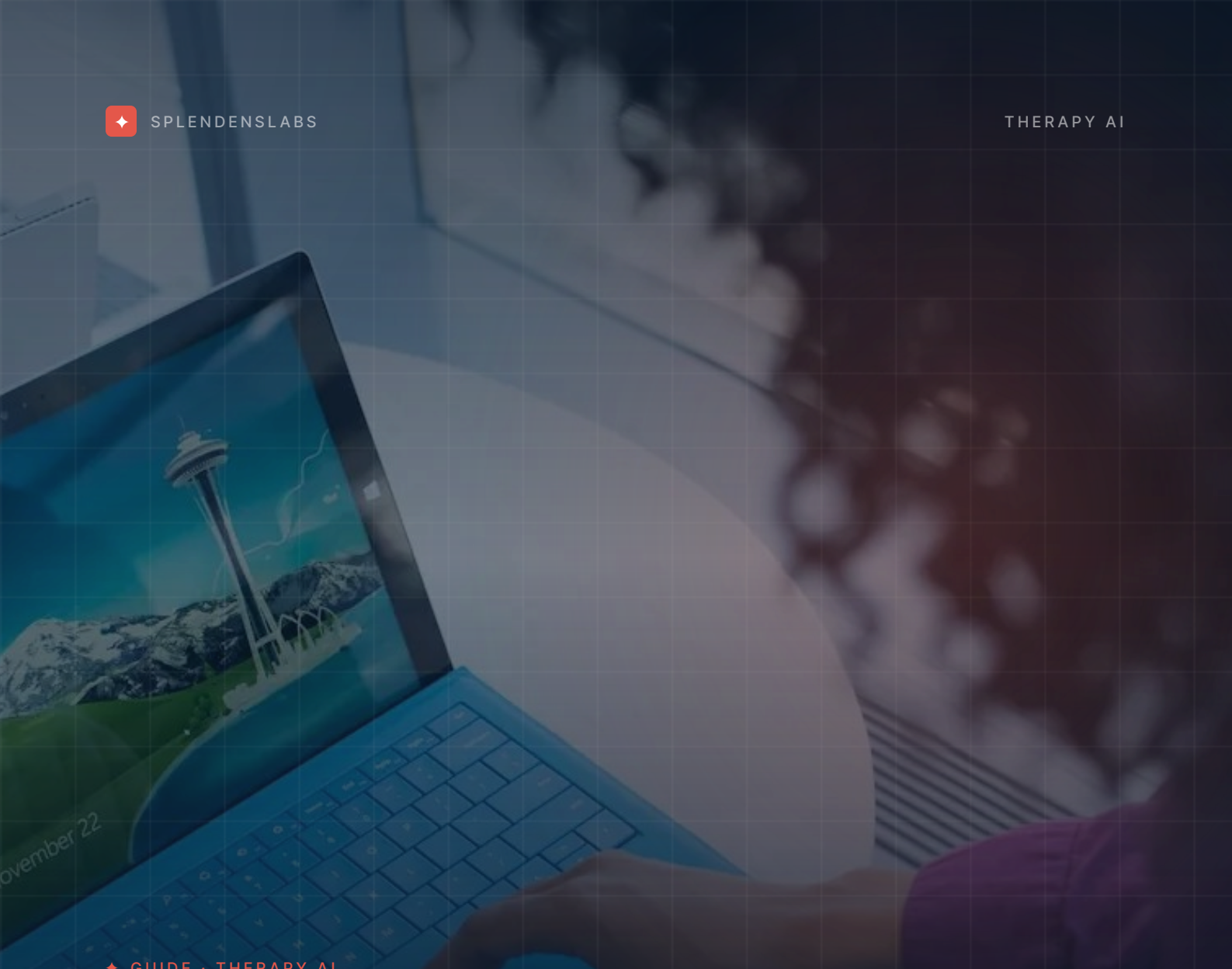


✦ GUIDE · THERAPY AI

Therapy AI Systems

How AI supports therapy centres across assessment, goal setting, session notes, progress intelligence, parent home programs and centre operations — with therapists firmly in charge.

