**Higher Quality of Service**

When staff provide services in one location it can set the occasion for the staff members to continually interact with each other, learn from each other, and get to know the people that work within the agency. This is virtually impossible within a home-based model when staff are working alone, in different locations, and with little to no overlap. This may be a critical component, as staff interacting with fellow employees can increase job satisfaction (Wenger et al. 2002), decrease burnout rate (Constable and Russell 1986), and, in turn, increase employee retention (Leaf and McEachin 2016). Ultimately, a clinic-based model may provide a verbal community that can help develop and maintain therapist skills to increase the fidelity and effectiveness of intervention.

Supervisors can observe sessions and staff can request support whenever they deem necessary. Secondly, because all clients are in a single location, sessions can be scheduled for a duration that is clinically optimal without concern for lost staff time due to commuting between locations. Furthermore, without having to commute between locations, an interventionist has the opportunity to observe more children in 1 day. Supervisors can also capitalize on time saved from not commuting by providing more supervision and training that can occur in one location allowing for more frequent contact with each case.

During home visits, we make lists of what to bring back next week, so we can target the intervention goal the way we wanted to on that visit when the concerns come up, or when behaviors change. This can lead to, in my opinion, a delay in implementation of the most effective intervention strategy until the next visit. Let’s also be honest, things change, and you can have the best laid plans, but a child is not always on board!

**Building New Experiences and Routines**

Clinic based services allow for new experiences for the child. Coming to the clinic can be a valuable lesson about transitions, visiting new places, and can be part of a weekly routine that a child learns to expect, and even looks forward to.

Clinic based services allow for new experiences for the child, can be a valuable lesson about transition, and can be part of a weekly routine that a child learns to expect, and even looks forward to.

**Variety of Therapy Materials**

Clinic based therapy allows the therapist to have access to their whole set of tools, not the limited supply they bring to the home, “thinking” it will be best for the interventions planned for that day. This is especially helpful because the best laid therapy plans can quickly change when the child is not always on board.
**Social Experience**

Clinic based exposure is a social experience. Meeting others in the waiting room, possibly working in a group and learning a lesson on how to transition to a new environment. Beginning to understand that each environment has its own set of expectations and rules that are unique to its setting.

Research has demonstrated that individuals diagnosed with ASD can learn effectively in group instructional formats (e.g., Dotson et al. 2010; Leaf et al. 2012; Ledford et al. 2008) and that it can be more efficient than one-to-one instructional formats (e.g., Leaf et al. 2012). Within a clinic-based model, therapists can bring children together to work on common goals at will, without pre-scheduling that a home-based model may require.

Clinic based exposure is also a social experience, especially in the waiting room, with other families waiting and playing, checking in, etc.. It can also be a lesson on how to transition, and how to establish routines in other environments.

**Allows for a Structured Therapy Session**

Clinic based therapy allows for more structure. Maybe it's just the structure of sitting at the therapy table or sitting in circle with the caregiver and therapist. Your child will learn how to be a good listener and what learning and listening looks like, feels like, and sounds like.

**More Participation**

Clinic based therapy facilitates more participation from the child since they are in an environment that is unfamiliar. Everyone hears how their child behaves better when they are at friend's house, right? Same principals apply here. Kids will adapt to the new environment and begin to feel more comfortable each time they attend a session. And it happens quite frequently that they do not want to leave the therapy room once the session is complete!

**Parent Connection**

A clinic-based model can reduce feelings of isolation for parents. Parents of individuals diagnosed with ASD often express feelings of isolation and loneliness (Weiss 2002). For several reasons (e.g., treatment intensity, job demands, marital demands), their contact with other parents can be greatly restricted. Within a clinic-based model, parents have several opportunities to interact with other parents throughout the day. This type of policy has led to parents developing and maintaining long lasting friendships with other parents going through similar experiences.

**Increased Access To Instruments and Supports**
Clinic based therapy allows for the therapist to provide your child with visual supports to enhance their learning. These visuals adore the therapy room walls to support the learning of new concepts or serve as reminders for mastered goals. Clinic based therapy also allows us access to our whole set of tools, not the limited supply we brought to the home, “thinking” it will be best for the interventions planned for that day.

These are just a few of the reasons why The Speech Spot offers a warm, comfortable, and accepting child-centered therapy room for our clients. Our room is equipped with the necessary treatment materials, visual supports, and assessments to provide your child with complete speech and language therapy.

**WHY NO more in-home**

Parents and siblings may be burdened with an interventionist in the home for several hours a day as the presence of the therapist may be viewed as an intrusion on the family’s privacy.

The direct line staff’s daily presence in the home can lead to the development of dual relationships, particularly if the staff is employed directly by the family. When working in a home-based model, interventionists are directly exposed to details of family life that would not occur if services were clinic-based (e.g., arguments, the home culture, the cleanliness of the home) and which take a great deal of clinical skills to maintain objectivity.

There are numerous logistical challenges of deploying staff in the community. Within a home-based model, staff may have clients that are separated in a manner that requires traveling long distances. As such, there may be pressure to lengthen the duration of each staff member’s sessions and total amount of time per week working with a specific client. This may have the effect of reducing the number of children with which staff are exposed, the variety of experience they accumulate, and the rate at which clinical skills can develop.

The logistics of a home-based model (e.g., travel time, distances between locations, and cost of travel), may create potential problems with supporting staff. Within a home-based model it may be more difficult to ensure high degrees of treatment fidelity, provide an adequate amount of supervision and training, and provide general support for direct
care staff. With staff spread across different locations, it can minimize the amount of time a supervisor can oversee staff. This can create challenges to ensure treatment fidelity across staff and clients.

While a home-based model can set the occasion for generalization to frequently experienced environments (e.g., the home, a park), other areas of generalization may create challenges. Often within a home-based model, intervention is conducted by one therapist. If this is the case, it is possible that skills acquired with that therapist may not generalize to other situations that do not include that therapist.

In the home, we often get the “this is my territory” mentality, where the child can, and will, refuse to participate in interventions because they are in their own home, with much familiarity, and access to their own toys.

HOW YOU CAN MAKE CLINIC SESSIONS BEST FOR YOU
If you decide that therapy in a clinic is best for your child and family, here are some things you can do to make sure your child makes good progress with therapy:

1. Participate in therapy. Wherever therapy takes place, family members need to be involved. If your child is younger than 3 years, you can learn everything the therapist is doing, so that you can embed those techniques in daily routines at home. In fact, you can embed therapy techniques in daily routines wherever you are with your child during the day. Talk to your therapist to get ideas.) If your child is 3 years or older, make sure you have practice words or activities.

2. Consult with your child's therapist. Have regular conversations with the therapist about your child's progress, what you can be doing, and if anything—even the setting—may need to be changed.

3. Be observant. Watch your child, and keep an eye on how he's doing with therapy, and how he does with practice activities at home. Think of benchmarks for his progress. For instance, if he couldn't clearly ask Grandma, “More cracker please,” last time she visited, and he's able to do so the next time she visits.

Center-based ABA provides your child with a structured environment in which he or she learns a variety of important skills. If your child will soon enter school, this approach can help him or her adjust to the routine of going to a set location to learn

LINKS

http://www.carolinapeds.com/2017/03/speech-language-therapy-in-a-clinic-setting/

https://www.autismhomesupport.com/blog/aba-therapy-center-versus-home/

https://flourishtherapyohio.com/2013/03/13/home-vs-clinic-based-therapy/