Alternatives to ABA

Fourteen neurodiversity-affirming frameworks, gathered, so “what would you do instead” has an answer.

> Reach for it when you have said no to ABA and the room asks what you want instead.

ABA is bad, very bad. (https://stimpunks.org/why/behaviorism/)

Here’s what to do instead.

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- Signatories

Back Off

> I want to talk about the potential benefits of less therapies. I want to talk about eliminating interventions. I want to talk about why what is called “prompting” is actually forcing and how that should be stopped.
>
> Basically, I want to make the case for backing the eff off Autistic kids–Autistic people in general, actually.
>
> — the case for backing the frick off | love explosions (https://loveexplosions.net/2013/07/05/the-case-for-backing-the-frick-off/)

> **All I’m asking for is a SINGLE study that provides any evidence that ABA is any more effective than kids spending equivalent time with someone who knows nothing about ABA.**
>
> If they can’t show that, how on Earth do they think they can justify a multi-billion dollar industry? What?
>
> — @MxOolong (https://twitter.com/MxOolong/status/1527208283513176065?s=20&t=iJesXbRJWg9o77LgVfUp2w)

> Pretty much everything an autistic child does, says, doesn’t do or doesn’t say is pathologised and made into a way to invent a ‘therapy’ for it.
>
> **It’s actually *hell* to experience.**
>
> We should **stop doing this and start learning about autism**.
>
> — Ann Memmott PGC (https://twitter.com/annmemmott/status/1015968112674574336?s=12)

Instead of ABA

> We categorically reject the use of rewards and punishments as behaviour management strategies. Research and experience have shown that these traditional methods are ineffective in addressing the needs of young people and can have negative consequences. Rewards may encourage short-term compliance but do not foster long-term growth or self-regulation.
>
> — High School Anti-Behaviourism Behaviour Management Policy (https://docs.google.com/document/d/1iVi_RY1HUyW92iYAhgshL_YYXFbsKOH14Ua4Zc4T2s0/edit)

First, reject rewards, punishments, behaviourism (https://stimpunks.org/glossary/behaviorism/), and restrictive practices.

Next, use these tools instead:

The Basics of Neurodiversity Affirming Practice

- **Presume Competence** — Presuming competence means assuming an individual can learn, think, and understand, even when we may not have evidence available to confirm this.
- **Promote Autonomy** — When we promote autonomy with children and young people, we are giving them the opportunity to make informed decisions about their care and supporting them to have a voice in all aspects of their lives.
- **Respect all Communication Styles** — To be neurodiversity affirming regarding communication, we need to consider all communication as valid and acknowledge that there are many ways that individuals communicate beyond spoken language.
- **Be Informed by Neurodivergent Voices** — Evidence-based practice incorporates research, clinical knowledge and expert opinion, along with client preferences, to provide effective support, and who better to provide expert opinion than neurodivergent individuals themselves.
- **Take a Strengths-Based Approach** — A strengths-based approach not only considers an individual's personal strengths, but also how conditions in their environment can be adapted to remove barriers and facilitate access to desired activities.
- **Honor Neurodivergent Culture** — As therapists, we can honor our client's neurodivergence by giving them a safe space to be themselves, accommodating their needs and being accepting of their neurodivergent style of being.
- **Tailor Support to Individual Needs** — Tailoring an approach specifically to a client's needs involves recognising that due to differences in sensory processing, cognition, communication, and perception, neurodivergent individuals experience the world differently to the neurotypical population, and as such are likely to need different therapeutic supports.

Source: The Basics of Neurodiversity Affirming Practice (https://blog.jkp.com/2024/02/neurodiversity-affirming-practice/)

The 5 As of Neurodiversity Affirming Practice

- **Authenticity** – A feeling of being your genuine self. Being able to act in a way that feels comfortable and happy for you.
- **Acceptance** – A process whereby you feel validated as the person you are, not only by yourself but by others too.
- **Agency** – A feeling of control over actions and their consequences in your day-to-day life.
- **Autonomy** – A state of being self-directed, independent, and free. Being able to act on your ideas and wants.
- **Advocacy** – To speak for yourself, communicate what is important to you and your needs or the needs of others.

