



2022

## Developing An Occupational Therapy Role In Pediatric Private Practice

Sydney R. Merriman-Ferri

Follow this and additional works at: <https://commons.und.edu/ot-grad>



Part of the [Occupational Therapy Commons](#)

---

### Recommended Citation

Merriman-Ferri, Sydney R., "Developing An Occupational Therapy Role In Pediatric Private Practice" (2022). *Occupational Therapy Capstones*. 521.  
<https://commons.und.edu/ot-grad/521>

This Scholarly Project is brought to you for free and open access by the Department of Occupational Therapy at UND Scholarly Commons. It has been accepted for inclusion in Occupational Therapy Capstones by an authorized administrator of UND Scholarly Commons. For more information, please contact [und.common@library.und.edu](mailto:und.common@library.und.edu).

DEVELOPING AN OCCUPATIONAL THERAPY ROLE IN  
PEDIATRIC PRIVATE PRACTICE

by

Sydney R. Merriman-Ferri, OTDS  
Bachelor of Health Science, University of Missouri, 2016  
Occupational Therapy Doctorate, University of North Dakota, 2022

Advisor: Dr. Mandy M. Meyer, PhD

A Scholarly Project

Submitted to the Occupational Therapy Department

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Occupational Therapy Doctorate

Grand Forks, North Dakota

May 2022



Sydney Merriman-Ferri, 2022

This work is licensed under the Creative Commons Attribution International license (CC BY).

To view a copy of this license, visit <https://creativecommons.org/licenses/by/4.0/>

## APPROVAL

This Scholarly Project, submitted by Sydnie Merriman-Ferri, OTDS, in partial fulfillment of the requirements for the Degree of Occupational Therapy Doctorate from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

A handwritten signature in black ink, appearing to read "Mandy M. Meyer". The signature is fluid and cursive, with the first name "Mandy" and the last name "Meyer" clearly distinguishable.

---

Dr. Mandy Meyer  
Faculty Advisor

\_\_\_\_\_  
Date April 14, 2022

## **PERMISSION**

Title:            Developing an Occupational Therapy Role in Pediatric Private Practice

Department:    Occupational Therapy

Degree:         Occupational Therapy Doctorate

In presenting this Scholarly Project in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, I agree that the library of this University shall make it freely available for inspection. I further agree that permission for extensive copying for scholarly purposes may be granted by the professor who supervised my Scholarly Project work or, in their absence, by the Chairperson of the department or the Dean of the School of Graduate Studies. It is understood that any copying or publication or other use of this Scholarly Project or part thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to the University of North Dakota in any scholarly use which may be made of any material in my Scholarly Project.

Sydnie Merriman-Ferri  
4/22/2022

## TABLE OF CONTENTS

ACKNOWLEDGMENTS.....	vi
ABSTRACT.....	vii
CHAPTERS	
I.    INTRODUCTION.....	1
II.   REVIEW OF LITERATURE.....	5
III.  METHODOLOGY.....	16
IV.  PRODUCT.....	19
V.   SUMMARY.....	33
REFERENCES.....	35

## **ACKNOWLEDGMENTS**

The author of this scholarly project would like to take the time to express appreciation to the members of my advisory committee, Dr. Mandy Meyer and Dr. Nicole Harris for their guidance and support throughout this doctoral experiential placement. I would also like to extend thanks to the University of North Dakota Occupational Therapy faculty for the ongoing dedication and support to making this program possible.

Thank you to my family for their continued support and love throughout my time in the University of North Dakota Occupational Therapy Program.

## ABSTRACT

### Background

An estimated 17.4% of children may be classified as children and youth with special health care needs (CYSHCN) (*NSCH 2019 20: Children with Special Health Care Needs, Minnesota, n.d.*). In MN there are an estimated 180,000 CYSHCN (*Children and Youth with Special Health Needs (Cyshn) - Minnesota Department of Health, n.d.*). These children are those with or at increased risk for a chronic physical, developmental, behavioral, or emotional condition (*Children and Youth with Special Health Needs (Cyshn) - Minnesota Department of Health, n.d.*). Occupational therapists' scope of practice includes working with such children. Similarly, speech-language pathologists (SLPs) also provide a unique point-of-view when diagnosing and treating children with developmental disabilities. Together these two professions can collaborate to provide expanded holistic care to clients and their families. One such setting that these two professions collaborate in is private practice. Private practices fill a gap in access to therapy services for families who are experiencing distance-based barriers and limited provider availability (Carvalho, et. al., 2017). Therefore, a project was created to expand a current speech-language pathology private practice to potentially include an occupational therapist

### Purpose

The purpose of this project was to assist a current MN private practice clinic, owned and operated by a SLP, to expand practice following a novel business proposal to include hiring an occupational therapy (OT) position. The intent behind the business proposal was to guide the recruiting, marking, and hiring process for an OT position.



## **Methods**

A needs assessment, literature review, field observations and professional interviews were employed to compile data to create the business plan. The focus topics included: 1) collaborative healthcare approaches; 2) collaboration aiding professional growth; 3) collaboration supporting intervention planning; and 4) collaboration supporting client/family outcomes and therapy process understanding. The Person-Environment-Occupation (PEO) model was used to guide the literature review and development of the product (Law, et. al., 1996).

## **Results**

The final business plan was constructed utilizing the known needs of the current practice, the results of the literature review and the PEO model. The business plan follows the lean startup plan model outlining: key partners, key activities, key resources, value propositions, customer relationships, customer segments, channels, cost structure, and revenue streams (Kanics, 2019). The occupational therapy process was analyzed and key components such as assessments and tools were identified along with costs and channels.

## **Conclusion and Significance**

The business owner will be able to utilize the business plan for financial planning and expansion of the business and services. This expansion increases competitiveness and desirability to patients. Patients have reported higher levels of satisfaction, improved access to, quality of and coordination of health services and improved health outcomes following treatment by a collaborative team approach (Peabody, et. al., 2019; World Health Organization, 2011).

# CHAPTER I

## INTRODUCTION

Approximately 180,000 children in Minnesota may be classified as children and youth with special health care needs (CYSHCN) (NSCH 2019 20: Children with Special Health Care Needs, Minnesota, n.d.; Children and Youth with Special Health Needs (CYSHN) - Minnesota Department of Health, n.d.). About one in every five families with children has at least one child with increased risk for a chronic physical, developmental, behavioral, or emotional condition (Minnesota Department of Health, n.d.). These statistics emphasize the critical need for access to local healthcare workers with the expertise in identifying and evaluating challenges in childhood development. As one such set of healthcare workers, occupational therapists have the unique specialty of identifying early signs of delays and utilize screenings, evaluations, and interventions in developing individualized treatment (Clark & Kingsley, 2020). More specifically, occupational therapists have a distinctive role in working with families who have a child with special needs to address the child's engagement in their occupations.

Occupational therapists provide clinical therapeutic services in a wide range of settings, in pediatrics. Clients can receive occupational therapy (OT) services in schools, clinics, hospitals, at-home, etc. Occupational therapists in private practice provide a unique service that allows them to offer therapy in a variety of environments. From discussions with local pediatric therapy clinics in the Twin Cities, each facility held a waiting list for admissions, emphasizing the importance and need for such clinics. Private practices can provide availability and flexibility in therapy services to rural families who have lack of access to proper treatment in their area.

