ASSOCIATION OF PROFESSIONAL BEHAVIOR ANALYSTS

Responsive Practice
Practice Guide

PUBLISHED JANUARY 2026

Responsive practice refers to interventions that are adjusted based on objective data, such as client experience measures (e.g., assent/assent withdrawal, indices of happiness/unhappiness) and information from stakeholders regarding whether the goals, procedures, and effects are meaningful and acceptable (Wolf, 1978). Responsive practice integrates neurodiversity-affirming, compassionate, and assent-based practices into everyday clinical decision making. Our invited speakers will help us learn about masking, honoring assent withdrawal, and balancing family priorities with ethical obligations. This guide offers relevant terms, reflection questions, ethical scenarios, and supervision prompts to help clinicians translate learning into practice. A curated list of on-demand trainings and linked resources are provided for practitioners looking to deepen their skills and align their practice with the evolving needs and voices of the autistic community.

Relevant Terms:

Ableism: explicit or implicit discrimination in favor of able-bodied and able-minded people (Rosqvist et al., 2020).

Compassion: acknowledging suffering wherever we see it (in autistic people or anyone else), empathizing with it, and taking overt action to ameliorate it in the way in which the client wants to be treated (Taylor et al., 2019).

Neurodiversity: perceived variations seen in cognitive, affectual, and sensory functioning differing from the majority of the general population or 'predominant neurotype', more usually known as the 'neurotypical' population (Rosqvist et al. 2020).

Assent: Vocal or nonvocal verbal behavior that can be taken to indicate willingness to participate in research or behavioral services by individuals who cannot provide informed consent (e.g., because of age or intellectual impairments). Assent may be required by a research review committee or a service organization. In such instances, those entities will provide parameters for assessing assent. (Behavior Analyst Certification Board, 2020, Glossary)

EVENTS SCHEDULE

Thursdays with APBA!

08 JAN. — THURSDAY, 12 PM PT/ 3 PM EST

JOURNAL CLUB

Affirming Neurodiversity within Applied Behavior Analysis

22 JAN. — THURSDAY, 12 PM PT/ 3 PM EST

ETHICS CHAT

Free for APBA members. 1 ETH CEU!

29 JAN. — THURSDAY, 12 PM PT/ 3 PM EST

FREE WEBINAR

Engaging Caregivers in Behavior-Analytic Research

Go to Events

Journal Club

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Mathur, S. K., Renz, E., & Tarbox, J. (2024). Affirming Neurodiversity within Applied Behavior Analysis. Behavior analysis in practice, 17(2), 471–485. https://doi.org/10.1007/s40617-024-00907-3

Journal Club Reflection Questions:

Tip: Print the notes page or open a document to jot down reflections.

The authors state that, "Opinions about treatment may differ between practitioner, autistic client, and client's family and that variability is both expected and useful because each entity is viewing the situation from a different perspective and all perspectives are valuable." Reflect on your current and past caseloads. Have you ever had a situation wherein there was disagreement about what to prioritize in treatment? How did you balance these differing perspectives? How would you manage them now based on what you learned in journal club?

Contrast the social vs. medical model of disability. What aspects of treatment planning would you change if you viewed your client's diagnosis through a social model of disability?

This article focuses on feedback from autistic individuals (who have been able to communicate verbally or in written form) about their experiences with ABA. How and to what extent are perspectives from autistic individuals who are unable to communicate their experiences with ABA included? What are some ways the authors recommend centering and amplifying autistic voices in ABA research and practice?

The authors cite seminal works (by Skinner and others) and state that the application of our science was never intended to make people "normal." Describe what they meant by this. How does case conceptualization differ when the goal of treatment is to maximize an individual's access to positive reinforcement?

What is "masking" and what are some of the negative and positive outcomes related to masking? Do you think the positive outcomes justify the negative ones? What practical steps can practitioners take to mitigate the negative effects of masking?

The article recommends honoring client assent and assent withdrawal throughout treatment rather than requiring compliance. What concerns arise through compliance training? Describe the steps involved when using escape extinction vs. honoring assent withdrawal. What are the pros and cons of each procedure? Can you think of times when compliance training is what is best for the client?

Ethics Chat

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Scenarios

My client's parent's want their child to attend church services as this is a highly valued part of their culture. Their child does not show any interest in church and has engaged in elopement and tantrums every time their parents have tried to take them. I don't think my client has the prerequisite skills to attend church and I am concened that teaching them to attend church honors the parent's values while ignoring my client's preferences. What are my ethical obligations to my client in this situation?

My patient engages in vocal stereotypy at a volume that limits their access to the community. For example, we tried to fade them into a private preschool, but they were kicked out because their vocalizations were interfering with the other children's access to learning. This was a huge set-back because otherwise the child was ready and fully able to participate in the class activities with only minimal support. I am worried that treating vocalizations is encouraging masking, but I am more worried that if we do not get this behavior under stimulus control it will impede my client's access to the community. I wish the world was more inclusive, but I don't think that's going to happen in time for this client to engage in the community AND engage in vocal stereotypy. What do I do?

IIf we apply a Trauma Informed Care approach to treatment, one aspect would be to provide the choice of nonengagement in therapy (Rajaraman et al., 2022). How do we do this within the medical model? For example, if a patient chooses to not engage in treatment, then I assume the provider would be unable to bill for treatment. However, that patient still needs oversight (especially within clinic-based services). In this case, the organization would pay the employee even though they cannot get insurance reimbursement for this time, which seems unsustainable. My concern is that individuals who may benefit from ABA will be excluded because organizations cannot make this service break even. So, how do we incorporate TIC within the medical model? Should we prioritize compliance so the patient can access treatment?

