What Is Applied Behavior Analysis? A Clear, Honest Explanation

By Felicia Burgess, MS, BCBA · October 7, 2026 · 8 min read

Applied behavior analysis gets misrepresented constantly by critics and advocates alike. Some people describe it as a miracle cure. Others describe it as abuse with a clinical name. Neither picture tells you what the science actually is.

I'm a Board Certified Behavior Analyst and a late-diagnosed neurodivergent adult. I hold both of those things at once, and I think you deserve an explanation that does too. This article covers what ABA is, what it isn't, how behavior analysts think about behavior, and the parts of its history the field has to own.

What ABA actually is

Applied behavior analysis is the science of understanding behavior and the variables that influence it, then applying that knowledge to meaningful, real-world problems. That's the whole definition. Notice that it says nothing about autism, children, or therapy rooms.

The "behavior" part means anything a person does: talking, reading, walking away, asking for help, brushing teeth. The "analysis" part means we don't guess why behavior happens. We observe it directly, measure it, and test what changes it. The "applied" part means the goal is an improvement that matters in someone's actual life, and that holds up outside the session where it was taught.

The field grew out of decades of research on learning, and it was formally described in 1968 by Baer, Wolf, and Risley. They laid out seven dimensions that still define ABA today. Those dimensions are why a behavior analyst keeps asking, "How do we know this is working?" I walk through each one in The Seven Dimensions of ABA: What They Mean in Practice.

Two common misconceptions

ABA is not a single therapy

Most people first hear about ABA as an autism intervention. That's the most visible use, but it's one application of an entire field. Saying "ABA is an autism therapy" is like saying "medicine is chemotherapy." One program or procedure doesn't define the discipline.

The same science shows up in schools, workplace safety programs, sports coaching, health habits like exercise and medication routines, and animal training. If you've ever used a sticker chart, a habit tracker, or a reminder placed right where you'd see it, you've used behavior principles. (If a sticker chart sounds like bribery to you, I explain the difference in Reinforcement vs. Bribery: What's the Actual Difference?) ABA is all around us, shaping how we live and learn.

This matters for criticism too. A bad program is a bad program. It tells you something about that provider, not about every use of the science.

ABA isn't only about reducing behavior

A lot of people picture ABA as "stopping" things: tantrums, stimming, running off. Good practice starts somewhere else. It asks what skill the person needs that would make the challenging behavior unnecessary.

If a child screams to escape a noisy room, the question isn't just how to stop the screaming. It's how to teach a faster, easier way to say "I need a break," and whether the room needs to change. Effective ABA builds skills like communicating needs, requesting breaks, and solving problems. Reducing harm can be part of the work, but it should never be the whole of it.

How behavior analysts look at behavior

Behavior analysts start with a simple framework called the ABC model. It describes what happens before, during, and after a behavior.

Part	What it means	Example
Antecedent	What happens right before the behavior	A teacher asks the class to start a writing task
Behavior	What the person does, described so anyone could observe it	A student puts their head down and pushes the paper away
Consequence	What happens right after	The teacher moves on to help another student

The point of the ABC model isn't to label anyone. It's to find the **function** of a behavior, meaning what the behavior gets the person or helps them avoid. In the example above, the student might be avoiding a task that's too hard, too boring, or physically uncomfortable. Each of those calls for a different response.

Here's the part that often gets skipped: **one observation is not a functional analysis.** Seeing a behavior once, or deciding what it "looks like," isn't assessment. Proper assessment means collecting data across time and settings, looking for patterns, and sometimes carefully testing what changes the behavior. Two people can do the exact same thing for completely different reasons. Assuming the reason is how good intentions turn into bad plans.

What the evidence shows, and where it's thin

The principles behind ABA, like reinforcement, prompting, and breaking skills into small steps, are some of the best-tested ideas in psychology. A major review of autism intervention research from 1990 to 2017 found a set of practices with clear evidence of positive effects, and many of them are built on those principles (Steinbrenner et al., 2020). When someone says "ABA has no evidence," that isn't accurate.

