



BEST PRACTICES FOR PEDIATRIC TELEHEALTH

LORA CASASFRANCO, OTR/L

OBJECTIVES

1. Attendees will be able to identify at least 3 considerations for what may be limitations to successful telehealth sessions for pediatric clients/their families.
2. Attendees will be able to identify 5 strategies to increase engagement for families during telehealth services
3. Attendees will be able to identify at least 1 best practice as outlined by AOTA for provision of telehealth services with pediatric clients and their families.

OVERVIEW OF PRESENTATION

- Rise of Telehealth
- Benefits to Virtual Services
- Best Practices and Research
- Common Challenges and Solutions
- Pediatric Telehealth Session Strategies
- Case Examples
- Questions



INTRODUCTION

LORA CASASFRANCO, OTR/L

- Studied at Tennessee State University
- Senior therapist with Heightened Potential Company (Knoxville area)
- Serve early intervention in TN and IL
- Special interests include feeding, hippotherapy as a treatment tool, and increasing access to services in underserved areas

PARTICIPANT EXPERIENCE

- Who currently works in pediatrics?
- Who has used telehealth in practice before?

PARTICIPANT EXPERIENCE

- What are some of the challenges that you all have experienced or anticipate with pediatric telehealth?

Enter your answers and any questions that you have during the presentation into the chat at canva.live

AOTA AND TELEHEALTH

In 2018, AOTA released a position paper with guidelines for telehealth delivery.

“The overarching goal of occupational therapy is to support people in participation in life through engagement in occupation...Telehealth has potential as a service delivery model in every major practice area within occupational therapy”

(“Telehealth in Occupational Therapy,”
2018)




RISE OF TELEHEALTH

2020 AND THE PANDEMIC'S IMPACT


During the COV-19 pandemic, telehealth quickly increased in use out of necessity. Several changes came about as a result:

- Increased coverage of services through insurance (See AOTA's "State Statutes, Regulations, and Policy Documents")
- Practitioners identified need for additional training
- Rise in studies relating to telehealth





WHAT EXACTLY IS TELEHEALTH WITHIN THE SCOPE OF OT?



“AOTA defines telehealth as the application of evaluative, consultative, preventative, and therapeutic services delivered through information and communication technology” (“Telehealth in Occupational Therapy,” 2018)

AOTA BEST PRACTICE RECOMMENDATIONS

- Follow evidence-based guidelines for selection of evaluation assessments, interventions, and discharge
- Ensure you are licensed to provide services in that state
- Select HIPAA compliant platforms for service delivery (Dept. of Health and Human Services has a list of approved platforms)
- Use the Code of Ethics to determine if telehealth is appropriate- will it best meet client needs?
- Have a working knowledge of the technology to be used

