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Pediatric Telehealth- Supports in the Virtual Setting Recorded September 29, 2020

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- [Farzana] Hello, and welcome to continued and occupationaltherapy.com Today's course is Pediatric Telehealth: Supports in the Virtual Setting. It is my pleasure to introduce today's presenter, Tasha Holmes. Tasha has a Bachelor of Arts in Sociology from the University of Maryland, Baltimore County and a master's degree in Occupational Therapy from Nova Southeastern University. Tasha has been an occupational therapist for over 16 years. She has worked at a variety of settings with age groups, spanning from toddlers to the elderly. Tasha has spent over nine years providing school-based OT services with more than six of those years, using a teletherapy service delivery model. Her teletherapy experience has allowed her to provide school-based OT services across the United States, as well as internationally. In addition to direct treatment services, Tasha also spent time teaching in the Certified Occupational Therapy Assistant program at Central Piedmont Community College. Welcome Tasha, we are so happy to have you back.

- [Tasha] Thank you, it's my pleasure to be back. Thank you for participating in this course, Pediatric Telehealth: Supports in the Virtual Setting. Okay, you can take a look at my disclosures on the screen here. Here are the learning outcomes. After this course, you will be able to identify ways for collaborating with families and other professionals when using telehealth as the service delivery model, you'll be able to identify accommodations to support participation in telehealth and academic virtual services. And you'll be able to identify ways to push in to the classroom when providing school-based services. So there's been an update to the OT Framework, and it now includes telehealth as an intervention. And so this includes use of technologies such as video conferencing, teleconferencing, or mHealth. And mHealth is mobile telephone application technology. Using all of these things to plan, implement, and evaluate occupational therapy intervention, education, as well as consultation. So there was a study done taking a look at children who have autism spectrum, and there were families that received telehealth services. They participated in Occupation-Based Coaching. And so Occupations-Based Coaching diverges from other parent-mediated

interventions because it encourages parents to create their own strategies to match their unique circumstances rather than implementing a therapist recommendation. So instead of relying on what the therapist thinks should be done in terms of intervention, it puts the ball in the parent's court, and it enables the therapist to guide the parent into finding interventions and strategies that will be successful in their environment for their child. And so this model directly involves the caregivers creating the strategies. And so in this, the child increases their participation in daily activities across natural contexts. So outside of the therapy room, outside of the clinic, but in the natural context in which these occupations are occurring. And with the study, they found that parents were more frequently engaging in child play activities, such as imaginary play, playing with toys, and they were trying more skill-based activities such as painting or doing a puzzle during their everyday routines.

So when the parents were coached about these Occupation-Based activities, they found ways to really incorporate these things into daily routines. And this was found to be very successful being delivered through a telehealth model of service. So when you're looking at Parent and Caregiver Collaboration, the collaboration when you're providing telehealth services, it could be an ongoing conversation during the actual session, providing feedback during the activities, it could be reflection at the end of the session as to what went well, what needs improvement, really getting that parent's input and bouncing ideas off of each other and helping the parent to really problem solve and figure out how the skill acquisition can occur in that natural context. Follow up in the telehealth model can look like during the next session you can verbally or visually provide resources based on what was talked about before, based on what occurred in the session prior, you can follow up after the session with an email or a phone call, you could make a shared file, so for example, like a shared google file with resources to follow up with that parent-caregiver collaboration. And these are also things that are really no different from if you were providing the services in the clinic, or school-based outside of maybe the ongoing conversation with the parents. You may

not have the opportunity to do that while the session is taking place. Child Collaboration is also very important too, because we are servicing the child, we wanna be very client-centered in terms of the child's needs, as well as the family needs. And so with the child, it can be the same thing too. The on-going conversation during the session with feedback during the activities, and you're doing this virtually, of course, reflection at the end of the session once again.

During the next session once again with those visual or those verbal resources. And then after the session with an email, if appropriate, and I say, if appropriate. If you have older students and you've been working with them via telehealth services, some of them maybe your high school students have their own personal emails, and so in order to collaborate with that student or that child, I will often send emails to that student or child. I will cc the parent, so the parent knows that I am reaching out and making contact, but if you're working on maybe vocational skills with your older student via telehealth, you may give them a list of things to do that you would like them to work on prior to your next session. Or they may have given you input of maybe they're thinking about going to college, or they're talking about some other transitional programs, and maybe you're gonna email them resources based on what they said they were interested in or what they would like to practice, provide them some resources for skills they'd like to practice for the next session.