The research on large, intensive autism programs is a different story. A Cochrane review of early intensive behavioral intervention found gains in adaptive skills, IQ, and language, but it rested on only 5 studies with 202 children, and the authors rated the evidence low to very low quality (Reichow et al., 2018). A 2023 analysis of early autism interventions of all kinds found that low-quality studies dominate the field and that few studies monitor for possible harms (Sandbank et al., 2023).

Transparency is a problem too. One review of 150 early intervention reports found that about 70% appeared to have at least one conflict of interest, but only 6% fully disclosed them. Those conflicts did not appear to inflate the results, but readers had no way of knowing that (Bottema-Beutel et al., 2020).

Here's the honest summary. The science of behavior is solid. The evidence for specific autism programs is more mixed than many providers suggest. And we know far less than we should about long-term quality of life, or about the outcomes autistic people themselves say matter most. That gap is a good reason to ask any provider hard questions, and the ones below are a place to start.

The honest part: history and ethics

ABA has a complicated history, and an honest explanation has to say so. Some early autism programs used punishment, including physical aversives, that would be considered unacceptable today. Some set goals around making autistic children appear "indistinguishable" from their peers. That meant treating harmless traits like stimming or avoiding eye contact as problems to eliminate.

Many autistic adults who went through compliance-focused programs describe them as harmful. Those accounts deserve to be listened to, not explained away. Some of the strongest criticism of ABA comes from people who lived it, and the field has changed in part because of them.

Compliance is the core concern. A program that teaches someone to obey without question, to mask who they are, or to ignore their own discomfort is not a success, even if the data look good. Teaching a person to follow every instruction can make them less safe, not more.

Ethical practice looks different. It means:

- Goals that matter to the person and improve their quality of life, not just the convenience of the adults around them
- Respect for dignity, autonomy, and the right to say no, including assent from people who can't give formal consent
- Leaving harmless differences alone, such as stimming, communication styles, and interests
- Teaching skills instead of only suppressing behavior
- Families and, where possible, the person themselves involved in choosing goals
- Ongoing data showing the plan is actually helping, and changing it when it isn't

The BACB's Ethics Code requires behavior analysts to put clients' interests first and to choose the least restrictive effective procedures. A code is only as good as the people following it, though. That's why it helps when families know what good practice looks like.

What makes something "ABA"

A lot gets called ABA that isn't, and some genuinely good ABA doesn't look the way people expect. What makes it behavior analysis is the process, not a particular setting or technique:

1. **Observe** the behavior directly, in the situations where it happens.
2. **Define** it clearly enough that two people would agree on whether it occurred.
3. **Measure** it consistently over time.
4. **Analyze** the patterns to understand its function.

5. **Evaluate** whether the intervention is actually improving the person's life, and change course if it isn't.

If any of those steps is missing, be cautious. A program with no data, or with data that only track compliance, isn't doing the science.

Who provides ABA

The person working with you or your child day to day is often not the person who designed the plan. Most ABA services involve three credentials from the Behavior Analyst Certification Board (BACB):

Credential	Training level	What they do
BCBA (Board Certified Behavior Analyst)	Graduate level	Practices independently: assesses, designs and oversees plans, and supervises others
BCaBA (Board Certified Assistant Behavior Analyst)	Undergraduate level	Provides services only under a BCBA's supervision; can supervise RBTs
RBT (Registered Behavior Technician)	Paraprofessional	Carries out the plan directly, under close, ongoing supervision

A BCBA with doctoral training may add a "-D" (BCBA-D), but it doesn't come with any extra privileges. Many states also license behavior analysts separately. If an RBT is the one in your home or classroom, it's fair to ask who supervises them and how often.

Questions worth asking a provider

Whether you're a parent, an educator, or an adult considering services for yourself, these questions will tell you a lot:

- How do you decide which goals to work on, and who gets a say?
- How do you know when a child or client doesn't want to participate, and what do you do then?
- What skills will you teach, not just what behaviors will you reduce?
- How will you show me the data, and how often?
- Which behaviors would you leave alone?

The bottom line

ABA is a science, not a single program, and like any powerful tool it can be used well or badly. Used well, it helps people build skills they choose, on their own terms, with evidence that it's working. Used badly, it can teach people to hide who they are.

You don't need a credential to tell the difference. You need to know what good practice looks like, and now you do. The science belongs to everyone.

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