

Positive behaviour support and the neurodiversity perspective

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Summary

Positive behaviour support (PBS) is a dynamic approach historically influenced by advances in applied science and social movements. Recently, the neurodiversity perspective, a social movement emerging from the autistic community, has raised sharp criticisms about applied behaviour analysis (ABA), causing some advocates to reject any ABA-based approach, including PBS. Like prior disability social movements that have helped to shape the values and practices of PBS, we believe that the neurodiversity perspective provides an important source of social validity for enhancing PBS practices. In this paper we describe key concerns around ABA-based interventions within four thematic areas and explore ways in which PBS appears to align with the neurodiversity perspective or diverge as currently practiced at the individual level. Considering gaps, discrepancies or implementation challenges, we make recommendations within each theme for how PBS can improve or extend its practice in line with the neurodiversity perspective and PBS values.

Keywords: Autism, individual supports, neurodiversity, positive behaviour support

Introduction

Since its inception over 30 years ago, PBS¹ has undergone multiple transformations shaped by new evidence of effectiveness, advances in behavioural and social sciences, and evolving perspectives on the core values influencing practice and desired intervention outcomes (Bambara et al., 2021). Core tenets of PBS stress that interventions should respect individuals' dignity and overall well-being, and result in improved quality of life, enhanced personal competence and prevention of 'challenging behaviours'. These values were influenced by disability movements prior to the 21st century, including person-centred planning, inclusion and self-determination, and have been expanded by more contemporary social

movements emphasising social justice and equity. Through the 2000s, growth of autistic self-advocacy and the neurodiversity movement have increasingly influenced academic, clinical and lay understandings of autism and intervention acceptability (Leadbitter et al., 2021). Proponents of the neurodiversity perspective describe autism and other neurodevelopmental differences as parts of the ordinary variability of humanity that should be accepted and respected (Dwyer, 2022). The growth of the neurodiversity perspective raises important questions. What are the implications of the neurodiversity perspective for PBS? How well aligned is PBS with the neurodiversity perspective? Should it be, and in what ways?

¹ Consistent with the purpose of our paper, we elected to use the term 'positive behaviour support' or PBS, rather than the often-used term 'positive behavioural interventions and supports' which refers to the application of PBS in school settings. The term PBS has broad generality representing the core constructs of the approach and is not limited to a specific application or context (Dunlap et al., 2014).

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PBS: brief history and defining features

PBS emerged in the mid-1980s when professionals and advocates protested use of aversive procedures (e.g., electric shock, noxious stimuli, overcorrection) that intentionally inflicted pain or discomfort to eliminate dangerous (e.g., self-injury, aggression, property destruction) and other concerning behaviours (Dunlap et al., 2008). Thereafter, PBS evolved rapidly from a 'nonaversive' behaviour management approach focused on individuals with developmental disabilities to a much broader preventive approach, one inclusive of multilevel systems change and diverse populations across home, school and community settings (Dunlap et al., 2014; Kincaid et al., 2016). PBS owes its development to multiple influences. For example, PBS is rooted in ABA. ABA principles provide PBS with a systematic framework for assessment, intervention and evaluation (Dunlap et al., 2008). Strategies and values derived from the person-centred planning and self-determination movements shaped PBS to centre quality of life as an outcome by including individuals' strengths, interests and preferences in interventions and by removing barriers to the achievement of personal goals (Carr et al., 2002; Bambara et al., 2021). As PBS applications expanded across settings and populations, it has integrated practices from other branches of psychology and biomedical sciences, resulting in an increasing focus on systems change, implementation science and mental health supports (Carr, 2007; Kern et al., 2022).

Thus, PBS draws on multiple strategies and perspectives to promote valued outcomes. Arguably, the openness of PBS to and the integration of diverse theoretical perspectives and scientific methods is what distinguishes PBS from other approaches (Carr, 2007; Dunlap et al., 2008; Horner and Sugai, 2018). Although PBS is rooted in ABA, PBS proponents are not committed to the use of a particular science or scientific approach (Horner and Sugai, 2018). Further, despite the inclusion of varied strategies, 'no one assessment, intervention, or problem-solving approach is [solely] a PBS approach' (Kincaid et al., 2016, p. 72), meaning that individual strategies do not define PBS. Rather, as an approach, PBS is defined by core features, both scientifically derived and values-driven, that constitute a problem-solving process around assessment and intervention (Kincaid et al., 2016). Ultimately the goal is valued improvements in quality of life. This focus gives PBS the flexibility to continue to evolve as perspectives about social acceptability change and as new effective practices are found.

Multiple authors (e.g., Dunlap et al., 2008; Kincaid et al., 2016; Bambara et al., 2021; Gore et al., 2022) have attempted to describe the core components of PBS that provide a framework for implementation. Focused on implementation at the individual level, descriptions of these core features have stressed the following.

First, PBS should be guided by values that emphasise respect for the dignity and well-being of all individuals, rejecting practices that stigmatise, humiliate, inflict pain or cause harm or distress. Moreover, PBS practitioners should embrace person-centred values that stress the importance of understanding individual needs from the person's perspective and honouring that person's preferences, strengths, interests and goals.

Second, PBS should be assessment-based and data-driven. Interventions and supports should be informed by an array of assessments to achieve a functional understanding of behaviours, not just at the micro-level of analysis (i.e., immediate antecedents and consequences surrounding behaviour) but also considering broader macro-level influences such as a person's environments, personal strengths and weaknesses, relationships, history and health. Further, decisions about effectiveness should be guided by ongoing progress monitoring using robust quantitative and subjective (i.e., social validity) data.

Third, PBS should be ecological and preventive, reducing concerning behaviours by changing problematic contexts, strengthening capable environments and enhancing personal competencies to improve quality of life.

Fourth, PBS should be comprehensive. Individualised behaviour support plans should comprise multiple strategies including environmental adaptations, teaching alternative skills, responding to targeted behaviours and incorporating long-term supports to sustain positive outcomes.

And fifth, to enhance social validity and contextual fit, PBS should be actively collaborative, involving the person and their relevant supporters in all aspects of the assessment-intervention decision-making process.

Neurodiversity perspective

The concept of neurodiversity has roots in the autistic² rights movement, and in disability studies and advocacy (Kapp, 2020). The term ‘neurodiversity’ entered the lexicon through the efforts of the Independent Living on the Autism Spectrum (InLv) listserve members such as Tony Langdon (Dekker, 2023), and writings such as those of Blume (1998) and Singer (1999), who noted that many forms of diversity, such as bio and genetic diversity, are viewed as positive and healthy. Neurodiversity advocates propose a shift from a deficit-driven view of autism and other forms of atypical neurodevelopment towards viewing differences as valued parts of human diversity (Armstrong, 2010). Today, neurodivergence is viewed as a social identity, and its advocates form a movement aiming at social justice (e.g., Kapp, 2020). While neurodiversity proponents acknowledge the disability associated with autism and with common co-occurring conditions, they also challenge society’s restrictive and prescriptive notions of ‘normal’ and celebrate autism as an inseparable and often positive part of their identities (Milton, 2014).

