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What is client assent?

Client assent means that the client shows they are willing to participate in therapy through their words, actions, and/or behavior.

Assent is different from **consent**:

- Consent is given by a parent or legal guardian.
- Assent is given by the client themselves, in a way that matches their developmental and communication skill level.

According to best practices, we cannot only rely solely on parent permission (consent) to proceed with treatment procedures. We must also pay close attention to whether the client is comfortable and willing to participate.

Prior to beginning any service, your provider should discuss the meaning of assent so that there is an understanding. The following should be discussed:

What assent can look like

Assent may look different depending on the client's abilities and skill level. Here are just a few examples:

- Approaching the therapist
- Participating in activities willingly
- Smiling, laughing, or relaxed body language
- Verbally saying "yes," "okay," or requesting activities
- Continuing engagement without signs of distress

We strive for all clients to be "HRE" which stands for Happy, Relaxed and Engaged (this term was developed by Dr. Greg Hanley, a renowned Behavior Analyst), because we learn best when we feel safe, comfortable, and genuinely interested in what we are learning.

Examples of withdrawal of assent

- Turning their body away from or avoiding the therapist
- Crying, yelling, or aggression
- Saying "no," "stop," or "all done"
- Increased refusal behaviors or distress
- Shutting down and refusing to participate
- Trying to leave the therapeutic environment
- Saying "I want to go home" or some other communication indicating to leave

When a client shows signs that they no longer want to participate, we pause, adjust, or stop and re-establish comfort.

Why assent matters

- It respects the client's dignity and autonomy
- It supports ethical and trauma-informed care
- It improves learning by ensuring the client is emotionally regulated and motivated (i.e., learning should never be conducted as "fear-based")
- It aligns with BACB Ethics Code expectations for 2.11 and 2.15



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How our staff responds to assent and non-assent

Therapists are trained to actively monitor assent throughout *each* session. If assent is withdrawn, they modify demands, offer more choices, provide breaks, or shift activities to re-establish engagement. They continue to implement evidence-based strategies to reduce demands and re-establish rapport prior to continuing intervention.

Therapy is not forced compliance.

The goal of a therapist is to build a trusting relationship where your child genuinely enjoys spending time with them, so learning and engagement feel natural and fun rather than forced or stressful.

Steps If Assent Cannot Be Established:

1. Demands are modified/lessened/stopped
2. Clinician implements supportive and reinforcement-based strategies
3. Clinician analyzes all forms of motivation and reinforcers in the immediate environment
4. Clinician prioritizes the client's emotional and physical well-being

If after all these strategies have been implemented, and the client is still showing withdrawal of assent, services will need to pause. A meeting will be established with your assigned BCBA and/or Clinical Director to determine if an action plan can be developed based on the individual need/analysis of the situation. Services can resume only after assent is re-established, ensuring that intervention remains ethical, humane, and trauma-informed while minimizing the risk of harm (i.e., participation is voluntary and developmentally appropriate).

*If your child has a medical illness that is detected during a therapy session (e.g., showing signs of sickness), then you will be contacted to pick up your child. This is not to be confused with client assent. Anytime a child is indicating sickness, whether they have a fever or not, they will need to be picked up so that proper medical treatment can be provided.

BACB Ethics Code for Behavior Analysts includes Codes 2.11 (Obtaining Informed Consent) and 2.15 (Minimizing Risk of Harm). Both codes are aligned with client assent and practitioners of ABA must follow the code at all times.

BACB Ethics Codes Breakdown:

2.11 – Obtaining Informed Consent

- Legal guardian provides informed consent for services
- Client assent is treated as an ongoing process, not a one-time event
- Assent is evaluated in a manner appropriate to the client's age, abilities, and communication level

2.15 – Minimizing Risk of Harm

- Therapists monitor for signs of distress or coercion
- Intervention intensity and demands are adjusted when assent is withdrawn
- Emotional, physical, and psychological safety are prioritized over task completion

When assent is withdrawn, clinicians immediately reduce demands and implement proactive strategies to minimize risk of harm, in compliance with Code 2.15.