Source: The 5 As of Neurodiversity Affirming Practice (https://www.barrierstoeducation.co.uk/nd-affirming)

The 6 Key Principles of Trauma-Informed Practice

- **Safety**: Prioritising the physical, psychological and emotional safety of young people.
- **Trustworthiness**: Explaining what we do and why, doing what we say we will do, expectations being clear and not overpromising.
- **Choice**: Young people are supported to be shared decision makers and we actively listen to the needs and wishes of young people.
- **Collaboration**: The value of young people's experience is recognised through actively working alongside them and actively involving young people in the delivery of services.
- **Empowerment**: We share power as much as we can, to give young people the strongest possible voice.
- **Cultural consideration**: We actively aim to move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race or ethnicity.

Source: The 6 Key Principles of Trauma-Informed Practice (www.gov.uk/government/...)

The NEST Approach for Supporting Young People in Distress

- **Nurture** — The very first thing we need to remember is to help a young person feel safe - remember that experiencing a meltdown is incredibly scary. If someone is upset/ stressed/ having a meltdown, focusing on helping them to feel calm is important as people cannot think logically at this time. Until they feel safe, there is no next productive step.
- **Empathise** — If someone is struggling or has reached crisis point, it is important to assume there is a good reason why and to try to understand their perspective, plus any reasoning for their current struggle.
- **Sharing Context** — Why do we want to problem solve with the young person? We need to show that how the young person feels is important to us, but also share the perspectives of other people so they can fully understand the situation if the situation is a result of miscommunication.
- **Teamwork** — Most services and settings focus on a system of rewards and punishments for changing behaviour. We understand that when young people are struggling we need to address the root cause. The best way to do this is by working together.

Source: The NEST Approach for Supporting Young People in Distress (https://drive.google.com/file/d/1AtfbW7thIyzVqAtONnYKyXtzUPrCoOaC/view)

Understanding Motivation and Behaviour through Self-Determination Theory

- **Autonomy** — Self-Determination Theory (SDT) underscores the importance of autonomy in motivation and behaviour. Autistic young people are more likely to engage positively when they have choices and control over their actions. Our school environment is designed to provide opportunities for autonomy, such as choosing activities and setting goals.

- **Competence** — Competence is another key component of SDT. We recognize the importance of providing opportunities for young people to develop and showcase their skills and abilities. This fosters a sense of competence and achievement. We take an asset-based approach: identifying key strengths that our pupils have and fostering these strengths rather than solely focusing on their challenges. As a result, pupils feel empowered to further develop their own skill sets and recognise their unique contributions.
- **Relatedness** — Relatedness, the third component of SDT, emphasises the significance of positive social connections. Our school promotes acceptance, teamwork, and relationship-building among participants, creating a sense of belonging and relatedness.
- **Integration with Our Principles** — The principles of SDT are integrated into our behaviour management approach. By supporting autonomy, competence, and relatedness, we enhance motivation, engagement, and overall wellbeing of our students.

Source: Understanding Motivation and Behaviour through Self-Determination Theory (docs.google.com/document/...)

Key Principles When Supporting Autistic People

- **Autism Acceptance** — In many spaces and places autism is seen as a negative thing. Autism is not a 'disorder' or a 'burden', it is simply a difference. Just like every other brain type, the autistic brain has its negatives and its positives.
- **Young people often need to recover from their negative experiences to be able to thrive** — Young people need time, and the right support to recover. Especially since outside of safe spaces, they may still be exposed daily to trauma and stress.
- **Young people do well if they can** — We believe that all young people do well if they can. Everyone wants to thrive, do well, and no one wants to cause upset with others or break rules. If someone is struggling - there is a reason why they are struggling. We can work together to identify reasons why and what may help.
- **Co-regulation** — Young people need repeated experiences of co-regulation from a regulated adult before they can begin to self-regulate. They may also not know how to regulate by themselves and we may be a key resource to help them create ways that work for them.
- **Self-Care** — Self care is vital - it isn't possible to properly care for young people when you are overwhelmed yourself.
- **Neurodiversity affirming practice** — We believe in the 5 As of neurodiversity affirming practice, from The Autistic Advocate. This is a strengths and rights-based approach to affirm a young person's identity, rather than focusing on 'fixing' a young person because of their neurotype.

