

What in the world is



OT?

HERE'S THE DEFINITION: (occupational therapy)

Occupational therapy (OT) is a healthcare profession that focuses on enabling individuals to engage in meaningful activities of daily life. It aims to promote health, well-being, and participation by addressing physical, cognitive, and psychosocial factors that may impede daily functioning. OT practitioners use a holistic approach to assess and intervene, considering the individual's unique needs, goals, and environment. Occupational therapy strives to improve quality of life by empowering individuals to perform their desired **occupations** and participate fully in their daily lives, with the ultimate goal of the individual living their best life!



OK we get it now

...but what I really want to know
is if OT could help my child?

READ THIS GUIDE TO ANSWER 5 QUESTIONS YOU MIGHT
HAVE ABOUT OT AND IF IT'S RIGHT FOR YOUR FAMILY

#1.

What types of clients do
OTs work with?

#2.

What OT is not

#3.

What setting would be best
for my family?

#4.

What can I expect
from OT?

#5.

How do I get started?

Dear Sister Therapy

PEDIATRIC SPEECH AND OCCUPATIONAL THERAPY

WWW.DEARSISTERTHERAPY.COM | 806-370-7525 | 11911 FRANKFORD AVE, SUITE 300, LUBBOCK, TX 79424 | @DEARSISTER.THERAPY

THE COMPLETE *FOR* *everything* guide you need to know before getting started with OT

#1. THE TYPES OF CLIENTS OT'S WORK WITH

We don't want to scare you right off the bat with this one, but there are very few types of clients that OTs are not a good fit to work with. This is because of the field of OT being so incredibly diverse. Very few professions have similar flexibility the the amount of diversity of intervention that is allowed under one professional license. OT's are licensed to work with individuals of ALL ages and in many different types of settings. OT's can help individuals with a huge number of challenges. This is why the number of different types of clients that OT's can work with is so very diverse.

examples

TYPES

child with ADHD

young adult after stroke

older adult with demensia

child with behavioral concerns

adult with mental health concerns

SETTINGS

outpatient clinic

in a public school

in the home environment

acute psychiatric hospital

specialized orthopedic clinic

CHALLENGES

motor skills

mental health

developmental concerns

memory and independence

physical heath and strength



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#2. WHAT OT IS NOT

An OT's license allows them to assess individuals who seek out an evaluation with occupational therapy. An OT will do a thorough evaluation to determine if the individual is a both good candidate for OT and that they could benefit from OT in the particular setting. It's up to the OT practitioner to determine whether or not a client is appropriate for OT services. If they are appropriate, an OT will develop a plan of care including goals based off of the individuals priorities and the current challenges they are facing. If a client is young, an OT will collaborate with parents to determine an appropriate plan of care (POC) that will best set the child up for success. There are times when OT is not the best fit for a client. In this case, an OT would refer the client to a practitioner that would be a better fit, or would recommend OT in another setting.

COMMON ALTERNATIVE REFERRALS:

examples

speech lanuage pathologist

clinical pychologist

physical therapist

psychiatrist

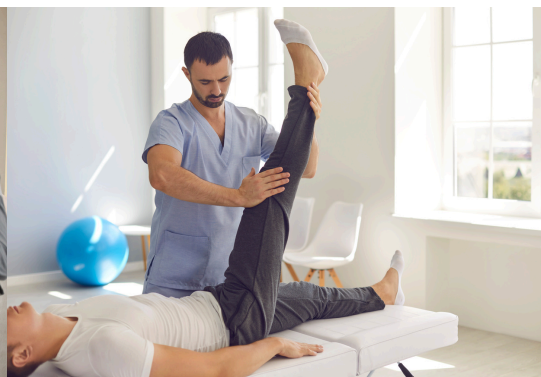
physician for medical support

*OT's cannot prescribe medication

*OT's cannot perform surgeries



*OT's CAN prescribe home programs
and OT plans of care



*OT's CAN perform wound care and
fabricate splints.

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#3. WHAT SETTING WOULD BE BEST FOR US?

We will condense this information into the most common pediatric therapy settings for children (birth to 18 year olds), because the number of setting choices for children + adults are quite numerous.

COMMON PEDIATRIC THERAPY SETTINGS:

outpatient clinic

This is where therapy occurs in a therapy office. Goals are written based on a child's functional deficits, challenges, and parent priorities or insurance requirements if being paid for through insurance.

Payment for these services is required from parents. Some outpatient services are covered by insurance policies, but typically not as well covered as hospital inpatient services. Insurance often requires certain needs be met in order for services to be paid for or partially paid for.

Frequency of therapy visits range from 1-2x/week typically, and sessions last 30 -60 mins. Sessions are done one-on-one with a therapist. Frequency and duration recommendations are based on clinical need.

school based

This is where therapy occurs in a public school. Goals are written by the therapist based on a child's academic needs, meaning that their academic performance must be affected for services to be warranted.

Taxpayer money funds school based services.

Frequency of therapy visits varies based upon a school districts funding, access to OT services, and severity of deficits.

Most frequencies are somewhere between 3-5x every 6 weeks. Sessions are typically 15-30 mins in a group.

home health

This is where therapy occurs in a child's home environment. Goals are written based on a child's functional deficits, challenges, and parent priorities or insurance requirements if being paid for through insurance.

Payment for these services is required from parents. Please see outpatient clinic section for details, payment works the same way.

Frequency of visits range from 1-2x/week typically and last 25-30 mins.

ECI

Every state has a different name for early intervention services, in Texas it's called Early Childhood Intervention (ECI) and is only for kids 0-3 years. When a child reaches 3 years they "age out" and can no longer receive these services.

