

Understanding ABA Therapy

— What it Is, What to Look For, and
What to Question —

Brigid McCormick, MA, BCBA, LBA

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Sister to a brother with autism

Raised by lifelong disability advocates

Founder of Precision ABA, Educational Momentum, and The Institute for Clinical Excellence

Mom of two



The **Institute** for
Clinical **Excellence**
at Precision ABA

A note...

On Language Used

- Person-first language
- Identity-first language

Both will be used throughout this presentation

No single preference reflects the views of all autistic individuals and families.

A note...

Models of disability also vary:

- Medical model: disability as a deficit to treat or reduce
- Social model: disability as a mismatch between the individual and their environment

What ABA Is

ABA, or Applied Behavior Analysis, is the science of learning and behavior

When people talk about ABA, they're most often referring to ABA therapy, which uses the principles and methods of applied behavior analysis to teach and support people, most commonly children with autism spectrum disorder.

ABA Therapy

In practice, it's about understanding patterns in behavior and using that understanding to help children learn skills in ways that are meaningful, individualized, and effective.

ABA looks at what the behavior may be accomplishing or communicating

Which helps guide: what we teach, how we teach it, how we respond

The goal is to help children build skills that strengthen communication, increase independence, improve quality of life, and help them do more of what is important to them.

History of the Field

BF Skinner

Behavior modification

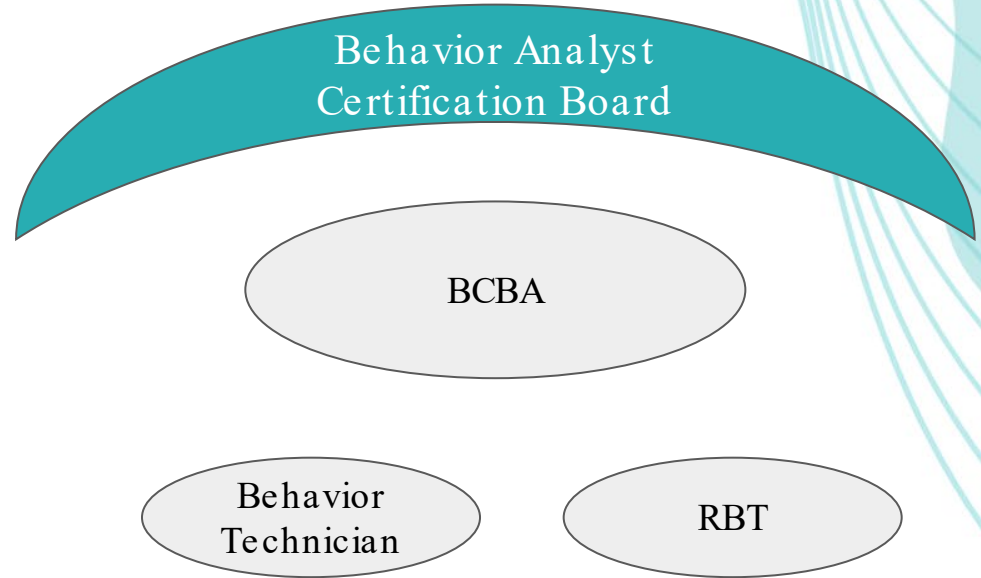
[BCBA](#) certification in 1999

Autism [mandates](#) 2001-2020

RBT credential in 2014

Illinois licensure 2022

[CASP practice guidelines](#)



Funding

With the passage of autism insurance mandates, many commercial insurance plans were required to cover ABA therapy for individuals with autism.

In Illinois, Medicaid now covers ABA therapy as well, although the pool of enrolled providers remains limited.

With the DHS Home and Community Based Waiver, ABA is available

What Strong ABA Looks Like in Practice

Your child approaches the therapist or does not try to avoid sessions

Demands are adjusted based on your child's emotional state and regulation

Goals connect to your child's actual daily life

Your child has ways to say no, and those signals are respected

You are included and informed

Progress is measured frequently

Plans are shared with you and you give informed consent

Power, Choice, and Respect in Therapy

There is always a power difference between adults and children, and often even more so for children with developmental disabilities.

Quality care is not about controlling behavior for the sake of compliance. A child's communication, preferences, assent, and experience should meaningfully influence what happens in therapy.

Good therapy builds trust, collaboration, and skills while minimizing unnecessary coercion, pressure, and control.

What ABA should NOT be

Compliance-focused at the expense of autonomy

Ignoring distress, refusal, or communication

One-size-fits-all or overly rigid

Centered on adult convenience over child well-being

Families should expect therapy that is respectful, individualized, responsive, and emotionally safe.

What Should Give you Pause

Your child seems anxious or resistant around sessions

Harmless behaviors like stimming are targeted simply because they look different

Goals feel disconnected from your child's needs or priorities

You are discouraged from observing or asking questions

Compliance is treated as the primary goal

Your concerns are minimized or dismissed

What Progress Should Actually Look Like

More effective communication

Increased independence and confidence in meaningful ways

Skills showing up outside of therapy

A child who seems empowered, capable, and understood

Progress should be reflected in the data, and it should also begin showing up in meaningful ways outside the data

Questions to Ask Providers

- Logistics: insurance coverage, peers available
- “How do you know if my child is uncomfortable, and what do you do when they are?”
- “How do you handle behaviors like refusing, avoiding, or saying no?”
- “How will you teach my child to communicate their needs and advocate for themselves?”
- “How often do you review the data and make changes to goals?”

Questions to Ask Providers

- “How do you determine hours recommended?”
- “How do you train your technicians?”
- “How often does the supervising BCBA directly observe sessions?”
- “How do you collaborate with schools, speech therapists, occupational therapists, and other providers?”
- “What does parent involvement actually look like here beyond updates?”
- “Who is the LBA owner and how are they involved in decision making?”



Questions?

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brigid@precisionaba.com