

FREE GUIDE

Autism Therapy Comparison Guide

Six therapies, side by side, in plain language

Choosing therapies for your child shouldn't require a medical degree. This guide puts the most common autism therapies side by side so you can compare them clearly and decide where to start. Each section covers what it is, who it's for, what to look for in a provider, and red flags to avoid.

"You don't need to do everything at once. The goal is the right therapy at the right time, not all the therapies all the time."



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Quick-reference comparison

The shortest possible orientation. Detail on each therapy follows on pages 3 to 8.

Therapy	Primary focus	Typical hours/week	Best starting age
ABA	Communication, daily living, behavior, social	5 to 40	2 to 6 (early intervention)
Occupational Therapy	Sensory, motor, self-care, regulation	1 to 3 sessions	Any age
Speech-Language	Communication (verbal + AAC), feeding	1 to 3 sessions	Any age (earlier is better)
DIR/Floortime	Emotional development, relationship-building	Varies; parent-led	Toddler through early school
CBT	Anxiety, rigid thinking, regulation	1 session (45 to 60 min)	School-age and teens
Social Skills Groups	Peer interaction, conversation	1 session (60 to 90 min)	School-age

THREE RULES OF THUMB

1. Start with what your child needs most, not with what's most popular. 2. Watch the provider, not the label. A great OT will outperform a mediocre BCBA every time. 3. Trust your instincts. If your child dreads a session week after week, that's data.

How to use this guide

- Read pages 3 to 8 in order, but skim past therapies that obviously don't fit
- Highlight the two or three that match your child's biggest challenges
- Bring this guide to your pediatrician appointment as a conversation starter
- Use the questions on each page when interviewing providers

ABA | Applied Behavior Analysis

Focus:	Communication, daily living, behavior, social skills
Typical hours:	5 to 40 hours/week (varies widely)
Provider:	BCBA designs the program; RBT delivers sessions
Best for:	Skill building, behavior support, early intervention
Insurance:	Most US states have insurance mandates; Medicaid often covers
Setting:	Clinic, home, or both

WHAT A SESSION LOOKS LIKE

An RBT works one-on-one with your child, breaking skills into small steps and reinforcing successful attempts. Modern naturalistic ABA looks like play with embedded learning targets; older "discrete trial" ABA looks more structured at a table. Quality programs do both depending on the goal.

WHAT TO LOOK FOR IN A GOOD PROVIDER

- Goals chosen in collaboration with the family, not just from a standard list
- Naturalistic, play-based methods alongside (not instead of) structured teaching
- Parent training built into the program from week one
- Willingness to drop goals that aren't working and pivot
- Respect for stimming and autistic identity (not eliminating it for being non-NT-typical)

RED FLAGS

- Refusing to share session data with parents or limiting your access to observation
- Punishment-based protocols, planned ignoring of distress, or "compliance training"
- 40 hours/week recommended for every child, regardless of need
- Goals to "look more typical," reduce stimming, or eliminate autistic traits
- High RBT turnover with no continuity of relationship

QUESTIONS TO ASK

- What's your philosophy on stimming and autistic identity?
- How do you handle a child saying no or wanting to stop?
- How often is the BCBA on-site supervising the RBT?
- What does parent training look like in your program?

OT | Occupational Therapy

Focus:	Sensory processing, fine and gross motor, self-care, regulation
Typical hours:	1 to 3 sessions/week, 30 to 60 minutes each
Provider:	Licensed Occupational Therapist (OTR/L)
Best for:	Sensory challenges, motor delays, daily routine struggles, handwriting, self-feeding/dressing
Insurance:	Generally covered; check session limits

WHAT A SESSION LOOKS LIKE

The OT may work on a swing, with a weighted vest, in a ball pit, with handwriting paper, or with utensils. Sensory integration sessions look like play; self-care sessions look more like skill practice. Good OTs send you home with a "sensory diet" of activities to do at home.

WHAT TO LOOK FOR IN A GOOD PROVIDER

- Specifically trained in sensory integration or sensory processing differences
- Sends home a written sensory diet plan you can follow
- Includes parent coaching, not just child sessions
- Tracks progress concretely so you know what's working
- Comfortable collaborating with SLP, ABA, school OT, and pediatrician

RED FLAGS

- Refusing parent observation or only sharing vague progress reports
- Generic exercises that aren't tied to your child's specific profile
- Over-promising "fixes" for sensory differences (sensory needs are managed, not cured)
- Pressure to add sessions without clear rationale

QUESTIONS TO ASK

- How do you measure progress for a child like mine?
- What does my role as a parent look like in this work?