At the same time, autistic people have sharply criticised and described harm from interventions attempting to change autistic ways of being (Stop ABA, Support Autistics, 2019; Ne’eman et al., 2023). Although advocates remain open to interventions and supports that help individuals function, neurodiversity advocacy often focuses on societal reform, challenging discrimination and increasing accessibility for autistic people (Chapman and Bovell, 2022). ABA, the traditionally predominant autism intervention approach, has been a primary focus of advocates’ criticisms. Many advocates not only denounce the use of aversive procedures but are also critical of all contemporary ABA-based approaches including PBS and naturalistic developmental behavioural interventions (Milton, 2018; Murray, 2020; Autistic Mutual Aid Society Edinburgh (AMASE) 2022; Autistic Self Advocacy Network (ASAN), 2024, n.d.). Criticisms are broadly applied to any ABA-based approach and range from associations with the medical model to specific use of strategies and their intensity and social acceptability. Some ABA proponents have begun to respond to neurodiversity advocates’ concerns (e.g., Schuck et al., 2022; Graber and Graber, 2023); others have argued that many criticisms misconstrue ABA’s evolution, terminology and current approaches (e.g., Leaf et al., 2022). PBS proponents have largely failed to engage with the critiques.

Concerns about ABA-based approaches are relevant to the PBS community as they can cause tensions among neurodiversity advocates, interventionists and families seeking support.

Our position and purpose

We view the perspectives of autistic and neurodiversity advocates as an all-important source of consumer social validity – a guiding tenet of all contemporary ABA-based interventions (Schwartz and Kelly, 2021). Autistic advocates need not get the nuances of ABA-based approaches and professional jargon ‘correct’; when advocates voice their concerns based on their experiences of being autistic and as recipients of interventions, it is imperative to ‘listen and learn’ (Schwartz and Kelly, 2021). Indeed, autistic and neurodiversity advocates are developing novel terms, ideas and concepts for understanding their experiences and advocating for their goals (Dekker, 1999; Chapman and Carel, 2022), potentially leading to situations of ‘incommensurability’ where terms that advocate use lack clear equivalents, or may even have false equivalences, in established professional/research discourse/paradigms (Kuhn, 1962/2012). To understand the messages or meaning of advocates’ perspectives PBS proponents must remain open, while reflecting deeply on PBS practices and making modifications when necessary. We view the neurodiversity perspective as the most recent disability-rights movement to consider within the continued evolution of PBS. Further, consistent with the person-centred values of PBS, we believe that any differences between the neurodiversity perspective and PBS can and should be reconciled.

The purpose of this article is to identify and reflect on key concerns within the neurodiversity perspective regarding ABA-based interventions as relevant to PBS. Specifically, our goal is to identify areas where PBS appears to align with the neurodiversity perspective and areas where PBS practices can be strengthened or extended to address concerns. Because most critiques from the neurodiversity community focus on individual behaviour therapy, and due to considerations of article length and complexity, our analysis will centre on the application of PBS at the individual level, around function-based assessment and intervention (FBAI) processes. Even so, parts of our discussion may have broader implications for group and

² We use identity-first language to acknowledge the preference of the autistic community and neurodiversity proponents.

system-level applications of PBS, which are highly relevant to the neurodiversity perspective's ecological focus on societal change (see Chapman and Bovell, 2022). Further, we are aware that discussions regarding neurodiversity are just emerging in the ABA literature (Graber and Graber, 2023). Thus, our aim is to both heighten awareness of the neurodiversity perspective within the PBS community and to encourage PBS leaders (e.g., researchers, scholars, trainers) responsible for the conceptual and scientific foundation for PBS implementation in home, school or community settings to critically examine and reform current PBS practices as needed.

The three authors of this paper bring different experiences to the discussion.

The first author has a Doctor of Education degree in special education and has more than 40 years of experience as a practitioner and intervention researcher in developmental disabilities including autism. She has extensive expertise in PBS as an author and researcher. The second author has a Doctor of Philosophy degree in special education and is a board-certified behaviour analyst (BCBA). Her research centres on culturally congruent interventions for ethnically diverse and marginalised autistic children and their families. The third author has a Doctor of Philosophy degree in developmental psychology and is an autistic autism researcher with no personal experience as a provider or recipient of PBS intervention. Much of his research focuses on autistic sensory processing, and he has additional expertise related to the neurodiversity movement and the investigation of intervention social validity. He is broadly interested in helping to ensure that autistic people can lead fulfilling lives.

The remaining sections of this paper are organised around four themes or topics that describe the concerns of ABA-based interventions from the neurodiversity perspective. We used journal articles, online white papers and websites from neurodiversity advocates and scholars to inform and organise the themes in a cascading effect (Pescaroli and Alexander, 2015). *Figure 1* illustrates these themes, showing how concerns within the first three themes converge and culminate in the fourth theme of autistic people feeling traumatised. These themes are:

1. Failure to view autism as a human variation.
2. Emphasis on changing autistic individuals rather than accommodating differences.
3. Failure to consider autistic experiences.
4. Autistic people feeling dehumanised and traumatised.

Within each theme we also explore ways in which PBS, as implemented in home, school or community settings, appears to align with or diverge from the neurodiversity perspective. Considering gaps, discrepancies or implementation challenges, we offer broad conceptual recommendations within each theme for how PBS practices can be improved or extended to address concerns. See *Table 1* for a summary.

Analysis of the neurodiversity perspective: PBS alignment and recommendations for improvement

The failure to view autism as a human variation: deficit-focused interventions

A chief concern underlying many criticisms of all ABA-based interventions is the failure to view autism as a variation of the human condition. Essentially, neurodiversity proponents stress that interventions and supports should focus on what is needed for autistic people to achieve quality of life – addressing the disability and not the difference (Saner, 2007; Chapman and Bovell, 2022; ASAN, 2024, n.d.). This view aligns with the social or social-relational models of disability whereby disabilities exist due to a complex interplay between the physical, cognitive and emotional traits of an individual and the characteristics of their physical and social environments (Chapman and Bovell, 2022; Dwyer, 2022; Dwyer et al., 2024). Where the traditional 'medical model' frames disability around impairments with the explicit goal of normalisation, social-relational and some conceptions of the social models suggest that people with disabilities experience challenges because of mismatches between them and the world around them (Dwyer, 2022; Dwyer et al., 2024).