So also collaborating with the child and helping them to see what activities can I engage in to help me with my OT goals? Even with the youngest of children, maybe you have a three year-old even talking with them about things that they like and maybe saying to them, "Oh, something really nice." What are some things that we could really do around the house that would help us do X, Y, and Z. So, really making an effort to involve the child in thinking about some of their skill acquisition, but also on an age appropriate level. So with Interdisciplinary Collaboration, sometimes it's a little difficult and also a little bit intimidating to wonder how you're going to be able to collaborate

with other professionals when you're not physically with them, or you're not interacting with them verbally as much as you would if you're in a telehealth setting. So the first step to that is you're gonna wanna determine what the best method for FERPA or HIPAA compliant collaboration would be. Would it be phone calls? Would it be FERPA/HIPAA compliant emails? Would it be weekly meetings over a secure stream? What's gonna be the best method for that? And so one way we would like to do Interdisciplinary Collaboration would be Push In School-Based Services, for example. So if you have the teacher and the OT, both providing virtual services to the student and the student is physically at home, that means all of us are online. So the teacher, the OT, as well as the student.

So if you're looking at school-based push in services that way, you wanna think about some things, if you were to join an online class session, the way you may try to join a session, if it was physically in person. If the teacher's virtual, will there be too many voices? So if you join the session, you're gonna have to think about how much talking am I gonna do? How am I gonna communicate with my student? How am I gonna communicate with the teacher? Are there gonna be other students in the room? So if there's other students in that class as well, is there a possibility of going to a breakout virtual room during class? So there are features with some of the therapy platforms where you can have your own separate room, or it may be appropriate for the student to attend maybe the first 20 minutes of the virtual session with the teacher, and then if the teacher is releasing the students for another 20 minutes or another 30 minutes to work on independent work, it may be more appropriate for you to catch on at minute 21, where you can meet with that student. You're still working on the classwork and giving the pointers with the student, but it looks a little bit different than if you're physically in the classroom. So it would be comparable to maybe taking the student over to another desk in you're working, if you're going into that breakout room. Will the student have their camera on during the class? So if you're coming in and you maybe want to do some observations, you want to think about, okay, am I even gonna be able

to see what the student is doing? So if the student has their camera off during the class, or the camera is not facing towards their hands, if that's what you need to see for handwriting, or if that's what you're observing, then you wanna think about, okay, what other ways can I view what the student is doing? So some ways that you can join the classroom without being too intrusive or distracting the other students, you could do an observation with your camera off. And so you're also gonna think about the other students.

Do the other students have their cameras on? Or what's going on in the class? Is it okay for you to observe? So you'll wanna work out those things with your school and your teacher to make sure that you're following all of the rules and everyone feels comfortable. But you can certainly do observation with your camera off with the students in the room, like I said, the breakout room during the class activity. Or you can also work on the classwork with the student in a shared, and I put screen in parentheses, so you could do a screen shared google document if you did it with a screen share, the screen share would need to be done by the student. So that way the student could type on it. But if you're able to share the actual google link or they're able to share their google link so that way you can both see it, you both can edit the document at the same time. So that's another way that you can help work with the student while they're in class. So maybe they have their google doc open and they're working on something during the classroom, you can be on the other end with the google doc also in the classroom with your camera off. And you can be doing a shared google document with the student, assisting them as you need to for OT. So you could type them private notes if need be, help them edit, so you can work that way. So steps for initiating collaboration for push in services where everyone is online. You would contact the teacher prior to that session. You would determine what activity will be observed or co-led. So sometimes you can co-lead the activity depending on what's appropriate.

So if it's a fine motor group, maybe even something nice would be being in an art class observing an art and looking at maybe some of the fine motor skills in there. Or if it's a writing class or a handwriting class, you can participate in there. And maybe you could be the one giving the cues for some of the handwriting instruction that's being worked on in class. So you wanna determine what level of participation will you have in that class? Are you just going to be a passive participant and you'll be observation? Will you be helping to run a group? Or will you only be working one-on-one with your students and maybe that breakout room? Or some other way of being able to work one-on-one with your students. You want to provide the OT supports to the parent because that's who the student will be with because they're receiving their virtual services online. So you're gonna send after you've talked to the teacher and you've determined what is going to happen with that activity that you're gonna be observing or participating in for the push in services.