The general purpose of this doctoral experiential placement is to develop a lean business plan for adding an occupational therapist position in a local therapeutic pediatric private practice

owned and operated by a speech language pathologist (SLP) in the Twin Cities of Minnesota. To do this, the current business practices will be explored, key partners, activities and resources will be identified, client impact analyzed, and cost and revenue streams considered. Additionally, components needed to guide private practice expansion to include an interdisciplinary team will be explored. The OT process will be analyzed and broken down, identifying evaluation tools and interventions appropriate for the population in order to construct the business plan. Adding an occupational therapy role into a pre-existing therapeutic pediatric private practice could provide further insight into intervention strategies and the offering of holistic therapeutic services. This expansion increases competitiveness and desirability to patients. Patients have reported higher levels of satisfaction, improved access to, quality of and coordination of health services and improved health outcomes following treatment by a collaborative team approach (Peabody, et. al., 2016; World Health Organization, 2010)

The Person Environment and Occupation (PEO) (Law et al., 1996) model and clinical observations were implemented to further determine the need for occupational therapy services at the pediatric private practice. The PEO model has three main focuses and four domains. The first is on the transactional approach between the person, environment, and occupation to achieve optimal occupational performance. This model concentrates on the best “fit”, addressing how satisfied an individual is with his or her functioning in daily occupations. PEO has another focus on ongoing development throughout the lifespan with a constant shift between the four domains. The third key focus of the PEO model is the emphasis on institutional environment and how changes within the institutional environment can impact individuals’ performance in occupations (Baptiste, 2017).

The four domains are broken down into components to further identify where the best “fit” is and the areas in need of intervention. The person domain is defined as “a being who can assume many roles simultaneously and who can engage in activities and occupations that are needed and desired” (Law et al., 1996), consisting of physical, cognitive, sensory, affective, and spiritual components. The environment domain is defined as, “the sum total of what surrounds a person” (Law et al., 1996), consistent of physical, social, cultural, institutional, and virtual components. The occupation domain can be described as task, activity, or occupation, along with identifying the temporal aspect and occupational load. The temporal aspect is identified as a person’s habits, routines, patterns, or how one manages and structures their daily time. Occupational load is described as the number of tasks, roles and occupations one takes on in a time span. Lastly, the fourth domain, occupational performance is the overarching endpoint of the transactions between the person, occupation and environment. To reach optimal occupational performance, the occupational therapist and client work together to design and intervention plan.

Utilizing the three main focuses and four domains that PEO addresses, the potential role for an occupational therapist was evaluated with pediatric population in the private practice setting. An assessment was completed in the following areas: a) how an occupational therapist’s role would fit into this pediatric private practice b) an occupational therapist’s typical role within this setting, and c) the potential impact/benefits this role can have on the clients’ occupational performance.

The objectives for the scholarly project are as follows: 1) Appropriately analyze and choose pediatric OT screening tools, evaluations, and assessments to best fit the pediatric private practice setting., 2) Learn about best practice, evidence-based practice, and interventions to support the clientele at the pediatric private practice as demonstrated by further developing a

review of literature., 3) Learn what gaps are present within the pediatric private practice that can be addressed by the scope of occupational therapy through clinical observations and interviews with families and therapist proprietor.

The result of this doctoral experiential project is to provide a foundation of knowledge to the facility owner about the benefits of having an occupational therapist as a service provider to the clients and develop a lean business plan for anticipation of hiring an occupational therapist in the near future.

A comprehensive literature review of interdisciplinary approach to therapy, collaboration between disciplines and the impact on clientele can be found in Chapter II. In Chapter III, a detailed description of the methodology and development of the project is presented. The final business plan for this scholarly project is found in Chapter IV. Finally, Chapter V outlines implications for the project and discusses strengths and limitations for business practice.

### **Key Terminology**

The following terms are frequently used throughout this scholarly project and have been defined for reading ease.

- **Interprofessional collaborative practice (IPCP):** the collaborative efforts of multiple health workers from different professional backgrounds working with patients, families, caregivers, and communities in the delivery of high quality of care (WHO, 2010).
- **Interprofessional practice (IP):** the focus on the professional's needs, shared goals and objectives, complementary skills and interdependence of professional actions, negotiation among professionals, shared decision making, shared accountability, mutual respect and trust, and acknowledgement of the roles and responsibilities of each professional group (Sangaleti et al., 2017).

## **CHAPTER II**

### **REVIEW OF LITERATURE**

Occupational therapists have training in assisting people throughout their lifespan to achieve goals related to daily occupations. Client-centered engagement in valued daily occupations is fostered through contextual adaptations constructed from occupational therapists' problem-solving abilities (Peranich, et. al., 2010). This highlights occupational therapists' abilities to work in a wide range of settings with individuals throughout their lifespan including inpatient hospitals, outpatient rehabilitative settings, mental health clinics, schools, therapy clinics, home health, long-term care facilities, and private practices. Within these settings, occupational therapists can work on an interdisciplinary team. This scholarly project focuses on occupational therapists' role in pediatric private practice and identifies common interdisciplinary collaborations, specifically between speech-language pathologists (SLPs) and occupational therapists.

#### **Theoretical Framework**

The subsequent literature review and the final product were guided by the Person-Environment-Occupation (PEO) model to address the interactions between interdisciplinary collaboration, professional learning, intervention planning, and private practice setting. The PEO model of practice asserts that the interactions between the person, their environment or context, and their occupations or activities must create the best “fit” for optimal satisfaction in performance of occupations (Law et al., 1996).

For this project, a business owner of a newly established pediatric private practice was identified to partner with. The business owner expressed the need for autonomy, increased flexibility in the work environment, and identified a need for services within the community,

prompting her decision to open a private practice. As an SLP and the sole service provider, the business owner sought to treat pediatric clients with speech and feeding disorders. During an informational interview with the business owner, there were identified needs of the clients that were not being met by the current, single-discipline approach. This led to the business owner wondering if the addition of a multiple discipline approach would be beneficial for the pediatric population, expanding to include occupational therapy. This would involve more collaboration in the practice and would meet current and future client and business needs.

Thus, this project will strive to construct a business plan that expands an existing speech therapy pediatric private practice to include OT. This plan identifies the need for OT services, determines the financial needs of the business, and creates an effective strategy for growth. The primary beneficiary would be the owner, as the business plan develops to expand and include various disciplines. The information in the proposed plan will enhance the business's understanding related to a multitude of variables necessary for expansion. These will include the skills an occupational therapist can add to their existing practice as well as the necessary business strategies and steps that play an important role in the expansion. A review of the business plan will provide an opportunity for open discussion to develop competency of knowledge of professional roles and responsibilities of other healthcare professions (Peabody, et. al., 2016; Interprofessional Education Collaborative, 2011). In adding this new role, an interdisciplinary team will be created requiring a collaborative approach. The concept of collaboration is “a process of problem-solving, shared responsibility for decision-making and the ability to carry out a care plan while working towards a common goal” (Saint-Pierre, et. al., 2018).

