children to infer that they’re worthwhile only when they do what is demanded of them. This message is toxic regardless of whether it succeeds at (temporarily) buying the desired behavior. And to the extent it teaches autistic children that

they must suppress or mask their impulses in order to pass as “normal,” it can create both shame and anxiety. One suggestive, though not definitive, investigation found that children with autism were significantly more likely to display posttraumatic stress symptoms if they had been treated with ABA.

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To any of these concerns – and all others, for that matter – proponents have a single prepared response, which could be paraphrased as follows: “ABA, and ABA alone, is evidence-based. You may not like it, but it works. The only alternative for a low-functioning autistic child is institutionalization or a terrible life.”⁹ This is not only what parents are told; it is the comeback to all concerns that might be raised by a trainer: “When I finally began voicing my doubts to the people I worked with, the most common defense I heard was that ABA is a scientific, evidence-based practice, and that we need to rely on scientific studies more than [on] anecdotal evidence from Autistic people themselves.”

And from another trainer:

[I asked,] “Why does he have to have quiet hands? He’s not hurting anyone.” “Why can’t we just find out what’s bothering him and help him find a solution?” “Why do we need to track that he knows 1000 words when he obviously knows way more than that?” Every time I would question their methods or their reasoning, my questions would be answered with some variation of, “This is the only evidence-based treatment for autism. It’s the only way they can learn.”

The uncomfortable irony is that we are apparently supposed to accept such appeals to “evidence” on faith. I have written elsewhere about how research cited in the field of education sometimes doesn’t stand up to close examination. This is

particularly true of traditional practices rooted in behaviorism – not only ABA and similar interventions for children with special needs but also highly scripted direct instruction of discrete facts and skills in early childhood (and beyond) and explicit phonics-based strategies for teaching reading.¹⁰ You might assume that those who use the phrase “evidence-based practice” (EBP) are offering a testable claim, asserting that the practices in question are supported by good data. In reality, the phrase is more of an all-purpose honorific, wielded to silence dissent, intimidate critics, and imply that anyone who criticizes what they’re doing is rejecting science itself.¹¹ It’s reminiscent of the way a religious leader might declare that what we’ve been told to do is “God’s will”: End of discussion.

Moreover – and it took me awhile to catch on to this – behaviorists often use “EBP” just as a shorthand for the practices they like, in contrast to the (progressive or humanistic) approaches they revile. It doesn’t matter if the evidence is actually weak or ambiguous or even if it points in the other direction. They’ll always come up with some reason to dismiss those inconvenient findings because their method is “evidence-based” *by definition*. (On social media and elsewhere, you can get a glimpse of how modern behaviorism resembles a religious cult – closer to Scientology than to science – with adherents circling the wagons, trading ad hominem attacks on their critics, and testing out defensive strategies to employ when, for example, people with autism speak out about how ABA has harmed them. Or when scholarship shows just how weak the empirical case for ABA really is.)

Which brings us back to that new research review. The work of eleven authors – including, interestingly, an ABA therapist – representing the University of Texas, Boston College, Vanderbilt, and Mount Holyoke, it was published in January 2020 in *Psychological Bulletin* (PB), a prestigious social science journal that specializes in lengthy integrative

research reviews. The article is not a polemic. It does not consider, and appears not even to be informed by, any of the broader objections to ABA that are raised by autistic people or that I've raised here. It confines itself to describing peer-reviewed research. The authors cast a wide net, looking for every English-language study in the last half-century that compared an intervention group with a control group in treating children up to age 8 who had been diagnosed with Autism Spectrum Disorder. This yielded 1,615 separate results from 150 reports representing 6,240 participants.

The most striking finding in this research review is how few high-quality assessments of "the primary approach used in clinical practice" – that is, ABA – have ever been conducted. In fact, the great majority of ABA studies were so poorly designed that they didn't merit inclusion in this review. Rather than comparing the results of different treatments for groups of children, behaviorist journals commonly publish single-subject studies, in which one child is assessed before and after treatment. (This method was invented by behaviorists back when their behavior-shaping efforts were limited to lab rats.) You don't have to be a trained data analyst to see the serious limitations of this method in terms of the results' lack of generalizability. For the authors of the PB review, these limitations were so glaring that it didn't even make sense for them to bother with the results of single-subject studies. Yet *those dubious results are the primary basis for behaviorists' claims that ABA is "evidence-based."*

Have there been any group-design studies of ABA? Yes, and the reviewers looked at them carefully. Three findings stand out. First, the best way to conclude with any confidence that different outcomes are due to an intervention and not to pre-existing differences between the members of the groups is to randomly assign subjects to either the treatment condition or the control group. But so few ABA studies did this that it was impossible for the reviewers to calculate an effect size for

any outcome.

