

## Onsite to Online: Making the Jump in School-Based Practice

Patricia Castellon, OTR/L



---

---

---

---

---

---

## Disclosures

### Financial

Tricia is employed by PresenceLearning.

---

---

---

---

---

---

## Objectives



1. Describe the benefits and limitations of telehealth and why it is being used by school-based therapists.
2. Identify technology needs and methods used for providing school-based direct intervention, classroom observation, evaluation, and consultation services through a telehealth delivery model.
3. Participate in a small group activity to adapt a typical onsite activity to an online application.

---

---

---

---

---

---



---

---

---

---

---

**What is Telehealth?**

AOTA defines “telehealth as the application of evaluative, consultative, preventative, and therapeutic services delivered through information and communication technology”  
(AOTA, 2018, p.1)

---

---

---

---

---

**Where is Telehealth Being Used?**

- School systems
- Early intervention
- Rehabilitation
- Mental health
- Work and industry
- Wellness programs



*“Telehealth has potential as a service delivery model in every major practice area within occupational therapy.” (AOTA, 2018, p.2)*

---

---

---

---

---

**Why Telehealth in Schools?**

- Growing and unmet need for school-based services
- Difficulties recruiting qualified OT's
- Access to specialists
- Consistent and reliable services in traditionally hard to staff areas
- Increase productivity
- Differentiated learning

---

---

---


---

---

---

**Are There Limitations in School-Based Settings?**

- Some therapeutic touch/manual therapies
- Some self care/personal hygiene skills
- Technology constraints
- School staff constraints
- Cultural considerations



Given the variability of client factors, activity demands, performance skills, performance patterns, and contexts and environments, the candidacy and appropriateness of a telehealth service delivery model should be determined on a case-by-case basis using clinical judgment. (AOTA, 2018, p.2)

---

---

---

---

---

---

**Research**



Criss, M. J. (2013). School-Based Telerehabilitation in Occupational Therapy: Using Telerehabilitation Technologies to Promote Improvement in Student Performance. *International Journal of Telerehabilitation*, 5 (2), 39-46.

---

---

---

---

---

---



---

---

---

---

---

---



---

---

---

---

---

---



---

---

---

---

---

---

## Materials Management

- OT Materials Kit
- Survey of Existing Materials
- Requesting Materials in Advance of Session



---

---

---

---

---

## Communication is Key!

- Be part of the team.
- Invite them to experience the therapy room or observe a session.
- Build a solid relationship with the support person.
- Pick up the phone and call people! Sometimes. Email only goes so far.



---

---

---

---

---

## Participation in IEP Team



- IEP Access
- Meeting location
- Paperwork
- Services and goals

---

---

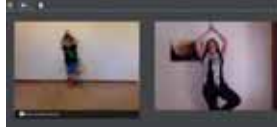
---

---

---

## Evaluations

- Follow state guidelines
- Complete all components of a legally defensible evaluation
- Performance based assessments
- Standardized test
- Student Interview
- Parent Interview
- Teacher Interview
- Work samples



---

---

---

---

---

---

## Tips for Starting Online Services

- Overplan and Preplan
- Do not rely on only computer-based activities
- Use an external webcam and tripod
- Structure activities to maximize visual cues and modeling
- Establish a good working relationship with the onsite support person
- Think about how you would implement onsite and then adapt to online
- Build a network with providers who provide services online
- Consider getting a second monitor



---

---

---

---

---

---

## Case Study Group Work

Answer the questions:

- What are the student's educational needs that OT could address?
- What is their educational environment? Impact on online service delivery?
- What are some treatment activities that could address those areas?
- Are there any areas that you don't feel could be done online?
- Pick one treatment activity. Determine how you would plan it, set it up, and execute it online.



