PURPOSE OF THERAPY

One purpose of speech or feeding/swallowing therapy is to help the child accomplish specific goals. In each therapy session, the speech-language pathologist (SLP) will work with the child on either an oral-motor skill (for speech or feeding/swallowing disorders) or a language skill through cognitive learning.

Another purpose of therapy is to train the parent (or caregiver) on how to work with the child at home. As with all skills that require motor learning (e.g., piano, basketball, dancing), frequent practice between the sessions is needed for progress to be achieved. In the same way, for all cognitive learning (e.g., reading, foreign language, math), study and practice between sessions (or lessons) is needed. Therefore, the parent needs to be an active member of the child’s treatment team by working with the child daily at home.
FREQUENCY OF THERAPY

Unlike school that lasts for years, a therapy program is typically short-term and discontinued after the accomplishment of clearly identified goals. Progress toward goals is assessed continuously during therapy to determine its overall effectiveness and the need to adjust the frequency of treatment sessions. Some children benefit from a short period of regular therapy every year for a few years. Other children benefit from periodic therapy and a home program. If the child has a communication disorder that is part of a lifelong condition, therapy may not be advisable on a continuous basis.

There are several models of therapy frequency: Block, Intensive, Weekly, Bimonthly, Periodic, and Consultative.

**Block Therapy:** Weekly for a period of 8, 10, or 12 weeks

Following the completion of the block schedule, the patient is either discharged from therapy or transitioned to the most appropriate treatment program based on his or her needs. Transition programs include home programs, consultative therapy, and group therapy; in some cases, additional individual treatment is needed. Transition programs often span the same number of weeks that the child received direct therapy (e.g., 8, 10, or 12 weeks).

Block therapy model is appropriate for children who …

- Need more specialized intensive treatment by a co-treatment team;
- Need a specialized group therapy program;
- Need time to practice between sessions to generalize skills to other contexts;
- Are moving toward discharge from therapy to a home program;
- Have specific areas of deficit which can be resolved in 8-12 weeks of therapy; or
- Need diagnostic therapy to determine whether generalization of goals to functional situations is attainable.
**Intensive Therapy:** Three or more sessions per week

Intensive therapy is appropriate for children who …

- Have immediate or complex medical needs;
- Are at risk for losing function due to a current medical condition; or
- Are quickly accomplishing their goals and are ready to move on to the next step.

Intensive therapy is typically done for a short period of time.

**Weekly Therapy:** Once a week

Weekly therapy is appropriate for children who …

- Are making good progress with a combination of both therapy and home program; or
- Frequently need an update to their treatment plan.

**Bimonthly Therapy:** Every other week

Bimonthly therapy is appropriate for children who are either…

- Making steady progress with a combination of therapy and a home program; or
- Needing more time between sessions for practice.

**Periodic Therapy:** Monthly or at regularly scheduled intervals

Periodic therapy is appropriate for children who either…

- Are working well with a home program, but the parent needs new instructions periodically as progress is made; or
- Are making slow progress toward goals and need much more time to practice between sessions before moving to the next step.

**Consultative Therapy:** As necessary

Consultative therapy is appropriate for children who have been either…

- Recently discharged from therapy and need periodic rechecks; or
- Making minimal progress. These children need to be rechecked periodically for changes in receptiveness to therapy or changes in need.

When appropriate, reenrollment in regularly scheduled therapy for a defined period of time may be recommended.
CHANGING THERAPY FREQUENCY AND ENDING THERAPY

During the therapy process, the speech-language pathologist may recommend changing the frequency of therapy based on the child’s progress and status at the time. At some point, the child may also benefit from a transition to therapy at his or her school, either with or without a continuation of our services.

Discharge from therapy will occur when:

- Expected goals have been reached;
- Services are more appropriate through the schools; or
- Therapy services no longer result in measurable improvement.

FREQUENTLY ASKED QUESTIONS

How will the frequency of therapy be determined initially for my child?

The speech-language pathologist will make a recommendation for the frequency of therapy based on your child’s diagnosis and current needs. This may be altered as necessary based on your personal needs and preferences, and your insurance coverage.

Do I need to observe my child’s therapy session?

A main goal of therapy is to teach the parent how to work with the child at home. Therefore, it is very important for the parent to observe each therapy session and work with the child at home.

How often should I work with my child at home between sessions?

For maximum progress, practice should be done every day. It is better to have several short practice sessions during the day rather than one long session. A practice session could be as short as 30 seconds. It can often be done while bathing your child, riding in the car, or even at the dinner table.

WEBSITE FOR MORE INFORMATION:

Division of Speech-Language Pathology, Cincinnati Children’s Hospital Medical Center: www.cincinnatichildrens.org/speech