What paper do you need to send? What kind of modifications to the classwork do you need to make, or do you need the parents to make? What supply lists do the parents need to gather? Do they need to gather a special pencil for that activity or certain scissors for that activity? Or what supports do we need for this activity? And then after the session you would provide the feedback to the teacher and the parent. So that way, and that could be just done on one email and you could start your conversation there and you could do it through a series of emails where you could give your feedback, how you thought it went, and maybe some changes that you might make or some other recommendations or ask for recommendations from the teacher or the parent so that way you're really collaborating. So that way you're really getting them more involved in what's going on with the student and how they're gonna continue to work on those services while they're in their home environment learning and how you can continue to support the classroom. So if you're looking at Push In School Based Services where the teacher is providing in person services and the student is physically in school, but the clinician is virtual, it's going to look a little bit different than when

everyone is online. So once again, you can do your observation with your camera off. So what I've done is I've either had someone use an iPad through a PC program, which is a secure video feed, or I've used it through a secure platform feed on a laptop. And what I do is I will have my camera off so that way I'm not distracting to the student if I'm on the laptop and if I'm on another device that's more mobile, like an iPad or a cell phone with a secure video feed, then I'm facing the person who's holding the camera so they can see me but the student may not see exactly, they won't see my face. And then I just do some observation of what the student is doing in the classroom. I let the teacher know that I'm gonna be observing. And depending on the student, I may or may not let the student know like, "Oh, I'm coming to join your class today, "just to see how you're doing." Sometimes they get very excited and very distracted and then you also wanna make sure that you're complying with your rules of the school in terms of observation and who can be seen during your observation. You can collaborate with the teacher once again to complete a joint handwriting or cutting and gluing task. You can be projected on a smart board so that way the whole entire class can see you. And this could be just an OT activity for the whole entire class that you either lead or co-lead. And so at that point, you would have your camera for what you're saying would be faced towards just your student, but the whole entire class would be able to see you.

You can also have your laptop just one-on-one with your student, next to your student working. I've done that too, where I'm literally sitting in the desk next to the student, except I'm on the desk versus sitting in the chair. I do have the paraprofessional there, they're sitting in the chair and the student can hear me. They can wear their headphones if they'd like. Some students like to be a little bit more inconspicuous when they have the OT on the laptop, even though it does seem really cool. So then maybe the paraprofessional will be the one wearing the headphones and I'm talking to the paraprofessional only, and she's helping to direct the session as I give the cues. You can also, once again work on the classwork in a screen shared google doc. Once

again, the screen share would be done by the student if you're not the one with access to the document. If the student is the one with the access, they'll need to share it with you. So steps for initiating collaboration. In this case, it would be the same type of thing where you're contacting the teacher prior to the session, you're determining what activity will be observed or co-lead, you're determining your level of participation, except you're providing your anticipated OT supports to either the paraprofessional or the teacher, or maybe both because the student is physically in the school. And then after the session you're gonna provide feedback to the teacher and the support staff. You'll wanna ask the teacher how they thought it went and come up with some ideas to continue those skills in the classroom. You also wanna talk to the support staff to see how they're feeling. How do you think we could maybe do that better? Did that go great as it was? Can we do the scan? How often can we do this in terms of scheduling? So you'll wanna collaborate with the support staff as well as the teacher, regarding those things as well. So a collaboration example would be making a shared google folder for the student. This could work if you're virtual and the teacher's virtual, and the student's virtual, or it can work if you're virtual and everyone else is in person or any combination of those. So you can make a shared google folder, you can add recommendations from the team members because this is a collaboration. And you can add your own resource links and materials. You can add the team member contact information.

Sometimes it's hard to keep up with who is on which student's IEP team? Or which child is being serviced by which providers? If you're in a different type of setting outside of the schools this works really nice because everyone has access to the same material. And so when we're thinking about team members, we're also thinking about parents too. So, if I'm saying I've uploaded some activities where I'm like, "Oh, my student loved this activity "and this is what we did, here is the website." So if mom or dad wanted to go in and have the child do that at home, or if the child asked for, "we did this one thing in OT and I'd like to do it again." The parent has a one stop shop for

