



# Applied Behaviour Analysis Service Accessibility for Special Needs Children in Cavite

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## **APPROVAL SHEET**

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## ABSTRACT

**This study examined the barriers encountered by families in Cavite Province, Philippines, in accessing Applied Behavior Analysis (ABA) services for children with special needs. A qualitative phenomenological approach was employed, utilizing semi-structured online interviews with ten parents who sought or are seeking ABA services for their children with special needs. The study was conducted from June to July 2025. With the participants' consent, interview sessions were audio-recorded to ensure accuracy in data collection. The recordings were subsequently transcribed and translated into English. The transcripts served as the primary data for thematic analysis. The findings revealed that families faced interconnected financial, geographic, systemic, and quality assurance barriers in accessing ABA services. Financially, families experienced significant strain due to high therapy fees, hidden expenses, and the need to adjust employment arrangements to accommodate their children's therapeutic needs. The study also uncovered a critical shortage and maldistribution of qualified ABA practitioners in the Philippines, resulting in long waitlists, irregular therapy schedules, and reliance on untrained staff, which undermined service effectiveness. Quality concerns, including unverified practitioner credentials and inadequate parental guidance, further restricted consistent access to intervention. The researcher proposed CAVITE CARES, an action plan for the consideration of the provincial government of Cavite, to alleviate the financial, geographic and systemic barriers to ABA services in Cavite by providing financial support, service decentralization, workforce development, and regulatory oversight.**

*Keywords: Applied Behaviour Analysis, Autism Spectrum Disorder, Children with Special Needs, Early Intervention, Healthcare.*

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## CHAPTER ONE INTRODUCTION

### ➤ *The Problem and its Background*

Applied Behavior Analysis (ABA) is a psychological discipline that applies the principles of learning based upon respondent and operant conditioning to change socially significant behavior. It is a process of systematically applying interventions based upon the principles of learning theory to improve behaviors to a meaningful degree, and to demonstrate that the interventions employed are responsible for the improvement in behavior (Cooper et al., 2020). ABA is widely recognized as an effective intervention program for children with special needs, particularly those diagnosed with autism spectrum disorder (ASD) and other developmental disabilities.

ABA originated in the 1960s, pioneered by researchers like B.F. Skinner and O. Ivar Løvaas, who demonstrated its effectiveness for children with autism. Løvaas's research, in which 40 children received ABA therapy for two to six years, was published in 1987 (Elias, 2025). The results showed significant improvements in social skills and cognition for 90% of the children involved compared to a control group. Follow-up studies demonstrated that these skills were retained into adolescence. The primary goal of ABA is to teach social, communicative, and daily living skills, while promoting desirable behaviors and reducing undesirable ones. This is achieved through positive reinforcement and creating learning environments that resemble natural settings, allowing children to generalize learned behaviors across different contexts.

ABA is considered the gold standard of autism-specific treatment (Murillo-Candelas, 2023); numerous studies have proven that it is one of the best interventions for autism. Research has consistently demonstrated that early ABA therapy can significantly improve communication, social, and adaptive skills, leading to better long-term outcomes (Leaf et al., 2022).

Over the decades, ABA has gained widespread acceptance, particularly in the U.S, Canada, Australia and various parts of Europe, where it is a standard intervention for individuals with ASD and other developmental conditions. Many countries such as UAE, UK, India, Singapore etc. have integrated ABA into healthcare and education systems, supported by government funding and insurance coverage. However, despite the growing recognition of ABA's benefits, access to ABA services remains a significant challenge, particularly in developing countries like the Philippines. Numerous barriers prevent children in the Philippines from receiving timely and adequate service. Most therapy and learning centers that provide services such as ABA are located in urban areas, forcing families in rural areas to travel long distances or rely on untrained caregivers.

Financial constraints also play a crucial role, as ABA services can be expensive, with many families unable to afford regular sessions due to the lack of insurance coverage or government subsidies. Furthermore, awareness and understanding of ABA services remain limited among parents, educators, and healthcare professionals, contributing to delays in seeking and receiving appropriate intervention. Government initiatives and telehealth advancements are gradually expanding access, but challenges remain in making ABA services widely available and affordable for those who need it. There are existing legal mandates that support the rights and well-being of children with disabilities. The Magna Carta for Disabled Persons (Republic Act No. 7277) affirms the rights of persons with disabilities to quality health services, including preventive, diagnostic, and therapeutic interventions. Republic Act No. 9442, an amendment to the Magna Carta, further emphasizes non-discrimination and accessibility to services. Additionally, the Universal Health Care Act (Republic Act No. 11223) aims to ensure that all Filipinos, including children with special needs, have equitable access to affordable and quality health care. The Early Years Act of 2013 (Republic Act No. 10410) also recognizes the government's responsibility to ensure the holistic development of children in their early years, including those with developmental delays. These laws provide a strong foundation for inclusive healthcare, which includes behavioral therapies such as ABA. But in reality there are significant gaps in funding, awareness, and implementation.

Despite the growing body of literature on ABA, there remains a significant gap in research into the access and availability of these services, particularly within the context of developing countries such as the Philippines. This lack of empirical evidence highlights the need for the present study.

Only a few studies have explored the specific barriers that Filipino families face in accessing ABA services. There is a lack of data on the socioeconomic, logistical, and systemic obstacles within the Philippine context. Given the increasing prevalence of developmental disabilities in the Philippines, it is essential to examine the specific factors limiting access to ABA services. This study seeks to examine the barriers to accessing ABA services in the Philippine province of Cavite, uncover the structural and social factors influencing the current state of service delivery, and recommend both policy-level reforms and community-based strategies for the province.

Beyond academic interest, this research is also driven by personal motivation. I learned about ABA when I became a volunteer assistant at a behavior intervention center while I was still in college. This experience made me deeply passionate about the field. After graduating, I eagerly began working in ABA. However, it quickly became clear that there was a significant gap in service availability—not just in Parañaque, where I was based—but throughout the country. I witnessed firsthand how many

families struggled to access ABA services, and I became increasingly aware of the issue through heartfelt posts from parents in online support groups and community forums. Their stories often had the same themes: long waitlists, high costs, distant centers, and lack of trained professionals. These experiences have stayed with me and strengthened my commitment to advocate for improved access to ABA services in the Philippines. This study is my contribution toward gaining a better understanding and ultimately addressing these challenges, with the hope of creating meaningful change for families and children in need.

➤ *Theoretical Lens*

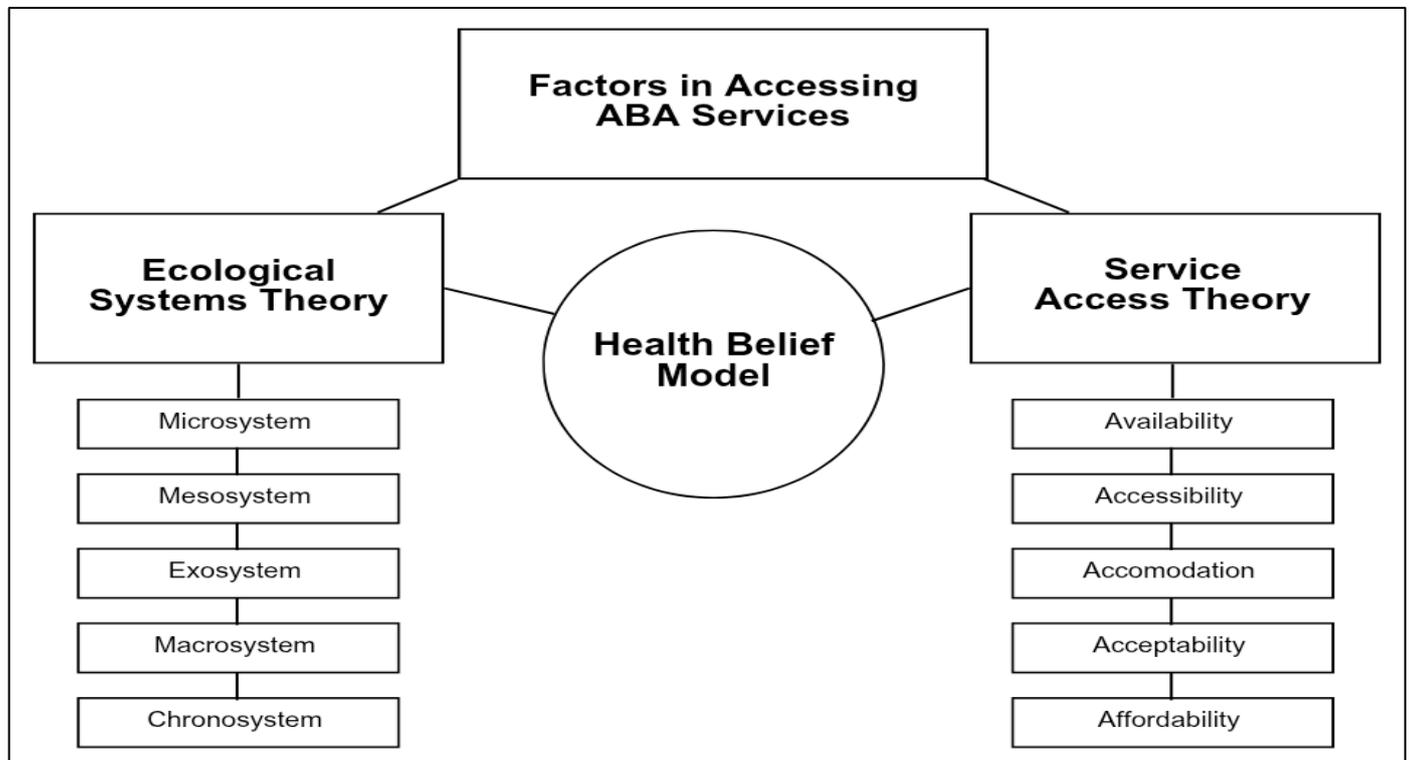


Fig 1 Theoretical Lens

This study adopted Bronfenbrenner’s Ecological Systems Theory, which identifies the multiple environmental systems that influence an individual’s development. These are the microsystem (e.g., immediate family), mesosystem (e.g., interactions between family and schools or healthcare providers), exosystem (e.g., policies, community resources), macrosystem (e.g., cultural values), and chronosystem (e.g., changes over time) (Ozdogru 2011; Crawford, 2020). Bronfenbrenner’s Ecological Systems Theory contextualizes service access within multiple interconnected environmental levels, highlighting how family dynamics, interactions with schools and healthcare providers, community resources, policies, and sociocultural factors collectively influence a child’s ability to receive ABA services over time.

This study was also supported by the Service Accessibility Theory. It was originally proposed by Penchansky and Thomas in 1981 and adapted by Adigun in her 2024 study. This theory defines access as the degree of fit between clients and the characteristics of healthcare providers. It outlines five key dimensions—availability, accessibility, affordability, acceptability, and accommodation—that impact an individual’s ability to obtain services. Examining ABA services through these dimensions offers a structured approach to assessing barriers.

Finally, this study drew from the Health Belief Model (HBM), a psychological model that explains health-related behaviors based on individuals’ perceptions of illness and treatment. The HBM includes constructs such as perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy (Alamer, 2024). Applying this model helps to understand how parents or caregivers decide to pursue ABA services based on how seriously they perceive their child’s condition to be, the benefits they associate with therapy, potential barriers such as cost or stigma, and external triggers like referrals. The Health Belief Model addresses the individual and cognitive dimensions of access by explaining how parents’ or caregivers’ perceptions of their child’s condition, perceived benefits of ABA therapy, perceived barriers, and external cues influence their decision to seek and sustain services.

Together, these theories allowed the study to capture the interaction between individual decision-making, service delivery systems, and broader environmental and policy contexts, thereby providing a holistic understanding of the challenges and gaps in accessing ABA services.

➤ *Statement of the Problem*

This study aimed to explore the barriers that families in Cavite face in accessing ABA services for children with special needs. This study sought to answer the following questions:

- What struggles and barriers do families of children with special needs encounter when seeking ABA services?
- What themes can be derived from the responses of the families of children with special needs regarding their experiences in the accessibility and availability of ABA services?
- What insights can be drawn from the responses of the participants?
- Based on the findings of my study, what action plan may be proposed to improve ABA services in regards to accessibility and availability?

➤ *Scope and Delimitations*

This study examined the access and availability of ABA services for children with special needs residing in the province of Cavite. Cavite was selected as the study site due to its comparatively limited access to ABA services compared to highly urbanized areas such as Metro Manila, where specialized intervention services are more concentrated.

This study included participants from various municipalities across the province of Cavite rather than limiting participation to a single city or town. This decision was made due to the virtual medium used for both the call for participants and the data gathering itself. As anticipated, there was a limited number of participants who both met the criteria and resided in the same area of the province.

The participants consisted of ten (10) parents who have sought ABA services for their children with special needs. Participants were selected using purposive sampling to ensure that those included had direct and relevant experiences related to the research problem. Data was gathered through online, in-depth interviews, which enabled flexible and detailed exploration of participants' personal experiences, perceptions, and challenges related to accessing ABA services. This method also ensured participant safety and convenience while allowing rich qualitative data collection. The study was conducted during the academic year 2025–2026.

This research was delimited to the perspectives of families and focused solely on their barriers in accessing ABA services. It did not include the viewpoints of ABA practitioners, service providers, government agencies, or policymakers. Additionally, the study did not involve quantitative analyses of service distribution, practitioner availability, or outcome effectiveness.

➤ *Significance of the Study*

This study was significant for several stakeholders:

- Children with Special Needs. This study will help improve their future access to ABA services by identifying barriers that delay or limit early intervention. It also highlights the need for more equitable, timely, and quality support systems that can enhance their developmental outcomes and overall quality of life.
- Parents. This study will help them better understand the challenges they may face and to advocate for improved support systems. Increased awareness may also help families make more informed decisions regarding intervention options and navigate available resources more efficiently.
- ABA Practitioners. This study will help them be aware of accessibility challenges, enabling them to adapt their future service delivery models to reach more families in need.
- Educators. This study will encourage them to facilitate more timely referrals and the delivery of comprehensive, multidisciplinary care tailored to the needs of each child.
- Healthcare Professionals. The study will encourage them to collaborate and build more effective referral networks. These improvements can lead to earlier identification and support for children who may benefit from ABA services.
- Policymakers. The study will provide them with critical data to support the development and implementation of policies aimed at expanding access to ABA services. These may include financial subsidies, government-funded programs, parent training initiatives, and strategies for extending services to underserved rural communities.
- Future Researchers. The study will provide them with a clearer understanding of the existing barriers to ABA service accessibility. These insights can guide future investigations and contribute to the development of innovative and evidence-based solutions to enhance the reach and effectiveness of ABA services.

➤ *Definition of Terms*

To fully understand the technical terms that were used in this study, the following terms were defined conceptually and operationally:

- Accessibility. The ease with which families can obtain ABA services, considering financial, geographical, and systemic factors.

- Applied Behavior Analysis (ABA). A scientific approach that applies learning principles to improve socially significant behaviors, commonly used as an intervention for individuals with developmental disabilities.
- Availability. The presence of services that can be accessed by individuals when needed, as indicated by the existence of service providers within the respondent's area.
- Behavior Analysis. A scientific discipline that studies principles of learning and behavior. It involves the systematic application of behavioral principles to assess, predict, and modify observable behaviors in individuals or groups.
- Behavior Therapist. A trained professional who applies principles of behavioral psychology to assess, analyze, and modify behaviors in individuals with developmental, emotional, or psychological disorders.
- Children with Special Needs. A term referring to individuals with developmental disabilities, including autism spectrum disorder, intellectual disabilities, and other conditions requiring specialized interventions.
- Early Intervention. The provision of therapeutic services to young children with developmental delays or disabilities to improve their skills and abilities at an early age.

## CHAPTER TWO

### REVIEW OF RELATED LITERATURE AND STUDIES

This chapter presents the related literature and studies that acted as a basis and guide for conducting the present study. With this purpose, the researcher referred to journal articles, papers, books, and other scholarly materials found through online search engines, databases, and library catalogues to form a literature review.

#### ➤ *Children with Special Needs*

The Convention on the Rights of Persons with Disabilities (CRPD) defines children with disabilities as those with long-term impairments that, when interacting with societal barriers, hinder their full and effective participation in society on an equal basis with others. According to UNICEF (2022), approximately 240 million children worldwide have some form of disability. In the Philippines alone, around 1.6 million children live with disabilities. This population includes individuals with a range of physical, intellectual, sensory, and mental impairments.

The societal barriers that children with disabilities face include limited access to inclusive education, insufficient healthcare services, social stigma, and gaps in policies that protect their rights and well-being. Inclusive education is a particularly critical concern. Children with special educational needs frequently achieve lower educational outcomes than their peers without disabilities, placing them at higher risk for future social exclusion (Ugalde, 2021). These academic difficulties may impact their self-confidence and employability later in life. They need specialized instruction and evidence-based interventions to support their learning.

A typically developing child acquires skills such as effective communication, social adaptation, and independent problem-solving, which help prepare them for adulthood. In contrast, children with developmental disorders may experience delays in these areas, affecting their ability to build relationships, succeed in school, and transition to independent living.

Among the most prevalent developmental disorders is Autism Spectrum Disorder (ASD). The National Institute of Mental Health (2024) describes ASD as a neurological and developmental disorder that affects how individuals interact with others, as well as how they communicate, learn, and behave. Symptoms generally appear in early childhood, often within the first two years of life. ASD is considered a spectrum because it includes a range of conditions that were previously diagnosed separately. Each child with ASD presents differently, with varying levels of symptoms and challenges (Price, 2022).

One of the core characteristics of autism is difficulty with social interaction, which can lead to exclusion or isolation in school settings. ASD is not solely a neurological disorder; environmental and biological factors also play a role. As Hodges et al. (2020) stated, autism is a neurobiological disorder influenced by both genetic and environmental factors affecting the developing brain. Therefore, a holistic, community-based approach that includes support from families, schools, and healthcare providers is essential.

Structured teaching methods, visual supports, and consistent routines can help children with ASD thrive both academically and socially. Early intervention is also crucial. ABA in particular is widely recognized for its effectiveness for children with ASD. A meta-analysis by Yu, Q. et al. (2020) found that ABA-based interventions led to improvements in socialization, communication, and expressive language. A 2022 scoping review by Gitimoghaddam et al. also confirmed ABA's positive impact on cognition, language, and adaptive behavior, while also reducing problematic behaviors.

Another common developmental disorder is Attention Deficit Hyperactivity Disorder (ADHD), which is among the most frequently diagnosed neurodevelopmental disorders in children and adolescents. ADHD is typically identified in early childhood and often continues into adulthood (Salari et al., 2023). While medication is a common treatment, research shows that it is most effective when combined with behavioral therapies. The most effective evidence-based strategies for controlling ADHD core symptoms combine stimulant medications with behavioral therapy (Ogundele, 2023). Behavior management techniques such as those seen in ABA therapy have also proven especially helpful in classroom and home settings (Engleman, 2024).

Down syndrome (DS) is another developmental condition characterized by a set of cognitive and physical symptoms resulting from an extra chromosome 21 (Akhtar, 2023). Children with DS often experience developmental delays and intellectual disabilities that require ongoing care and structured support. Treatments for DS vary depending on individual strengths and limitations, and often involve a team of professionals such as physical, behavioural, speech and occupational therapists, special educators, and social workers (NIH, 2024).

Learning disability is a neurological disorder that affects the brain's ability to receive, process, store, and respond to information. Learning disabilities are often grouped by the skill set they affect. For example, reading, writing, math, reasoning, listening, and speaking are all areas that can be impacted. The most common types include dyslexia (reading), dyscalculia (math), and dysgraphia (writing) (Kemp et al., 2025). Learning disabilities and behavioral problems frequently co-occur. Children with

learning disabilities typically require interventions targeting academic, social, emotional, and behavioral domains (Gabriel & Ringleb, 2023). This is supported by Aro et al. (2021), who explain that children with learning disabilities face an increased risk of emotional and behavioral problems due to their academic struggles, which often lower self-esteem and create anxiety, especially in structured environments like schools.

Global Developmental Delay (GDD) is a condition in which a child does not reach developmental milestones at the expected times. It is defined as a significant delay in two or more developmental domains (Fahys, 2023). GDD often overlaps with or leads to a diagnosis of intellectual disability (ID). The causes of GDD and ID are varied, ranging from genetic to environmental factors (Aldosari, 2024). Despite their differences, these developmental disorders share a need for structured and individualized support. One unifying approach proven effective across these conditions is ABA therapy. Each of these disorders involves challenges in areas such as communication, behavior regulation, learning, or social interaction, all of which ABA specifically targets.

#### ➤ *Early Intervention Services*

Early intervention refers to the specialized services and support that are available to toddlers and young children with developmental delays and disabilities. By targeting various aspects of a child's development, including cognitive, social, emotional, and physical growth, early intervention can significantly improve a child's ability to learn new skills, overcome challenges, and increase success both in school and in life (Center for Disease Control and Prevention, 2023). Early intervention services include speech therapy, physical therapy, occupational therapy, and behavioral intervention.

These intervention services often focus on supporting four key aspects of child development: (1) their physical, (2) cognitive, (3) behavioural, and (4) social and emotional development, where it has the potential to make the biggest difference and provide benefits throughout a person's life (Early Intervention Foundation, 2023). Carolina Behavior & Beyond (2025) discusses the critical role of early intervention services in supporting children with developmental delays, emphasizing the importance of timely support for enhancing children's overall development and well-being. The article highlights how these services can significantly impact various developmental areas and the necessity of collaboration between parents and professionals.

The importance of early intervention cannot be overstated. Numerous studies have demonstrated its long-term benefits for children with special needs. These programs have been associated with significant improvements in cognitive and social development, providing children with the necessary foundation for future academic and personal success. In a recent study by Perez and Rios (2024), it was found that early intervention programs contribute to notable advancements in emotional regulation, communication skills, and adaptive functioning. This highlights the critical role that early intervention plays in fostering developmental progress, particularly for children at risk of long-term challenges. The benefits of early interventions on the health of disabled children with intellectual and developmental disabilities have been well established albeit with varying levels of evidence of effectiveness (Tollan et. al, 2023)

Early identification and intervention are crucial in improving outcomes for infants at risk of neurodevelopmental disorders. Research by Gundoomus, Bumin, and Yalcin (2024) supports this, showing that children aged 24–36 months who participated in an early intervention program based on the Goal Activity and Motor Enrichment (GAME) approach demonstrated significant gains in cognitive, social, and motor development, as well as improved parent–child interactions. Similarly, Valentini et al. (2020) found that infants who received home-based early cognitive-motor interventions in various caregiving settings showed enhanced motor development compared to control groups. These findings affirm that timely, targeted interventions can lead to better long-term developmental outcomes.

Beyond benefiting the child, early intervention programs also have a profound impact on the entire family unit. It supports the family by providing education, training, and resources to help them better understand their child's needs and provide appropriate support (Fielkow, 2023). When given training and support, parents and guardians can further enhance their child's development at home. Early intervention providers play a critical role in supporting families throughout the initial diagnosis process by offering family-based interventions and dispelling false perceptions about developmental delays and disabilities. A study was also made by Jeong et. al in 2021 emphasising that parent interventions during the first 3 years of childhood are effective for improving early childhood development and caregiving.

According to the Institute for Disability Research, Policy & Practice (IDRPP, 2023), early intervention services also help increase parental confidence and reduce stress levels. Ultimately, early intervention is crucial in helping children with developmental delays and disabilities reach their fullest potential. They help children develop essential life skills, enhance their social interactions, and achieve greater independence.

#### ➤ *ABA as One of the Early Intervention Services*

ABA is a prominent early intervention program for children with special needs. It is an evidence-based intervention program designed for individuals who are diagnosed with ASD and individuals with developmental or learning disabilities. It is theoretically based on operant conditioning and aims to assess and change challenging behavior as well as to promote and generalize more adaptive behavior, for example, by using systematic reinforcement (Eckes, 2023).

By focusing on observable behaviors and measurable outcomes, ABA provides structured, data-driven techniques to promote positive behavioral changes. ABA originated in the 1960s, pioneered by researchers like B.F. Skinner and O. Ivar Løvaas (Elias, 2023). ABA has evolved significantly over the past 60 years, adapting and expanding beyond the core principles established in the early Løvaas model.

One notable and often cited foundational model in ABA is the "antecedents, behavior, and consequences" framework, otherwise known as the ABC model. This model is based on the idea that manipulating either or both the antecedents and consequences of behavior can effectively increase, decrease, or modify specific behaviors. By applying this structured approach, ABA practitioners can create interventions tailored to an individual's unique needs, thus making it a highly suitable tool for targeting behaviors of interest in various settings. There are also several techniques commonly associated with ABA that are worth noting, as they play a crucial role in shaping behavior. These techniques include positive and negative reinforcement, extinction, prompting, and the widely used token economy system, all of which are designed to encourage desirable behaviors while minimizing problematic ones (Zauderer, 2025).

