

Supplemental Material

Table S1. *Content Codes and Post Examples*

Code and description	Examples
<p>1. Abuse/misuse: This refers to posts that include reference to violated autonomy (thoughts, privacy), abuse (physical or emotional), and coercion (physical and verbal).</p>	<p>“The outcome doesn't excuse abuses of the method. ... The ends don't justify the means.”</p> <p>“I ‘fidget’ a lot (rock, flap, bounce my leg, etc.) and the so-called therapist I saw for barely a month would grab whatever body part I was moving and hold it down until I stopped trying to fidget and if I held still for five seconds, I got an M&M (like a good dog! /s).”</p> <p>“I went through ABA. In my opinion, I was trained like a dog...”</p> <p>“From my perspective you are making me stand still inside a bonfire thinking I'll get used to the pain if I get burned long enough. I'm told to suck it up and be still if I show any sign of pain or make any noise to say I'm burning. I'm not slightly uncomfortable, I am in pain because my body is being burned. Somebody who saw you do this to me would arrest you for doing it to me. With sensory issues, I am not slightly uncomfortable, I am in pain because I can't tolerate an environment. Forcing me to stay until I meet some esoteric neurotypical bullshit notion of normal behavior is torture. So many ‘problematic’ autistic behaviors are people in distress trying to survive situations that constantly assault their senses, and ‘therapists’ come in and essentially tell the autistic person that their pain doesn't matter because the comfort of the neurotypicals around them is more important than anything they could ever need or want.”</p>
<p>2. Scientific Foundations: Lack: This refers to posts that describe ABA as lacking research support.</p>	<p>“I mean, listen, I believe in science, but ‘evidence-based’ is a cheap phrase and people use it who don't deserve to use it. The phrase itself is empty when ABA passes for evidence-based.”</p> <p>“There is no evidence that ABA creates any positive outcomes when the child becomes an adult, which is defined as being employed and/or living independently. For example, [link to external article] For all we know, ABA unnecessarily stresses out the children, and it would be better to let them develop at their own pace. ABA has been around long enough now, there are plenty of adults who went through it as children, that if they had more positive outcomes than the children who did not have it, that research would have been published. But it hasn't.”</p> <p>“People like that will never listen. If they did they wouldn't continue to work in the job they are because they'd be forced to consider the fact that they have most likely abused one of their patients and they are not some grand savior fixing us. It's antithetical to the practice to actually look at it, that's why all the</p>

	<p>‘studies’ on it fail on the most fundamental parts of scientific testing for such things (e.g. independent studies or control trials).”</p> <p>“There is barely any interest to look at the long term outcomes of ABA. That paper with the PTSD is the only one because any attempt often gets literally murdered before it even gets close to starting. But thats one of these nuggets of knowledge so often dismissed and ignored by abusers.”</p> <p>“Have you done much reading about criticisms of ABA? Just to warn you, there are some fairly horrific stories out there. There is also a very very dark history. Its not necessarily all bad, but. It has caused so much untold pain throughout its history.”</p>
<p>3. Scientific Foundations: Valid: This refers to posts that describe ABA as having a scientific foundation and evidence base.</p>	<p>“ABA is without a doubt, the most evidence based treatment in terms of decreasing behavior and increasing skills acquisition. There is nothing even close.”</p> <p>“This is not true and there are plenty of scholarly articles emphasizing that ABA needs to be intensive to be most effective with early intervention clients (Lovaas et al 2013, and I can reference plenty more). If there was no evidence, this wouldn't be covered by all major insurances up to 40 hours a week.”</p> <p>“There is a sound reason why ABA is one of very few treatments that are approved as medically necessary for Autism and related disorders. If it didn't provide effective and lasting treatment and minimize harm and risks done, it wouldn't be medically approved.”</p> <p><i>“You continue to reference anecdotal reports, and although I feel empathy for those individuals, feel free to reference scholarly articles to back your claims. I'm sorry your ABa experience was bad, but that does not make ABA bad.”</i></p> <p>“I saw the few anecdotal posts you included. I have read, probably hundreds, of scholarly articles about the efficiency of ABA and different programs within ABA treating anything from urinary incontinence, to decreasing severe dangerous maladaptive behavior, to teach daily livings skills, to teaching pre-academic skills, and everything in between. I have seen scholarly articles talking about specific methods in ABA that are ineffective or require more study. I have seen scholarly articles imploring ABA professionals to not drift from the ethical guideline and how to implement the best, minimally intrusive therapy that is client focused. I have not, however, read any studies stating that ABA doesnt work or recommending anything else with even 1/10 of the evidence behind it. My heart goes out to those anecdotes, and I'm happy to help people know how to report unethical companies to the regulatory board. We may have to agree to disagree friend, but thanks for your opinions and I would love any objective meta studies or scholarly articles recommending less intrusive therapies in place of ABA.”</p>

