

# Beyond Behavioural Change: Collaboration Between Applied Behaviour Analysis (ABA) and Systemic Practice in Addressing Trauma and Emotional Well-Being

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*Children diagnosed with Autism Spectrum Disorder (ASD) frequently present with emotional dysregulation, aggression, sensory overwhelm, school refusal, communication difficulties, and behavioural distress that significantly impact family functioning and emotional well-being. This article explores the importance of collaboration between Applied Behaviour Analysis (ABA) and systemic practice in supporting autistic children and their families. Rather than positioning behavioural and systemic approaches in opposition, the paper argues that integrating both perspectives may provide more holistic, trauma-informed, and emotionally attuned intervention. Using the Johnson family scenario, the article examines how behavioural distress may be understood through behavioural, emotional, relational, sensory, and environmental lenses simultaneously. The paper further explores parental burnout, sibling anxiety, school-based stress, attachment, co-regulation, and the importance of collaborative intervention between practitioners, schools, and families. Particular attention is given to direct therapeutic work with the child, multidisciplinary formulation, home-school collaboration, and the development of an integrated assessment and referral framework. The article concludes that behavioural change alone may not necessarily indicate emotional well-being and that emotionally safe, relationally attuned, and neuroaffirmative intervention may provide more sustainable outcomes for autistic children and their families.*

**Key words:** *Applied Behaviour Analysis, systemic practice, autism spectrum disorder, trauma-informed care, emotional well-being, neuroaffirmative practice, co-regulation*

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## INTRODUCTION

The increasing prevalence of Autism Spectrum Disorder (ASD) has resulted in growing numbers of children and families accessing behavioural, educational, therapeutic, and mental health services for support with emotional dysregulation, communication difficulties, aggression, school refusal, sensory overwhelm, and behaviours perceived as challenging (American Psychiatric Association [APA], 2022). While behavioural interventions have historically focused on observable behaviour and adaptive functioning, increasing attention is now being given to the emotional, sensory, relational, and trauma-related experiences underlying behavioural distress in autistic children (Kerns et al., 2015). This paper contributes to the growing interdisciplinary literature on autism intervention by proposing a collaborative framework integrating behavioural, systemic, and trauma-informed approaches. The article further highlights the importance of understanding behavioural distress within relational, sensory, emotional, and environmental

contexts rather than through single-disciplinary formulations alone.

Families frequently present to services emotionally exhausted and overwhelmed. Parents often describe chronic stress, helplessness, guilt, burnout, and uncertainty regarding how best to support their child (Hayes & Watson, 2013). Siblings may also experience anxiety, emotional withdrawal, confusion, or feelings of invisibility when family life becomes organised around preventing escalation and managing dysregulation (Petalas et al., 2012).

Applied Behaviour Analysis (ABA) has traditionally focused on functional behaviour assessment, reinforcement systems, communication development, and adaptive skill acquisition (Cooper, Heron, & Heward, 2020). However, critiques have emerged regarding approaches perceived as overly focused on compliance and behavioural normalisation without sufficient attention to emotional well-being, sensory experiences, autonomy, and trauma (Leaf et al., 2021).

Systemic and narrative approaches have increasingly highlighted the importance of understanding autistic children within relational, emotional, and environmental contexts (Carr, 2019). From this perspective, behaviours such as aggression, meltdowns, withdrawal, and school refusal may be understood as communication of distress and overwhelm rather than deliberate misconduct.

## **UNDERSTANDING BEHAVIOUR IN AUTISM**

Behaviour in autistic children is frequently interpreted through frameworks that prioritise observable actions without fully considering emotional, sensory, relational, and environmental experiences contributing to those behaviours (Kapp, 2020). Emotional outbursts, aggression, withdrawal, school refusal, shutdown, and dysregulation are often described as "challenging behaviours," yet such descriptions may unintentionally overlook the child's internal experiences and nervous system responses.

From a trauma-informed and neuroaffirmative perspective, behaviour may be understood as communication rather than deliberate defiance (Monk et al., 1997). Many autistic children experience difficulties with emotional regulation, sensory processing, communication, unpredictability, and transitions (APA, 2022). When emotional and sensory demands exceed the child's coping capacity, behaviours such as screaming, meltdowns, aggression, withdrawal, or shutdown may emerge as expressions of distress and overwhelm (Porges, 2011).