Through the careful application of these techniques, ABA practitioners help individuals develop essential life skills, ranging from communication to self-regulation, thereby promoting greater independence and overall well-being. All these strategies are guided by the fundamental principles of ABA, which are categorized into seven dimensions: applied, behavioral, analytic, technological, conceptually systematic, effective, and general. These dimensions, introduced by Baer, Wolf, and Risley in 1968, as cited by Baker in 2025, serve as a framework to ensure the effectiveness and consistency of ABA interventions. They are deeply rooted in the scientific principles of learning and behavior (Cooper et.al, 2019). This structured approach ensures that interventions are not only practical but also scientifically sound, making ABA a widely recognized and respected methodology in behavioral therapy.

One of ABA's key strengths lies in its ability to systematically modify behavior using the aforementioned evidence-based techniques. By focusing on reinforcement strategies and behavioral assessments, ABA encourages the development of positive behaviors while simultaneously reducing maladaptive ones. Studies have consistently shown the effectiveness of ABA in various populations, particularly in children with autism. According to Peterson et. al in 2024, the field of ABA has continuously demonstrated and proven its effectiveness in improving socially significant behaviors and prioritizing meaningful outcomes with a variety of evidence-based strategies and interventions.

A study conducted by Tan in 2021 showed that ABA has been proven effective in toddlers with ASD, leading to noticeable improvements in their cognitive, adaptive, educational, and language skills. These findings highlight the importance of early intervention in maximizing developmental potential and enhancing the overall quality of life for individuals with ASD. ABA is recognized as the most extensively utilized and proven effective method for addressing the behavioral and educational needs of individuals with ASD and other developmental disorders (Chung, 2024). Du, Guo, and Xu's 2024 study further emphasize the impact of ABA programs by demonstrating that ABA significantly improves the social, communicative, and daily life skills of children with special needs.

#### ➤ *Accessibility of ABA Services: A Global and Local Perspective*

Access to early intervention services, such as ABA, is significantly affected by broader healthcare access challenges in the Philippines. Healthcare, which encompasses the prevention, treatment, and management of illnesses, as well as mental and physical well-being, plays a crucial role in ensuring timely intervention for developmental conditions like ASD. According to the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention in 2023, access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity.

However, systemic barriers in the Philippine healthcare system severely limit access to ABA therapy and other early intervention services. These limitations are mirrored globally, as research highlights several persistent challenges that low- and middle-income countries face in delivering equitable mental health and developmental services (Littman et al., 2023).

Littman and colleagues found that geographic location, income, and education level significantly influence the ability of families to access ABA services. These challenges are not unique to the Philippines. In Texas, for instance, Atta (2024) reports that despite the state's developed infrastructure, access to ABA therapy remains hampered by high costs, provider shortages, insurance limitations, and long waitlists. These issues are exacerbated in rural and underserved communities.

Similarly, a 2024 study by Portillo et al. found that children with ASD who are enrolled in Medicaid were less likely to receive early intervention services compared to their privately insured peers. The study identified significant racial and ethnic disparities in service utilization, with children from marginalized communities facing additional barriers to accessing timely and appropriate care. These findings underscore the need for targeted policies and interventions to address inequities in service delivery and ensure equitable access to early intervention for all children with ASD. These findings prove that financial and systemic inequities in ABA access are not confined to developing countries, but are deeply embedded in healthcare systems

worldwide. Additionally, systemic barriers to accessibility go beyond economic or logistical concerns. Neil and Klimova (2023) emphasize that traditional models of ABA service delivery often fail to meet the needs of diverse populations due to a lack of cultural responsiveness and flexibility in service design.

They argue that ABA must become more consumer-oriented, especially for marginalized communities, by incorporating culturally sensitive practices, offering varied service models, and addressing social determinants of health. In contexts like the Philippines, where services are often fragmented or privately led, the lack of culturally and contextually adapted programs further limits ABA's reach and impact. The nationwide shortage of healthcare professionals further exacerbates this issue. The news article written by Lalu in 2023 states that the Department of Health (DOH) that as of that year, the country has a deficit of 114,000 physicians and 127,000 nurses, which contributes to overburdened healthcare facilities and long wait times.

This scarcity extends to allied health professionals, including certified behavior analysts and behavior technicians, making it difficult for children with ASD to receive timely and consistent ABA therapy. Studies also underscore the importance of addressing workforce shortages to ensure the sustainability of early intervention programs (Chiu et al., 2023). As seen in Texas, the geographic maldistribution of ABA providers significantly limits access for families in remote areas (Atta, 2024).

In many cases, Filipino parents take on the burden of initiating and sustaining interventions for their children with ASD due to a lack of accessible public services.

A study conducted in Baguio City found that parents often play a central role in coordinating healthcare and educational services, frequently relying on informal networks and personal resources to secure support for their children (Gattud, 2020). This reliance on parent-initiated efforts reflects systemic inadequacies and highlights the need for more structured and government-supported intervention programs.

Funding constraints also play a critical role in limiting early intervention access. The Philippine Statistics Authority (PSA) reported that the country allocated only 5.9% of its GDP to healthcare in 2023, well below the global average of 9.04%. This underfunding directly impacts the availability of ABA therapy, as many families struggle to afford private services due to the lack of government-subsidized programs. Public hospitals and clinics often do not have the resources to provide ABA therapy, leaving many children without the necessary support during critical developmental years. In the U.S., similar challenges are noted, as children from minority backgrounds and those insured under Medicaid face substantial limitations in accessing adequate behavioral health services, highlighting the intersection of healthcare policy and social inequities (Zhang et al., 2020). Additionally, infrastructure deficiencies hinder access to early intervention services, particularly in rural areas. Limited transportation networks and inadequate healthcare facilities make it difficult for families to reach ABA therapy centers, resulting in delayed or missed therapy sessions.

Poor road conditions and a lack of public transportation further isolate families from essential services, disproportionately affecting children in remote communities. As the Association for Behavior Analysis International (ABAI) highlights, equitable access to ABA therapy is hindered by structural barriers such as transportation and geographic inequities (Critchfield, 2023).

As a result, many children with ASD, especially those from low-income or rural backgrounds, experience delays in receiving a diagnosis and intervention, which can negatively impact their long-term development. Addressing these systemic barriers through increased healthcare funding, improved professional training programs, and better infrastructure would be crucial in ensuring equitable access to early intervention services like ABA therapy across the Philippines and beyond.

#### ➤ *Barriers to Accessing ABA Services*

Despite the growing recognition of ABA services as an evidence-based intervention for ASD, significant barriers continue to hinder access to ABA services across diverse socioeconomic and geographic contexts. These barriers include financial constraints, workforce shortages and geographic disparities.

One of the most pervasive obstacles to ABA services accessibility is its high cost.

A report done by UNICEF in 2022 found that Filipino families of children with disabilities incur a higher cost of living compared to families without disabled children. Health expenditure accounts for the largest source of extra costs (fees for consultations and therapies, medicines, and assistive devices and their maintenance), followed by transportation and education. According to Carraro et. al., (2023), Filipino households of children with disabilities spend three times more on health-related goods and services than households without children with disabilities.

In many countries, including the United States and the United Arab Emirates, families face financial burdens when seeking ABA services. It can cost between \$1,200 and \$4,800 per month depending on the intensity and provider location, making it inaccessible to many families without substantial financial means or insurance coverage (Golden Steps ABA, 2025; Kyocare, 2023)

A study by PwC (2022) reported that families in the UAE spend up to AED 55,000 (approx. USD 15,000) annually on care for a child with autism, with ABA services accounting for a significant portion of that cost. Insurance-related obstacles further exacerbate these issues. As reported in an article, inconsistent coverage policies, limits on service hours, and lengthy reimbursement processes discourage both families and providers from engaging fully with ABA services (Diena, 2025).

Accessibility is also limited by the unequal geographic distribution of ABA providers, especially in rural and underserved regions. In the Philippines, for instance, ABA services are predominantly available in urban centers like Metro Manila, leaving rural communities with minimal or no access. This rural-urban divide is compounded by poor transportation infrastructure, limited digital connectivity, and a chronic shortage of trained professionals. These challenges parallel findings from other countries. During the COVID-19 pandemic in South Korea, Shin, An, and Oh (2023) observed that students in rural areas experienced more pronounced declines in educational performance due to limited in-person support. Similarly, Colicol and Colicol-Rodriguez (2023) found that in the Philippines, rural students faced severe disadvantages during remote learning, which was largely influenced by socioeconomic status, lack of internet access, and insufficient teacher support.

This educational disparity extends beyond general academics and directly affects access to specialized services like ABA. In rural Filipino communities, local dialects, cultural norms, and logistical constraints such as travel distance further isolate families from needed services. Lurgain et al. (2024) emphasized that language and culture were significant obstacles that may restrict service access, particularly for minority or immigrant populations, a concern mirrored in the Philippines, where regional linguistic diversity presents communication challenges for standardized therapy delivery.

Another critical issue is the shortage of trained ABA professionals. According to Leaf et al. (2022), many regions globally lack sufficient numbers of board-certified behavior analysts (BCBAs), particularly in low- and middle-income countries. This shortfall leads to long waitlists, sporadic therapy schedules, and diminished treatment outcomes. Even when services are technically available, the quality and consistency of care can vary widely due to provider burnout and inadequate training support systems. While ABA is endorsed by leading health organizations, its methods and goals have also been the subject of ongoing debate. Critics argue that traditional ABA may focus excessively on behavior normalization, often at the expense of the autistic individual's autonomy and mental well-being.

Parental acceptance is not only shaped by efficacy and access but also by alignment with cultural values, ethical considerations, and the perceived respect for the dignity of the child (Garey, 2022). As such, controversies surrounding ABA can serve as both psychological and social barriers to its implementation. All in all, the barriers to ABA services are multi-layered, involving financial burdens, geographic isolation, workforce shortages, caregiver beliefs, and public perceptions (Littman et al, 2023).

In contexts like the Philippines and other developing nations, these barriers intersect to disproportionately disadvantage children in rural, low-income, or culturally diverse communities. Empowering caregivers with knowledge, reducing costs through public funding, expanding workforce training, and addressing ethical concerns through updated practices are essential steps toward ensuring equitable access to ABA services for all children with ASD.

Disparities between urban and rural areas in terms of access to essential health, education and the apparent lack of infrastructure services are illustrated in the research of Weeks et al. (2023) The researchers explored the critical questions of service delivery, quality of life, and access to specialized interventions such as ABA therapy.

It has been reported that rural and urban areas in the United States of America show consistent disparities in health outcomes and access to critical clinical care. Urban populations experience significantly better care than rural populations with the gap widening over time, highlighting the need for better interventions and services to improve health care equity.

Health care literacy is massively affected, with rural areas lagging behind significantly due to a lack of access to credible and accurate health information, which further strains their engagement with effective health care services. Research by Lee et al. (2020) found that rural women, specifically, experience reduced access to specialized healthcare due to a shortage of qualified professionals, thereby adding to the already staggering systemic barriers found within the system to find timely and appropriate care. These findings highlight how structural and resource limitations in rural areas add to the systemic barrier that is already present, increasing the challenges in access to specialized services including behavioral therapies.

Ma, Liu, Fang, Che, and Chen (2020) developed an index for quality of life that encompasses economic, social, and environmental dimensions that again, further illustrates the idea that urban areas have significantly better economic opportunities, robust social infrastructure compared to rural areas, and better environmental resources. Rural regions face an uphill battle with regards to basic healthcare, education, transportation, and social services that needs to be addressed through specific policy changes from the top to shorten the gap in intervention, care, and infrastructure development.

Porru, Misso, Pani, and Repetto (2020) documented said gaps, noting that urban areas benefit from denser infrastructure and stronger institutional capacity, while rural communities suffer from a widely dispersed population that has severely limited communication and limited financial resources. These structural barriers cannot be scaled easily, thus limiting the adoption of innovative solutions such as demand-responsive transport systems and online communication.

Through research and data, these studies summarized the problems and gaps that rural populations face. The disadvantages across health, education, infrastructure sectors that are present within the systemic barriers, along with the cost of implementation, disproportionately affect vulnerable groups such as children with developmental disabilities. ABA services highlight the urgent need for integration and intervention to prioritize accessibility and quality service in rural areas.

#### ➤ *Quality of Health Care and Service Delivery*

To ensure effective intervention outcomes for children with autism and other developmental conditions, it is imperative that the quality of ABA service be at its highest performance. Babalola's 2024 study confirms disparities in healthcare access and utilization for autistic children and their parents and or caregivers. However, several gaps in the literature were identified including that, surprisingly, only a few studies examined the facilitators extensively. High-quality training and regulation of ABA practitioners take a central role in service standards and ensuring the proper well-being of clients. Dubuque and Kazemi (2022) outlined that certification outcomes in first time Board Certified Behavior Analysts serve as valuable indicators of training program effectiveness. They have called for proper standards and practices to use the metrics they provided, in order for educators, accrediting bodies and policymakers to identify areas of improvement, evaluate program standards, and to improve or inform their choices of strategic program development. Dubuque and Kazemi have also advocated for quantitative and qualitative data and statistics to incorporate quality control indicators. That includes job analysis, post-graduate publication and presentations, and consumer or employer feedback to assess the programs accurately for its effectiveness beyond the usual exam performance alone.

The concept of quality standards in ABA service delivery was critically analyzed by Silbaugh and El Fattal (2021). They observed that rapid growth in the industry has outpaced establishment of standardized definitions and objective metrics for quality care. They identified the absence of a universal definition of what service quality is in terms of ABA service. They also illustrated the limited influence of professional organizations over contingencies affecting quality. Lastly, they pointed out the insufficient objective indicators to distinguish quality among competing service providers. Silbaugh and El Fattal proposed a workable framework for ABA organizations to emphasize the need to define and to set in motion service quality in the context of each specific area. They recommended the implementation of quality processes to adopt data-driven evaluation systems so that feedback and accountability is encouraged. These recommendations in turn promote professional development in direct collaboration with the stakeholders to align practices with ethical standards and client needs. These measures are essential for improving service consistency, client satisfaction and overall treatment outcomes. These improvements can help bridge the gap between rural and urban areas, or areas which have systemic limitations that affect accessibility and intensity of care.

McCabe, Barnes, and Jiang (2023) highlight the financial issues that limit the delivery of individualized interventions and the low staff-to-student ratios that raise ethical concerns about service adequacy. They advocated for addressing structural barriers that restrict children's access to appropriate interventions. They also emphasized the demands from parents to highlight the importance of compassionate and family-centered care in shaping the perceptions of service quality. The supporting study by Collins (2025) underscores the value that parents bring in the service through coordinated support and inclusion of parent training programs and services that enhance their knowledge, resilience and caregiving competence. Collins argues that high-quality care extends beyond technical know-how and requires collaboration between all actors involved to empower families, improve the outcome of the treatment, and enhance the well-being of everyone involved.

#### ➤ *Parental Experiences and Challenges*

Parents and guardians are the primary providers of their children's basic and developmental needs. Parenting a child with special needs, however, presents additional challenges that extend beyond typical caregiving responsibilities. Research consistently demonstrates that these parents experience elevated levels of stress due to emotional, financial, and social pressures. Commonly identified stressors include managing behavioral difficulties, sustaining the financial burden of ongoing therapy, and coping with limited professional and social support networks (Cheng & Lai, 2023). Rivard et. al 2023's research on parents experience of the developmental disabilities care and service trajectory has also showed that transitions between services (i.e. diagnostic, early intervention, transition to school phases) are poorly planned, that the support during waiting periods is fragmented, and that there is a lack of coherence between service providers and interventions phases, all of which contribute to poor family quality of life and adjustment during early childhood. Because of this situation, parents must often advocate for their child's right to access adequate services during transitions; this advocacy can in itself be exhausting and stressful.

A study conducted in Terengganu (2022) by Wahab and Ramli similarly reported significant psychological distress among parents of children with special needs, with stress levels ranging from mild to severe. These findings were strongly associated with employment-related pressures, underscoring the economic challenges faced by families. Broader research corroborates that persistent caregiving demands, children's behavioral and emotional challenges, and long-term financial strain are central

contributors to parental stress. McBain in 2020 study identified a number of workforce-related challenges for families seeking treatment for children with ASD—including lack of preparation of primary care providers to serve children with ASD, lack of availability of specialty providers, and disparities in access to ASD services by sociodemographic and geographic factors.

A recent study in 2024 strategies play a pivotal role in mediating stress outcomes. Cheng et. al, in 2025 stated that the concept of parenting resilience serves to break this negative chain. Parenting resilience is the process of positively adapting to the difficulties associated with parenting children with developmental disabilities. Adaptation is a state of well-being in parenting, resulting in improved parental mental health, parent – child relationships, and family relationships.

Research shows that adaptive approaches, such as cognitive restructuring and problem-solving, can help reduce stress levels, while maladaptive strategies such as self-criticism, withdrawal, and emotional disengagement are associated with increased psychological distress (Kaş Alay & Kaçan, 2024). These findings highlight that the multifaceted and unpredictable demands of raising a child with special needs, particularly those with autism, place parents at heightened risk of emotional exhaustion compared to parents of children with chronic but more predictable health conditions. Heiman's (2021) qualitative study further emphasizes the complex and multidimensional nature of parental experiences. Parents frequently reported stress, anxiety, and marital conflict; however, some demonstrated resilience through positive reframing, active engagement in therapy, and participation in parent support groups. Similarly, Smith et al. (2022) identified two overarching themes in the lived experiences of 20 parents caring for children with chronic conditions in Western Australia: (1) "Gut instinct to tipping point," describing parents' roles as unrecognized experts who often feel overwhelmed, and (2) "Losses and gains," reflecting changes in personal identity, strained relationships, and evolving coping strategies. These studies suggest that caregiving often parallels professional responsibilities, leading to chronic stress and underscoring the importance of improved access to support services, effective communication with healthcare professionals, comprehensive discharge preparation, and routine stress-screening with appropriate referrals.

Within the context of ABA therapy, the literature indicates that high-quality intervention extends beyond therapeutic techniques, particularly for families of children with autism. Effective systems of care must address caregiver well-being through stigma reduction, accessible services, and integrated family-centered support to ensure sustainable intervention delivery and positive outcomes for both children and families (Smith et al., 2022).

#### ➤ *ABA Services in the Philippines*

A recent study by the United Nations Children's Fund (UNICEF, 2022) estimates that there are about 1.6 million Filipino children with disabilities such as ASD, ADHD, learning disabilities, and other developmental conditions. Despite this growing need, the implementation of ABA is still in its early stages in the Philippines. The implementation of ABA in the Philippines is severely limited by excessive costs, a lack of qualified professionals, and limited physical access to services. Only a few studies have been conducted on these particular obstacles that Filipino families encounter when trying to access ABA intervention for their children.

It is evident that the Philippines is in dire need of qualified professionals that can implement ABA services. One such type of professional is the Qualified Behavior Analyst (QBA). They offer guidance and structure to individuals with mental and developmental disorders by designing programs for everyone involved in the therapeutic process, from the intervention center staff to family members. QBAs obtain their certification from the Qualified Applied Behavior Analysis Credentialing Board (QABA). QBAs are mastery-level interventionists with advanced knowledge of ABA. They are independent practitioners who can provide behavior-analytic services and supervise the work of Applied Behavior Analysis Technicians (ABATs). ABATs are those that implement and conduct behavior management plans for clients. However, according to the QABA's website, as of May 2025, there are only seven (7) active QBAs and 115 ABAT certificants in the Philippines (QABA registry, 2025).

The importance of strengthening the workforce is underscored by Zhang and Cummings (2020), who conducted a nationwide analysis of certified Applied Behavior Analysts (BCBAs) in the United States. Their study revealed that 49 out of 50 states fell below the recommended provider-to-population benchmark for children with autism spectrum disorder. States with higher education spending and median household income had relatively more ABA providers, highlighting regional disparities. The findings underscore that current shortages of qualified professionals are inadequate to meet the demand for evidence-based ASD interventions. Access to trained ABA practitioners is critical for timely and effective care, and workforce policies must prioritize increasing the number of certified providers, expanding training programs, and allocating resources strategically to ensure equitable access and high-quality ABA services across all regions.

The number and distribution of ABA centers in the Philippines also leaves much to be desired. The majority of ABA centers in the country are located in urban areas, leaving many families in rural areas unable to acquire access and get support. The aforementioned 2022 UNICEF study also found that proximity to health facilities was a contributing factor in the ability of families to access health services. Some families were also found to have limited knowledge on what health services were available in their area. In addition to these systemic and financial challenges, the fragmented delivery of services is also evident in how Filipino families initiate and coordinate care.

Financial barriers play a central role in limiting access. Quilendrin et al. (2022) conducted a cost analysis of 158 Filipino families with children aged 2 to 6 diagnosed with autism. The study found that first-year interventions (which includes therapy, education, and evaluations) averaged ₱38,869, representing nearly 21% of the families' average monthly household income. Despite these high costs, only 4.6% of children received the recommended 30 hours per week of therapy, while 42% received no intervention. The study highlights the financial burden families face, exacerbated by limited insurance coverage, lack of government subsidies, and scarce affordable services.

A study by Gattud and Piduca (2020) focusing on families in Baguio revealed that many parents rely on personal networks and community referrals, rather than formal healthcare or education systems, when seeking ABA and related interventions. This parent-initiated approach reflects a lack of cohesive government support and reveals how families often prioritize perceived immediate needs over comprehensive therapeutic plans.

While traditional face-to-face ABA remains the standard, the recent rise of telehealth during and after the COVID-19 pandemic has introduced a new delivery model. Telehealth services have the potential to increase access to ABA, particularly in underserved or remote areas. However, they come with their own set of limitations. According to Pomales-Ramos et al. (2023), clinicians identified several barriers in delivering ABA via telehealth, including poor internet connectivity, challenges in managing clients' behavior remotely, and administrative inefficiencies. In the Philippine context, where digital literacy and technological infrastructure are still developing in many regions, these barriers may further widen the accessibility gap despite the promise of virtual services.

Beyond infrastructure and cost, staff preparedness also plays a vital role in expanding ABA practice. Chezan et al. (2022) highlighted the importance of staff training in shaping special education professionals' understanding and acceptance of ABA. Their findings revealed that even a short 90-minute training session significantly improved participants' knowledge of ABA principles, including its history, core concepts of behavior, and functional assessment skills. Before the training, many professionals demonstrated limited understanding and misconceptions about ABA, which often contributed to resistance in practice. After training, however, teachers and classroom assistants reported increased confidence in applying ABA strategies and a greater openness to its use in supporting children with special needs. The study emphasized that structured training not only reduces misconceptions but also builds competence and positive attitudes toward ABA, with the recommendation that ongoing, more comprehensive training could further strengthen professional practice and enhance the integration of ABA in educational settings.

Regulatory oversight is critical in ensuring service quality, ethical compliance, and consumer protection. In the Philippines, the Professional Regulation Commission (PRC), through the Board of Physical and Occupational Therapy, establishes licensing standards, accredits facilities, and enforces codes of ethical and professional practice. These regulations promote accountability, safeguard clients' rights, and ensure that therapy centers deliver services aligned with national standards (Professional Regulation Commission, n.d.). Strengthening such regulatory frameworks in the ABA sector is vital to advancing service quality, particularly as demand for services that address developmental conditions continues to grow.

Moreover, the success of ABA programs does not solely rely on access or delivery modes but also on how culturally appropriate and acceptable the services are to families. Rotheram-Fuller, Turner, and Ray (2022) emphasized the need for ABA practices to adapt to the cultural norms and values of the populations they serve. In a multicultural and family-oriented society like the Philippines, where beliefs about disability, therapy, and parental roles vary widely, culturally insensitive approaches may hinder participation and engagement. Without such cultural alignment, even well-funded or technically sound interventions may fail to produce meaningful outcomes.

In summary, ABA in the Philippines is shaped not only by structural and economic limitations but also by contextual factors such as telehealth capacity, family-driven care models, and cultural considerations. Addressing these multiple layers of barriers is essential for the successful implementation and expansion of ABA services nationwide.

#### ➤ *Parent's Perspective of ABA Services*

Despite the widespread adoption of ABA, parents, who are central to the intervention process, offer diverse perspectives on the implementation, effectiveness, and ethical considerations of ABA services. Parents often report both successes and challenges in their children's experience with ABA. Common themes in their feedback include improvements in socialization, communication, and behavior management, but also challenges such as retention of strategies, remote attendance issues, and the overall intensity of the intervention (Plenos, 2023).

Parents increasingly seek interventions that not only manage behavioral challenges but also respect their child's individuality. They value approaches that incorporate collaboration, adaptability, and empathy, which contribute to a more personalized and humane treatment experience. ABA is still acknowledged for its utility, but many parents advocate for strategies that focus on understanding and collaborating with their children, rather than imposing strict behavioral controls (Tschida et al., 2020).

