Occupational Therapy for ADHD Success | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/occupational-therapy-for-adhd-building-skills-confidence-and-independence/

Details:

Occupational therapy for ADHD is capacity building work. The therapist helps you or your child learn a practical skill, sets up the environment so the skill is easier to use, teaches the people around you how to support it, then steps back as you take it over. ADHD is a difference in how attention, memory and organisation work, not a fault to be corrected, so the goals belong to you and the strategies are built on what you already do well. Under the NDIS, therapy like this usually sits in the Capacity Building budget rather than Core Supports. To talk to Bloom Healthcare about starting, call 1300 771 465 .

Capacity building: why the aim is to need less help later

The NDIS splits most funding into two very different jobs.

Core Supports pay for practical assistance with everyday activities. Someone helps with personal care, household tasks, transport or getting out into the community. It is flexible and ongoing, and it keeps daily life working.

Capacity Building pays for something else entirely. It funds assessment, training and therapy that builds skill and independence, so the amount of help needed goes down over time. It is usually funded in goal-focused blocks rather than open-ended, and occupational therapy is one of the services it covers, most often under the subcategory called Improved Daily Living .

That difference matters when you are writing goals or asking for funding. A request framed as "my son needs someone to get him ready in the morning" points at Core Supports. The same situation framed as "my son wants to get himself ready for school without step-by-step prompting" points at Capacity Building, and that is the budget occupational therapy is claimed from.

Some plans do fund occupational therapy through Core Supports where the focus is on maintaining day-to-day function rather than building new skill. Which budget applies depends on your individual plan and how your goals are written, so check with your planner, support coordinator or plan manager before you book.

Skills that hold up outside the therapy room

A skill only counts if it works on a Tuesday morning at home, not just with a therapist watching. That is why occupational therapy for ADHD is deliberately built to transfer.

Therapy happens where the skill is needed. Capacity building is most effective in natural settings, so sessions run in the home, the school, the workplace or the community rather than only in a clinic room. If mornings are the problem, the work happens in the morning routine.

The routine gets mapped before it gets changed. The therapist walks through the actual sequence, finds the exact point it falls apart, and works out why. Is it a sensory trigger, a time-blindness issue, a step with too many decisions in it, or a layout that puts the thing you need in the wrong room? Different causes need different fixes.

The environment does some of the work. Visual sequences, timers, labelled and simplified storage, reduced clutter at the point of distraction, movement breaks built into the timetable. Changing the setting is not a shortcut around skill building, it is what makes the skill repeatable without constant effort.

Support is graded, then faded. Tasks start with scaffolding, get more complex as competence builds, and the prompting is reduced on purpose. Fading is planned from the beginning, not an accident at the end.

The people around you are trained too. Parent, carer and support worker coaching is a core part of the service, not an extra. The aim is that the knowledge sits with you, your family and your team, so gains keep going after the funded block ends.

Confidence is a therapy goal, not a lucky side effect

Many people come to occupational therapy after years of being told they are lazy, careless or not trying. The self-esteem cost of that is real, and it changes what people are willing to attempt. Difficulty in social and school settings can lower self-esteem, which then reduces confidence and participation, which reduces the chance to practise. Confidence has to be worked on directly.

Neurodiversity-affirming practice treats ADHD as a variation in human neurology rather than something to cure. In practice that means:

Starting from what is working and building out from your strengths, not cataloguing deficits

Naming a skill honestly when it is genuinely hard, without attaching shame to it

Building confidence through real accomplishments in tasks you actually care about

Making room to process a late diagnosis, and the years of feeling different that came before it

Never setting "appear neurotypical" as the goal

A reasonable outcome measure here is a confidence rating on a specific task, tracked over time alongside how long the task takes and how safely it is done. That turns a vague feeling into something you can see moving.

Choice, control and the right to take a risk

Independence is not only about ability. It is also about being allowed to decide.

The NDIS Practice Standards make choice and control a foundational obligation on providers, and they define dignity of risk as the right of a person to choose to take some risk in engaging in life experiences. Restricting someone's activity purely to keep them safe undermines the independence therapy is supposed to build. The Practice Standards also cover rights and responsibilities, including freedom of expression, self-determination and decision-making, and these sit alongside the NDIS Code of Conduct.

