

Welcome to:

Virtual Speech and OT: Making it Work for ASD Students

Featured Speaker: Christina Morrissey, M.S., CCC-SLP

Important notices:

- 1. This presentation, Q&A, and "chat" will be recorded and made public.
- 2. Questions must be submitted in the chat box.
- 3. If there is insufficient time to answer everyone's questions, participants can reach Tina Morrissey later by email: TMorrissey@TTLC.org



MEDICAL MODEL VS EDUCATIONAL MODEL

- School services follow an educational model
 - Related services supports curriculum, hard to do if there is only three hours of instruction a week
 - School model: Push in services, small groups, focus on reducing how much time student is pulled from the classroom
 - The model does not translate to telehealth on a large scale, with little notice
 - Evaluations do not translate well to telehealth given current situation
- Private Practices (clinics, hospitals) follow medical model
 - More likely to be individual services (less groups)
 - Follows a developmental model, can target wider variety of skills, more flexibility in implementation (not bound by IEP)
 - Regular contact with parents and focus on carry-over to the home
 - Practices such as TLC has support staff to help with billing, scheduling, and securing lesson plan materials



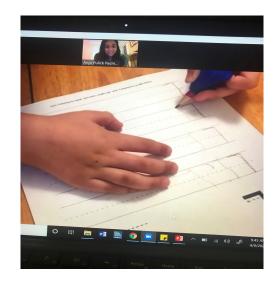


- When in doubt, try it out!
- Adjust expectations-Therapy wont/cant be the same as in school
 - It takes several sessions to establish routines and expectations for therapy
 - Allow for the child to process the new expectations, new setting, change in routine. Could take two or three sessions to find your groove
- Ask the therapist what to expect
 - What will you need to have each time?
 - What will your role be?
 - Can siblings be present?
 - What is the schedule? How much will be direct time with your child? How much will be debriefing with you?
 - Will it be a parent coaching model?
- Consider if you have the time, space, and emotional bandwidth to support telehealth such as gathering supplies, making time, childcare for siblings. "No" is an ok answer



TIPS FOR MAKING IT WORK

- Let the therapist be the primary person to do the prompting and teaching
 - It will be hard for your child to process two people giving directions at the same time
- Discuss how a parent coaching model will look for you and your child
- Check in with therapist throughout the session if you don't know what's expected of you





TIPS FOR MAKING IT WORK

- Allow your child wait time to respond
- Don't be afraid to be silly, laugh, have fun. Play is hard work, but it can also be fun!





TIPS FOR MAKING IT WORK

- Ask for carry over work
 - Integrating activities into daily routines
 - Books
 - Play
 - Access to your child's Boom Cards
 - Information on the Social Thinking strategies
 - Word lists for articulation
 - Real life experiences such as play, conversations, and books will always be more impactful than apps or screens.
 - Balance real life interactions with guided play with apps such as My Play House, TocaBoca, Mr Potato Head, Connect Four, or shared discussions about movies/ty
 - Video yourself doing carry over tasks with your child and ask if your therapist will watch one to two minutes to provide feedback so you know if you are on the right track





YOUR ROLE

- Share what is important to you and your child (could change week to week) so therapist can make the work functional (e.g., conversation skills vs size of the problem)
- Have paper and pen to remember to ask questions and to write down carry over activities
- Ask your therapist for feedback, provide your therapist with feedback
- Model flexibility



YOUR ROLE

- Prepare toys, back up toys, sensory items, reinforcers, utensils/food (feeding therapy), supplies such as paper, pencil, glue, crayons
- Have your child's Speech Generating Device (SGD) charged and turned on
- Provide child with sensory or movement opportunities before session so he/she is ready to learn



PROBLEM SOLVING

- Challenging Behaviors: Problem solve as much as possible with therapist before session (so not talking about challenges in front of child)
 - Plan ahead to decrease demands and to increase preferred activities then gradually fade demands back in
 - Look for stressors
 - Increase reinforcement
 - Offer choices
 - Alternate preferred and non preferred tasks
 - Start with shorter sessions so end on a success.
 - Spotlight preferred behaviors when possible ("You're doing a great job coloring that circle!")
 - Decide ahead of time how you and therapist will handle non-preferred behaviors, will you address it, will it be ignored?