- How does your sensory diet plan adapt as my child changes?

SLP | Speech-Language Therapy

Focus:	Communication (verbal and nonverbal), social pragmatics, feeding, AAC
Typical hours:	1 to 3 sessions/week, 30 to 60 minutes each
Provider:	Licensed Speech-Language Pathologist (CCC-SLP)
Best for:	Language delays, articulation, social-communication, AAC needs, feeding challenges
Insurance:	Generally covered; specialty AAC evaluations may need preauthorization

WHAT A SESSION LOOKS LIKE

For a young child, SLP often looks like play with embedded language targets. For an older child, may include conversation practice, social-communication scripts, or working on a speech-generating device. Feeding sessions involve actual food and may include OT collaboration.

WHAT TO LOOK FOR IN A GOOD PROVIDER

- Experience with autism specifically and with AAC if relevant
- Open to and trained in robust AAC systems, not just "low-tech only"
- Includes parent and sibling coaching for at-home modeling
- Treats nonverbal communication (gestures, AAC) as real communication
- Doesn't use compliance-based or "no echolalia" protocols

RED FLAGS

- "AAC will prevent speech" framing (research consistently shows the opposite)
- Refusing to consider AAC because the child has some words
- Punishing or extinguishing echolalia (it's often a real communicative tool)
- One vocabulary system for every kid, no individualization

QUESTIONS TO ASK

- What's your approach if my child is non-speaking? How do you support AAC?
- How do you teach me to model and reinforce what we work on in session?

- How do you handle echolalia or scripting?

DIR/Floortime | Developmental, Individual, Relationship-based

Focus:	Emotional development, social engagement, relationship-building
Typical hours:	Varies; formal sessions plus parent-led at home
Provider:	DIR-certified therapist or trained parent
Best for:	Young children, relationship-building, child-led approach
Insurance:	Inconsistent; often paid out-of-pocket

WHAT A SESSION LOOKS LIKE

An adult joins the child in their preferred play, follows the child's lead, and gradually adds challenges that stretch their emotional and communicative range. There are no flashcards, no token boards, no compliance demands. The therapist's job is to be a meaningful playmate.

WHAT TO LOOK FOR IN A GOOD PROVIDER

- DIR/Floortime certification (level 1 minimum, ideally level 2 or above)
- Strong parent-coaching component (this is the heart of the approach)
- Genuine respect for the child's interests, even unusual ones
- Clear "growth edges" they're targeting in each session

RED FLAGS

- "Just playing" with no underlying developmental targets
- No parent training or feedback loop
- Pushing your child past their tolerance for the sake of the session
- Claiming DIR certification without actually being credentialed

QUESTIONS TO ASK

- How do you balance following my child's lead with stretching them?
- What does my training as a parent look like in this approach?
- What outcomes do you typically see in the first six months?

CBT | Cognitive Behavioral Therapy

Focus:	Anxiety, rigid thinking, emotional regulation, coping strategies
Typical hours:	1 session/week, 45 to 60 minutes
Provider:	Psychologist or licensed therapist with autism experience
Best for:	School-age children and teens with anxiety, OCD, or emotional regulation challenges
Insurance:	Generally covered when medically necessary

WHAT A SESSION LOOKS LIKE

The therapist works with your child on identifying anxious thoughts, learning coping skills, and gradually facing avoided situations. CBT for autistic kids should be modified: more visual supports, more concrete language, slower pace, and acceptance that some "rigid thinking" is core to who they are, not a target to eliminate.

WHAT TO LOOK FOR IN A GOOD PROVIDER

- Experience adapting CBT for autistic clients (not just neurotypical clients with anxiety)
- Uses visual supports, written summaries, and clear concrete examples
- Doesn't pathologize special interests or sensory needs
- Comfortable collaborating with school and other providers
- Transparent about progress and willing to switch approaches if not working

RED FLAGS

- Standard adult CBT protocols delivered without adaptation
- Treating autism itself as the problem CBT is "fixing"
- Pushing exposure therapy faster than your child's nervous system can tolerate
- No collaboration with school or family

QUESTIONS TO ASK

- How do you adapt CBT for autistic kids? What changes from the standard protocol?

