Occupational Therapy Department
Outpatient Occupational Therapy Clinical Services
Child Psychiatry Service Offer

Clientele:

Children (school age kindergarten through grade 6) who are unable to function in their community and schools because of serious psychological, social, cognitive, behavioural and family problems.

Referral Process:

There is a standing order for clients who are admitted to the day hospital program. All children are screened and/or evaluated during the evaluation period at the beginning of the school year. As there are multiple admission dates throughout the school year, each child's evaluation period will depend on his/her date of admission. Need for continued intervention (group vs. individual) is established from results of evaluations, as well as observations brought by team during team meetings.

Note: A referral is required for OT evaluation/intervention in the evening program.

Intake:

The intake period begins in the weeks before the school year begins. The team meets every new child/family individually. The OT is present during the intake meetings. This is to allow the OT to better understand the needs of the children being admitted to the program, to flag cases for involvement and to prioritize assessment process. The COPM self-report questionnaire is distributed to parents during this period, to facilitate the screening process.

Assessment:

The first 2-6 weeks of admission are considered the assessment period. This is when the team will begin to target problematic behaviors and determine the underlying causes for the behaviors being manifested. The occupational therapists on both teams are expected to screen/assess new admissions within this period. At the end of the 6 week assessment period, results of assessments completed by the team are presented and discussed so that an intervention plan can be established with the team, the client and the client's family. It is during this time that the need for individual OT intervention is identified, and goals for treatment are established.

The occupational therapy assessment begins with a chart review of the client's presenting problems, medical history, developmental status, family history, and environment. In addition, any past interventions in occupational therapy are documented (if applicable).

For each client, a questionnaire for establishing occupational therapy objectives (based on the Canadian Occupational Performance Measure, COPM) is included in the welcome package given to parents during the family intake meetings. Parents are asked to comment on their child's participation in and execution of daily activities (self-care, productivity, leisure), as well as to describe and identify any difficulties in their child's ability to follow a daily routine.

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Observations are made throughout the client's admission during both structured and unstructured activities that comprise the daily routine of the program, particularly during gross and fine motor activities. These observations include the child's performance in gross/fine motor tasks, as well as their approach to the task, ability to follow instructions, frustration tolerance and level of attention. These observations help to guide the therapist in determining which evaluation tools will be administered.

The evaluation in occupational therapy includes both standardized and non-standardized measures. The choice of tools used for assessment is made at the discretion of the occupational therapist based on the needs of the client. Request for evaluation of specific skills can be made verbally by members of the treating team, or by parents of the client. Evaluation results are shared with the interdisciplinary team, as well as with parents and the community schools (with parents' consent)

List of assessment tools commonly used and descriptions:

- Canadian Occupational Performance Measure (COPM): A client-centred tool to enable individuals to identify and prioritize everyday issues that restrict or impact their performance in everyday living.
- Sensory Profile Questionnaire: Determine how children process sensory information in everyday situations
- Beery VMI: Screening for visual-motor deficits that can lead to learning, neuropsychological, and behavior problems.
- Developmental Test of Visual Perception (DTVP-3): Measure children's visual perception and visual-motor integration skills
- Movement ABC: Identifies, describes, and guides treatment of motor impairment
- Bruininks-Oseretsky Test of Motor Proficiency, (BOT™-2): An individually administered, comprehensive measure of gross and fine motor skills. Assesses the motor proficiency of all children, ranging from those who are typically developing to those with mild to moderate motor control problems.
- Test of Gross Motor Development (TGMD-2): Measure used to assess motor behaviour that develops early in life (children aged 3-10 years old).
- Test of Auditory Processing Skills (TAPS-3): Assessment of auditory skills necessary for the development, use and understanding of language commonly utilized in academic and every day activities.

Interventions:

Interventions in occupational therapy take place in both individual sessions, as well as in group formats. Clients requiring more one-on-one intervention to target specific goals and specific skills development will be seen individually or in dyads to complement the interventions received in groups. Group sizes vary depending on the nature of the group offered, as well as on the individual characteristics of the

participants. Groups are generally organized by classroom, and at times larger groups (combining 2 or more classrooms) may be organized. Clients who display disruptive behaviors during groups will be removed from the activity at the discretion of the group leaders.

Types of interventions offered in OT:

1. **Gross Motor**

Goal: To promote gross motor skill development (e.g. balance, bilateral coordination, trunk control, etc.) through play activities.

2. **Fine Motor**

Goal: To promote fine motor skill development (e.g. pre-writing and handwriting, cutting, in-hand manipulation, etc.) through play activities.

3. **Sensory Integration**

Goal: To regulate or strengthen the client's sense of touch (tactile), sense of balance (vestibular), and sense of where the body and its parts are in space (proprioceptive). To improve the brain's ability to process sensory information to increase function is daily activities.

4. **Visual Motor/ Visual Perception:**

Goal: To promote the integration and coordination of visual perception and finger-hand movements which are required for fine motor tasks such as coloring, drawing, copying shapes and letters, and using various classroom tools (e.g. scissors, glue, rulers, etc.)

5. **Social Skills**

Goal: To promote the development of social skills, appropriate play behaviors, and group cohesion/teamwork to increase engagement and participation in activities in a social setting.

6. **Mindfulness**

Goal: To teach children strategies to improve self-awareness, and to calm their bodies through specific mindfulness based activities.

School Visits:

The occupational therapist may also be involved in school observations and meetings to offer additional information for assessment, as well as to help guide interventions. The OT will observe the child in his community school and provide strategies/recommendations to the teachers and child care workers. Classroom adaptations and sensory tools are implemented when required.

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Other Clinical Activities:

As integral members of the front line team, the occupational therapists are expected to participate in informal supervision activities. The occupational therapist is meant to use this time to observe the children being followed in OT during unstructured/social situations. The observations made during these times should be mentioned in their progress notes as needed.

Charting:

The occupational therapist adhere to the charting guidelines provided by their professional order (Ordre des Ergotherapeutes du Quebec). Electronic charting was introduced in May 2017. The occupational therapists will completely transition to electronic charting as of the new school year for 2017-2018.

Progress notes are included in the client's chart on a weekly basis. These notes detail the activities that the client participated in that week, as well as a description of their behavior.

An initial occupational therapy report is completed for each child that received an occupational therapy evaluation following the 6 week assessment period. The information included in this report is as follows: reason for referral; brief description of presenting problems; client's performance in domains of self-care, productivity and leisure; description of client's environment; assessment results and interpretation; and recommendations.

Clients that are actively followed in occupational therapy will also receive an end of year final report in which the summary of evaluations, interventions and progress are detailed, as well as specific recommendations for the client's school and family.

Divulgation of information: When a copy of a report or a chart is requested (e.g. family, school), hospital policy bust be respected. All requests for reports should be directed to Medical Records, and divulgation form must be completed.

Discharge:

Discharge from occupational therapy services is made along with the discharge from the program, or at the request of the client's parents. The occupational therapist may also discontinue individual interventions in OT once the goals identified have been achieved.

Clients are referred to services in the community if continued support in occupational therapy is appropriate.