Autistic children may experience heightened sensitivity to noise, light, crowded environments, textures, transitions, and social expectations. When children are unable to verbally communicate discomfort or emotional overload, behaviour may become the most accessible method of communication available to them (Carr & Durand, 1985).

## **TRAUMA, EMOTIONAL DISTRESS, AND AUTISM**

Emerging literature increasingly highlights the relationship between autism, emotional distress, and trauma (Kerns et al., 2015). Although trauma

has traditionally been associated with acute adverse experiences, autistic children may also experience chronic forms of distress linked to sensory overwhelm, communication frustration, bullying, emotional invalidation, exclusion, and environments that fail to accommodate their needs.

Autistic children often experience heightened vulnerability to anxiety and emotional dysregulation due to differences in sensory processing, communication, predictability, and nervous system functioning (Porges, 2011). Repeated exposure to overwhelming environments may contribute to chronic states of hypervigilance and emotional exhaustion.

Trauma-informed approaches therefore encourage practitioners to understand behaviour as possible survival responses rather than deliberate misconduct (Bath, 2008). Emotional safety, predictability, sensory understanding, co-regulation, and compassionate curiosity become central to intervention.

## **CASE SCENARIO: THE JOHNSON FAMILY**

The Johnson family were referred for support following the diagnosis of their seven-year-old son, Ethan, with Autism Spectrum Disorder (ASD). Ethan lived with his mother, father, and younger sister aged four. Over the previous year, the family reported increasing distress within the home due to Ethan's behaviour, which included meltdowns, screaming, hitting walls, refusal to attend school, sleep difficulties, and significant challenges with transitions between activities.

His parents described feeling emotionally and physically exhausted. Family outings had become increasingly difficult due to fears of public meltdowns, and tension within the household had escalated significantly. Ethan's younger sister had begun withdrawing to her room during episodes of dysregulation and had recently started displaying signs of anxiety before school.

At the point of referral, Ethan's parents stated that they felt they were "walking on eggshells" around him. Ethan's mother described persistent feelings of guilt and helplessness, while his father reported becoming increasingly frustrated and emotionally distant within the home.

## THE ROLE OF ABA IN SUPPORTING ETHAN

### *The Behaviour Analyst Perspective — What I Observe and Address*

When Ethan's case was first referred, the initial clinical focus centred on the observable dimensions of his presentation: the frequency and intensity of meltdowns, aggression during periods of overwhelm, rigidity around transitions, communication difficulties, and disrupted sleep patterns contributing to dysregulation across home and school environments. Applied Behaviour Analysis (ABA) is fundamentally concerned not only with reducing behaviours that challenge, but with understanding the environmental variables that occasion, maintain, and contextualise them (Cooper, Heron, & Heward, 2020).

A Functional Behaviour Assessment (FBA) was conducted to identify antecedent conditions contributing to Ethan's distress (Hanley, Iwata, & McCord, 2003). Behavioural escalation frequently occurred during transitions, sensory overload, communication breakdowns, and emotionally demanding situations. Rather than viewing Ethan's meltdowns as simply oppositional or disruptive behaviours, the intervention sought to understand the functional relationship between environmental stressors and behavioural responses.

The behaviours themselves — including screaming, hitting walls, and school refusal — were understood as functionally communicative acts occurring in the absence of a more adaptive communication repertoire (Carr & Durand, 1985). From a behaviour analytic perspective, intervention that focuses solely on behavioural suppression without understanding communicative purpose risks increasing emotional frustration and dysregulation.

### *Routines and Transitions*

Predictability and structure formed an important part of intervention. Research consistently demonstrates that transitions between activities represent high-risk periods for behavioural escalation in autistic children, particularly when movement occurs from preferred to non-preferred tasks or when adequate preparation is absent (Dettmer et al., 2000).