The secondary beneficiaries of this business plan will be the clients served by the private practice. Pediatrics is defined as any person ages 0-18 years of age including, infants, toddlers, children, and youth (Kahaneck, et. al., 2020). By offering a wider range of services, pediatric clients can receive more comprehensive care. Additionally, if a client is experiencing delays or experiencing difficulties in multiple areas of their development, they can receive multiple services at one clinic/program. It could allow for access of an interdisciplinary team to further support growth and developmental goals. Each discipline receives distinctive trainings to provide their respective services, therefore approaching treatment planning and intervention in a unique way. A collaborative approach between disciplines in a team allows sharing of ideas and knowledge to better address the clients' needs.

### **Collaborative Approach**

Insights on the collaboration between SLPs and occupational therapists in private practice were gathered using evidence from professional interviews with established private practice owners and available literature. The professional interviews included information on what current professional practices are used and the predominant professional aspirations when considering the importance of a collaborative approach, a trend that can affect best practices. From a Google power search including search phrases; *occupational therapy, speech therapy, pediatric, private practice, collaboration*, current pediatric clinic websites were coming up, rather than research on the benefits of multiple professions represented at a single clinic. Looking at these clinics independent claims and opinions stressed the benefits of multiple disciplines offered in one clinic including professional collaboration and more comprehensive care for clientele. Although these resources are opinion-based, a theme emerged amongst all the clinics, the importance of an interdisciplinary approach between occupational therapists and



SLPs in a pediatric setting. (*The Benefits of Co-Treatment with Occupational Therapists and Speech-Language Pathologists*, 2015; admin, 2017)

Consultations with pediatric private practice owners in the Twins Cities, Chicago, and Wyoming emphasized the importance of a multi-disciplinary team for providing holistic care. Some key benefits of the multi-disciplinary team included: addressed seeing a need that just one scope of practice could not fully address, clientele base preferred clinics with multiple disciplines represented to receive more holistic care and collaborating with different fields of thought to create the best plan of care (K. Santistevan, personal communication, January 20, 2022; L. Mraz, personal communication, February 2, 2022; J. Zerr, personal communication, February 13, 2022; A. Nelesen, personal communication, January 26, 2022 & March 8, 2022).

The World Health Organization (WHO, 2010) defines collaborative practice as “multiple health workers from different professional backgrounds working together with patients, families, carers and communities to deliver the highest quality of care” (p. 13). Patients have reported higher levels of satisfaction, improved access to, quality of and coordination of health services, and improved health outcomes following treatment by a collaborative team approach (WHO, 2010; Peabody, et. al., 2016). The collaborative approach provides opportunities for healthcare professionals to exchange ideas and strategies, for mutual learning, planning and feedback from each unique scope of practice to provide best treatment and plan of care (Peabody, et. al., 2016). A common theme throughout resources found on this topic was the need for more professional education on interprofessional practice.

As adapted from Peabody, et. al., 2016, the three topics identified when expanding a pediatric private practice include learning as a professional, planning for interventions, and outcomes and understanding for clients and families.

## **Model Application**

### **Person--How does collaboration help advance learning as a professional?**

Enhanced individual understanding of professional roles provides more insight when identifying clients' needs and in professional growth. The first benefit to collaboration is a deeper understanding of multiple disciplines.

Occupational therapists can provide services to the pediatric population in all areas of occupation as defined by OTPF4 (American Occupational Therapy Association, 2020) including activities of daily living (ADL), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation. "The focus of OT in working with children is ultimately to ensure their well-being and success as healthy, developing individuals through amelioration of specific behaviors and deficiencies that may rob them of this role" (Bendixen & Kreider, 2011).

SLPs can provide services working on these same occupations but targeting different client factors and skills related to each occupation. From the American Speech-Language-Hearing Association (ASHA), 2016, "the SLP is defined as the professional who engages in professional practice in the areas of communication (including speech production and fluency, language, cognition, voice, resonance, and hearing) and swallowing (including all aspects of swallowing and related feeding behaviors) across the life span." From American Speech-Language-Hearing Association, 2016, eight domains of speech-language pathology service delivery were identified, and they are as follows: collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems. When working with the pediatric population SLPs can provide services related to fluency, speech production, language, cognition, voice, resonance, feeding and

swallowing, auditory habilitation/rehabilitation and targeting potential etiologies of communication and swallowing disorders.

From the Interprofessional Education Collaborative, 2011, core competencies for interprofessional collaborative practice have been identified, they include: values/ethics for interprofessional practice, roles/responsibilities, interprofessional communication and, teams and teamwork. Interprofessional values and ethics are centered around providing safe, evidence-based, patient-centered care as well as professionalism and mutual respect across disciplines. Each profession has a set of core ethics that are agreed upon to be followed when entering the field and this competency domain highlights the importance of continuing to follow these ethics in a collaborative approach. Competency domain two from the Interprofessional Education Collaborative, 2011, roles/responsibilities, represents the ability of professionals to be able to articulate their own professions unique scope of practice and be able to understand other professions scopes of practice as well as understanding where the scope of practice fits within the setting. “Collaborative practice depends on maintaining expertise through continued learning and through refining and improving the roles and responsibilities of those working together (Interprofessional Education Collaborative, pg. 20, 2011).

The third domain, interprofessional communication, highlights the need to have effective communication skills along with active listening skills. This includes taking into consideration the literacy level and jargon use when talking with clients and team members. Communication is also an expression of feelings and thoughts; how teams communicate can influence dynamics and functioning. The last domain, teams and teamwork, is the core of collaboration. Being able to advocate for profession-specific strategies and scope, but balanced with a cooperative, collective approach that is in the best interest of the client. Teamwork involves providing valued

professional expertise in keeping client-centered care while coordinating with team members to problem-solve and share decision making to avoid errors, gaps or redundancies. Going into a team setting, it is important to be open about strengths and weaknesses and to find a balance in team dynamics. Working as a team in a collaborative setting, health care professionals need to be able to shift in mind-set, relinquishing some professional autonomy to achieve best client outcomes (Interprofessional Education Collaborative, 2011).

This supports why collaboration is important to professional learning. In a situation where multiple professionals can learn each other's scopes of practice and the lens they look at clients' needs through, the more comprehensive and creative the growth/intervention opportunities can be developed (Marcussen, et. al., 2020).

### **Occupation--How does collaboration help support planning for interventions?**

Once the understanding and better learning occurs between disciplines, the therapists can incorporate strategies to support goals of the client. This is supported by The World Health Organization (WHO, 2010), "Collaborative practice works best when it is organized around the needs of the population being serviced... the needs-based approach is necessary when determining the best way to introduce new interprofessional concepts" (p. 28). The need was identified, and the next steps were taken to potentially open access to a wider variety of services for the clientele. This can be illustrated when two therapists are able to analyze a client's performance and determine through their own professional lenses while still having the perspective of other's professional goals. For example, SLPs can work on feeding skills with individuals throughout the lifespan, targeting swallowing, chew, mastication, etc. Occupational therapists can complement what SLPs work on with feeding by understanding sensory components and regulation as to support the client's participation in the occupation of feeding.

