

Ethical Evolution: How the BACB Transformed Early Intervention ABA Therapy

Maya K. Brown

Department of Arts and Sciences, SUNY Polytechnic Institute

PSY 405: History & Systems of Psychology

Dr. Kazuko Behrens

April 30, 2025

Ethical Evolution: How the BACB Transformed Early Intervention ABA Therapy

Applied Behavior Analysis (ABA) is a widely used intervention for individuals with autism spectrum disorder (ASD) of all ages, but is especially used within elementary-aged children. Over the decades, its ethical standards and practices have undergone significant transformations, though at its core, it retains the same principles. As a form of early intervention, the Behavior Analyst Certification Board Inc., or BACB (2023), states that ABA aims to correct problem behaviors at a young age in order to improve the long-term quality of life (QoL) of the individual with autism. This is achieved mainly by working on improving their independence, communication, social abilities, and daily living skills. This paper will explore the origins and evolution of ABA as an extension of the behaviorist movement and as a form of early intervention for young children with ASD, overall aiming to answer the following question: How have the ethical standards of ABA evolved since its inception? By focusing on the importance of the BACB as a central organizational body, the introduction of ethical standards and the requirement for practitioners to earn certifications to utilize ABA will be highlighted. Three empirical studies will be outlined and summarized throughout in order to provide evidence for the efficacy of ABA throughout its lifespan. This paper will conclude with a discussion examining the importance of individualization and gentle reinforcements in treating individuals on the autism spectrum.

Defining Vital Terms

Prior to delving into the bulk of this research, it is necessary to define and elaborate upon vital terms and explain their applications within the context of this topic. Specifically, ASD as a developmental disorder will be discussed, and the important aspects of ABA will be highlighted. Along with this, the required practices of ABA for a single individual undergoing intervention

will be briefly covered to provide a deeper understanding of what a real ABA session would look like.

Autism Spectrum Disorder

ASD is an extremely broad diagnosis, as suggested by the term “spectrum.” According to the CDC (n.d.), the criteria used by clinicians to diagnose the disorder have changed drastically since it was first introduced in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980, and our understanding of its causes is still very limited. Although researchers initially suspected the influence of environmental factors such as “refrigerator mothers,” or insufficient parenting, psychosis, and toxins encountered throughout daily life, it is now widely agreed upon that inherited genes and brain abnormalities are the main cause of the disorder (Cuffman, 2024; Silverman, 2012).

ASD typically presents itself relatively early within development, with some of its earliest symptoms being a lack of eye contact and delay in reaching certain developmental milestones (CDC, n.d.; Cuffman, 2024). Individuals with the disorder tend to experience sensory stimuli in either an exaggerated or lessened capacity than a neurotypical individual, and they may seek out or completely avoid certain stimuli. Simply put, individuals with autism view the world in an altered way from neurotypical individuals. This may affect their social, communicative, self-care, and various other abilities, but also tends to enhance abilities in other aspects of life, including but not limited to creativity and advanced knowledge in specific topics known as hyperfixations. Although labeled as a “disorder,” many individuals with autism tend to excel academically, professionally, and creatively. ASD affects every individual extremely differently, and no two cases look exactly the same (Baron-Cohen, 2015; CDC, n.d.; Silverman, 2012).

The ASD spectrum is typically simplified into three levels: Level 1, Level 2, and Level 3. According to Complete Children's Health (2025), a group of practicing pediatricians, neuropsychologists, and speech therapists in Australia, Level 1 autism refers to individuals who require little to no assistance within their daily lives. Although they experience difficulties initiating and maintaining social interactions, they blend in with their neurotypical peers relatively well. These individuals are most likely to be misdiagnosed or not diagnosed at all, as some may never require intervention for the symptoms they experience as a result of their autism. Jumping ahead, Level 3 refers to individuals who require intense daily care and experience severe difficulties within their daily life due to the symptoms that they experience. Level 3 individuals may be completely non-verbal and suffer from various accompanying disorders, including but not limited to obsessive-compulsive disorder (OCD) and bipolar disorder. Of course, Level 2 individuals fall in between these two extremes (Complete Children's Health, 2025). These levels help to rein in the extremely broad label of ASD without using harmful or demeaning language.