where they can grab that information. Or one of the other team members might wonder, "well, I wonder what they're doing an OT anyway." Oh, okay so they've done some activities like this, or how do I get ahold of the OT? Or I'd like to incorporate some of the things that the OT mentioned in the IEP meeting or in that family planning meeting, or that IFSP meeting into my sessions. And then they can find that in that google file or any type of folder that you may want to share. So some samples of things you can put into a collaborative file. And of course this is not an exclusive list, this just is probably some things a little bit different than what I may have mentioned. And some of the other courses, virtual graph paper for math. And here's the link for that. I like virtual graph paper, and that works really good for students who need the graph paper, but don't have a printer and the math teacher may want them to have some graph paper. Virtual graph paper really helps with that because you just go online and you can click right into the boxes. Maybe you have a picture of a twist and write pencil just because parents might say, "you said something about a pencil "and I couldn't remember what it looked like "or where I could get it." They can go right into their file. A handwriting checklist, the teacher might say, "you mentioned something about handwriting checklist." And they can go right into that file and find that. Something else that you can also put in a Sample Collaborative File and something that I also will use for consultations with parents. If we're doing a session and we've talked about, using the Talk to Text and the parent is saying, "You know what, I really think that Talk to Text "is a much better option right here, "because I don't want him to really struggle "with being able to type or struggle with the writing. "We're already stressed out because we're stuck at home, "let's use that." Then I would put that on my suggestion list and then I would talk about maybe why the rationale for why we're suggesting this and then some resources.

So, I put like examples typing, use of the SnapType app, use of the spacer when writing. So this might come from the parents saying, "Oh this is what we should do. "I'm gonna put it in a nice document "so that way all of the team members can see

"how we came up with these suggestions." Or these could be suggestions that I have, I can send it over to the parent or the teacher and say, well, this is my rationale. and these are my resources. And maybe someone else will counter with, "Oh, you know what? "I think this resource would be better for this suggestion, "and I think this would be a better suggestion "than the other one you put." And it can be a live document and you can continue to use that as part of your collaborative file just because I know that when everyone is not onsite, sometimes it's a little tricky to run into someone in the hall and maybe discuss something quickly. This really helps out with that. You can make a live document and make notes and everyone can check it. Ergonomics and Positioning, health promotion in the virtual setting.

So I took this quote, I thought this was very appropriate, health promoting interventions aiming to support ergonomics of the workstation and to structure productive time are needed to address the epidemic sedentary time among office workers. And so, although this is, I'm referring to adults who work in offices, we can really certainly apply this to our students who are in the virtual setting. And we can apply it for ourselves also in the virtual setting because many OTs went from moving around all day to when schools closed due to COVID-19, to becoming essentially office workers. So we really need to think about the health and wellbeing supports as well as just the academic supports or the other type of supports that we're providing for our students and for our clients. We really wanna think about the supports for ourselves and the ergonomic supports as well. And so an active learning position would be where the knees are bent slightly from 90 degrees, but with the feet on the floor. You're bending the trunk slightly forward at the hips and elbows are bent slightly more than 90 degrees. And so this is a little bit different than the 90-90-90 position for when you're looking at posture and correct positioning when you're sitting in a chair. The active learning position allows you to access the items that are on your tabletop easier and puts you in a position to be able to actively engage in your virtual sessions as the providers, the service provider, and also as the service receiver. So this is the position, this position is similar

to the one we assume before rising out of a chair without actually getting up. So it offers more dynamic support structure for the upper body, arms, and hands while engaged in activities at a desk. And so I have listed in my resources a lot of ergonomic information that really will help support the parents, help support the clinician, and help support our students and our clients.

So when you're thinking about ergonomic considerations and ergonomic supports for your students to be able to receive those virtual services, we wanna think about something. So you may have a student that's in a wheelchair, do we need to remove the armrest of the wheelchair? So is that what we're gonna need to do in order to get the student close enough to the surface where their laptop, or their computer, or their streaming device is located? Are we going to need to remove the leg rests? Because a lot of times we think about the fact that we're thinking about that 90-90-90 body positioning when you're in the wheelchair. And we're also thinking about the fact that we have the arms on the wheelchair for support for a reason, as well as the leg rests. So it may not occur to the parent to actually take these things off. So that way you're getting a better active learning position at your desk. Does the angle of the seat cushion support active use of the computer or the table top tools? So once again, if you don't have the student maybe in the 90-90-90 position sitting in the wheelchair, you also wanna think about the fact that there could be an upward angle of their hips to their knees, so that way they're not falling forward out of the chair. However, we want them to be able to lean forward to access the laptop and the computer tools on the desk.

So we might need to think about, is the cushion impeding that? Does the student need a change in position? So we think about the fact that, the student may not only be receiving our services virtually, they may be receiving other services virtually. And so have they been in that same spot for a really long time? Is this gonna be the point where we maybe need to do some weight shifting and maybe the student needs to

lean to the side to unload their hips on one side and just do some stretching. Or work in that position and then lean to the other side and work in the other position, just so that way it gives their body the opportunity to stretch and it helps to unload some of those pressure points. We wanna think about alternative seating and positioning. Lemme go back to my slide. So when we're thinking about that, sometimes in the clinic setting or in the school setting, in order for the child to participate in therapy services, they are in alternative seating. And when the child is at home receiving services, that alternative seating that they were using may not be available. So some options for that, a crate with a ball in it to challenge core strength, or just to give them the ability to bounce up and down. And I'll show you a picture of the crate a little bit later. And the ball would be just like a regular big kickball that you could stick inside of a crate. And now you have a ball that they can sit and bounce on, or they can work on core stability with without the ball rolling all over the floor. And it would allow for the parent to provide a little bit more on stability and not worry about the child falling off the ball. Prone positioning on the floor and prone prop.