The primary interest for conceptualizing treatment plans and implementing goals for pediatrics is through the occupation of play. (Peabody, 2016). Children use play to develop skills in emotional-social, communication, cognitive-educational and sensorimotor domains. Play can help develop skills related to; self-regulation, communication, language, social-skills, motor, visual and cognitive development, problem-solving, attention, sensory-processing, feeding and many more. (Peabody, 2016; Houtrow, et. al., 2019). Collaboration is not only between the healthcare professionals, but also includes the client, the families, and the caregivers, to design a successful intervention plan.

### **Occupation--How does collaboration better support outcomes and understanding for clients and families?**

Occupational therapists that work with pediatric populations must engage in family-centered care, utilizing culturally competent practices with a strength-based approach (Kahaneck, et. al., 2020). Family involvement is essential to a child's care, development and engagement, and it is essential to view the caregivers as a part of the team rather than as removed third-party. Many parents report feeling a lack of the guidance, communication and supports they need (Miller-Kuhaneck, et. al., 2018). Incorporating caregivers into strategy planning provides them a sense of autonomy and control over their child's care. Integrating the caregiver/family in all aspects of the therapy process is critical in obtaining authentic information and allows the practitioner to view interactions between the child, family, and their natural environment (Shelden, et. al., 2013; Kraversky, 2019). For example, during initial observations, the practitioner can assess the child's participation and related skills in real-life activities such as meal time, bath time, play, etc, Occupational therapists and SLPs can assess the same foundational skills that a child possesses and collaborate on interventions to support development skills. To illustrate, consider a child in their natural environment who is labeled as distributive

during school, especially whenever reading is involved. The occupational therapists can target regulation skills to assist the child in being able to sit during reading and the SLP can work on language/receptive skills and cognition.

However, the occupations that are assessed are driven by what the caregivers/family have identified as areas of concern, rather than what the practitioner feels should be targeted

After such observations, the caretakers should be included in discussion of the child's observed skills and areas that the practitioner has identified as target areas for therapy (Shelden et. al., 2013). One therapy strategy that practitioners such as occupational therapists and SLPs employ is, coaching. Rush & Shelden define early childhood coaching as:

*“an adult learning strategy in which the coach promotes the learner's ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations* (Rush, et. al., 2011, p. 8).

The Occupational Performance Coaching (OPC) was introduced by Graham, et. al., 2009. The practitioner employs the coaching strategy with the caregivers or parents when the goal is to develop caregivers' problem-solving skills or facilitating improved participation of the children and caregivers joined involvement in valued occupations.

The benefits of a collaborative team approach between occupational therapists and SLPs for clients and their families aim to provide a more well-rounded, holistic approach by incorporating differing skills together. The goal is optimizing the function of the child, and one way this can be achieved is by educating and advocating with families for inclusion in activities

that best supports participation in life events (Houtrow, et. al., 2019). More specifically, in private practice, collaboration amongst specialized services would allow the child with disabilities to function in their least restrictive environments.

### **Environment--What are the benefits of therapeutic pediatric private practice?**

A lack of research was identified in objectively identifying the benefits of a therapeutic pediatric private practice. However, a few opinion pieces and clinic websites were found to address this topic. From the perspective of an employed therapist, benefits of working in a private practice setting include having increased autonomy of caseload and clientele, flexibility in scheduling, program development, active caseload, and potential for expanding caseload (Moose, 2014). Benefits of clientele seeking services from a private practice can include freedom from systems, opportunities for increased family involvement, potential for ease of communication and flexibility with session duration (*Top 5 Benefits Private Practice Speech Therapy, n.d.*). Clientele also could receive services outside of typical work hours as well as variable locations of services depending on the private practice practitioner. From interviews with several private practice owners in the Twin Cities, Minnesota, it was found that a majority of practitioners starting out provided services in the clients' homes or natural environments (i.e. day-care, school, community education sites). This allows for acquisition of skills in a natural setting. Drawbacks for both beneficiaries were also identified; these included potential lack of a comprehensive team, potential lack of benefits, lack of supporting staff and inconsistent case load.

Owning a private practice requires a more extensive list of skills and responsibilities. From a study by Coppard, et. al., 2018, a survey was used to ask occupational therapists who self-identified as a private practice owner what knowledge, skills and dispositions were

perceived as important in working in a private practice. The data showed 72.8% of respondents wanted more knowledge before entering private practice about billing, 40.9% about technology, 26.3% about business management and 25.6% on marketing (Coppard, et. al., 2018). The top three dispositions endorsed by practitioners included work ethic, self-motivation, and adept emotional intelligence (Coppard, et. al., 2018). Thus, starting at a private practice not only takes skills and knowledge of the services that will be provided but knowledge of business practices as well.

### **Summary and Conclusion**

Occupational therapists and SLPs can work with pediatric populations to address skill habilitation and/or rehabilitation targeting functional skills in least-restrictive environments. One such setting in which these two professions can collaborate is private practice. Employees and clientele can gain benefits specific to offering/seeking services from a private practice clinic. However, some potential drawbacks include limited payment options and lack of a comprehensive team.

This literature review serves as a basis for an identified need to expand in a local pediatric private practice currently providing only speech-language services. The interprofessional collaborative approach (ICP) is effective in delivering safe and efficient health care that has been shown to increase patient-reported satisfaction and health outcomes (Marcussen, et. al., 2020). To support the growing private practice, a business plan will be developed in anticipation for expansion and the hiring of an occupational therapist.



## CHAPTER III

### METHODOLOGY

The process utilized in the formation of this project included conducting a review of literature and selecting an appropriate theoretical framework to guide product development. The author used accurate and evidence-based data in creating the final product. The desire to assess the private practice sector was driven by the authors passion for working with pediatrics and the family unit. Pediatric private practice practitioners have the unique opportunity to provide one-on-one individualized services in natural environments, filling the gap of lack of access to services. When a private practice expands to include multiple disciplines the access to services for clients becomes more available with a collaborative/comprehensive approach to provided services. Related to this, the following product emphasizes the unique collaboration between occupational therapy and speech language pathology in treating the pediatric population. The author chose to create a business plan for therapeutic practitioners to utilize as a guide when expanding a private practice to include occupational therapy.

#### **Literature Review**

The literature review was guided by key words including, *private practice, pediatrics, occupational therapy, speech-language pathology, interdisciplinary* and *children*. Databases used during the literature search include: CINHAL, Pubmed, Medline, and Google Scholar. In addition, the author utilized American Occupational Therapy Association, American Journal of Occupational Therapy, clinical websites, and text sources for common pediatric assessments. After conducting the literature review, the author found a lack of research outcomes emphasizing the benefits of collaboration between occupational therapy and speech-language therapy in the private practice sector. A questionnaire was developed, and various pediatric private practice

therapists were contacted to obtain first-hand information about these identified gaps.

Additionally, research was completed on business practices pertaining to owning and expanding a private practice including how to offer insurance, billing, benefits and start-up costs.

