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RESEARCH ARTICLE

WHEN EVIDENCE-BASED PRACTICE MEETS STRUCTURAL INEQUALITY: TOWARD AN EQUITY-CENTERED FRAMEWORK FOR DELIVERING ABA SERVICES IN LOW-INCOME COMMUNITIES

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Abstract

Applied behavior analysis (ABA) is the leading evidence-based intervention for autism spectrum disorder (ASD), yet socioeconomic disparities continue to limit equitable access to and sustained participati on in services. This conceptual article proposes the Equity Centered AB A Framework, which integrates behavior analysis, implementation scie nce, healthcare equity, and the social determinants of health to concept ualize socioeconomic disadvantage as an implementation variable. The framework examines how structural conditions influence caregiver capacity, treatment feasibility, implementation fidelity, and long-term intervention sustainability while identifying three ethical tensions in pra ctice: fidelity versus feasibility, standardization versus individualization , and equality versus equity. Recommendations are presented for contextual assessment, collaborative treatment planning, flexible imple mentation, supervision, organizational leadership, and future research. Rather than challenging the scientific foundations of ABA, the framew ork argues that contextual responsiveness and implementation feasibilit y strengthen evidence - based practice by improving accessibility, sustainability, and social validity while preserving the behavioral principles responsible for intervention effectiveness.

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Introduction:-

Applied behavior analysis (ABA) is the most widely supported evidence- based intervention for individuals with autism spectrum disorder (ASD). Decades of research demonstrate its effectiveness in improving communication, adaptive functioning, social engagement, and reducing behaviors that interfere with learning (Fryling et al., 2013; Stahmer et al., 2015). Expanded insurance coverage has increased access to ABA services across the United States, yet equitable access remains limited. Children from socioeconomically disadvantaged communities continue to experience delayed diagnosis, reduced access to providers, treatment interruptions, and lower participation in evidence-based interventions compared to families with greater resources (Hernandez et al., 2023; Miller et al., 2019; Sirin, 2025; Sultan, 2025). These disparities reflect structural barriers rather than differences in caregiver motivation. Recognition of the social determinants of health has shifted healthcare toward understanding how factors such as poverty, housing instability, transportation, employment, education, and healthcare access shape treatment

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participation and outcomes (Harms & Garrett-Ruffin, 2023; Santiago et al., 2013). Although behavior analysis has long emphasized environmental influences on behavior, comparatively little attention has been given to the socioeconomic conditions that affect implementation of behavioral interventions. Traditional ABA models often assume stable housing, reliable transportation, flexible work schedules, consistent insurance, and substantial caregiver availability— conditions that may not exist for many families. As a result, inconsistent attendance or reduced caregiver participation frequently reflects structural constraints rather than diminished commitment.

These realities create an ethical challenge for clinicians: preserving treatment fidelity while adapting services to remain feasible, culturally responsive, and accessible. Implementation science suggests that intervention success depends not only on empirical efficacy but also on contextual fit within real-world environments (Beidas & Kendall, 2010; Parsons et al., 2017). Similarly, recent developments in behavior analysis emphasize cultural responsiveness, healthcare equity, trauma-informed practice, and social validity as essential components of effective intervention (Beaulieu et al., 2019; Fong et al., 2016; Jimenez-Gomez & Beaulieu, 2022; O'Neill et al., 2024). Despite these advances, few conceptual models integrate behavior analysis, implementation science, healthcare equity, and social determinants of health into a unified framework for clinical decision-making. This article addresses that gap by proposing an Equity-Centered ABA Framework, which conceptualizes socioeconomic disadvantage as an implementation variable rather than merely a demographic characteristic (Sirin, 2025). The framework synthesizes evidence from behavior analysis, public health, and implementation science to explain how structural conditions influence treatment delivery while identifying strategies that preserve scientific rigor and improve accessibility (Escoffery et al., 2019). The sections that follow examine structural inequality, ethical tensions in service delivery, the proposed framework, and its implications for clinical practice, professional training, research, and public policy.

Structural Inequality as an Implementation Variable:-

Behavior analysis has long recognized that behavior is shaped by environmental context through concepts such as functional assessment, contingency analysis, and motivating operations. However, less attention has been given to the structural environments that influence the implementation of behavioral interventions. As ABA expands into diverse communities, treatment success depends not only on empirical validity but also on whether families have the resources to implement and sustain intervention. Socioeconomic context should therefore be viewed as a critical implementation variable influencing treatment feasibility and long-term outcomes.