Second, more than three out of five of the ABA studies judged its effectiveness based on what was reported by a parent or teacher – another serious methodological flaw. “Parents and teachers are virtually always aware of the extent and nature of a child’s participation in an intervention study,” the reviewers explained. “Moreover, they are likely to be personally invested in the outcome.” This experimental design routinely makes treatments appear more effective than they really are – to the point that, according to earlier research, some caregivers will happily report that the training was successful even when the child didn’t even get the training.

Third, the reviewers pointed out that many autism studies rely on very specific outcome measures. It’s a lot easier to claim success at producing “context-bound” behaviors – those that show up only in a particular setting – and those “that reflect what was directly addressed in the intervention” (“proximal outcomes”). This is related to the generalization problem I mentioned earlier: Even when ABA seems to work, it often succeeds only at getting a kid to do one specific thing or do it in one specific environment.

This is not the first time that researchers have revealed just how flimsy the record of support is for ABA. In 2010, the What Works Clearinghouse of the U.S. Department of Education tracked down 58 studies of ABA, of which exactly *one* met its standards for methodological adequacy (and a second met them “with reservations”). The more comprehensive PB review, containing another decade’s worth of studies, just makes the “evidence-based” claim about ABA even more difficult to defend.

And, unlike the “What Works” report of ABA research, the new review also evaluates several other types of intervention. It found that solid evidence supports other approaches, notably those that are not only different from, but virtually the

polar opposite of, ABA. The mere existence of such approaches – and the fact that they’ve been carefully evaluated – will surprise anyone who has bought the behaviorists’ party line: It’s our method or you’re out of luck. But, yes, there are indeed programs and facilities whose premise is that kids with autism are people with whom to develop a relationship, not bundles of behaviors to be reinforced or extinguished. One with a particularly strong theoretical base and clinical track record is DIR/Floortime, developed by the late child psychiatrist Stanley Greenspan, whose priority was “to avoid focusing only on changing the behavior.” The DIR model emphasizes emotional development, individual differences, and trusting relationships. Whereas ABA is about doing things to autistic children, DIR is about working *with* them. (For more details, see this book, this article, and this website.¹²)

The comprehensive new PB review concludes by pronouncing two types of intervention “promising” – *and ABA was not one of them*. (In fact, the reviewers urged insurance companies to consider covering these two data-backed models.) One is a hybrid called Naturalistic Developmental Behavioral Interventions, and the other is DIR/Floortime. Incidentally, almost four out of every five studies of the latter used a random-assignment methodology, so not only was the evidence in its favor impressive, but the *quality* of that evidence was high.

It appears, then, that these other approaches have a claim to being “evidence-based” that is stronger than ABA’s. But there’s a larger issue here to keep in mind, particularly when considering behavioral interventions. Whenever a strategy (in any domain) is said to “work” or be “effective,” it’s always worth asking how those words are being used. Many criteria for measuring effectiveness in autism studies – even rigorously conducted studies – are based on changing surface behaviors. In a blog post titled “Behaviour Modification Therapy Does Work,” Michelle Swan, an autistic writer from Australia,

argues, "When the child becomes quieter, more compliant, the therapy is deemed to have been 'successful'...[because it] has worn the child down to a point where the child has shut down because they believe there is no longer any point expressing their desires, needs or distress. This is called 'improved behaviour.'"

Finally, consider the anguish of a writer named Maxfield Sparrow as he expands on this point:

What looks like progress is happening at the expense of the child's sense of self, comfort, feelings of safety, ability to love who they are, stress levels, and more. The outward appearance is of improvement, but with classic ABA therapy, that outward improvement is married to a dramatic increase in internal anxiety and suffering...I was once an Autistic child and I can tell you that being pushed repeatedly to the point of tears with zero sense of personal power, and knowing that the only way to get the repeated torment to end was to comply with everything that was asked of me, no matter how painful, no matter how uneasy it made me feel, no matter how unreasonable the request seemed, knowing that I had no way out of a repeat of the torment again and again for what felt like it would be the rest of my life, was traumatizing to such a degree that I still carry emotional scars decades later. It doesn't matter whether the perpetrator is a therapist, a teacher, a parent, or an age-peer: bullying is bullying.

And now we know that it isn't even evidence-based bullying.

NOTES

1. In one early experiment, rewards used to motivate hyperactive children led them to respond more impulsively. In another, rewards either had a negative effect on performance from the beginning or else they had beneficial effects that disappeared as soon as the rewards stopped coming. In a third study, with children who had short

attention spans but were not hyperactive, the use of rewards failed to improve reaction times as the experimenters had predicted; rather, they caused children to make more mistakes. Citations for these studies as well as those referenced in the preceding paragraph can be found in *Punished by Rewards*.