Applied Behavior Analysis

A typical ABA session varies drastically depending on the individual. Action Behavior Centers (ABC), a nationwide organization aiming to make ABA intervention more accessible for families, outlines what a typical session looks like on their website as a resource for the parents of children with ASD (n.d.): Before each session, the therapist will prepare data collection materials and necessary items depending on the skills that will be targeted within that session. These items may include toys, tablets, and even life skill items like tooth and hair brushes. Once the client arrives, the behavior therapist will build rapport with the child, playing and initiating positive interactions that allow the individual to feel comfortable around their therapist. This is

referred to as “pairing,” and helps to motivate the individual to participate in later trials and programs that will be initiated by the therapist. Once this relationship is established, the two main methods of ABA are implemented, which are discrete trial training (DTT) and natural environment training (NET).

ABC continues, specifying that DTT involves one-on-one work between the child and the behavior therapist. Depending on the targeted behavior, these trainings could focus on eye contact, communication, maintaining attention, imitation, or various other skills. Unconditional positive regard is combined with stern but gentle redirection to maintain attention on the task at hand, and participation results in repeated individualized rewards. NET aims to weave the skills learned in DTT into real-world interactions and focuses on play-based therapy with peer interaction. Depending on the organization, ratios of children to therapists may vary, but ideally, at least one individual certified to practice ABA is tasked with overseeing each child. ABA is extremely pliable and can be altered to target practically any behavior required to improve the QoL of the individual. Before any therapeutic intervention, therapists observe each client diligently to identify their baseline behaviors and highlight areas in which ABA could help them live a fulfilling life within their own capabilities (Action Behavior Centers, n.d.).

Literature Review

The Beginnings of ABA

Today, ABA is seen being practiced in special education programs throughout the world. These classes are frequently located within typical elementary schools, and some classes are even integrated and include both neurotypical and neurodivergent individuals. Despite this, ABA used to be an extremely exclusive therapy, being especially expensive, time-consuming, and even physically/emotionally taxing for the patients. At its inception, ABA drew from the theories

of behaviorism and gained inspiration from B. F. Skinner's unique individualized model of teaching (Ayre & Krishnamoorthy, 2020).

Behaviorism

Researchers Ayre & Krishnamoorthy (2020) explored the origins of ABA, outlining how previous theories and movements within the field of psychology contributed to behavior analysis being applied to children with developmental disabilities. They state that ABA's roots lie within the behaviorist theory of psychology, which emerged in the mid-19th century. Figures such as Ivan Pavlov, who was able to use classical conditioning to stimulate salivation within dogs using a stimulus (the chime of a bell, striking a wall, etc.) that was typically paired with food, even in the absence of said food, paved the way for the emergence of behaviorism as a subfield of psychology. Another vital individual in the field was Edward Thorndike, who discovered the Law of Effect, which claims that behaviors that are followed by some form of reinforcement are more likely to be repeated, and behaviors that are followed by punishment are more likely to cease. This is the basis of positive reinforcement, a principle that was expanded upon by Skinner in the mid-20th century.

Ayre & Krishnamoorthy (2020) elaborate, highlighting that prior to the advancements made by Skinner, John B. Watson advocated for behaviorism as its own form of psychology, becoming known as its founder. He believed that only real, observable data should be used to make inferences about the mind, rather than subjective introspections as had been used by Wilhelm Wundt and his acolytes. Known for his experimentation focusing solely on objective and observable results, they revisit his "Little Albert" experiment, where Watson used classical conditioning to create strong emotional responses in a human subject. Specifically, an 11-month-old child named Albert was shown a white rat, a neutral stimulus, which, before any

experimental manipulation, created no strong emotional response within the boy. After pairing the presence of the rat with extremely loud sounds, they note that Albert learned to associate the white rat (along with various other white furry things) with extreme fear and the anticipation of loud noises.

Skinner introduced the concept of operant conditioning, which differed greatly from Pavlov's classical conditioning: While classical conditioning proposed the idea that behaviors are a reflex, operant conditioning proffered that behaviors are a result of assumed consequences and are voluntary in nature. This introduced the idea of contingencies, the notion that a close tie between behaviors and their consequences is present within all individuals (Ayre, K., & Krishnamoorthy, G., 2020). Skinner paved the way for ABA by adapting experimental and clinical forms of behavior modification to be used in classroom settings with children. Specifically, he explored implementing "teaching machines" in classrooms, which aimed to provide quick and accurate feedback on completed assignments that was tailored to the comprehension speed of each student. Watters (2021) dives into this interesting offshoot of Skinner's psychological work; He highlights how Skinner's interest in tailoring education to the abilities of each individual student and applying the principles of operant conditioning to encourage their academic success can be seen as a spiritual predecessor to asynchronous online courses as well as programs that aim to tailor education to the capabilities of each student, such as IEPs in special education classes, one-on-one aides, and even ABA therapy itself.