Source: Key Principles When Supporting Autistic People (https://www.barrierstoeducation.co.uk/key-principles)

Top 5 Neurodivergent-Informed Strategies

- **Be Kind** — Take time to listen and be with people in meaningful ways to help bridge the Double Empathy Problem (Milton, 2012 (https://www.tandfonline.com/doi/full/10.1080/09687599.2012.710008)). Be embodied and listen not only to people's words but also to their bodies and sensory systems.
- **Be Curious** — Be informed by the voices of those with lived experience, learn from and act on the neurodiversity-affirming research that is evolving and that validates the inner experiences of neurodivergent people. For Autistic/ ADHD people, this includes understanding how the theory of monotropism and embracing people's natural flow state can support well-being (Murray et al., 2005 (https://journals.sagepub.com/doi/abs/10.1177/1362361305051398)) and (Heasman et al., 2024 (https://onlinelibrary.wiley.com/doi/10.1111/jtsb.12427)).
- **Be Open** — Be open and be compassionate. It has been shown that neurodivergent people are at a higher risk of mental difficulties and suicide (Moseley, 2023 (www.bournemouth.ac.uk/news/...)). Think about the weight a neurodivergent person carries in a society that values neuronormative ways of being and consider the impact of masking on people's mental health (Pearson and Rose, 2023 (https://pavpub.com/catalogue-2024/autistic-masking-understanding-identity-management)).
- **Be Radically Inclusive** — We need a strength-based approach to care and education. (Laube 2023 (www.autismbc.ca/blog/...)) suggested we must acknowledge and respect a person's neurodivergence, learn how it affects them, and value their unique experiences. We need individualised support instead of using a one-size-fits-all approach. We should try to reduce and challenge stigma and stereotypes and provide radically inclusive spaces for people to thrive in.
- **Be Neurodiversity-Affirming** — Take time to read about the neurodiversity paradigm "Neurodiversity itself is just biological fact!" (Walker, 2021 (https://neuroqueer.com/)); a person is neurodivergent if they diverge from the dominant norms of society. "The Neurodiversity Paradigm is a perspective that understands, accepts and embraces everyone's differences. Within this theory, it is believed there is no single 'right' or 'normal' neurotype, just as there is no single right or normal gender or race. It rejects the medical model of seeing differences as deficits." (Edgar, 2023 (https://www.amazon.co.uk/Neurodiversity-Affirming-Glossary-Key-Vocabulary-ebook/dp/B0C3JBT9D5))

Source: Top 5 Neurodivergent-Informed Strategies (https://www.autisticrealms.com/post/top-5-neurodivergent-informed-strategies)

Autistic SPACE: A Novel Framework for Meeting the Needs of Autistic People

- **Sensory needs** — Autistic people experience the world differently (Royal College of Psychiatrists, 2020). Sensory sensitivities are common to almost all autistic people (MacLennan et al, 2022), but the pattern of sensitivities varies (Lyons-Warren and Wan, 2021). Autistic people can be sensory avoidant, sensory seeking or both (Royal College of Psychiatrists, 2020); hypo- or hyper-reactivity to any sensory modality is possible (Tavassoli et al, 2014) and a person's sensory responsiveness can vary depending on circumstances (Strömberg et al, 2022). A ‘sensory diet’ provides scheduled sensory input which can aid physical and emotional regulation (Hazen et al, 2014).
- **Predictability** — Autistic people need predictability and may experience extreme anxiety with unexpected change (Royal College of Psychiatrists, 2020). This underlies the autistic preference for routine and structure.
- **Acceptance** — Beyond simple awareness, there is a pressing need for autism acceptance. A neurodiversity-affirmative approach recognises that neurodevelopmental differences are part of the natural range of human development (Shaw et al, 2021) and acknowledges that attempts to make autistic people appear non-autistic can be deeply harmful (Bernard et al, 2022). This does not exclude inherent or environmental disability.
- **Communication** — Autistic people communicate differently. Many use fluent speech, but may experience challenges with verbal communication at times of stress or sensory overload (Cummins et al, 2020; Haydon et al, 2021). Others do not speak or may use few words (Brignell et al, 2018). Many non-speaking or minimally speaking autistic people use augmentative and alternative communication (AAC) methods, including visual cards, writing or electronic devices, which should be facilitated (Zisk and Dalton, 2019).
- **Empathy** — Despite common assumptions to the contrary, autistic people do not lack empathy (Fletcher-Watson and Bird, 2020). It may be experienced or expressed differently, but this is perhaps the most damaging misconception about autism (Hume and Burgess, 2021). In fact, many autistic people report experiencing hyper-empathy, to the point of being unable to deal with the onslaught of emotions, leading to ‘shutdown’ in order to cope (Hume and Burgess, 2021). A bi-directional, mutual misunderstanding occurs between autistic and non-autistic people, termed ‘the double empathy problem’ (Milton, 2012). As such, non-autistic healthcare providers may struggle to empathise with autistic patients, particularly where communication training is generally conducted from a neuronormative, non-autistic perspective, in which the needs of autistic people are not considered (Bradshaw et al, 2021).

