



What do Different Therapies do?

This document revisits much of the information covered in a talk presented BY Katie Baylis for Spectrum Connect at Fulham Community Centre.

What should you expect from a Therapist?

Before you engage a professional do keep in mind

- All providers are not equal.
- Highest rate or longest wait do not necessarily mean the highest quality or expertise
- The best therapist for one person won't necessarily be the best therapist for another
- A therapist should thoroughly answer any questions or concerns.
- A therapist should explain goals and therapy focuses
- A therapist should listen to the needs as identified by the client
- Parent training is always essential in any therapy structure
- Remember to ask - Is your child happy in sessions? Is there a connection? Is the professional using your child's interests in therapy?
- Special interests can be used to engage and build rapport

ABOVE ALL – Therapists are treating a human – ethically do not allow the end does not justify the means – A therapy must be ethical and not cause harm. If the client experiences trauma they may internalise difficulties so it appears that the therapy is achieving results when in fact they are causing other problems that will be realised later. If something feels wrong, leave.

You do not owe loyalty to a support provider if you do not feel goals are being targeted.

How to identify what supports a child needs?

Some questions to consider...

- ▶ Are they Sensory seeking?
- ▶ Are they sensory avoidant? – clothes, food, noise, smells
- ▶ Are they in need of support with gross and/ or fine motor skills?
- ▶ Are they struggling with verbal and/ or non-verbal communication?
- ▶ Are they struggling with speech clarity (being understood)?
- ▶ Can they follow instructions in line with what is developmentally appropriate?
- ▶ Do they have imaginative play skills and representation?
- ▶ Are they interacting with other children?
- ▶ Do they respond better to visuals than words?
- ▶ Would they respond to using a AAC (Augmentative and alternative Communication)
- ▶ Can they cope with everyday routines?
- ▶ Daily living skills? Toileting? Washing? Dressing?
- ▶ Do I feel they are safe going into the community?
- ▶ How do they look in relation to their SAME aged peers?
- ▶ Is this a problem for them that they want to change?

Common Therapy Models include...

Occupational Therapy

OT's focuses on helping a child fulfil behaviours that would represent acting out the "job" of being a child. Developmentally the role of childhood is to allow early forms of actions, activities, routines and other behaviours to begin so they can evolve into more complex forms in adolescence and adulthood.

During therapy an OT should...

- Identifying sensory hyper- and hypo- sensitivities. Once identified they should help provide strategies and tools to mitigate the impact of sensitivity needs.
- Assist improving interoception. This is the understanding of sensations within the body and interpreting what those feelings signify in terms of actions to carry out as a response. Eg. Stomach cramps mean I am hungry which means I should eat, bladder pain means go to the toilet, shivering means I'm cold and should add clothes.
- Assist in improving strength, dexterity, balance, co-ordination, gross and fine motor skills
- Increase independence, dexterity the physical strength needed to do self care tasks, such as skills needed for dressing such as buttons and zips, spreading, making lunchboxes, brushing his teeth, brushing his hair, wiping, opening and measuring.
- Increasing motor planning for multiple step activities, such as with cooking, and using skills such as stirring, whisking, turning, spreading, twisting and opening
- Teaching correct hygiene routines, such as toileting and washing hands.

Behavioural Therapy / Psychology

Psychology can work on unresolved trauma and fear- induced behaviours.

Behavioural Therapy works on goals around emotional and behavioural regulation, and aim to build in the following concepts:

- Working to identifying triggers for anxiety and impulsive behaviour then working on strategies in to reduce negative impacts.
- Highlighting and exploring social consequences of words and behaviour
- Helping to develop positive strategies to better regulate behaviour and interact with others.
- Identifying patterns in self and own neurology, and using these positively to promote self- understanding and acceptance. Focus on how to use the "brain you have" and talents and interests to form strategies for social situations with a goal of increasing positive psychology and framing a positive view of self.
- Building and maintaining positive social relationships, by practising using different forms of communication with friends, and learning how others can perceive words and behaviour (or the absence of these).
- Increasing receptive and expressive language, and comprehension
- Accepting winning and losing, and rules of a game, including turn-taking

Speech Therapy

While referred to as Speech therapy the framework is broader than just developing clarity of vocalisations. Speech therapy has become a catch-all title for therapists who help develop most areas of communication.