Before the 1960s, the majority of psychological behavior research was conducted in controlled laboratory settings using animals as subjects. Although these controlled lab settings provided an environment that could be finely manipulated to fit the variables being tested and expunge potential confounds, Ayre & Krishnamoorthy (2020) note that difficulties arose when

trying to generalize these results to the real world. They note that ABA arose as a result, using measurement of behaviors through observation to determine the environmental influences on said behavior. Through real-world observation, these influences can be identified, and operant conditioning can be applied in order to change said behavior.

Study One: The Lovaas Method

Dr. Ole Ivar Lovaas was a psychologist who began his work in the 1960s, applying principles of behaviorism to early intervention in children with ASD, a method then referred to as the “Lovaas Method”. A landmark experimental study conducted by Lovaas in 1987 aimed to answer a vital question: Does intense ABA intervention lead to improved intellectual function in autistic children? 38 children under 4 years of age were used as participants, and all were diagnosed with autism by a verifiable clinician. Half of the sample was randomly assigned to the experimental group and received at least 40 hours of ABA intervention a week, and the other half was assigned to the control group, which received a maximum of 10 hours of ABA intervention a week. Additionally, 20 individuals were sampled from an archival study to account for individuals who experienced a complete lack of ABA therapy. This group will be referred to as the “archival control group,” while Lovaas’ control group that received a small amount of weekly ABA will be referred to as the “experimental control group” for clarity. Lovaas found that both control groups averaged 30 IQ points below the experimental group. Additionally, 47% of those in the experimental condition were enrolled in a typical first-grade class, with the rest being enrolled in special education. On the contrary, only 2% of both the archival and experimental control groups were placed within typical classrooms by first grade.

Initial Ethics of ABA

These results are quite eye-opening, but bring with them a slew of questions, the most prominent of which revolve around the factors used to measure the success of ABA. Lovaas used IQ tests and class placement as proof of his intervention “working”, since the focus of early intervention during that period was to assimilate visibly disabled individuals to be less noticeable, “normalizing” them rather than focusing on their own QoL. Additionally, Lovaas pushed his form of therapy as a potential cure for autism; In their page on treating ASD, the Mayo Clinic highlights that individuals with ASD do not need to be cured, and cannot be cured. Behaviors that harm themselves or others can be conditioned to extinction and accompanying disorders can be treated/medicated, but autism itself is not a thing to be cured; it is a core part of oneself. This focus on shielding the neurotypical public from seeing individuals with disabilities was common during the time, as is seen by the number of individuals institutionalized and subjected to horrific treatment.

Along with these questionable methods of measuring the effects of ABA, Lovaas’ initial practices included punishments along with reinforcement. Leaf et al. (2021) list what these punishments looked like: Electrical shocks, slaps, hits, and yelling, all of which are extremely distressing to any individual, let alone neurodivergent children who experience a heightened perception of sensory stimuli. Along with these positive punishments, negative punishments such as restricting food and water were used to discourage the repetition of problem behaviors. With an end goal of having the child blend in with their peers, Leaf et al. note that Lovaas’ initial method prioritized the obedience of the child over their well-being. Overall, ABA at this time was meant to benefit those surrounding the child with autism rather than the child themselves.

The Implementation of the BACB

The Behavior Analyst Certification Board, Inc. (BACB) is a nonprofit organization that was created in 1998 by Dr. Jerry Shook, and has been recognized as the organizational body of ABA therapy since its inception (BACB, 2025). The three certifications that can be acquired through the BACB are Registered Behavior Technician (RBT), Board Certified Assistant Behavior Analyst (BCaBA), and Board Certified Behavior Analyst (BCBA). As the operator of these accredited programs, the BACB implements examinations, upholds ethical guidelines, and maintains a strict disciplinary system in order to regulate the practice of ABA. The four core ethical principles that are upheld include the following: Always benefit others, act with dignity and respect, practice integrity, and remain competent in your work (BACB, 2025).

