Occupational Therapy and Increasing independence
Kristen Freitag OTR/L
Keystone AEA
kfreitag@aea1.k12.ia.us

• This power point will match the presentation. All glitches were worked out. Who knows, but I blame power point for rearranging my slides! That’s my story and I’m sticking with it!

Objectives
• To understand what an OTR/L and COTA/L are and the differences
• To understand the basic role of OT in a school setting
• To understand the different levels of cuing and how they impact student performance
What is Occupational Therapy?

- In its simplest terms, occupational therapists and occupational therapy assistants help people across the lifespan participate in the things they want and need to do through the therapeutic use of everyday activities (occupations). (AOTA, www.aota.org)

Professionals

- OTR/L—Licensed and Registered occupational therapist—this person has a Bachelor’s of Science, Master’s degree, or possibly a Doctorate Degree. The schooling focuses on treatment but also theory and philosophy. This professional is in charge of the paperwork, determining need and evaluating students. OTR’s must maintain their license through continuing education units on a yearly basis.

Professionals

- COTA/L: Licensed and registered Certified Occupational Therapy Assistant. Has completed a two year program and must maintain their license through continuing education units on a yearly basis. This professional is responsible for implementing the treatment plans, sharing information with the OTR and teaching associates/teachers in the educational setting.
Where can you find an OT?

- School based
- Home health
- Hospitals
- Outpatient clinics
- Mental Health facilities
- Prisons
- Nursing Homes or Long term care facilities

School Setting

- In the school setting, OT’s must serve students whose areas of need impact their educational functioning. For example, if the student demonstrates a unique pencil grip, but can do all tasks required by her/his classroom, then he/she does not need School based OT service.
- If the special ed and general ed teachers can provide support, then OT services may not be warranted.

Independence

- Occupational therapy’s major belief is there is a large benefit for clients for being able to complete tasks as independent as possible. Self esteem is increased, self advocacy is increased, the feedback loop is strengthened and confidence is bolstered.
Areas

- In the school setting, we look at:
  - Fine motor
  - Self help (dressing, toileting, eating, etc)
  - Positioning
  - Writing (completing of prewriting, writing, filling out class assignments)

Who we serve

- OT’s work with birth to 21, in all of the school districts in Iowa.
- Birth to 3 year olds are served under the Early ACCESS model and are served in their homes under an IFSP (Individualized Family Service Plan)
- 3 to 21 year old students are served in a “school” setting under an IEP (Individualized educational plan)

Personal Belief

- Kris’ personal thoughts on importance of independence
Let’s talk about failure

• “Only those who dare to fail greatly can ever achieve greatly.” - Robert F. Kennedy

• “I have not failed. I’ve just found 10,000 ways that won’t work.” - Thomas A. Edison

• There is no failure. Only feedback. “Robert Allen

What is your job?

• My understanding of your job is NOT to prevent failure from having. It may be to prevent permanent failure—the unwillingness to continue to try but it is NOT to prevent a student from making errors and learning and adapting from these scenarios.

Help is not:

• Doing the work for the student
• Talking for the student
• Not allowing the student to experience learning
• Treating the student differently from the expectations of the teacher/IEP team.
Talking

• You and the student you serve are no “we”. Remember, the student is the student and you are a supporter. Consider your words.
• Talking about the student in front of the student. This is unacceptable. If you have something that needs to be shared with a teacher, therapist, it needs to be said outside of the room.

Independence through cuing

• Physical cuing: touching the student to give them information about the task
• Verbal cuing: talking to the student to give them information about the task
• Visual cuing: pictures, pointing, etc to give the student information about the task.

Cuing Continuum

• All three types of cuing have a continuum of support from dependent through Independent
Types of cuing

- **Dependent:** the adult must use cuing 100% of the time or the student can’t do anything without the assistance
- **Maximum:** 75-99% of the time
- **Moderate:** 50-75% of the time
- **Minimum:** 25-49% of the time
- **Occasional:** 0-24% of the time
- **Supervision:** less than 1%—adult there to supervise, often does not say anything but would act preventably
- **Set up:** needs a beginning cue or picture or accommodation in place
- **Independent:** requires no assistance, accommodation or any type of cue

Let’s be specific: Physical Cuing

- **Dependent:** student physically disabled and needs to be transferred via a lift from wheelchair to Rifton activity chair by an adult. The student does not participate or help at all.
- **Maximum (75-99%):** Student is learning how to make a circle and therapist is using hand over hand support—HOH from the start at the “noon” position around the circle to the “3 o’clock” position and then releases the hand to allow the student to finish the last quarter of the circle independently.

Physical cuing continued

- **Moderate cuing (50-74%):** drawing the circle, HOH, from 12 o’clock position to 6 o’clock position then finishes second half on their own
- **Minimum cuing (25-49%):** may need help to get started—HOH to put the crayon on the dot to start
- **Occasional cuing (0-24%):** may need HOH to place crayon in hand, or may need HOH to start the movement
Physical cuing continued

- Supervision: May need someone there watching, but not touching, but could if the circle gets “off”
- Set up: a visual model of the circle
- Independent: Ask the student to make a circle and they make a circle.