	<p>“ABA is evidence based (it works!) and if you decide you don’t like it or you don’t like your agency, you can discontinue whenever you want. I do recommend giving it a chance and remember every kid is different (some kids respond immediately, some take time). Likewise, everyone’s experience with ABA can be different.”</p>
<p>4. Scientific Foundations: Neutral: This includes posts that emphasize the necessity of a scientific evidence base or discussion around existing scientific evidence. Yet these posts did not indicate a clear stance on whether there was a valid or lacking evidence base for ABA.</p>	<p>“You can see the entire paper? All I can see is the abstract. I do not see anywhere to download the pdf unless I purchase it for 30 something dollars. My ultimate point is that I can't learn anything from a study I cannot even read. I even went so far as to go to Galileo and look for another peer-reviewed article that connects ABA and PTSD and could not find one.”</p> <p>“I appreciate your input and I was not aware of that research.”</p> <p>“I'm a little confused. It appears most of this article is about the past, but then the conclusion seems to speak of changes that <u>_need_</u> to be made.”</p> <p>“I agree, ASD individuals are underrepresented in science. A therapy shown to increase IQ and decrease maladaptive behaviors, should help increase that right? I read that article, and would welcome any more you have.”</p> <p>“what about talking with the people who go through ABA instead of their parents?”</p>
<p>5. Accessibility to Services: This includes posts that references the cost of insurance, third-party payor, or finding a center and/or trained therapists.</p>	<p>“Due to my insurance specifically not covering therapy related to ASD, I had to spend months getting him on state insurance, and then get him ABA...”</p> <p>“The only reason why insurers love ABA is that it's chartable: you can clearly see the patient's progress or failure on a diagram, and it makes it easier to manage coverage.”</p> <p>“The insurance company asked if we have a preferred ABA provider. I am looking for recommendation for a provider in the [city] region. I have two companies in the radar.”</p> <p>“ Yeah, those early stages are rough even for people in states like mine. Our county government paid for her ABA, Speech and OT.”</p> <p>“May I ask if you are in the US? At 3 we do early intervention through school districts, although quality and quantity differs state to state and district to district. They should be able to st least give you resources to help you make more informed decisions.”</p> <p>“Iv had to push and fight so hard for these treatments but it’s just ABA. He met with a speech person one time and now they are saying the need is met. Speech therapy should be a weekly thing. When I push this they say ‘oh ABA includes COMMUNICATION therapy so that’s enough. ABA is what he needs’.”</p>