Source: Autistic SPACE: A Novel Framework for Meeting the Needs of Autistic People (https://www.magonlinelibrary.com/doi/full/10.12968/hmed.2023.0006)

NEST (NEurodivergent peer Support Toolkit)

- **Inclusivity**. The NEST group is a club for all neurodivergent young people, whether they have a formal diagnosis or not. NEST groups should also be thinking about other forms of inclusivity – for example making sure that any students who might feel marginalised in other ways (e.g. being from a minority ethnicity or sexuality group, or having a physical disability) are welcomed to the group.
- **Belonging**. Peer support allows neurodivergent young people to support each other through their shared understanding. Through NEST groups, we envisage opportunities for neurodivergent young people to share stories and strategies that help them flourish, to feel welcomed 'as they are', and to be part of the school community.
- **Acceptance**. When people feel accepted, they can relax, be frank about their troubles without fear of judgement, and enjoy themselves. Students attending a NEST group should be supported to accept each other, and themselves. This may also lead to greater participation in school life, leadership in the community, and wellbeing.
- **Advocacy**. Getting support from other people can help make sure neurodivergent young people's voices are heard on issues that are important to them, that their rights are protected and promoted, and that their views and wishes are genuinely considered when decisions are being made about their lives. NEST groups aim to help neurodivergent students advocate for each other, and for themselves.

Source: NEST (NEurodivergent peer Support Toolkit) (https://salvesen-research.ed.ac.uk/research/nest-neurodivergent-peer-support-toolkit)

The Eight Dimensions of Care

- **Insiderness/Objectification**
- "...insiderness recognizes that we each have a personal world that carries a sense of how things are for us. Only the individual themself can be the authority on how this inward sense is for them."
- "Objectification treats someone as lacking in subjectivity, or as a tool or object lacking agency..."
- "Objectification denies the inner subjectivity of a child or young person, removing their full humanness or agency, while treating their inner world as thin or non-existent."
- **Agency/Passivity**
- "Being human involves being able to make choices and to be generally held accountable for one's actions. Having a sense of agency is closely linked to a sense of dignity."
- **Uniqueness/Homogenization**
- "To be human is to actualize a self that is unique."
- "Each person's uniqueness is a product of their relationships and their context."

- “Recognizing the child and young person’s characteristics, attributes, and roles (e.g., age, gender, ethnicity, class, friend, son, and student) honors and supports them in their journey toward a flourishing life and is essential for well-being.”
- “Homogenization erodes identity by focusing on conformity and norming.”
- **Togetherness/Isolation**
- “A person’s uniqueness exists in relation to others and in community with others.”
- “Through relationships, practitioners and the children and young people they work with have the opportunity to learn more about themselves, through both commonalities and differences.”
- “Inclusive practices nurture a sense of belonging and connection.”
- “Togetherness is experienced through building bridges of understanding and empathy to validate the young person’s suffering, struggles, strengths, and perspectives.”
- **Sense-Making/Loss of Meaning**
- “Sense-making involves a motivation to find meaning and significance in things, places, events, and experiences.”
- “The child or young person is viewed as the nascent storyteller and storymaker of their own life.”
- “Autistic ways of being and perceiving are understood as intrinsically meaningful and help formulate a view of the young person’s lifeworld, their health, well-being, and identity.”
- “Listening openly to autistic interpretations of experiences in a relational way supports the young person to make sense of their world so they can define their experiences and reflect on how these experiences have shaped them.”
- **Personal Journey/Loss of Personal Journey**
- “To be human is to be on a journey.”
- “Understanding how we are at any moment requires the context of the past, present, and future, and ways of bringing each of these parts together into a coherent or appreciable narrative.”
- “A child or young person can and should be able to simultaneously feel secure in connections to the past while moving into the unfamiliarity and uncertainty of the future.”
- **Sense of Place/Dislocation**
- “To feel “at home” is not just about coming from a physical place, it is where the young person finds meaning and feels welcome, safe, and connected.”
- “Security, comfort, familiarity, and continuity are important factors in creating a sense of place.”
- “Dislocation is experienced when the child or young person is in an unfamiliar, unknown culture where the norms and routines are alien to them.”
- “The space, policies, or conventions do not reflect their identity or needs.”
- **Embodiment/Reductionist View of the Body**