According to their website, more than 80,000 behavior analysts and 206,000 behavior technicians have been certified through the BACB and continue to maintain their certification requirements (2025). Each of these programs is accredited by the National Commission for Certifying Agencies (NCCA) and the Institute for Credentialing Excellence (ICE). In order to become certified, RBTs need to have a high school diploma, formal ABA training, and understand the ethics of the organization, as well as pass a skill-based competency exam and background check, prove to be psychometrically sound, and maintain passing scores on yearly competency exams. To qualify to be a BCaB you need to have your Bachelor's degree, and your Master's to be a BCBA. On top of the requirements to be an RBT and the corresponding aforementioned academic degrees, BCaBs and BCBAAs need supervised experience practicing ABA and proof of continuing education within behavior-analytic coursework or related fields. The board regularly reviews and revises coursework and annual exams to ensure that those who

become certified are left with the skills necessary to practice ABA effectively and ethically within the real world (BACB, 2025).

ABA's Modern Ethical Standards

As a result of the BACB regulating the ethical standards of ABA, the therapeutic intervention maintains its same practices and goals, but has modified them to be more constructive and less harmful to the child. Rather than aggressive physical aversions to discourage problem behaviors, individuals practicing ABA now only use gentle redirections and positive reinforcement, labeled as response interruption and redirection (RIR). The Magnolia Autism Center (n.d.) explains this process, stating that RIR aims to encourage the target behavior to be repeated rather than discouraging the problem behavior. As a result of this gentle RIR, the child is likely to maintain a higher level of trust and overall rapport with their therapist, and potential distress is greatly minimized. If a child begins showing signs of stress or aggressive frustration, the ABA session is to be immediately ceased.

Before implementing these tamer interventions into the child's routine, every individual who receives ABA therapy is required to undergo a Functional Behavior Assessment (FBA) over the course of multiple weeks. According to the Office of Special Education in Colorado's Department of Education (2017), FBAs aim to outline the baseline behaviors of the child as well as identify problem behaviors and preferred items that can be used as rewards during later intervention. By understanding the child's baseline, behavior therapists can quickly notice when the child is at a heightened level of frustration or stress and stop the session before the child is unnecessarily overwhelmed. Additionally, by observing problem behaviors over a longer period, the therapist can determine which behaviors should be targeted first based on severity and/or frequency.

Study Two: ABA and Verbal Behavior

A study conducted by Peterson et al. (2024a) recruited 33 individuals aged 2 to 7 who were diagnosed with ASD and utilized a pre- and post-test design. Two different scales were used: The Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) and the Assessment of Basic Language and Learning Skills (ABLLS). Each participant was administered each assessment both prior to receiving ABA therapy as a baseline and six months after beginning the intervention. It was found that all of the subscales tested within the ABLLS, as well as 11 out of the 13 subscales in the VB-MAPP, showed significant improvement. Additionally, a high effect size was noted, suggesting that the relationship between ABA intervention and improved verbal behaviors is both strong and statistically significant.

Study Three: Replicating Repetition of Target Behaviors

Another study conducted by Peterson et al. (2023, as cited in Peterson et al., 2024b) utilized a mixed model of ABA, combining discrete trial training, mass training, and a naturalistic environment, resulting in a significant increase in target behaviors within participants over the course of three months. The following year, the study was replicated (Peterson, 2024b) but measured over only one month in order to determine the effectiveness of the intervention in a shorter period. The researchers found that their replication did indeed result in a statistically significant increase in target behaviors over a shorter time. Replication of this study over a longer period, ideally over a few years, would be interesting to see if improvement begins to become stagnant after long exposure to ABA.

Implications of Modern Studies.

The two aforementioned studies conducted by Peterson et al. (2024a; 2024b) explore the effectiveness of ABA in the context of the frequency of target behaviors being repeated. In

comparison, Lovaas' study, discussed in an earlier section of this paper, used IQ tests and class placement to determine the intervention's effectiveness. In modern ABA, as is modeled within the aforementioned studies, the frequency of target behaviors being repeated is used as a measurement of success instead. Problem behaviors are identified, and corresponding target behaviors are created to improve the development and personal well-being of the individual, not to simply appease those around them. For example, aggression towards other students during playtime may be identified as a problem behavior, and the target behavior may be for the individual to interact kindly with their peers while playing. While this will benefit those surrounding the individual since the aggression should decrease as a result of the intervention, the main goal of targeting this specific behavior in the context of ABA's principles is to increase the social capabilities of the child, in turn aiming to increase their independence, social life, and overall QoL.