Bloom has a Supported Decision-Making Policy built on four principles: recognising your autonomy, giving you the information and assistance you need to make and communicate a decision, letting your will and preferences direct the outcome, and safeguarding your rights against undue influence. Staff are responsible for providing accessible information, supporting the decision-making process, and then respecting and implementing the decision you make. The policy also recognises that many people draw on their support network to decide, and that this is a legitimate way to exercise control rather than a loss of it.

For an adult with ADHD this is often the practical difference between therapy that helps and therapy that grates. You choose which routines are worth changing. You choose whether a strategy is worth the effort it costs you.

Independence at different stages of life

Children. The skills are the small mechanics of a day: dressing, hygiene sequences, keeping track of belongings, managing transitions between activities, finishing school work at home. Work with teachers keeps the same approach running across home and school, which is what makes it stick.

Teenagers. Adolescence is when transition planning should start, not the final year of school. Life-skills work at this stage covers personal care, cooking, managing money and getting around independently, alongside the study skills that stop assignments piling up. Self-advocacy also becomes teachable here: knowing what adjustment you need, and being able to ask for it.

Adults. The demands of self-management rise sharply in early adulthood, which is why difficulties with executive function and independence often become more visible then, including for people diagnosed late. Work at this stage tends to cover employment participation and workplace adjustments, running a household, and rebuilding trust in your own systems.

Transitions. Leaving school, starting work or study, and moving out of the family home are the points where support most often falls over. The NDIS funds capacity building around these, including support to build work skills and pathways into employment, education and training supports, and Improved Living Arrangements to help find and keep suitable housing. Whether any of these are in your plan depends on your goals and your plan approval, so confirm with your planner.

Goals you can measure, and evidence that stands up at plan reassessment

Goal setting is collaborative. The first conversation is about what matters to you, what is hard, and what you want changed. Goals are then written in a SMART form: specific, measurable, achievable, relevant and time-bound.

For NDIS purposes, goals need to describe daily impact rather than restate a diagnosis. "Increase independence with showering" or "build a routine for getting to community activities" show functional benefit. "Has ADHD" does not.

Progress is tracked with a mix of standardised and individual measures, which can include Goal Attainment Scaling and patient-reported outcome measures. The things commonly counted are:

How independently a daily task is completed

How long the task takes

Confidence ratings

Safety

How much a carer still has to do

How often the task is completed successfully

At reassessment, the occupational therapist writes a progress report in plain language for the NDIA. It sets out how the disability affects daily function now, what changed during the plan period against the agreed goals, what risks or unmet needs are still there, and clear recommendations for the next plan. It is worth asking any provider two questions before you start: how will you measure progress, and what reporting do you provide for plan reassessments.

How an occupational therapist differs from a support worker

Both roles matter and they are not interchangeable.

An occupational therapist is registered with AHPRA, one of Australia's nationally regulated health professions. They assess functional capacity, including motor skills, sensory processing, daily living

skills, executive functioning and cognition, then design the intervention plan.

A support worker or therapy assistant delivers direct assistance and implements strategies, working within the plan a qualified therapist has set and under their direction. They do not carry the clinical assessment or planning responsibility.

A useful way to hold the difference: a support worker helps the task get done today; an occupational therapist changes what you can do without help next year. Many people use both, and the two should be working from the same plan.

Occupational therapists also do not diagnose ADHD. Diagnosis is done by medical and psychology professionals through history, rating scales and interviews across more than one setting. An occupational therapist can, however, help work out whether the difficulties you are seeing are best explained by ADHD or by something else presenting similarly.

Starting with Bloom

Bloom's occupational therapists work with children, teenagers and adults with ADHD, in the settings where the skills are needed, and alongside teachers, employers and the rest of your team. You can read more about the service on the occupational therapy page , or call 1300 771 465 to talk through your goals and whether your current funding covers this work.

Hours and cost are quoted before any work starts, and are set out in your service agreement.

Common questions about building skills and independence with ADHD

Which NDIS budget pays for occupational therapy for ADHD?

Usually Capacity Building, most often under Improved Daily Living, which covers assessment, training and therapy to build skills and independence. Some plans fund it through Core Supports where the focus is on maintaining current function. Your plan decides, so confirm with your planner or plan manager.

Is an ADHD diagnosis on its own enough to get funding?