Sources: AOTA, 2023 and “Telehealth in Occupational Therapy,” 2018,

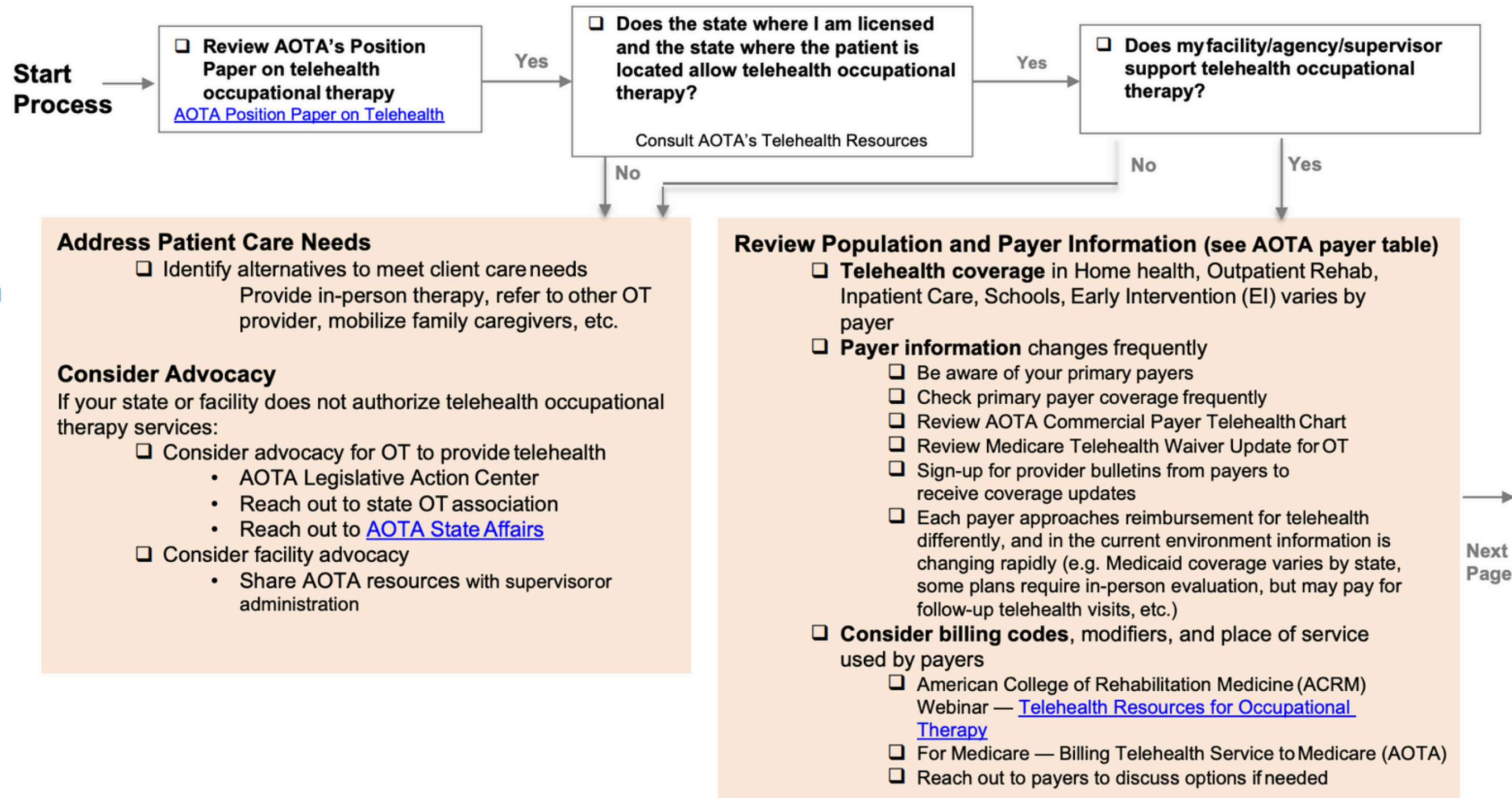
AOTA BEST PRACTICES CONTINUED

Ethical considerations:

- Selecting appropriate technology
- Informed consent for service delivery and storage of information
- Appropriateness for each client, with determination not based upon convenience



Occupational Therapy Telehealth Decision Guide



EVALUATIONS

CONSULTATION

**SYNCHRONOUS
INTERVENTIONS**


**SERVICE DELIVERY
THROUGH
TELEHEALTH**

**ASYNCHRONOUS
INTERVENTIONS**

PREVENTION

**GROUP OR
INDIVIDUAL
PROGRAMS**

(“TELEHEALTH IN OCCUPATIONAL THERAPY,” 2018)



