

Question:

1. What is Compassionate ABA?
2. Can you tell me some examples of the contrast of implementing old ABA vs the compassionate ABA method?

Answer:

Compassionate ABA is an approach to behavior analysis that prioritizes empathy, dignity, and collaborative decision-making while still using evidence-based behavioral strategies. It focuses on understanding the client's perspective, building strong therapeutic relationships, and ensuring that interventions are humane, respectful, and aligned with the client's values and needs.

How BCBA Clinicians Can Apply Compassionate ABA in Their Practice

1. Define Compassion Operationally

- Work with your team to pick 5–10 compassionate-care behaviors. Ex: “Stops to ask how the client feels,” “Checks in with the client before changing activities, validates the client's feelings back to them.”

2. Train with Behavioral Skills Training (BST)

- Use role-plays + rehearsal + feedback to teach clinicians compassionate behaviors. The literature shows BST works for this. SpringerLink
- Include both caregiver and client communication partners in practice.

3. Include Compassion in Supervision Goals

- When supervising RBTs, include “demonstrates compassionate behavior” in their supervision plan.

4. Measure & Evaluate

- Develop compassion-focused data (surveys, checklists)
- Collect client/caregiver feedback on whether they feel heard, respected, and supported (social validity).

Here are some clear examples from old school aba to compassionate aba

Example #1 The therapist gives an instruction Ex: “Time to clean up”

Old school ABA Approach

- The client refuses or shows distress.
- The therapist insists on task completion, using repeated demands, prompts, or escape extinction.
- The focus is on compliance and reducing “noncompliance” behaviors.
- Little attention is given to the child’s emotional state or reasons for refusal.

Compassionate ABA Approach

- The therapist notices refusal and checks in: “It looks like you’re not ready yet. What do you need?”
- The therapist offers choice (“Do you want 1 more minute or help getting started?”).
- The therapist considers environmental or emotional factors (tired, overwhelmed, task is too hard).
- If needed, the task is modified, shortened, or broken down.
- The focus is on relationship, communication, and supporting the client’s autonomy—not forcing a behavior.
- Intervention targets teaching functional communication (“I need a break”) rather than extinguishing avoidance.

Example #2: Teaching a Child to Request Items (Mands)

Old-School ABA Approach

- The therapist holds a preferred toy out of reach.
- The child doesn't request.
- The therapist physically prompts the child to sign or say the word.
- Once the child imitates, they get the toy.
- The focus is on correct responses and reinforcement, not the child's comfort or motivation.

Compassionate ABA Approach

- The therapist notices the child is frustrated.
- They acknowledge the child's feelings: "I see you really want the toy. Let's try together."
- The therapist provides multiple communication options (verbal, sign, picture) and waits patiently for the child to respond.
- The focus is on teaching functional communication while reducing stress, supporting autonomy, and maintaining a positive interaction.
- Reinforcement is still provided, but in a way that respects the child's emotional state.

Compassionate ABA vs Old-School ABA – Cheat Sheet

Scenario	Old-School ABA	Compassionate ABA
1. Task Refusal	Therapist insists on task completion using repeated prompts or escape extinction. Focus on compliance.	Therapist checks in with the client, offers choice or assent, breaks the task into smaller steps, and considers emotional state. Focus on collaboration and autonomy.
2. Teaching Requests (Mands)	Therapist holds toy out of reach and physically prompts child to request. Focus on correct response.	Therapist notices frustration, acknowledges feelings, provides multiple communication options, waits patiently. Focus on functional communication and reducing stress.
3. Correcting Behavior	Immediate correction or consequence applied when the child engages in problem behavior.	Therapist first assesses why the behavior occurred, teaches replacement skills, and responds in a way that maintains dignity and emotional safety.
4. Skill Acquisition (e.g., Tacting Objects)	Focuses solely on repetitions, prompting, and mastery of targets, regardless of client engagement.	Incorporates client preferences, attention breaks, and choices. Adjusts teaching to maintain motivation/preference assessment and reduce frustration while still targeting the skill.
5. Caregiver Collaboration	Caregivers receive directives on how to implement programs without input.	Caregivers are treated as partners; therapist explains rationale, seeks input, and adapts strategies to family routines and values.

What Is Hanley's Compassionate ABA (Today's ABA)?

Dr. Greg Hanley's "Today's ABA" (also called Compassionate ABA) is a trauma-assumed, values-driven model that emphasizes safety, dignity, and rapport over coercion.

It uses a Practical Functional Assessment (PFA) to understand the real maintaining variables for problem behavior, then applies Skill-Based Treatment (SBT) to teach communication, tolerance, and coping skills instead of relying on punishment or physical management. It also incorporates a Universal Protocol to foster trust and joy across a client's day.

Learn more here: [Today's ABA – FTF Behavioral Consulting](#)

Why It Matters / What's Different from Traditional ABA

- Compared to more traditional, compliance-focused ABA, Hanley's method is more humane, collaborative, and person-centered.
- It reduces reliance on aversive or coercive strategies by emphasizing skill building and emotional safety.

Key Takeaways for Clinicians

- Compassionate ABA doesn't replace behavioral principles—it integrates empathy, client assent, and emotional awareness into evidence-based practice.
- Focus on relationships, collaboration, and dignity, not just compliance or skill mastery.
- Interventions are still measurable and skill-based, but client well-being guides implementation.
- Role-play and supervision can be used to teach observable compassionate behaviors (checking in, offering choice, acknowledging feelings).

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