For Ethan, visual supports were introduced to increase predictability and reduce anxiety associated with transitions. These included visual schedules, first-then boards, countdown systems, and structured preparation before changes in activity. Such supports were not viewed simply as organisational tools, but as externalised aids reducing cognitive and emotional demand associated with unpredictability and executive functioning difficulties (Ozonoff & Jensen, 1999).

### *Communication Deficits and Functional Communication Training*

Ethan's communication difficulties were central to his clinical presentation. During periods of overwhelm, he lacked reliable and adaptive ways of expressing emotional discomfort, sensory overload, or the need to escape overwhelming situations. His parents' description of "walking on eggshells" reflected the uncertainty surrounding his emotional communication.

Functional Communication Training (FCT), a well-established ABA intervention, was implemented to support Ethan in developing alternative methods of communicating distress (Tiger, Hanley, & Bruzek, 2008). Ethan was supported to request breaks, indicate sensory discomfort, communicate emotional overwhelm, and signal the need for support before escalation occurred. This reflected an important ethical principle within contemporary ABA practice: behaviours targeted for reduction should be paired with the teaching of functionally equivalent replacement behaviours (Carr & Durand, 1985).

### *Meltdowns and Emotional Dysregulation*

Within an ABA framework, meltdowns may be understood as behavioural storms occurring when emotional arousal exceeds the child's available coping and regulatory capacity (Mazefsky et al., 2013). Ethan's dysregulation frequently followed cumulative antecedent stressors including sensory overload, communication breakdown, emotional fatigue, unexpected transitions, and increasing environmental demands.

Behaviour analytic intervention therefore focused not only on responding during moments of crisis, but also on proactively identifying and modifying antecedent conditions contributing to

escalation (Kern & Clemens, 2007). The aim was to reduce behavioural distress by increasing predictability, communication, emotional regulation, and adaptive coping capacity before the point of crisis.

### ***Reinforcement Systems***

Reinforcement-based approaches were individualised according to Ethan's motivational profile. Contemporary ABA recognises that reinforcement systems should not function as simplistic reward structures, but as ethically informed and individualised interventions responsive to the child's emotional and sensory needs (Leaf et al., 2021).

Preference assessments were conducted to identify meaningful reinforcers for Ethan. Reinforcement was delivered contingent upon functional communication, adaptive coping responses, successful transitions, emotional regulation strategies, and engagement with non-preferred tasks. Importantly, the intervention did not seek to eliminate harmless autistic traits or enforce behavioural conformity. Instead, the focus remained on reducing distress, increasing emotional safety, strengthening communication, and supporting adaptive functioning across environments.

### ***Sleep***

Sleep disruption was also addressed due to its significant impact on emotional regulation, anxiety, learning, and daytime functioning (Malow et al., 2012). Ethan's sleep difficulties appeared closely linked to heightened emotional arousal and difficulty settling during transitions into bedtime routines. A behavioural sleep intervention was therefore developed collaboratively with Ethan's parents, including structured bedtime routines, reduction of stimulating activities before sleep, predictable sequencing, and gradual fading of parental proximity during bedtime.

### ***The Limits of a Purely Behavioural Lens***

To practise ABA without epistemic humility is both a professional and ethical error. Behaviour analytic methods are powerful tools for identifying functional relationships between behaviour and environment and for producing clinically meaningful change. However, they do not, in

themselves, fully explain the relational trauma, emotional exhaustion, attachment strain, or systemic stress experienced by families navigating autism.

Ethan did not exist in isolation from his family system. He lived within a relational environment shaped by emotional fatigue, uncertainty, hypervigilance, and attempts to adapt around chronic dysregulation. While behavioural assessment illuminated important patterns within Ethan's presentation, it could not fully capture the emotional ecology surrounding the family or the meaning family members had constructed around his distress. It was precisely at this point that collaboration with systemic practice became not a clinical luxury, but a clinical necessity.

## **THE ROLE OF SYSTEMIC PRACTICE**

While behavioural assessment provided important insight into the antecedent conditions and maintaining factors contributing to Ethan's dysregulation, systemic practice sought to understand the emotional and relational context within which these behaviours occurred. Ethan's presentation could not be understood solely through observable behaviour because his distress existed within a wider family system already carrying exhaustion, anxiety, helplessness, and relational strain.