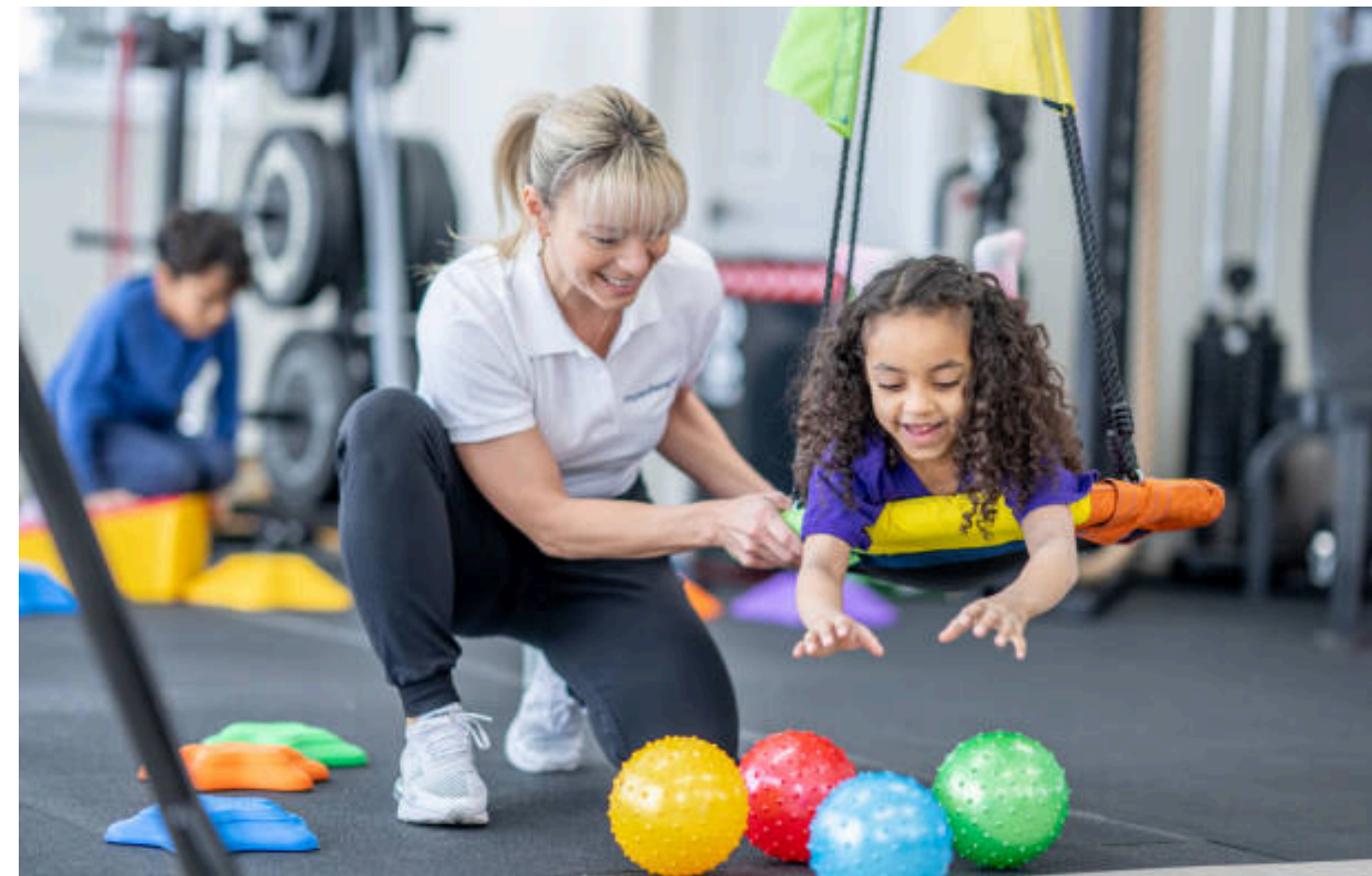