Ethics Chat

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Scenarios (continued)

Ethics Skill Builder - July 2024 on Consent & Assent
Developed by Dr. David Cox

Dario (they/them) is a BCBA® who works for a company that provides in-home ABA services for children ages 2-10 years. An RBT® who Dario supervises calls from their ongoing client session with an urgent problem. The RBT states that the client they are in session with keeps saying they "don't want to 'do' ABA today" and refuses to participate in any activities with the RBT—even their typically preferred favorite activity of swinging on the backyard swing where the RBT often incorporates communication and social goals. This had been going on for about 40 mins at which point the RBT told the client's parents what was happening and suggested they should cancel the rest of the session. The client's parents stated, "He is just trying to get out of doing work." They also pointed out that they already have to pay for the session, and that their son should get something out of it. Finally, they reminded the RBT that they have the legal authority to make healthcare decisions for their child and want him to get ABA that day. When Dario questions the RBT further, no other causal variables are readily apparent (e.g., the client is sick) and the RBT shares that they think the client is simply "not into participating in ABA that day." Other contextual information Dario considers is that the client does not have a history of escape-maintained behavior and—though the client is always enthusiastic about ABA sessions—they have historically participated without any similar challenges. What should Dario tell their RBT to do?

Ethics Skill Builders

BACB® Ethics Code for Behavior Analysts

1.07 Cultural Responsiveness and Diversity

1.08 Nondiscrimination

2.01 Providing Effective Treatment

2.09 Involving Clients and Stakeholders

RBT® Ethics Code (2.0)

1.07

SUPERVISIOR CORNER

Behavior analyst to behavior technician:

Step 1: "Give me examples of how you're incorporating client preference, assent and assent withdrawal, and choice into [client's name's] programming?"

Step 2: Evaluate the operational definitions of these behaviors within the client's programming to ensure consistency across all behavior technicians working with the client.

Step 3: Take IOA data on each behavior. Provide positive and corrective feedback to the behavior technician and adjust operational definitions as needed.

Supervisor to Trainee:

Unrestricted activity: Have your trainee role-play how they would communicate the treatment plan recommendations (including goals, teaching procedures, and treatment hours/week) on the most recent treatment plan with the caregivers of one of their current clients. Use Table 2 on page 475 in Mathur et al., 2024 to provide feedback.

Clinical Director to behavior analysts:

How are assent and assent withdrawal defined, measured, and modified across the clients on your caseload? What are the benefits and limitations of standardized and individualized definitions, measures, and protocols across clients? Does your opinion on standardization vs. individualization change when considering staff working with multiple clients under the same behavior analyst or across behavior analysts?

APBA On-demand content recommendations:

September 2024 Journal Club on Cultural Responsiveness in Applied Behavior Analysis: Research and Practice presented by Dr. Corina Jimenez-Gomez

Assent and Quality of Life: Measuring Indices of Happiness to Enhance Decision Making and Promote Compassion, Dignity, and Respect
Molly Dubuque & Kristin Hustyi

Diverse Voices: Autistic Practitioners and Family Perspectives in ABA
Allyson Moore, Ashton Benedickt, Matisse Lovett, Lindsey LaBrun, Alexis Munoz, Miranda Drake

A Rose by Any Other Name: Is ABA Really Changing or Just Rebranding?
Jonathan Tarbox, Michelle Lafrance, Lindsey LeBrun, Malika Pritchett, Mari-Luci Cerado

Operant Analysis of Disability: A Much Needed Paradigm Shift
Brian Middleton

Linked Resources:

APBA Board of Directors Position Statement on Use of "Conversion" Therapy or Related Practices

APBA Board of Directors Position Statement on the Use of Contingent Electric Skin Shock to Change Behavior

Ethics Skill Builder: Issue 64, July 2024 Consent & Assent

APBA Reporter: Issue 64, July 2024 – ASAT featured article
Kishbaugh, A., & Weiss, M. J. (2024). Clinical Corner: How do you promote autonomy while supporting a healthy lifestyle in young adults with autism? Science in Autism Treatment, 21(6)

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Rajaraman, A., Austin, J. L., Gover, H. C., Cammilleri, A. P., Donnelly, D. R., & Hanley, G. P. (2022). Toward trauma-informed applications of behavior analysis. Journal of applied behavior analysis, 55(1), 40–61. https://doi.org/10.1002/jaba.881

Rosqvist, H. B., Orulv, L., Hasselblad, S., Hansson, D., Nilsson, K., & Seng, H. (2020). Designing an autistic space for research: Exploring the impact of context, space, and sociality in autistic writing processes. In H. B. Rosqvist, N. Chown, & A. Stenning (Eds.), Neurodiversity studies: A new critical paradigm (pp. 156–171). Routledge.

Taylor, B. A., LeBlanc, L. A., & Nosik, M. R. (2019). Compassionate care in behavior analytic treatment: Can outcomes be enhanced by attending to relationships with caregivers? Behavior Analysis in Practice, 12(3), 654–666.

Wolf M. M. (1978). Social validity: the case for subjective measurement or how applied behavior analysis is finding its heart. Journal of applied behavior analysis, 11(2), 203–214. https://doi.org/10.1901/jaba.1978.11-203

Behavior Analyst Certification Board. (2020). Ethics code for behavior analysts (with glossary). https://bacb.com/wp-content/uploads/2022/01/Ethics-Code-for-Behavior-Analysts-240830-a.pdf

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