On the other hand, the measurements of Lovaas' studies can be inferred to mainly prioritize those surrounding the autistic individual rather than the individual themselves. It's important to note that this is no fault of Lovaas himself, as his awareness and acceptance of ASD were quite beyond his years, but rather can be labeled as a product of the time (Silverman, 2012). While Lovaas was conducting his research, the main focus of ASD research was to find a "cure" for the disorder and find ways for individuals on the spectrum to not stand out in public. The 1980s marked the beginning of more focused ASD research in comparison to previous decades, and during this time, early intervention was barely in its infancy; the focus lay more on defining the extremely broad and rough diagnosis than on finding therapeutic interventions. During this era, ASD was not known by the broader public, and individuals who were diagnosed were seldom allowed to be seen in public so as not to "embarrass" or draw attention to their family;

insufficient parenting was thought to be one of the sources of visible developmental disabilities at the time (Silverman, 2012). As a result, Lovaas' research on early intervention was extremely progressive for its time, but required various ethical overhauls in order to have it meet modern standards of therapeutic care.

Discussion

Personal Tie to ASD & ABA

My interest in researching ASD began due to my experience growing up surrounded by individuals with the disorder. Two out of my three brothers were diagnosed with ASD before the age of two, and both currently live in residential homes through Upstate Caring Partners (UCP). Both my third brother and I suspect that we fall within level 1 of the spectrum, but have yet to receive a formal assessment. Throughout my childhood, I experienced all of the wonders and challenges that individuals with Level 3 ASD face from a second-hand perspective, and consistently saw various types of therapists coming in and out of my home to work with my brothers. Initially, I wanted to pursue Speech and Language Pathology or sensory-based therapy due to this, but later realized that I wanted a more hands-on career helping individuals with ASD possess a higher QoL. Quickly, I discovered that early intervention covered every aspect of what I wished to pursue throughout my career.

My mother works for UCP within their early intervention program in Wampsville. She is an RBT and practices ABA daily in order to improve the lives of the children she works with. After talking to her numerous times, the structure that ABA provides as an approach to behavioral therapy always seemed extremely appealing to me. She would describe the amount of observation, note-taking, meetings, planning, and workshopping required for each student before any interventions would even be applied to them. As someone with obsessive-compulsive

disorder (OCD), a strict set of steps such as the ones outlined in ABA is ideal for me, as I dislike having any “wiggle room” in matters that are as vital as early intervention for young children with ASD. I would be constantly worried that I was missing something or doing the incorrect therapies, but ABA’s strict guidelines for intervention would ease this stressor by a large margin. Additionally, ABA’s results are observable: This means that I would be able to directly view the changes in QoL of the individual as I work with them over time. This is also quite appealing to me for the aforementioned reasons.

Additional Research Questions

Although I find that more introspective views of psychology, such as the humanistic approach, are essential within cognitive therapies and counseling, behaviorism is the most effective for early intervention. I have drawn this conclusion since children, especially those on the spectrum, have a hard time expressing their feelings or thoughts. Also, many individuals with ASD are non-verbal and don’t master alternative forms of communication until later in life. This means that the completely recordable and observable nature of behaviorism, as seen in ABA therapy, is ideal for this specific population. Despite this, I have not done research on introspection-based therapies within adults with ASD and find the topic to be intriguing. In the future, I would love to delve into this topic and see if there is any weight to it in further improving QoL beyond simply a behavioral standpoint.

Conclusion

The development of ABA’s ethical standards since its inception has been pioneered by the combined efforts of those within the BACB. The BACB dramatically improved both the practical and ethical implementations of ABA, shifting its focus from normalization to empowerment. Without a uniting organizational body such as this, we cannot be sure what the

state of ABA would be today. Requiring certifications in order to practice ABA specifically is extremely important, since the routines and regulations that make ABA so effective require vigorous training. Overall, ABA is an incredible creation and an ideal mode of early intervention. Over the following years, I'm sure more changes will occur within the BACB's standards and practices, but one thing will always remain the same: Operant conditioning combined with gentle RIR will remain the center point of the intervention.