- “Being human means living within the limits of our human body.”
- “Embodiment relates to how we experience the world, and this includes our perceptions of our context and its possibilities, or limits.”
- “A child or young person’s experience of the world is influenced by the body’s experience of being in the world, feeling joy, playfulness, excitement, pain, illness, and loss of function.”
- “Embodiment views well-being as a positive quality while also acknowledging struggles and the complexities of living.”

Source: An Experience Sensitive Approach to Care With and for Autistic Children and Young People in Clinical Services (https://journals.sagepub.com/doi/10.1177/00221678241232442)

Good Autism Practice

- Understanding the Individual
- Principle One: Understanding the strengths, interests, and needs of each autistic child.
- Principle Two: Enabling the autistic child to contribute to and influence decisions.
- Positive and Effective Relationships
- Principle Three: Collaboration with parents/carers and other professionals and services.
- Principle Four: Workforce development related to good autism practice.
- Enabling Environments
- Principle Five: Leadership and management that promotes and embeds good autism practice.
- Principle Six: An ethos and environment that fosters social inclusion for autistic children.
- Learning and Development
- Principle Seven: Targeted support and measuring the progress of autistic children.
- Principle Eight: Adapting the curriculum, teaching, and learning to promote wellbeing and success for autistic children.

Source: Good Autism Practice Guidance | Autism Education Trust (https://www.autismeducationtrust.org.uk/resources/good-autism-practice-guidance)

It’s Not Rocket Science: 10 Steps to Creating a Neurodiverse Inclusive Environment

- **Adapt the Environment**

1. **The sensory environment** - Does the individual have a place to work where they feel comfortable? Are the ambient sounds, smells, and visuals tolerable? Is the lighting suitable? What about uncomfortable tactile stimuli? Has room layout been considered? Can ear defenders, computer screen filters or room dividers be used to create a more comfortable work environment? Do people working with them have information about what might be a problem – e.g. strong perfume – and do they understand why this matters?

2. **The timely environment** - Has appropriate time been allowed for tasks? Allowing time to reflect upon tasks and address them accordingly will maximise success. Are time scales realistic? Have they been discussed? Are there explicit procedures if tasks are finished early or require additional time? Are requests to do things quickly kept to a minimum with the option to opt out of having to respond rapidly?
3. **The explicit environment** - Is everything required made explicit? Are some tasks based upon implicit understanding which draw upon social norms or typical expectations? Is it clear which tasks should be prioritised over others? Avoid being patronising but checking that everything has been made explicit will reduce confusion later. Is there an explicit procedure for asking questions should they arise (e.g. a named person (a mentor) to ask in the first instance)?
4. **The predictable environment** - How predictable is the environment? Is it possible to maximise predictability? Uncertainty can be anxiety provoking and a predictable environment can help in reducing this and enable greater task focus. Can regular meetings be set up? Is it possible that meetings may have to be cancelled in the future? Are procedures clear for when expected events (such as meetings) are cancelled, with a rationale for any alterations? Can resources and materials be sent in advance?
5. **The social environment** - Are procedures clear for when expected events (such as meetings) are cancelled, with a rationale for any alterations? Can resources and materials be sent in advance?

- **Support the Individual**

1. **Disclosing diagnosis** - Is the individual willing to disclose their diagnosis to colleagues, and if so, how would they like to manage this? Would people who work with the individual benefit from training, or an opportunity to ask questions? If so, can a trusted, independent person be brought in to orchestrate an open and friendly discussion? If the individual does disclose to their colleagues, are they also willing for those colleagues to share the information more widely, or is this privileged information? Using autism as an example, - if and when autism comes up in conversation, what language does the person prefer? (e.g., autistic person, Aspie, autistic, person with autism).
2. **Project management** - Does the person experience difficulties with planning, flexibility, sustained attention or inertia? What exacerbates these difficulties and how can they be minimised? Are there digital tools (e.g. time management apps, shared calendars) which can provide extra structure to the project? Is the individual's preferred planning system non-linear (e.g. mind maps, sketch notes) or linear (e.g. gantt chart, "to do" list) and can this be accommodated? Does the person prefer to be immersed in a specific topic or task, or to have a selection of different tasks / intermediate deadlines – and can this preference be built into the project work plan?