Types of cuing

- Dependent: the adult must use cuing 100% of the time or the student can’t do anything without the assistance
- Maximum: 75-99% of the time
- Moderate: 50-75% of the time
- Minimum: 25-49% of the time
- Occasional: 0-24% of the time
- Supervision: less than 1%—adult there to supervise, often does not say anything but would act preventably
- Set up: needs a beginning cue or picture or accommodation in place
- Independent: requires no assistance, accommodation or any type of cue

Let’s talk about visual cuing

- Dependent: The adult must say every direction and must talk the student through each step.
- Maximum: (75-99%): May need to talk the student through the whole hand washing routine except for the paper towel.
- Moderate: (50-74%): May need verbal directions for only half of the steps.
Verbal cuing continued

- Minimum (25-49%): May need a cue to get started and giving cues to get details done correctly
- Occasional (0-25%): may need a starting cue or getting them over a “stutter”.  
- Supervision: only if they go off the routine.  
- Independent: they require the same cuing as a general ed peer.

Types of cuing

- Dependent: the adult must use cuing 100% of the time or the student can’t do anything without the assistance  
- Maximum: 75-99% of the time  
- Moderate: 50-75% of the time  
- Minimum: 25-49% of the time  
- Occasional: 0-24% of the time  
- Supervision: less than 1%—adult there to supervise, often does not say anything but would act preventably  
- Set up: needs a beginning cue or picture or accommodation in place  
- Independent: requires no assistance, accommodation or any type of cue

Let’s talk about Visual Cuing

- Dependent: Needs a picture for each of the steps, pictures must the be same  
- Maximum: (75-99%): May need to be shown the picture cue for most of the steps or needs to be shown the break cue or point to break cue3 out of 4 times verses the student grabbing the picture without assistance.
Verbal cuing continued

• Moderate (50-74%): Needs a point at a visual ½ of the time, on a 10 step activity, maybe only needs words and pictures on ½ of steps (combine steps) or on ½ of the self help skills

• Minimum (25-49%): Needs a point or visual cue around 1 out of 4 or 2 out of 5 trials.

• Occasional (0-24%): may need a point to get started or to “see” where to put the “all done”

Visual cuing continued

• Supervision: honestly, your presence is a visual cue—so just seeing you or the teacher may alter behavior…but may need a point to keep them on track.

• Set up: needs the visual cues in place but then can perform independently.

• Independent: needs NO visual cues beyond what the general ed student needs.

Definition of Independent

• True independence is not needing any outside assistance to complete the task.

• Give some examples
How much assistance?

- How much assistance are you actually providing? Stop and think.....often times, adults provide all 3 types of cuing at the same time. OVERWHELMING!!! Are you sure it is all necessary?
- If you are providing too much assistance you are taking away a student’s level of independence.

Videos

- Watch the first 2 minute of this dance instruction video. What types of cuing do you see? What level of cuing?
  
  http://youtu.be/jJ8iUKTUl-s

“answers/thoughts”

- Physical: None—he did not touch or guide any movement of either student in the room nor anyone watching at home.
- Verbal: He talked A LOT! Lots of verbal cues (max cuing) on how to and where to move your body in the first 1.5 minutes, then on the second time, he switches to more visual cuing by demonstrating or deletes of words and is only saying “arms”.

12/1/14
video


• Watch until 1.5 did what type of cuing did you see?

• Physical: touched the crayon to get the child to look at it

• Verbal: asking about color,

• Visual: pointing to the crayon

Learned dependence

• If you constantly do more and more cuing for the student, you are teaching them they don’t need to manage those skills.

• You are teaching them they have to have an adult in their world for this task to complete it.

• You are teaching learned dependence.
The question:

- Do you want to do that for that student until they are 21?
- If the answer is no, then start looking at how much cuing/help are you providing and start backing off.

Seriously? What does this matter?

- Isn’t this all semantics anyway? If the kid can do it, why does it matter how much help he gets? Isn’t the point to get the work done? Why do I have to monitor my words and actions?
- I have heard all of these questions. MANY TIMES!

It’s NOT the DESTINATION—It’s the Journey!
Progress

• In September 2014 let’s say Bobbie needs to complete a task of coloring a picture.
• Bobbie struggles to get her coloring work done and keep her eyes on her work.
• Her associate says over and over “keep coloring” and pointing to the work. When Bobbie stops, her associate taps her hand and points to the paper.
• When asked, by the OT, “can Bobbie color on her own?” the associate answers yes.

Is Bobbie really independent?

• See how semantics are a big deal?
• True, no one is “helping through physical touch” Bobbie to hold the crayon and color.
• She is receiving max verbal cues and moderate visual cues to complete work.
• A goal could be written (on her IEP) to reduce the amount of adult assistance from max to set up or supervision.

What skills do we know Bobbie has?

• To be honest, we don’t know a lot because the associate is giving out SO many cues. We aren’t sure if Bobbie needs that much assistance or not.
How could it look different?

