THREE THERAPIES, ONE CHILD

A child doesn't develop in three separate boxes.

A two-year-old communicates during play, moves while learning, and melts down when the words aren't there yet. The professions that help are real and distinct — but your child is one person. Here's **who does what, honestly** — and what to ask when more than one is involved.

SPEECH-LANGUAGE THERAPY

Communication, in every form.

Not just speech sounds — understanding language, using words or signs or pictures or devices (AAC), conversation, and sometimes feeding and swallowing. The goal isn't talking for its own sake; it's your child being understood.

Delivered by SLPs — master's-level, state-licensed clinicians.

OCCUPATIONAL THERAPY

Participation in daily life.

Sensory regulation, movement and coordination, fine-motor skills, dressing and eating and sleeping, play itself. OT asks: what is getting between this child and their ordinary day — and how do we clear it?

Delivered by OTs (and OTAs under their direction) — licensed clinicians.

ABA / BEHAVIOR ANALYSIS

How learning happens.

Breaking meaningful skills into learnable steps, building motivation, and measuring what actually works — increasingly through play and everyday routines rather than tabletop drills. Done well, it's individualized and child-led, and parents are part of it.

Designed by BCBAs; delivered day-to-day with RBTs under their supervision.

SAME CHILD, ONE GOAL, THREE ANGLES

> Take one goal: **asking for help instead of melting down.** The SLP builds the means — a word, a sign, a button. The OT works on the body — the regulation that makes asking possible when frustration spikes. The behavior team builds the habit — making the ask easier and more rewarding than the meltdown, everywhere, with everyone. Three professions. One outcome a family actually feels at dinner time.

WHY COORDINATION MATTERS MORE THAN THE ORG CHART

When these disciplines don't talk to each other, families become the messenger service — re-telling the same story, carrying strategies from one waiting room to another, refereeing goals that quietly compete. When they do talk, goals reinforce each other and progress compounds. **Coordination isn't a luxury feature. It's the difference between three therapies and one plan.**

WHAT TO ASK WHEN YOUR CHILD NEEDS MORE THAN ONE

- How will these providers **communicate with each other** — and how often? "Through you" is an answer worth noticing.
- Are the goals **written to reinforce each other**, or written separately?
- Whose recommendation wins when strategies conflict — and **who tells us**?
- Can therapy happen **without pretending the disciplines are interchangeable**? (They're not — and a provider who blurs them is telling you something.)
- Which waitlist moves first? **Start what you can start** — the disciplines don't have to begin together to work together.

A NOTE ON ORDER

There's no universal correct sequence. A child who can't yet sit with another person may need regulation work before language drills make sense; a child with words locked inside may need communication first, because behavior often is communication. This is exactly the kind of judgment your child's clinicians should be able to explain — in plain language, specific to your child. Ask them to.

Why we made this

Fathom North is being built in Oak Creek around a simple conviction: **one child deserves one plan.** We're designing for coordination from the first wall — it's the hard way to build a clinic, and the right one. More guides in this series at fathomnorth.com.