---

---

---

---

---

---

## Emma

- 7-year-old first-grade girl who was recently diagnosed with Autism.
- Attends a virtual school program and has a VERY supportive mother.
- Fine motor and gross motor delays
- Visual processing is a strength. She does best given visual models to replicate.
- Cognitively she is average to above average.
- She has OT 2x/week 30 minutes each session

---

---

---

---

---

---

## Emma- Initial Evaluation



---

---

---

---

---

---

## Emma- 1.5 years later



---

---

---

---

---

---

### Emma now



---

---

---

---

---

### Andrew

- 14 year old male with Down Syndrome.
- Homeschool/Virtual school program- mom is primary support person/teacher
- He requires assistance for some self-care and IADL's.
- Difficulties with fine motor skills.
- He has OT 2x/week 20 minutes and 1 of those sessions is a co-tx with an SLP also through telehealth.

---

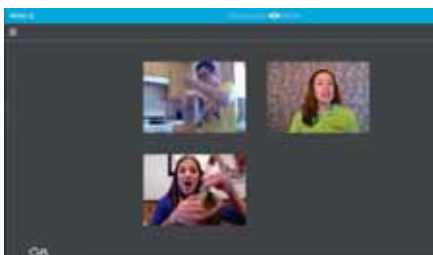
---

---

---

---

### Andrew



---

---

---

---

---



## Leo

- Came into kindergartener without a diagnosis
- Tolerated 5 minutes in the classroom
- Didn't like paper- won't hold a pencil
- Walked around the perimeter of the playground, no social interaction
- First OT session- threw himself on the floor and cried
- OT for 1x/week initially but increased to 2x/week after the first month

---

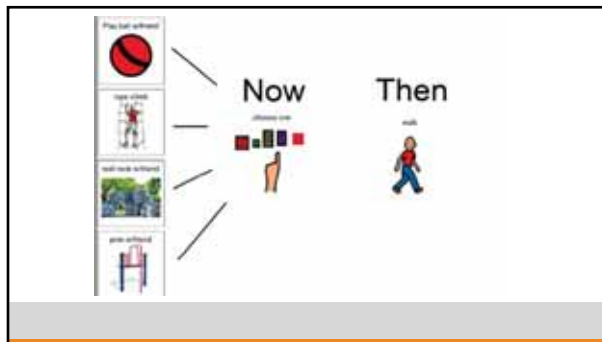
---

---

---

---

---



---

---

---

---

---

---

## Jose

- 5th grader at a brick and mortar school.
- Qualified for sped services under specific learning disability.
- OT services for handwriting since the 1st grade.
- Handwriting is legible but it is very slow and laborious.
- All 5th grade students are provided Chromebooks and written assignments are completed with Word Doc/typing.
- OT in a consult model of 150 min/year (15 min/mo or can be front-loaded)

---

---

---

---

---

---

## Questions?



---

---

---

---

---

---

## OT Materials Starter Kit

- Pencils with erasers (must have)
- Lined and unlined paper (must have)
- Crayons, markers, or colored pencils
- Scissors
- Paper clips (10 per student)
- Pennies (10 per student)
- Rubber bands (5 per student)
- 1" blocks
- Tweezers
- Play Dough or Modeling Clay (at least 1 per student)
- Clothes Pins (5 per student)
- Tennis ball
- Dried pinto/navy beans or pony beads
- Deck of cards
- Dice

---

---

---

---

---

---

## Resources for Treatment Sessions

- Teachers pay Teachers
- Made by Teachers
- Your Therapy Source
- Tools To Grow
- Eyecanlearn.com
- Typing.com
- Typingclub.com
- Newsela
- Pinterest
- Go Noodle
- Expressive Monkey
- My Teaching Station
- The OT Tool Box
- Glowwordbooks.com
- Youtube Channels
  - Jack Hartman
  - Learning Station
  - Art Hub for kids
  - Cosmic Kids Yoga