	<p>“ABA isn’t magic, but your child would likely benefit from this 1:1 interaction. If you have to call it ABA to get it on insurance then go with that.”</p>
<p>6. Potential or realized benefits of ABA: This includes references to potential or observed positive impacts of ABA.</p>	<p>“I don’t agree that it was abuse. It was a VERY needed action to happen. I would not have been able to go to a school without disability accommodations if I did. It makes absolute sense to me. Making me have meltdowns over and over again sounds bad but it would sound bad to anyone that isn’t involved personally in the process.”</p> <p>“ABAs' goal is to provide the child with strategies and tools to be a successful and independent member of their community.”</p> <p>“In short, we are doing all we can to help my son with his basic needs and communication to us, as well as preventing some more dangerous behaviours.”</p> <p>“I mean when a child’s autism is so severe that they can’t go to the bathroom by themselves, or need help eating or getting dressed.... yes, ABA does try to “fix” those limitations so that the child can reach his full life’s potential. ABA critics can argue that “acceptance” is the answer, but until the rest of society is accepting and open to some of the quirks of autism (which unfortunately it isn’t), behaviors like hand flapping and vocal stereotypy are going to isolate a child from others and hinder them in their effort to make friends, hold a steady job, etc. If your child had cerebral palsy and couldn’t walk, are you supposed to “accept” their condition and berate the rest of the world when it can’t accommodate all of your needs? Or do you take your child to physical therapy and work hard until your child can walk so that he can have a successful and fulfilling life?”</p> <p>“For example, my goal is not to make a client 'typical' or 'get rid' of their autism. My goal is to give them skills that will help them navigate their environment more independently and autonomously.”</p> <p>“We all feel that ABA was what got the ball rolling. We honestly thought we would never be able to get through to what was going on. I feel that the treatment he got (he still sees a therapist, and the school is always looking out for signs) made him what he is today. He does not obsess over details like he once did, or fear crowds, or get easily overwhelmed.”</p> <p>“I work as an ABA technician and despite what the rest of the people in here are saying, I don't think it's detrimental to put your child in ABA therapy. of course, this is my subjective opinion. However, one of my clients has a hard time with social cues and vocalizing his wants and needs and I think he's been making a lot of progress with the therapies were doing. If it weren't for ABA, He wouldn't be able to do that since he's on the more severe side of the spectrum and needs to be taught how to express himself.”</p>

<p>7. Associated Trauma: This includes reference to ABA as stigmatizing practice (leads to bullying, teasing), or to ABA participation having led to stress, suicidal thoughts, social anxiety, and trauma in later life.</p>	<p>"I salvaged something from ABA, but I don't even know if I can find a way out of the shame that a life time of trying to pass left me with."</p> <p>"I can remember experiencing enormous frustration when I was what I was trying to say was dismissed by staff members who refused to speak to me if I was not making eye contact."</p> <p>"...the exclusive focus on learning to "pass" as neurotypical set me up for a lifetime of shame and isolation. When you pass, you make every human interaction a lie. You imbibe the lie that who you are is not acceptable, and the thing you fear most is that you will fail in your effort to mimic social behaviors that are not natural for you and that you largely are unable to perceive (or even perceive how that effort is being received by others), so you slowly accumulate a burden of shame and self-loathing, and anxiety that someone will see who you are. All the while you are dying inside because you want someone to know who you are. You need it - autistics are human and need human contact and love like everyone else. And yet, we are trained to make ourselves invisible."</p> <p>"The ways I was treated differently by my teachers were noted by other children. Being "othered" in the classroom (nobody else got their chin grabbed or their desk rapped while admonished to "PAY ATTENTION) made me more of a bullying target."</p> <p>"ABA also is so data-driven from a quantitative sense that it fails to account for qualitative data- things that science CAN examine via research, but with data types that do not match "effectiveness" based research. There is very little understanding of what happens to those kids as they become adults after ABA. A LOT of them have mental health diagnoses now, and things that came up in ABA are now coming up in therapy. There is a lot of trauma even for the people who had 'fun' ABA. Including me."</p> <p>"Its no coincidence that the only people who recommend ABA are neurotypicals. Im on my best behaviour when im bullied or hurt or overloaded or in an environment that scares me, i keep still, i say everything im supposed to, i do what im told, i keep quiet. But its out of fear and a sense of worthlessness and nothing else."</p> <p>"My friend did ABA and she came out of it with PTSD and a lot of self hatred. Be careful."</p> <p>"Being taught how to act is the same as being taught how to think. Its internalized. Being told not to react with aversion to certain stimuli, like physical contact, eye contact etc., is the same as being told to ignore pain and distress. As autistic people, we understand intuitively that the only way to bury our behaviours is to bury our emotions."</p>
<p>8. Stance on neurodiversity: This includes references related to a call for neurodiversity, descriptions of</p>	<p>"I am interested in what raising a child with autism would look like, from a neurodiversity, rather than biomedical/aba perspective."</p>