2. Among them: a terrific book by Lovett himself called *Learning to Listen: Positive Approaches and People with Difficult Behavior; The Explosive Child* and several subsequent books by Ross Greene; *When Slow Is Fast Enough* by Joan Goodman; and *Engaging Troubling Students: A Constructivist Approach* by Scot E. Danforth and Terry Jo Smith.

3.[Addendum 2021] ABA is the “exclusive service model” for autism in many public school systems, and nearly half the states now mandate insurance coverage for it. Moreover, some ABA providers have become subsidiaries of private equity firms, the treatment model having become enormously lucrative. See John Summers, “As Private Equity Comes to Dominate Autism Services...,” *The Nation*, posted online April 2, 2021.

4. This is actually more than an analogy. The creator of ABA, O. Ivar Lovaas, also used operant conditioning (including painful punishments described euphemistically as “aversion therapy”) to stamp out “pronounced feminine behaviors in a male child” in an effort to prevent homosexuality. In a study featuring a single subject – which, as I’ll explain later, is not unusual for what qualifies as research in the *Journal of Applied Behavior Analysis* and similar publications – Lovaas and a colleague proudly reported that “follow-up data three years after the treatment began suggests that the boy’s sex-typed behaviors have become normalized.” He was now “indistinguishable from any other boy,” which is just the sort of language Lovaas used to describe the objective of using ABA on autistic children: The point is to normalize them. (Incidentally, while a causal connection is impossible to demonstrate, their successfully defeminized subject later committed suicide.)

5. Lovaas was a student of Sidney Bijou, who was, in turn, a student of Skinner’s.

6. Another example, from the *Atlantic* article: A child may “approach friendly people on the street and say, ‘Hello, what’s your name?’ as he’s been taught, but not wait around for the answer, because he really doesn’t understand why he’s saying it.”

7. In a provocative blog post titled “I Abused Children for a Living,” a former ABA trainer writes: “Sensory overload? Executive function or sensory-motor difficulties? Exhausted from 40 hours of child labor [that is, the full-time ABA training regimen

typically recommended for young children]? Different style of communication work better for you? Upset about being treated like a circus animal? Not my problem, kiddo. I'm here to lure you with candy and manipulate you into doing my bidding, no questions asked."

8. I've written about this sort of conditionality in two books: *Unconditional Parenting* and *The Myth of the Spoiled Child*.

9. Over the years I've noticed that whenever a practice or school of thought is criticized, supporters frequently respond not by considering the merits of the criticism but by asserting that the critic must have encountered an inferior version, the implication being that there's no reason to question the approach itself. It is true that multiple versions of ABA exist, and presumably individual practitioners with varying levels of expertise advertise their services using the same (insurance-approved) label. Nevertheless, as far as I can tell, all of the concerns I have raised here apply to the core principles of ABA itself as it is *supposed* to be practiced.

I've already quoted two practitioners who began to entertain doubts about what they were instructed to do. Now consider the reflections of a third: At first, she recalls, when she encountered criticism, she "would try to find anything about the author's experience of ABA that was different than mine. I assured myself that the ABA I was doing wasn't the same because we weren't using aversives, or because we had options for reinforcement that the authors didn't, or because some of the kids made so much progress, or because I really cared about the kids." Only gradually did she come to realize the problem really was inherent to ABA: "Extinguishing stim [repetitive movements or sounds that are used as self-calming strategies in an overstimulating environment], coercing eye contact, teaching neurotypical play skills were part of ABA. Forcing compliance was part of ABA...I finally couldn't defend myself anymore. ABA was wrong, and I had to get out...I'm lucky that I was able to just walk away from it. But there are still far too many Autistic kids who *can't* leave, no matter how much they want to."

10. I did a deep dive into the research on this topic two decades ago and discovered just how little support actually existed for claims about the effectiveness of explicit phonics instruction. (See this excerpt from my book *The Schools Our Children Deserve*, particularly the section called "The Hard Evidence.") Similarly, a review of the data just published in 2020 in *Educational Psychology Review*

concludes, among other things, that “a careful review of the National Reading Panel findings shows that the benefits of systematic phonics for reading text, spelling, and comprehension are weak and short-lived, with reduced or no benefits for low-achieving poor readers beyond grade 1.” It offers a serendipitous complement to the new *Psychological Bulletin* article about ABA that I’m about to discuss: two powerful, parallel exercises in debunking behaviorist practice published almost simultaneously.

11. There are indeed people who reject science, of course – from climate-change deniers to anti-vaxxers. But behaviorism represents a reductive, experience-denying caricature of science that is still trapped in the century-old ideology of logical positivism. It gives real science a bad name.

12. Of course there are a number of other models, schools, and programs for children with autism that I haven’t mentioned here because of space limitations and/or the fact that I haven’t investigated them. Also, one can find plenty of humanistic, practical advice online that steers clear of behavior control, such as this discussion of how parents might deal with meltdowns and aggression.

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