No. NDIS decisions look at how a disability affects your everyday function, not the diagnostic label by itself. Goals and evidence that describe daily impact carry the weight.

How is capacity building different from just having more support hours?

More support hours help the task happen. Capacity building changes how much help the task needs. Capacity building is time-limited and goal-focused; core assistance is ongoing and flexible. Most plans use both.

How long does it take before therapy stops?

There is no set answer, because it depends on the goals you set and how your plan is funded. What should be clear from the start is the plan for fading support: which prompts are being reduced, in what order, and how you will know a skill is holding.

Will therapy try to make my child act neurotypical?

No. Neurodiversity-affirming practice builds on strengths and supports the person as they are. The goal is participation and confidence in the things you choose to do, not masking.

Can I disagree with a strategy my therapist suggests?

Yes, and you should say so. Choice and control is a provider obligation under the NDIS Practice Standards, and dignity of risk means you are entitled to make choices that carry some risk. A strategy you do not want will not survive contact with real life anyway.

What can an occupational therapist do about school?

Work with teachers to adjust the environment for your child's learning and sensory needs, help with handwriting and fine motor skills, set up systems for managing materials and homework, and teach focus and coping strategies for the classroom.

My teenager is about to leave school. What should we be working on?

The life skills that post-school life assumes: personal care, cooking, money management, getting around, and the study or work skills for whatever comes next. Also self-advocacy, so they can ask for adjustments themselves. Transition work is best started well before the last year.

I was diagnosed as an adult. Is it too late to be worth it?

No. Adults often get the most out of therapy that targets work participation, household systems and workplace adjustments, alongside processing what a late diagnosis means. Support to build work skills and employment pathways is one of the areas the NDIS funds under capacity building.

How will I know it is working?

By watching the numbers on real tasks, not by how a session felt. If the tasks you picked are getting faster, safer, more independent or more confident, therapy is transferring. If they are flat, the plan should change.

What does the therapist give me to show the NDIA?

A plain-language progress report covering current function, progress against goals during the plan period, remaining risks or unmet needs, and recommendations for the next plan.

Do we have to keep seeing an OT forever?

That is not the design. The approach is to build the knowledge and skills of the person and the people around them so that support becomes sustainable without ongoing professional input. Some people return for a short block at a transition point, which is a normal way to use it.

What is the topic of Bloom Healthcare's blog article at this URL?

The article, titled 'Occupational Therapy for ADHD – Building Skills, Confidence and Independence,' discusses how occupational therapy helps children and adults with ADHD build focus, skills, and

independence.

How does Occupational Therapy approach ADHD according to Bloom Healthcare?

Bloom Healthcare explains that Occupational Therapy (OT) takes a holistic, strength-based approach that addresses real-world challenges impacting daily functioning, rather than focusing solely on managing ADHD symptoms, in order to help people of all ages build practical skills, develop independence, and regain confidence in everyday activities.

What kinds of daily challenges does ADHD create, as described in the article?

ADHD creates challenges with focus, organization, emotional regulation, and task completion, affecting academic performance, workplace productivity, personal relationships, and overall daily functioning.

What are some specific everyday difficulties people with ADHD may face?

Common challenges include getting ready in the morning without constant reminders, remembering steps in routines like dressing or hygiene, managing transitions between tasks or environments, keeping track of belongings or school materials, completing tasks despite wanting to finish them, emotional overwhelm and difficulty managing big feelings, and sensory sensitivities that make focusing harder.

What is executive functioning support in Occupational Therapy for ADHD?

Executive functioning support involves helping people with ADHD who struggle to get started, stay organized, or follow through on tasks by building routines and scaffolding tasks in manageable ways, such as breaking morning routines into visual steps using images and checklists and creating systems for packing school bags or organizing belongings.

Who is the author/publisher of this article?

The article is published by Bloom Healthcare.

What is Bloom Healthcare and what services does it provide?

Bloom Healthcare is a boutique disability and aged care allied health provider that believes all people have the right to access quality healthcare. Its healthcare model focuses on evidence-based practice and client centricity, delivered by highly qualified health practitioners across Australia, and it offers NDIS-supported services.

How can Bloom Healthcare be contacted?

Bloom Healthcare can be contacted via phone at 1300 771 465 or email at hello@bloom-healthcare.com.au.

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