<p>separate social markers based on diagnostic labels, and a call for listening to the voice of individuals with autism.</p>	<p>“With others, we look to find out what external forces are driving the person to do this, with the disability population, often the focus is only on the individual as being the problem.”</p> <p>“Simultaneously, I understand that what I was flirting with was the possibility of grossly economizing my privilege as a ‘passable’ autistic person and I’m still guilty about how comfortably that role fit me.”</p> <p>“I feel like I'm doing best for my child by trying to maintain his humanity, and not "train" the autism out of him.”</p> <p>“And why is it that when we decry it, we're ignored or worse yet, told we're wrong? If someone of a different ethnicity pointed out something was racist, you'd likely agree or at least consider what they said if you were a good person. But no, I guess autistic people don't know what's good for them.”</p> <p>“Throughout my childhood and throughout my k-12 education, behavioral approaches towards me focused on making me "normal." The preferred term for this was "indistinguishable from one's peers." No weight and no value was given to the reasons I presented differently than what other's felt was normal.”</p> <p>“When people tell you your goal for every waking day is to pretend to be somebody else, and that deviating from "normal" is a failure that is often punctuated by some for[m] of punishment or "aversive" response, any self worth, self-esteem or personal value is destroyed. You are a horrible broken person and your only hope is that you can act like you are not. You have no inherent value.”</p> <p>“And then people like you wonder why autistic people get angry about ABA. It's because people like you ask questions, don't listen, try to justify yourselves and question us when we tell you why we hate it. A neurotypical can say it's wrong and it stops. An autistic person says it's wrong and they're told they don't know what they're talking about.”</p> <p>“ABA has an incredibly bad reputation among autistic people. Its fundamental principles teach children to emulate the behaviours of neurotypical people at the expense of their own personality and ability to express themselves. 9 years old is an awful age to be telling a child that their own way of expressing themselves is wrong and needs to be corrected.”</p> <p>“Theres such a huge temptation for people to decide that autistic people just need fixing and then everything will be ok, that if you just train acceptable behaviour into us that our neurological condition will somehow disappear and we’ll be fine. Its weird!”</p> <p>“I hear you and I agree for the most part. I guess I struggle with what the big deal is with drawing attention to themselves. I guess I feel like if the individual with autism does not care if people look or</p>
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	<p>stare, then why does it matter? I think that is where my support of neurodiversity lies. In general, I tend to have a 'mind your own business' attitude."</p> <p>"I'm guessing the bad rap comes from a large population of autistic young adults saying "there's nothing wrong with me to fix". From their viewpoint, the world is out to get them. They don't see the view of their parents."</p>
<p>9. Low/high functioning: This includes references that explore claims that there are divisions between people with varying presentations of autism in their response to ABA.</p>	<p>"Yet, you generalized the anti-ABAer's on the sub as high functioning, which is bullshit. I know for a fact a few people who commented on the post are considered "low" functioning by diagnosis. Allow me to make a generalization though. The vast majority of autistics, both "high" and "low" functioning, hate ABA."</p> <p>"Because many deemed "low functioning" people learn to read and type on their own (or have other software to help with communication) and reflect on ABA later, and they hate it too."</p> <p>"And yet, even people at the so called "lower" end of the spectrum hate it just as much as we do, perhaps more. See the links /u/cakeisatruth posted to the OP. Many of these people are those whom society deems "low functioning" and some can't speak orally and were forced to go through ABA to fix it. They don't speak highly of it though; to be expected when you're being trained like a dog."</p> <p>"As you know, there's a lot of criticism against ABA, especially by a handful of high-functioning autistic adults."</p>
<p>10. Professional/parent relationship: These posts include referenced to stressors and relationships from either direction.</p>	<p>"Why don't we stand up to parents in this field? Would surgeons let patients control their own surgery? Why do we give the parents so much power to control what we're doing?"</p> <p>"My advice for you moving forward would be to talk to your ABA companies. Be involved. The more involved the parent is the more progress we see. Ask what kind of methods the company uses."</p> <p>"Do you have any advice in dealing with difficult parents of the children? I can't imagine the hardships that come with having an autistic child but in one particular case muh lady has, the mother of the client is extremely overbearing and micro-manages all of the implementation. She is a paid implementor so I can understand how the mother would want to take a lot of control in the therapy, if she is footing the bill. How do you let the clients parents know that they just need to let you do your job?"</p> <p>"Building rapport and communicating with parents, supervisors, and even teachers (or other community workers) really help to understand each client's needs. Just ask questions relating to skills they need to work on, issues parents may have, and always keep supervisors updated."</p>