Does the student need to be there to get more stability of their upper body so that way they're able to work on fine motor tasks. A towel roll to encourage that anterior weight shift. So that way it can push them forward a little bit. So that way they're in their active learning position. I'm sitting on the floor with the back support and the legs extended. So maybe you do have a student that spends their time in the wheelchair, and if the parent can safely get them onto the floor, or get them into a position where maybe they're on a couch with their legs extended, giving them the ability to straighten out those muscles, because we certainly wouldn't want contractions or shortened muscles from being home from several months of receiving therapy online, or receiving a lot of academic services online, where they're sitting in a chair and they're not having that opportunity for position changes. I'm standing with knees supported by the bed, or having the knees supported with the sink, the bottom sink cabinets or the couch, depending on the child's height. With the caregiver or the learning coach providing

tactile cues at the hip. So do we need to have these children do some activities, and standing ,and looking at, in the context of the home, what could assist the parent with blocking the knees in extension if the child has weak legs. So that way the parent can just give the queuing at the hips or give the cues to the trunk so the child can stand upright. So ergonomics for kids. A child may not be very aware of the position of his or her extremities in space. And this could be for a variety of reasons. Maybe the child has proprioceptive difficulties, or children are just children. So sometimes they're really not paying attention to where their bodies are or what their bodies are doing.

So we as the adults, as the virtual, providing virtual services, and providing cues, and coaching, and collaboration with the parent, we really wanna think about how we can assist the child with being more aware of where their body is and space, when they're participating in activities, and also really recognizing that change, that need for that change in positioning. You may see a child displaying some odd positions and it may be because they just want that weight shift, or maybe because they do need to stand, or maybe they're really trying to stabilize their body, so they need to be in prone pop. So that way their upper body is being stabilized by the floor, when they're doing those fine motor activities, so taking a look at those things. Movement breaks, so really providing information about the importance of movement breaks to family and school personnel, and then assisting the family and school personnel with adding movement breaks into the virtual school day. So, I've had a lot of parents where they're like, "You have to come back over here "and sit at the desk so we can do OT." And I know that they really really mean well, but that's one of the things that we also wanna make sure that we're providing education on the importance of it's okay to move. Because if a child's going through a virtual school day, maybe we're the only chance that they really get to do a whole lot of movement, or maybe this is the part of the day where we can discuss, what movements are appropriate, or what types of position, what's appropriate for that child to participate in during their virtual school day whether at home, or help the parents kind of figure out what parts of their day, what can they do?

Should they eat breakfast standing up? So that way their bodies are prepared to, maybe they do need to sit in front of the computer for attending classes. Or maybe they need to, having a standing desk, or do we need to put the computer on the floor for virtual learning. So that's certainly a part of the collaboration and certainly appropriate for engaging in education for virtual services.

Incorporating movement breaks you can do, GoNoodle.com, kidz Bop Dance Along. There's The Learning Station "From Your Seat." which is one that's really great for kids who may not be able, don't have the balance or they may be wheelchair bound. They're From Your Seat and then "Chair Exercises: Episode 1." There's some other episodes of the Chair Exercises. Those are really great for those kiddos that are only able to move their upper body, but you can certainly adapt some of the other activities in order for the child to be able to participate. "Line Jump," "Fun Workout With Stuffed Animals." Those are from a channel by a gentlemen, PE Bowman. He also has one, that's a Level Up exercise game. It's like the child is in a video game. I find that to be very motivating and a whole lot of fun, it's great for sensory prep, it's great for a movement break, It's great for a treat at the end of the session. So it works so many great things. So for technology, for looking at supports, we wanna think about the device positioning. And so you can use a book or a computer riser, to increase the height of the computer monitor or the laptop, so that way it's at eye level. You can also use a book to prop up a tablet or a cell phone, because they do have a tendency to slip, so we wanna make sure that the student is not so worried about the posi, all right the student or the parents, is not worried about the position of the tablet or the cell phone, that it's impeding the ability to participate in services. And then using the tablet or the cell phone in portrait mode, that gives the best view for both parties, for the virtual activities that are being done.

