

**Providing Therapeutic Materials to Families with Children Participating in Telehealth Services:
Caregiver and Therapist Perception of Impact on Telehealth Services**

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Abstract

Telehealth has been a lesser-known service delivery option for occupational therapy for many years. As a result of the COVID-19 pandemic, telehealth has now become mainstream and had even been utilized as a complete replacement for in-person treatment at certain points during the pandemic. The telehealth sessions at the capstone site, a private Pediatric therapy clinic, have been found to be limited by what materials the family has in their home. At the clinic, every therapeutic item one could think of is available for use, but when stuck at home, families must use what they have. This capstone project sought to provide care packages with therapeutic materials to families receiving telehealth to determine if both their own and their therapist's perception of telehealth changed. A non-standardized survey was utilized for data collection, and slight improvements had been found for the caregiver perception of telehealth, with little change in the therapist perception. Further exploration of results and implications on OT and telehealth are discussed as well.

Keywords: telehealth, telerehabilitation, occupational therapy, care package, non-standardized, perception of services, COVID-19, pandemic

Section One: Introduction of Project and Problem Identification

The capstone site hosting this project is a private outpatient pediatric therapy clinic located on the south side of Indianapolis, IN. They offer several services, including speech, physical, and occupational therapy to children aged 3-18. This facility also houses a first steps office, providing in-home visits to families with children under the age of three. The clientele served is very diverse, but mostly includes Autism Spectrum Disorder, ADHD, Cerebral Palsy, chromosomal abnormalities, and other sensory and movement-based disorders. In addition to in-home visits through first steps, the main outpatient clinic offers sessions both in-person and through telehealth, if needed.

The focus area for this capstone project includes program development and implementation, as well as continuing to develop pediatric clinical skills. Focusing on pediatric clinical skills is critical during this capstone, as the capstone student plans to continue to work with the pediatric population following the completion of all education. For that reason, the focus has been on learning from OTs and PTs regarding specific diagnoses that the capstone student had not been confident with previously. Program development is important as well to keep families engaged during the pandemic times. It was chosen to develop and evaluate care package programming with the aim of improving the perception of telehealth services by both the therapists and caregivers. These care packages will contain therapeutic materials commonly used in the clinic that the family may not have at home with the aim of increasing compliance and familiarity with the activities. In addition, these care packages will hope to improve therapist and caregiver perception of the efficacy of telehealth as a service option in the future.

With the emergence of COVID-19 and the subsequent need to follow protocols and socially distance from others, limiting in-person healthcare has been critical. The way many

clinics and hospitals have accomplished this is through telehealth, or the delivery of services through technological means to limit in-person contact. Specifically, with pediatric therapies including occupational, physical, and speech, telehealth is trending towards standard practice. Camden and Silva (2021) found that the usage of telehealth before COVID-19 was only 4%, but currently, this percentage has risen to reflect that around 70% of clinics utilize telehealth in some regard. Similarly, Hoel et al. (2020) found that around 49% of healthcare workers used telehealth in their work during the pandemic, which, on occasion, replaced in-person visits entirely. Overall, the usage of telehealth has increased as a result of the pandemic in order to keep caregivers, children, and practitioners safe and distanced from one another. At the capstone site, telehealth has been utilized extensively throughout the pandemic times, beginning with occupational and speech therapy, then finally progressing towards physical therapy. Due to the nature of the pandemic, and the immunocompromised statuses of some of the children, telehealth should be offered as a permanent service delivery option at the capstone site. For that reason, it is ethical to attempt to make telehealth similar in its effectiveness as in-person services through the implementation of therapeutic care packages.

Needs Assessment

For the doctoral capstone project, the student is partnering with a private outpatient therapy clinic offering occupational, physical, and speech therapies. The capstone student will be implementing programming in which caregivers will be provided with “care packages” containing therapeutic materials for their child’s use during prolonged periods of telehealth services. These will aim to improve the range of activities therapists can complete with children over telehealth and provide caregivers access to some of the materials used in the clinic to allow for further generalization of skills and to increase the ability for the children to reach their goals.

Summary of Background Information

Description of Interview and Analysis of Results

In order to determine the needs of the clinic, two separate informal interviews were conducted with the capstone site's stakeholders. The two stakeholders involved with the project are the executive director at the capstone site and one of the site's pediatric occupational therapists. The executive director will oversee the implementation of this project, including funding and delivery of the service. The pediatric occupational therapist will assist in information regarding the specific materialistic needs of the children receiving telehealth services.

As a result of my meeting with the executive director of the capstone site, it was determined that the project will primarily take place at the capstone site, although purchases may be made off site for use in the care packages. With the submission of a formal plan and budget, this project had the potential to be completely covered by the capstone site. In addition, the concerns with telehealth usage become clearer, including the limitations of activities based on the materials owned by the families, as well as the actual difficulty of offering a new type of service. The executive director suggested to evaluate this program using custom surveys for both the caregivers and the therapists. The surveys will aim to determine whether this programming is beneficial for increased participation and satisfaction with telehealth services.