3. **Communication styles** - Does the person prefer literal, specific language? And if so, can their line manager / supervisor and colleagues be reminded to use this? Does the person prefer written communication, or face-to- face? Is Skype easier than a phone call? Should colleagues be reminded to explain why they are offering a particular comment or piece of advice, as well as offering the comment? Does their line manager / supervisor / colleagues cultivate an atmosphere that enables them to ask for help if needed?
4. **Well-being and work-life balance** - Is the individual sleeping and eating well? Are meetings scheduled at times that suit their personal routine? Can they work from home or have more flexible working hours and breaks? Is the person known to relevant services including disability support or HR? Are they registered with a GP? Do they require disability leave to receive treatment or therapeutic support? Do they need support or advice from external services like Access to Work?
5. **Trouble-shooting** - Have you talked to the individual to discuss what is working well and what isn't? Are there coping strategies that they use in other settings that could be used or adapted here? Could tasks falling within the job role or course be altered? Or could work be shared between workers so each can play to their strengths? Work together to come up with new solutions to difficulties that haven't been solved, and address new difficulties should they arise.

Source: "IT'S NOT ROCKET SCIENCE" (https://www.ndti.org.uk/resources/publication/its-not-rocket-science)

12 Core Commitments to a Culture of Care

1. **lived experience**: We value lived experience, including in paid roles, at all levels – design, delivery, governance and oversight
2. **safety**: People on our wards feel safe and cared for
3. **relationships**: High-quality, rights-based care starts with trusting relationships and the understanding that connecting with people is how we help everyone feel safe
4. **staff support**: We support all staff so that they can be present alongside people in their distress.
5. **equality**: We are inclusive and value difference; we take action to promote equity in access, treatment and outcomes
6. **avoiding harm**: We actively seek to avoid harm and traumatisation, and acknowledge harm when it occurs
7. **needs led**: We respect people's own understanding of their distress
8. **choice**: Nothing about me without me – we support the fundamental right for patients and (as appropriate) their support network to be engaged in all aspects of their care
9. **environment**: Our inpatient spaces reflect the value we place on our people
10. **things to do on the ward**: We have a wide range of patient requested activities every day
11. **therapeutic support**: We offer people a range of therapy and support that gives them hope things can get better

2. **transparency**: We have open and honest conversations with patients and each other, and name the difficult things

Source: NHS England » Culture of care standards for mental health inpatient services (www.england.nhs.uk/long-read/...)

Seven Principles for Valuing, Prioritising and Enabling Autistic Children's Autonomy

1. Give an 'out' whenever possible.
2. Don't offer choice when there isn't any.
3. Praise and acknowledge assertion of need- regardless of outcome.
4. Focus on enabling children to have control of their bodily and sensory experience.
5. Explain your 'no's, don't expect children to accept and comply 'just because'.
6. Share your own processes.
7. Create spaces where children can follow their instincts and interests.

Source: "Shut your face!"; Prioritising, Valuing and Enabling Autistic Children's Autonomy. – Play Radical (playradical.com/2024/...)

SPACE-TIME

We took a couple of our favorite studies from above and blended them into a concept, SPACE-TIME, that resonates with the lives and experiences of our community of neurodivergent and disabled people. SPACE-TIME is a strong neuroaffirming framework to guide more humanising care.

SPACE:

- Sensory
- Predictability
- Acceptance
- Communication
- Empathy

TIME:

- Togetherness
- Insiderness & Personal Journey
- Meaning-Making & Sense of Place
- Embodiment & Uniqueness

Recent research has built strong neuroaffirming frameworks to guide more humanising care. The Autistic SPACE framework sets out five key areas — **_Sensory, Predictability, Acceptance, Communication, and Empathy_**— as foundations for safe, inclusive practice in healthcare and education (Doherty et al., 2023 (https://pubmed.ncbi.nlm.nih.gov/37127416/); McGoldrick et al., 2025 (https://journals.sagepub.com/doi/10.1177/27546330251370655)). Alongside this, the eight dimensions of care (based on the work from Todres et al., 2009 (https://doi.org/10.1080/17482620802646204)) from *An Experience Sensitive Approach to Care With and for Autistic Children and Young People in Clinical Services* highlight the importance of **Togetherness, Insiderness, Sense-Making,Uniqueness, Sense of Place, Embodiment, Agency**and validating our **Personal Journey's** so Autistic people can thrive with dignity and a sense of belonging (McGreevy et al., 2024 (https://journals.sagepub.com/doi/10.1177/00221678241232442#bibr53-00221678241232442])).