From a systemic perspective, behaviour is understood within the context of relationships, emotional environments, communication patterns, attachment experiences, and wider social systems (Carr, 2019). Ethan's meltdowns, school refusal, aggression, and withdrawal were therefore explored not simply as behavioural responses, but as expressions of overwhelm occurring within a family attempting to adapt to chronic stress and unpredictability.

### ***Family Reorganisation Around Distress***

Systemic practice recognises that when a child experiences prolonged dysregulation, the entire family system often reorganises around managing distress. Within Ethan's family, routines, emotional responses, family outings, and communication patterns had gradually become shaped by anticipation of behavioural escalation. His parents' description of "walking on eggshells" suggested a

family atmosphere characterised by hypervigilance, emotional fatigue, and fear of triggering dysregulation.

Circular interactional patterns were also evident within the family system. Ethan's dysregulation increased parental anxiety and emotional exhaustion, while parental stress and emotional depletion potentially reduced the family's capacity for calm co-regulation during moments of overwhelm (Burnham, 2012). These patterns were understood not in terms of blame, but as understandable relational adaptations to chronic emotional strain.

### ***Narrative and Externalising Approaches***

Narrative and systemic approaches therefore sought to externalise the problem rather than locate difficulty solely within Ethan himself (White & Epston, 1990). Instead of describing Ethan as "aggressive," "defiant," or "challenging," conversations explored how "overwhelm," "panic," "sensory stress," and "anxiety" affected Ethan and the wider family system. Externalising language reduced shame and defensiveness while helping family members respond to Ethan's distress with greater compassion, curiosity, and emotional understanding.

### ***Supporting Parental Emotional Well-Being***

Particular attention was given to the emotional experiences of Ethan's parents. His mother described persistent feelings of guilt and helplessness, questioning whether she was failing to meet Ethan's needs adequately. His father described increasing frustration and emotional withdrawal within the home. From a systemic perspective, these responses were understood not as parental failure, but as indicators of emotional burnout, helplessness, and prolonged exposure to caregiving stress (Hayes & Watson, 2013).

The systemic work therefore created space for both parents to reflect on the emotional impact of caring for a child experiencing chronic dysregulation. Conversations explored grief, exhaustion, fear of judgement, relational strain, and the loss of predictability within family life. Supporting caregivers emotionally was viewed as essential because emotionally overwhelmed parents may struggle to provide consistent co-regulation

and emotional containment during periods of intense distress.

### ***Attachment and Co-Regulation***

Attachment and co-regulation formed important components of the intervention. Co-regulation refers to the process through which emotionally attuned caregivers help children regulate distress through calm presence, emotional responsiveness, predictability, and relational safety (Porges, 2011). Rather than focusing solely on behavioural management, the systemic intervention encouraged parents to recognise the emotional meaning underlying Ethan's behaviours and to respond in ways that increased emotional safety and connection.

### ***Sibling Experiences***

The emotional experiences of Ethan's younger sister were also explored. Research suggests that siblings of autistic children may experience anxiety, emotional withdrawal, confusion, or feelings of invisibility when family attention becomes heavily focused on the identified child's needs (Petalas et al., 2012). Ethan's sister had begun withdrawing during episodes of dysregulation and had developed anxiety before school, suggesting that the emotional climate within the home was affecting her well-being.

Systemic intervention therefore aimed to ensure that her emotional needs did not become overlooked within the family system. Parents were encouraged to provide protected one-to-one time with her, create opportunities for emotional expression, and support her in developing an age-appropriate understanding of Ethan's difficulties without positioning her as emotionally responsible for family stability.

### ***Trauma-Informed Systemic Practice***

Trauma-informed principles also informed the systemic intervention. Repeated experiences of sensory overwhelm, emotional escalation, communication breakdown, school distress, and relational tension may contribute to chronic nervous system activation within both children and caregivers (Kerns et al., 2015). Rather than asking only, "How do we stop the behaviour?", systemic practice encouraged broader reflective questions: What is Ethan communicating emotionally? What

experiences may be contributing to his distress? How has the family adapted around dysregulation? What helps Ethan and his family experience emotional safety?