Thus, neurodiversity proponents view the challenges experienced by autistic people as a sociopolitical issue (Chapman and Bovell, 2022). Therefore, any intervention implicitly or explicitly focused on fixing or normalising autistic individuals is seen as incompatible with the neurodiversity perspective, and such interventions have been sharply criticised for denying aspects of autistic identity (Ne'eman, 2010; Pantazakos, 2019; Chapman and Bovell, 2022). Initial criticisms of ABA-based interventions (e.g., Schwarz, 1995) can be traced to the work of Ivar Lovaas; the outcomes of his Early Intervention Project were described in terms of achieving recovery or cure and indistinguishability from non-autistic peers (Leaf et al., 2022).

Figure 1: Concerns (themes) of the neurodiversity perspective organised in a cascading effect

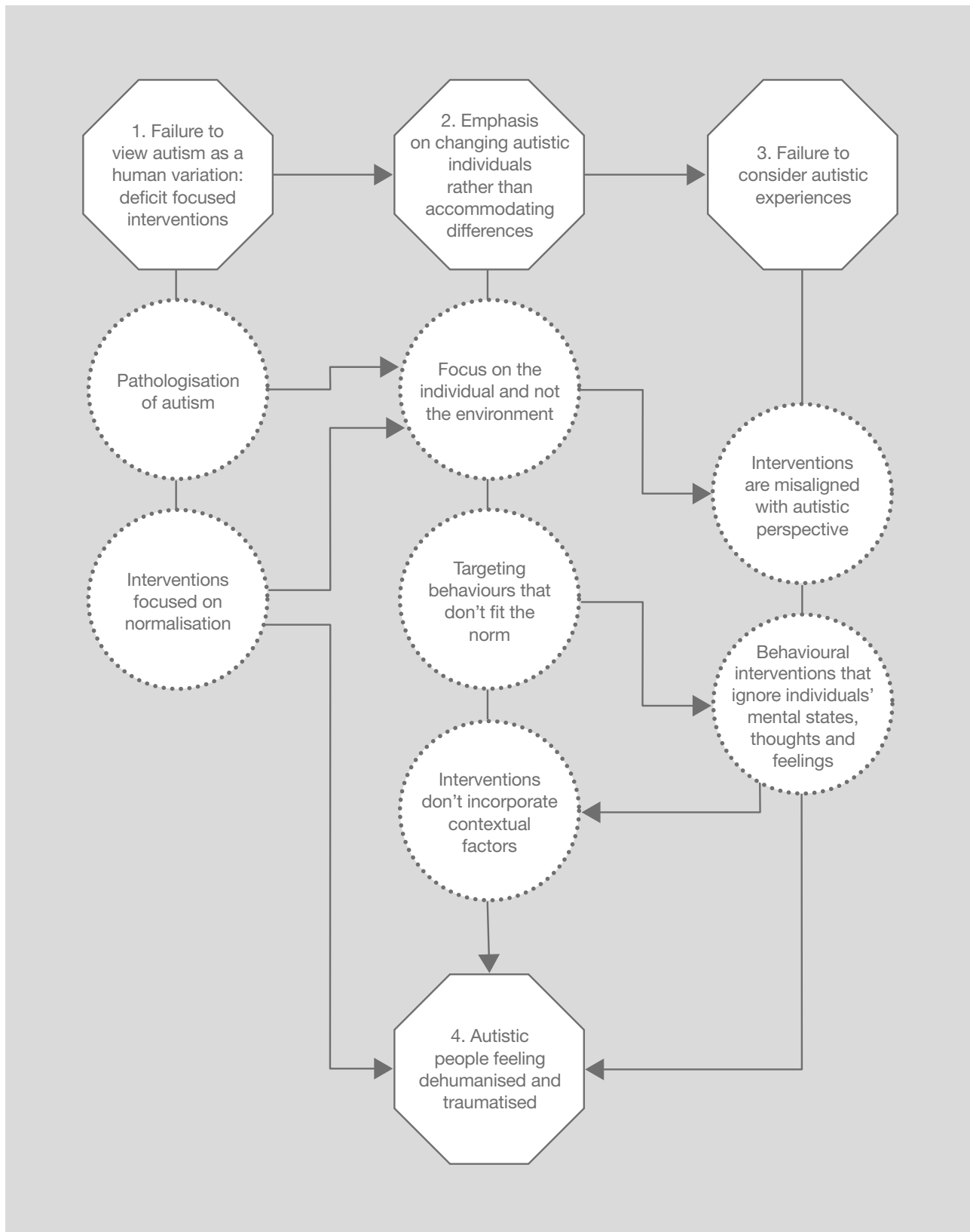


Table 1: Summary of themes and recommendations for PBS practice and research

Theme	Key recommendations and considerations for PBS practices
Failure to view autism as a human variation: deficit-focused interventions	<ul style="list-style-type: none"> ● Educate families and practitioners about the neurodiversity perspective; consider key concerns about understanding autism and interpreting autistic behaviours. ● Develop explicit guidelines for goal selection; consider whether the behaviour or skills targeted for intervention are actually needed to enhance functional outcomes and advance quality of life, making a distinction between typical (normal) versus adaptive functioning. ● Link interventions/supports in behaviour support plans to quality-of-life outcomes: make person-centred assessments integral to the FBAI process; include quality-of-life outcomes and measures in support plans; develop/expand person-centred and quality-of-life assessments (e.g., self-report, accessible relevant for home, school, community settings).
Emphasis on changing autistic individuals rather than accommodating difference	<ul style="list-style-type: none"> ● Strengthen the use of assessments that assess problematic contexts for the person. ● Develop ecological assessments that gather information at various levels in an ecological system considering, for example, culture, perceptions, behaviour of others. ● Strengthen frameworks to incorporate broad contextual modifications in behaviour support plans to support optimal functioning and quality of life.
Failure to consider autistic experiences	<ul style="list-style-type: none"> ● Create systems that ensure that all individuals are active participants in their own support plans: incorporate adaptations and facilitated decision-making strategies to encourage self-determination skills throughout the entire FBAI process. ● Expand PBS practices to routinely consider/assess individual's perceptions (thoughts and feelings) about their experiences and behaviours; use information to inform hypotheses and interventions. ● Integrate cognitive-behavioural approaches into PBS (e.g., motivational interviewing, acceptance and commitment therapy) that foster a collaborative partnership with the individual. ● Expand multidisciplinary support teams and collaborations with mental health and other healthcare professionals to strengthen client-centred practices.
(ABA-based) interventions are traumatising and dehumanising	<ul style="list-style-type: none"> ● Improve and regularly include methods for (a) obtaining participant consent and ongoing assent and (b) assessing social validity using accessible practices. ● Monitor potential short- and long-term adverse reactions to interventions. ● Partner with autistic people to ensure outcomes, practices and values of research and service teams are aligned.