### **Occupation-Based Model**

The occupation-based model chosen to guide this project and used to analyze the information from the literature review was the Person-Environment-Occupation (PEO) Model (Law et al., 1996). This model framework works well in the context of private practice by addressing the individual clients' roles and person factors, the environmental aspects that effect the client's occupational engagement, and what the client wants and needs to do during their day. The four main domains in PEO were used to develop questions for interviews with main stakeholders and consultations with other private practice owners. Questions asked regarded: marketing, intake process, assessments used, services provided, insurance and discharge/referral sources. The PEO model was used to assess collaboration between practitioners and clientele including the child's caregivers/family.

### **Inclusion of Product Content**

The author initially observed the stakeholder's private practice and learned more about the private practice, personal goals, and business goals. The need for an interdisciplinary private practice was addressed within the area and discussion with the stakeholders was had about current ability for expansion. The author researched benefits for collaboration between occupational therapists and speech-language pathologists in pediatrics. Common assessments and interventions used by occupational therapists in pediatrics were determined.

Five pediatric private practice owners/practitioners that offer multiple disciplines were contacted and agreed to be interviewed. Data was compiled along with literature to compose a

business plan for the main stakeholder to utilize when expanding the private practice to include occupational therapy services.

Ethical considerations include asking appropriate questions when discussing business proceedings and clinical management during consultative interviews. The author found that due to the competitive nature of private practice, business owners were hesitant to divulge some information.

## CHAPTER IV

### PRODUCT

#### Business Plan for Occupational Therapy Position



Owner: Katie Ryther, SLP/CCC

Business name: Ryther Speech and Language Services, LLC  
Address: 8928 36<sup>th</sup> St N.  
Lake Elmo, MN 55042

Telephone: 763.200.6256  
Email: [katie@rytherspeechservices.com](mailto:katie@rytherspeechservices.com)

## **Table of Contents**

Executive Summary.....	21
General Company Description .....	22
Vision Statement .....	22
Mission Statement .....	22
Key Partners .....	24
Key activities .....	24
Key resources .....	25
Value Propositions.....	26
Customer Relationships.....	27
Customer Segments .....	27
Channels .....	28
Cost Structure .....	28
Revenue Stream.....	31
Program evaluation, quality management/risk management.....	31
References .....	31

## **Executive Summary**

Ryther Speech and Language Services, LLC, is a therapeutic private practice that provides speech and language services to pediatric individuals with special needs in the Twin Cities of Minnesota, targeting in Lake Elmo, MN and surrounding suburbs. Ryther Therapy Services, LLC was created to provide therapeutic services to children of busy families in the Twin Cities area. It was designed for clients to have access to therapeutic services in their home with an emphasis on oral facial diagnoses and is expanding to fulfill a growing need for interdisciplinary care.

The expanding need for services for clientele drove the practitioner's decision to explore expanding to include occupational therapy (OT) services. It was determined that a position for an occupational therapist would provide more comprehensive services available to current and future clients. The addition of an occupational therapist would benefit the company by providing a wider range of services and opportunities for both therapists to work in a collaborative setting.

The trends suggest therapeutic private practices are offering a wider variety of services for clientele to access in one clinic. In such cases, multiple disciplines are offered in clinics to provide a more holistic, collaborative setting and a one-stop-shop for families looking to condense and simplify appointments. Therefore, by adding an OT position to the existing clinic, Ryther Therapy Services, LLC will become more competitive with surrounding clinics.

Ryther Therapy Services, LLC offers flexible scheduling and a collaborative approach for therapists to engage in. The founder of Ryther Therapy Services, LLC is motivated to continue to expand their practice to eventually provide multiple disciplines and open a physical location that clients and families can access for all therapy services by the end of 2023. Services are being marketed to current clientele and to potential referral sources by providing pamphlets on what occupational therapy is and how OT services can address a wide range of needs.

### **General Company Description**

Ryther Therapy Services, LLC, a pediatric private practice in Lake Elmo, MN, provides individualized speech therapy services to pediatric clients in their least restrictive environments. The purpose of this business plan is to provide education and a structured plan for expansion to include an OT position at Ryther Therapy Services, LLC.

The ultimate goal of the clinic is to provide a variety of collaborative services including OT and speech-language pathology (SLP) to provide interventions in speech, language, feeding, sensory needs, routines, family coaching, and other familial needs

### **Vision Statement**

To empower clients with skills in their least restrictive environment to perform at their highest potential.

### **Mission Statement**

The mission of the OT role is to improve the health and well-being of children by providing high quality, skilled therapy services in the child's natural environment to enable them to reach their fullest potential in their daily activities.

**Company goals and objectives:**Goals:

1. Expansion upon current therapeutic services offered to meet the needs of present and future clients.
2. Provide a safe, therapeutic learning environment for all clients and families.
3. Create a successful private practice that is a leader in comprehensive care for clients with all abilities and ages.

Objectives:

1. Gain consistent caseload of clientele to achieve 6 hours of billable time for each of 5 days per week by end of 2022.
2. Contract with at least 2 insurance companies to allow for expanded clientele base by end of 2022.
3. Open and physical location by the end of 2023.
4. Expand staff to include an occupational therapist and an additional speech therapist by end of 2023.

**Company Strengths and Core Competencies:**

1. Flexible scheduling
2. Interdisciplinary marketing/outreach
3. Improving community connections/growth
4. Family centered interventions

**Long-term Expected Outcomes:**

1. One-stop shop for therapeutic needs including: SLP, OT, physical therapy, myofunctional training, music therapy, craniosacral therapy, and an Orton Guillingham specialist.
2. Cross professional collaboration and networking cross professional: sleep therapists, body workers, dentists, orthodontists.
3. Leading speech therapist in the east metro who is trained and certified in orofacial myology.
4. Leading classes and providing education in the local community.
5. Global outreach to providing professional services to therapists abroad.

**Industry:**

Home-based therapeutic private practice services for pediatric clients and their families.

**Target Audience:**

To the sole proprietor of Ryther Therapy Services.



**Key Partners**

<b>Business</b>	<b>Marketing</b>
Mentors <ul style="list-style-type: none"> <li>• Business</li> <li>• Practice</li> </ul>	Local magazines
Insurance Panels	Lake Elmo small business steering committee
Referral Sources <ul style="list-style-type: none"> <li>• Local day-care centers</li> <li>• Physicians</li> <li>• Charter schools</li> </ul>	Connecting with small businesses in Lake Elmo and surrounding areas
Various podcasts and seminars	Community involvement <ul style="list-style-type: none"> <li>• Local non-profit groups</li> <li>• Community center for summer programming</li> </ul>
Therapeutic pediatric private practice Zoom group	

**Key activities**

The current private practice, offering speech-language therapy services to children ages 0-18 years of age, will gain competitive advantage by increasing services provided (*The Benefits of Co-Treatment with Occupational Therapists and Speech-Language Pathologists*, 2015; admin, 2017)

In addition to speech-language therapy services, incorporating an OT position could:

- Provide educational opportunities and collaborative benefits for therapists and clients; this could include opportunities for open discussion to develop competency of knowledge of professional roles and responsibilities of other health care disciplines (Peabody, et. al., 2016; Interprofessional Education Collaborative, 2011).
- More comprehensive, holistic care for clientele (Marcussen, et. al., 2020).
- Higher levels of client satisfaction, improved access to, quality of and coordination of health services, and improved health outcomes (WHO, 2010; Peabody, et. al., 2016).