Social Determinants of Health and Behavioral Intervention:-

The social determinants of health framework recognizes that economic security, housing, education, transportation, healthcare access, and social support strongly influence treatment participation and outcomes (Harms & Garrett-Ruffin, 2023; Santiago et al., 2013). Within autism services, these factors affect families' ability to navigate diagnosis, insurance, multiple providers, and long-term intervention. Socioeconomic disadvantage is consistently associated with delayed diagnosis, reduced access to evidence-based services, treatment interruptions, and lower rates of sustained participation (Hernandez et al., 2023; Miller et al., 2019; Sirin, 2025; Sultan, 2025). These barriers often interact. Transportation problems contribute to missed appointments, unstable employment limits caregiver availability, housing insecurity disrupts routines, and inconsistent insurance delays services. Collectively, these structural conditions reduce the likelihood that evidence-based interventions can be implemented consistently enough to achieve optimal outcomes.

Caregiver Capacity as an Implementation Mechanism:-

Structural inequality frequently influences treatment through caregiver capacity. Parent involvement is essential for generalization, maintenance, and consistency of behavioral interventions (Fryling et al., 2013; Stahmer et al., 2015), yet traditional ABA models often assume stable employment, transportation, and available time. Families facing economic hardship frequently manage multiple jobs, childcare responsibilities, transportation challenges, and chronic stress, limiting their capacity to participate despite strong motivation. Research consistently links caregiver stress with reduced ability to maintain complex treatment routines (Kamaralzaman et al., 2018). Consequently, missed appointments or inconsistent home programming may reflect environmental constraints rather than noncompliance, highlighting the importance of functional analyses that consider contextual barriers.

Structural Inequality and Implementation Feasibility:-

Implementation science distinguishes intervention efficacy from implementation success in real-world settings (Beidas & Kendall, 2010). Even highly effective ABA interventions may encounter reduced fidelity because of staffing shortages, reimbursement limitations, transportation barriers, caregiver stress, or other structural challenges.

The concept of contextual fit emphasizes that interventions are more likely to succeed when they align with the resources and realities of families expected to implement them (Parsons et al., 2017). Viewed from this perspective, socioeconomic disadvantage functions as an implementation variable that shapes whether evidence-based practices can be delivered and sustained over time.

An Equity-Centered Perspective on Implementation:-

The Equity-Centered ABA Framework proposed in this article (Figure 1) conceptualizes structural inequality as an upstream factor influencing every stage of service delivery. Structural conditions shape social determinants of health, which affect caregiver capacity, implementation feasibility, clinician decision- making, and ultimately behavioral outcomes, social validity, and equitable access to care.

Figure 1: Equity Centered ABA Framework

Unlike traditional service models that evaluate treatment fidelity primarily through clinician performance, the proposed framework recognizes that implementation occurs within broader ecological systems. Fidelity is influenced not only by provider competence but also by caregiver capacity, organizational support, healthcare access, and structural conditions that affect families' ability to sustain intervention (Collier-Meek et al., 2013). Rather than lowering evidence-based standards, the framework argues that maintaining intervention effectiveness requires attention to the environmental conditions that support implementation. Contextual adaptation strengthens—not weakens—the integrity and sustainability of evidence-based practice. By integrating behavior analysis, implementation science, and healthcare equity, the Equity-Centered ABA Framework expands treatment fidelity to include implementation feasibility and contextual responsiveness (Collier-Meek et al., 2013). Scientific rigor and healthcare equity are complementary goals, ensuring interventions remain both evidence-based and realistically accessible for the families they are intended to serve.

Ethical Tensions in Equity-Centered ABA Practice:-

Recognizing structural inequality as an implementation variable raises an important ethical question: How should clinicians respond when evidence-based treatment recommendations conflict with families' everyday realities? Behavior analysts are obligated to provide interventions that are evidence based, implemented with integrity, and socially meaningful, while also respecting client dignity, cultural responsiveness, and individualized care (Kranak et al., 2023). These responsibilities may become difficult to reconcile under conditions of socioeconomic adversity. The Equity-Centered ABA Framework identifies three interrelated ethical tensions requiring clinical judgment rather than rigid procedural solutions: fidelity versus feasibility, standardization versus individualization, and equality versus equity.