When speaking the pediatric occupational therapist currently working at the capstone site, the more intricate difficulties with telehealth delivery become known. First, it can be incredibly difficult to plan for a telehealth session, mostly due to not knowing all the materials a family could utilize within their home. The time spent looking for materials when prompted is also an issue, and it cuts into the session time. It was understood that within the clinic, the therapists

have every activity and material one could ask for. However, when the child is not within the clinic, the therapists are highly limited by what the family owns. The introduction of the coronavirus also made it impossible to “lend” materials to be used during telehealth sessions, due to possible exposure.

The perceived themes that emerged during the informal interviews were family-centered care and adherence to safety protocols. It was easy to glean from these interviews that telehealth is becoming a major part of this facility, and that the materials found in the home are not as impactful as those used in the clinic. Both stakeholders expressed the importance of providing families with therapeutic materials so that they may use them both during sessions and in their free time. Likewise, the capstone site has shown how adherent they are to safety protocols regarding the coronavirus, actively encouraging telehealth services if any potential exposure is suspected. They also agreed that it is not feasible to lend out materials, as they may be brought back to the clinic in a contaminated state.

Emergence of Telehealth Services

With the arrival of COVID-19, telehealth services for occupational therapy have become far more mainstream. According to AOTA (2018), telehealth is defined as “...the application of evaluative, consultative, preventative, and therapeutic services delivered through information and communication technology” (p. 1). Telehealth has allowed therapists from all professions to provide therapy with a reduced fear of contracting or spreading COVID-19, which allows for improved feelings of safety for both the practitioner and the population they serve (Hoel et al., 2020). Specifically for my capstone site, safety precautions are taken very seriously, meaning even slight symptoms have led to an appointment cancellation or rescheduling. However, with telehealth, these children can still be seen virtually at any time, given their symptoms are mild

enough to allow so, to avoid falling behind on milestones and any skill regression. Likewise, the ability to reschedule allows for therapists to avoid falling behind on their productivity requirements. In addition to helping slow the spread of the virus, telehealth also assists in reaching a larger clientele, and its usage may prevent delays in receiving needed care (Cason, 2014).

With telehealth services, several barriers and benefits to care currently exist. The most common perceived barriers are logistics, lack of physical contact with clientele, client factors, privacy concerns, and difficulty completing evaluations (Rortvedt & Jacobs, 2019). Logistically, the main barrier would be the training needed for both the therapist and the caregiver to utilize the technology for services. Client factors can also be a large barrier, particularly if a child has decreased attention, the ability to utilize cueing and prompting is decreased. The barriers of completing evaluations and lack of physical contact play into each other. With no physical contact, it is impossible to accurately assess a child's physical status, including coordination, strength, and tone. Naturally, those are often the main portions of an evaluation. For those reasons, AOTA (2018) states that evaluations through telehealth are allowed based on the therapist's clinical reasoning and ethical judgement, but a hybrid evaluation may be indicated if certain factors need to be addressed face-to-face.

Dahl-Popolizio et al. (2020) found that 78% of participating therapists support telehealth as a permanent option to be used in clinics. This led the study to discover positive themes surrounding telehealth, including increased caregiver involvement, effectiveness for OT delivery, and increased access to care. The increased access to care is important not only for decreasing exposure to the coronavirus and improving safety, but also to allow individuals who live rurally or do not have access to transportation to receive services. Telehealth also helps to improve

caregiver participation and generalization of activities and skills. With current in-person visits, caregivers at my capstone site are only allowed to attend the sessions if it is medically necessary for them to be with their child. As a result, most caregivers are not actively involved with the treatment session, and the therapist has to briefly summarize the session with the caregiver upon conclusion. With telehealth, caregivers are encouraged to be nearby to assist with any activities, leading to a better understanding of the skills being addressed.

Gap Analysis

A gap has been found with the ability of the capstone site's therapists to effectively deliver telehealth services, however, not to their fault. As noted, telehealth is becoming prominent in outpatient clinics, and many benefits and barriers exist as a result. Although the telehealth sessions at the capstone site often go smoothly, therapists find themselves having difficulty addressing all goals and completing different activities. This is a result of relying on the materials already within the home of the child they are treating and in general, the difficulty of not having physical contact. The difference in available activities and quality of care offered in the clinic as opposed to telehealth may be impacting the perceived effectiveness of telehealth services. As a result, this gap must be addressed through providing the caregivers and children with telehealth materials and resources to increase the range of activities available to them. By providing caregivers important materials known to the therapist, they may be more encouraged to utilize telehealth in the future, and therapists may feel more confident in their ability to develop treatment plans and meet goals.

Problem Statement and Purpose

The problem statement that will be addressed is: How do caregivers and therapists perceive the efficacy of telehealth services opposed to in-person sessions? Additionally, how will

providing caregivers with specific therapeutic materials change the therapists' and caregivers' perception of the efficacy of telehealth services?