## Key resources

Resources the current private practice **has** to deliver services that include:

- Dedicated owner with aim to expand to meet current clientele needs
- Intervention plans and ideas for the specific population served
- Business website
- Personal vehicle
- Client forms
  - Refer to Katie Ryther for specific forms
- \$5,000 allocated for expansion, hiring (materials, tests, etc.)
- Purchased speech-language therapy assessments
- Purchased intervention tools and materials
- Documentation application

Resources the private practice **will require** to deliver OT services:

- OT assessments
- Intervention materials
- Payment structure for employees
- Benefits to offer employees (health insurance, PTO, reimbursements)

Resources the private practice **should consider** for expansion and competitiveness in providing services:

- Accepting insurance pay sources
- Physical location
- Funds to put towards:
  - Reimbursement for travel
  - Liability insurance
  - Rent/renters' insurance
  - Disability insurance

## Value Propositions

Ryther Speech and Language Services, LLC offers speech therapy services for individuals who are seeking alternative or complementary therapy services in their home or other natural environments.

**Proposed position description:** The occupational therapist will enhance service opportunities for current and new clients. Providing personalized services to address sensory processing needs, feeding, routine-based services, developmental milestones, motor planning, etc. for children and adolescence. Meeting the needs of clients at their current level of functioning and environment, providing services in a day-care, schools, home, etc. The occupational therapist will be responsible for evaluation and provision of OT services including documentation, communication needed to provide care, time management and intervention planning/implementation.

Other services include screenings, parental coaching, contract work, etc.

**How the business will benefit:** Increased competitiveness with surrounding clinics that offer an interdisciplinary approach and access a wider base of clientele and needs.

### **Jobs requirements**

**Occupational Therapists roles and responsibilities (personal and professional abilities and competencies needed):**

- Maintain in good standards with licensure boards
- Adhere to company standards and expectations
- Daily documentation after treatment sessions
- Submit appropriate billing to insurances and families
- Communicate effectively and professionally with clients, families, and co-workers
- Evaluate and assess clientele, create treatment plans, and provide safe and effective treatment sessions
- Be an advocate for clientele

Qualifications:

- Bachelors or beyond degree from an accredited OT school
- BLS certification
- Minnesota state licensure
- NBCOT registration

## **Customer Relationships**

Current clientele of Ryther Speech and Language Services, LLC have expressed interest or desire in pursuing OT services in conjunction with speech-language services due to a variety of reasons including but not limited to, identified sensory needs, school-readiness skills, fine- and gross-motor development and feeding. With the addition of an OT position, current and future clientele would have access to a collaborative approach between speech-language therapy services and OT services through Ryther Therapy Services, LLC. Clients will have access to Ryther Therapy Services, LLC community connections and specialized, in-home services.

## **Customer Segments**

There are currently approximately 360 occupational therapists with active licensure in Washington county, Minnesota (*Minnesota Board of Occupational Therapy Practice*, n.d.). And around 24.3% of citizens of Washington county are persons under 18 years old, with a total population of 238,000 (*U. S. Census Bureau Quickfacts*, n.d.; *NSCH 2019 20: Children with Special Health Care Needs, Minnesota*, n.d.). As of the 2010 census, there were 87,500 households out of which 38.6% had children under 18 years old living with them, compared to the 2000 census with 71,500 households out of which 41.60% had children under the age of 18 year ("Washing County, Minnesota facts for kids," n.d.). Additionally, an estimated 160,000-200,000 children with special health needs reside in Minnesota. From CSHCN Screener from childhealthdata.org, 17.4% of children in Minnesota are classified as children with special health care needs. Children with special health care needs are those with increased risk for a chronic physical, developmental, behavioral, or emotional condition ("Children and youth with special health needs (CYSHN)," 2020).

More specific data was not available on children with special health care needs specifically in Washington county but with the increase in families with children in Washington County from 2000 to 2010 census, there can be an anticipated need for more readily available pediatric therapeutic services.

## Channels

### Marketing strategies:

- Offering free screenings at local day care centers
- Offering summer camps and programming through local community centers
- Social media
  - Posting to local Facebook pages, Instagram, TikTok, etc.
- Submitting ads in newspapers and magazines
- Placing flyers and business cards in local businesses
- Word-of-mouth
- Website

## Cost Structure

<b>Fixed</b>	Compensation	~ \$70,000 Or \$42/hour (dependent on years of experience) for Freestanding Outpatient ~ \$66,000 or \$49/hour (dependent on years of experience) for Early Intervention (American Occupational Therapy Association, 2020)  Both receiving ~ \$1,000 in additional cash compensation/year
	Benefits  *All fixed benefits are for future consideration	Insurance IRA savings PTO/Sick leave (2 weeks) CEU/Organizational dues reimbursement allowance Licensure/re-certification reimbursement

	Materials	<p>Assessments</p> <ul style="list-style-type: none"> <li>○ Peabody Developmental Motor Scales (PDMS-2) <ul style="list-style-type: none"> <li>○ \$599</li> <li>○ <a href="https://www.therapro.com/Browse-Category/Gross-Motor-Fine-Motor/Complete-TEST.html?gclid=CjwKCAjw3cSSBhBGEiwAVII0ZzmhINIGgucifOo4p3t9nqHVf_vUQ_jzROmi3EgEMbFVAQscaDZDpBoC0_oQAvD_BwE">https://www.therapro.com/Browse-Category/Gross-Motor-Fine-Motor/Complete-TEST.html?gclid=CjwKCAjw3cSSBhBGEiwAVII0ZzmhINIGgucifOo4p3t9nqHVf_vUQ_jzROmi3EgEMbFVAQscaDZDpBoC0_oQAvD_BwE</a></li> </ul> </li> <li>○ Bruininks-Oseretsky Test of Motor Proficiency (BOT-2) <ul style="list-style-type: none"> <li>○ \$251.90 for the brief kit, \$636.10 for the full kit</li> <li>○ <a href="https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Motor-Sensory/Bruininks-Oseretsky-Test-of-Motor-Proficiency-%7C-Second-Edition/p/100000648.html">https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Motor-Sensory/Bruininks-Oseretsky-Test-of-Motor-Proficiency-%7C-Second-Edition/p/100000648.html</a></li> </ul> </li> <li>○ Sensory Profile 2 <ul style="list-style-type: none"> <li>○ Starting at \$314.30 for the complete kit</li> <li>○ <a href="https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Motor-Sensory/Sensory-Profile-2/p/100000822.html">https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Motor-Sensory/Sensory-Profile-2/p/100000822.html</a></li> </ul> </li> <li>○ Additional assessments for pediatrics can be found at <ul style="list-style-type: none"> <li>○ <a href="https://www.mcgill.ca/spot/files/spot/ot_assessment_library_inventory_feb_2015_0.pdf">https://www.mcgill.ca/spot/files/spot/ot_assessment_library_inventory_feb_2015_0.pdf</a></li> </ul> </li> </ul>
	<p>Business Practice Costs (Based on employee yearly compensation pay structure)</p> <p>*All fixed business practice costs are for future consideration</p>	<p>Unemployment insurance Malpractice insurance Disability insurance Liability insurance Workman’s compensation Medicare and social security tax withholdings</p> <p>Insurance panels - Credentialing - NPI Documentation application</p>
<b>Variable</b>	Benefits	<p>Bonus pay structure Incentives Milage reimbursement</p>