A 2025 study by Rusli examined parental involvement and identified several challenges faced by parents, including logistical issues, emotional stress, social-relational difficulties, and systemic barriers such as limited access to services and lack of interaction with therapists. These challenges often led to parental burnout and hindered the effectiveness of the therapy. Parents emphasized the need for improved training, reduced logistical burdens, and enhanced emotional support to ensure their involvement leads to better outcomes for their children.

Similarly, the 2024 study by Wilson and Lesack also reported mixed perceptions from parents regarding ABA. While many acknowledged the positive effects on specific behaviors, others expressed concerns about the rigidity and impersonal nature of the approach. Notably, a significant number of parents favored incorporating relationship-focused elements such as empathy and collaboration into ABA services. This suggests that many parents desire more compassionate, individualized services that balance behavioral goals with the emotional well-being of their children.

In contrast, the 2023 study by Giambona et al. found that the parents who participated in the study viewed early intensive behavioral services, which are rooted in ABA, as having a positive impact on their children's adaptive skills and school outcomes. Though the intensity of ABA did not significantly predict autism symptom severity, parents appreciated how the service enhanced their children's independence and facilitated smoother transitions into educational settings. Overall, parents recognized ABA as an important component in supporting their children's development and integration into less restrictive environments.

In summary, while parents recognize the effectiveness of ABA in managing behaviors and improving developmental outcomes, they increasingly call for more flexible, personalized, and collaborative approaches. They seek interventions that not only address their children's needs but also respect their individuality and emotional well-being.

#### ➤ *Synthesis*

The reviewed literature and studies attest to the effectiveness of ABA as a science-based intervention for children with developmental disabilities, especially those diagnosed with ASD. Studies such as those by Tan (2021) and Du, Guo, and Xu (2024), demonstrate how early ABA therapy significantly improves cognitive, behavioral, and social functioning. Similarly, research by Perez and Rios (2024) and Gündoğmuş et al. (2024) highlights the long-term developmental gains achievable through ABA services, including enhanced emotional regulation, adaptive behavior, and parental empowerment.

These studies align with the present research in terms of their shared recognition of ABA's effectiveness and the urgency of early intervention. They support the premise of this thesis: that ABA is a vital service for children with developmental conditions and that access significantly influences developmental outcomes.

A number of the reviewed studies and literature then serve as references for the notable differences between global trends and the Philippine context, the latter of which is the central concern of this research. Compared to countries such as the U.S., U.K., and Canada that have well-funded and institutionalized ABA services, the Philippines lacks infrastructure to support widespread access to ABA services.

Local studies by Gattud & Piduca (2020) and UNICEF (2023) reveal that Filipino families often rely on informal, parent-driven efforts to seek service providers, with few trained professionals and minimal government support. Unlike global models that integrate ABA into public healthcare or education systems, the Philippine model remains a largely fragmented market.

Telehealth is discussed across the reviewed literature as a promising avenue for improving access, but studies such as Pomales-Ramos et al. (2023) emphasize its technological and practical limitations. These concerns are more notable in rural or underserved regions of the Philippines where digital infrastructure remains weak.

Furthermore, the reviewed literature highlights the general financial, geographic, and systemic barriers to ABA access. Littman et al. (2023) and Atta (2024) discuss how location, income, and education influence service access even in developed countries, reinforcing the importance of examining these variables locally. The unique contribution of this study is its focus on how these barriers manifest specifically in Cavite, Philippines.

Additionally, while some of the reviewed international studies touch on the growing importance of culturally responsive practices (Neil & Klimova, 2023), this thesis aimed to identify if cultural and community dynamics are key variables influencing ABA accessibility in the Filipino context. Given the Philippines' emphasis on family and collectivism, cultural alignment is a significant factor in therapy acceptance and implementation within the country.

In summary, while previous literature supports the universal benefits of ABA and early intervention, this study extends this knowledge by situating it specifically within the socio-economic, geographic, and cultural context of Cavite, Philippines. By identifying the unique barriers in the province and proposing solutions, this research addresses a gap in existing studies and seeks to contribute to more accessible ABA services for Filipino children with special needs.

## CHAPTER THREE METHODOLOGY

This chapter presents discussions on the research design, data generation, selection of co-participants, thematic reflection, and literature comparison that were used in conducting this study.

### ➤ *Research Design*

This study used a qualitative research design, specifically a descriptive phenomenological approach, to explore the struggles and barriers of Filipino families in accessing ABA services for children with special needs. This design was chosen to gain a deeper understanding of the barriers families face, as expressed in their own words and experiences. It focused on describing the common lived experiences of participants while setting aside researcher assumptions through bracketing. Through this approach, the study was able to capture the essence and shared meaning of families' challenges in accessing timely and appropriate ABA services.

### ➤ *Data Generation*

Prior to collecting the data, the researcher sought out ten (10) participants through posting on the social media platform Facebook. The participants were invited to take part in semi-structured online interviews at their convenience. Before each interview, the researcher obtained the informed consent of the participant, confirming that they clearly understood the purpose of the study, how the interview will be documented, and their rights, which includes confidentiality and the option to withdraw from the interview at any time. An informed consent letter was sent to them prior to the interview.

The interviews were conducted via online platforms such as Zoom or Google Meet to ensure accessibility and safety. Each interview lasted approximately 30 to 60 minutes. With the respondent's permission, the sessions' audio were recorded to ensure accuracy in data collection. After each interview, the audio recordings were transcribed and translated into the English language. The participants were asked to review the transcribed data twice to verify accuracy and provide clarification. The transcripts served as the primary data for thematic analysis. All data were stored securely and accessible only to the researcher to maintain confidentiality.

### ➤ *Selection of Co-Participants*

The participants in this study consisted of ten (10) parents who have sought ABA services for their children with special needs. Participants were selected through purposive sampling to ensure that they possessed relevant experiences and insights related to the research topic. To address the limited availability of eligible participants within a single locality, participants were recruited from various municipalities across the province of Cavite. This broader geographic inclusion allowed the study to obtain an adequate number of participants while maintaining focus on the shared context of ABA service accessibility within the province.

The criteria for participant selection were as follows: (1) the participant must reside in the province of Cavite; (2) the participant must be a parent of a child with special needs; (3) has sought out ABA services for their child; and (4) the participant must be willing to participate in an online interview.

### ➤ *Thematic Reflection*

The researcher used reflexive thematic analysis by Braun and Clarke (2021) to analyze the data collected through the interviews. The result is a nuanced exploration of the participants lived experiences. The analysis also helped identify recurring ideas, perspectives, and patterns.

The analysis began with careful reading of the interview transcripts. From there, initial codes were generated, and significant data segments were grouped into potential themes. These themes were then defined and refined to ensure they accurately represent the data. The resulting themes reflected a range of issues, including financial constraints, geographic limitations, availability of trained professionals, cultural perceptions of therapy, and the emotional toll on parents navigating these barriers. This interpretive process recognizes the researcher's active role in extracting insights and emphasizes the value of context, emotion, and depth in qualitative research.

### ➤ *Literature Comparison*

After identifying the themes of the interview responses, the study's findings were compared with the reviewed literature to identify both parallels and distinctions. For instance, international studies such as those by Du, Guo, and Xu (2024), and Tan (2021) affirm the positive impact of ABA on children's development, which should align with the perceptions shared by many participants. Similarly, literature addressing barriers to access, such as the works of Littman et al. (2023) and Neil and Klimova (2023), reinforced the challenges experienced by the study's co-participants. Local studies, particularly those by Gattud and Piduca (2020) further contextualized the findings, specifically in relation to the role of parental initiative, rural inaccessibility, and lack of professional support in the Philippines. Not only did this comparative process validate the identified themes, it also underscored

the cultural, economic, and geographic factors influencing ABA accessibility that are specific to Cavite. Ultimately, this chapter aims to connect empirical evidence with lived realities to provide both academic relevance and practical insight.

➤ *Ethical Considerations*

Ethical considerations were central to the conduct of this study, ensuring the protection of participants' rights, dignity, and emotional well-being. Informed consent were obtained from all participants prior to data collection, following the provision of clear, accessible information regarding the purpose of the study, the scope of their involvement, and the procedures to be undertaken. Participants were also explicitly informed in the letter of their right to withdraw from the study at any stage without consequence, affirming that their participation was entirely voluntary and grounded in informed decision-making.

Confidentiality and anonymity were maintained at every stage of the research process. Pseudonyms and participant codes were used during transcription, analysis, and reporting, and no identifying details were included in the final manuscript or in any potential publications.

Given the sensitive nature of the topic, and the likelihood that discussing their experiences could evoke strong emotions, particularly among parents of children with special needs, interviews were conducted with empathy, respect, and cultural sensitivity. A supportive and non-judgmental environment was maintained to enable open sharing.

## CHAPTER FOUR

### PRESENTATION, INTERPRETATION, AND ANALYSIS OF DATA

This chapter presents and analyzes the data gathered from the interviews with the participants of this study. It examines their experiences and the experiences they faced related to the accessibility and availability of ABA services. This chapter is the result of a thorough analysis of the interview transcripts, the creation of clustered codes, and finally the organization of the codes into themes that are aligned with the study's research questions.

#### A. Participant Profile

To better understand the struggles and barriers that parents face when accessing and availing ABA services for their children with special needs, this section provides demographic information, family circumstances, and key contexts of each participant.

The participants in this study represent diverse family backgrounds and caregiving experiences within the province of Cavite. Parent 1 is a mother from Dasmariñas, Cavite. Her 3-year-old son was diagnosed with Global Developmental Delay (GDD) as well as speech and language impairment. Both she and her husband earn only the minimum wage. They reside in a relatively urban area with access to several nearby therapy centers. Parent 2, who lives in Bacoor, Cavite, is the mother of a 6-year-old son who was diagnosed with autism. She is a full-time caregiver and supplements the family income by washing clothes during the weekend. Parent 3 is based in Imus, Cavite, and is a mother of two children: one diagnosed with ADHD and one diagnosed with autism. She actively engages in independent research on intervention strategies and is closely involved in her children's care and education. Parent 4 is a single mother residing in Trece Martires, Cavite. She looks after her two children, including a 12-year-old son with Level 3 autism, while working night shifts to meet caregiving and financial demands. Parent 5 divides her time between Tanza, Cavite and Tarlac. She is the primary income earner in her household and has a 6-year-old son diagnosed with mild autism. Parent 6 lives in Dasmariñas, Cavite. She is raising three children, one of whom is a 6-year-old with autism, while simultaneously managing her own health concerns and her children's schooling. Parent 7, a resident of General Trias, Cavite, is a full-time caregiver to her 7-year-old child diagnosed with Autism Spectrum Disorder. They have limited access to nearby intervention services, leading her to focus primarily on home-based care. Parent 8 resides in Silang, Cavite, and is a full-time homemaker caring for multiple children, including a 5-year-old child with autism. Parent 9 is a father from Dasmariñas, Cavite, employed full-time while supporting the daily needs of his family and coordinating care for his 11-year-old son diagnosed with autism. Lastly, Parent 10 lives in Tanza, Cavite, and is a father to a 7-year-old daughter with autism. Both he and his spouse are employed full-time and share caregiving responsibilities alongside their work commitments.

#### B. Thematic Analysis

This section presents the thematic analysis of the data gathered from the in-depth interviews with the participants. The findings are organized as comprehensive answers to the four questions presented in the study's Statement of the Problem. It provides a comprehensive understanding of the barriers, contextual factors, and adaptive responses of families of children with special needs.

##### ➤ *Struggles and Barriers of Families of Children with Special Needs*

Families of children with special needs encounter several challenges that significantly affect their ability to access ABA services. These struggles are deeply tied to financial and systemic barriers, often limiting opportunities for consistent care and early intervention.

- *Financial and Structural Barriers to Accessing ABA Services*

Families of children with special needs consistently described financial strain as the most immediate and pervasive barrier to accessing ABA services. High service fees, compounded by indirect and hidden costs, intersected with employment constraints and caregiving responsibilities, making sustained intervention difficult for many families.

Participants repeatedly emphasized that the cost of ABA sessions alone was overwhelming. For example, Participant 6 compared therapy to college education in terms of their cost: "The doctor recommended that he go through both occupational and speech therapy three times a week, which would cost about P6,000 weekly. For us, that's almost like sending him to college."

Even initial consultations already posed a burden, as Participant 2 shared: "When we went for a check up, that already cost us 2800 pesos." For families attempting to follow recommended therapy intensity, the financial demands quickly escalated. Participant 10 explained: "If we're expected or required to send our child to therapy two, three, or more times a week, that would probably cost us P15,000 to P20,000 on therapy alone." Participant 1 also expressed similar concerns and stated: "It's expensive... and the recommendation is for my child to have three sessions a week. Of course it's costly for us."

Another participant also expressed their desire for more affordable services and stated a comparison between the payment fees of unlicensed therapists and licensed therapists. They stated: "I hope they make their services more affordable. There are even

centers with unlicensed therapists that are asking for the same fees as their licensed counterparts. There are centers here that ask for P1,000 or P1,200 per session”

Beyond session fees, participants described multiple additional expenses that further limited their access to ABA service. Transportation costs were especially challenging for families with limited income. Participant 8 stated: "I can't afford the fare, I don't have a job, and I also have to take care of my other kids." Assessment and reevaluation fees also served as major barriers. Participant 4 recalled: "The assessment alone cost P5,000. That was back in 2018... They also had an evaluation every 3 months for P5,000, so I said I really can't afford it." During the pandemic, costs increased further, as Participant 4 noted: "For home visits, they asked for P1,500 per session, plus PPE for the therapist. That was just an hour per session."

The financial hardship was intensified by employment-related vulnerabilities, particularly among parents who had to choose between earning an income and caregiving. For instance, Participant 2 explained: "I can't work because I'm focused on my child... I wash and iron clothes every Saturday. I don't earn enough to buy things." They added: "We just resort to borrowing money. We keep on borrowing money because we can't do anything else, we can only persevere."

Participant 5 is attempting to secure financial assistance from the government to be able to put their child through ABA therapy. She stated: "We've also been looking for financial assistance from the government. I was able to secure a PWD ID for my son here in Cavite. But now that he's in Tarlac, the officials there are telling me that I need to cancel that PWD ID and get a new one in Tarlac before I can ask for financial assistance there. So that's also been a struggle. I can't do everything because I'm also working."

Financial constraints function as a multilayered barrier that limits families' access to ABA services rather than as a single, isolated obstacle. Direct costs such as therapy fees combine with indirect expenses, including transportation and assessment fees, creating multiple layers of financial strain that disproportionately affect low-income and single-parent households. These overlapping costs influence not only whether families are able to begin ABA services but also whether they can sustain the recommended intensity of intervention. As a result, access to early and consistent ABA support is shaped more by economic capacity than by clinical need, reinforcing inequalities in developmental outcomes for children with special needs.

These findings are consistent with existing literature that emphasize the role of socioeconomic factors in service accessibility. Littman and colleagues found that geographic location, income, and educational level significantly affect families' ability to access ABA services, suggesting that such barriers extend beyond the Philippine context. In the local setting, Quilendrino et al. (2022) reported that first-year intervention costs for Filipino families with young children diagnosed with autism averaged ₱38,869, equivalent to nearly 21% of monthly household income. Despite these expenses, only 4.6% of children received the recommended 30 hours of therapy per week, while 42% received no intervention. Together, these findings highlight how high out-of-pocket costs, limited insurance coverage, and inadequate government support constrain sustained participation in ABA services and contribute to persistent disparities in access to early intervention.

- *Limited Availability of Certified ABA Practitioners and Quality Service*

The availability of qualified and certified ABA practitioners emerged as a critical factor shaping families' experiences in accessing, sustaining, and trusting ABA services. Participants' narratives revealed that the shortage of certified practitioners not only delayed access to intervention but also resulted in inconsistent service delivery, difficulty verifying provider legitimacy, and erosion of trust. These challenges highlight how workforce limitations directly influence both the quality and perceived accessibility of ABA services.

Participants consistently demonstrated awareness of the limited number of certified ABA practitioners and described how this shortage disrupted timely access to services. Delays in initiating therapy were common, particularly for families living outside highly urbanized areas. Participant 9 shared: "We couldn't find an ABA therapist near our location for years." Limited center capacity further restricted access, as Participant 5 explained: "Here in Tanza, the center that's near our house is already full. We're still waiting for a slot."

Beyond delays, participants expressed concern that the limited availability of certified practitioners compromised the consistency and potential effectiveness of intervention. For example, Participant 10 was concerned about committing scarce financial resources without assurance of professional competence: "Some way to ensure that the therapist truly knows what they're doing. Because they all seem to cost around P1,000 to P1,200 per session. So when we reach a point where we can afford to pay that much or just decide to squeeze it into our budget, we'd want to get a therapist that actually knows what they're doing."

Many participants encountered centers staffed by professionals without formal ABA credentials. As Participant 3 noted: "That's the thing, they're not an ABA therapist but a psychometrician. I have not yet found a center that has an ABA therapist." Participant 4 echoed this uncertainty, stating: "I'm not sure if the therapists themselves were certified therapists, they didn't show any proof." These experiences illustrate how families struggled to assess provider qualifications in the absence of transparent credentialing systems.

Participants further described difficulty distinguishing legitimate centers from those operating without proper certification or supervision. Participant 5 emphasized this concern: “I think it’s the fact that you don’t know if the centers are legitimate. In our group chat, the members often say that there are lots of centers, but I can’t verify if they’re registered or certified to handle kids with autism. I’m afraid that if I send my son to a center that’s not certified, it could just make his situation worse.” In response to this uncertainty, parents often relied on informal sources of validation. For instance, Participant 1 stated: “I haven’t been asking if the therapists in the centers are certified. My only consideration is the feedback from those who have tried the center... But it’s really challenging to find a good ABA center here in the Philippines. Only a few of them are legitimate or have licensed therapists. It’s just about making money.”

Cost further intensified concerns about legitimacy and fairness. Participant 3 highlighted the frustration of paying premium fees without assurance of professional qualifications: “Looking for a licensed ABA therapist. Or even just a center with a supervisor that oversees the therapists. And also, I hope they make their services more affordable. There are even centers with unlicensed therapists that are asking for the same fees as their licensed counterparts. There are centers here that ask for P1,000 or P1,200 per session.” This pricing parity between licensed and unlicensed providers heightened many participants’ fear of exploitation.

Negative experiences ultimately led some families to disengage from services altogether. Participant 3 shared a decisive response following an incident involving physical restraint: “When they did that to my child, we never went back to that center. Because as far as I know, in the two months that my son was there, that was the only time that he acted out.” Such experiences reinforced parental perceptions that lack of certification and oversight could place their children at risk.

The limited availability of certified ABA practitioners has significant implications for service quality, parental trust, and family decision-making. Families are affected not only by long wait times and geographic constraints, but also by the lack of clear and reliable mechanisms to verify provider credentials. In contexts where regulatory oversight is weak and certification processes are unclear, parents often rely on informal referrals, subjective feedback, and trial-and-error approaches, frequently incurring substantial financial and emotional costs. These conditions contribute to a fragmented service environment in which access to ABA services does not necessarily ensure quality, and higher fees do not consistently reflect professional competence. Strengthening workforce development, improving certification transparency, and enforcing regulatory standards are therefore essential to protect families and preserve the integrity of ABA services in the Philippine context.

These findings are supported by existing literature that underscores systemic workforce and quality-related challenges in ABA service delivery. Leaf et al. (2022) reported a global shortage of board-certified behavior analysts, particularly in low- and middle-income countries, leading to long waitlists, inconsistent therapy schedules, and reduced treatment effectiveness. Similarly, Silbaugh and El Fattal (2021) observed that the rapid expansion of the ABA industry has outpaced the development of standardized definitions and objective indicators of service quality, with professional organizations having limited influence over factors that regulate care standards. Further, McCabe, Barnes, and Jiang (2023) highlighted how financial constraints and low staff-to-student ratios limit the provision of individualized interventions and raise ethical concerns regarding service adequacy. They also emphasized that parental expectations and the demand for compassionate, family-centered care play a critical role in shaping perceptions of service quality. Collectively, these studies reinforce the need to address structural barriers, workforce shortages, and regulatory gaps to ensure that ABA services are both accessible and delivered at an acceptable standard of quality.

- *Geographic Barriers to Accessing ABA Services*

Geographic location significantly shapes families’ access to ABA services, with participants describing clear disparities between urban and less urbanized areas. The concentration of ABA centers in metropolitan and highly urbanized locations limited service availability for families living in peripheral or rural communities.

Participants frequently reported difficulty finding ABA providers near their place of residence. As Participant 9 shared: “We couldn’t find an ABA therapist near our location for years... It was really rough because most ABA therapists are in Metro Manila... Since the therapists are in Manila and we’re in Cavite, our main barriers are the location and availability of the service...the distance alone makes accessing therapy hard.”

Participant 3 stated: “It’s also a factor, yes. I saw that the centers there were so small and were far from us. I think the centers do prefer to set up in highly populated areas.”

Two more participants shared similar struggles. Participant 10 stated: “There are no ABA centers near our house... As I mentioned, as far as I know there are no centers here that offer ABA. The ones that I’m sure offer ABA therapy are one to two rides away from us.” Participant 8 is in a similar predicament: “There are no ABA centers in our town. Most of them are far from here.”

It is evident that even within Cavite, availability depended on the level of a city or town’s urbanization. Participant 1, who lives in Dasmariñas, noted: “There are a lot of centers here. I think there are three to four therapy centers.” Participant 4 explained:

“It was easy for me, I just searched online for ABA therapy here in Trece Martires, and luckily there was one... We didn't even have to wait long.”

Transportation emerged as a major challenge for families who lived far from available centers. Long travel times were particularly difficult for children with behavioral and sensory sensitivities. Participant 1 explained: “My child gets overwhelmed during long commutes. He's having a hard time adjusting to it. But most centers are two jeepney rides away from our house.” The financial burden of transportation further compounded access difficulties. Participant 2 shared: “The fare going back and forth already costs more than 500 pesos.”

Geographic barriers function as structural constraints that limit both the availability and practical accessibility of ABA services. The concentration of providers in urban centers places families living in less urbanized or rural areas at a clear disadvantage, often requiring long-distance travel that is financially taxing and developmentally demanding for children with special needs. Geographic proximity influences not only families' ability to initiate ABA services but also their capacity to sustain consistent participation over time. As a result, uneven provider distribution reinforces regional inequities in access to early intervention, pointing to the need for more decentralized service delivery models and expanded outreach to underserved communities.

These findings are supported by related literature on geographic disparities in health and specialized service access. Weeks et al. (2023) reported persistent gaps between urban and rural areas in access to critical clinical care, with urban populations consistently receiving better services. Their findings highlight how geographic location shapes service availability and quality of life outcomes. Similarly, Ma et al. (2020) developed a quality-of-life index encompassing economic, social, and environmental dimensions, demonstrating that urban areas benefit from stronger economic opportunities, more robust social infrastructure, and better environmental resources. In contrast, rural regions face significant challenges in accessing basic healthcare, education, transportation, and social services. Further supporting this view, Porru et al. (2020) documented how urban areas benefit from denser infrastructure and stronger institutional capacity, while rural communities struggle with dispersed populations and limited service networks, further constraining access to specialized interventions. Collectively, these studies reinforce the role of geography as a structural barrier and emphasize the importance of policy-driven and community-based solutions to improve equitable access to ABA services.

➤ *Themes Derived from the Responses of the Families of Children with Special Needs Regarding the Access and Availability of ABA Services*

This section presents the themes that emerged from the participants' responses regarding their experiences in accessing ABA services. The analysis reveals that families encounter multiple, interconnected barriers that extend beyond financial limitations, encompassing geographic inequities, weak regulation, lack of transparency, insufficient government support, and psychological consequences. At the same time, parents demonstrate resilience and resourcefulness as they navigate these systemic challenges. The themes below reflect both the structural conditions shaping access to ABA services and the lived realities of families seeking intervention for their children.

• *Compounding Effects of Economic and Geographic Factors*

The participants' experiences illustrate how financial hardship and geographic location interact to create layered barriers to accessing ABA services. High therapy costs—ranging from ₱750 to ₱1,500 per session and typically required two to three times per week—were consistently described as overwhelming, particularly when combined with assessment fees, transportation expenses, and therapy materials. These financial demands were especially burdensome for families earning minimum wage or already experiencing economic strain.

Geographic factors further intensified these challenges. While some urban areas had multiple therapy centers, proximity did not always translate to access due to long waitlists, limited slots, or the physical and emotional difficulty of commuting with a child with special needs. Families in rural or less urbanized areas faced even greater disadvantages, as services were scarce or nonexistent. Participants emphasized that even when services were technically available, logistical barriers often rendered them inaccessible.

Together, these experiences reveal that barriers to ABA access operate systemically rather than independently. For families earning approximately ₱14,000 per month, the total cost of the recommended therapy frequency could consume nearly the entire household income. Parents were therefore forced to make impossible choices between housing, food, and therapy, highlighting deep structural inequities in how services are distributed and priced. The following are some of the notable responses related to the participants' economic and geographic challenges.