So you wanna think about visual cueing for your students, providing supports that way. Visual cues use of a second camera to demonstrate an activity. So with Zoom or

Google Meet, you can sign in with a different device. I either sign in with my iPad or my cell phone, and then I'll show you some setups of what you can do with that, you could also use Osmo. So if you take a look at this, here's one of the picture, the picture on the left is what it just looks like without the iPad on top of it. And so you can see the crate is almost as tall as my chair. And then the picture on the right, you can see where it's, the iPad's on top of the crate. And so this is just a crate that I bought from Walmart, I think it was maybe like three or \$4. And I just put my iPad or my cell phone on top, the crate has the handle. So the camera is looking through the handle and it's looking down at the cards. And so my student will be able to see it clearly. Of course, you're gonna need to put your items upside down for the students to be looking at. So that way it's right side up for them. Right here it's the camera. You can use a tripod for your second camera of course, but I like using this just because it really moves fast if I need it to.

So on the left, the left picture is the camera that's on top of the crate. And so if I'm doing a gross motor movement, it will face me. I can just get up, move into that camera view, demonstrate my gross motor movement, and then immediately flip it down and it's facing down, towards whatever I'm showing on the table. And so that makes it a quick change for me, and I don't have to try to balance it back and forth. So Talk to Text is a good support in the virtual setting, you can use it in the virtual classrooms for class chat boxes. So of course that would be something that would take a little bit of training with the student. You would have to teach them how to do the Talk to Text, and they wouldn't do a copy and paste into the chat box. But usually that works pretty fast, a lot faster than the hunt and peck method. If the student or the child really wants to send a message to their class, you can use it as an accommodation for academic assignments just like you would do, if the student was actually physically in school. And I like it because it does prevent maladaptive typing skills. I think that now there's a lot of kiddos that are typing using the hunt and peck method that probably wouldn't have been typing before, just because it's become a necessity for being able to

engage in classroom activities. And so, I think we know as OTs that once someone has really mastered that hunt and peck they can be very functional with it, but it certainly doesn't necessarily replace 10 finger typing. And if you have the opportunity to teach someone from the ground up 10 finger typing, they'll certainly have more fluency with their typing, than learning the hunt and pack, and then trying to get them to revert back to doing 10 finger typing. So I like it, you know, in terms of that, especially for our littlest ones, like our kindergartners, or our first, second, and third ones. It still gives them the opportunity to learn to type correctly.

You can also use it as a participation in OT activities. I've had students, we've done movie reviews where the student will do the whole movie review with Talk to Text, and then we practice our computer skills by copying and pasting it somewhere. And then we may do a drawing activity where we're gonna draw the movie poster for that, what we just did our review for, and we put it together and we've completed this project. And so that's certainly an option for that, but anything that requires typing, you can certainly work on using the Talk to Text for some sites that are free. the [Speechtexter.com](https://www.speechtexter.com), [Dictation.io](https://dictation.io), you can also use the dictation function in google docs. All three of these required the use of a Google browser, in order for you to be able to power these sites. I found Speechtexter to be very sensitive, and so I'm seeing very low frustration for my students from using that. It's actually so sensitive that I was actually cuing a student through my microphone and it dictated through their headphones onto Speechtexter. So I find that students who usually don't like using Talk to Text because they feel like it doesn't capture what they say, they usually feel okay with Speechtexter, but you can certainly play around with different things.

Tools and devices, I like the one button Chester Mouse. The Chester mouse is actually an example of a one button mouse. But I do like the Chester Mouse because it's small, it's made for small hands. And so I find that students have a little bit easier time using this than the laptop touch pad. So that's certainly something that could be

recommended or discussed with the parents, if children are having to engage in academics using during virtual programming. A chester Mouse is a nice example of an accommodation that can be made that may make all the difference for access. It's also great for OT, it has that one button on it, it doesn't have the option of clicking two different things. So usually the child will stay on just that page, but there's also the options of the two button mouse, which may be more functional for some of your older students who really need to prepare to get out in the world and be able to use an actual two button mouse. The laptop touch pad is there too. Some kids really love the laptop touch pad, sometimes that works better for them. Touchscreen monitor and the stylist pen. I really like the stylist pen. I will show you what that looks like. So we really wanna think about, is handwriting relevant in the virtual setting? We have our mouse, we have touch screens, we can type, so do we really need to work on handwriting in the virtual setting?

