Occupational Therapy in a School Setting

Occupational therapy (OT) is the “therapeutic use of work, self-care, and play activities to increase independent function, and enhance development. It may include adaptation of a task, the environment, or the daily routine to achieve maximum independence and enhance quality of life.”

Occupational Therapy & IDEA
The Individuals with Disabilities Education Act (IDEA) is a federal law, with state education agency oversight, that supports the provision of public education for all children—regardless of the nature or severity of their disability. Part B of IDEA mandates the education of children, 3-21 years old, who have a disability that interferes with their educational performance and their ability to benefit from their educational program. The law guarantees the provision of special education and “related services” as necessary, to meet the students goals.

• related services, such as OT are provided to support a child’s participation in the general education curriculum and in their role as a student.

Occupational therapists should work collaboratively with a student’s IEP team, and family (especially to gain input on challenges the child is having in daily living skills/doing homework etc.) throughout the screening, evaluation, program planning, and intervention process.

Occupational therapists specialize not only in helping to remediate difficulties, but also find the “work around” when remediation is not an option.

Areas of Concern for Students with WS
Individuals with WS require support to complete a myriad of fine motor and life tasks due to the pervasive visual-spatial and fine motor deficits they experience.

Occupational therapy is often helpful to address areas of delay/weakness in Williams syndrome such as, sensory sensitivities, motor skill difficulties, self-regulation problems and feeding issues.

Obtaining Services
The Individualized Education Program (IEP) process involves planning and decision making by the IEP team including parents/caregivers, students, and therapists (if indicated). The components of the process are:

1. Problem identification - identify the areas in which the student is not able to meet the environmental demands or the demands of the curriculum.
2. Referral - The team identifies the resources needed to meet the need including related service frequency and duration, location, and specific criteria.
   • Occupational therapy is indicated as a related service in school, only when necessary to help the student access and participate in education and the educational environment. Quality of movement and medically relevant impairment is not a consideration unless it impedes on the educational process.*
3. Evaluation/Eligibility/Individual Plan - the OT will complete an evaluation and, if appropriate, will write goals for areas in need of specific skill development.
4. Services - will be provided to support the development or achievement of a skill area as needed. Services can vary by type (direct or consultative), frequency (# of minutes per time period), and environment (private or group; pull-out or in the classroom).

*Hospital-based and private therapeutic sessions (out side of school) can address areas of concern not covered in the school-based sessions.
**Occupational Therapy (OT)**

**OT for Very Young Children**

OT can be used for:

Intervention of fine motor and functional needs related to feeding, play, achievement of developmental milestones, and early literacy activities.

*Sample goal & objective areas*

The child will demonstrate improved feeding skills:
- ability to self feed with a spoon
- ability to drink from a cup without spillage

The child will develop independent play
- ability to activate a cause and effect toy
- ability to correctly use a specific grasp (pincer grasp; key grasp) and begin to develop a tripod grasp
- ability to visually attend to a toy with both eyes
- ability to isolate a pointer finger

**OT for Pre-school Children**

OT can be used for:

Intervention of fine motor and functional needs related to feeding, self-care, pre-school skills, and achievement of developmental milestones.

Occupational therapy should be focused on multi-sensory interventions to support the development of handwriting skills and “work-arounds” for the visual-spatial deficits of children with WS, including help to accommodate/modify tasks to support the child’s success in pre-school activities.

*Sample goal & objective areas*

The child will demonstrate pre-writing skills:
- ability to correctly use a tripod grasp
- ability to trace a line (curved or straight) with index finger

The child will increase hand strength:
- utilize scissors to cut within a 1 inch boundary
- open containers with various lids and place items in and out of various size containers

**OT for School Age Children**

OT can be used for:

Intervention of fine motor and functional needs related to self-care, academic performance, technology utilization, and play skills.

Occupational therapists can also assist with curriculum accommodations to support student’s struggles with handwriting and visual-spatial deficits.