- ✓ *Participant 1: “It's expensive, especially for me and my husband because we only earn minimum wage... The really challenging part is that we may end up drowning in debt.”*
- ✓ *Participant 5: “We don't pay rent in Tarlac... If he stays here [in Cavite], yes he can go to therapy, but we'd have no money left for food.”*

✓ *Participant 2: “The fare going back and forth already costs more than 500 pesos. There's a lot of us who are just waiting for free services.”*

Economic and geographic factors structurally exclude many families from accessible ABA services. The findings suggest that access is shaped less by parental willingness and more by systemic inequalities that prioritize urban, privatized service delivery. In this context, early intervention becomes a privilege rather than a right, reinforcing disparities among children with special needs based on family income and location.

The geographic maldistribution of ABA providers is a clear example of structural inequity. As observed in a study by Atta in 2024, families living in remote areas face significant barriers to accessing services due to long travel distances and limited local availability. These geographic constraints interact with economic limitations, creating a compounded effect where families are unable to initiate or maintain recommended therapy schedules.

Funding constraints further exacerbate these inequities. In the Philippines, the Philippine Statistics Authority (PSA) reported that only 5.9% of GDP was allocated to healthcare in 2023, well below the global average of 9.04%. This underfunding directly affects the availability of ABA therapy, as families are often forced to rely on expensive private services in the absence of government-subsidized programs. Public hospitals and clinics frequently lack the capacity to provide ABA therapy, leaving many children without critical support during key developmental periods. Similar patterns are evident in the U.S., where children from minority backgrounds and those insured under Medicaid experience substantial barriers to accessing adequate behavioral health services, illustrating the intersection of healthcare policy and social inequities (Zhang et al., 2020).

Infrastructure deficiencies further limit access, particularly in rural areas. Limited transportation networks, poor road conditions, and inadequate healthcare facilities make it difficult for families to reach ABA therapy centers, leading to delayed or missed sessions. These barriers disproportionately affect children in remote communities and compound existing disparities. The 2022 UNICEF study also highlighted the role of proximity to health facilities in determining service access, noting that some families lacked knowledge about available health services in their area. This points to the broader issue of fragmented service delivery, where navigating care requires both awareness and resources that many families do not have.

Structural barriers such as transportation challenges and geographic inequities continue to hinder equitable access to ABA therapy (Critchfield, 2023). Taken together, these findings illustrate that both economic and geographic factors operate as systemic obstacles, shaping who can access early intervention and under what conditions, and reinforcing the need for policy-driven solutions to expand service availability and reduce disparities.

- *Lack of Legitimacy and Trust in Unregulated Services*

Participants described a prevalent sense of uncertainty regarding the legitimacy, safety, and effectiveness of ABA providers. Parents expressed difficulty verifying therapist credentials, identifying licensed professionals, and distinguishing legitimate centers from those operating without proper qualifications or oversight. This lack of regulation heightened concerns about unethical practices and misleading claims, including unrealistic promises of rapid developmental gains.

The absence of accessible regulatory mechanisms such as public credentialing databases or standardized monitoring of centers left parents relying on assumptions, informal advice, or trial-and-error decision-making. Many participants described feeling forced to choose between more affordable services of questionable quality and more reputable centers that were financially inaccessible.

These experiences point to an ethical concern within the service environment, where the proliferation of ABA centers without corresponding oversight creates opportunities for exploitation. Families seeking help for their children were placed in a vulnerable position, unable to verify whether services were evidence-based or delivered by qualified professionals.

Additionally, parents expressed deep concern over their inability to observe or monitor therapy sessions. Many centers conducted sessions in closed rooms without cameras or observation windows, leaving parents—particularly those with non-verbal children—unable to ensure their child's safety or understand the interventions being used. This lack of visibility intensified fear, mistrust, and anxiety.

These concerns were reinforced by direct experiences of harm and safety risks. One participant recounted an incident involving physical restraint, where her child's arms and legs were held down, leading to distress and self-injurious behavior. Other participants noted facility-related risks, such as unsecured exits and inadequate supervision. Such experiences heightened parents' sense of vulnerability and powerlessness.

Parents also expressed a desire to be active partners in therapy rather than passive recipients of services delivered behind closed doors. Their calls for transparency reflected both protective instincts and recognition of the importance of learning strategies that could be applied consistently at home.

- ✓ Participant 1: *“Only a few of them are legitimate or have licensed therapists. It's just about making money.”*
- ✓ Participant 5: *“I can't verify if they're registered or certified to handle kids with autism. I'm afraid that if I send my son to a center that's not certified, it could just make his situation worse.” “They don't let the parents into the center during sessions. I'm worried that they might not notice if my son goes out.”*
- ✓ Participant 3: *“I asked the psychometrician who assessed my child if their ABA therapists are licensed. They did not reply. So of course I assumed that meant that that wasn't the case.”*

Weak regulation and lack of transparency significantly undermine parental trust and compromise informed decision-making in accessing ABA services. In the absence of institutional safeguards, families are often left to evaluate the legitimacy and quality of services on their own, despite lacking the necessary resources or knowledge. This situation not only exposes children to potential harm but also risks conflating negative experiences with the perceived effectiveness of ABA itself.

The urgency of these concerns is underscored by the growing population of children with developmental conditions in the Philippines. According to UNICEF (2022), approximately 1.6 million Filipino children live with disabilities such as ASD, ADHD, learning disabilities, and other developmental challenges. Despite this substantial need, ABA implementation remains in its early stages, leaving many families navigating an emerging and inconsistently regulated field.

Research highlights the importance of standardized training and certification as mechanisms to ensure service quality. Dubuque and Kazemi (2022) emphasized that establishing proper standards and practices allows educators, accrediting bodies, and policymakers to identify areas for improvement, evaluate program quality, and guide strategic program development.

The broader issue of service quality in ABA is further complicated by the rapid growth of the industry. Silbaugh and El Fattal (2021) observed that expansion has outpaced the development of standardized definitions and objective metrics for assessing quality care. They highlighted the absence of a universal definition of service quality in ABA, leaving families with limited guidance on how to evaluate providers and increasing reliance on informal networks and subjective judgments.

Together, these studies illustrate that weak regulatory structures and limited transparency create an environment where families bear disproportionate responsibility for assessing service legitimacy. Strengthening certification standards, clarifying quality metrics, and enforcing regulatory oversight are essential to protect children, build parental trust, and ensure that ABA services are delivered safely and effectively.

- *Limited Disability Support and Absence of Government Assistance*

Participants consistently identified the lack of government support as a central barrier to accessing ABA services. There were no free or subsidized public ABA services and only limited PWD discounts. Financial assistance mechanisms, such as DSWD guarantee letters, were met with reluctance or dismissal by private providers.

The absence of ABA integration into public healthcare and education systems results in a fully privatized model of care, placing the financial and logistical burden almost entirely on families. Parents recognized that this structural gap enables their other barriers, including high costs, geographic disparities, and inconsistent service quality.

Participants also advocated for reform, including government-funded centers, ABA integration into public schools and daycare programs, and greater institutional accountability. These suggestions reflect an understanding that their struggles are not inevitable but are shaped by policy decisions.

- ✓ Participant 3: *“Wouldn't it be great if public health centers just made something like that?” “The government should integrate ABA into public schools.”*
- ✓ Participant 2: *“We tried to enroll him in public school but they didn't accept him.”*
- ✓ Participant 6: *“As soon as they hear that (installment), they immediately lose enthusiasm.”*

Limited public investment in disability support places the burden of care squarely on individual families, deepening social inequality and marginalization. When developmental services are treated as private responsibilities rather than collective obligations, families bear the direct impact of systemic neglect. Research by Gattud and Piduca (2020) in Baguio demonstrated that parents frequently depend on personal networks and community referrals instead of formal healthcare or education channels to access ABA and related services. This reliance on informal pathways underscores gaps in government support and indicates that families often respond to immediate needs rather than long-term, structured therapeutic planning. In addition to infrastructure and affordability challenges, the preparedness of staff significantly influences the effectiveness and expansion of ABA services. Chezán et al. (2022) emphasized that comprehensive staff training is crucial in fostering special education professionals' understanding and acceptance of ABA methodologies.

- *Psychological Impact of Structural Barriers*

Participants described significant emotional distress arising from their inability to secure appropriate therapy for their children. Feelings of hopelessness, guilt, shame, and perceived personal failure were common, particularly when financial constraints prevented access to services. Several parents internalized systemic barriers as individual shortcomings, blaming themselves for circumstances beyond their control.

These emotional responses highlight how structural inequities extend beyond material deprivation to psychological harm. The privatized and unaffordable nature of ABA services contributed to parents' belief that they were failing their children, despite persistent efforts to seek help. Relevant responses include the following:

- ✓ *Participant 3: "My search had me on the verge of tears."*
- ✓ *Participant 5: "If I could give my son the best, I would. But I can't right now."*
- ✓ *Participant 10: "The main feeling is that I failed my child."*

Structural barriers often translate into personal feelings of failure, generating emotional strain alongside environmental challenges. The findings indicate that systemic neglect not only limits access to essential services but also imposes long-term psychological burdens on parents with children with special needs, heightening vulnerability among already marginalized families. Research by Wahab and Ramli in 2022 similarly documented notable psychological distress among parents of children with special needs, with stress levels ranging from mild to severe. This distress was closely linked to employment pressures, highlighting the financial and economic challenges that compound caregiving responsibilities. Broader studies confirm that persistent caregiving demands, children's behavioral and emotional difficulties, and ongoing financial strain are central contributors to parental stress.

These findings underscore that the unpredictable and multifaceted demands of raising a child with special needs place parents at higher risk of emotional exhaustion compared to caregivers of children with more predictable chronic health conditions. The psychological burden placed on families represents a form of symbolic violence. The system's failure is displaced onto individuals who then suffer not only practical consequences but profound emotional distress. The implication is that healthcare systems that privatize disability support do not merely create practical barriers. They also produce shame, self-blame, and depression by structuring the problem as individual rather than as collective responsibility. Heiman's (2021) qualitative study further illustrates the complexity of parental experiences, with many reporting stress, anxiety, and marital strain, yet some demonstrating resilience through positive reframing, active involvement in therapy, and participation in parent support groups.

Overall, these studies affirm that systemic, economic, and child-related challenges intersect to create a landscape of compounded stress for parents, highlighting the need for comprehensive support systems that address both practical and emotional needs.

- *Insights Drawn from the Responses of the Participants*

Beyond highlighting systemic, financial, and structural challenges, the participants' narratives revealed resilience, adaptive strategies, and critical awareness of the systemic shortcomings affecting access to ABA services. These insights reflect not only the struggles of families but also their capacity to persevere, critically evaluate service systems, and articulate culturally grounded expectations for intervention.

- *Parental Resilience*

Despite persistent barriers related to service availability, accessibility, and quality, participants consistently demonstrated resilience and commitment to their children's development. Their narratives revealed significant personal sacrifices, adaptive coping strategies, and a sustained sense of hope rooted in observable progress and long-term aspirations for their children.

Participants described making profound lifestyle and financial sacrifices to prioritize therapy and caregiving. For instance, Participant 9 stated: "All the suffering is worth it because we want our son to have a life that's as close to normal as possible. He's our son, so we want to do everything we can for him." Similarly, Participant 5 shared: "Even before my son was diagnosed, my husband and I already decided that he would stop working so that he can take care of my son... I was already the only one working." These sacrifices often extended to changes in employment schedules, as Participant 4 explained: "I need to work at night so I can go with him to therapy in the morning. I think my challenges are to figure out how to continue his therapy at home and manage my time."

Alongside sacrifice, participants demonstrated adaptive coping strategies in response to emotional distress. Participant 3 described the emotional toll of searching for services: "Shortly after my children were diagnosed, I found someone who asked for P7,000 monthly per child... I told my husband that my search had me on the verge of tears." Rather than disengaging, Participant 3 reframed the challenge as an opportunity for empowerment: "That's how I ended up thinking, why don't I just study ABA myself?" and later added, "I said to myself, it's going to be okay. Because I know that after I get my certificate, I'll be able to handle my child constantly from that point forward."

Parental resilience emerges not simply as an emotional reaction but as an ongoing, active process shaped by sacrifice, problem-solving, and cognitive reframing. Consistent with existing literature, parents manage chronic stress by prioritizing caregiving responsibilities, developing new skills, and maintaining hope through small but meaningful improvements in their children's progress. This optimistic commitment involves resilience as a protective factor that allows parents to remain engaged in intervention efforts despite persistent systemic gaps and service limitations. However, the responsibility of sustaining this resilience is largely borne by families themselves, highlighting the need for institutional supports that reinforce, rather than depend solely on, parental endurance.

Coping strategies play a crucial role in determining parental stress outcomes. Adaptive approaches such as cognitive restructuring and problem-solving have been shown to reduce stress, while maladaptive strategies—including self-criticism, withdrawal, and emotional disengagement—are associated with heightened psychological distress (Kaş Alay & Kaçan, 2024). Khotimah (2024) similarly reported that parents often experience negative emotional states such as devastation, shame, disappointment, sadness, and diminished self-confidence, reflecting the emotional toll of sustained caregiving demands.

Recent research by Cheng et al. (2025) emphasizes that parenting resilience can disrupt this negative emotional cycle. Parenting resilience is described as the capacity to positively adapt to the challenges of raising children with developmental disabilities, leading to improved parental mental health, stronger parent-child relationships, and healthier overall family functioning. Together, these findings suggest that while resilience can foster positive adaptation and well-being, it should be supported through accessible services, psychosocial interventions, and policy-level responses to prevent emotional exhaustion and long-term caregiver strain.

- *Critical Awareness of Systemic Gaps in ABA Service Delivery*

Participants demonstrated a nuanced understanding of the systemic barriers shaping their access to ABA services. Their narratives reflected critical evaluation of service quality, transparency, affordability, and the role of government support, revealing informed perspectives on how current systems fall short of families' needs.

Participants frequently described the challenge of balancing service quality with accessibility. As Participant 4 explained: "It ultimately came down to choosing the established center that's expensive and far from us, or this new one that's more affordable and nearby." In the absence of reliable regulatory guidance, parents relied on informal sources of information. Participant 1 shared: "My only consideration is the feedback from those who have tried the center... But it's really challenging to find a good ABA center here in the Philippines. Only a few of them are legitimate or have licensed therapists."

Concerns about transparency and accountability further shaped parental decision-making. Participant 3 expressed a strong desire for openness: "I really want to know what they're doing to my child... If you treat your clients well, you shouldn't have anything to hide." They added: "If I had my own therapy center, I'd want it to be open... I also want to teach the parents. I don't want to hoard the knowledge."

Government support was repeatedly identified as insufficient. Participant 2 stated: "There's a lot of us who are just waiting for free services... Wouldn't it be great if public health centers just made something like that?" Participant 6 highlighted barriers in accessing assistance: "When I'm looking for therapy centers, the first question I ask is if they accept guarantee letters from the government... As soon as they hear that, they immediately lose enthusiasm." Financial protections were also inconsistently applied, as Participant 1 noted: "There are also centers that I've checked that don't honor PWD discounts," while Participant 6 added: "At the very least, I hope to find a center that accepts payment on an installment basis."

Participants offered concrete recommendations, including better service integration. Participant 3 suggested: "The government should integrate ABA into public schools... And they should integrate it into day care centers as well."

Parents emerge not only as service recipients but as critical observers of systemic shortcomings in ABA service delivery. Their evaluations point to persistent structural gaps in regulation, affordability, and public-sector involvement, which compel families to assume multiple roles as gatekeepers, monitors, and advocates within an uncoordinated system. Limited government engagement and weak accountability mechanisms shift disproportionate responsibility onto families, intensifying inequities in both access and service quality. Participants' recommendations further reflect a clear demand for system-level reform, particularly the integration of ABA services into public health and education infrastructures to reduce reliance on individual family capacity.

These insights are supported by existing literature documenting similar structural challenges in service access and coordination. McBain (2020) identified workforce-related barriers, including inadequate preparation of primary care providers, limited availability of specialty services, and persistent sociodemographic and geographic disparities in access to autism-related care. Such gaps place additional strain on families who must navigate complex systems with minimal institutional guidance. Consistent with this, Babalola et al. (2024) reported significant disparities in healthcare access and utilization among autistic children and their caregivers, further illustrating how systemic inequities shape service experiences. Rivard et al. (2023) also highlighted how poorly planned transitions across diagnostic, early intervention, and school-entry phases, combined with

fragmented support during waiting periods, negatively affect family well-being. As a result, parents are often required to advocate continuously for their child’s access to appropriate services, a role that is both emotionally and physically demanding. Collectively, these findings reinforce the need for coordinated, accountable, and publicly supported service systems that reduce the burden placed on families and promote more equitable access to ABA services.

➤ *Proposed Action Plan to Improve Accessibility of ABA Services*

In response to the findings of this study, the researcher drafted a comprehensive and multi-tiered strategy. It aims to address the financial, geographic and systemic barriers to ABA services in Cavite and the Philippines. This action plan outlines concrete steps and strategies to guide implementation. The following are the action plan details:

- *Proposed Action Plan Title*

CAVITE CARES (Comprehensive ABA Response and Equity in Services)

- *Action Plan Description*

The researcher proposed CAVITE CARES, a Local Government Unit (LGU)-led action plan for the consideration of the provincial government of Cavite. CAVITE CARES was designed to address the financial, geographic, regulatory, and barriers to accessing ABA services in the province.

The action plan is a multi-component approach that includes (1) subsidized and decentralized ABA service delivery, (2) workforce and quality assurance mechanisms, (3) integration of ABA-informed practices within public education and health systems, and (4) psychosocial and informational support for parents and caregivers.

By embedding ABA services within existing LGU structures, public schools, and social welfare offices, the action plan aims to reduce reliance on costly private centers and ensure more equitable, transparent, and sustainable access to early intervention services across Cavite.

The findings of this study will be presented to the Local Government Unit (LGU) through a formal meeting that summarizes the key barriers experienced by families in accessing ABA services and outlines the proposed action plan. The researcher will participate as a resource person, providing evidence-based explanations of the findings, clarifying the rationale behind the proposed program components.

- *Action Plan Goals*

To improve access, quality, and sustainability of ABA services for children with special needs in Cavite through LGU-led financial support, service decentralization, workforce development, and regulatory oversight.

- *Specific Objectives:*

- ✓ To reduce the financial burden of ABA services on low to middle-income families through LGU-subsidized therapy, assessments, and transportation support.
- ✓ To improve geographic accessibility of ABA services by establishing community-based service points in underserved municipalities.
- ✓ To strengthen service quality and parental trust through credential verification, and monitoring of ABA providers operating within Cavite.
- ✓ To increase the availability of qualified ABA practitioners through LGU-supported training, supervision partnerships, and workforce incentives.
- ✓ To integrate ABA-informed strategies into public schools, daycare centers, and primary healthcare settings.

➤ *Implementation Matrix*

- *Cavite Cares*

Table 1 Implementation Matrix

Action Plan Component	Objective	Activities / Implementation	Responsible Offices	Timeline	Monitoring and Evaluation
1. ABA Financial Assistance and Subsidy Program	To lessen the financial burden of ABA services on low- and middle-income families and enable sustained	Identify eligible families based on income and PWD status; provide partial or full subsidies for ABA sessions and	Provincial Government of Cavite;  Provincial Treasurer’s	Short-term (0–12 months)	Monitor number of families assisted; Yearly feedback from assisted families

	participation in recommended therapy intensity	assessments; offer transportation assistance for families traveling outside their municipality	Office		
2. Community-Based ABA Service Hubs	To improve physical and geographic access to ABA services, particularly in underserved and less urbanized municipalities	Establish ABA service corners within LGU clinics; deploy mobile ABA teams on scheduled days to remote areas; coordinate referrals through barangay health units	Provincial Health Office; LGU Health Offices; Barangay Health Units	Medium-term (6–18 months)	Monitor number of municipalities served; frequency of outreach services; reduced travel time for families
3. Local ABA Provider Registry and Quality Monitoring	To strengthen service quality, transparency, and parental trust by ensuring that ABA providers operating in Cavite are legitimate and supervised	Develop a Cavite-wide registry of ABA centers and practitioners; require submission of licenses and supervision credentials; conduct periodic monitoring and basic compliance checks	Provincial Health Office; Provincial Legal Office; DOH–CHD	Short- to medium-term	Monitor number of registered providers; compliance rate; check reduction in parental complaints
4. Workforce Development and Training Support	To address the shortage of qualified ABA practitioners and increase service capacity within the province	Provide LGU-funded scholarships and training grants for ABA-related certification;	CHED; Academic Institutions	Medium- to long-term (1–3 years)	Monitor newly trained and certified practitioners
5. ABA Integration in Public Schools and Daycare Centers	To promote early identification and early intervention through the integration of ABA-informed practices in public education settings	Train SPED teachers and daycare workers on basic ABA strategies; establish referral pathways between schools, health offices, and social services	DepEd; Cavite; LGU Offices	Medium-term (1–2 years)	Monitor percentage of teachers/staff who have completed ABA training; track the number and percentage of public schools/daycare centers offering ABA services by municipality; track number and retention rate of children with developmental disabilities enrolled in public schools
6. Parent Education and Psychosocial Support	To reduce caregiver stress and empower parents as active partners in their child’s intervention	Conduct parent education workshops on ABA strategies; organize peer support groups; provide access to counseling and stress management sessions	Municipal offices; Barangay Health Workers	Medium-term (1–2 years)	Monitor parent participation rates; track reported reduction in stress

## CHAPTER FIVE

### SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter presents the summary of findings, conclusions, and recommendations of the study based on the presentation, interpretation, and analysis of results done in the previous chapter.

#### ➤ *Summary of Findings*

This study explored the struggles and barriers that Filipino families in Cavite face in accessing and availing ABA services for children with special needs. Through in-depth interviews with ten (10) parents, the study identified interconnected financial, geographic and systemic barriers that significantly hinder access to ABA services.

The findings revealed that families of children with special needs experience multiple and interconnected barriers in accessing ABA services. Financial constraints emerged as the most immediate challenge, with high therapy fees, frequent session recommendations, assessment costs, and transportation expenses placing significant strain on household resources. These financial burdens were further intensified by employment limitations, particularly among parents who had to prioritize caregiving over work. In addition, the limited availability of certified ABA practitioners delayed access to services and raised concerns regarding service quality and safety. Geographic barriers also played a substantial role, as ABA services were largely concentrated in urban areas, requiring families in less urbanized municipalities to travel long distances. The absence of consistent government support, such as subsidized public ABA programs and reliable financial assistance, further exacerbated these struggles and reinforced inequities in access to these services.

The thematic analysis yielded several interrelated themes that reflect the complex realities of accessing and the availability of ABA services. These themes are: the compounding effects of economic and geographic factors, the lack of legitimacy and trust in unregulated services, limited disability support and absence of government assistance, and the psychological impact of structural barriers on parents. Together, they illustrate that access to ABA services is shaped by systemic and structural conditions rather than isolated personal circumstances.

Beyond the identified barriers, the study gathered important insights into how families navigate and respond to systemic challenges. Parents demonstrated strong resilience through personal sacrifice, adaptive coping strategies, independent learning, and sustained commitment to their children's development despite limited support. Participants also exhibited critical awareness of systemic gaps in ABA service delivery, particularly in relation to service quality, transparency, affordability, and government accountability. Their narratives reflect an informed and reflective understanding that their struggles are rooted in structural deficiencies rather than individual failure. These insights highlight the need for system-level reforms that support families, strengthen public responsibility, and recognize parents as active partners in intervention rather than sole bearers of responsibility.

Based on the struggles, themes, and insights identified in the study, the findings support the development of a comprehensive, LGU-led action plan aimed at improving the accessibility, quality, and sustainability of ABA services. The proposed action plan emphasizes the provision of financial assistance and subsidies to reduce out-of-pocket expenses for families, the decentralization of ABA services through community-based service hubs to address geographic inequities, and the establishment of a transparent provider registry to strengthen regulation and service quality.

#### ➤ *Conclusion*

Based on the findings, the study concludes the following:

- The accessibility and availability of ABA services for families with children with special needs in Cavite is shaped by systemic inequities rather than parental willingness or commitment. Financial constraints, geographic factors, weak regulation, workforce shortages, and limited government involvement collectively restrict access to these services.
- The current privatized model of ABA service delivery disproportionately disadvantages low- and middle-income families and those living outside urban centers. Without transparent credentialing systems and regulatory oversight, families are placed in a vulnerable position. They are left to independently assess service legitimacy while bearing substantial financial and emotional risk.
- The long-term commitment of parents to their children's well-being, their desire to learn more and be active participants in ABA intervention, and the informal communities that they form to support each other are largely unsupported and underutilized.

Overall, the findings underscore that ABA access in the Philippine context requires reformation. Addressing these challenges requires coordinated policy action, public investment, and system-level reforms rather than isolated or individual solutions.