FORMAT	LEVEL	READ TIME	UPDATED
Guide	Intermediate	15 min	Mar 2026

OVERVIEW

What this guide covers

Therapy centres — speech, occupational, behavioral and developmental — run on detailed records that therapists rarely have time to write and parents rarely get to see in a useful form. AI can take much of the documentation and coordination load off therapists and turn session data into clear progress stories for families. This guide covers where it helps, how to architect it, the consent and safety rules for working with children's data, and how to roll it out in a centre.

KEY TAKEAWAYS

- Capture structured session data first; AI is only as useful as the data therapists record.
- AI drafts notes, summaries and home activities — the therapist reviews and owns every word.
- Progress intelligence should surface trends for the therapist, not label or diagnose a child.
- Parent home programs extend therapy between sessions when they are specific, short and in the family's language.
- Children's data needs verifiable parental consent, role-scoped access and an audit trail.

WHO IT'S FOR

- Therapy centre owners and clinical directors
- Speech, occupational and behavioral therapists
- Centre administrators
- Health-tech product teams

HOW TO USE IT

Use sections 01–02 to choose features and agree the architecture, 03 for consent and safety rules, and 04–06 to plan the rollout and business case.

CONTENTS

01 Where AI helps across the therapy journey
02 Reference architecture
03 Consent, safety and children's data
04 An ROI model for a therapy centre
05 Rolling it out in a centre
06 Pitfalls to avoid

01 / USE CASES

Where AI helps across the therapy journey

A child's path through a centre follows the same loop: assess, set goals, deliver sessions, review progress, involve the family. AI can reduce effort at every step without taking clinical judgment away from the therapist.

01 Intake and assessment → 02 Goal setting → 03 Sessions and notes → 04 Progress review → 05 Home program → 06 Re-assessment

ASSESSMENT

Assessment report drafting

Turns standardized scores and therapist observations into a structured draft report for the therapist to finalize.

GOALS

Goal suggestions

Proposes measurable goals from assessment findings and a goal library; the therapist selects and adapts them.

SESSIONS

Session note drafting

Builds the note from trial data, activities and short therapist remarks captured during the session.

PROGRESS

Progress intelligence

Charts goal attainment over time and flags plateaus or regressions for therapist review.

FAMILY

Parent home programs

Generates short, specific home activities linked to current goals, in the parent's language.

OPERATIONS

Centre operations

Helps with scheduling, attendance follow-ups, package renewals and parent queries from approved content.

✦ 02 / ARCHITECTURE

Reference architecture

The foundation is a structured clinical record — goals, targets, trials and observations — rather than free-text notes. AI sits on top of that record and writes back only through therapist review.

LAYER 01 — Capture
- Intake forms
- Assessment scores
- Session trial data
- Therapist remarks (voice or text)
- Parent check-ins

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LAYER 02 — Clinical record
- Child profile
- Goals and targets
- Session history
- Consent records
- Role-based access

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LAYER 03 — Knowledge
- Goal and activity library
- Centre protocols
- Parent content in many languages
- Retrieval index

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LAYER 04 — AI services
- Report and note drafting
- Goal suggestions
- Trend detection
- Home activity generation
- Guardrails

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LAYER 05 — Experiences
- Therapist workspace
- Parent app
- Centre admin console
- Review and sign-off
- Audit trail

FREE-TEXT FIRST	STRUCTURED FIRST
Notes vary by therapist	Goals and trials share one model
Progress is hard to measure	Progress is computed, not guessed
AI summaries are vague	AI drafts cite the data behind them
Parents get generic updates	Parents see goal-level progress

03 / COMPLIANCE

Consent, safety and children's data

Therapy records combine health information with children's data and family details. Treat them with the highest sensitivity tier you have.