Being monotropic shapes how Autistic people sense, focus, and connect.

With **S**ensory attunement, **P**redictability, **A**cceptance, **C**ommunication, and **E**mpathy, Autistic people find grounding and flow.

Through **T**ogetherness, **I**nsiderness, **M**eaning-Making, and **E**mbodiment, we can thrive, belong, and share our unique ways of being.

SPACE–TIME helps us reimagine care and create environments where Autistic people can thrive.

Source: SPACE-TIME: A Monotropism Informed Framework for Autistic People | Autistic Realms (https://autisticrealms.com/space-time-a-monotropism-informed-framework-for-autistic-people/)

WARMTH Framework

> The WARMTH Framework focuses on 6 key areas to enable young people to feel safe, a sense of belonging and for their needs to be met; with increased engagement in learning and school attendance being a byproduct of this. The framework was developed as a result of the consultation and involvement of over 1,500 stakeholders.
>
> — WARMTH Framework - Barriers to Education (https://barrierstoeducation.co.uk/warmth-framework/)

- Wellbeing First - The understanding that young people are at their best when we prioritise their wellbeing.
- Affirming Practice - Practice underpinned by the understanding that everyone is different and that acceptance of difference ensures equity for all.
- Relational Approach - Supporting young people from a foundation of trusting relationships and addressing the underlying reasons behind observable behaviours.
- Mutual Understanding and Partnership - Working together in collaboration to achieve the best outcomes for young people.
- Timely Response - Identifying and responding to the problems that young people face at the earliest opportunity, providing the right support at the most effective time.

- Holistic Support - Exploring and addressing young people's needs across all facets of their life.

Source: Holistic Support - Barriers to Education (https://barrierstoeducation.co.uk/warmth-framework/)

Resources

- Neurodiversity Affirming Practice | Autism Barriers to Education (https://www.barrierstoeducation.co.uk/nd-affirming)
- Neurodivergent Wellbeing Approach — Neurodiverse Connection (https://ndconnection.co.uk/ndwatraining)
- Alternatives to ABA: If not ABA... then WHAT? - ABA for "Problem Behaviors" (https://neurodivergentrebel.substack.com/p/alternatives-to-aba-if-not-aba-then)
- Alternatives to ABA: If not ABA... then WHAT? - Helping Autistic People With "Self-Care Skills" (https://neurodivergentrebel.substack.com/p/alternatives-to-aba-if-not-aba-then-33b)
- If Not ABA, then What? Autistic People, Social Skills, and "Appropriate Play"- We socialize and play Autistically! (https://neurodivergentrebel.substack.com/p/if-not-aba-then-what-autistic-people)
- If Not ABA, then What? Increasing Communication, Language, and Academic Skills (https://neurodivergentrebel.substack.com/p/if-not-aba-then-what-increasing-communication)
- My Anti-ABA Testimony: Parents are desperate to receive ABA for their children because they've been told its the only thing that will help them. (https://neurodivergentrebel.substack.com/p/my-anti-aba-testimony-parents-are)
- Alternatives to ABA: If not ABA... then WHAT? (www.linkedin.com/posts/...)
- What are some alternatives to ABA therapy | by magimark | Medium (https://medium.com/@magimark01/what-are-some-alternatives-to-aba-therapy-8ec516973df8)
- [What are alternatives to ABA? - YouTube]()
- Non-ABA Evidence Based Practice | Therapist Neurodiversity Collective (https://therapistndc.org/therapy/non-aba-evidence-based-practice/)
- Alternatives to ABA (Applied Behavioural Analysis) | AUsome | Autism (https://ausometraining.com/alternatives-to-aba/)
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- If Not ABA Therapy, Then What? (https://thinkingautismguide.com/2017/04/if-not-aba-therapy-then-what.html)
- High School Anti-Behaviourism Behaviour Management Policy - Stimpunks Foundation (https://stimpunks.org/2024/01/02/high-school-anti-behaviourism-behaviour-management-policy/)
- Alternatives To Behaviour Therapies | Jillian Enright | neurodiversified (https://medium.com/neurodiversified/alternatives-to-behaviour-therapies-547b917a1202)