- How do you handle my child's special interests in session?
- How will I know it's working?

Social Skills Groups

Focus:	Peer interaction, conversation, reading social cues
Typical hours:	1 session/week, 60 to 90 minutes
Provider:	SLP, psychologist, or trained facilitator
Best for:	Children who want peer connections but struggle with social rules
Insurance:	Inconsistent; may be paid out-of-pocket

WHAT A SESSION LOOKS LIKE

A small group (typically 3 to 6 kids of similar age and language level) practices specific social skills with adult facilitation. Activities are designed to elicit conversation, turn-taking, perspective-taking, and friendship behaviors. Done well, it's structured but warm; done poorly, it feels like a compliance drill.

WHAT TO LOOK FOR IN A GOOD PROVIDER

- Group size and matched developmental levels (not just matched ages)
- Curriculum or framework rather than ad hoc games
- Neurodiversity-affirming approach: teaching social options, not "be more typical"
- Facilitators who include AAC users and minimally-speaking kids
- Honest reporting on whether the group is working for your child

RED FLAGS ACROSS ANY THERAPY

- "We'll make them indistinguishable from peers" as a goal
- Refusal to allow parent observation of sessions
- No data-sharing or vague reports ("she's doing great!")
- Punishment, deprivation, or restraint without legal/ethical safeguards
- Pressure to commit to many hours per week without your child being the priority

QUESTIONS TO ASK

- What happens if my child wants to opt out of an activity?

- How do you measure whether the group is helping my specific child?
- What's your approach when one child is dominating or struggling?

How to choose where to start

Most newly-diagnosed families try to do everything at once and burn out. A more sustainable path:

- Identify your child's biggest challenge today: communication, regulation, or social
- Start with one therapy that targets that challenge, plus light involvement of one other
- Add additional therapies only as the first ones stabilize
- Reassess every six months: is the therapy still appropriate? Is the provider still right?

Starter combinations that often work

If the biggest challenge is...	Start with	Add later if needed
Communication (verbal or AAC)	SLP, plus parent training	OT for regulation; ABA for skill-building
Regulation, sensory, daily routines	OT	SLP, parent coaching, CBT for older kids
Behavior or skill-building (early intervention)	Naturalistic ABA + SLP	OT as sensory needs surface
Anxiety, school refusal, OCD (older kids)	CBT adapted for autism	Social skills group; school accommodations
Loneliness, peer connection	Social skills group	CBT if anxiety is a barrier

DECISION-MAKING RULE

If your gut, your pediatrician, and your child's school all flag the same issue (regulation, communication, anxiety), start there. If they disagree, prioritize your gut and your child's daily quality of life.

Paying for therapy

Insurance basics

- Most US states have autism insurance mandates requiring coverage of medically necessary autism services
- ABA, OT, and SLP are most reliably covered; CBT and DIR vary by plan
- Get prior authorization in writing before starting therapy
- If denied, request the denial in writing and appeal; most state mandates require an appeal process
- Medicaid often covers what private insurance won't, especially for hours-intensive ABA

Beyond insurance

- **Medicaid waiver programs** (every state has its own, usually a waitlist of months to years; get on it now)
- **School-based services** through your child's IEP (free at point of use)
- **Sliding-scale clinics** at university speech and OT departments
- **State Department of Developmental Disabilities** programs vary by state
- **Nonprofit grants** for specific therapies or equipment

Questions to bring to your pediatrician

- Which therapies do you think are most important to start now?
- Can you provide referrals so insurance covers them?
- Do you have providers you trust by name?
- What can wait six to twelve months without losing developmental ground?

APPEALING A DENIAL

Insurance denials are not the final word. Most state autism mandates require insurers to consider appeals, and a written letter from your pediatrician citing medical necessity overturns many initial denials. The free SU IEP Letter Builder can help draft a starting template.

Right therapy, right time

You don't need to do every therapy that exists. You need the right ones for your child right now, with providers who see them as a person and treat you as a partner. Trust your gut about the people. Trust the data about progress. And give yourself permission to change course when something isn't working.

"The best therapy is one your child looks forward to and a provider who tells you the truth, even when the truth is hard."

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