Fidelity Versus Feasibility:-

Treatment fidelity is essential for evidence-based practice because it ensures interventions are implemented as intended (Collier-Meek et al., 2013; Gresham et al., 1993; McIntyre et al., 2007). However, intensive ABA programs often require substantial caregiver time, coordination, and resources that may not be available to families facing transportation barriers, unstable employment, or housing insecurity. Implementation science distinguishes intervention efficacy from implementation feasibility (Beidas & Kendall, 2010). An intervention may be highly effective yet difficult to sustain when environmental demands exceed family resources. Rather than viewing this as a choice between scientific rigor and compassion, the Equity-Centered ABA Framework encourages evidence-informed adaptations—such as flexible scheduling, telehealth, simplified data collection, and focused caregiver coaching—that preserve core behavioral mechanisms while reducing implementation burden. Fidelity should therefore include maintaining functional integrity across diverse contexts, not merely strict procedural adherence (Collier-Meek et al., 2013).

Standardization Versus Individualization:-

Standardized protocols support training, evaluation, and scientific replication, yet families differ in their cultural values, socioeconomic circumstances, and available resources. Consequently, interventions often require thoughtful adaptation to fit individual contexts. Recent developments in behavior analysis emphasize cultural humility, social validity, and consumer perspectives (Beaulieu et al., 2019; Fong et al., 2016; Jimenez-Gomez & Beaulieu, 2022). Individualization should address not only behavioral targets but also caregiver priorities, implementation demands, and environmental realities. Adapting interventions to family capacity represents the application—not the abandonment—of evidence-based behavioral principles.

Equality Versus Equity:-

Equality provides identical services to all clients, whereas equity recognizes that families may require different supports to achieve comparable access to care. Transportation difficulties, financial hardship, language barriers, or limited childcare may necessitate flexible service delivery rather than identical expectations. This perspective aligns with Wolf's (1978) concept of social validity, emphasizing interventions that are both effective and practical. Equity therefore expands successful treatment beyond behavioral outcomes to include sustainable caregiver engagement, reduced treatment burden, and long-term participation. Removing structural barriers strengthens rather than compromises clinical quality.

Integrating Ethical Decision-Making:-

These ethical tensions frequently overlap, requiring clinicians to balance scientific rigor with contextual responsiveness. The Equity-Centered ABA Framework encourages practitioners to evaluate which adaptations preserve the behavioral mechanisms responsible for change while improving feasibility and sustainability through collaboration with families, ongoing assessment, and implementation data. Viewed this way, contextual responsiveness becomes an extension of evidence-based practice. By considering the structural environments that influence implementation, behavior analysts can maintain empirical rigor while improving equitable access to effective intervention (Kranak et al., 2023).

Operationalizing the Equity-Centered ABA Framework: Clinical and Organizational Applications:-

The Equity-Centered ABA Framework is designed as a decision-support model that helps behavior analysts implement evidence-based interventions within complex social environments (Kranak et al., 2023). Rather than replacing established behavioral principles, it expands the contextual variables considered during assessment, treatment planning, implementation, supervision, and program evaluation. Effective intervention depends not only on identifying behavioral functions but also on understanding the environmental systems that influence treatment participation and sustainability.

Contextual Assessment:-

An equity-centered approach extends traditional behavioral assessment to include practical factors affecting implementation, such as transportation, work schedules, insurance continuity, housing stability, childcare, technology access, language preferences, and social supports. Identifying these variables early allows clinicians to anticipate barriers and develop proactive solutions, such as telehealth coaching or alternative service locations (Pomales-Ramos et al., 2023). Contextual assessment should remain collaborative, focusing on implementation supports rather than socioeconomic labels, while aligning with ethical principles of individualized, socially significant care.

Collaborative Treatment Planning:-
Evidence-based goals are most effective when intervention demands match family capacity. Collaborative planning encourages ongoing discussions about caregiver responsibilities, cultural values, available resources, and meaningful outcomes. During periods of housing instability, illness, or financial hardship, temporarily adjusting treatment priorities may preserve long-term engagement. Such adaptations reflect implementation science by improving sustainability without compromising intervention quality.

Flexible Service Delivery:-
The framework distinguishes between core intervention components, such as reinforcement, prompting, shaping, and data-based decision making, and implementation strategies, which can often be adapted. Modifying service location, scheduling, caregiver coaching, supervision, or data collection may improve accessibility while preserving the behavioral principles responsible for change. Flexibility should therefore strengthen, rather than weaken, treatment integrity.

Equity-Centered Supervision:-
Supervision should address contextual decision-making alongside technical competence. Supervisors can help clinicians evaluate whether adaptations preserve behavioral mechanisms, improve feasibility, reduce unnecessary burden, remain evidence informed, and include ongoing outcome monitoring. Attention to provider well-being through consultation, peer support, and manageable workloads also promotes workforce retention and continuity of care.