Moving beyond cure, neurodiversity proponents advocate for promoting subjective well-being and adaptive rather than *typical* functioning (Ne'eman, 2010; Kapp et al. 2013) opposing any intervention aimed at reducing autistic non-harmful traits or 'symptoms' (such as stimming, 'poor' eye contact or intense interests) and changing behaviours to merely 'fit in' with society or for the comfort of others (Milton, 2018). Using normalisation or typical functioning as the benchmark for behaviour

change has been characterised as 'ableist oppression' or forcing individuals to conform to social expectations instead of working to promote societal change. Neurodiversity advocates grapple with the question of whether interventions to suppress autistic traits could be acceptable if requested by the individual; however, serious concerns have been raised about power dynamics and whether such choices would be free and uncoerced (Ne'eman et al., 2023).

Dichotomous views of autism as either a deficit or difference are associated with considerable controversy around acceptable intervention targets and the extent to which individual-focused, skills-based interventions or societal reforms are needed to improve functioning (Kapp et al., 2013; Dwyer, 2022). Assuming a balanced rather than a dichotomous view of disability, most neurodiversity proponents recognise that both impairments and differences can co-exist (Ne’eman, 2010; Chapman and Bovell, 2022; Dwyer et al., 2024). That is, the key to acceptable interventions would be to either change contexts external to the individual (e.g., encouraging society to accept differences) and/or to address those skills (e.g., communication, daily living, self-determination) essential for adaptive – not typical – functioning and improvements in quality of life. Whether one focuses more on the environment or individual might depend on which is more likely to be effective in bringing about desirable improvements (Dwyer, 2022). Interventions must, however, avoid ‘pathologising’ autism or viewing all/most behavioural or neurological differences as concerns needing to be fixed (ASAN, n.d.).

Analysis and recommendations

PBS core tenets are strongly aligned with a balanced perspective to intervention. PBS proponents have long rejected ‘cure’ as a goal and the selection of intervention targets based on behaviour topography or differences (Carr, 2007). Rather, the selection of personally meaningful goals is emphasised; only behaviours that interfere with and/or improve daily functioning, personal well-being and overall quality of life are considered acceptable targets for intervention (Carr, 2007; Gore et al., 2022). Despite the acceptance of these core tenets, how PBS practices are interpreted and implemented are subject to great variation (ASAN, 2024) – a key reason for the recent emphasis on achieving fidelity of implementation in PBS (e.g., McIntosh et al., 2015). However, current iterations and fidelity assessments of individual PBS in North America, especially Tier 3 interventions in schools, tend to emphasise the technical adequacy of the procedural components of FBAs (e.g., Iovannone et al., 2017; Lane et al., 2022) over the decision-making processes for selecting meaningful or acceptable intervention targets. Graber and Graber (2023) similarly note that although the BCBA Code of Ethics provides wide-range guidance on how ABA practices should be implemented, it provides limited guidance on how goals should be selected. The lack of guidance leaves considerable room for PBS practitioners to define unwanted and desired

behaviours on their own terms, despite the emphasis on selecting person-centred goals. The problem is further compounded by insufficient guidance on how quality of life, as an outcome of intervention, should be achieved and assessed (Schwartz and Kelly, 2021). Indeed, PBS proponents have noted that assessing the impact of PBS on improving quality of life has received scant attention (e.g., Horner and Sugai, 2018; Gore et al., 2022). In fact, person-centred planning, a key tool for identifying quality-of-life outcomes, can be easily overlooked by prioritising functional behaviour assessments. For example, the Center on Positive Behavioral Intervention and Supports (pbis.org) describes person-centred planning as supplemental and not integral to the FBAI process.

We believe that there is considerable room for improvement in aiding PBS practitioners to separate disability from differences and to ensure that targeted behaviours or skills are indeed relevant and meaningful to the person’s life. First, we encourage PBS leaders to educate practitioners and families about the neurodiversity perspective. We view this as a first step towards promoting acceptance of individual differences and guarding against deficit thinking. PBS leaders could partner with neurodiversity advocates in their communities soliciting their feedback on ways to communicate neurodiversity-affirming messages.

Second, we urge PBS leaders to develop guidelines that will aid team decision-making around goal selection. Recently, several authors (Schuck et al., 2022; Veneziano and Shea, 2022; Graber and Graber, 2023; Ne’eman et al., 2023; ASAN, 2024) have offered some initial considerations that may be useful for this purpose. The primary message to convey is that there is nothing inherently wrong with autistic characteristics or traits (e.g., stimming, intense interests, preferences for solitary activities), in and of themselves, and there are no ideal behaviours for which all individuals must conform. However, decisions about what to address, beyond seriously dangerous or disruptive behaviours, can be difficult to determine. Whether behaviours are viewed as interfering with an individual’s functioning, or the functioning of others, will depend on context (Schuck et al., 2022), and team members (e.g., the participant, parents, teachers, support professionals) may disagree. We propose that guidelines should encourage team members to justify target behaviours based on functional quality-of-life outcomes for the person, examining, for example, whether a problem exists to begin with (e.g., is the behaviour of concern a mere difference or skill need to advance quality of life?), who really owns the problem

(e.g., is it the person or lack of person–environment fit?) and who is affected (i.e., is the person or others impacted?). Further, addressing contextual fit, aligning goals within the cultural values of families and other social contexts such as schools must be considered and carefully balanced with, but not prioritised over, autistic ways of being (Schuck et al., 2022).

Similarly, when considering pro-social skills, guidelines should also aid teams in selecting goals that will enhance the individual's functioning and avoid targeting skills based purely on appearance or 'normative' forms by making comparisons to non-autistic others (Ne'eman et al., 2023). For example, teaching social 'chit-chat' conversational skills may be unnecessary for a teen who successfully engages their (autistic or non-autistic) peers in interactions while communicating unconventionally. On the other hand, those who struggle with conversation and wish to expand their social network beyond their immediate peer group may welcome an opportunity to expand their social skills. In other words, goals could be justified on the grounds that they will give the individual the tools needed to successfully navigate varied contexts, to control their environment and to receive the recognition or reinforcement that they desire or need (Graber and Graber, 2023). However, Ne'eman et al. (2023) caution against justifying goal selection based on stigma-reducing rationales alone because it again could lead to changing behaviours based on appearance, and because individuals may face pressure (or lack relevant information), encouraging them to choose goals preferred by others. This suggests PBS leaders should carefully consider how to ensure the person's assent/consent regarding any behaviour change goal (see the following discussion).

