

Emerge



Believing
in a Child's
Potential to
Flourish

A Child's Place

October 2013

Occupational Therapy
Speech Therapy

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3905 University Drive
Durham, NC 27707

Serving children from
birth to adolescence

Using therapy to improve
conditions such as:

Delayed Speech
Developmental Coordination
Disorder
Speech Impairments
Non-communicative Speech
Oral/Verbal Apraxia
Language Disorders
Feeding Difficulties
Autism/Asperger's/PDD
Developmental Delay
Cerebral Palsy
Sensory Integration
Disorders
Sensory Modulation
Disorders
Handwriting Impairments
Fine & Gross Motor Delays

A Private, Independent
Provider



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School-Based Therapy

Seldom Replaces the Need for Clinic-Based Therapy



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Founder / Director

When doctors and child-care professionals recommend occupational or speech therapy for school-aged children, some parents may respond that their children already receive therapy through the school system. However, a doctor's medical goals or the family's functional goals and the goals of the school's therapist often differ. Understanding the difference between school-based therapy and clinic-based therapy will help families avoid the false impression that services are being duplicated. More importantly, understanding the difference will help families avoid the pitfall of refusing helpful, clinic-based therapy because of the false impression.

For the most part, public schools deliver speech or occupational therapy under the orders of the Individuals with Disabilities Act - Part B. To qualify for services, children must meet the Act's definition of being disabled. The Act states that **school-based therapy must focus only on goals that are related to a child's ability to benefit from education.** Therefore, school-based therapy puts emphasis on functional oral and written communication skills. Challenges that affect a child's ability to function normally at home or in the broader community may be excluded from therapy. Many speech impediments or sensory processing disorders may not fall under the Individuals with Disabilities Act. For instance, some articulation challenges would not necessarily interfere with learning at school.

On the other hand, clinic-based therapy takes a more global outlook on the well-being of the child and the family. At Emerge - A Child's Place, therapists will often coordinate with teachers, school therapists, and physicians. The children who receive support at Emerge are not limited to the government's definition of therapy need. Emerge focuses first on defining the underlying foundations of each child's challenges. Subsequent therapy focuses on those foundations with goals that encompass success at home, school, public, and later adult life.

Specific Differences

- School-based therapy typically ends when the child no longer requires therapeutic intervention to perform school tasks. Therapy at Emerge ends when a child has reached maximum potential or when the family can continue the therapy maintenance independently.
- When choosing a clinic-based therapy program, families can look for specific training, equipment, techniques, or certifications among their therapy providers.
- School-based therapy must limit itself to goals that relate directly to benefiting from school education. Emerge can address those issues, plus Emerge is free to directly address issues of sensory processing, articulation, picky-eating, coordination, tactile hypersensitivity, self-care, etc.
- With Emerge, productive therapy can begin before grade school and give a child the best possible head start on his or her individual school career.
- **Session frequency, parental support, and parental involvement are all vitally important** to most pediatric occupational and speech therapy plans. With Emerge, parents and doctors have more say in the frequency of treatment and the goals of therapy. Emerge gets parents highly involved in therapy and teaches parents ways to help and support their child's development.



Please tell parents about Emerge - A Child's Place
Believing in a Child's Potential to Flourish