	<p>“My BCBA coordinates with ST and OT so they are all reinforcing each other’s work. My therapists check in with me to alert me to issues that they see at school and ways that they can constructively be addressed. It really feels like a team effort to get my son to a place where ABA is no longer needed. That is everyone’s goal. Everyone talks and I make sure I’m a part of as many of those conversations as I can be.”</p>
<p>11. Professional connections: These posts include references to professional connections to the field, relationships and dynamics between BCBA and BCaBA, and motivations for joining field.</p>	<p>“Current RBT of 3 years, Same boat here. Want to move up in the world, but I am not getting stuck in the ABA box by doing my masters in it. I even took some time off to explore other fields but where I live couldn’t make enough money, so I’m back at my old RBT job.”</p> <p>“But stateside, unless you are a PhD with a few papers and academic tenure, you are stuck with treating ASD.”</p> <p>“Nearly every BCBA i have met is burnt out and trapped, unwilling to change tracks given the specificity of the career.”</p> <p>“It sounds like my client population was really similar to yours, as well of the setting (we also contracted with schools) - it’s awesome that you feel called to it! For me, it really wore on me after a while but you’re probably way more prepared for the field since you have prior experience working with that population, and I did not. You’ll be infinitely more prepared and are making a more informed decision for sure!”</p> <p>“As someone currently undergoing course sequencing and supervision to prepare to sit for the board I thank you for posting your insights into the field. My background is a bit different as I haven’t been climbing the ABA career ladder, rather am a teacher crossing over into ABA ...Personally I have fallen in love with working with the community of children who need help and display aggressive or dangerous problem behaviors (even when they say they f*kn hate you and your a b*tch) and I decided to listen to my mom and begin pursuing BCBA to practice ABA.”</p>
<p>12. Recommended: These posts include specific references to provider recommendations and referrals to ABA services.</p>	<p>“The teachers and administrators of ABA treatment act like it's lessons passed down from God, that every kid should have it and it's the only way to do it.”</p> <p>“His Behavioral And developmental ped recommended it. Though, in the context of helping him learn to try new foods as he is a picky eater.”</p> <p>“Kiddo has been in speech for over a year but has made no real progress. ABA was recommended to us by dev. ped BUT instead of a center it’ll be home based.”</p> <p>“He’s been closely followed up by his NICU team but except for the speech delay we were not expecting an autism diagnosis. I am still trying to process everything and sift through the deluge of information on the internet. ABA is what they recommended.”</p>