Third, we recommend that PBS leaders consider how interventions and supports in behaviour support plans can be explicitly linked to quality-of-life outcomes, and making quality-of-life outcomes the primary factor for evaluating intervention success (Schwartz and Kelly, 2021). This requires making person-centred assessment practices, such as person-centred planning, integral to functional behaviour assessments in order to define quality-of-life outcomes at the onset of the goal selection process. We propose that behaviour support plans routinely include quality-of-life outcome statements and associated measures, strengthening the link between targeted goals and the expected outcomes of the intervention such as participation in preferred activities, increased friendships and feelings of well-being. Because the use of quality-of-life measures largely has been overlooked, we encourage PBS

leaders to also consider refining or expanding assessments and person-centred planning tools that are both practical and relevant in varied contexts. Further, developing measures that assess self-reported quality of life is critically needed. Interpretations of a 'good life' can vary across individuals and neurotypical norms of a quality of life may not always be meaningful to all neurodivergent people due to issues surrounding the validity of proxy reports involving non-autistic others (McConachie et al., 2018; 2020; Evers et al., 2022). Efforts are currently underway to develop protocols and processes for flexibly seeking rich information about everyday experiences and future goals from autistic individuals with a variety of support needs and communication abilities (Tsfaye et al., 2023). PBS leaders are encouraged to build on this example.

Emphasis on changing autistic individuals rather than accommodating differences

Rather than focusing on the behaviours and characteristics of autistic individuals, neurodiversity proponents call for a decentring of the autistic person as the problem by recognising the socially situated nature of the many challenges autistic people face (Ryan and Milton, 2022). They urge researchers and practitioners to understand the broader ecology of the autistic person that produces behaviour (e.g., an unsupportive environment; the perceptions, attitudes and beliefs of others) and how these factors also create disability and 'problematic' behaviour (Danforth, 2013). Neurodiversity-affirming scholars call for an expansion of an ecological framework to examine contextual and interactional influences of behaviour including the norms, culture and systems within a given environment. For example, Vidal et al. (2020) applied Bronfenbrenner's (1977) ecological systems framework (i.e., macrosystem, mesosystem, microsystem) to enhance understanding of social behaviour. In their observational analysis of a 9-year-old autistic student, the researchers described how environmental systems impacted the student's perceived (in)competence, affecting his interactions with peers and teachers in the classroom. At the macro-level (i.e., cultural ideologies that encompass and shape institutional and individual practices), the authors showed how presumptions of deficit influenced how others interacted with the student by controlling his behaviour, mediating his interactions and ignoring the ways in which the child did competently interact, albeit differently, with others. Similarly, in a longitudinal study of autistic students in integrated school settings, Chen et al. (2022) identified several interpersonal (e.g.,

openness to different interactional styles, shared interests and experiences) and classroom environmental factors (e.g., class activities, class climate recognising student strengths) that influenced student–peer interactions, further emphasising the need to study behaviours from an ecological or contextual lens. Moreover, Gray et al. (2023) identified school-related and policy-level factors contributing to school refusal and exclusion, which are common in autistic young people (Totsika et al., 2020, Nordin et al., 2023).

Neurodiversity proponents additionally challenge researchers and practitioners to consider the relational aspects of behaviour. For decades, autistic advocates have criticised the tendency to ascribe deficits to an autistic person when a mutual breakdown in interaction occurs between autistic and non-autistic individuals (see Institute of the Study of the Neurologically Typical, n.d.); this basic idea was later termed the ‘double empathy problem’ (Milton, 2012). Emerging research, using methods such as conversation analysis, has begun to assess social communication difficulties within a relational framework leading to a focus on removing communication barriers rather than a remediation of skills (Chen, et al., 2022; Yu and Sterponi, 2023). Indeed, neurodiversity-affirming researchers (e.g., Crompton et al., 2020) found that some autistic individuals communicate better with other autistic individuals than in mixed groups, perhaps because (even given the diversity of autism) discrepancies in experiences are more likely between autistic and non-autistic people, or perhaps because autistic communities (contrary to stereotypes) often have highly flexible cultures (Idriss, 2021), making communication easier despite differences among members. Other studies suggest that neurodivergent intersubjectivity reveals potential for unconventional forms of social relating (Heasman and Gillespie, 2019), and that non-autistic individuals may make evaluative judgements and misleading interpretations about autistic people’s behaviour that can affect interaction quality and lead to discrimination (e.g., Whelpley and May, 2022).

Neurodiversity-affirming scholars are also critical of ABA-based interventions that appear to focus on the environment only insofar as it results in behaviour change that impacts others (Murray, 2020) and has limited emphasis on the effects of traumatic experiences that can result in problematic behaviour (AMASE, 2022). Thus, full consideration of the environment’s effects on individual experience and well-being (Kapp, 2013), including a consideration of the stressors that autistic people face as a marginalised minority, are proposed (Botha and Frost, 2018).

Analysis and recommendations

PBS has a long history of focusing on changing problematic contexts by analysing the environmental conditions in which an individual behaves. PBS and the neurodiversity perspective appear aligned in their focus on restructuring autistic people’s environments to facilitate meaningful outcomes (Carr, 2007). For example, by focusing on antecedent variables, researchers have examined environmental arrangements and shared interests leading to improved social engagement with peers (e.g., Boyd et al., 2008). Additionally, research initiated over two decades ago, found positive effects for social interaction simply by reducing the amount of distance between children in play areas, providing access to preferred play materials and toys, and creating cooperative activities (Reszka et al., 2012).