ECI is a government funded program, so payment works on a sliding scale. If you can afford services you will pay on a sliding scale based on your income. If you cannot afford services at all, the service is still provided free of charge.

Frequency of visits are typically weekly or less often. Sessions are typically 30-50 mins and are heavily focused on education not intervention.

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#3. PROS AND CONS OF EACH OT SETTING

outpatient clinic	school based	home health	ECI
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This setting is usually the best fit for families who want to be significantly involved with their child's therapy.

They value the individualized and specialized approach offered by a therapy clinic. Clinics offer a surplus of resources/specialized equipment on site and have a repertoire of intervention tools to meet the needs of many different types, ages, developmental stages, of children. Sessions in a clinic can be longer than other settings, typically 30-60 mins.

Families are ok with the commitment and collaboration required by outpatient therapy and are willing and able to bring their child into the clinic for their regularly scheduled appointments, typically 1-2x/wk.

Families want their child's goals to target family priority areas and are willing to collaborate with their OT to develop goals.

Families are ok with meeting with the therapist on a regular basis to collaborate on the child's care.

This setting is usually best for families who want their child to receive therapy at a regular interval without taking their child out of school for sessions.

Families are ok with goals being written exclusively for academic success.

Families are ok with shorter sessions happening (likely) in a group setting and are ok with a decreased frequency of therapy sessions.

Families are ok with meeting approx. 1x/year to discuss goals at a child's ARD meeting, and have less contact with child's OT in the school.

This setting is usually the best fit for families who want to be significantly involved with their child's therapy, in the convenience of their home environment,

This is a great option for families who cannot easily travel to therapy, or for children who are not comfortable leaving the home.

Families are ok with the decreased repertoire of specialized equipment, etc. because they are wanting to use household and more simple items to do therapy sessions.

Families want goals to be customized.

This setting is usually best for families who want the emphasis of therapy to be placed on parent education vs. intervention. This setting is great for teaching families about developmental milestones, why they are important, what activities to do to reach benchmarks, etc. It's the perfect setting for littles who have a harder time leaving the home, need multiple naps a day, or for families who cannot travel for therapy.

This setting is most similar to home health, but is only for children up to 3 years old.

Families are ok with less focus on intervention, because they are willing to do intervention themselves by carrying over what has been taught by the therapist.

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#4. WHAT CAN I EXPECT FROM OT?

*information based on outpatient clinic setting vs. other settings with less therapist/parent collaboration elements.

If you have the following things in place, you can expect significant change, progress, and mastery of goals in OT:

1. Having an excellent working relationship with your child's OT
2. Establishing a collaborative teamwork approach with both therapist and family coming together to form assessments of underlying problems and triggers, solutions for problems, and plans for implementation of different interventions, adaptations, and use of supports.
3. Willingness to trial multiple options/resources/solutions/etc. and not give up if the first thing attempted doesn't succeed.
4. Understanding that neurological change is not fast, not easy to achieve and that there are no shortcuts, much like dieting, fitness, or any other physical change. It's not quick and doesn't come without effort.
5. Accepting that consistency and resiliency are some of the top factors for ensuring success
6. Recognizing that there will be highs and lows along the way. That the journey of your child's development is like a rollercoaster but if you are willing to ride the rollercoaster the whole way, you will look back on a journey well worth it for the sense of accomplishment and the joy that comes at the end.
7. Understanding that a family's carryover of all of the plans, suggestions, interventions, and routines that the therapist has recommended and that the family and OT have put in place is the #1 predictor of your child's overall success, progress, and change made in therapy. The change in functional capacity and performance level results in the mastery of goals.

sounds
like a lot
of work



Yes, unfortunately therapy isn't a simple wave of a magic wand and all of your child's challenge areas can be changed in a single therapy session. It takes time, willingness to try and fail, and try again. But, it really is easy and fun to watch a child's growth when the family has a strong and trusting relationship with their child's OT and the OT has the same trust and reliance on a family in doing their part of the teamwork. Your child's rate of progress and capacity for change is highly reliant upon numerous factors, including how many and how significant the challenges are that the team will be working on, etc. This is where a skilled therapist can really help you to know what to expect. Talk to a therapist about your child's situation for more personalized information relevant to your child.

remember that you are just as
influential as your child's OT
if you believe in yourself

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#5. HOW DO I GET STARTED?

*the following information lists the process to get started with therapy at Dear Sister Therapy. Every setting and facility has their own methods for intake, requirements, and necessary paperwork/documentation for getting started. Reach out to appropriate sources for information about getting started in other settings.

it starts by having a
conversation...



We like to start by first hearing your story. We like to know what challenges are affecting your child's life, and how they are impacting your family and everyday life so that we can start making assessments about what could be done to help your child and your family. It's incredibly important to know the WHY behind the request for help so that we assure that you are getting the right kind of help. So, if you are wondering if your family would benefit, please reach out and talk to a therapist at Dear Sister Therapy today!

1st step *screening*

-First we start with a screening and discuss your concerns

-If the screening and concerns warrant an evaluation, we move into the intake process and discuss the investment and options

2nd step *intake and paperwork*

-We will obtain a doctor's referral for evaluation and treatment

-We will discuss our current availability and what appointment times are open on our schedule or place you on a wait list

-We will have you fill out the intake paperwork

3rd step *evaluation and parent conference*

-The therapist will conduct the assessment which typically takes 60-90 minutes

-After the eval is complete, we will meet to discuss the results of the evaluation and the therapist's recommendations and as a team make a plan about where to go from here and provide you with any additional/outside recommendations if warranted

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