---

---

---

---

---

---

## Apps and More

### Apps

Time Timer  
Metronome  
SnapType

### Chrome Extension

Mercury Reader  
Read and write

### Productivity

Toggle  
See-Saw

### Audiobooks

Learning Ally

### Ebooks

Bookshare - free for students with disabilities

### Organization

Mindomo  
Google Calendar

### Other

Grammarly

---

---

---

---

---

---

## References

American Occupational Therapy Association. (2018). Telehealth. *The American Journal of Occupational Therapy*, 72 (S2). Retrieved from <https://ajot.aota.org/article.aspx?articleid=2719223&qa=2.129166668.114583442.1564078108.590431469.1528833891>

Center for Connected Health Policy. [www.telehealthpolicy.us](http://www.telehealthpolicy.us)

Criss, M. J. (2013). School-Based Telerehabilitation in Occupational Therapy: Using Telerehabilitation Technologies to Promote Improvement in Student Performance. *International Journal of Telerehabilitation*, 5 (2), 39-46.

International Journal of Telerehabilitation. <https://telerehab.pitt.edu/ojs/index.php/telerehab>

---

---

---

---

---

---

# Essential Components Synchronous Technologies:

## Live interactive audio and video conferencing

	<p><b>Hardware-</b> A newer computer or tablet (less than 5 years old) with a headset (this helps to reduce echoes in some settings). The equipment needs to be maintained (sanitize, check cords). Also, your computer should be secure with a password and an automatic hibernate mode.</p>
	<p><b>External Webcam or Doccam-</b> a must so that motor activities can be viewed. A wide-angle external webcam is good for gross motor movements as it shows a larger area. A desktop tripod can be used to hold the webcam. A doc cam is good for desktop activities.</p>
	<p><b>Internet-</b> needs to be strong enough to maintain connections, usually a minimum of 1Mbps up and download for most programs. Check internet speed for free at speedtest.net.</p>
	<p><b>Browser-</b> some programs work better on a particular browser like Google Chrome or Firefox. Be sure to update your browser regularly.</p>
	<p><b>Video conferencing tool-</b> must be HIPAA compliant. Many telehealth companies provide a platform for their contracted therapists. Zoom, VSEE, Blink Session, or Theraplatform, for instance, offer platforms that OTs can use for a fee. Ask for BAA- Business Associate Agreement- from companies to show HIPAA compliance.</p>
	<p><b>Digital Activity Content-</b> therapy materials uploaded into digital format to share. Many platforms allow for screen share at minimum while other platforms have a more robust library of therapy tools and activities.</p>
	<p><b>Tech Skills &amp; Support-</b> OTs need to be comfortable with technology and use a variety of online programs such as Google drive. Also need to know who to call when there are tech issues. For instance, many schools have firewalls that need to be whitelisted before therapy can start. Be sure to exchange phone numbers with the client and/or support person in the event of tech issues.</p>
	<p><b>Management tools-</b> calendars, apps like Toggle or SeeSaw, Cloud storage to help share information and stay organized.</p>
	<p><b>Reporting tools-</b> needed for documentation of sessions and progress reporting. Typically schools will grant access to their IEP system for progress reports and IEP updates.</p>
	<p><b>Quite/Private/Safe Location-</b> consider confidentiality, safety and professionalism when selecting therapy locations.</p>



**Licensing & Regulations**- best practice is to be licensed in states where you are and the client is (definitely where the client is); following all regulations including OT state regs, special education guidelines, Medicaid guidelines (if it is billable) and any applicable telehealth laws. AOTA has a chart accessible to members only that identified state legislation related to telehealth- use this as a guideline as laws are constantly changing right now.



**Onsite Support Personnel**- needs to assist the client with logging in, arranges for therapy materials to be available, assists with tech issues or camera placement, and supervises sessions with students.

**Client**- may need consent written and/or verbal prior to initiating therapy.

**Client's Team**- obtain contacts for the student's team as well as communication preferences. Need to understand the onsite processes to know the role of the team.

**Billing/Contract**- how will you submit your billing? Are you contracting directly with a district or through an agency?