References

- Action Behavior Centers (2017). What does a day in ABA therapy look like? A parent's guide. *Resources: ABA Therapy*.
<https://www.actionbehavior.com/resource/blog/what-does-a-day-of-aba-therapy-look-like>
- Ayre, K. & Krishnamoorthy, G. (2020). Trauma-informed behavior support: A practical guide to developing resilient learners. *University of Southern Queensland*.
<https://usq.pressbooks.pub/traumainformedpractice/front-matter/introduction/>
- Baron-Cohen, S. (2015). Leo Kanner, Hans Asperger, and the discovery of autism. *The Lancet*, 386(10001), 1329-1330. [https://doi.org/10.1016/S0140-6736\(15\)00337-2](https://doi.org/10.1016/S0140-6736(15)00337-2)
- Behavior Analyst Certification Board Inc. (2025). BACB fact sheet. *Applied Behavior Analysis Subspecialty*.
<https://www.bacb.com/wp-content/uploads/2022/01/BACB-Fact-Sheet-250402-a.pdf>
- Behavior Analyst Certification Board Inc. (2023). Behavioral treatment of autism and other developmental disabilities. *Applied Behavior Analysis Subspecialty*.
https://www.bacb.com/wp-content/uploads/2020/05/Behavioral-Treatment-of-Autism-and-Other-Developmental-Disabilities-Fact-Sheet_230306-a.pdf
- Centers for Disease Control and Prevention (CDC), (n.d.). *About autism spectrum disorder*. <https://www.cdc.gov/autism/hcp/diagnosis/index.html>
- Complete Children's Health (n.d.). *What are the three levels of ASD?* Retrieved April 30, 2025, from
<https://www.completechildrenshealth.com.au/what-are-the-three-levels-of-asd/>
- Cuffman, C. (2024). Autism. *Cleveland Clinic*.
<https://my.clevelandclinic.org/health/articles/autism>

- Grossman, R. (n.d.). *The DSM V criteria for autism spectrum disorder (ASD)*. Child Neurology. Retrieved April 30, 2025, from <https://www.childbrain.com/services/autism/the-dsm-v-criteria-for-autism-spectrum-disorder-asd/>
- Leaf, J. B., Cihon, J. H., Leaf, R., McEachin, J., Liu, N., Russell, N., Umumb, L., Shapiro, S., & Khosrowshahi, D. (2021). Concerns about ABA-based intervention: An evaluation and recommendations. *J Autism Dev Disord.*, 52(6), 2838-2853. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9114057/>
- Magnolia Autism Center (n.d.) *Response interruption and redirection (RIR/RIRD) in ABA therapy*. Retrieved April 30, 2025, from <https://magnoliabehaviortherapy.com/response-interruption-and-redirection-rir-rird-in-aba-therapy/>
- Mayo Clinic (n.d.). Autism spectrum disorder. *Diseases & Conditions*. Retrieved April 30, 2025, from <https://www.mayoclinic.org/diseases-conditions/autism-spectrum-disorder/diagnosis-treatment/drc-20352934>
- Office of Special Education (2017). Functional behavioral assessment (FBA) and behavior intervention plans (BIP). *Colorado Department of Education*. https://www.cde.state.co.us/cdesped/ta_fba-bip
- Peterson, T., Dodson, J., Hisey, A., Robert, S., & Strale, F. (2024). Examining the effects of discrete trials, mass trials, and naturalistic environment training on autistic individuals using repeated measures. *Cureus*, 16(2). <https://doi.org/10.7759/cureus.53371>

Peterson T., Dodson J., & Strale Jr., F. (2024). Impact of applied behavior analysis on autistic children target behaviors: A replication using repeated measures. *Cureus*, 16(2).

<https://doi.org/10.7759/cureus.53372>

Rothstein, E. (2021). What to look for when choosing an ABA therapist. *Organization for Autism Research*.

<https://researchautism.org/blog/what-to-look-for-when-choosing-an-aba-therapist/>

Silverman, C. (2012). *Understanding autism : Parents, doctors, and the history of a disorder*. Princeton University Press. <https://doi.org/10.1080/09687599.2012.722411>

Watters, A. (2021). The engineered student: On B.F. Skinner's teaching machine. *The MIT Press Reader*.

<https://thereader.mitpress.mit.edu/the-engineered-student-on-b-f-skinners-teaching-machine/>