Importantly, systemic work also sought to identify resilience and strengths within the family system. Despite significant emotional exhaustion, Ethan's parents remained deeply committed to understanding and supporting him. Highlighting these strengths helped shift the family narrative away from deficit and crisis toward resilience, connection, and collaborative growth. Systemic practice therefore complemented behavioural intervention by addressing the emotional ecology surrounding Ethan's distress.

### **DIRECT WORK WITH ETHAN**

Direct work integrated behavioural, systemic, trauma-informed, and neuroaffirmative approaches. The ABA practitioner focused on communication, emotional regulation, transitions, adaptive coping, and reducing antecedent stressors contributing to escalation. The systemic practitioner used play-based, narrative, and child-centred approaches to help Ethan communicate emotional experiences safely. Therapeutic activities included feelings identification, sensory mapping, storytelling, visual communication, emotional regulation work, and co-regulation support.

### **COLLABORATIVE PRACTICE BETWEEN ABA AND SYSTEMIC THERAPY**

Historically, ABA and systemic practice have often been positioned as opposing approaches. However, Ethan's case demonstrated that behavioural and relational approaches may complement one another when grounded in shared goals centred around emotional well-being and adaptive functioning. The ABA intervention provided structure, communication support, behavioural regulation, and adaptive skill development, while systemic intervention addressed emotional meaning, attachment, family stress, sibling experiences, and relational safety.

### **INTEGRATED ASSESSMENT AND REFERRAL FRAMEWORK**

The integrated assessment and referral framework developed within this paper emerged

from the recognition that autistic children experiencing behavioural distress often present with interconnected behavioural, emotional, sensory, relational, and systemic needs that cannot be adequately understood through a single-disciplinary lens. The framework integrated behavioural screening, systemic formulation, trauma-informed assessment, school-home mapping, parental burnout indicators, sibling impact assessment, and collaborative referral planning. The framework supported professionals in identifying when behavioural intervention, systemic intervention, or integrated multidisciplinary intervention may be required. Figure 1 presents the Integrated Assessment Module for ABA and Systemic Referral, operationalising the framework described above.

## INTEGRATED ASSESSMENT MODULE FOR ABA AND SYSTEMIC REFERRAL

*A collaborative decision-making tool to determine whether a child and family may benefit from ABA services, Systemic Therapy, or an Integrated (ABA + Systemic) approach.*

**Client Information**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ School/Year: \_\_\_\_\_


Date of Assessment: \_\_\_\_\_ Assessor(s): \_\_\_\_\_

Referred by: \_\_\_\_\_

Reason for Referral / Presenting Concerns: \_\_\_\_\_

**How to Use This Module**

- Complete all sections through collaboration with family, teachers and relevant professionals.
- Each section informs the decision about referral pathway.
- Use professional judgement and clinical reasoning.
- Reassess and review regularly.



**1 PRESENTING CONCERNS CHECKLIST** *(Tick all that apply)*

<input type="checkbox"/> Aggression / physical outbursts	<input type="checkbox"/> Communication difficulties	<input type="checkbox"/> Transition / routine difficulties	<input type="checkbox"/> Family stress / conflict
<input type="checkbox"/> Self-injury	<input type="checkbox"/> Sensory overwhelm / sensitivities	<input type="checkbox"/> Social interaction difficulties	<input type="checkbox"/> Parental exhaustion / burnout
<input type="checkbox"/> Emotional dysregulation / meltdowns	<input type="checkbox"/> Anxiety / worry	<input type="checkbox"/> Withdrawal / shutdown	<input type="checkbox"/> Sibling emotional impact
<input type="checkbox"/> School refusal / avoidance	<input type="checkbox"/> Sleep difficulties	<input type="checkbox"/> Attention / concentration difficulties	<input type="checkbox"/> Other: _____