	*All variable benefits are for future consideration	
	Materials	<p>Dependent on service structure and program  Potential service structures: In-home, daycare, school  Potential service programs: Sensory, motor, school-readiness</p> <p>Examples of materials:</p> <ul style="list-style-type: none"> <li>○ Fine motor <ul style="list-style-type: none"> <li>○ Blocks, balls, pencils, beads, string, small toys</li> </ul> </li> <li>○ Gross motor <ul style="list-style-type: none"> <li>○ Cones, scooter board, jump rope, parachute</li> </ul> </li> <li>○ Sensory <ul style="list-style-type: none"> <li>○ Bins (for water, beans), paint, pom-pom balls, sandpaper, feathers, straws, bubble wrap</li> </ul> </li> <li>○ School-readiness (social skills, play, self-care) <ul style="list-style-type: none"> <li>○ Various pencil grippers, bubble seat, noise-canceling headphones</li> </ul> </li> </ul> <p>*Each client will have unique needs that will be met with service structure and program on a case-by-case basis.</p>
	<p>Anticipated 1<sup>st</sup> year of expenses for hiring an occupational therapist.</p> <p>Not including...</p> <ul style="list-style-type: none"> <li>- Fixed and variable benefits</li> </ul>	<p><b>Starting at: \$68,165.2</b></p> <p>*It should be noted this number is subject to change dependent on if the business expansion in the first year will include a physical location and associated costs.</p>

## **Revenue Stream**

For every therapy service provided by each therapist within the company a rate for service will be charged to the payer source determined by the client.

Funds will be collected per service either from insurance or direct from clients.

### **Potential revenue streams**

- Therapeutic services
- Contracted work
- Community classes

## **Program evaluation, quality management/risk management**

The intended use of this business plan is as a guide for next steps when budgeting and planning for expansion by hiring an employee. This specific plan is for the addition of an OT position.

Saint-Pierre, et. al., 2018 found the 3 highest forms of collaborative activities within a work environment are face-to-face communications, case managements, and meetings. Once an occupational therapist is hired to establish an OT position at Ryther Therapy Services, LLC. collaboration between disciplines is imperative for quality management and continued growth.

To assist in continued growth and planning please refer to: *How to create an investor-ready personnel plan and forecast employee costs* by Parsons, 2021 for more plans on financial personal planning and forecasting employee costs.

## **References**



American Occupational Therapy Association. (2020). *2019 workforce and salary survey*. <https://library.aota.org/AOTA-Workforce-Salary-Survey-2019-members/47>

*Children and youth with special health needs (CYSHN)*. (2020, March 30). Minnesota Department of Health. <https://www.health.state.mn.us/people/childenyouth/cyshn/index.html#:~:text=Estimates%20of%20children%20with%20special,%2C%20behavioral%2C%20or%20emotional%20condition>

*Minnesota board of occupational therapy practice*. [n.d.]. Minnesota Board of Occupational Therapy Practice. Retrieved April 9, 2022, from <http://mn.gov/boards/occupational-therapy/>

NSCH 2019 20: Children with special health care needs, Minnesota. (n.d.) Retrieved April 9, 2022, from <https://www.childhealthdata.org/browse/survey/results?q=8520&r=25>

Parsons, N. (2021, March 22). *How to Create an Investor-Ready Personnel Plan and Forecast Employee Costs*. LivePlan Blog. <https://www.liveplan.com/blog/5-steps-to-creating-an-investor-ready-personnel-plan/>

*U. S. Census bureau quick facts: Washington county, Minnesota*. (n.d.). Retrieved April 9, 2022, from <https://www.census.gov/quickfacts/fact/table/washingtoncountyminnesota/PST045221>

*Washington County, Minnesota facts for kids*. (n.d.). Kids encyclopedia facts. [https://kids.kiddle.co/Washington\\_County,\\_Minnesota](https://kids.kiddle.co/Washington_County,_Minnesota)

## CHAPTER V

## SUMMARY

The purpose of this scholarly project was to assist a current private practice clinic, owned and operated by a SLP, to expand practice following a novel business proposal for an occupational therapy position. This scholarly project explored the relationship between two disciplines, OT and speech-language therapy, when working with pediatrics in the private practice sector. Fact-find was conducted in the form of a literature review, field observations and professional interviews with private practice practitioners. The comprehensive literature review was conducted to gather information on collaboration aiding professional learning, collaboration supporting intervention planning, collaboration supporting client outcomes and understanding and benefits of private practice. The majority of current literature found interprofessional collaboration to be beneficial for clientele outcomes, satisfaction and intervention planning (Marcussen, et. al., 2020; Peabody, et. al., 2016; Saint-Pierre, et. al., 2018).

The scope of OT was evaluated in creating a business plan for the private practice owner. The business plan provides an overview of the business and the gap intended to be filled with the addition of the OT position. Evaluations, assessments, tools, and equipment were included in the plan along with identifying financials and channels. Creation of the project was influenced by the Person-Environment-Occupation (PEO) model. The PEO model guided question development for professional interviews along with structure of the literature view.

### **Possible Implementation**

The business plan is intended to be utilized by the partnered private practice clinic in preparation for and upon hiring an occupational therapist. It can be used as a guide for said occupational therapist to develop the novel role at the private practice clinic. Additionally, the

business plan can be used by other aspiring private practice owners as a guide to develop their practice including steps required for the business side of opening a private practice.

### **Limitations and Recommendations**

The author has identified limitations and recommendations of the business plan. The first limitation is the unknown business proceedings the partnered business owner has identified including planned financials, getting on insurance panels, benefits for employees, physical location, marketing, etc. Additionally, pay rates and costs of items fluctuate and would need to be accounted for upon implementation of the plan. A recommendation would be to utilize the business plan as a template for what still must be identified in expanding to hire employees. In doing so, the business owner can fill in gaps that have been identified in the business plan. Additionally, this product can be easily adapted to other disciplines such as physical therapy.

Another limitation to the business plan is the generalizability across the clientele demographic. The business owner had identified an interest in future expansion to include 18+ clientele. The proposed business plan is specific to the pediatric population and therefore would have to be edited to accommodate for the difference in population. However, the business plan can be used as a template for these edits.

### **Conclusion**

Overall, the business plan was created for the business owner to utilize for hiring an occupational therapist and in creation of an occupational therapy position in the existing private practice. Speech-language pathologists and occupational therapists have unique skill sets which allow their disciplines to work in collaboration to provide clients with comprehensive, holistic-care.