- If Bobbie will sit in her seat without assistance, then the associate doesn’t have to be right there.
- A picture card of “color” could be velcroed to desk top.
- Associate could walk past desk when she sees Bobbie looking away from work and point to the visual cue and not say a word.

Disputes

- I don’t think anyone disputes that physical cuing is the most invasive and most restrictive (meaning it has the most adult contact).
- Verbal vs visual cuing for next most restrictive. I have had this argument with many colleagues, I’m not sure we have come to any agreement or definitive answer.

Verbal vs Visual

- If you set the student up with visuals and the student can perform the task without adult intervention, to me that is more independent than a verbal cue as a verbal cue requires an adult to be there.
- My coworkers argue that all the time and set up of the visuals makes it more restrictive b/c the student couldn’t do ANYTHING if the visual is not there.
Verbal vs visual

• Whereas, they argue, if the verbal was used, it is easily “carried” and “implemented” everywhere and it doesn’t need velcro. 😊
• To me though, the verbal requires an adult to be right there to say “next one” or “do this” and that adult presence can alter so much without even realizing it.

So what?

• So, Long story short, I rank them from least independence to greatest independence:
  • Physical
  • Verbal
  • visual

But

• But what if they are little?
• But what if they are super cute?
• But what if they are too short?
• But what if they are tired?
• But what if they are medically fragile?
• But what if they don’t like it?
• But what if they like me and want my help?
• But what if ..........
BUT

• But what if they grow up depending on an adult to meet their every need and can’t function in any sort of setting without someone telling, showing or setting them up to do something on their own.

Our Job

• Our job is to work ourselves out of a job. Our job is to return kids to more and more general education settings and lessen the need for special education.

It’s ok.

• I promise. There will always be a child for you to serve.
• Please, for the child’s sake.
• WORK YOURSELF OUT OF A JOB!
Reality

• I understand that some kiddos will receive special education services until they are 21. They will not be working us out of a full job. I get that. Totally get that—that would be true of most of the kids on my caseload.

• BUT

If they........

• What can they work me out of?
  – If they learn to push the button on their own, then I don’t have to.
  – If they learn to turn the pages of the book, then I don’t have to.
  – If they learn to answer yes/no questions, then I don’t have to guess what they need.
  – If they learn to push themselves down the hallway using their wheel chair wheels, then I don’t have to push them.

My philosophy

• I believe a student can and will do something until they show me they can’t and we need to alter the task.

• I always error on the side of assuming “it” is possible, then guessing it is not.
Set goals high

• Children and adults rise to the expectations we set for them.

• Raise them up!

My Job

• My job today is not to give you a ton of strategies to try because I don’t know your students and their special uniquenesses that make them who they are.

• My job is to make you aware of what OT is, our philosophy and basic tenants of how to support a child’s independence.

Fine motor

• Use the tools that the teacher or therapist give you for the student. Don’t forget. They gave them for a reason.

• Watch how the student can use it—does it take more of your words to help? Does it take extra time? Does it take modeling? That kind of feedback makes a HUGE difference in what we pick for the next tool to try or the next strategy.
Fine motor

- Demonstrate. Show them what you want.
- Do it at the same time (modeling)
- GIVE THEM TIME.
- BE QUIET.
- The last two are so important. Let them work and try it. Step in if they are super frustrated, but let them work.
- Be specific in your feedback. “I liked how your thumb was working and pushing that crayon” vs "good job".

Visual motor (drawing and writing)

- Be specific in your feedback.
- Be specific in your directions. Use the same wording that the teacher uses.
- Don’t mess with the wording
- Have I said, keep the the wording the same?
- For a circle= Start at the top, go around and stop.

Visual motor

- When correcting work, try making it yourself and saying to the student “here's mine—does yours match?”. Give them the opportunity to self correct.
- You can also try saying “check the “c's” in your paper and give them a cue that way, but not directly giving the answer.
Self help

• Wait.
• Wait.
• Wait.
• Wait.
• Get it? Stop and wait. If you give a direction, then be quiet and wait. Let them have some time to figure it out.

Self help

• If the student is putting on his/her snow pants then don’t talk to him.
• Give them time to work it out.
• Sit back, Sit on your HANDS if you must—let them try it without any help (PHYSICAL, VERBAL or VISUAL).
• Watch. See where the breakdown is. Then intervene at that point.

Self help

• Modeling is a great strategy.
• Sit next to them and do the same thing they are doing.
• If you sit across from them, you will be giving them a mirror image and this may screw them up more than it helps them learn.
Feeding and Eating

• Just know, that you may have the opportunity to work with students that have eating and feeding needs.
• I am not going to address any of these here, but this is an area that is addressed by the school based OT and that therapist would give you special training and education to serve those students effectively.

Feeding and Eating

• You will need to leave your feeding and eating baggage outside the school by the bus stop.
• You will learn a new way to think about eating/feeding.
• This may feel weird or different compared to how you were raised or how you raised your kids.
• It’s ok. The kids you work with aren’t your kids. They are someone else’s kids. Your job is to support them in the way you are taught by the teacher and therapist for them to be successful.