**2 ABA SCREENING DOMAIN**

Area	Key Questions / Indicators	Concern Present? Y / N
<b>Antecedents</b>	What typically happens before the behaviour? Are there predictable triggers (e.g., transitions, demands, sensory input)?	Y / N
<b>Behaviour</b>	What does the behaviour look like (topography, intensity, frequency, duration)? When and where does it occur?	Y / N
<b>Consequences</b>	What happens after the behaviour? Does it result in escape, attention, access to preferred items, sensory relief?	Y / N
<b>Function (Hypothesis)</b>	What is the likely function of the behaviour? (e.g., escape, attention, sensory, tangible, communication)	Y / N
<b>Communication</b>	Does the child have effective ways to communicate needs, discomfort or emotions?	Y / N
<b>Skills / Supports</b>	Are there skill deficits in communication, emotional regulation, self-care, or adaptive functioning?	Y / N
<b>Reinforcement</b>	What motivates the child? Are reinforcers identified and effective?	Y / N
<b>Environment</b>	Are routines, transitions, sensory demands and expectations developmentally appropriate and consistent?	Y / N
<b>Sleep</b>	Are there sleep difficulties impacting daytime functioning?	Y / N

**ABA Screening Summary:**  
Key behavioural issues identified: \_\_\_\_\_  
Functional hypothesis summary: \_\_\_\_\_

**3 SYSTEMIC SCREENING DOMAIN**

Area	Key Questions / Indicators	Concern Present? Y / N
<b>Family Structure</b>	Who lives in the home? What are the key relationships and family roles?	Y / N
<b>Family Dynamics</b>	Are there patterns of stress, conflict, withdrawal or communication breakdown?	Y / N
<b>Parental Well-being</b>	How are caregivers coping? Any signs of exhaustion, anxiety, depression, burnout?	Y / N
<b>Sibling Impact</b>	How is the child's behaviour affecting siblings emotionally, socially and developmentally?	Y / N
<b>Attachment / Relational Safety</b>	Does the child feel emotionally safe and connected to caregivers?	Y / N
<b>Trauma / Adverse Experiences</b>	Any history of trauma, significant loss, bullying, medical trauma, or chronic stress?	Y / N
<b>Emotional Meaning of Behaviour</b>	What might the behaviour be communicating in the context of the family?	Y / N
<b>Support Systems</b>	What supports (formal or informal) are available? Are they sufficient?	Y / N

**Systemic Screening Summary:**  
Key family / relational issues identified: \_\_\_\_\_  
Emotional meaning considerations: \_\_\_\_\_

**4 SCHOOL AND HOME MAPPING**

Domain	At Home	At School	Similarities	Differences
Routines / Transitions				
Sensory Environment				
Communication Demands				
Behaviour Triggers				
Supports Currently Used				
What Helps the Child				

Summary of Key Observations: \_\_\_\_\_

**5 RISK AND EMOTIONAL WELL-BEING SCREEN**

Risk of harm to self (self-injury, suicidal ideation)	Y / N
Risk of harm to others (aggression, violence)	Y / N
Severe emotional dysregulation / meltdowns	Y / N
Chronic anxiety / panic	Y / N
Shutdown / emotional withdrawal	Y / N
Trauma indicators present	Y / N
Significant parental burnout / exhaustion	Y / N
Sibling anxiety / withdrawal / distress	Y / N
Sleep difficulties significantly impacting functioning	Y / N

**Overall Risk Level:**  Low  Moderate  High

**Comments / Actions Required:** \_\_\_\_\_

**6 REFERRAL DECISION GUIDE**

Based on assessment findings, select the most appropriate referral pathway:

Are behavioural challenges the primary concern with minimal family relational stress?

→ **ABA Referral**

↓

Are family / relational / emotional factors the primary concern with less severe behavioural risk?

→ **Systemic Therapy Referral**

↓

Are both behavioural and family / relational / emotional factors significant?