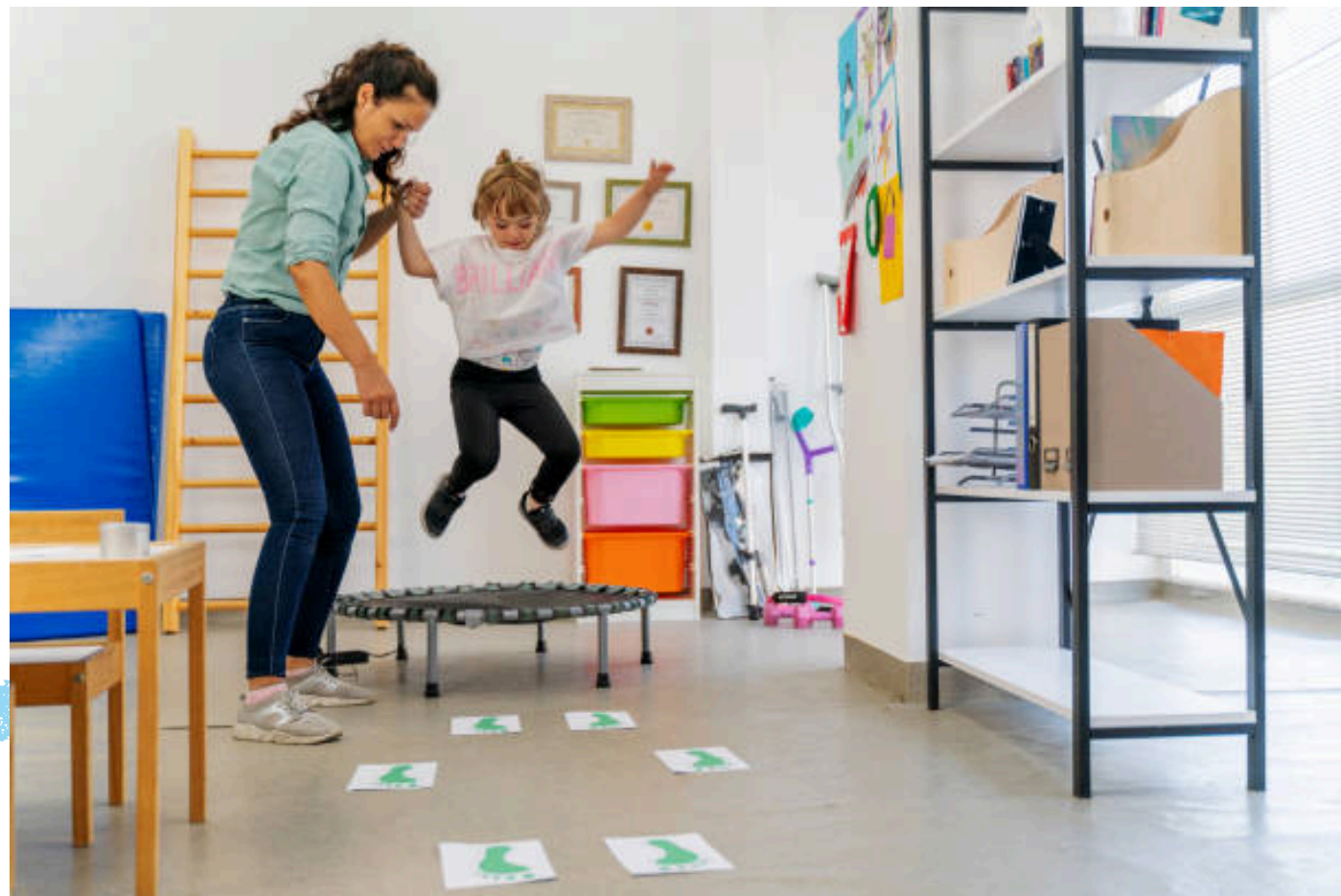
PART 1
QUESTIONS?