➤ *Recommendations*

Based on the conclusions drawn from the study, the following recommendations are proposed:

- Implement an LGU-led action plan that provides subsidized ABA services to reduce the financial burden on low- and middle-income families.
- Establish community-based ABA service hubs in underserved municipalities to improve geographic accessibility and reduce travel-related barriers.
- Create a local ABA provider registry and monitoring system to ensure service legitimacy, improve quality assurance, and strengthen parental trust.
- Support workforce development initiatives, including training, scholarships, and supervision partnerships, to address the shortage of qualified ABA practitioners.
- Integrate ABA-informed practices into public schools, daycare centers, and primary healthcare settings to promote early identification and early intervention.
- Implement parent education and psychosocial support programs to empower caregivers, reduce psychological stress, and encourage active family participation in intervention.

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## APPENDIX A - INTERVIEW QUESTIONNAIRE

### ➤ *Introduction:*

Thank you for participating in this study. The following questions aim to understand your experiences in seeking ABA services for your child with special needs. Your responses will help identify the challenges families face and how the availability of practitioners influences outcomes. Please answer as fully and honestly as you are comfortable.

### ➤ *Section A: Background Information*

- Can you tell me a bit about your child (age, diagnosis, any relevant background)?
- How did you first learn about ABA therapy as a treatment or intervention option?

### ➤ *Section B: Experiences Seeking ABA Services*

- What has been your experience in trying to access ABA services for your child?
- What specific barriers or challenges have you faced in this process?
- Have you encountered any financial or insurance-related difficulties when seeking ABA services?
- How has your location or geographic area influenced your access to ABA services?
- Can you describe any emotional or psychological impact the process of seeking ABA services has had on you or your family?

## **APPENDIX B - REQUEST TO CONDUCT STUDY**

Dear Dr. Eduardo C. Zialcita

Greetings!

I am a student in the graduate program of the University of Perpetual Help System DALTA – Las Piñas. I am currently conducting a study entitled “Applied Behavior Analysis (ABA): Availability and Accessibility of Services for Children with Special needs” as a final requirement for the degree Master of Arts in Education, Major in Special Education.

In line with this, I respectfully request your permission to conduct my study, which will involve interviews with selected parents or guardians of children with special needs who have experience in seeking or receiving ABA services. The study will follow ethical guidelines and ensure strict confidentiality, voluntary participation, and informed consent from all participants.

The data collected will solely be used for academic purposes and will contribute to a deeper understanding of the challenges in accessing ABA services, ultimately aiming to propose actionable recommendations for improved service delivery and accessibility.

I am hoping for your favorable response to this request. Should you need further details or documentation, I am more than willing to comply. Thank you very much for your time and support.

Respectfully yours,

Keanz Raznie C. Walsh

Noted by:

Dr. Geraldine Ann Lenon

Thesis Adviser

## **APPENDIX C - INFORMED CONSENT FOR PARTICIPANTS**

Dear Participant/s:

Greetings!

I am a student in the graduate program of the University of Perpetual Help System DALTA – Las Piñas. I am currently conducting a study entitled “Applied Behavior Analysis (ABA): Availability and Accessibility of Services for Children with Special Needs” as a final requirement for the degree Master of Arts in Education, Major in Special Education. For more details about this undertaking, please see below.

**Objective of the study.** This study seeks to examine the barriers to accessing ABA services in the Philippine province of Cavite, uncover the structural and social factors influencing the current state of service delivery, and recommend both policy-level reforms and community-based strategies for the province.

**Risks and Inconveniences.** There are no risks or inconveniences involved in being involved in the undertaking as participants.

**Possible benefits for the participants.** The output of this study will be a comprehensive understanding of the multi-layered barriers along with a proposed program to enhance access to ABA services for Filipino families.

**Voluntary participation.** Voluntary participation of the participants is warranted as they are not forced to join the study. Those who have initiated participation may also withdraw in the middle of the proceedings and will not be required to continue. The reasons will be respected and accepted without question.

**What you will be asked to do in the study.** Participants will be contacted and scheduled for interviews at their convenience. Each interview is expected to last approximately 30 to 60 minutes. With the respondent's permission, the sessions will be audio-recorded to ensure accuracy in data collection.

**Confidentiality.** At all times, the confidentiality of the participant’s identities shall be strictly observed. Audio recordings shall be kept safe and confidential. All data will be stored securely and will only be accessible to the researcher to maintain confidentiality.

Thank you very much.

Sincerely,

Ms. Keanz Raznie C. Walsh

**APPENDIX D – INTERVIEW TRANSCRIPT**

## Details of the Interview

Interviewer: Keanz Raznie C. Walsh

Interviewee: Participant 1

Date: June 6, 2025

Time: 9:57 AM

- Interviewer: Hello po! My name is Keanz Raznie C. Walsh. Currently I'm in Dubai working as an ABA therapist. I am a certified behavior therapist here. As of now, I'm in my last semester taking my Master's degree in Special Education. I'm currently conducting a study entitled Applied Behavior Analysis: Accessibility and Availability for children with special needs in the Philippines. To start po, can you tell me about yourself and your child. Name, Age or Diagnosis? *(Hello! My name is Keanz Raznie C. Walsh. Currently I'm in Dubai working as an ABA therapist. I am a certified behavior therapist here. As of now, I'm in my last semester taking my master's degree in special education. I'm currently conducting a study entitled Applied Behavior Analysis: Accessibility and Availability for children with special needs in the Philippines. To start, can you tell me about yourself and your child? Name, Age or Diagnosis?)*
- Participant 1: My name is xxxxxx and ano po.. youngest son ko si xxxxx Uhh he is 3 years and 6 months old. Diagnosed po sya with GDD with speech and language impairment. *(My name is xxxxxx and my youngest son is xxxxx. He is 3 years and 6 months old. He was diagnosed with GDD with speech and language impairment)*
- Interviewer: Mommy may I ask po how did you learn about ABA as a treatment or intervention option? *(How did you learn about ABA as a treatment or intervention option?)*
- Participant 1: Bale po, kase last year, ang una namin pinacheckapan sakanya is psychometrician po yun. Ang diagnose po nya ay speech and language delay and at risk of ADHD. Nung time po na yun ay 2 years old sya and ang recommend po ng psychologist at mag undergo ng ABA 3 times a week po and then ST po sya. Eh ano po kase mahirap mag hanap. Tapos etong february lang po nag pa ano na po kame, nag karon na po kame ng slot sa dev ped. Ang diagnose naman po sa kanya ng deve ped is GDD with learning disability. Ayun po. We are waiting for a slot for ST. *(The first specialist we approached was a psychometrician. They diagnosed my son with speech and language delay, and of being at risk of ADHD. He was two years old at the time. We then consulted with a psychologist, who recommended that my son undergo ABA therapy three times a week as well as undergo speech therapy. This February we went to another assessment because we were able to secure a slot with a developmental pediatrician. The pediatrician diagnosed him with GDD and learning disability. Right now, we are waiting for a slot to consult with a speech therapist.)*
- Interviewer: Ask ko lang po mommy, what has been your experience in looking for an ABA services for your child? *(What has been your experience in looking for ABA services for your child so far?)*
- Participant 1: Ano po? paulit po? *(Can you say that again?)*
- Interviewer: What has been your experience in looking for ABA centers?
- Participant 1: Bali po, nung naghahanap ako ng ABA center, tinatarget ko po talaga sa therapy center is yung malapit sa min. Pag binabyahe ko kase yung anak ko, naoverwhelm po sya. Hirap po sya mag adjust at mag commute. ganyan ganyan po. Mga dalawang sakay pa. Gusto ko yung malapit sa amin dahil hirap po yung anak ko sa pag commute. Sa mga iba pinag tanonungan ko, di nila inoohonor yung PWD discount. *(I've been looking for a therapy center that's near our home. My child gets overwhelmed during long commutes. He's having a hard time adjusting to it. But most centers are two jeepney rides away from our house. There are also centers that I've checked that don't honor PWD discounts.)*
- Interviewer: Ask ko lang po mommy, What other challenges have you experienced in your search for an ABA? *(What other challenges have you experienced in your search for an ABA center?)*
- Participant 1: Ano po, kase sa ano po.. ano diko natatanong yung may certificate ganon. Yung cinonosncondier ko lang is yung feedback ng center nila. Mga feedback ng mga nag pa therapy doon. Kung maganda or ano. So ayun po. pero talaga challenging po ang ABA center dito sa pilipinas, iilan lang ang may talagang legit or licenced po. Pera pera lang. *(I haven't been asking if the therapists in the centers are certified. My only consideration is the feedback from those who have tried the*

center, if they think the service is okay or otherwise. But it's really challenging to find a good ABA center here in the Philippines. Only a few of them are legitimate or have licensed therapists. It's just about making money.)

- Interviewer: I have another question po, have you encountered financial difficulties while seeking for ABA centers? *(Have you encountered financial difficulties while searching for ABA centers?)*
- Participant 1: Yes po, mabigat po sya lalo na if minimum wage earner ka lang talaga. Kame po ng asawa ko may tiyaga po kame. Mabigat po yung bali 850 per session ang 2 hours ng ABA tapos three times a week pa yung recommendations. Syempre mabigat sa bulsa. Ang challenging po don, is if mababaon kame sa utang. *(Yes, it's expensive, especially for me and my husband because we only earn minimum wage. We're willing to persevere, but we can't deny that it's expensive for us to spend 850 pesos per session. And the recommendation is for my child to have three sessions a week. Of course it's costly for us. The really challenging part is that we may end up drowning in debt.)*
- Interviewer: Ang mahal. Grabe, *(It's so expensive!)*
- Participant 1: Yes po *(Yes it is.)*
- Interviewer: Um last two more questions, has your location influenced or affected your ability to look for aba services?
- Participant 1: Hindi po, kase po maganda po area namin. Di ako nahirapan mag hanap ng ABA center. *(No, we live in a good area. It wasn't hard for me to find an ABA center.)*
- Interviewer: So meaning po nasa city po kayo or nasa outskirts ng city? *(Do you mean you live in the city or just on the outskirts of the city?)*
- Participant 1: Andito lang po kame sa Dasma. Dito po kase sa bahay namin, pag pasok nyo ng kanto, may eskinita. Madaming bilihin. *(We live here in Dasmarias. There are many shops just a street away from our house.)*
- Interviewer: Mabuti po may center malapit po sainyo no? *(It's great that there is a center near your house.)*
- Participant 1: Po? Opo? Sa Letran madami po centers here. Mga 3-4 na therapy center *(Yes. There are a lot of centers here. I think there are three to four therapy centers.)*
- Interviewer: Ask ko lang po if may credentials yung therapy centers? *(Do those centers have the right credentials?)*
- Participant 1: Ayun nga po e, di po kame ganon kasigurado e if legit or certified sila. Pero kase di namin sya priority e. Ang inano ko lang is ang quality ng service nila. *(We're not sure if they're legitimate or certified. But that's not our priority. My main concern is the quality of their service.)*
- Interviewer: Okay po. Last question na lang po, can you describe any emotional or psychological impact sa pag hanap nyo ng therapy center for your child? *(Last question. Can you describe the emotional or psychological impact, if any, of your efforts to look for a therapy center for your child?)*
- Participant 1: Ano po, napa haba ng process. Una ang pricey ng mga centers, yung iba nasa 1200 per session. tapos may packages pa na dapat ma avail po to to get this kind of sessions. Ano nakaka frustrate and nakakalungkot kase syempre magastos and syempre mabigat sya sa isang minimum wage earner na magulang. *(It's a very long process. First of all, it's expensive, some of them charge 1200 pesos per session. It can actually end up costing more because you have to avail of packages to get the session itself. It's frustrating and depressing, because it's expensive and it's a burden to parents like us who only earn the minimum wage.)*
- Interviewer: I understand. Thank you po so much mommy for this interview. *(I understand. Thank you so much for going through this interview.)*

(----- END OF INTERVIEW -----)

## Details of the Interview

Interviewer: Keanz Raznie C. Walsh

Interviewee: Participant 2

Date: June 6, 2025

Time: 3:22 PM

- Interviewer: Hello po, pakilala lang po ako, ako ay si Keanz Raznie C. Walsh. Nag aaral po ako sa UPDH taking my Masters degree in Special Education. Ang thesis ko po ay entitled Applied Behavior Analysis: Accessibility and Availability for children with special needs in the Philippines. Gusto ko lang po malaman kung gaano kaaccessible ang ABA dito sa Pinas. To start po, can you tell me about yourself and your child. Name po, Age or Diagnosis or medical background po? (*Hello, let me introduce myself. I'm Keanz Raznie C. Walsh. I'm taking my Masters degree in Special Education at UPDH. My thesis is entitled Applied Behavior Analysis: Accessibility and Availability for Children with Special Needs in the Philippines. In short, I want to find out how accessible ABA services are here in the Philippines. To start, can you tell me about yourself and your child? Name, age, and diagnosis or medical background?*)
- Participant 2: Si xxxxx po ay 6 years old ngayong July 31. Ang case po nya is Autism. (*xxxxx is turning 6 on July 31. He's been diagnosed with autism.*)
- Interviewer: Kelan po sya na diagnose? (*When was he diagnosed?*)
- Participant 2: Nung pinatingnan ko po is nung 4 years old sya. nadiagnose po sya ng Global.... Ano tawag dun? (*We went for a consultation when he was 4 years old. He was diagnosed with Global... what was it called?*)
- Interviewer: Global Developmental Delay po?(*Global Developmental Delay?*)
- Participant 2: Opo parang lumala po sya. After 6 months po ata lumala. naging autism nakita sakanya. Behaviour ni xxxx nag bago. Di na sya nasasaway. Ang gusto nya, gusto nya talaga. Mahirap. (*Yes that, but it seems like his condition has gotten worse. I think it was after 6 months. His diagnosis was elevated to autism. His behavior changed. He wouldn't listen to us anymore. If he wants something, he has to have it. It's been difficult.*)
- Interviewer: Ano po recommendation ng Dev Ped po nya? (*What was his developmental pediatrician's recommendation?*)
- Participant 2: Ipapa therapy daw po sa behaviour nya at speech. Kase po nagspspeech sya pero wala naintindihan po e. (*They said that he should undergo behavior therapy and speech therapy. He's vocal, but you can't actually make out what he's trying to say.*)
- Interviewer: So don po nalaman ninyo yung ABA? (*And that's when you learned about ABA?*)
- Participant 2: Yes po (*Yes.*)
- Interviewer: Kamusta po experience nyo sa pag access ng ABA services?(*How has your experience been in trying to access ABA services?*)
- Participant 2: Mahirap po as in sobrang hirap. Pag gising nya po gabi na po, pag gising nya, di na sya mapakali. Kung ano na gagawin nya. Papasok na sya ng banyo pero wala naman gagawin. Marunong kase sya mag bukas ng door. Kaya as a nanay, mahirap. (*It's really difficult, like very difficult. He usually wakes up at night, and as soon as he wakes up he can't sit still. He does all sorts of things. Like he would go to the bathroom and he'd just stay there. He knows how to open doors. As a mother, it's been really hard.*)
- Interviewer: Hmmm kailangan po nga ng ABA therapy po no? Ilang taon na po sya 6 years old? (*He really does need ABA therapy right? You said he's already 6 years old?*)
- Participant 2: Opo this coming July. Pinapasok ko naman po sya sa school na public pero di po kaya. Two cases po kase si xxxx bali, if papa therapy 800 po yun every week. Yun po hinhingi samin. (*Yes this coming July. We tried to enroll him in public school but they didn't accept him. Xxx has two conditions, and if we have him go to therapy it would be 800 pesos a week. That's what they're asking.*)

- Interviewer: Ask ko lang po, ano ang pinaka specific na barrier or challenges na hinaharap nyo sa pag hanap ng therapy (*What are the most specific barriers or challenges that you're facing in your search for ABA therapy?*)
- Participant 2: Ang pinaka challenge is ano talaga yung therapy sana na libre na malapit. Kahit lang man sana. Meron din po kase ano... yung pinaka challenge po samin is tiyaga lang. (*I'm struggling to find a therapy center that's ideally free and near our house. There are centers out there, but... the challenge is to stay persistent and keep looking.*)
- Interviewer: Yung isa ko pong tanong is have you encountered financial difficulties in seeking aba therapy? (*Have you encountered financial difficulties in seeking ABA therapy?*)
- Participant 2: Ano po? (*Can you say that again?*)
- Interviewer: Nakaranas po ba kayo ng financial difficulties sa pag hanap ng ABA therapy? (*Have you encountered financial difficulties in seeking ABA therapy?*)
- Participant 2: Nung una pag titignan kay xxx gumastos po kame ng 2.8k. (*Yes, first of all, when we went for a check up, that already cost us 2800 pesos.*)
- Interviewer: Di po muna kayo nag hahanap ng aba services? (*Are you looking for ABA services at the moment?*)
- Participant 2: Nag aantay lang po kame ng libre. Wala po talaga kame. Di po ako makapag work kase nakatutok po ako saknaya e. (*We're just waiting to find something that's free. We really have nothing. I can't work because I'm focused on my child.*)
- Interviewer: Last two questions po, sa tingin niyo po ang location nyo po dyan, ay may influence sa pag hanap nyo ng ABA therapy? dahil po don sa lugar nyo masyado malayo yung center? (*Last two questions. Do you think that your location has an influence in your search for ABA therapy? Perhaps because the centers are far away from where you live?*)
- Participant 2: Malayo po talaga mam, sa pamasaha pa lang at balikan gagastos ka talaga ng 500 plus ba. Madami talaga kami as in nag aantay ng libre lang. (*They are indeed far from us. The fare going back and forth already costs more than 500 pesos. There's a lot of us who are just waiting for free services.*)
- Interviewer: Last question na lang po, can you describe po yung emotional na pinagdaanan nyo sa pag hanap ng aba services para sa anak nyo po? (*Last question. Can you describe the emotions that you've gone through in your search for ABA services for your child?*)
- Participant 2: Mahirap po kase, sobrang hirap, mahirap po mag karon ng anak na ganon, kase yung magulang, walang kakayahan. Gusto ko man umayos, mapaupo man lang sya. makagawa lang po naman kahit papano. Wala po kase e, wala naman din makiusapan na sana dito na lang na di na kame pumunta ng malayo at mag gastos ng pamasaha. kailangan mag utang at mag utang sige pa mag utang kase hindi pwede sabihin, tyiga lang e. Nag titiyaga lang e, kahit sino naman magulang. Yun lang wala lang pera. Wala naman pamasaha at mag utang ka. Mga mahirap lang talaga kami.
- Ako nag hahanap buhay tuwing sabado, nag lalabada ako at nag plantsya, para lang po sakanya. Wala po ako pambili. Mahirap ang buhay. Sana ang mga health center gumawa na lang po ng ganon ano? (*It's difficult. It's really hard to have a child with a condition when the parents have no means. Of course we want him to get better, even if it's just to sit still, to be able to do a few activities. But we can't ask for therapy centers to come here and spare us from commuting far and spending on fares. We just resort to borrowing money. We keep on borrowing money because we can't do anything else, we can only persevere. All parents struggle, but in our case it's worse because we don't have any money. We're just poor people. I wash and iron clothes every Saturday. I don't earn enough to buy things. Life is hard. Wouldn't it be great if public health centers just made something like that?*)
- Interviewer: Yung nga din po sana gusto ko mommy.. (*That's also what I would wish for.*)

(----- END OF INTERVIEW -----)

## Details of the Interview

Interviewer: Keanz Raznie C. Walsh

Interviewee: Participant 3

Date: June 7, 2025

Time: 4:44 PM

- Interviewer: Sige po mommy, so yung first question ko po is, just a little background information, can you tell me a bit about your job? *(Can you tell me a bit about your job?)*
- Participant 3: Kase dalawa to e, isang may ADHD tsaka isang may ASD. So ano sya, 5-year-old sya incoming kinder. *(I have two kids, one has ADHD while the other one has ASD. The [second one] is 5 years old. She will be in kindergarten this year.)*
- Interviewer: Kailan po sya na diagnose po? *(When was she diagnosed?)*
- Participant 3: Na diagnose siya this year lang din, nung February, although nakita ko na yung mga stimming nya at the age of 2. Before 2 kasi, kasi yung ano ko kasi may ADHD, so may mga stimming din sya before age of 2, uhm, nakakabasa na rin sya. As in sobrang sobrang talino talaga nya. *(She was diagnosed just this February, although I've seen her stimming when she was only 2 years old. She also learned how to read at that age. She's really smart.)*

Ngayon, so, alam ko, pinasok ko sya sa preschool na may psychologist. Yung mag a ano, mag a assess. Sinabi niya na mukhang may autism yung panganay ko. So syempre ako, ang target ayoko munang ipa assess sya hangga't ang problema lang naman e makita yung mga delay nya. Like di ba usually ang mga delay hindi pa marunong magsulat, hindi pa marunong... di ba parang dun nila binebase e, mga motor skills, functional skills, so ginawa ko ni research ko yun ginawa ko yun sa kanya. *(I first enrolled my eldest in a preschool that had a psychologist. They assessed my child and said that he may have autism. I didn't want to have him assessed again while his problems were simply about delays in motor skills, writing, functional skills. So I researched on my own and applied what I learned.)*

So research research, internet, eventually nawala yung stimming ng anak ko. Yung panganay. Tapos regular na sya, ang haba ng focus nya. So thinking na wala ng autism, kasi syempre wala naman akong idea e. So thinking na wala ng autism, kasi wala na ko nakikitang - ang tawag ko pa dati mannerism e. *(After applying what I learned in my research, my son's stimming disappeared. He was a regular kid, and he was able to focus for a long time. So initially I thought he didn't have autism anymore.)*

Yung second child ko ganun din sya, marunong magbasa, nag m math din sya. Pero eventually nababawasan yung focus nya, and yung cooperation nya sa akin. Sa pagkanta, sa eye contact. Tapos nag start rin sya mag stim. Hindi ko sya nakuha baguhin kasi nag aaral na yung panganay. And pandemic na din at the time pero hindi pa uso ang online OT noon. *(My second child also started out great, she learned to read and do math just fine. But gradually she began to lose focus and stopped cooperating with me when we tried to do activities like singing and making eye contact. Then she started stimming as well. I wasn't able to focus on her because my eldest was already studying. To make things worse, that all happened during the pandemic, and there were not that many OTs that provided online therapy at the time.)*

Pina assess ko sya sa ABA pero walang diagnosis. Sabi lang nila na may signs of autism. Pero ako alam ko na na meron talaga sya. So just as I did sa panganay ko, hinabol ko onti. Pero magkasalungat sila, magkaibang magkaiba yung ways of learning nila. So hinabol ko muna. Pagdating nya ng 5 years old, tsaka ko sya pina assess. Gusto ko sana di sya ma assess na may delay in motor and functional skills, or at least di malayo sa level ng normal. Pero yun na diagnose sya ng psychometrician na level 1 ASD. *(I first had my second child assessed with an ABA assessment, but they had no firm diagnosis. They just said that she had signs of autism. But I believed that she had it. So just as I did with my eldest, I used what I learned about ABA to help her catch up. When she turned 5, I had her assessed again. I was hoping that they would say that she didn't have any delays in motor and functional skills, or at least not that far from the normal level. But she was diagnosed by a psychometrician with level 1 ASD).*

- Interviewer: Ano pong name ng anak nyo po? If you're comfortable, po. *(May I know your child's name? Only if you're comfortable that is.)*
- Participant 3: xxxx.
- Interviewer: Ah babae. *(Oh she's a girl!)*

- Participant 3: Oo babae, yung panganay ko lalake. *(Yes, a girl, and then my eldest is a boy.)*

Tinanong ako ng OT dati bakit preferred ko online, sabi ko kasi gusto ko rin malaman. Ayoko na therapist lang nakakaalam, pano pag dating sa bahay. Gusto ko alam ko yung terminology ng therapist para hindi ma confuse yung anak ko. *(An OT asked me once why I prefer online therapy, I said because I also want to find out about the process. I don't like it that only the therapist knows how to help my child, because what about the rest of the time here at home? I want to know the terminology that they use so that I can use them too and prevent my child from getting confused.)*

Okay naman yung OT, pero lumaki yung improvement nya nung nag ABA ako. Ngayon nagsasabi na sya, “I want to eat”, “I want water”. Dati walang ganun, ngayon nag t talk na sya. So sabi ko medyo mabilis din improvement pag talagang tinutukan sya. *(The OT was okay, but there was a significant improvement when I learned about ABA and applied it to my child. Now she knows how to say things like, “I want to eat”, or “I want water.” She wasn't able to do that before, but now she can talk. I realized that she improved at a good pace if I focused on her.)*