Speech therapy can include all of the following...

- Teaching the social use of language including words as communication as well as the more subtle elements of communicative interactions including gestures, nuance and subtext. Many things that neurotypical people know instinctively and inference from social situations - things which “go without saying” - are less frequently clear for neuro diverse people.
- Teaching reading of body language and gestures. This can also include social boundaries
- Increasing oral muscle tone, assessing jaw development and dribbling
- Improving non-verbal and listening behaviour
- Assisting with self-monitoring of vocalisations, including how the child uses their voice to regulate pitch and volume.
- Increasing proper pronunciation and clarity
- Can include some social scripting including regular social greetings
- The mechanics and technical elements of speech which includes clarity, fluency, using the correct tone and manner.

Augmentative and Alternative Communication Devices (AAC)

Augmentative Alternative Communication (AAC) refers to forms of communication other than speech and can include AAC systems and assistive technologies. In some cases this can be an additional skill of a therapist in another field, but can be a specialist who works solely with alternate communication techniques.

- AAC can support autistic individuals in the development of communication skills when their speech is slow to develop, is limited, is difficult to understand or is too demanding as a skill for the individual
- AAC is also useful for individuals who experience shut down when sensory overloaded, and/or become “selectively mute”.
- All research shows the use of AAC facilitates and supports communication development without pressure when used appropriately.

Examples include:

Proloquo2go App on iPad

Picture Exchange Communication System (PECS) or similar picture card systems – paper, low tech

PLEASE NOTE: These systems should be introduced by a trained professional and work with client and carers with offered support. Be aware that communication should be offered and not forced.

Music Therapy

Music Therapy is more than just music being played to a child. In order for a session to be considered "Music Therapy" it must be conducted by a Board Certified Music Therapist.

- Music therapy is research-based practice and profession in which music is used to actively support people as they strive to improve their health, functioning and well-being
- Music therapists incorporate a range of music-making methods within and through a therapeutic relationship to address individual client goals.
- Goals can include lowering sound sensitivities
- Assist emotional regulation
- Increasing ability to follow instructions
- Improved communication
- Learning the rules of a game
- Increasing coordination and balance

Play Therapy (eg, Floortime)

Play Therapy is a style of therapy which can be performed by therapists in specific fields or can be a specialist who works solely on building play skills. This field is seeing an expansion following recent studies on early intervention with infants.

- The therapist gets down on the floor to play with your child on their terms
- Parents join in by playing the same way that their child is playing, then the parent adds something to the game, including introducing language to the game.
- The goal is to create play that goes back and forth between the Carer and the child to encourage more communication and add something new to their play.
- The theory is that this should help the child grow emotionally and learn how to better focus their thinking.

Paediatric Physiotherapy

Paediatric Physios work with a child's physical mobility to move their body in order to do activities of daily living, navigating safely through their environment, and getting to their destination. This includes...

- Functional mobility
- Gait mechanics
- Strength
- Endurance
- Balance and coordination
- Equipment and orthotics training
- Motor control and motor planning
- Body awareness
- Pain awareness
- Flexibility

Social groups

- Small Autism/ neurodiverse specific social groups can help your child find their tribe, and feel less stress to mask to have neurosurgical behaviours
- Social groups, such as Spectrum Connect, have a focus on connection and improving social relationships, and interests without pressure to conform to neurotypical standards
- Social groups which use physical activities can improve following instructions and working in a group.
- Social group settings can encourage the use of social behaviour skills which were previously targeted in other structured therapies, to generalise in a supported group environment.
- “Whats The Buzz” group sessions with Mark LeMessieur practise social skills with peers, which may have been learnt within other structured therapy environments. It is a safe space to learn with families.

Equine Therapy (Horse riding)

- In Equine Therapy, a child rides a horse under the guidance of a trained therapist.
- Riding is a form of physical therapy, as the rider needs to react and adjust to the movements of the horse.
- Research shows it helps children from ages 5 to 16 improve their social and communication skills.
- It can also aid children with emotional regulation, where it has been observed children feeling less irritable and hyperactive.