	<p>“The other places I look it’s all ABA and I’m not sure what the alternative is. I do know that his primary doctor and the doctor who assessed him all say ABA is the treatment. Period. They have been clear that ABA is what you do. When I push back I just feel dumb but the more I see my son react it just doesn’t feel right at all. Like is ruining his world view.”</p>
<p>13. Misunderstood & Misrepresented Field: These posts include descriptions of ABA as a practice that has changed over time, as a misapplication of procedures by a few poor therapists, as a complex intervention not well-understood by outsiders.</p>	<p>“If you find a place that does it right, they help the child be successful and functional in the world without punishment, blind conforming, squashing feelings or individualism, etc. Any place that's treating a child like a dog in training isn't doing it right.”</p> <p>“Yeah I think everyone here agrees that there's nothing wrong with stimming, but not all ABA therapists think the way yours do. ABA originally punished kids for stimming, but *eventually* realized that was too cruel and starting withholding rewards.”</p> <p>“ABA practitioners have come a long way to make ABA therapies for autism more appropriate to individual needs, and considerate of different preferences.”</p> <p>“Okay so I have a few points to address. One is that different ABA companies are WILDLY different. In the three companies I’ve worked at we would work with many kiddos for much shorter periods. This helps to decrease any monotony or burnout. Also, the people who say ABA is abusive are often talking about ABA way back in the day, it has evolved GREATLY since then.”</p> <p>“Abusive ABA is pretty much gone and I’m sure you won’t have any problems finding someone who can work with your child in a way that suits you.”</p>

Table S2. Support Codes and Post Examples

<p>1. None: A claim is made but no support is provided for the claim</p>	<p>“This was around the time that I learned that I was a product of ABA, which is pretty controversial now but was the norm in the 90s. It's essentially taking the Pavlovian response and applying it to kids.” “The BACB board, and thus board certification, was created in order to protect our field from people claiming to be "ABA Experts" and giving advice.”</p> <p>“But its not the only way to develop skills and it's certainly not intrinsically motivating - which is what you should strive for when teaching something.”</p> <p>“motions do not just appear out of nowhere. Even when someone is depressed due to a chemical imbalance the cause is the chemical imbalance. That depressed person doesn't just have to learn to cope with and endure depression or become resigned to it. They can address the chemical imbalance with the proper mental health professional”</p> <p>“Also, it might be interesting to note that electroshock is still widely used and has proven to be effective for several conditions.”</p>
<p>2. Personal/anecdotal: Support is provided for a claim is either anecdotal evidence or a personal anecdote</p>	<p>“As far as I'm concerned, ABA is child abuse, full stop. It always has been and always will be and anyone who thinks it's appropriate for their child should be investigated by social services.”</p> <p>“I can assure you, we do care. Almost everyone I have met in this field cares deeply. And I can also assure you, we aren't in it for the money. Most of us have inconsistent pay, no benefits, no sick pay, and have to work long hours and weekends to make ends meat. The vast majority of us are in it because we want to help and genuinely love those we work with.”</p> <p>“I haven't received ABA, but the comments I've read from autistic people who have survived it are overwhelmingly negative.”</p> <p>“I've heard some absolute horror stories from autistic adults who have experienced ABA. I've seen folk on this sub who claim practices have changed and improved, but I'm personally skeptical.” “My friend went to ABA and it totally ruined her trust in telling adults how she feels. She has no confidence in her social skills because her therapist would ONLY tell her what she was doing wrong and never tell her what's right. Her therapist also told her parents to constantly remind her what she's doing wrong so now she doesn't open up to them about anything. Too many ABA therapists do this.”</p> <p>“ABA has evolved so much in recent years. I've read many individuals who said that ABA is the same as training dogs, ABA does more damage then good and many have PTSD after ABA. When my son had DTT</p>