- Interviewer: Totoo po e pag sinasabay sa bahay ang treatment. *(It truly helps when you continue the treatment at home.)*
- Participant 3: Oo, tsaka busy kasi ako pero babawi ako. Goal ko rin naman talaga i pa therapy sya face to face. *(Yes, I'm busy right now but I'll make it up to my child. I originally wanted to eventually have my child undergo therapy in person.)*
- Interviewer: Ask ko lang po Mommy how did you learn about ABA? *(How did you learn about ABA?)*
- Participant 3: May incident kasi na may bata ng ibang nakatira dito na sinabuyan ng lupa yung anak ko. So nagreklamo ako sa GC, sabi ko bantayan namin mga anak namin kasi bata pa. So nagpunta yung parents nung bata dito nag sorry sila. Nalaman ko na nag t therapy din pala yung anak nila, and nakwento nung mother na na nag ABA therapy yung anak nila. So ni research ko. *(A neighbor's kid threw dirt on my child while they were playing. After I complained to our neighborhood group chat, the parents came to our house and apologized. They revealed that their child also goes to therapy, and the mom specified that it was ABA. So I looked into it.)*

So yun pina ABA ko na yung panganay ko. Although madaldal sya, hindi nya alam pag may ginagawa sa kanya na hurtful na. Like inuupuan yung mukha nya, sinasaktan sya, pinapabayaang lang nya. So pinasok ko sa ABA. Kaso yung humawak sa kanya hindi ABA therapist, pero psychometrician. Tapos ang ginagawa nung psychometrician pini pin down yung anak ko. *(So I tried to have my eldest undergo ABA therapy. You see, he's talkative, but he doesn't realize when someone's doing hurtful things to him. He just lets it go. So I had him undergo ABA therapy. However, the person who ended up handling him was a psychometrician, not an ABA therapist. And I found out that they pinned down my child.)*

- Interviewer: Oh my god.
- Participant 3: Hindi naman yung buong katawan. Like one time nagwawala yung anak ko, hinawakan nya yung kamay and mga paa. So wala ng way yung anak ko para magwala, iyak na lang sya ng iyak. Ang ginawa na lang ng anak ko yung ulo nya ginagalaw nya. *(To be fair, they didn't pin down his whole body. My son was acting out, so they held down his arms and feet. In response, aside from crying, my son resorted to flailing his head because that was the only part of him that he could still move.)*

Sabi ko sa therapist hayaan gumalaw yung anak ko, kasi baka yung ulo nya tumama sa wall. Sabi sa kin, “Bakit ka nakikialam?” Sabi ko hindi kasi nila nakikita yung risk na mauntog yung anak ko kaya ako nagsalita. *(I told the psychometrician to let my son move because I was afraid that he might end up hitting his head against the wall. They replied, “Why are you meddling?” I said I spoke up because they couldn't see the risk that my son might hit his head against the wall.)*

- Interviewer: Certified po ba in critical emergency protocols yung psychometrician? Kasi sa ABA po, kailangan din po ng training doon para safe yung bata. *(Is the psychometrician certified in critical emergency protocols? Because ABA therapists need to be trained in that to make sure that they and the child stay safe.)*
- Participant 3: Ayun nga, hindi sya ABA therapist, psychometrician sya. Kasi wala pa akong alam na center na may ABA therapist. *(That's the thing, they're not an ABA therapist but a psychometrician. I have not yet found a center that has an ABA therapist.)*

Pero yun nung ginawa yun sa anak ko, hindi na ako bumalik sa kanila. Kasi dun sa dalawang buwan na andun yung anak ko, yun lang yung alam kong only incident na nagka problema. Tapos yun nung sinundo ko yung anak ko, umiiyak sya. So niyakap ko. Sabi sakin nung psychometrician wag ko daw yakapin yung anak ko kapag umiiyak sya. Sabi ko, alam ko naman yung iyak na inarte lang. Kasi yun pala yung time na sinaktan nya yung anak ko. Kung di ko pa papansinin yung anak ko, baka isipin nya wala

na syang kakampi. *(When they did that to my child, we never went back to that center. Because as far as I know, in the two months that my son was there, that was the only time that he acted out. That day, when I got there to pick him up, I saw my son crying. So I hugged him. The psychometrician told me not to hug my son when he's crying. I said I know when my son is just crying for attention, and that was different. I eventually found out that that was the time that they hurt my child. I was afraid that if I tried to ignore him, he would think that no one's taking his side.)*

Hindi pa kami tapos sa discussion nun, nakatulog na yung anak ko sa shoulders ko. Sabi nung psychometrician, “Ma’am tignan nyo kaya umiyyak yung anak ko, inaanok.” Ang sabi ko she should now kasi antagal na nyang hawak yung anak ko. E ginawa nyang three or fours hours ng tuloy tuloy yung session. Walang rest, may hinahabol daw syang time. *(While we were still talking, my son fell asleep on my shoulders. The psychometrician said, “See ma’am, he was just sleepy, that’s why he cried.” I replied that in that case, they should have known that by now because they’ve been handling my child for some time. Instead, they chose to have my child go through a three- or four-hour session. They didn’t take a break. Apparently they were trying to meet some sort of deadline.)*

Hindi ko alam kung ano yung hinahabol nya. Kaya hindi na ako bumalik dun. Kaya ayoko talaga sa center kasi hindi ko nakikita yung anak ko. Sabi ko nga dun sa isang therapy center dapat open yung room, pwede namang may one-way mirror para di kami makita. Gusto ko sana makita yung ginagawa sa anak ko. *(I don’t know what deadline or goal they were trying to meet. So I never went back to that center. Generally one of the reasons why I don’t like a lot of therapy centers is because I can’t see what’s happening to my child during sessions. I told one therapy center that they should make the rooms open, or have a one-way mirror so that the kids wouldn’t be able to see us. I really want to know what they’re doing to my child.)*

Pano pa kung non-verbal? Pano ko malalaman kung sinasaktan yung anak ko? *(What if he was non-verbal? How would I find out if they were hurting my child?)*

Or kahit lagyan lang ng CCTV para lang makita namin kung pano yung approach sa anak ko. Kung maganda yung approach nyo sa bata, wala kayong dapat itago. Kaya ayoko sa mga therapy center na walang CCTV or way to see kung pano gawin yung therapy. *(Even if they just placed cameras in the rooms so we could see what their approach was to my child. If you treat your clients well, you shouldn’t have anything to hide. That’s why I don’t like therapy centers that don’t have a CCTV system or any way to see what goes on during therapy sessions.)*

Kaya kung ako magka center gusto ko open sya. Kasi gusto ko din turuan yung mga parents. Wag mong angkinin yung knowledge. Kaso yun iba kasi yung motivation ng ibang tao. Gusto lang nilang kumita. *(If I had my own therapy center, I’d want it to be open. Another reason I have for that is that I also want to teach the parents. I don’t want to hoard the knowledge. Unfortunately, other people have a different motivation. They just want to make money.)*

- Interviewer: Next question po, kamusta naman po yung experience nyo in looking for ABA therapy for your child po? *(Next question. How has your experience been in looking for ABA therapy for your child?)*
- Participant 3: Mula noong na experience ko yun, umayaw na ako sa therapy center. Ngayon yung school ng anak ko, may ABA therapist. So i a assess yung anak ko. Pero dahil alam ko na yung ABA, balak ko ako na lang humawak sa anak ko. Pero meron pa rin kaming inclusive ABA sessions once a week sa school. Mag s start yung this school year. *(When I experienced that (referring to the incident with the psychometrician), I gave up on therapy centers. My child’s school at the moment does have an ABA therapist. So they’re going to assess my child. But because I already studied ABA, I plan to do the sessions myself. But I’ll still go to the inclusive ABA sessions at school once a week. We’ll have that starting this school year.)*

Yung same psychometrician na nag assess sa anak ko, tinanong ko kung licensed yung ABA therapists nila, hindi na nagreply. So syempre ibig sabihin nun hindi. So ayoko ipasok yung anak ko. *(I asked the psychometrician who assessed my child if their ABA therapists are licensed. They did not reply. So of course I assumed that meant that that wasn’t the case. That’s why I don’t want to send my child to their center.)*

- Interviewer: Ano po yung pinaka specific na challenges na na face nyo while looking for ABA therapist for your child? *(What are the most specific challenges that you faced while looking for an ABA therapist for your child?)*
- Participant 3: Yung paghahanap ng licensed ABA therapist. Kung hindi man yun, yung center sana na may supervisor na mag o oversee sa therapist. Sana babaan sana nila yung presyo. Meron pa itugma sa lisensyado. Meron dito 1000 or 1200 per session. *(Looking for a licensed ABA therapist. Or even just a center with a supervisor that oversees the therapists. And also, I hope they make their services more affordable. There are even centers with unlicensed therapists that are asking for the same fees as their licensed counterparts. There are centers here that ask for P1,000 or P1,200 per session.)*
- Interviewer: Hindi licensed? *(And they’re not licensed?)*

- Participant 3: Oo, 2 hours naman sya. Meron naman 600 to 800 per hour. *(Yeah for 2 hours. Others ask for 600 to 800 per hour.)*
- Interviewer: Ang standard pa naman sa ABA ay 2 hours. *(But the standard ABA session is 2 hours.)*
- Participant 3: Oo hindi mo pwede i cut off kasi pag nag tantrum di ba. Kailangan mo pa ilabas yung tantrum nila bago ka mag simula. So yun those are the biggest challenges. *(Yes, you can't just call the session off if the child has tantrums. And you have to let that behavior pass before you can even start. So those are the biggest challenges for me.)*
- Interviewer: Going back, have you encountered financial difficulties when seeking ABA services?
- Participant 3: Oo sobrang mahal e. Kaya nga naisip ko na lang din na ako na lang mag ABA. Ako na lang mag fa facilitate. Pero kuha pa rin ako ng mag a assist. Mahal talaga e. E kung mag c coursework ako, one time payment lang. *(Yes because it's really expensive. That's why I decided to learn ABA myself. I'll be the one to facilitate. But I'll still get someone to assist me. Because therapy is really expensive. With the course, it was just a one time payment.)*
- Interviewer: How about yung geographic location po? Factor din po ba sya? *(What about geographic location? Is that also a factor?)*
- Participant 3: Factor din sya, oo. Dito sa Imus, sa area namin, maraming tao. Nung andun kami sa General Trias, sobrang liit ng centers tapos malayo pa. So parang mas gusto nila dun sa maraming tao. Dito sa Imus nagsusulputan na yung mga center. Kaya mas hopeful nga ako na may online. *(It's also a factor, yes. A lot of people live here in Imus. When we were living in General Trias, I saw that the centers there were so small and were far from us. I think the centers do prefer to set up in highly populated areas. Here in Imus, a lot of centers are being established. So I'm also becoming more hopeful that there will be more online options as well.)*
- Interviewer: Yes, and sa Metro Manila po yung may licensed therapists e. *(Yes, and the licensed therapists are mostly in Metro Manila.)*
- Participant 3: Oo nga, dito na nga sa Cavite marami ng hindi okay, pano pa sa ibang lugar na hindi masyado napupuntahan. Kawawa naman sila. *(Yes, there are already a lot of bad practitioners here in Cavite, what more in areas that are not as populated? I pity them.)*

Kaya nga sana i incorporate yung ABA sa SPED para mas maraming me reach na bata. *(That's why I wish the government would incorporate ABA into SPED, so that the therapy can be applied to more children.)*

- Interviewer: Yun nga din po gusto ko ilagay dito sa study ko po. *(That's also one of the things that I would like to mention in my study.)*
- Participant 3: Oo, kailangan sya masama sa SPED at sa public school, para hindi na magbayad yung parents. And para sa SPED, legit yung mga teacher. *(Yes, ABA needs to be included in SPED and in public schools, so that the parents would no longer have to pay. Plus, in SPED, we're assured that the teachers are qualified.)*
- Interviewer: Can you describe any emotional or psychological impact in the process of seeking ABA services?
- Participant 3: Nung time na na diagnose yung mga anak ko, may nahanap ako na magbibigay ng sessions sa anak ko na 7000 per month, per child. So 14,000 per month. Hanap ako ng hanap ng ibang center, pero pag nalalaman ko din yung presyo nila, nakakapanlumo. Sabi ko sa asawa ko, naiiyak na ako. *(Shortly after my children were diagnosed, I found someone who asked for P7,000 monthly per child. That's P14,000 a month. So I kept looking around, but every time I found out about their fees, I would feel hopeless. I told my husband that my search had me on the verge of tears.)*

Hindi naman kasi pwedeng wag na lang kasi wala pang panggastos. Hindi yun yung sagot. Hindi yun yung tulong sa anak mo. Responsibility ko yun sa anak ko. Sobrang draining. *(Because you can't say that you don't have money to spend. That's not an answer. That doesn't help my child. It's my responsibility to my child. It's really draining.)*

Kaya ayun naisip ko, bakit hindi na lang ako mag aral ng ABA? Nalaman ko yung QABA, tapos ni research ko kung sino yung mga nagbibigay ng certificate. So tinawagan ko sila, hanggang nahanap ko si ma'am Tina. Binayaran ko na agad ng buo pati yung training ko. *(That's how I ended up thinking, why don't I just study ABA myself? I found out about QABA, and I researched the places here that gave certification lessons. I called many of them until I found Tina. I immediately paid the fee for everything, including my training.)*

Kasi alam ko after ko mag aral, dire diretso naman. Kasi ako na yung mag fa facilitate. Kasi nakita ko ang laking tulong talaga ng prompting pati yung generalization. *(I said to myself, it's going to be okay. Because I know that after I get my certificate, I'll be able to handle my child constantly from that point forward. Because I'm the one who's facilitating. And I have seen how helpful ABA can be, things like prompting and generalization.)*

- Interviewer: Galing nga po no makikita nyo po yung progress sa bata pag tama yung ginagawa at consistent? *(It really is amazing right? You will see progress if you do it right and consistently.)*
- Participant 3: Oo mabilis. Tsaka lagi ko tinatandaan yung sinabi ni ma'am Tina na hindi papabaya pag umiiyak. Tanungin mo, "Are you crying?", "Are you sad?" Mag input ka pa rin. Sabi nga nya wag ka madadala. Kung hindi pa rin nya nagawa sa sunod sunod na prompt, back to zero ka lang. Kaya tumatak talaga sa sarili ko yung mga sinasabi ni ma'am Tina. *(Yes, and it happens fast. And I always keep ma'am Tina's advice in mind, to not leave my child be when they cry. I ask them, "Are you crying?", "Are you sad?". The important thing is to keep providing input. And to persevere. If they can't follow a series of prompts, then go back to zero. Start over. Ma'am Tina's pieces of advice really stuck to me.)*
- Interviewer: How do you think we can improve the access and availability of ABA for Filipino families?
- Participant 3: Yun nga, i pasok sya sa public school, kasi nga andun yung mga hindi kayang magbayad. At yung bago mag kinder, day care. Ayun sana ipasok din dun. Imbis na yung usual nursery program, sana magkaron na lang ng behavioral program. Kahit naman walang autism yung bata. *(Like I said, the government should integrate ABA into public schools. Because that's where the poor families send their kids. And they should integrate it into day care centers as well. Instead of the usual nursery programs, I wish that they had behavioral programs instead. Even kids that don't have autism can benefit from that.)*

40 hours lang naman yung training ng ABA. Ano ba naman yun. Plus na rin yun para sa mga teacher. Para hindi lang yung may autism ang maturuan, lahat na ng bata. And kung nasa SPED school, may support ng ibang teachers. Kaya sana dumami ang mga SPED teachers. At sana ipasok din ang ABA sa high school. *(ABA training takes only 40 hours. That's a small amount of time. It's an additional skill for teachers. And it will enable them to teach all kids, not just those with autism. And in SPED schools, the teachers will be able to support each other in managing lots of students. That's why I hope we can have more SPED teachers. And I hope they also integrate ABA in high school.)*

(----- END OF INTERVIEW -----)

## Details of the Interview

Interviewer: Keanz Raznie C. Walsh

Interviewee: Participant 4

Date: June 8, 2025

Time: 8:55 AM

- Interviewer: Can you tell me something about yourself, such as your work and age, and your child's age and diagnosis?
- Participant 4: My full name is xxxx, dalawa ang anak ko, isang 15 years old, and then yung anak ko na na diagnose with level 3 ASD non-verbal, 12 years old na sya. Lalake. Sa ngayon, talagang wala pa syang actual words na nasasabi, more on verbal and non-verbal cues lang sya. *(My full name is xxxx, I have two kids, one is 15 years old, then the other one who was diagnosed with level 3 ASD non-verbal, he's already 12 years old. He's a boy. Right now he can't make actual words, he can only make verbal and non-verbal cues.)*

Currently, nag undergo na sya ng OT since 2 years old sya dito sa Trece Martires, pero hindi kami nakakita ng progress. At the age of 5 or 6, ni recommend ng doctor nya yung ABA. Kasi hindi na gumagana or sobrang bagal ng OT. *(He went through OT starting when he was 2 here in Trece Martires, but we weren't seeing any progress. When he was around 5 or 6, a doctor recommended ABA, because like I said, we were barely seeing any progress with OT.)*

- Interviewer: Kamusta na po sya? *(How is he now?)*
- Participant 4: Behavior-wise may nakikita na akong improvement. Nakakaintindi na sya, less na yung tantrums nya. Pero hindi ko pa rin maintindihan yung mga breakdowns nya. Yung meltdowns nya lesser naman. *(I'm seeing improvement behavior-wise. He can understand me, and his tantrums have lessened. I still can't understand why he has breakdowns, but they're occurring less often.)*

Yung anak ko naman kasi generally happy kid naman sya, hindi sya katulad ng ibang may ASD na naninira. *(My son is generally a happy kid, he doesn't have destructive tendencies like other kids with ASD.)*

- Interviewer: Is that how you learned about ABA? From your developmental pediatrician?
- Participant 4: Oo. Yung ni recommend talaga sa akin sa Dasmariñas, kaso hindi ko talaga afford. Assessment pa lang 5,000. That was 2018. *(Yes. They actually recommended an ABA center in Dasmariñas, but I really can't afford them. The assessment alone cost 5,000. That was back in 2018.)*

Tapos nung pandemic na, may option ako for home visit or online. Pag home visit 1,500 per session, tapos ako pa yung bahala sa PPE nila. One hour lang yun per session. So sabi ko hold off muna ako, hindi ko kaya. *(When the pandemic hit, I found a center that was offering home visit or online sessions. For home visits, they asked for P1,500 per session, plus PPE for the therapist. That was just an hour per session. I begged off because I just couldn't afford it.)*

Yung recommendation nila e is two to three times (a week). Sabi ko hindi ko kaya. And then every 3 months may evaluation, 5,000, so sabi ko hindi ko talaga kaya. *(Their recommendation was to have sessions two to three times a week. I said I can't afford it. They also had an evaluation every 3 months for P5,000, so I said I really can't afford it.)*

Nung nagkaron sila ng branch dito sa Trese, licensed naman yung school. Yung therapists hindi ako sure (kung licensed), wala namang pinakita. Pero feeling ko nag aral naman talaga sila for ABA. *(Eventually an ABA center opened here in Trece Martires, and the school were licensed. I'm not sure if the therapists themselves were certified therapists, they didn't show any proof. But I think the therapists did study ABA.)*

- Interviewer: Makikita nyo po yun sa registry pag hiningi nyo po yung full name nila. *(You can actually check in the registry if they're licensed, just ask for their full name so you can look them up.)*
- Participant 4: Hindi sila katulad ng ibang therapy center na naka uniform sila and may badge ganun. Naka civilian lang sila. Parang mga fresh grad pa if I'm not mistaken kasi yung teacher ni xxx parang nasa early 20s pa sya. *(The thing is, they're not like other therapy centers where the therapists have uniforms and badges. They have only civilian clothes. If I'm not mistaken, they're fresh graduates because my son's teacher is only in their early 20s.)*

As far as I know wala naman talagang 4-year course ng ABA sa Pilipinas. Kasi more of training and certification sya. *(As far as I know there really isn't any 4-year ABA course here in the Philippines. It's obtained through training and certification.)*

- Interviewer: Yes po, and dapat may supervisor talaga sila. *(Yes, and they should have a supervisor.)*
- Participant 4: Meron naman, oo. Meron silang tenured supervisor na nag g guide sa kanila. *(Yes they do have one. They have a tenured supervisor who guides them.)*

Isa pang nagustuhan ko, manageable yung number of students nila. Unlike OT, yung ABA therapy nila may exposure sa kapwa nila students. Parang 30% yata ng week nila, ine expose sila sa group activities. Unlike OT, talagang paulit ulit lang (na isolated activities), like shape sorting. Actually yung ibang bagay like paghawak ng toothbrush, dito pa nya sa bahay natutunan yun. Tapos yun sobrang daming hawak ng OT. Binabayaran ko sila per hour, pero ang na re receive lang talaga ng anak ko e 30 to 40 min per session. *(Another thing I liked about the therapy center is that the number of kids is manageable. And unlike OT, with ABA therapy mi son is exposed to other kids in the center. I think they have group activities 30% of the week. Unlike during OT where they only have isolated activities like shape sorting. Actually the other isolated activities like how to hold a toothbrush, my kid learned at home. And then like I said, the OT who looked after my son had a lot of students. I paid them per hour, but in reality they spent only 30 to 40 minutes for my son per session.)*

Sobrang dami nila. Pag nag e explain na sa aming mga parents after 1 hour, siguro mga 5 to 6 kaming parents na nasa isang space, so hindi kami nagkakaintindihan. *(The OT really handled a lot of kids per session. After the sessions, when the OT tried to talk to us parents, I think there were five or six of us at a time, and so it wasn't easy to understand what they were saying.)*

So tinry ko na yung ABA. Kung di man sya mag improve academically, kahit social aspect nya mag improve. Matuto sya maglaro, magturo ng gusto nya, and matuto sya mag behave pag kinakailangan. So far, malaki pa rin naman improvement nya, although ayun hindi pa rin sya nagsasalita. *(So I tried ABA. Even if my son can't improve academically, I was hoping that his social skills would improve. That he would learn to play, point out what he wants, and behave when needed. So far, he's shown massive improvement, but he still is non-verbal.)*

- Interviewer: You can ask about the Picture Exchange Program. Kasi kung matagal na po yung manding, pwede po nila i try yung Picture Exchange. Nakakatulong po sya lalo na kung hindi po marunong magsalita. May book po na may pictures, tapos ituro na lang po nya doon yung gusto nya. *(You can ask about the Picture Exchange Program. If manding is taking too long, the therapists can try Picture Exchange. It helps especially if the child is non-verbal. It usually involves a book that has pictures of various objects, and the child can just point to what he wants.)*

Tapos through that pwede rin po matulungan yung verbal skills nya. For example po, "I want chips, can you say that?" I t try pa rin po. Marami pong student namin natuto magsalita through Picture Exchange Program. Kasi visual and verbal po sya. *(That can also help with his verbal skills. For example, the therapist can ask him, "I want chips. Can you say that?" They can encourage him to speak. Many of our ABA students have learned to talk through the Picture Exchange Program. It's visual and verbal.)*

- Participant 4: Para ba syang libro? *(Is it like a book?)*
- Interviewer: Pwede po syang libro, sa tablet... Depende po yun sa skills ng child. Meron na po ba syang scanning sa flash cards? *(It can be a book, or on a tablet. It depends on the child's level. Can your son scan flash cards?)*
- Participant 4: Yung unique sa anak ko, academically, tamad talaga sya. Ayaw nya ng shape sorting, flash cards, ayaw nya talaga yan. Nag w whine sya kapag meron na syang nakikitang ganun. Kahit shape sorting pag naka tatlong ulit na kami, ayaw na nya yan magagalit na sya. *(My son is lazy when it comes to academics. He doesn't like activities like shape sorting or flash cards. He starts to whine when he sees those tools. Even after just three tries with shape sorting, he'll want to give up and he'll start to get mad.)*

Gagawin pa rin yung activity, pero nakikita mo ayaw na nyang mag participate. Pero yung mga basic na (activities) halimbawa ilalagay mo yung sapatos nya, or kukuha sya ng mga gamit nya, susundan nya. Yung daily activities, like "Go there", "Give Mama", nasusundan nya yun. *(He'll still do the activity, but you can see that he doesn't want to participate. But he follows basic activities like putting on shoes, getting his things, commands like "Go there", "Give [to] Mama".)*

Though hindi ko lang alam, kasi ang kulang dito sa Pilipinas, pagkatapos ng therapy i explain sa yo pero hindi mo nakikita yung session. So hindi mo napapanood kung ano yung ginagawa sa loob. Posibleng yung style nila sa session iba sa style dito sa bahay, so hindi rin nag si sink in sa bata. Kaya minsan tinatanong ko sa teacher nya, "Sir papano nyo ba ginagawa? Para ganun ko din gagawin sa bahay." *(But I'm aware that there's a lot I don't know, because here in the Philippines, after therapy they do try to explain what they did, but I don't actually see it. So I can't observe what they do. It's possible that the way they teach my child is*

*different from how I teach him at home, which could be a factor in him not retaining the skills. That's why sometimes I ask his teacher, "Sir, how exactly do you do it? So I can do the same thing at home."*)