## REFERENCES

- American Occupational Therapy Association. (2020). *Occupational therapy practice framework: Domain and process* (4<sup>th</sup> edition). American Occupational Therapy Association admin. (2017, January 17). *Benefits of speech and occupational therapists working together - Chicago occupational therapy*. Chicago Occupational Therapy. <https://chicagooccupationaltherapy.com/articles/benefits-of-speech-and-occupational-therapists-working-together/>
- American Speech-Language-Hearing Association. (2016). *Scope of practice in speech-language pathology* [Scope of Practice]. Available from [www.asha.org/policy/](http://www.asha.org/policy/). doi:10.1044/policy.SP2016-00343 <https://www.asha.org/policy/SP2016-00343/>
- Baptiste, S. (2017). The person-environment-occupation model. In J. Hinojosa, P. Kramer, & C. B. Royeen (Eds.). *Perspectives on Human Occupation Theories Underlying Practice*, 137-159. Philadelphia, PA: F.A. Davis Company
- Bendixen, R. M., & Kreider, C. M. (2011). Review of occupational therapy research in the practice area of children and youth. *American Journal of Occupational Therapy*, 65(3), 351–359. <https://doi.org/10.5014/ajot.2011.000976>
- Carvalho, E., Bettger, J. P., & Goode, A. P. (2017). Insurance coverage, costs, and barriers to care for outpatient musculoskeletal therapy and rehabilitation services. *North Carolina medical journal*, 78(5), (pp. 312–314). <https://doi.org/10.18043/ncm.78.5.312>
- Children and Youth with Special Health Needs (CYSHN) - Minnesota Department of Health*. (n.d.). Retrieved October 3, 2021, from <https://www.health.state.mn.us/people/childreneyouth/cyshn/index.html>

- Clark, G. F., & Kingsley, K. L. (2020). Occupational therapy practice guidelines for early childhood: Birth–5 years. *American Journal of Occupational Therapy*, 74(3), 7403397010p1. <https://doi.org/10.5014/ajot.2020.743001>
- Coppard, B., Turner, M., Preuss, S., Troia, S., & Murphy, A. (2018). Occupational therapy private practice: Essential knowledge, skills, and dispositions. *American Journal of Occupational Therapy*, 72(4\_Supplement\_1), 7211510187p1. <https://doi.org/10.5014/ajot.2018.72s1-po5014>
- Graham, F., Rodger, S., & Ziviani, J. (2009). Coaching parents to enable children’s participation: An approach for working with parents and their children. *Australian Occupational Therapy Journal*, 56 (pp. 16-23). doi: 10.1111/j.1440-1630.2008.00736.
- Houtraw, A., Murphy, N., Council on Children with Disabilities, Kuo, D. Z., Apkon, S., Brei, T. J., Davidson, L. F., Davis, B. E., Ellerbeck, K. A., Hyman, S. L., Leppert, M. O., Noritz, G. H., Stille, C. J., & Yin, L. (2019). Prescribing physical, occupational, and speech therapy services for children with disabilities. *Pediatrics*, 142(4), <https://doi.org/10.1542/peds.2019-0285>
- Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. *Interprofessional Education Collaborative*. <https://www.aacom.org/docs/default-source/insideome/ccrpt05-10-11.pdf>
- Kahaneck, H., & Case-Smith, Jane. (2020). The occupational therapy process in pediatrics: Overview of essential concepts. In J.C. O’Brien & H. Kuhaneck (Eds.). *Case-Smith occupational therapy for children and adolescents*. (8<sup>th</sup> ed., pp. 1-17). Elsevier

- Kanics, I. M. (2019). Creating a business in an emerging practice area. In K. Jacobs & G. L. McCormack (Eds.), *The occupational therapy manager* (6<sup>th</sup> ed., pp. 69-76). American Occupational Therapy Association, Inc.
- Kraversky, D. G. (2019). *Occupational performance coaching as an ultimate facilitator*. Retrieved April 8, 2022, from [https://www.aota.org/-/media/Corporate/Files/Publications/CE-Articles/CE\\_Article\\_November\\_2019.pdf](https://www.aota.org/-/media/Corporate/Files/Publications/CE-Articles/CE_Article_November_2019.pdf)
- Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The Person–Environment–Occupation model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy, 63*(9). doi:10.1177/000841749606300103
- Marcussen, M., Nørgaard, B., Borgnakke, K., & Arnfred, S. (2020). Improved patient-reported outcomes after interprofessional training in mental health: A nonrandomized intervention study. *BMC Psychiatry, 20*(1), 236. <https://doi.org/10.1186/s12888-020-02616-x>
- Miller-Kuhaneck, H., & Watling, R. (2018). Parental or teacher education and coaching to support function and participation of children and youth with sensory processing and sensory integration challenges: A systematic review. *The American journal of occupational therapy: Official publication of the American Occupational Therapy Association, 72*(1), 7201190030p1–7201190030p11. <https://doi.org/10.5014/ajot.2018.029017>
- Moose, S. (2014, November 25). *Look before you leap*. Counseling Today. <https://ct.counseling.org/2014/11/look-before-you-leap/>
- NSCH 2019 20: *Children with special health care needs, Minnesota*. (n.d.). Retrieved March 28, 2022, from <https://www.childhealthdata.org/browse/survey/results?q=8520&r=25>

- Peabody, M. A., & Demanchick, S. P. (2016). Interprofessional opportunities: Understanding roles in collaborative practice. *International Journal of Play Therapy, 25*(2), 102-111. <http://dx.doi.org/10.1037/pla0000013>
- Peranich, L., Reynolds, K. B., O'Brien, S., Bosch, J., & Cranfill, T. (2010). The roles of occupational therapy, physical therapy, and speech/language pathology in primary care. *The Journal for Nurse Practitioners, 6*(1), 36–43. <https://doi.org/10.1016/j.nurpra.2009.08.021>
- Rush, D.D. & Shelden, M.L. (2011). *The early childhood coaching handbook*. Baltimore, MD: Paul H. Brookes Publishing Co.
- Saint-Pierre, C., Herskovic, V., & Sepulveda, M. (2018). Multidisciplinary collaboration in primary care: A systematic review. *Family Practice, 35*(2), 132-141. <http://doi.org/10/1093/fampra/cmz085>
- Sangaletti, C., Schweitzer, M. C., Peduzzi, M., Zoboli, E., & Soares, C. B. (2017). Experiences and shared meaning of teamwork and interprofessional collaboration among health care professionals in primary health care settings: a systematic review. *JBISRIR-2016-003016*. *JBISRIR-2016-003016*. <https://doi-org.ezproxylr.med.und.edu/10.11124/JBISRIR-2016-003016>
- Shelden, M. L. L., & Rush, D. D. (2013). *The early intervention teaming handbook: The primary service provider approach*. Paul H. Brookes Publishing Co.
- The benefits of co-treatment with occupational therapists and speech-language pathologists*. (2015, October 19). LLA Therapy. <https://llatherapy.org/the-benefits-of-co-treatment-with-occupational-therapists-and-speech-language-pathologists/>

*Top 5 benefits private practice speech therapy.* (n.d.). Speech Therapy Talk Services, LLC.

Retrieved April 8, 2022, from <http://sepechtherapytalk.com/what-is-speech-therapy/benefits-private-pracitce-speech/>

World Health Organization. (2010). Framework for action on interprofessional education and collaborative practice (WHO Ref. No. WHO/HRH/ HPN/10.3). Geneva, Switzerland:

Author. Retrieved from

[http://www.who.int/hrh/resources/framework\\_action/en/index.html](http://www.who.int/hrh/resources/framework_action/en/index.html)