- Visual schedules
 - Choice Works app, Visual Timer app
 - Take photos of toys or next steps with your phone



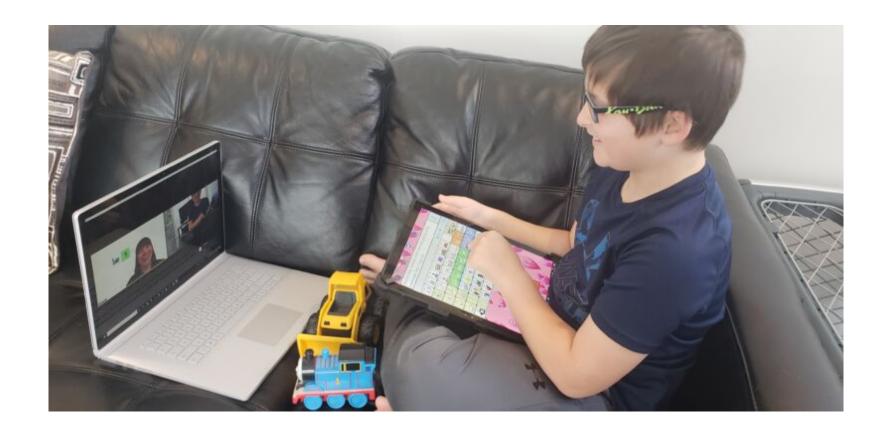


- Siblings: Try to involve them if necessary
 - Could be good peer models
 - Give them jobs (keep track of star chart, turn pages in the book)
 - Allow them some time in the spotlight (have them show the therapist a special toy, choose the next book)
- Poor attention
 - Children need lots of movement breaks and sensory input. Don't insist they remain seated
 - Go Noodle
 - Yoga
 - Shorten the tasks/activities



The Treatment and Learning Centers T L C

TELEHEALTH AND PRE-VERBAL CHILDREN/ AAC





TELEHEALTH AND PRE-VERBAL CHILDREN/ AAC

- Telehealth can work for children of all ages and multiple disabilities
- AAC: Ask about the targeted concepts ahead of time so you can figure out where the buttons are on the device
- Be prepared to move around
- Start with a shorter session/decrease demands and work up to more
- Model language slowly (modeling language is more important than testing with questions)
- Integrate therapy goals into play/People Games
- Parent Coaching is a great model for help learning AAC
- Tell the therapist about what your child has been playing with or prefers at home. Related service providers support curriculum. Your life is the new curriculum
- Ask therapist if they can model skills during activities of daily living (eating, dressing) so you can carry it over when therapy ends



- Don't try to be a therapist, it is hard enough to be a parent
- Don't run drills or "table time," instead focus on how you can learn more about carrying the skills to the routines of your home
 - This will be more meaningful and make greater impact on skill development
- Ask your child's therapists for ideas for carry over activities that you can integrate into play or daily routines rather than "Speech Time" or "OT Homework"



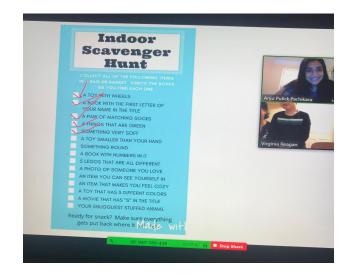
- Use the camera on your phone as the mirror for articulation practice. Video articulation carry over work and your child can watch the video and decide if productions were "Good Ones" or "Try Agains"
- Put targeted articulation words next to mirror in bathroom and do before he/she brushes teeth at night
- Use the Reminder/Notepad app on your phone for children to check off words as they practice



- Think outside the IEP
 - Activities of Daily Living (eating, dressing, brushing teeth)
 - Story Time- Think, Wonder, Notice
 - Modeling is important!
 - Use comments instead of questions, teach without testing
 - Model Social Thinking strategies, model self talk (your internal dialogue)
 - Conversation skills, FaceTime with a friend or relative



- Obstacle Courses
- Scavenger hunts
- Outside play, take walks
- Fine motor skills-string pasta on a shoelace, pick flowers, use tweezers to pick up cotton balls, squirt bottles
- Take movement breaks at home, yoga
- Ask for sensory activities to provide input (sensory boxes, water play, shaving cream, carrying heavy items such as laundry detergent for heavy work)





BEST TOOLS IN YOUR TOOL BOX

- Model
- Wait
- Make it fun!
- Make it a routine



Thank you for joining us for:

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If you want to reach xMinds, email us at info@xminds.org