So, adequate instruction is required for students to achieve success with handwriting for written assignments required through Common Core. Presently the provisions within Common Core to support this foundational skill are insufficient. So in short the answer is yes. Handwriting is still important in the virtual environment for several reasons. Other than the fact that it really does affect the brain in a positive way, if we're just looking at some other, and it does help with reading comprehension, there's so many good things about handwriting, but simply stated the Common Core really doesn't allow for handwriting instruction at this point. But the Common Core does require that children are proficient with completing written assignments. And when we're thinking about the fact that if our students are currently home now, they're probably gonna return to a brick and mortar setting at some point, and they're going to have to do handwriting. So we really would be ashamed for them to go so many months without practicing the skill, especially our new learners of handwriting and our ones that were struggling before. And then we're also thinking about the fact that even if a student is in the virtual setting, and they're never going back to a brick and mortar

in the foreseeable time, just because that's what they've chosen to do for schooling, handwriting is still important. So it's still okay to include handwriting in your sessions, and use that as a means to working towards your goals. Even though we're still always looking for function in the academic setting getting works on. Yeah, we may be really working on those typing skills and working on some of those, the Talk to Texts and some of those more adaptive skills. But if you have a child that has handwriting goals, or you're seeing a child in the clinic that is having difficulty with their fine motor skills, it is certainly appropriate to continue to work on handwriting, either as a means, or as the goal, it's completely appropriate. Even if they're in the virtual setting. So with that being said, Stylus plus a touch screen electronic, and a writing app can certainly be used to practice handwriting, pencil grasp, while providing multisensory queuing while you're in the virtual environment, it can also be used as a home program.

So here you will see this. So this is my iPad and then this is a stylus pen. And so the stylus pen is a little bit different than the stylus with the rubber tips on them. This has flat disc on it that almost looks like a CD and it's very sensitive, and it allows you to write on the iPad. So right here's an iPad app, it's a cursive writing app. And I use the stylus pen just to trace the app, which the letter a is actually formed the same way that handwriting without tears, instructs for forming the cursive letters. And so the stylus pad was used there, so it's small enough but it can support a pencil grip. So that's a nice option, it's actually on a laptop stand, which the laptop stand can double as a slanted surface. So I have the book "Click Clack, Boo!" just there for reference of the angle of the iPad. So it's providing an accommodation for a student, which it changes the visual level of the screen of the iPad. So that way the student, if they have visual perceptual difficulties, it allows them to see that at an angle that resonates better with them, but then it also allows you to position it as if you would for a slanted surface, if the student was in school. If you were recommending a slanted surface in school, this certainly allows you to do that. So these are supports that the child can use at home that mimic what they were using maybe in the academic setting. And so that, and also

with that app too, you can, like I said, you can assign it for homework because it can also be used on a cell phone as well, smart cell phone. And then in addition to that, you could also use it maybe as a warmup in OT. So what if the child does not like to see themselves on camera?

So I have had kiddos that have had issues with that. And so we still want to make sure that we're supporting our children, even if they are a little skittish about being seen on camera. And so one of the things that you can do for this would be to occlude the child's video feed of themselves. And so, depending on what platform you are, that'll determine how large this child may see themselves. So one of the things you can do would be to place a sticky, have the parents or caregiver place a sticky note over that child's picture. That way they won't be able to see themselves because sometimes it's just a matter of them actually seeing themselves. A sticky note over their picture, or allow the child to wear a mask. I have had children, they like to wear their Halloween masks to OT, which is not a problem because I don't really need to see what their face is doing, but I do need to see what their hands, or the rest of their body is doing and the positioning of that. And so sometimes that's a happy medium for a child that if they can just cover their face, they feel more secure. You can also point the device towards the child's hands, but that's only if appropriate.

So if you don't need to see the rest of what their body is doing at that point, then you can certainly have the device pointed only at the child's hand. And the parent could show them, "Okay, it's only looking at your hands, "or we're only looking at the desk," and that might help the child get over their issue with having themselves on the video feed. You can also support the child by allowing the child to screen share. So when you screen share, many of you have already done it. You know that if you don't click back over to the other screen, all you see is what is on your screen. So maybe what you might wanna do is send the link into the parents chatbox or the child's chatbox, have them click the link, and then share that screen with you instead of your screen

sharing it with them. And then that way the child is just looking at only what's being shared on the screen, versus the fact that they're on camera, and you're on camera as well. Some other workarounds could certainly be you turning your camera off because maybe it's just intimidating for them to see you looking at them. So you could certainly turn the camera off and still just have them on screen. Sometimes children like to just see themselves. Also depending on the platform that you're working on, you can also click it. So that way the child's picture is big and your picture is really, really small. And once again sometimes that eliminates the problem as well too.