→ **Integrated (ABA + Systemic) Referral**

**Rationale for referral decision:** \_\_\_\_\_

**7 REVIEW AND OUTCOME MEASURES**

<p><b>Behavioural Outcomes</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Reduction in frequency / intensity of challenging behaviour</li> <li><input type="checkbox"/> Increased appropriate communication</li> <li><input type="checkbox"/> Improved transition tolerance</li> <li><input type="checkbox"/> Better sleep patterns</li> <li><input type="checkbox"/> Increased adaptive skills</li> </ul>	<p><b>Emotional / Relational Outcomes</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Improved emotional regulation</li> <li><input type="checkbox"/> Increased sense of safety and connection</li> <li><input type="checkbox"/> Reduced family stress</li> <li><input type="checkbox"/> Improved sibling well-being</li> <li><input type="checkbox"/> Stronger co-regulation and attachment</li> </ul>	<p><b>School Outcomes</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Improved school attendance / engagement</li> <li><input type="checkbox"/> Increased participation in class</li> <li><input type="checkbox"/> Reduced school-related anxiety</li> <li><input type="checkbox"/> Positive teacher / peer relationships</li> </ul>
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**Review Plan**  
Review Date: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_  
Progress Summary: \_\_\_\_\_

This module is a guide only and does not replace comprehensive assessment by qualified professionals.

Collaboration, compassion and consistency create the best outcomes for children and families.

**Figure 1**

*Integrated Assessment Module for ABA and Systemic Referral.* The figure presents a collaborative decision-making tool to determine whether a child and family may benefit from ABA services, Systemic Therapy, or an Integrated (ABA + Systemic) approach. The module guides practitioners through seven sequential domains: (1) a presenting concerns checklist covering aggression, emotional dysregulation, sensory overwhelm, school refusal, and communication difficulties; (2) an ABA screening domain assessing antecedents, behaviour, consequences, functional hypothesis, communication, skills, reinforcement, environment, and sleep; (3) a systemic screening domain examining family structure, family dynamics, parental well-being, sibling impact, attachment and relational safety, trauma and adverse experiences, emotional meaning of behaviour, and support systems; (4) a school and home mapping grid identifying environmental similarities and differences across settings; (5) a risk and emotional well-being screen; (6) a referral decision guide directing practitioners toward ABA-only, systemic-only, or integrated referral pathways; and (7) review and outcome measures across behavioural, emotional, relational, and school domains.

## CONCLUSION

This article has explored the importance of collaboration between Applied Behaviour Analysis (ABA) and systemic practice in supporting autistic children experiencing emotional dysregulation, behavioural distress, sensory overwhelm, communication difficulties, and relational strain. The paper argued that behaviour in autism should not be understood solely as non-compliance or behavioural disturbance, but as communication of distress, anxiety, sensory overwhelm, nervous system dysregulation, and unmet emotional needs.

Ultimately, this article argues that collaboration between ABA and systemic practice offers a more comprehensive, compassionate, and emotionally informed model of support for autistic children and their families. Future autism services may benefit from multidisciplinary pathways integrating behavioural, systemic, trauma-informed, and neuroaffirmative approaches that prioritise both adaptive functioning and emotional well-being.

