

Occupational Therapy



ACORN CHARITABLE TRUST
Embracing Neurodiversity



Our Service

Child's Work = Child's Play.

Learning is a lot of fun with Acorn occupational therapists. We use a variety of evidence-based practices to work with children, youth, their families, caregivers, and teachers.

Our goals in occupational therapy focus on what is important and meaningful to you and your child so that they can enjoy life's everyday activities as fully and independently as possible. We use play activities and games to promote development across a wide variety of skills.



When is Occupational Therapy helpful?

Occupational therapy may be helpful if you think your child has difficulty in any of the following areas.

- Challenges with physical skills such as running, jumping, and ball skills.
- Having difficulty getting themselves dressed, and putting their shoes on.
- Sensitivities to noise, bright lights or different clothing textures.
- Constantly moving or needing to fidget, especially when sitting at the table.
- Having difficulty with failure, or will often “give up”.
- Experiencing challenges with managing big emotions and responding to events appropriately.
- Not enjoying school.
- Finding tabletop skills such as colouring, writing, or using scissors frustrating/difficult.
- No interest in looking at books or doing sit-down activities.
- Resistance to learning new activities, games or skills.
- W-Sitting (legs make a ‘W’ shape with knees facing forwards, and feet behind them).



How can Occupational Therapy help?

Gross & Fine Motor Skills

We use our gross motor skills to move our bodies in big movements, such as running, jumping, kicking a ball, using a tennis racquet, pulling up pants, or putting a jumper on.

Fine motor skills are our more refined, smaller skills in which we use our hands. Fine motor skills include using a pencil or crayon, doing up buttons or zips, twisting the cap off a drink bottle, taking the lid off a container, or building with blocks.

Personal Independence

Personal independence refers to the daily tasks we do to participate in life. These include toileting, dressing, eating, bathing, and showering.

School Readiness

School readiness refers to the skills a child needs to make an easy and successful transition from preschool to school. This includes; colouring, drawing, using scissors, attention, planning, physical skills, toilet training, following instructions, and interest in activities such as puzzles or books.

School/Academic skills

For our children who are already at school, academic skills include handwriting, reading, following instructions, participating in group activities, following routines, and staying on task.

Self Management

Self management skills are the high brain functioning skills that are involved in goal directed activities. These include: time management, planning, prioritising, sequencing a task, and knowing where to start a task.

Self-Regulation

Self-regulation is a person's ability to adjust and control their emotions, behaviours, attention and energy level.

Sensory Processing

Discovering how the young person reacts to and organises sensory input and gradual exposure to a variety of sensory experiences. Over time, this can help the young person organise sensory input and respond more adaptively.



Assessment Process

PRE-ASSESSMENT

Prior to your initial assessment, we will send you a client details form and our terms of service and consent form. We will also send you a developmental history form to complete. This helps us obtain basic information about the young person and their needs.

ASSESSMENT

The assessment process begins with the occupational therapist conducting a caregiver interview. This lets your therapist ask any questions they have from the information you shared on your developmental history form. It also lets you share any additional information that may be helpful and allows you to ask any questions.

Next, the occupational therapist will complete assessment activities while working directly with the young person. Assessments may include standardised testing, structured and unstructured observations, and screening tools. Assessments may need to occur over multiple sessions and/or in more than one location.

REPORT & FEEDBACK

Following the assessment, your occupational therapist will write a report summarising the assessment findings and outlines recommendations for therapy services. These recommendations may also include a referral to another therapy, such as speech and language therapy or psychology services.





Therapy Sessions

An important component of the initial therapy sessions is for the therapist to build a trusting and positive relationship with the young person. Your therapist will make the sessions fun and engaging. Therapy sessions are typically 50 minutes long. The occupational therapy plan may include:

- Promoting the development of skills to enable participation in activities.
- Modifying or adapting the activities, environments or tasks to suit the young person's abilities better.
- Promoting well-being to enhance participation in daily routines & and activities.

We ask that you arrive 15 minutes before the end of your therapy session. This includes five minutes to discuss session details and recommendations for carryover of strategies and techniques at home. The remaining 10 minutes allow for the therapist to complete documentation and clean and put away resources used during the session.



Collaborative Approach

Our occupational therapists prioritise collaborating with whānau, teachers, and other individuals within a young person's community of support.

We want to maximise your child's learning and success. To achieve this, parental involvement is key as you are your child's best teacher. Your therapist may recommend incorporating routine parent education and training sessions as a part of the young person's care plan.



Building a future in which all neurodiverse children and youth can fully participate, belong and thrive.

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