Considerable work also has been done advancing an ecological framework in PBS, in family and school contexts, by expanding the analysis of behaviours to consider broad contextual influences within host environments (e.g., behaviours of others, physical arrangements, disciplinary policies; Lucyshyn et al., 2009; McIntosh et al., 2015). Unfortunately, ecological assessments are commonly overlooked when designing individual supports (McIntosh et al., 2015), perhaps overshadowed by the emphasis on assessing more proximal variables surrounding target behaviours in functional behaviour assessments. Additionally, current conceptualisations of ecological assessments tend to focus on the analysis of contexts to enhance fidelity of implementation and the sustainability of interventions (e.g., Lucyshyn et al., 2009; McIntosh et al., 2015). Arguably, the levels of analysis and factors prioritised in ecological assessments could reflect power dynamics and the biases and positionality of non-autistic team members, especially if person-centred planning is not adequately implemented. Although existing efforts have made important progress, greater attention is needed to assess the environmental factors (beyond immediate antecedents) that may uniquely impact the individual by asking why situations are problematic for the person and what are the contextual, relational and interactional variables that may contribute to problematic contexts. This includes an analysis of how people’s perceptions of disability (or understanding of autism) influence behaviour directly or indirectly. To illustrate, at the meso-level, this might involve exploring the perceptions and interaction of the student with school staff and peers, recognising that autistic students are at a sociocultural disadvantage as many non-autistic people do not recognise autistic behaviours as adaptive or communicative (e.g., jumping or hand flapping when excited). Or it might include an

analysis of how school-wide indicators of behaviour expectations may be expressed in ways that make it difficult for autistic students to achieve (Poed and Fox, 2023). At the micro-level, relationships between autistic individuals and supporters could be examined to evaluate how they interact to increase and maintain behaviour. Some of this work has been done in the assessment of setting events, such as improving instructor rapport (i.e., quality of relationships) to prevent the occurrence of 'challenging' behaviours (McLaughlin and Carr, 2005).

Building upon the initial work of Carr and colleagues on the assessment of problematic contexts (see the Contextual Assessment Inventory (CAI); McAtee et al., 2004) we recommend enhancing procedures and protocols to analyse the layers of the social ecological contexts that interact to produce behaviour, including the behaviours of others (Happé and Frith 2020). Specifically, the FBAL process would need to expand to gather information at various levels in an ecological system. This might entail expanding the CAI to examine the cultural ideologies that encompass and shape practices (i.e., macro-level) and influence how behaviours and strategies are selected for intervention by practitioners. It may also involve exploring the impact (benefits and challenges) of targeting behaviour for change of an autistic person. For example, if the repetitious behaviour of an autistic person is seen as a distraction to the activities in an environment, but also serves the autistic person's self-regulation needs, the adults and peers in the environment may need education about the different ways people communicate and interact with their environment, while the autistic student might also need additional self-regulation supports or removal of environmental stressors unduly straining their self-regulation.

A focus on ecological assessments leads to an increased focus on building in environmental accommodations in behaviour support plans. Thus, we encourage PBS leaders to strengthen frameworks that guide practitioners to include context modifications in support plans to support optimal functioning and quality of life. From an ecological perspective, behaviour support plans may be built entirely around changing problematic contexts, without directly intervening on the individual's skills or behaviours. To some extent, broad environmental accommodations, described as lifestyle enhancements (e.g., Hieneman, 2015), have been encouraged in PBS, but we have observed that they are often omitted in support plan templates in favour of more immediate antecedent changes.

Failure to consider autistic experiences

A third criticism of ABA-based interventions, including PBS (Quercus, 2024), is the failure to consider the perspectives of autistic people as individual recipients of an intervention and as a collective group. Simply stated, 'behaviours deemed as either positive or negative are being decided upon by non-autistic others, often with little idea of what it is subjectively like to be autistic or have an unusual learning style' (Milton, 2014, p. 9). The failure to include the perspectives of autistic people is viewed as problematic not only because of the inherent value of actively engaging participants in their own intervention and supports, but also because first-hand accounts of lived experiences provide a deep 'insider' understanding of the strengths and real-life challenges faced by autistic people. Neurodiversity proponents argue that these experiences cannot be fully understood from outside observations, and may, in fact, run counter to traditionally held views of autism (Pantazakos, 2019; Dinishak and Akhtar, 2022).

Specifically, neurodiversity proponents argue that autistic people experience different 'life-worlds' than non-autistic people, and therefore their learning and behaviours must be understood in terms of how the condition of autism impacts their ways of doing things from their subjective view (Milton, 2014, 2018; Pantazakos, 2019). For example, some autistic people report that non-harmful repetitive behaviours serve as an adaptive coping mechanism to help calm or self-regulate their emotional responses to external or internal stressors (Kapp, 2020). Thus, understanding the function served from the individual's perspective can inform the direction of the intervention: that is, whether intervention should focus on changing behaviours (e.g., teaching new ways of coping), modifying stressors or improving acceptance by others (Kapp, 2020).

Neurodiversity proponents also criticise ABA-based interventions for ignoring individuals' mental states, thoughts and feelings (e.g., Milton, 2018; ASAN, 2024), which is especially problematic given the frequent co-occurrence of autism and mental health conditions such as anxiety and depression (Benevides et al., 2020). Some neurodiversity proponents view the classification of all behaviours into four functions (i.e., escape, attention, tangible, self-stimulatory), as not only limiting, but also dehumanising because it ignores a host of influential internal factors (e.g., fear, anxiety, depression, thoughts) commonly experienced by all people (ASAN, n.d.; Ashburn, 2021). For example, in a qualitative study, Black et al. (2023) found that anxious thoughts, such as negative

memories of past experiences or negative feelings of self-worth, can influence autistic individuals' perceptions of their social interaction experiences, potentially lessening their desire to engage in future interactions. It is also essential to recognise that many autistic people often have distressing sensory experiences or experiences of chronic pain; these fundamentally internal experiences of pain and distress are likely inherently less obvious to surrounding non-autistic people (Knott and Taylor, 2014; Keith et al., 2019; Jordan et al., 2024). Moreover, autistic people can exhibit atypical responses to pain and distress (e.g., laughter, 'shutting down', becoming unresponsive; Grandin and Panek, 2014; Jordan et al., 2024) that could lead to misinterpretation of behaviours.

Thus, the failure to consider thoughts and feelings could lead interventionists down the wrong path by treating only what is observed (e.g., social isolation, awkward social interactions) and ignoring underlying causes and internal motivations for behaviour (e.g., anxiety, sensory distress). This focus on only overt behaviours has led some neurodiversity proponents to claim that ABA-based interventions are merely superficial and deeply flawed (ASAN, n.d.; Milton, 2018).

Analysis and recommendations

Given the person-centred values of PBS, proponents have conceptually promoted the importance of involving individuals in the development of their own behaviour support plans (e.g., Bambara and Kern, 2021). Additionally, given the interdisciplinary nature of PBS, leaders have incorporated evidence-based practices from other disciplines, especially those that address mental health concerns (Kern et al., 2022). Yet, neurodiversity advocates offer a valuable reminder that there is considerable room for improvement and expansion.