Organizational Leadership:-
Many implementation barriers arise at the organizational level. Agencies can improve access through hybrid service models, telehealth, flexible scheduling, multilingual resources, and partnerships with schools and community organizations. Monitoring implementation outcomes—including attendance, caregiver satisfaction, treatment retention, staff stability, and social validity— helps organizations identify disparities and improve service responsiveness.

Interdisciplinary Collaboration:-
Because families often navigate healthcare, education, and community systems simultaneously, collaboration among behavior analysts, schools, physicians, mental health professionals, and social workers strengthens implementation (Harms & Garrett-Ruffin, 2023). Coordinated care reduces service fragmentation and addresses environmental barriers that extend beyond the scope of ABA.

Measuring Success Through an Equity Lens:-
In addition to behavioral outcomes, the Equity-Centered ABA Framework emphasizes implementation measures such as caregiver engagement, treatment continuity, contextual fit, social validity, and long-term sustainability. These indicators provide a more comprehensive understanding of intervention success in real-world settings.

From Theory to Practice:-
The Equity-Centered ABA Framework strengthens rather than redefines evidence-based practice. By integrating contextual assessment, collaborative planning, flexible implementation, reflective supervision, organizational responsiveness, and interdisciplinary collaboration, behavior analysts can preserve the scientific foundations of ABA while improving accessibility and sustainability (Kranak et al., 2023). Viewed in this way, equity is not separate from evidence-based practice but essential to ensuring that effective interventions remain available and meaningful for all families.

Advancing an Equity-Centered Research and Policy Agenda:-
As ABA has expanded beyond research settings into schools, community agencies, and healthcare systems, interventions are increasingly implemented within diverse social and economic contexts. This growth has improved access to evidence-based services while highlighting implementation challenges that efficacy research alone does not fully address. The Equity-Centered ABA Framework suggests that future advances should examine not only whether interventions work but also how, for whom, and under what conditions they can be implemented and sustained.

Expanding the Scope of Behavioral Research:-
Behavior analysis has traditionally emphasized experimental rigor and functional relations, yet intervention efficacy alone provides an incomplete picture of clinical effectiveness. Future research should investigate how transportation, housing stability, caregiver employment, healthcare access, and community resources influence treatment participation, fidelity, and long-term outcomes (Collier-Meek et al., 2013). Longitudinal studies examining implementation over time would strengthen the ecological validity of behavioral research by evaluating interventions under real-world conditions.

Implementation Science as a Partner Discipline:-
Implementation science complements behavior analysis by focusing on the conditions necessary for successful adoption and sustainability. Greater integration between the disciplines could expand outcome evaluation to include feasibility, acceptability, fidelity, adoption, and sustainability alongside behavioral measures. Research should also identify which treatment adaptations preserve core behavioral mechanisms while improving contextual fit, providing evidence- based guidance for responsible implementation.

Measuring Equity as a Clinical Outcome:-
Traditional outcomes such as skill acquisition, behavior reduction, and procedural fidelity remain essential but should be complemented by measures of treatment accessibility, caregiver burden, contextual fit, continuity of care, social validity, family quality of life, and long-term engagement. Incorporating these implementation indicators offers a more comprehensive evaluation of intervention success while aligning behavior analysis with broader healthcare quality initiatives.

Preparing the Future Workforce:-
As behavior analysts increasingly serve diverse populations, graduate education and supervision should incorporate implementation science, healthcare disparities, cultural humility, trauma-informed practice, interdisciplinary collaboration, and the social determinants of health alongside traditional behavioral competencies (Harms & Garrett-Ruffin, 2023; Kranak et al., 2023). Supervision should encourage reflective decision-making about contextual adaptations while maintaining accountability to evidence-based practice.

Organizational and Policy Priorities:-
Promoting equitable behavioral healthcare requires organizational and policy changes in addition to individual clinical adaptation. Priorities include workforce development, equitable reimbursement, telehealth expansion, interdisciplinary collaboration, and community-based service delivery (Pomales- Ramos et al., 2023). Organizations should monitor implementation outcomes— including treatment access, retention, caregiver satisfaction, staff stability, and demographic disparities—to identify structural barriers and guide quality improvement.

Toward the Next Generation of Behavior Analysis:-
The Equity-Centered ABA Framework extends behavior analysis by recognizing that environmental contingencies include the structural conditions affecting intervention implementation. This perspective remains consistent with the discipline's emphasis on behavior within context. Future research should continue developing interventions that are not only effective but also accessible, adaptable, and sustainable across the diverse communities they are intended to serve.

