



# Understanding the Divide: ABA and Occupational Therapy in Autism Support



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In the landscape of autism support services, few topics generate as much debate as Applied Behavior Analysis (ABA) versus Occupational Therapy (OT). Both fields share a commitment to helping individuals thrive in their daily lives — but their conceptual foundations, methods, and professional preparation differ profoundly. Understanding these differences is vital for informed, ethical, and person-centered practice.

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## Training Matters: The Depth and Breadth of Professional Preparation

An entry-level **Registered Behavior Technician (RBT)** requires a **high school diploma, 40 hours of training**, supervision by a Board Certified Behavior Analyst (BCBA), and a competency assessment. Supervision requirements are ongoing but minimal — often amounting to just a few hours per month.

In contrast, an **Occupational Therapist (OT)** is a licensed health professional who must complete a **master's or doctoral degree** that includes **extensive coursework in anatomy, neuroscience, child development, psychology, ethics, sensory processing, and motor control**, along with **over 1,000 hours of supervised clinical practice**. This difference in training reflects a difference in scope, ethical frameworks, and theoretical grounding: OT is an evidence-based, person-centered healthcare profession; RBTs, though well-intentioned, are trained narrowly for behavioral implementation under supervision.

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## Principles and Paradigms: Behavior Modification vs. Volition and Agency

Even the most modern forms of “naturalistic” or “play-based” ABA remain rooted in **behavior modification principles** — reinforcement, extinction, shaping, and stimulus control. ABA is built on a mechanistic worldview where behavior is an observable output to be increased or decreased, typically by manipulating environmental contingencies.

Occupational Therapy, however, arises from a **holistic, humanistic worldview** founded on **agency, autonomy, and volition**. The **Model of Human Occupation (MOHO)** and occupational science frameworks view human beings as inherently motivated, relational, and meaning-making. OT is not about controlling or extinguishing behaviors; it's about understanding the *why* behind a person's actions, their sensory and motor capacities, their environment, and the meaning they assign to participation.

Where ABA seeks compliance, OT seeks connection and competence. Where behavior modification measures success through the elimination of “maladaptive” behaviors, OT measures success by **participation, choice, and quality of life**.

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## Volition: The Heart of Human Occupation

A key concept in OT is **volition** — the motivation for occupation. Volition speaks to one's sense of choice, personal values, and interests — an idea largely absent in ABA's behavioral framework. When therapy honors volition, clients are *partners* in the process, not subjects of conditioning.

This difference matters profoundly for neurodivergent individuals, for whom coercive interventions can undermine autonomy and contribute to trauma. A sensory-informed, relationship-based occupational therapist collaborates with clients to co-create environments and occupations that meet sensory, motor, and emotional needs, rather than manipulating observable behaviors to fit normative expectations.

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## The Core of Autism: Sensory and Motor Differences

Emerging interdisciplinary research underscores that **autism is fundamentally characterized by sensory and motor differences**, not primarily behavioral deficits. Studies by researchers such as Donnellan, Leary, and Hill (2013), as well as newer work in developmental neuroscience (e.g., Torres & Donnellan, 2015), highlight that movement and perception are deeply intertwined in autistic development.

This body of work reframes “behaviors” often targeted by ABA — such as stimming, avoidance, or social withdrawal — as **adaptive responses to sensory and motor challenges**, not deficits to suppress.

Yet, Board Certified Behavior Analysts (BCBAs) receive *little to no formal training* in sensory processing, motor development, or neurophysiology. Their coursework centers on behavioral principles, data collection, and experimental design — not embodied child development or the lived experiences of neurodivergent individuals. In contrast, **OTs are trained extensively in motor control, sensory integration, and developmental neuroscience**, preparing them to address the foundational systems that underlie participation and regulation.

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## Reclaiming Humanity in Autism Support

The conversation about ABA versus OT is not simply academic — it’s about **values and outcomes**. OT is concerned not just with skill acquisition but with **human flourishing**. Its core values—*agency, humanity, relationality, and volition*—align deeply with contemporary neurodiversity-affirming practice.

ABA continues to evolve, and some practitioners are working to integrate relational and developmental insights. Yet, the discipline’s grounding in **behavior modification** remains an ethical and epistemological barrier to true neuroaffirmative alignment.

As professionals, families, and communities move toward a future of inclusive, embodied, and humane support for autistic individuals, it is essential that we invest in approaches that **honor autonomy, understand sensory and motor realities, and support the development of self within occupation and relationship — not in opposition to it.**

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