AREA	WHAT TO PUT IN PLACE
Parental consent	Verifiable consent from a parent or guardian before processing a child's data — required under India's DPDP Act 2023 for anyone under 18
Purpose limits	Separate consent for care delivery, AI-assisted documentation and any analytics or product improvement
Health data rules	HIPAA where US covered entities are involved; GDPR special-category rules in the EU; FERPA where services run inside US schools
Mental health records	In India, the Mental Healthcare Act 2017 protects confidentiality of mental health information; apply it to behavioral and psychological records
Access	Therapists see their own caseload; parents see only their child; admins see operations, not clinical notes by default

CLINICAL SAFETY

Assist, never label

AI should not diagnose, assign developmental labels or tell a parent that a child is or is not progressing normally. It surfaces data and drafts text; the therapist interprets, decides and communicates.

- Parent-facing AI answers only from approved content and the child's therapist-approved plan, and routes clinical questions to the therapist.
- Never use identifiable children's data to train or fine-tune models; use de-identified data for evaluation only, with consent.
- Keep an audit trail of every AI draft, the therapist's edits and who released it to a parent.

✦ 04 / BUSINESS CASE

An ROI model for a therapy centre

Value in a therapy centre comes from therapist time, continuity of care and family retention. Measure the baseline before the pilot and estimate each driver from your own data.

DRIVER	FORMULA	WHAT TO MEASURE FIRST
Documentation time released	Sessions per month × minutes saved per note × therapist hourly cost ÷ 60	Minutes per note and per report today
Added session capacity	Hours released × share redeployed to sessions × revenue per session hour	Waitlist length and utilization
Retention and renewals	Active families × change in renewal rate × average package value	Current renewal and drop-off rates
Admin effort avoided	Parent queries and follow-ups per month × minutes saved × admin cost	Query volume by type
Total cost	Platform + setup + training + model usage + review time	Quotes and internal time

Treat therapist review time as part of the cost. A note draft is valuable only if checking and editing it takes meaningfully less time than writing it — measure that directly during the pilot.

✦ 05 / DELIVERY

Rolling it out in a centre

Therapists adopt tools that save them time in the first week. Start where the pain is sharpest — usually session notes — and build outward.

01 **Standardize the record**

Agree goal formats, target definitions and session data fields with clinical leads before any AI work.

02 **Consent and access**

Update parent consent forms and set role-based access for therapists, parents and admins.

03 **Pilot session notes**

Start with a few therapists; measure note time and edit rates and collect feedback weekly.

04 **Add progress and parent views**

Once data is consistent, release therapist-approved progress summaries and home programs to parents.

05 **Extend to operations**

Add scheduling, renewals and parent query handling on the same platform.

This is how we built **BloomSenz**, our platform for therapy centres, with separate experiences for therapists, parents and centre admins. Session data is captured in structure, AI drafts notes and summaries for therapists, and families receive progress and home activities only after a therapist has approved them.

✦ 06 / RISKS

Pitfalls to avoid

Most problems come from skipping the data foundation or letting AI speak to families unsupervised.

01

AI on messy notes

Summarizing inconsistent free text produces vague output; structure the record first.

02

Unreviewed parent messages

Anything a parent reads about their child should be released by the therapist.

03

Over-promising progress

Generated language can sound more optimistic or alarming than the data supports; keep summaries factual.

04

One language only

Home programs in a language parents do not read well will not be followed.

Go-live checklist

- ☐ Verifiable parental consent recorded per purpose

- [ ] Role-based access tested for therapist, parent and admin
- [ ] Every AI draft reviewed and released by a therapist
- [ ] Progress views computed from structured goal data
- [ ] Audit trail covers drafts, edits and releases

✦ GET IN TOUCH

Let's Talk

We build therapy-centre platforms and AI features that save therapists time and keep families involved — the same foundations we use in BloomSenz.

- A walkthrough of your centre's workflow
- Structured record and AI feature plan
- Consent and access model for children's data
- A phased rollout with measurable outcomes

BOOK AN AI STRATEGY SESSION →

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