Aquatic therapy/ Hydrotherapy

- Hydrotherapy or aquatic therapy is conducted in a warmed, specialist pool, with an Allied Health professional
- This works on improving core strength, following instructions, balancing, sensory regulation and doing two things at the same time.
- Water safety is also incorporated, and learning to submerge the head

Mealtime therapy

- Desensitising food sensitivities and decreasing food aversions
- Increasing oral muscle tone
- Increasing social behaviours while eating
- Increasing textures and introducing a wider range of food with a trained therapist

Some Additional Notes

Physiotherapist or Occupational therapist?

The difference: OT places emphasis on improving the child's ability to perform actions of daily living. While PT places their emphasis on developing a child's ability to perform a movement or movements of the human body.

Similarities: both therapies can help a child perform the self-care act of getting dressed. This is because physiotherapy will improve balance, while occupational therapy will improve their ability to use their hands to put on their clothes.

Collaboration is key— some children need both OT and Physio

Many factors can affect a child's ability to participate in their daily life and it is important to have a comprehensive treatment approach.

It isn't uncommon to have overlap and similarities between what OTs & physios work on with the same child, but from different perspectives and different contexts.

Both attempt to teach a child the skills required to perform everyday functions to the best of their ability, independently and safely.

NDIS and therapy

Examples of NDIS-funded supports, with **maximum** rates (excluding travel)

- ▶ Occupational therapy (OT), play therapy – \$193.99/hr
- ▶ Psychology - \$234.83/ hr (*can be accessed through medicare Mental Health care plan)
- ▶ Behavioural Therapy, positive behaviour support - \$193.99/hr
- ▶ Speech Pathology (Speech therapy), Mealtime therapy – \$193.99/hr
- ▶ Music therapy, Art therapy - \$193.99/hr
- ▶ Counselling - \$156.16/ hr
- ▶ Exercise Physiology - \$166.99/hr/hr
- ▶ Physiotherapy - \$224.62/hr
- ▶ Hydrotherapy/ Aquatic Therapy -
- ▶ Community support worker, mentor - \$44.40/hr
- ▶ Therapy assistant level 2- \$86.79/hr
- ▶ Augmentative and Alternative Communication devices – Proloquo2go, Touch Chat
- ▶ Dietician - \$193.99/hr

The above taken from the NDIS price guide current as of January 2022.

Which goals will align to which supports?

- ▶ There are MANY different therapies and supports available, to support your child to work on their challenges
- ▶ Your child is an individual, and thus has an individual profile of needs, and also is influenced by their particular environment
- ▶ There is no “one size fits all” plan of therapies – it is what **you** deem your child needs to best work on their goals, where you are informed by professionals and therapy approaches
- ▶ A plan of supports needs to be achievable and sustainable for your family circumstance – and balanced with what the person wants and what their mental health allows
- ▶ Multidisciplinary plans of therapies are more likely to be successful, as different therapies cover different areas, in different ways

How to Plan goals for supports?

Only YOU, as parents and carers can tie together what your child’s daily life and challenges look like, so you need to educate yourself to be able to communicate this.

YOU are the expert in your child, and the link across settings and people, and know your child’s interests, strengths, challenges and barriers.

The NDIS Local Area Coordinator (LAC) or a Support Coordinator can suggest therapies, but they do not know the individual needs of your child; how they are in your home, and in your child’s different regular environments

The more information you give, the better, to best paint a picture of the child’s greatest challenges, and this information will form you goals and most needed supports.

How do I identify goals?

- ▶ Identify the key areas your child is finding challenging
- ▶ Observe your child in the home, and in different environments
- ▶ Ask other care-givers and important people in the child’s life
- ▶ What do they find most challenging?
- ▶ What is causing the biggest impact to family life?
- ▶ What are their biggest barriers to doing what same-aged peers are doing?

More supports...

Examples of non-“therapy” supports that may be useful for Autistic and neuro-diverse children.

- Spectrum Connect youth groups
- What’s the buzz social skills groups
- Kimochi social and emotional program
- Kinesiology
- Nutritionist
- Autism Assistance dogs