

Choosing the Right Therapy Approach

Characteristics of a Strengths-Based Therapy Approach

1. Therapy occurs in the context of play and other naturally occurring routines; learning is not considered "work"
2. Intervention is relationship-based and compassionate, and focuses on meeting the child's social-emotional and sensory needs
3. Therapy sessions are flexible
4. Authentic interactions and trust are the foundation for building functional language, social-communication, and early learning skills
5. Playful interactions with the therapist are naturally reinforcing for the child
6. Therapy is individualized and focuses on the child's strengths, interests, and talents
7. Sessions are child-led; the child's play style is recognized, accepted, and nurtured
8. The child's special interests are respected and valued and considered integral to progress in therapy
9. Therapy goals focus on developing meaningful skills that can be used in meaningful ways by increasing the child's participation, independence, and engagement in daily routines, activities, and interactions
10. The causes behind challenging behavior are considered; sensory preferences are acknowledged and respected
11. Imitation skills are practiced in naturalistic and interactive social contexts
12. Professional collaboration with team members from other disciplines occurs willingly, regularly, and respectfully
13. Parents and caregivers are considered the most important members of the therapy team
14. Therapy frequency and duration is appropriate for the child's age and endurance
15. Therapy focuses on coaching parents/caregivers so the child can generalize newly learned skills from therapy to the real world; caregivers are actively engaged in the therapy sessions

Characteristics of a Deficit-Driven Therapy Approach

1. Therapy is done at the table and is considered work; play is earned with compliant behavior and is considered a "break" from learning
2. Intervention is compliance-based and focuses on establishing neurotypical behaviors
3. Therapy sessions are highly structured
4. The focus of therapy is on teaching a hierarchy of isolated developmental skills, establishing compliance ("first-then"), and eliminating problem behaviors
5. Tangible reinforcers are withheld and then used to establish compliant behavior
6. Therapy is regimented and follows a scripted lesson plan
7. Sessions are adult-directed; therapy focuses on teaching the child to play the "correct" way
8. The child's special interests are dismissed as "obsessions" and considered an obstacle to progress in therapy
9. Therapy goals focus on fixing deficits identified on standardized tests; the skills addressed are not functional or necessary for the child's participation in daily routines, activities, or interactions
10. Challenging behaviors are addressed without considering the child's sensory preferences
11. Imitation skills are taught using a structured behavioral approach (discrete trial training)
12. There is limited or no professional collaboration with team members from other disciplines; other therapy disciplines are considered unnecessary
13. The providers are considered the most important members of the therapy team
14. Intensive therapy services (20-40 hours per week) are recommended, despite the child's young age and/or endurance
15. Therapy focuses on collecting data in one-to-one therapy sessions with the child; caregivers are not typically present for the therapy sessions, or if present, are primarily just passive observers