So, some other things that I would like to go into regarding just providing supports for students as well. We also wanna take into account the fact that if your child is in the virtual setting receiving their academics, or receiving their therapy services due to COVID-19, we wanna look at some of the other parts where we can support the child. Like in terms of socialization, in terms of some of the other skills that they may be missing out on. And so you also wanna think about if the weather's nice, maybe doing your therapy session outside. Letting the child give you a tour of their backyard that may be just a social and emotional support that you provide for the child. You may have crafts that involve making a mask, and wearing a mask, and maybe going outside of the house with a mask, but only staying in the front yard or staying in the backyard, and maybe tolerating that mask just for your OT session. So that way they're working up for the tolerance of wearing the mask for when they either returned to school, or they're allowed to come back into the clinic and resume their services.

Other appropriate things to work on to support. We're still looking at our goals and we're still keeping in mind what we're working towards with our goals, but thinking of how we can incorporate some of the things that the child is also experiencing. So if we're working on sensory experiences, maybe talking about washing their hands, and practicing washing our hands, but maybe we're gonna practice washing our hands with jelly. and then maybe we're gonna practice washing our hands, we're gonna

practice washing our hands with soap so we can get all the jelly off. And then maybe we're gonna practice washing our hands with peanut butter, and then practice washing our hands and off. So you get the point, just continuing to work on the skills that we had previously set out as OT goals, but also incorporating some of the current things that are going on. In terms of groups, I know there's been questions about having students participate in groups in the virtual setting, and that is certainly gonna differ depending on whether you're providing services as an academic OT provider. If you're providing outpatient-based clinic services, you really gonna wanna check with whoever your director, or the head of your services are, to make sure that you are being compliant with all of their privacy and that they're okay with the OT groups. You also want to check with their parents.

With that being said, I've had some students, now that I will be currently seeing in a group setting, which is fine with the parents. I also discussed with the students as well, because they're high school students. And I think it is really important for us to also be child and client centered when we're thinking about these things too. And I've limited my groups to two people. And so some of the things that we're gonna work on in our groups, because the parents are elated, and so are the students that, finally I'm getting some additional interaction than the other interaction that I was getting before, thinking about how we can support some of their goals. Some of that socialization and also some of the OT goals. So maybe playing some games. You can also set up students with pen pals. That's something that I've done as a virtual OT with my students being physically onsite. We've done pen pal letters, where the student would write the letter and then they would leave it there. And then when the next student came in, they would read their letter and part of their session would be spent actually writing the letter back to that student and so on, and so on. And it was very motivating. And then at the end of the school year, the students they got to meet each other. And so certainly I went through all the proper channels to make sure that I wasn't breaking any type of code of ethics in terms of FERPA before that. But you can certainly do that in

the virtual setting. Two, maybe you might just wanna have your students sign it as initials, or just their first names, or just make sure it's okay with the parents and the school that at the end, maybe after two months of writing letters, these students may be can meet for a joint session and play a game, which is what we did at the end of the school year, the last session of the school year, because we did start it after January that year. The students got to have a joint OT session where they played games together and they got to meet each other and sort of hang out and they really liked that. So you might wanna gauge on your child's stamina for being able to continue to write letters to, and receive letters from, and how long can they keep that going before they actually meet the person that they're writing letters to.

So that's certainly an activity that can be done in the virtual setting. You can certainly also do that if you're in the virtual setting and your child is physically in the school setting, along with the teacher, physically in the school setting, it would make wonderful handwriting prompt activity to either have a pen pal in another class. That's something you could facilitate, or even to have like a pen pal teacher. So if you had other teachers that might wanna participate in that activity, that would certainly be a good one. So with all of that being said just to reiterate, so we can certainly provide a lot of supports as virtual therapist. It really does not require us to be onsite with our students or with our clients, in order to make really big difference in their lives. So just remember to collaborate with the parents, and teachers, and other team members as much as possible. And you certainly will be well on your way to being able to maintain that collaborative model and that Occupation-Based Coaching model while you're continuing to deliver services in the virtual setting. So if you have any questions or comments, or if you have any recommendations for me, I always love to have new resources. You can certainly feel free to email me at TashaTheOT@gmail.com and I will be happy to respond to your email. And I appreciate you for participating in this course, and I hope that everyone has a wonderful day.

- [Farzana] Thank you, Tasha, for your time and expertise today. This ends today's course, please join us again on continued and occupationaltherapy.com