Katulad ng simpleng "Hi, Hello", yung goodbye ganito, sa bahay ganyan. So parang hindi rin nag si sink in rin sa bata. Pag tinutuloy ko parang na co confuse sya. *(For example, even just their "Hi", "Hello", "Goodbye" is like this (gestures), but in our house we do this (makes a different gesture). So it doesn't sink in. When I try to continue the lesson at home, I feel like it confuses him.)*

- Interviewer: Actually dapat nag p provide sila ng parent training. *(Actually the center should provide parent training.)*
- Participant 4: Review lang ng kung anong ginawa nila e. *(They just recap what they did after every session.)*
- Interviewer: Dapat parent training. Kung ano yung nakuha sa center dapat tinuturo din sa bahay. *(They should provide parent training. Kids should be taught at home with the same things that they're taught at the center.)*
- Participant 4: Ino orient nila kami kung ano yung mga activities, kung ano yung itutuloy sa bahay, pero yung actual na (gagawin, wala). Siguro meron to sa medyo pricey na therapy center, meron siguro silang oras para bigyan yung mga parents ng orientation mismo kung papano ba yung dapat pagturo sa bata. *(They just orient us about the activities, what we should continue to work on at home, but they don't tell us exactly what to do. They probably have that in more expensive centers, they probably have time to train parents on exactly how we should teach our kids.)*

Yung nakukuha ko lang sa teacher, "Mommy ganito yung ginagawa namin, i practice nyo rin po sa bahay." After every session, kinekwento naman nila yung ginagawa nila. Pero ako mahina ako sa imagination, so gusto ko makita ko yung ginagawa nila. Siguro sakin na rin yun. *(All I get from the teacher is, "Mommy, here's what we do, practice this at home as well." They do discuss that after every session. But I don't have a vivid imagination, so I want to observe what they do. Maybe that's on me.)*

- Interviewer: Nag o offer po ako ng free parent training kung gusto nyo po or may time kayo. *(I offer free parent training if you want and if you have time.)*
- Participant 4: Talaga? Matagal na po ako naghahanap. Nag try ako maghanap ng magtuturo ng ABA. Nag send ako ng email (sa mga nagtuturo), nag i inquire ako, pero wala namang bumabalik sa akin. Iniisip ko baka hindi pa sila nag o offer. *(Really? I've been looking for that for so long. I tried looking for someone who can teach me ABA. I sent emails to therapists to ask them about training, but they never got back to me. So I just thought maybe they don't offer that service.)*

Pero maganda yan, kahit mga basic lang, kahit Q&A lang sa parents. Kasi halimbawa yung sinalihan nyong group sa Messenger, daming parents na humihingi ng tulong. *(But that's a great offer, even just the basics, or even if you just have a Q&A with parents. For example, in our group, the one that you joined in Messenger, there are many parents there asking for help.)*

- Interviewer: Opo nagsabi naman ako na student behavior analyst ako. I have already tried conducting a full behavior assessment, marunong na po ako gumamit ng tools for behavior assessment so pwede na po ako gumawa ng program. *(Yes, I actually mentioned that I'm a student behavior analyst. I have already tried conducting a full behavior assessment. I know how to use behavior assessment tools, so I'm qualified to make a program.)*

Pero yun po kaya po ako nagpunta dito sa Dubai para makapag aral, kasi nung nag Behavior Therapist po ako dyan sa Pilipinas, sobrang hirap. Sobrang liit ng sweldo. Dito lang po ako nagkaron ng pera para makapag aral. Pero gusto ko po bumalik dyan sa Pilipinas para makatulong sa parents. *(That's actually why I started working here in Dubai. So I can earn enough to study. When I was a Behavior Therapist there in the Philippines, it was so hard. The pay was very little. It was only when I started working here that I was able to earn enough money to study. But I want to eventually go back there to help.)*

- Participant 4: Yun nga yung problema. Kasi yung therapy ni xxx per session P750. Two hours yun. So two times (a week), P1500. Syempre pamasaha mo pa. Hindi naman kami ganun kalapit sa school nila. Food pa nya. Malaki talaga (yung gastos). *(That's exactly the problem (money). My son's therapy costs P750 for 2 hours. That's two times a week so P1,500. I also have to factor in the cost of commuting and my son's food. It adds up.)*

Single mom ako, so kailangan ko mag trabaho ng gabi. So kailangan ko talaga ng mag g guide talaga sa akin para masundan ko yung activities or kung tama ba yung ginagawa ko. Kasi wala talaga akong idea. Maraming resources like yung mga toys na pinapabili, mga flash cards. *(I'm a single mom, so I have to work at night. I really need someone to guide me so that I can follow the activities and do them properly. I really have no idea. I know that there are lots of tools that I can buy like toys and flash cards.)*

- Interviewer; Pero how to do that... *(But knowing how to use them...)*
- Participant 4: Yun yung kailangan ng guidance. Maganda yan (parent training). Mag a attend ako kung meron kang free sessions. Yung group chat na yun (sa Messenger), marami pang parents sa ibang area na hindi talaga sila capable. Ngayon

karamihan dun umaasa sa OT ng PGH. Once every 5 months lang yung session. Libre sya, pero once every 5 months lang. *(Yes that's where I need guidance. That's a great offer. I will attend if you have free sessions. There are other parents in our group that who are also short on finances. Most of them simply rely on training from an OT in PGH. But that's only once every 5 months. It's free, but only once every 5 months.)*

- Interviewer: Opo wala din yung sense. Mas importante pa rin po ang parent training. Kung hindi po consistent ang therapy, mawawala din po sya. *(Yes, it doesn't make any sense. Parent training is important. The therapy won't be effective if it's not consistent.)*
- Participant 4: Actually si xxxx, ilang beses ko na pinullout sa therapy kasi hindi ako nakakakita ng improvement. Binabalik ko lang sya kasi ang habol ko yung socialization sa bata, yung may nakikita syang tao. Kasi ang observation ko pag dito lang sila sa bahay, dun lumalabas yung hindi magandang ugali. Nakikita kasi nila yung ginagawa ng matatanda, yun yung kinokopya nila. Kaya rin gusto ko sya ma expose sa ibang bata na katulad nya. Yun ang situation dito sa Cavite. *(I've actually stopped my son from going to therapy several times because I wasn't seeing any improvement. I end up bringing him back because I want him to socialize and be with other kids. I've observed that he picks up bad behavior from adults here at home. So I want him to be around kids like him.)*
- Interviewer: Meron pong tinatawag na social group. Di ko lang po alam kung meron dyan, pero kung certified naman po yung ABA therapist, alam na po nila. Merong parallel play. *(You can ask to have your child included in a social group. I'm not sure if they have that back there, but if the ABA therapist is certified, they should know about it. They can also engage in parallel play.)*
- Participant 4: Nag ga ganun naman sila. Yun yata yung 40% ginagawa nila, group activities ng mga bata. Kaso yung anak ko, gusto nya pag may mahabang buhok, so pag may mahabang buhok ginagalaw nya. Pero sabi ng therapist okay pa rin po para ma expose sya, kino control naman po namin. *(Yes they do that. I think 40% of their time is spent doing group activities. Sometimes my child causes trouble because he likes to touch long hair, but the therapist says it's okay because at least he's exposed to other kids, and they do control his behavior.)*

Nangugurot din sya pag nag gi gigil or pag may gustong sabihin pero hindi nya ma express yung gusto nya. Or w wrestlingin ka nya. *(He also resorts to pinching when he's excited or if he wants something. Or he'll try to tackle you.)*

- Interviewer: Kamusta po yung experience nyo sa paghahanap ng ABA therapy? *(How's your experience been in seeking ABA therapy?)*
- Participant 4: Madali naman ako nakahanap kasi ang una kong sinearch is ABA therapy near Trese kasi taga dito ako. Luckily meron nga dito mismo sa may city namin so hindi na ako nahirapan maghanap. *(It was easy for me, I just searched online for ABA therapy here in Trece Martires, and luckily there was one.)*
- Interviewer: So wala po kayong barriers or challenges na pinagdaanan while looking for an ABA center? *(So you didn't have any barriers or faced challenges while looking for an ABA center?)*
- Participant 4: Wala naman masyado. Yung waitlist ko rin sa (center) hindi rin naman. Nung nag inquire ako, na schedule na kami for assessment agad the following week. *(Not really. We didn't even have to wait long. They scheduled us for assessment only a week after I inquired.)*
- Interviewer: Yung Trese po ba urban or rural? *(Is Trece Martires an urban or rural area?)*
- Participant 4: Urban. Fifteen minutes away from Dasmariñas. Capital kami e. *(Urban. We're only 15 minutes away from Dasmariñas, and this is also the capital of Cavite.)*

Actually dalawa na yung ABA (center) dito. Meron pang isang nag o offer ng ABA. Sila naman mix ng OT, ABA, Speech ang ino offer nila. Yung sa pinanggalingan nya, OT at Speech lang. Yung pinapasukan nya ngayon, purely ABA. Dun nga sa isa mixed, so marami siguro silang therapist sila. *(Actually, there are already two ABA centers here. The other center even offers a mix of OT, ABA and speech therapy. They probably have a lot of therapists.)*

Yung pedia nirecommend na ituloy yung OT pero sabayan ng ABA. Kaya lang hindi namin nagawa kasi super pricey. *(My son's pediatrician actually recommended that we continue OT alongside ABA therapy, but we can't afford to do that.)*

- Interviewer: Kasi sa Pilipinas po, hindi pa aware mga tao masyado sa ABA. Kasi yung OT po more talaga sila sa sensory integration, bodily function, fine and gross motor skills, and daily living skills ang offers nila. Hindi po talaga sa behavior.

Kasama po yun pero hindi yun yung main na pino provide nila. *(ABA isn't widely known in the Philippines. OT focuses on sensory integration, bodily function, fine and gross motor skills, and daily living skills. Not on behavior. It has some of that, but it's not its main purpose.)*

Sa ABA po skill acquisition and behavior management ang pino provide nila. Skill acquisition using principles of learning. Pwede rin po sya i apply in learning all kinds of skills including daily living. So yun po yung maganda sa ABA, nakakatulong po sya kahit sa verbal (skills). *(ABA is all about skill acquisition and behavior management. Skill acquisition using principles of learning. That can be applied to all kinds of skills, including ones for daily living. That's the beauty of ABA. It can also help in developing verbal skills.)*

- Participant 4: Yun nga yung nagustuhan ko nung nag research ako kasi holistic sya yung ABA. *(Yes, that's what I liked about ABA when I looked into it, it's holistic.)*
- Interviewer: Opo nakakatulong yung ABA sa verbal (skills). Hindi po kami nag fo focus sa grammar, punctuation or vocalization. Basta lang po maturo nya or ma express nya yung needs nya. Kasi para sa amin sa ABA po, "Behavior is communication." Nag a act out yung bata kasi may gusto sya, may gusto syang sabihin kaso hindi nya magawa. *(Yes, ABA helps even with verbal skills. We don't focus on grammar, punctuation or vocalization. We just want to empower children to be able to point out what they want or express their needs. From our perspective, behavior is communication. Kids act out because they want to say something but they can't express themselves.)*

Iba rin po sya sa speech therapy, kasi iba din po ang ginagawa doon. *(That's also different from what they do in speech therapy.)*

Pero yun po yung mahirap ipaliwanag sa Pilipinas, na iba po sya sa OT. Pero yun lang po yung ni re recommend usually ng pediatrician. *(But that's what's so hard to explain in the Philippines, that ABA is different from OT. But most pediatricians recommend only OT.)*

- Participant 4: Actually maganda naman sa ngayon, yung mga dev ped nag re recommend na ng ABA. Dati hindi daw sya recognized. Sinabi ng teacher, dati hindi talaga nila kinikilala kasi nga wala naman silang (ABA therapist) 4-year course, meron lang training and certification. *(Actually the situation has improved. Developmental pediatricians are already recommending ABA. They said that it wasn't recognized before because it's not acquired through a 4-year course.)*

Sabi nga kahit ako pwede mag undergo ng training and ako na lang magturo sa anak ko. Ganun sya ka friendly, pag matutunan mo yung approach, pwede mo na syang gawin sa bahay. Yun yung maganda kung mas maraming parents ang matututo. *(Some people have even told me that I can learn ABA and teach my child on my own. It's that easy to learn and you can do it at home. It would indeed be nice if more parents learn ABA.)*

- Interviewer: May na encounter po ba kayong financial difficulties while seeking ABA therapy? *(Did you encounter any financial difficulties while seeking ABA therapy?)*
- Participant 4: Sa case ko maswerte pa naman kami kasi afford naman namin yung ABA therapy nya sa ngayon. Yun nga lang, syempre less focus sa bata kasi kailangan ko magtrabaho sa gabi habang nag t therapy sya sa umaga. Siguro ang challenge ko dito ay yung follow up sa bahay at yung time management. *(I'm lucky because we can afford it. But I'm not as focused on my child as I want to be. I need to work at night so I can go with him to therapy in the morning. I think my challenges are to figure out how to continue his therapy at home and manage my time.)*
- Interviewer: Nasabi nyo na po to kanina, pero linawin ko lang po kung factor yung location nyo sa paghanap ng ABA service? *(You already touched on this but I just want to clarify. Is your location a factor in looking for ABA service?)*
- Participant 4: Oo, naka influence din sya, kasi swerte lang na meron kami dito. Kung hindi nag open yung branch na yun... Kaka open lang nila 2 years ago, so nung una ako nag search wala pa sila dito. Pero yun nung nag open sila onti pa lang ang students dito. *(Yes it's a factor. We're lucky that an ABA center opened here in our city. They opened only 2 years ago, so they weren't around when I first started looking for a center here. But yes they eventually opened a branch here, and I was able to secure a slot for my son because they had only a few students at the time.)*
- Interviewer: Can you describe any emotional or psychological impact sa paghanap ng ABA therapy? *(Can you describe any emotional or psychological impact of looking for ABA therapy?)*
- Participant 4: Meron syang impact emotionally sa paghahanap, kasi syempre kailangan mo i consider lahat ng factors e, yung accessibility, yung affordability nya, tapos yung frequency pa (ng therapy). Yung frequency talaga e kasi binabayaran mo sila

per session. *(It did have an impact on me emotionally because there were many factors to consider: accessibility, affordability, frequency. Frequency is a factor because that affects the cost.)*

Tapos syempre it affects you emotionally kapag nahihirapan ka na rin dahil wala ka naman alam sa ganitong mundo. Katulad sa aming mga parents. Nung nalaman ko yung ABA wala naman akong alam, ngayon ko lang narinig yan. Hindi ko naman alam kung anong gagawin nila sa anak ko ng ABA. Tapos alam mo yung (confusion na) makikita mo sa Google, yung ABA is pwede mo gawin sa bahay, so iniisip ko kung ano ba ipapasok ko ba yung anak ko o hindi. *(It also affected me emotionally because I had no idea what ABA was. I didn't know what they were going to do to my child. I was also confused because I read online that ABA is something that I can do at home. So I didn't know if I should just do that or if I should send my child to a center.)*

So yung decision-making nakaka apekto sya mentally, emotionally, and financially, kung san mo ba ipapasok yung (anak mo). Meron dito mga center na nag g guarantee na after 3 months magsasalita na anak ko. Actually dito sa center na pinapasukan ng anak ko ngayon, sinabi din na merong isang student sa kanila na same nya, kasing laki nya 12 years old din, after 3 months nakakapagsalita na sya pa unti unti. So nagiging hopeful ako na one day makapagsalita din sya, ma express nya yung sarili nya. *(Deciding on the center also affected me mentally, emotionally, and financially. There are centers here that claim that they can help my child speak after 3 months of therapy. The therapists at the center that my son currently attends actually said something similar. They said that they have a student that's just like my son, a kid who's also 12 years old, and that they were gradually able to help him speak after 3 months of therapy. Promises like that make me hope that my son will indeed be able to speak and express himself one day.)*

Pero overall, dahil accessible naman yung service dito sa part ng Cavite, hindi naman ako nahirapan. Decision na lang din kung san ko ba dadalhin, sa malayo ba na mahal or sa malapit na kakabukas lang. *(But overall, ABA is accessible in this part of Cavite. It wasn't hard for me to find a therapy center. It ultimately came down to choosing the established center that's expensive and far from us, or this new one that's more affordable and nearby.)*

(----- END OF INTERVIEW -----)

## Details of the Interview

Interviewer: Keanz Raznie C. Walsh

Interviewee: Participant 5

Date: June 8, 2025

Time: 11:56 AM

- Interviewer: Can you tell me about yourself and about your child? Their age and diagnosis?
- Participant 5: My son is 6 years old. Na diagnose sya with ASD. Sabi ng developmental pediatrician, mild autism lang sya. Yung level nya parang nasa 4 years old lang yung writing, tapos yung reading nasa 4 and a half. *(My son is 6 years old and he was diagnosed with ASD. The developmental pediatrician did say that he only has mild autism. His writing level is comparable to that of a 4 year old, while his reading level is at the level of a 4 and a half year old.)*
- Interviewer: So he has developmental delay?
- Participant 5: Oo. *(Yes)*
- Interviewer: Ano pong tina take nyang therapy currently? *(What therapy is he currently undergoing?)*
- Participant 5: Currently wala kasi out of budget. Kailangan talaga paglaanan ng budget yung therapy kasi wala namang libreng therapy dito sa Pilipinas e. Lahat may bayad tapos medyo pricey. Kahit gusto mo ipa therapy hindi ko magawa lalo na mag isa ko lang nag w work. *(None at the moment because it's out of our budget. You really have to save for therapy because there are no free options here in the Philippines. They're all paid services and they're quite pricey. I do want him to go to therapy but I can't afford it, especially because I'm the only one who's working.)*
- Interviewer: Saan po ba kayo sa Cavite? *(Where in Cavite are you located?)*
- Participant 5: Sa Tanza. Pero yung anak ko ngayon nasa Tarlac. *(In Tanza. But right now my son is in Tarlac.)*
- Interviewer: Pano nyo po nalaman yung ABA therapy? *(How did you find out about ABA therapy?)*
- Participant 5: Ni recommend sya ng pediatrician. Kailangan daw ng behavioral therapy ng anak ko kasi medyo makulit tapos hindi sya nakaka focus. *(The pediatrician recommended it. They said that my son needs behavioral therapy because he's stubborn and he can't focus.)*
- Interviewer: Kamusta naman po yung experience nyo sa paghahanap ng ABA therapy? *(How has your experience been in seeking ABA therapy?)*
- Participant 5: Pag sa Facebook ka naghanap, marami ka namang makikita kaya lang (walang malapit sa area namin). May nakita na akong isa sa Rosario, kaso hindi ko nga kaya yung gastos. Hindi ko alam kung san ko talaga patitirahin kung dito ba sa Cavite o doon na lang sa Tarlac. Sa Tarlac kasi, wala kaming gastos sa upa. Wala kasing trabaho yung asawa ko ngayon. *(You can easily find a lot of ABA centers on Facebook, but I haven't found one that's near our house. I found a center in Rosario, but I can't afford them. I can't decide if I should let my son stay here or in Tarlac. Because we don't pay rent in Tarlac. My husband doesn't have a job at the moment.)*

Ang recommendation ng pediatrician, SPED na public na may IAP, tapos yun ABA therapy. E para makapunta ng city doon kailangan mag 1 hour ride. *(The pediatrician recommended that my son attend a public SPED school that has IAP along with ABA therapy. But it takes an hour to commute downtown in Tarlac.)*

Dito naman sa Tanza puno yung malapit na center. Naghihintay pa kami ng slot. Yung nakita ko sa Rosario, meron ngang slot kaso nung inassess yung anak ko doon, nakita ko kayang abutin ng anak ko yung door sa likod nila, e may hagdang pababa. E hindi pa sila aware na kaya ng anak ko mag open ng lock. Natakasan sila. *(Here in Tanza, the center that's near our house is already full. We're still waiting for a slot. The center I checked in Rosario does have a slot, but while they were assessing my son, I saw that my son can reach their back door, which opens to a set of stairs. They didn't consider that a risk because they didn't know that my son can open doors, and sure enough, my son escaped from them during the assessment.)*

Kaya alanganin akong ituloy doon. Kasi hindi pinapapasok yung parents sa loob ng therapy center e. Baka kako hindi nila mapansin, makatakas sya palabas. Kaya di ko na rin tinuloy. Pinag iisipan ko rin yung gastos. *(So I was hesitant to enroll my son at that center. What makes me even more worried is that they don't let the parents into the center during sessions. I'm worried that they might not notice if my son goes out. So I didn't enroll my son there. I was also worried about how much it would cost.)*

- Interviewer: Magkano po ba yung therapy sa Rosario? *(How much is the ABA therapy in Rosario?)*
- Participant 5: Marami doon kaso isa pa lang napagtanungan ko. *(There are a lot of centers there, but I've gone only to one of them.)*
- Interviewer: Ano pa po yung mga challenges na na experience nyo po sa paghanap ng center? *(What other challenges have you experienced in looking for a center?)*
- Participant 5: Siguro yung di mo alam kung legit yung mga therapy center. Lalo na dun sa group chat, sinasabi nila na meron ngang mga center pero hindi mo alam kung capable ba talaga sila or registered or certified ba talaga silang mag handle ng batang may autism. Kung di naman kasi sila certified, baka lalong mapalala yung situation ng bata. *(I think it's the fact that you don't know if the centers are legitimate. In our group chat, the members often say that there are lots of centers, but I can't verify if they're registered or certified to handle kids with autism. I'm afraid that if I send my son to a center that's not certified, it could just make his situation worse.)*

Marami talagang therapy center na tinatayo, pero hindi ko alam kung pano ma ch check kung certified ba talaga sila. Alam kasi nila na yung mga magulang gusto mag improve mga anak nila, pero mahirap nga mag trust. *(There are a lot of centers being founded, but I don't know how to check if they're certified. They just know that parents want their children to get help and improve, but I find it hard to trust them.)*

Tapos talagang pag g gastusan mo yung therapy, para ka ng nagpa college. Kaya nga naghahanap na lang din ako sa Facebook ng pwede kong gawin. *(On top of that, you really have to spend a lot of money to send your child to therapy. It's like sending your kid through college. So I'm just searching Facebook for activities for my child that I can do on my own.)*

- Interviewer: Can you talk more about your financial challenges in seeking ABA therapy?
- Participant 5: Bago pa ma diagnose yung anak ko, nag decide kami na mag stop muna yung asawa ko mag work para may mag alaga sa anak namin. Nung na diagnose na sya at need na nya mag therapy, yun nga ako na lang nag w work. *(Even before my son was diagnosed, my husband and I already decided that he would stop working so that he can take care of my son. By the time he was diagnosed and we found out that he needed therapy, I was already the only one working.)*

Naghanap pa ako ng SPED school sa Tarlac kung saan sya tatanggapin. Kasi doon parang iisang lugar lang yung may available. Kaya hindi na nabigyan ng pansin yung therapy. *(I also spent time looking for a SPED school in Tarlac. I think there's only one school there. So I had no time to consider therapy.)*

Naghahanap din ako ng financial assistance mula sa government. Nakuhanan ko ng PWD ID yung anak ko dito sa Cavite, tapos nung andun na sya sa Tarlac sabi sa akin doon kailangan daw i cancel yun tapos doon kukuha uli ng PWD ID. Tapos saka ako makakahingi ng financial assistance doon. Kaya struggle din yun. Di ko masabay sabay kasi may trabaho din ako. *(I've also been looking for financial assistance from the government. I was able to secure a PWD ID for my son here in Cavite. But now that he's in Tarlac, the officials there are telling me that I need to cancel that PWD ID and get a new one in Tarlac before I can ask for financial assistance there. So that's also been a struggle. I can't do everything because I'm also working.)*

- Interviewer: May bayad po ba yung SPED school? *(Do you need to pay for him to attend the SPED school?)*
- Participant 5: Libre naman yung public SPED school kung saan ko sya na enroll sa Tarlac. *(The SPED school in Tarlac where he enrolled is free.)*
- Interviewer: Masasabi nyo po ba na yung location nyo ay may influence sa paghahanap ng ABA service? *(Would you say that location influenced your search for ABA services?)*
- Participant 5: Dito sa Cavite mas madali sya kasi marami ng nag o open na center dito sa Tanza, meron din sa Rosario. Meron din sa General Trias. Pero dahil umuupa lang kami dito sa Cavite, mas magastos kung dito kami, kaya pinag iisipan ko pa kung sa Tarlac sya o dito. Kasi kung dito makakapag therapy nga sya pero hindi naman kami makakakain. *(Here in Cavite it's a lot easier because there are a lot of centers opening up. There are centers opening here in Tanza, as well as in Rosario and in General Trias. Our issue is that we're renting our place here in Cavite, so it costs a lot more for us to stay here. That's why I'm still deciding if my son should just stay in Tarlac or if he should live here. If he stays here, yes he can go to therapy, but we'd have no money left for food.)*
- Interviewer: Yung Tanza po ba rural pa ba or urban area na? *(Is Tanza still a rural area or is it urban?)*
- Participant 5: Tingin ko urban area na rin naman sya. Maraming establishments, maraming mall. Pero yun nga yung mga center dito hindi mo pa rin masabi kung legit sila. Pero meron naman na may nakapaskil na certification sa entrance ng center, pero yun yung wala pang slot nung nagtanong ako. *(I think it's already an urban area. It has lots of establishments and malls.)*

