

DOCUMENT SUMMARY

This 2018 research paper by Henny Kupferstein examines the correlation between **Applied Behavior Analysis (ABA)** therapy and symptoms of **Post-Traumatic Stress Disorder (PTSD)** in autistic individuals. Based on a survey of 460 autistic adults and caregivers, the study found that exposure to ABA was associated with a significantly higher likelihood of meeting the diagnostic criteria for PTSD. The findings highlight a critical need to include autistic perspectives in intervention design and question the potential for iatrogenic harm in behaviorist therapies.

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FORMATTED CONTENT

Evidence of Increased PTSD Symptoms in Autistics Exposed to Applied Behavior Analysis

Abstract

Purpose: To examine the prevalence of **posttraumatic stress symptoms (PTSS)** in adults and children who were exposed to **Applied Behavior Analysis (ABA)** autism early childhood intervention. **Methodology:** An online survey of 460 respondents (autistic adults and caregivers of autistic children) collected data on demographics, intervention types, and current pathological behaviors with symptom severity scales. **Findings:** This study noted PTSS in nearly half of ABA-exposed participants, while non-exposed controls had a 72 percent chance of being asymptomatic. Exposure to ABA predicted a higher rate and more severe PTSS in participants. Discrepancies were noted between caregiver satisfaction and the experiences of autistic adults.

Introduction

Applied Behavior Analysis (ABA) is the most prevalent early childhood intervention recommended for autistic children. Behaviorists conceptualize autism as a disorder characterized by behavioral deficits and excesses. ABA therapists enforce behavior modification with a rewards-based model to encourage social behaviors deemed appropriate by the caregivers and intervention team.

Exposure to **potentially traumatic events (PTEs)** can cause **posttraumatic stress symptoms (PTSS)**, which can be diagnosed as **Post-Traumatic Stress Disorder (PTSD)**. Due to underlying vulnerabilities and differences in sensory appraisal, a situation perceived as harmful or threatening by an autistic person can become a PTE and trigger PTSS.

The author notes that compelling evidence supports that the **GABA system** is impacted in autism. With decreased GABA receptors, the autistic brain can remain in a hyperarousal state. This suggests a predisposition to PTSD may be endangered by exposure to stressors.

The psychological demands placed on the ABA recipient who has a predisposition for an exaggerated perceptual response leading to physiological alterations may be especially damaging.

Based on clinical observations of fight/flight/freeze reactions in children exposed to ABA, the author hypothesized that exposure to ABA would be highly correlated with reported PTSS severity.

Methods

Participants were recruited for an online survey through social media and the Interactive Autism Network (IAN). A total of 460 respondents, consisting of autistic adults (n=243) and caregivers of autistic children (n=217), completed the survey.

The 26-question survey was modeled on the PCL-5 self-report measure, which assesses the 20 symptoms of PTSD per the DSM-5, but was modified to assess whether the intervention itself was the stressor. It measured exposure type and duration, intrusion symptoms (Criterion B), avoidance (Criterion C), negative alterations in cognition/mood (Criterion D), and alterations in arousal/reactivity (Criterion E).

Results

Key Findings:

- Nearly half (**46%**) of the ABA-exposed respondents met the diagnostic threshold for PTSD.
- Extreme levels of severity were recorded in 47% of the affected subgroup.
- Respondents of all ages who were exposed to ABA were **86% more likely to meet the PTSD criteria** than respondents who were not exposed to ABA.
- Both adults and children without ABA exposure had a **72% chance of reporting no PTSS**.

- For adults, the severity of symptoms was positively correlated with the duration of exposure to the intervention.

Disparities in Reporting:

- Caregivers tended to rate the intervention as more successful than did adults.
- The longer a child was exposed to ABA, the more likely a caregiver was to rate the intervention as effective, even though their child's PTSS severity scores did not change significantly.
- Adults tended to rate the intervention as only mildly successful, and satisfaction did not increase with exposure. For adults with longer exposure, satisfaction ratings were at the extremes (either very low or very high).

Discussion

The aims of this research were to identify the correlations between PTSS and autism childhood interventions. Of all interventions surveyed, **ABA correlated with the highest ratings of PTSS in both children and adults.**

While the ABA administration may not be traumatic in application, the encounter lingers with lasting fear-related associative memories to the autistic client.

The author suggests that if an initial ABA session is perceived as traumatic (e.g., through the suppression of self-stimulatory behaviors), subsequent sessions could constitute re-traumatization.

The study also found that ABA-exposed adult respondents scored themselves with an average **68% higher severity rating** on questions related to self-esteem, negative self-perceptions, aggression, and shame when compared to non-exposed adults. The author conjectures this may arise from the scrutiny of **Functional Behavioral Assessments (FBAs)** used by behaviorists, which accustoms individuals to rating their own "problem behaviors."

Regarding caregiver satisfaction, the author cites research suggesting that instead of the child's behavior modifying, parents may become conditioned to report the child's observed behavior with a more positive view. This is consistent with the finding that caregiver satisfaction increased with exposure time, while PTSS severity in their children did not decrease.

Conclusion

Autistic respondents exposed to ABA were significantly more likely to meet the PTSD diagnostic criteria. Overall, individuals exposed to ABA had a 46% likelihood of indicating PTSS, compared to a 28% likelihood in the non-exposed group.

Based on the findings, the author predicts that nearly half of ABA-exposed autistic children will be expected to meet the PTSD criteria four weeks after commencing the intervention; if ABA intervention persists, there will tend to be an increase in parent satisfaction despite no decrease in PTSS severity.

The significant discrepancies in reporting bias between caregivers and ABA-exposed individuals highlight the need for the inclusion of the adult autistic voice in future intervention design.