- An Experience Sensitive Approach to Care With and for Autistic Children and Young People in Clinical Services (https://journals.sagepub.com/doi/10.1177/00221678241232442)
- "IT'S NOT ROCKET SCIENCE" (https://www.ndti.org.uk/resources/publication/its-not-rocket-science)
- Good Autism Practice Guidance | Autism Education Trust (https://www.autismeducationtrust.org.uk/resources/good-autism-practice-guidance)
- NHS England » Culture of care standards for mental health inpatient services (www.england.nhs.uk/long-read/...)
- "Shut your face!"; Prioritising, Valuing and Enabling Autistic Children's Autonomy. – Play Radical (playradical.com/2024/...)

Don't take away your child's voice; take away their suffering.

> **Don't take away your child's voice; take away their suffering.** ABA is a cruel response to aggressive behavior. Meet that behavior with love, calm, support, and an investigative search for the source of your child's struggle instead. Learn why your child is getting so stressed out that they are frightening the people around them, and help make your child's life calmer, safer, and happier. That is what you were hoping ABA therapy would do, but I am here to tell you that ABA cannot do that. It is your role as a loving parent and **you don't need a behaviorist. You just need the love and compassion you already have for your beautiful child.** Dealing with aggression really is a situation in life where love conquers all. Go forth now and vanquish suffering with curiosity, compassion, and calmness.
>
> — If Not ABA Therapy, Then What? (https://thinkingautismguide.com/2017/04/if-not-aba-therapy-then-what.html)

> This study was performed to investigate why some caregivers of autistics choose an intervention other than ABA. The TA revealed that these **parents quit ABA because of their observation of trauma symptoms coinciding with the intervention.**
>
> Overall, the longitudinal data provided a closer look into how the caregiver's choice may impact the emotional wellbeing of the autistic child into adulthood. **Autistics who received no intervention ("none") in their lifetime, experienced the lowest rates of PTSS.** Autistics who were not exposed to ABA were also accustomed to scoring sensitive behaviors pertaining to selfharm. They avoided the behaviorism-based self-report by abandoning the survey, and/or commenting about their aversion to these metrics. **Parents may consider these findings to make an informed decision about pursuing an autism intervention that is least likely to correlate with traumatic stress**, while optimizing the long-term outcomes. It is recommended that future researchers should develop inclusive self-report instruments to clinically evaluate PTSD in autistics by adapting to known stressors for this demographic.
>
> — Why caregivers discontinue applied behavior analysis (ABA) and choose communication-based autism interventions | Emerald Insight (https://www.emerald.com/insight/content/doi/10.1108/AIA-02-2019-0004/full/html)

Empathy is the most valuable tool you have.

> Reflect deeply. Work collaboratively. Listen with curiosity and compassion
>
> **Empathy is the most valuable tool you have, as professionals.**
>
> **Please consider using it before you reach for anything else.**
>
> — Ann Memmott, Post | LinkedIn (www.linkedin.com/posts/...)

For more on the problems with ABA and behaviorism, visit the "Behaviorism Why Sheet (https://stimpunks.org/why/behaviorism/)".

Signatories

The following individuals, organizations, and communities endorse this Why Sheet (https://stimpunks.org/why/). Want to join them? Add your signature. (https://stimpunks.org/fieldguide/operations/forms/sign-why-sheet/)

- Stimpunks Foundation (https://stimpunks.org/)
- Autistic Realms (https://www.autisticrealms.com)
- Jen Summers
- bee austin, BEE- Neurodivergent Buzz (https://www.facebook.com/bee.neurodivergentbuzz/)
- Dr Louise Lomas
- Laura Hellfeld (https://laurahellfeld.co.uk)
- Lisa Bowen
- Zoey Read (https://Againstrestraint.com)
- International Coalition Against Restraint and Seclusion (ICARS) (https://againstrestraint.com)
- Riina Vallin
- Chris McNutt (https://www.humanrestorationproject.org)
- Human Restoration Project (https://www.humanrestorationproject.org)
- Nick Covington (https://www.humanrestorationproject.org)
- Neuropride Ireland (https://www.neuropride.ie)
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> **Where this sheet comes from.** It is written and revised as Markdown in the open: Alternatives to ABA.md. That file is the source this page and its PDF are both generated from, so the three cannot say different things.
>
> This sheet is also published as a page on stimpunks.org.