First, efforts towards ensuring that all individuals have an active voice in the development of their own behaviour support plans needs strengthening. Unfortunately, active participation of individuals identified with autism and other developmental disabilities is typically overlooked (Johnson and Carpenter, 2022; Johnson et al., 2022; ASAN, 2024). For example, Carpenter et al. (2022) found that out of 174 FBAI studies involving autistic students, only five solicited participants input prior to, during or after intervention. Active participation requires engagement in the full FBAI process – assessment, hypothesis development and goal setting, support plan development and evaluation. PBS leaders should encourage the

use of facilitated decision-making strategies to foster individuals' self-determination and encourage them to share their perceptions, concerns and successes at every step of the FBAI process (Korinek, 2015). This also requires ensuring that appropriate adaptations for comprehension and communication modalities are regularly made available to support non-speaking autistic people (Johnson and Carpenter, 2022) and that supporters are properly trained to interpret alternative/augmentative forms of communication (Bowring et al., 2017).

Second, we strongly advocate expanding PBS practices to routinely consider individuals' thoughts and feelings regarding their own behaviours and challenges, and views on how autism impacts their learning and ways of doing things. Radical and cognitive behaviourists have long acknowledged the impact that internal 'private events' can have on behaviour, particularly regarding anxiety and self-rules; yet applied behaviour analysis, and subsequently all ABA-based approaches including PBS, has virtually ignored private events by focusing on only observable behaviours and events in analyses and intervention – potentially contributing to intervention failure in some cases (Friman et al., 1998; Hoffmann et al., 2016). We recognise that our recommendation will require considerable work conceptualising how assessments could be adapted to consider the influences of covert behaviours/events and used to inform behaviour hypotheses and interventions within a PBS framework. To begin, PBS leaders may wish to consider the clinical resources and assessment toolkits made available by the Association for Contextual Behavioral Science (contextualscience.org), a behavioural organisation dedicated in part towards understanding human behaviour within its full context; that is, considering both internal and external influences. For example, functional assessment student interviews, which are commonly geared towards identifying external environmental influences of behaviour (e.g., Kern et al., 1994), may be modified to explore individuals' perceptions of 'why' situations are problematic from their view. This may include uncovering emotional responses (i.e., worries, fears, anxiety, frustration, anger); sensory experiences and comfort; and individuals' thoughts and beliefs about problem situations, such as views on self-efficacy, internal and external causes, strengths and needs, and views about their acceptance and treatment by others.

Third, when behaviour change is warranted, consideration could be given to integrating cognitive behavioural approaches into PBS that are aimed at fostering a

collaborative partnership or alliance with the individual; strategies that guide individuals to think through reasons for their own behaviour, consider and generate options for change, and set relevant goals for improvement that would enhance their quality of life. Examples include motivational interviewing, a strategy that harnesses individuals' motivation to change based on their perceptions of the problem (Gersib, 2023), and acceptance and commitment therapy, an approach to reduce the influence of problematic thoughts and emotions consistent with a person's values and goals (Hayes et al., 2006). In addition to promoting self-direction, these strategies emphasise helping individuals feel valued, listened to and understood.

More broadly, as noted by advocates, mental health and behaviour support community services are often separated from each other (ASAN, 2024). Not only do behaviour-oriented supports often fail to consider mental health, but behavioural health service systems that may use a PBS approach frequently lack capacity or sufficient accessibility to diagnose mental health issues and provide psychological (as opposed to pharmacological) supports to autistic people and people with intellectual disabilities (Whittle et al., 2018; Lipinski et al., 2019; Maddox et al., 2020). PBS leaders are strongly encouraged to create multidisciplinary support teams within PBS services to foster knowledge exchange with mental health and other healthcare disciplines, such as speech and occupational therapy (Bowring et al., 2019). To break down 'discipline centrist' thinking, several behaviour analysts have made specific recommendations adapted from the World Health Organization (Kirby et al., 2022) for how professionals should engage in cross-discipline collaboration, prioritising client care and valuing each discipline's expertise and contributions.

(ABA-based) interventions are traumatising and dehumanising

This last theme is a culmination of the prior themes describing intervention and research practices that have left autistic people feeling traumatised and dehumanised. Neurodiversity proponents specifically point to harms of ABA-based interventions focused on deficit remediation (Anderson, 2023; Ne'eman et al., 2023; ASAN, n.d.). Many autistic people report feeling negatively pressured to 'mask' or 'camouflage' their true self to be accepted by others (Chapman et al., 2022). Evidence is mounting that the daily demands of 'passing' as normal, coupled with the stress of coping with unsupportive contexts,

is associated with long-term mental health concerns such as burnout, psychological distress and suicidality among autistic people (Mantzas et al., 2022; Ne'eman et al., 2023). Further, although PBS proponents have long rejected the use of aversive consequences and considerable efforts towards enhancing ABA's codes of ethics and professional conduct have been made (Graber and Graber 2023), autistic advocates still connect (and therefore disavow) ABA-based interventions (including PBS) with the use of aversive procedures (e.g., ASAN, n.d.). It is important to note that the Association of Behavior Analysis International (ABAI) and the UK Society of Behaviour Analysis (UK-SBA), have only recently banned aversive procedures (since 2022) – contingent electric shock by ABAI, and painful, harmful, degrading or dehumanising procedures by UK-SBA (see position statements of these organisations). The slow response to take a stand against aversives by major national and international professional behavioural organisations, after decades of advocates' protests, have caused some autistic advocates to distrust ABA-based professionals (e.g., ASAN, 2022). Additionally, concerns about the failure to include the perspectives of autistic people in interventions have fuelled the perception among advocates that even 'positive' strategies such as rewards and point systems are merely control-oriented (Anderson, 2023). Advocates often view 'hand-over-hand' or physical guidance as strategies of 'forced' compliance that violate their right to say no to participation (Stop ABA, Support Autistics, 2019; ASAN, n.d.).

Further, neurodiversity proponents have challenged the ethics of ABA-based interventions that prioritise 'socially significant behaviour' over individuals' autonomy or self-determination (Wilkenfeld and McCarthy, 2020). Critics point to child development theories that caution caregivers and practitioners against thwarting children's capacity to set immediate goals, make longer-term plans and see them through (Mullin, 2014). Autistic advocates also point to behavioural practices that require conformity to societal norms and value compliance above all else (Milton, 2018; ASAN, n.d.). Unfortunately, some evidence within the behavioural literature indeed suggests an over-emphasis on compliance training for autistic children and a limited focus on the ethical implications of teaching compliance (Malone et al., 2023).