	<p>which falls under the umbrella of ABA, my son wasn't made to sit on a chair, he wasn't forced to make eye contact and when my son used to stim, he wasn't forced to stop."</p> <p>"I have a high functioning autistic seven year old. He started ABA about three years ago. It has radically changed his life for the better and he loves his therapists and looks forward to them coming over. He no longer has up to 45-minute tantrums, never bites or scratches, and he transitions much like a typical child would now."</p>
<p>3. External expertise (mention/citation): Support refers to research conducted by others in the field. This may include a citation or a general reference to a study or expert.</p>	<p>"Also, according to the *Autism Self-Advocacy Network*, *Autism Speaks* spent only 4% of their budget on services for autistic people."</p> <p>"Some more suggestions: https://michellesuttonwrites.com/2016/08/01/5-ways-to-meet-needs/"</p> <p>"* ABA and some other therapies aims to change him, which is good **to an extent** but when done intensively can do more harm than good, an article from an autism advocate on ABA and it's origins is [here](https://autismwomensnetwork.org/my-thoughts-on-aba/)"</p> <p>"https://www.emeraldinsight.com/doi/full/10.1108/AIA-02-2018-0007 Not saying ABA is perfect or that some people haven't been harmed as a result of receiving it, but that author proved exactly nothing with that study. It violated so many basic elements of conducting research that to consider it that is impossible."</p> <p>"I'm also autistic and I agree. Studies show ABA causes PTSD (post traumatic stress disorder) in half the autistic people subjected to it. https://www.emeraldinsight.com/doi/abs/10.1108/AIA-08-2017-0016"</p> <p>"Dad of a "high functioning" 10 year old boy. Undergrad in psychology, MS in biomedical science.</p> <p>Here is verbatim the discharge summary from the largest ABA organization (a so-called "Autism Society" with no autists on staff or boards) in my state: >*[child's name\] will be discharged from services when he is* ***no longer engaging in any behaviors that are compatible with the DSM-5 criteria for an autism diagnosis*** *and he is able to live and work independently in his community.* Thoughts?"</p>
<p>4. Own research activity/expertise: Support refers to research conducted by the poster or their own status as an expert in the field</p>	<p>"I would run to the behaviour consultant on my team haha. All child behaviour has a purpose. You would have to identify the function of the specific behaviour - we group them into 1)regulation 2) avoidance/escape 3)attention seeking 4)access to materials I'll give examples, but please don't apply anything. This sort of thing is complex and some strategies make it worse... We need a whole team to make the plan</p>

	<p>In general, we would identify the function and make a detailed plan. That includes proactive strategies to prevent the behaviours from happening”</p> <p>“What does any of that have to do with ABA? You know we don't diagnose the kids, right? Nor do we sell anything other than our expertise in behavior analysis, which is not necessarily related to autism. We analyze behavior, find its function, and implement treatment accordingly. I don't think it's as insidious as you think.</p> <p>Now, if you want to talk about SonRise, DIR, SIT, RPM, FC, etc. about taking advantage of desperate people, sure. That's why evidence is so important. It's not to show that I am superior to a TEACHH or Floor Time therapist, it's to protect the end consumer from deluded or unethical practitioners and practices,”</p> <p>“Yes, I do have data. I have 8 years and hundreds of clients to provide as data.”</p> <p>“(I am a mod/severe special ed teacher with a MA.Ed in SPED with an emphasis in ASD)”</p> <p>“As an ABA therapist, I recommend 30+ hours a week of ABA. I know that's a ton but you will see this kid do wonders.”</p> <p>“I presented at a parents forum last week on ASD about ABA (I'm a BCBA) with 6 medical doctors and I was the only one not talking about medicating the hell out of every little kid with ASD, future genetic treatments to eradicate it, or future meds to treat the symptoms directly. I know a lot of people think we (ABA providers) have some goal to make kids with ASD indistinguishable from their neurotypical peers but I promise you, this is not a thing. If it were, it would have come up somewhere over the past 8 years that I've been working with kids with ASD.”</p>
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