*But as for the centers themselves, I can't tell if they're legitimate. There was one that did have a certificate posted on their entrance, but that was the center that didn't have a slot when I inquired.)*

Tapos yun nga yung sa Rosario, concerned ako sa safety. Tsaka maliit lang sya, isang kwarto lang. *(The one in Rosario on the other hand has me concerned for my son's safety. Plus it's really small, just one room.)*

- Interviewer: Can you describe any emotional or psychological impact ng paghahanap ng ABA therapy sa anak nyo po? *(Can you describe any emotional or psychological impact from searching for ABA therapy for your son?)*
- Participant 5: (Starts crying) Nung tinanong nyo yan naiyak na ako. Di ko alam tuloy kung paano ko i e explain. Siguro mararamdaman mo rin to. Malaki yung impact nya kasi kahit gusto mo hindi mo mabigay kasi nag s struggle kami financially. *(Your question made me cry. I don't know how to explain it. But I think you can empathize. It has a huge impact because even if I want to send him to therapy, I can't give it to him because we're struggling financially.)*

Hindi ko sya ma discuss sa asawa ko, pinipilit ko na kayanin. Kung pwede lang ibigay ko sa anak ko yung the best, gagawin ko. Kaso hindi pa ngayon, baka sa ibang araw pa. *(I can't discuss it with my husband, I'm trying to work it out on my own. If I could give my son the best, I would. But I can't right now. Maybe someday.)*

(----- END OF INTERVIEW -----)

## Details of the Interview

Interviewer: Keanz Raznie C. Walsh

Interviewee: Participant 6

Date: July 8, 2025

Time: 7:00 PM

- Interviewer: Can you tell me something about yourself and your child?
- Participant 6: Ako si XXX. Mag 6 years old na yung anak ko this July. Premature sya, at sinabihan na ako noon ng doctor na at risk sya for developmental delay. Nung una okay naman sya, mga 2 years old nagsisimula na nga sya magsalita. *(My name is XXX. My child is turning 6 years old this July. He was born premature. The doctor already warned me that it's possible that he may have developmental delays. He started out okay, at around 2 years old he was already starting to speak.)*

Kaya lang nagkasakit ako, kaya di ko na sya natutukan. Dun sya nagsimulang maging non-verbal. Last year ko na lang sya naalagaan uli. Ngayon nagsasalita na uli sya paunti unti, pero hirap pa rin talaga sya makipag usap. *(But then I got sick, so I wasn't able to sustain his development. That's when he started to become non-verbal. It was only last year that I was able to take care of him again. He's started to talk bit by bit, but he's definitely finding it hard to communicate verbally.)*

Last year ko lang din sya napa consult sa developmental pediatrician, at yun na diagnose sya with ASD. Sinuggest ng doctor na mag occupational therapy at speech therapy sya. Kaso hindi namin kaya, kaya pinasok na lang namin sya sa SPED school. *(Last year I consulted with a developmental pediatrician, who diagnosed my son with ASD. The doctor suggested occupational therapy and speech therapy. But I can't afford that, so we just ended up enrolling him in a SPED school.)*

Wala pa kasi akong mahanap na murang center or ospital na malapit dito. Ang recommendation ng doctor mag occupational at speech therapy sya three times a week, so P6,000 yun. Para na rin kaming nagpapa aral ng college nun. E yung asawa ko minimum wage lang ang kinikita, kaya hindi talaga namin kaya ipa therapy. *(I haven't been able to find an affordable center or hospital that's near our house. The doctor recommended that he go through both occupational and speech therapy three times a week, which would cost about P6,000 weekly. For us, that's almost like sending him to college. My husband earns only minimum wage, so we really can't afford to send him to therapy.)*

Kaya nag decide ako na i train na lang sya dito sa bahay tapos yun nga yung SPED school. Feeling ko hindi sya pwede sa normal na school kasi hindi nya ma control yung sarili nya, nanggigigil sya at minsan nakakasakit. *(So I decided to just train him here at home along with SPED school. I don't think he fits well in a normal school because he can't fully control his behavior and sometimes ends up hurting others.)*

- Interviewer: How did you learn about ABA therapy?
- Participant 6: Sa mga co-parents dun sa SPED school. Sabi nila matuturuan daw sa ABA na mag behave sya, makinig at mag focus, tsaka yun sumunod sa sinasabi. *(I found out about ABA from other parents at the SPED school. They told me that it can help him behave, listen, focus, and follow instructions.)*

Nag research ako at may mga nakita naman akong center na nag o offer ng ABA therapy, pero hindi ko pa sya pinasok kasi nga ang mahal. *(I looked it up and although I did see centers that provide ABA therapy, I haven't signed him up for it yet because it's expensive.)*

- Interviewer: How has your experience been so far in seeking ABA therapy for your child?
- Participant 6: Hindi naman mahirap maghanap ng center na may ABA therapy dito sa Dasmariñas. May nakita din akong school na nag p partner sa mga center para mag provide ng ABA. Kaso nga yung gastos, kaya hindi ko pa sya pinapasok. *(It's not that hard to find centers that offer ABA therapy here in Dasmariñas. I also found a school that partners with centers to provide ABA therapy. The real bottleneck is the cost, that's why I haven't enrolled him yet.)*
- Interviewer: What challenges have you faced in looking for ABA therapy?
- Participant 6: Financial talaga. Kahit may PWD ID na ako para sa anak ko, hindi naman sapat yung discount. *(It's mainly financial. I did get a PWD ID for my child, but the discount that comes with it isn't enough.)*
- Interviewer: Is it hard to look for an affordable therapy center?
- Participant 6: Oo mahirap talaga. Kung meron sanang center na P500 lang ang singil, kaso wala ata akong mahahanap na ganun. Yung pinaka murang nakita ko na so far e around P800 to P1200 per session. Yun nga three times a week dapat.

Naggagamot pa ako, at may dalawa din akong anak, isang junior high isang senior high school. Kaya hindi talaga namin afford mag therapy ngayon. *(It's really hard. Ideally I would love to find a center that asks for only P500 per session, but that's practically impossible. The most affordable one I've found so far is around P800 to P1,200 per session. Again, that's three times a week. Aside from my medication, I also have two other children, and they're in high school. So we really can't afford therapy right now.)*

- Interviewer: Can you describe the emotional impact of looking for ABA therapy for your child?
- Participant 6: Pag naghahanap ako ng center, una ko laging tinatanong e kung tumatanggap ba sila ng mga guarantee letter from the government, yung sa DSWD or sa Office of the President. Pag narinig na nila yun, nawawalan na sila ng gana, hindi na sila approachable. Nakakahiya tsaka nakakainis. *(When I'm looking for therapy centers, the first question I ask is if they accept guarantee letters from the government - from DSWD or from the Office of the President. As soon as they hear that, they immediately lose enthusiasm and are no longer approachable. It's embarrassing and frustrating.)*

Kahit sana may mahanap akong center na tatanggap man lang ng installment. Gusto ko kasi bukod sa therapy makahalubilo din yung anak ko ng mga katulad nya at ka age nya, para matuto syang mag socialize. *(At the very least, I hope to find a center that accepts payment on an installment basis. I really want to send my son to an intervention center not only for the therapy itself, but also so that he can be around his peers and learn to socialize.)*

(----- END OF INTERVIEW -----)

## Details of the Interview

Interviewer: Keanz Raznie C. Walsh

Interviewee: Participant 7

Date: July 04, 2025

Time: 2:40 PM

- Interviewer: Hello po! My name is Keanz Walsh. Currently I'm in UAE working as an ABA therapist. I am a certified behavior therapist here. As of now, I'm in my last semester taking my Master's degree in Special Education. I'm currently conducting a study entitled Applied Behavior Analysis: Accessibility and Availability for children with special needs in the Philippines. To start po, how did you first learn about ABA therapy as a treatment or intervention option for your child?
- Participant 7: Sa fellow parents. *(From fellow parents.)*
- Interviewer: Kamusta naman yung experience nyo sa paghanap ng ABA services para sa inyong anak? *(How has your experience been in seeking ABA services for your child?)*
- Participant 7: May mga nahanap naman kaso wala pang budget. Hindi pa mapa treat kasi walang pera. *(I've already found several centers that offer it, but I don't have the budget right now. We haven't sent him to therapy yet because we don't have money.)*
- Interviewer: So more on financial po yung struggle ano? *(So your struggle is mainly financial, right?)*
- Participant 7: Oo. *(Yes.)*
- Interviewer: Any other barrier or challenge po? *(Are you dealing with any other barrier or challenge in seeking ABA services for your child?)*
- Participant 7: Yun lang, financial. *(That's mainly it, the financial aspect.)*
- Interviewer: Yung location nyo po dyan po sa Cavite. How did it influence yung paghanap nyo ng ABA center para sa anak nyo? *(Regarding your location there in Cavite. How did it affect your search for ABA centers for your child?)*
- Participant 7: Dito po sa lugar namin, onti lang. Karamihan nasa malayo. *(There are only a few centers near our house. Most of them are far away.)*
- Interviewer: Ah nasa city pa po ano? Ilang byahe pa po? *(They're mostly in the city, right? How many rides does it take to get there?)*
- Participant 7: Mga dalawang sakay pa. *(Two rides.)*
- Interviewer: Ah mahirap nga po yun, lalo na pag may dalang bata. *(I can see how that can be difficult, especially if you're commuting with your child.)*
- Participant 7: Opo. *(Yes.)*
- Interviewer: Last question, can you describe yung emotional or psychological impact ng paghahanap ng ABA service sa inyong anak? *(Last question. Can you describe the emotional or psychological impact of seeking ABA services for your child?)*
- Participant 7: Oo emotionally challenging sya kasi syempre pag nanay ka gusto mo talagang mapagamot yung anak mo. Kahit mabawasan man lang or malaman ko kung anong pwede kong gawin. E kaso nga hirap kami sa perang pampangamot or pang therapy. *(Yes it's emotionally challenging. If you're a mother, naturally you want your child to get medical treatment. Even if it's only to reduce the effects of what he's going through. Or even if I could just learn what I can do at home to help him. But like I said, we don't have money for medicine or therapy.)*
- Interviewer: Sige po thank you po mommy for taking the time to do this interview. *(Thank you for taking the time to do this interview.)*

(----- END OF INTERVIEW -----)

## Details of the Interview

Interviewer: Keanz Raznie C. Walsh

Interviewee: Participant 8

Date: July 14, 2025

Time: 5:54 PM

- Interviewer: Hello po! My name is Keanz Raznie C. Walsh. As of now, I'm in my last semester taking my Master's degree in Special Education. I'm currently conducting a study entitled Applied Behavior Analysis: Accessibility and Availability for children with special needs in the Philippines. To start po, can you tell me how you first learn about ABA therapy as a treatment or intervention option para po sa inyong anak? (*How did you first learn about ABA therapy as a treatment or intervention option for your child?*)
- Participant 8: Ni rekomenda sa akin ng doctor yung ABA therapy. Sabi nya malaking tulong daw ang ABA therapy para sa batang may autism tulad ng anak ko. Nagsimula akong magbasa basa at magtanong din. Pero sa totoo lang hindi ko alam kung paano magsimula. (*The doctor who diagnosed my child recommended ABA therapy. They said it's of great help for children with autism, like my child. I looked it up and asked about it, but honestly, I still don't really know where to start.*)
- Interviewer: Kamusta naman yung experience nyo sa paghanap ng ABA therapy para sa inyong anak? (*How has your experience been in seeking ABA therapy for your child?*)
- Participant 8: Sa totoo lang sobrang hirap po. Walang available na ABA center sa lugar namin. Yung iba sobrang layo. May nakita din ako pero sobrang mahal po. Hindi ko talaga kaya. Parang kahit anong pilit po hindi ko mabigay ang para sa anak ko po. (*To be honest it's been really hard. There are no ABA centers in our town. Most of them are far from here. I've also seen the prices at one of the centers and it's really expensive. I really can't afford it. I'm trying as much as I can but I'm finding it too hard to get help for my child.*)
- Interviewer: Ano po yung specific barriers or challenges na naharap nyo sa paghanap ng ABA service? (*What specific barriers or challenges are you facing in seeking ABA service?*)
- Participant 8: Una po, wala akong sapat na kaalaman tungkol sa process po, lalo na sa pagkuha ng assistance. Pangalawa po, wala pong center na malapit dito, lahat malayo po e. Pangatlo po wala akong kakayahang pinansyal. Kasi mahirap lang po kami. Lahat po ito parang pader na hindi ko malamasan. Sobrang hirap po talaga na magkaron ng isang anak na may autism. Pero kinakaya naman po. (*First, I don't know enough about the processes I should follow, especially when it comes to seeking financial assistance. Second, there are no centers near our town, they're all far from where we live. Third, I'm not financially capable. We're poor. All of this is like a wall that I can't overcome. It's really hard to have a child with autism. But we're trying to get through it.*)
- Interviewer: Bale nasabi nyo nga po, meron kayong financial difficulties na na encounter sa paghahanap ng ABA? (*As you already mentioned, you're having financial difficulties in seeking ABA, is that correct?*)
- Participant 8: Yes po. Sobrang mahal po kasi ma'am. At malayo din po sa amin e. (*Yes. It's really expensive and the centers are far from us.*)
- Interviewer: Last question na lang po. Can you describe po yung emotional or psychological impact sa paghanap nyo po ng ABA services para sa inyong anak? (*Last question. Can you describe the emotional or psychological impact of seeking ABA services for your child?*)
- Participant 8: Alam mo ma'am, malaking epekto po. Sa lugar namin halos wala pong center, kailangan pang bumyahe ng malayo kung gusto mong magpa therapy ng anak mo. Pero paano po kung wala kang pamasaha, walang trabaho, at may iba pa akong mga anak. (*You know, it's had a big effect on me. There are barely any centers here in our town. I need to travel a long way if I want my child to go to therapy. But I can't afford the fare, I don't have a job, and I also have to take care of my other kids.*)
- Interviewer: Maraming salamat po mommy sa pag participate. (*Thank you for participating in this interview.*)

(----- END OF INTERVIEW -----)

## Details of the Interview

Interviewer: Keanz Raznie C. Walsh

Interviewee: Participant 9

Date: July 14, 2022

Time: 8:54 AM

- Interviewer: Hello po! My name is Keanz Raznie C. Walsh. I'm currently conducting a study entitled Applied Behavior Analysis: Accessibility and Availability for children with special needs in the Philippines. To start this interview can you please tell me a bit about you and your child?
- Participant 9: My name is xxxx. My child's name is xxxx. My son is 11 years old and was diagnosed with autism when he was 2 years old.
- Interviewer: How did you first learn about ABA therapy as a treatment or intervention option for your child?
- Participant 9: When my son was diagnosed, our family doctor recommended that he undergo ABA therapy as soon as he turned 4.
- Interviewer: What has been your experience in trying to access ABA services for your child?
- Participant 9: We couldn't find an ABA therapist near our location for years. When we finally found one, the pandemic hit, so his treatment was delayed further. It was really rough because most ABA therapists are in Metro Manila. It's a bit of a hassle but we pushed through.
- Interviewer: Are there any specific barriers or challenges that your family has faced during this process?
- Participant 9: Since asa Manila kasi yung mga therapist, e kami nasa Cavite, yung barrier kasi e yung location at yung availability ng serbisyo. Since nag t trabaho ako, hindi ko naman mabibigay yung needs ng anak ko agad agad. We try to find time to adjust. Kahit malayo, pinupuntahan pa rin namin. *(Since the therapists are in Manila and we're in Cavite, our main barriers are the location and availability of the service. I can't attend to my son's needs right away because of my job. But we try to find time to adjust. Even if the center is far, we still make the effort to go there.)*
- Interviewer: How has your location influenced your access to ABA therapy services?
- Participant 9: By distance alone, hirap kami sa access talaga. Yun yung problema e. We have no problem with the therapy itself. Yung availability talaga. We try to send him to therapy as much as possible. Malayo lang talaga at hirap na hirap talaga kami dun. *(The distance alone makes accessing therapy hard. That's the main problem. We have no problem with the therapy itself. It's the availability. We try to send him to therapy as much as possible. It's just that it's really far from us and that's what we find difficult.)*
- Interviewer: Last question. Can you describe any emotional or psychological impact that seeking ABA services has had on you or your family?
- Participant 9: It has put a strain on our finances. Again, dahil nga we have to contend with traffic and the distance, yung pagod alone nakaka stress na. Pero it's all worth the suffering for our child to have a life that's as close to normal as possible. Kasi nga it's our son. We want to do everything for our son. *(It's put a strain on our finances. And like I said, because we have to contend with traffic and the distance, the fatigue from traveling is also stressful on its own. But all the suffering is worth it because we want our son to have a life that's as close to normal as possible. He's our son, so we want to do everything we can for him.)*
- Interviewer: Sige po yun lang po ang mga tanong ko, thank you so much po for participating in my study. *(Those are all my questions. Thank you so much for participating in my study.)*

(----- END OF INTERVIEW -----)

## Details of the Interview

Interviewer: Keanz Raznie C. Walsh

Interviewee: Participant 10

Date: July 23, 2025

Time: 3:02 PM

- Interviewer: Hello po! My name is Keanz Raznie C. Walsh. Can you please tell me a bit about your child? Age, diagnosis, or any relevant background information.
- Participant 10: Ang anak ko ay 7 years old. Na diagnose sya nung 4 years old sya na may autism. Hindi sya nakakapagsalita, hirap na sumunod sa instructions, tsaka may parang mannerisms sya sa kamay nya. (*My child is 7 years old. She was diagnosed with autism when she was 4 years old. She's non-verbal, finds it hard to follow instructions, and has mannerisms with her hands.*)
- Interviewer: How did you first learn about ABA therapy as a treatment or intervention option?
- Participant 10: Sa pediatrician din na nag diagnose sa kanya nung 4 years old sya. Sabi nga may malaking tulong at pwede pang mabawasan yung mannerisms nya, at matuto syang magsabi or magturo ng gusto nya, or makasunod pag bigyan ng ABA therapy. (*From the same pediatrician who diagnosed her when she was 4. They said that ABA helps a lot, and that it could reduce her mannerisms, help her say or point to what she wants, or follow instructions.*)
- Interviewer: Kamusta naman po ang experience nyo sa paghanap ng ABA services para sa inyong anak? (*How has your experience been in seeking ABA services for your child?*)
- Participant 10: Medyo mahirap kasi malayo yung mga nakikita namin na may ABA therapists na center. Tsaka pag nagtatanong din kami, yun medyo mahal. Nasa mga 1000 to 1200 per session. E ang sabi samin 2 to 3 sessions per week dapat. Wala pa dun yung pamasaha, at iba pang gastos. Kaya medyo mahirap. (*It's been hard because the centers that we've found that have ABA therapists are far from where we live. And when we ask about their fees, they're quite expensive. About P1000 to P1200 per session. The doctor recommended two to three sessions weekly. That's not even considering the fare and other expenses. So yeah it's been hard.*)
- Interviewer: What specific barriers or challenges have you faced in this process?
- Participant 10: Yung challenges, yun nga siguro di ako nakakahanap ng maayos, kasi online lang naman. Pero yun wala pa ako nakikita masyado na malapit sa amin na may ABA na center. Mahirap din mag decide kung itutuloy, kung kaya ba namin na tuloy tuloy sya papadala. Kasi iniisip namin kung paminsan minsan lang, kung wala ring mangyari, mahirapan lang yung bata tapos gumastos lang sa parang wala ring mangyayari. Kung di rin namin kayang tustusan na tuloy tuloy syang mag therapy. (*The challenges, as I mentioned, it's been hard to find a center that fits our needs. Maybe because I've only been looking online. But yeah I haven't found many centers near us that offer ABA. We're also hesitating to even try it because we know that we most likely can't afford to send her to therapy consistently. We're afraid that if she just goes every now and then and nothing happens, we'll just end up making her life harder and spending money for nothing.*)
- Interviewer: Yes po, kailangan consistent po pagdating sa ABA therapy. Yung consistency po sa pagpasok dun lang po makikita yung progress. (*Yes, ABA therapy needs to be consistent. You'll only see progress if the child goes to therapy consistently.*)
- Participant 10: Yun nga iniisip namin. Siguro parang pag nag aaral ka. Kung di ka naman pumapasok lagi or natuturuan lagi, wala din. Siguro kaya din kami nahihirapan maghanap, wala kami masyadong alam. Kung okay ba talaga yung school, kung marunong ba talaga sila, and yun nga kung ano yung mga dapat hanapin pag naghahanap ng school bukod sa malapit sana tsaka mura. Siguro yun din, kulang kami sa kaalaman. (*That's what we've been thinking, that it's probably just like going to school. If you rarely go to class or get taught, there's no point. But that's also probably one of the reasons why it's been hard for us to look for help. We don't really know a lot about therapy centers. If the school is okay, if they truly know what they're doing, and what we should look for in a center besides being near us and affordable. That's probably another reason, our lack of knowledge.*)

- Interviewer: May na encounter po ba kayong financial or insurance related difficulties sa paghahanap ng ABA services? (*Have you encountered any financial or insurance-related difficulties in seeking ABA services?*)
- Participant 10: Ah oo. Swerte naman kami may trabaho kaming parehong magulang. Pero kung i e expect or kailangan namin gawin na 2 to 3 times or baka more pa a week, siguro nasa 15 to 20 thousand, therapy pa lang yun. E syempre may iba pa kaming gastusin. Kaya yun talaga. Yung pera din. (*Yes. We're lucky that her mother and I both have jobs. But if we're expected or required to send our child to therapy two, three, or more times a week, that would probably cost us P15,000 to P20,000 on therapy alone. Naturally we have other expenses to take care of. So yeah, money's also an issue.*)
- Interviewer: How has your geographic location influenced your access to ABA services?
- Participant 10: Yun nga, walang malapit dito. (*Like I said, there are no ABA centers near our house.*)
- Interviewer: San nga po uli kayo banda? (*Where in Cavite do you live?*)
- Participant 10: Sa Tanza kami. Yun wala ako nagkikita na sure na may ABA. Hindi ko rin sigurado, pero sa ngayon wala ako masyadong nakikita. Mga one to two rides para makapunta dun sa sure na may ABA. (*In Tanza. As I mentioned, as far as I know there are no centers here that offer ABA. The ones that I'm sure offer ABA therapy are one to two rides away from us.*)
- Interviewer: Yung mga certified po ba ang hinahanap nyo po? Certified behavior therapist? (*Are you looking for certified behavior therapists?*)
- Participant 10: Hindi rin ako sigurado sa detalye, pero siguro parang ganun nga. Yung makakasiguro ka na marunong talaga yung magtuturo, yung alam talaga yung ginagawa nya. Kase pare pareho na nasa 1000 to 1200, so sana yung okay yung makuha kung dumating yung araw na kayanin na namin or tyagain yung budget. Pero yun malayo samin. (*I'm not sure about the specifics, but I guess something like that. Some way to ensure that the therapist truly knows what they're doing. Because they all seem to cost around P1,000 to P1,200 per session. So when we reach a point where we can afford to pay that much or just decide to squeeze it into our budget, we'd want to get a therapist that actually knows what they're doing. But yeah, their centers are far from us.*)
- Interviewer: Can you describe po yung emotional or psychological impact sa paghanap ng ABA services sa inyo at sa inyong pamilya? (*Can you describe any emotional or psychological impact that seeking ABA services has had on you and your family?*)
- Participant 10: Una, nakakainis, nakakalungkot, at nahihiya ka sa pamilya mo lalo na sa anak mo. Four years old pa lang na recommend na yung therapy. Talagang di kaya sa budget na consistent na mabigay yun. Nakaka stress din yung nakakalito, di mo alam kung san ka kukuha ng alam mong mapagkakatiwalaan. Yung stress din na sana meron mas convenient. Bawas sa oras at bawas din sa effort, kasi wala naman kaming kotse, talagang commute lang.

Mainly yung nararamdaman mong may kakulangan ka sa anak mo. Pero kailangan kasi i balance yung gastusin kaya yun. Yun yung medyo mahirap na parang di mo nabibigay lahat. (*First, it's frustrating, depressing, and I feel like I'm letting my family down, especially my child. ABA therapy was recommended to us way back when she was only 4 years old. But we really can't afford to consistently give that to her. The confusion is also stressful. We don't know where to look for centers that are really trustworthy. It's also stressful because we have no convenient options. Somewhere that doesn't take up as much time or effort. Because we don't have a car, we just commute.*)

*But yeah the main feeling is that I failed my child. It's because we need to balance our budget, but yeah. It's hard knowing that I'm not able to give everything that my daughter needs.*

(----- END OF INTERVIEW -----)