PEDIATRIC OT TELEHEALTH IN PRACTICE

CHALLENGING OUR PERCEPTIONS AS PRACTITIONERS:

OT SERVICES LOOK VASTLY DIFFERENT DEPENDING ON SETTING.

TELEHEALTH SERVICES SHOULD NOT BE ATTEMPTS TO RECREATE IN CLINIC SERVICES



BENEFITS OF TELEHEALTH SERVICES

Telehealth services open the door for clients to access services who may not be able to otherwise



Access to care for rural and underserved areas



Access to specialists, such as OTs with feeding experience



Reduces delays when clients are waiting for care

COMMON CHALLENGES IN PEDIATRIC TELEHEALTH

01.

CLIENT ENGAGEMENT

02.

FAMILY BUY IN

03.

LACK OF
"TRADITIONAL"
MATERIALS

04.

COMMUNICATION
BARRIERS

05.

LACK OF TRAINING

06.

DATA COLLECTION
AND
ASSESSMENTS

SET THE STAGE FOR SUCCESS

Prior to your first telehealth session with a family, it's helpful to set expectations for how sessions will look when using a coaching method:

- Discuss roles
- Discuss activities
- Emphasize value of natural environment for context
- Offer solutions to concerns caregivers may bring up
- Send information about platform and common trouble shooting solutions



Source: Davis et al, 2024

FACILITATION STRATEGIES

1. Consider contexts
2. Caregiver learning needs
3. Use responsive communication (will discuss in future slide)
4. Use visuals as needed- both for modeling and for schedules with those who need them
5. Joint plan with caregivers or the client in advance to ensure families are prepared for each session, as well as keeping activities client and family focused.
6. Be a “fly on the wall” for more distractible children

Sources: Angell et al., 2023, Popova et al., 2022, Porter et al., 2023,

SHAPING OUR APPROACH

In general, pediatric telehealth sessions are most effective when approached from a coaching model



Sources: Little et al., 2018, Smith et al., 2022

COACHING'S ROLE IN PEDIATRIC OT TELEHEALTH

USING THE INTENTIONAL RELATIONAL MODEL (IRM) AS A STARTING POINT

The IRM identifies 6 modes of relating to a client. We can use these as a foundation for coaching and responsive communication:

- (1) advocating
- (2) collaborating
- (3) encouraging**
- (4) empathizing**
- (5) instructing**
- (6) problem solving




Source: Popova et al., 2022)



EXAMPLES OF IRM IN TELEHEALTH :

Ex 1: An OTP facilitates a **problem solving** conversation with a caregiver about what environmental factors are impacting the child's engagement in home vs at restaurants. The caregiver is able to share their observations and concerns and the OTP is able to offer clinical insights that the team can then build a plan for intervention off of.





EXAMPLES OF IRM IN TELEHEALTH :

Ex 2: The OTP **collaborates** with a caregiver and teen on adaptive strategies to implement in the teen's bathroom to support increased independence with self care. The teen identifies sequencing showering and keeping on schedule as her priorities. The team implements an app with a timer and visual schedule to try this week.

EXAMPLE: SCHOOL AGED

Charlie is a 7 year old male with diagnoses of Arthrogyrosis and scoliosis. He has been seen for clinic based services prior to transitioning to telehealth services due to a recent surgery impacting his ability to travel. Charlie's family reports that their main concerns include fine motor performance on school-related tasks and sensory defensiveness in the bath.

EXAMPLE: SCHOOL AGED

Session goals: Functional fine motor activities, sensory strategies for bath time

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Potential Challenges:

- Charlie is used to in-clinic style of sessions
- Charlie has two siblings at home
- Limited internet service in family home due to rural area

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Supports:

- Charlie's mom is actively engaged in treatment already
- Charlie enjoys social interactions

EXAMPLE: SCHOOL AGED

Session Facilitation Ideas

- Send preparation ideas ahead of time to limit “wait” times during the session to support attention
- Include activities Charlie can engage in without facilitation from Mom in case she needs to step away with siblings
- Balance Charlie’s interest in social engagement with difficult functional tasks
- Include Charlie in planning of session order to build buy-in
 - Ex: Start session with interactive schedule building game, then use interactive methods to “check off” each completed activity

EXAMPLE: SCHOOL AGED

Activity ideas

- Playdoh and cookie cutters for strength
- Use child interest (Pokemon) to work on shapes using crayons and paper
 - Picture visuals as needed can be shared on screen
 - OT provides coaching on positioning support and grasp ideas for Mom and Charlie
- Cut out shapes drawn previously
 - Using feedback from OT on positioning, Charlie and mom adjust grasp on paper and scissors
- Charlie can take a “brain break” and get a drink while Mom and OT discuss bath strategies to try for decreasing water sensitivities
- Use stuffed animals to practice donning/doffing socks and shirts with buttons prior to trying on mom, then on himself

EXAMPLE: EARLY INTERVENTION

Allie is a 2 year 8 month old with a diagnosis of Autism Spectrum Disorder. Her IFSP goals are centered on regulation skills. She has been in OT via telehealth since early June 2024.



ADDITIONAL TRAINING IDEAS

- AOTA offers a starting place for continuing education webinars and resources
- Caregiver coaching and engagement topics
- Assessment websites (such as Pearson) offer guides for teledelivery of certain assessments
- Many CEU providers also have courses on interventions relating to telehealth and caregiver involvement



**THANK YOU
VERY MUCH**

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