*Sample goal & objective areas*

The child will increase self care skills:
- complete clothing fasteners independently - zippers, buttons and snaps
- hang up coat/back pack
- tie shoes*

The child will improve handwriting* skills:
- print words in straight line
- print words between lines
- increase # of words per line

The child will demonstrate increased computer skills:
- keyboarding
- drop & drag
- word prediction

*let the data drive the decision - if difficult goals like shoe tying and handwriting are not met in a reasonable amount of time, “work-arounds” are recommended.
**Occupational Therapy (OT)**

### OT for Teenagers

OT can be used for:

- Intervention of fine motor and functional needs related to self-care, adapted living skills and curriculum accommodations.

Interventions as needed to specifically help the student achieve transition plan goals as they relate to independence and future vocational goals.

**Sample goal & objective areas**

Promote student development of self-advocacy skills

- develop use of keyboarding, basic computer skills, money management etc.

Enhance development of functional skills

- improve ability to work cooperatively
- improve ability to organize materials
- improve time management safety, community mobility, self-care) etc.

### OT for Adults

OT can be used for:

- Intervention of fine motor and functional needs related to self-care, adapted living skills and vocational accommodations.

Occupational therapists often work with community service providers, job coaches, vocational and rehabilitation service providers to establish plans and provide services to insure community integration.

**Sample goal & objective areas**

Enhance development of functional skills

- improve ability to work cooperatively,
- improve time management safety, community mobility, self-care), etc.

Increase daily living skills

- increase laundry mgt. skills
- improve room maintenance skills ie. ability to organize clothing, materials etc.
- reading recipes and cooking simple meals

### Resources

- **American Occupational Therapy Association**
  http://www.aota.org

- **OT and Williams Syndrome (A Case Study):**

- **WS Overview**
  http://www.medicine.nevada.edu/dept/genetics/williams.htm

- **OT Plan Activities Database**
  http://www.otplan.com/default.aspx

- **Common Evaluation Tools**

- **Visual Motor Skills: Test of Visual Motor Integration**

- **Motor skills: Bruininks Osteretsky Test of Motor Skill Development**;

- **Nine-Hole Peg Test**

- **Peabody Test of Motor Skills**

- **Sensory Needs: Sensory Profile or Sensory Processing Measure**
A word about “objectives”

Most children with Williams syndrome will benefit from therapeutic interventions as young children, and some will continue to benefit from some therapies throughout most of their education.

Just as it is important for therapists to learn about Williams syndrome in order to establish the most valuable goals and realistic objectives, it is important for parents to understand the elements of a good objective so that they can be sure their children will get the most benefit from therapeutic intervention.

Regardless of which therapy a child is receiving, a good objective will follow the same format. Each objective must address 4 key elements:

- **Audience:** who the objective is for
- **Behavior:** what behavior is the objective addressing
- **Condition:** Under what circumstances will the result come about? What will contribute to the change? By when should the results be evident?
- **Degree:** what measure will determine successful completion of the goal - 8/10 times, 4/5 days etc.

The best objectives are related to the classroom curriculum, or the child’s role as a student, and ALL objectives must be measureable. For instance, a good objective within the goal area of written expression is: “Student will demonstrate the ability to compose a paragraph with a topic sentence and 3 supporting facts, with initial instructions only, 4/5 opportunities”.

Objectives such as “the child will listen to the speaker 80% of the time”, or “the child will attend to a specified task for “X” minutes” are not good goals.

- It is impossible to know for sure when/if a child is listening, or attending. Many children with WS can appear to be unfocused or looking at something other than what they are supposed to be attending to, but when asked about the topic will know the answer. Therefore a much better goal to gauge a child’s ability to attend is a goal directed at answering questions following the exercise.

Goals and objectives are not the child’s curriculum. They are areas that the team has decided will support the child’s progress in the curriculum if they are given focused attention.

For more information on IEPs and Goals and Objectives go to: [www.wrightslaw.com/advoc/articles/plan_iep_goals.pf.html](http://www.wrightslaw.com/advoc/articles/plan_iep_goals.pf.html)