Limitations:-

The Equity-Centered ABA Framework is a conceptual model that integrates behavior analysis, implementation science, healthcare equity, and public health to explain how structural conditions influence intervention implementation (Escoffery et al., 2019). Although it provides a theoretical foundation, several limitations should be acknowledged. First, the framework is conceptual rather than empirical. The proposed relationships among structural inequality, caregiver capacity, implementation feasibility, treatment fidelity, and clinical outcomes are drawn from existing scholarship and require empirical validation through future quantitative and mixed-methods research. Second, the framework synthesizes literature from implementation science, healthcare disparities, public health, trauma-informed care, and culturally responsive practice (Escoffery et al., 2019). Because research directly addressing these issues within ABA remains limited, some conclusions are extrapolated from related disciplines. Additional studies conducted within behavioral settings are needed to evaluate the framework's applicability. Implementation science within ABA is also still developing. Recommendations regarding contextual adaptation and implementation flexibility should therefore be viewed as evidence-informed rather than established standards. More research is needed to identify which adaptations preserve core behavioral mechanisms while improving feasibility.

Until then, clinicians should rely on data-based decision-making, supervision, interdisciplinary collaboration, and ethical decision-making models when considering treatment modifications.

Another limitation is the diversity of underserved communities. Socioeconomic disadvantage is not a uniform experience, and families vary widely in culture, geography, healthcare access, language, education, and available supports (Harms & Garrett-Ruffin, 2023; Sirin, 2025; Wright, 2019). The framework does not assume that structural barriers determine outcomes, but rather that environmental conditions should be evaluated individually because they may influence implementation differently across families. Similarly, the framework does not suggest that socioeconomic disadvantage inevitably leads to poor treatment fidelity or outcomes (Collier- Meek et al., 2013; Sirin, 2025). Many families demonstrate resilience, and clinicians frequently deliver effective services despite challenging conditions. Instead, structural factors are viewed as variables that influence the likelihood of successful implementation and therefore warrant systematic consideration. Finally, the framework primarily reflects the U.S. healthcare system. Differences in insurance, healthcare infrastructure, and policy may limit its generalizability internationally, highlighting the need for comparative research across diverse service systems. Despite these limitations, the Equity-Centered ABA Framework contributes to the growing discussion of healthcare equity in behavior analysis by integrating contextual responsiveness with evidence-based practice. Rather than challenging ABA's scientific foundations, it argues that implementation feasibility and environmental context are essential for ensuring that evidence-based interventions remain accessible, sustainable, and effective across diverse communities.

Conclusion:-

Applied behavior analysis has become one of the most empirically supported interventions for autism spectrum disorder through decades of scientific research and clinical innovation. As ABA expands into increasingly diverse healthcare, educational, and community settings, however, intervention implementation occurs within social environments that are often more complex than those in which many treatment models were originally developed (Harms & Garrett-Ruffin, 2023). This paper argues that preserving the scientific foundations of ABA requires greater attention to the structural conditions that influence whether evidence-based interventions can be implemented consistently, sustained over time, and made accessible to all families. Scientific rigor alone cannot ensure meaningful outcomes when structural barriers limit participation. Likewise, contextual responsiveness should be viewed not as a departure from evidence- based practice but as an essential component of ethical implementation. The Equity-Centered ABA Framework addresses this need by conceptualizing structural inequality as an implementation variable rather than merely a demographic characteristic. It expands traditional behavior-analytic thinking to include caregiver capacity, implementation feasibility, organizational resources, and community conditions as factors influencing treatment delivery.

Rather than lowering clinical standards, the framework advocates preserving core behavioral mechanisms while adapting implementation strategies to improve contextual fit, sustainability, and social validity. This perspective extends a foundational principle of behavior analysis: behavior is shaped by its environment. The framework applies that principle not only to client behavior but also to the environmental conditions that affect intervention implementation. In doing so, it broadens the ecological perspective of behavior analysis while remaining consistent with its scientific foundations. The implications extend beyond individual practice. Researchers should examine implementation alongside efficacy, educators should prepare clinicians for diverse service settings, supervisors should foster contextually responsive decision-making, organizations should monitor implementation barriers as quality indicators, and policymakers should address the structural conditions that support sustained participation in care. Ultimately, the future of ABA depends not only on developing effective interventions but also on ensuring they remain accessible, sustainable, and meaningful across diverse communities. The Equity-Centered ABA Framework offers one step toward that goal by positioning equitable implementation as both an ethical responsibility and a scientific imperative.

Equity-Centered Practice Principle:-

The effectiveness of evidence-based ABA depends not only on the quality of the intervention but also on the environments that enable families to participate. Scientific rigor and healthcare equity are complementary goals, achieved when behavioral principles are implemented with contextual responsiveness, ethical integrity, and a commitment to meaningful access for every family.

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