## REFERENCES

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). American Psychiatric Publishing.
- Bath, H. (2008). The three pillars of trauma-informed care. *Reclaiming Children and Youth, 17*(3), 17–21.
- Burnham, J. (2012). Developments in Social GRRRAAACCEESSS: Visible–invisible and voiced–unvoiced. In I.-B. Krause (Ed.), *Culture and reflexivity in systemic psychotherapy: Mutual perspectives* (pp. 139–160). Karnac Books.  
<https://doi.org/10.4324/9780429473463-7>
- Carr, A. (2019). Family therapy and systemic interventions for child-focused problems: The current evidence base. *Journal of Family Therapy, 41*(2), 153–213.  
<https://doi.org/10.1111/1467-6427.12226>
- Carr, E. G., & Durand, V. M. (1985). Reducing behavior problems through functional communication training. *Journal of Applied Behavior Analysis, 18*(2), 111–126.  
<https://doi.org/10.1901/jaba.1985.18-111>
- Cooper, J. O., Heron, T. E., & Heward, W. L. (2020). *Applied behavior analysis* (3rd ed.). Pearson.
- Dettmer, S., Simpson, R. L., Myles, B. S., & Ganz, J. B. (2000). The use of visual supports to facilitate transitions of students with autism. *Focus on Autism and Other Developmental Disabilities, 15*(3), 163–169.  
<https://doi.org/10.1177/108835760001500307>
- Hanley, G. P., Iwata, B. A., & McCord, B. E. (2003). Functional analysis of problem behavior: A review. *Journal of Applied Behavior Analysis, 36*(2), 147–185.  
<https://doi.org/10.1901/jaba.2003.36-147>
- Hayes, S. A., & Watson, S. L. (2013). The impact of parenting stress: A meta-analysis of studies comparing the experience of parenting stress in parents of children with and without autism spectrum disorder. *Journal of Autism and Developmental Disorders, 43*(3), 629–642.  
<https://doi.org/10.1007/s10803-012-1604-y>
- Hull, L., Petrides, K. V., Allison, C., Smith, P., Baron-Cohen, S., Lai, M.-C., & Mandy, W. (2017). “Putting on my best normal”: Social camouflaging in adults with autism spectrum conditions. *Journal of Autism and Developmental Disorders, 47*(8), 2519–2534.  
<https://doi.org/10.1007/s10803-017-3166-5>
- Kapp, S. K. (2020). *Autistic community and the neurodiversity movement: Stories from the frontline*. Palgrave Macmillan.
- Kern, L., & Clemens, N. H. (2007). Antecedent strategies to promote appropriate classroom behavior. *Psychology in the Schools, 44*(1), 65–75. <https://doi.org/10.1002/pits.20206>
- Kerns, C. M., Newschaffer, C. J., & Berkowitz, S. J. (2015). Traumatic childhood events and autism spectrum disorder. *Journal of Autism and Developmental Disorders, 45*(12), 3475–3486. <https://doi.org/10.1007/s10803-015-2392-y>
- Leaf, J. B., Cihon, J. H., Leaf, R., McEachin, J., Liu, N., Russell, N., Unumb, L., Shapiro, S., & Khosrowshahi, D. (2021). Concerns about ABA-based intervention: An evaluation and recommendations. *Journal of Autism and*

- Developmental Disorders*, 52(6), 2838–2853.  
<https://doi.org/10.1007/s10803-021-05137-y>
- Malow, B. A., Byars, K., Johnson, K., Weiss, S., Bernal, P., Goldman, S. E., Panzer, R., Coury, D. L., & Glaze, D. G. (2012). A practice pathway for the identification, evaluation, and management of insomnia in children and adolescents with autism spectrum disorders. *Pediatrics*, 130(Supplement 2), S106–S124.  
<https://doi.org/10.1542/peds.2012-0900I>
- Mazefsky, C. A., Herrington, J., Siegel, M., Scarpa, A., Maddox, B. B., Scahill, L., & White, S. W. (2013). The role of emotion regulation in autism spectrum disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(7), 679–688.  
<https://doi.org/10.1016/j.jaac.2013.05.006>
- Monk, G., Winslade, J., Crocket, K., & Epston, D. (Eds.). (1997). *Narrative therapy in practice: The archaeology of hope*. Jossey-Bass.
- Munkhaugen, E. K., Gjevik, E., Pripp, A. H., Sponheim, E., & Diseth, T. H. (2017). School refusal behaviour: Are children and adolescents with autism spectrum disorder at a higher risk? *Research in Autism Spectrum Disorders*, 41–42, 31–38.  
<https://doi.org/10.1016/j.rasd.2017.07.001>
- Ozonoff, S., & Jensen, J. (1999). Specific executive function profiles in three neurodevelopmental disorders. *Journal of Autism and Developmental Disorders*, 29(2), 171–177.  
<https://doi.org/10.1023/A:1023052913110>
- Petalas, M. A., Hastings, R. P., Nash, S., Reilly, D., & Dowey, A. (2012). Emotional and behavioural adjustment in siblings of children with intellectual disability with and without autism. *Autism*, 16(1), 63–78.  
<https://doi.org/10.1177/1362361310386503>
- Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton & Company.
- Tiger, J. H., Hanley, G. P., & Bruzek, J. (2008). Functional communication training: A review and practical guide. *Behavior Analysis in Practice*, 1(1), 16–23.  
<https://doi.org/10.1007/BF03391716>
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. W. W. Norton & Company.