In addition to the harmful effects of interventions, many autistic people express feeling disenfranchised when it comes to research and intervention priorities, mistrusting the intentions of non-autistic researchers

and interventionists (Milton, 2014; Pukki et al., 2022). Autistic voices are rarely included in research (Pellicano et al., 2014; Happé and Frith, 2020), and neurodiversity proponents claim that autistic people are often ‘objectified’ by researchers or viewed as mere instruments denying aspects of individuals’ personhood such as agency, subjectivity and experience (Botha and Cage, 2022). One example of objectification includes autistic people being described by researchers in dehumanising terms (e.g., compared to animals, described as less domesticated; Botha, 2021). Another example points to limited measures of adverse effects in autism and intervention research in general, leaving potential psychological or emotional harms that might arise from intervention methods largely unexplored (Bottema-Beutel et al., 2021).

Analysis and recommendations

The core values of PBS emphasise respecting individuals’ dignity and overall well-being, (e.g., Kincaid et al., 2016; Gore et al., 2022). Given the widespread use of PBS in homes, schools and communities, its multidisciplinary nature, and the various theoretical perspectives that influence it, it is impossible to know the full landscape of practice in PBS. Thus, the extent to which person-centred values in PBS are upheld is unclear. An integral part of any ABA-based intervention should be the ongoing assessment of feedback from key consumers, as this feedback can alter interventions in ways necessary for consumer satisfaction (Schwartz and Baer, 1991). Unfortunately, recent systematic reviews continue to show limited social validity assessments of ABA-based interventions in general (Snodgrass et al., 2018; Huntington et al., 2022) with few studies examining all three constructs of social validity (e.g., acceptability of goals, procedures and outcomes; Schwartz and Baer, 1991). Further, recipients of interventions, most especially those with disability diagnoses, are rarely included in social validity assessments (Hanley, 2010; Carpenter et al., 2022). Disturbingly, this indicates little is known about the acceptability of ABA-based interventions, including PBS, for autistic individuals, families and practitioners.

In addition to the recommendations in the previous themes, it is also crucial that PBS leaders take other direct steps to vigilantly guard against potential harms in both practice and research. Towards this end, we recommend improving and regularly including consent/assent procedures in all interventions. Where consent is a legal term granted to parents, guardians and recipients of interventions beginning at age 18, assent refers to agreement or willingness to participate relevant for all

intervention recipients regardless of age or ability (Breaux and Smith, 2023). For example, Breaux and Smith (2023) suggest operationalising the various forms that individual participants express assent and assent withdrawal (vocal and non-vocal), and then routinely using the information to adjust interventions along one of three potential pathways: (a) terminate the intervention, (b) delay presentation or (c) analyse the cause of assent withdrawal and then modify the intervention to achieve assent.

Similarly, we recommend improving and regularly including social validity assessments considering all levels (e.g., goals, procedures, outcomes), multiple sources (e.g. participants, families, teachers), and continuously evaluating that what is being targeted for change should be what is targeted (i.e., is relevant to the person’s quality of life; Veneziano and Shea, 2022). We caution, however, that although considering multiple perspectives is important, relying on the opinions of families and practitioners alone may not sufficiently represent the views and experience of the intervention recipient (Hanley, 2010; Veneziano and Shea, 2022). Therefore, similar to our earlier discussion about quality of life, making social validity assessments accessible to all recipients by developing alternative formats to verbal self-report and surveys, is greatly needed. Moving towards choice-based measures of acceptability as described by Hanley (2010) is one example, if choices are between sufficiently and meaningfully distinct options.

Monitoring immediate and long-term adverse reactions to interventions in research is also critical, especially for non-speaking autistic individuals or those with complex communication needs. Routine and transparent reporting of adverse events, including stress, refusals and withdrawals, would allow practitioners and researchers to better understand intervention strategies that may be effective but also may be high in adverse effects (Bottema-Beutel et al., 2021).

Lastly, like others, we encourage researchers and service organisations to partner with autistic people to ensure that outcomes and values of research and service teams are aligned with autistic consumers. Participatory models can incorporate the views of autistic people and their allies about research or service priorities and methods, with the goal of disrupting the power imbalance between interventionists and community members (Fletcher-Watson et al., 2019). The Academic Autism Spectrum Partnership in Research and Education offers toolkits for participatory approaches for research (<https://aaspire.org/inclusion-toolkit/participatory-research/>).

Conclusion

Like prior disability movements, the neurodiversity perspective provides an important source of consumer social validity that can further the evolution of PBS, providing practice and research implications that may benefit not just autistic people but all individuals receiving intensive supports. In this article we described key concerns about ABA-based interventions promulgated by neurodiversity proponents, reflected on PBS values and practices, and offered recommendations that may extend and improve PBS practices at the individual level.

Our recommendations are broad and are not intended to be exhaustive. Rather, our intention is to stimulate discussion among PBS leaders by providing initial considerations for change. We recognise that many PBS practitioners and researchers may be unaware of the depth and extent of advocates' concerns regarding ABA-based interventions, contributing to the perceived gap between PBS and the neurodiversity perspective. We find that the values informing PBS practice are often congruent with the neurodiversity perspective. Yet, as we have pointed out, there is considerable room for improvement and expansion, not only to address neurodiversity advocates' concerns, but also to ensure that in practice, PBS methods are genuinely aligned with its core tenets and goals. In addition to incorporating new approaches into the PBS framework, this calls for greater attention to implementation; not just around the more technical aspects of PBS, but attention to the cultural ideologies that influence practice (e.g., Bambara et al., 2001) and the development, implementation and evaluation of the person-centred strategies that will result in socially valued outcomes for individuals.

Attending to research led by neurodiversity-affirming scholars is an important next step towards enhancing PBS. This includes considering research that examines social functioning in interactive contexts, the impact of mismatched societal and environmental demands on autistic people (e.g., masking), and how negative stereotypes about autistic individuals are shaped and can be changed (Dwyer, 2022). Further, directly soliciting and listening to the opinions of neurodivergent individuals specifically about PBS (not ABA in general) are essential for advancing a unified view of acceptable and desirable practices. Collaborative discussions with autistic people along with relevant supporters (e.g., PBS practitioners, families) should focus on nuanced interpretations of neurodiversity concepts and 'grey areas' that could create sources of disagreement and misunderstanding.

Some questions requiring deeper discussion include:

- How should neurodiversity concepts be applied across individuals of varying needs, abilities, ages, and across different settings?
- How should practitioners balance respect for autistic identity with any conflicting goals prioritised by parents or other supporters?
- How should skill or behaviour-focused interventions be balanced with changing the environment including the behaviours and expectations of others?
- How should practitioners make a distinction between 'normalisation' versus skills needed for adaptive functioning and quality of life?
- How should neurodiversity concepts be infused within organisations and tiered systems of support to encourage respect for differences and prevent ableism?

Due to power dynamics, past harms and the distrust of the neurodiversity community towards researchers and practitioners, the onus is on PBS leaders to start a conversation and to take action.

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