The capstone site currently has a disconnect between the quality of telehealth treatment and in-person visits. With telehealth becoming an emerging theme in healthcare, and due to its ability to decrease exposure and increase access to care, this disconnect must be erased. The capstone site will benefit from programming to provide caregivers using telehealth services the therapeutic materials they need to meet their child's developmental goals and to improve therapist's self-efficacy with delivery of these services.

Section Two: Review of the Literature

Telehealth Usage in Response to the COVID-19 Pandemic

The COVID-19 pandemic has had profound effects on both the lives of citizens and the overall structure and delivery of healthcare services. Within the rehabilitation realm, "...telehealth in pediatric physical and occupational therapy refers to the use of technology to provide distant support to children, families, or individuals in a child's environment, to foster the health, functioning, and development of this child" (Camden & Silva, 2021, p. 3). Even before the onset of the pandemic, the noted benefits of telehealth included increased service access, better flexibility, and increased client participation (Abbott-Gaffney & Jacobs, 2020). For these reasons, telehealth was seen as an efficacious option to utilize during the pandemic, given the need to decrease in-person interactions.

Abbott-Gaffney and Jacobs (2020) conducted a study in which school-based telehealth providers were given formal, comprehensive training in the usage of this medium. The training protocol was developed prior to the onset of COVID-19 but was utilized as a result of the pandemic. They conducted pre- and post-training surveys to determine if changes had been made

in the attitudes of the practitioners towards telehealth usage. As a result of this training, the researchers found decreases in the number of reported barriers, including "...comfort with technology, establishing a rapport with students, maintaining students' attention, activity options and fidelity of observations" (Abbott-Gaffney & Jacobs, 2020, p. 34). Decreasing the barriers to service, both physical and psychological, through training programs may assist in accepting the adoption of telehealth services during pandemic times and further on.

Dahl-Popolizio et al. (2020) conducted a study during the COVID-19 pandemic that explored the way in which occupational therapy practitioners used telehealth throughout the pandemic and their perception on its effectiveness and future application. Overall, "...176 (77%) of respondents supported telehealth as a substitute for in-person clinical visits, and 179 (78%) supported telehealth as a permanent option to be used in addition to in-person visits" (Dahl-Popolizio et al., 2020, p. 81). This is critical to telehealth usage, as the buy-in from the providers is incredibly important in order to deliver effective services. In addition to provider support, telehealth must also be perceived as an effective way to combat a lack of in-person visits during the pandemic. Dahl-Popolizio et al. (2020) also found that the providers within this study felt that telehealth was an efficacious substitute for 84% of their clientele. To summarize, not only did a majority of the practitioners feel that telehealth should be a permanent option, but they also felt it was effective for an overwhelming majority of their patients. These two factors are critical for both caregiver and provider satisfaction.

Similarly, another study was conducted to seek out answers as to how the COVID-19 pandemic affected occupational therapy practitioner's usage of telehealth. In addition to the perceived benefits of telehealth usage, Hoel et al. (2020) explored the barriers as well. The researchers determined that barriers to telehealth included access to the required technology, the

nature of occupational therapy treatment, and the need for close and physical contact to children and caregivers. Particularly in pediatric therapies, many children have complex diagnoses and movement patterns, and they often require in-person contact for motor learning and handling. Telehealth, unfortunately, takes this out of the equation, and forces therapists to explain to the caregiver exactly how to manipulate certain body parts and movements. This naturally will lead to errors and inconsistencies with the techniques.

Hoel et al. (2020) also explored some of the safety concerns that co-exist with working in a pandemic and found that “Practitioners that used telehealth were 1.62 times more likely to score a higher sense of safety when working” (p. 4). This is important to note as well because the adoption of telehealth was not utilized only for the safety of the clientele that therapists treat, but also for the safety of the therapists as well. Being a healthcare provider does not mean that one is less anxious or fearful of their own medical status. To summarize, occupational therapy practitioners could continue to provide services with a decreased amount of worry regarding spreading or being afflicted by the coronavirus (Hoel et al., 2020).

Telehealth as a Permanent Option for Occupational Therapy Service Delivery

The notion of telehealth was not created as a result of the COVID-19 pandemic but rather has existed as a lesser-known service delivery option. According to AOTA (2018), telehealth can be used for several different reasons. These reasons include practitioner shortages, difficulties with client transportation, and for scheduling outside of typical work hours. In the spirit of being client-centered, “Occupational therapy practitioners can use telehealth as a mechanism to provide services at a location that is physically distant from the client, thereby allowing for services to occur where the client lives, works, learns, and plays, if that is needed or desired” (AOTA, 2018, p. 1). As one can glean, telehealth was a service delivery option far before the pandemic arrived.

However, it has not been fully utilized up until this point, and practitioners and managers are now beginning to see the benefits of including telehealth in their programming.

Serwe et al. (2017) found that telehealth has been rapidly evolving and continues to become more methodical, stating “It is now possible to deliver a synchronous intervention in a format similar to a face-to-face experience, especially for intervention types that do not require a hands-on component” (p. 1). It is important to discuss the fact that telehealth has a major barrier in that hands-on components are not able to be given by the therapist. Caregivers must be instructed throughout to facilitate the correct movements and patterns, but due to technology, it may be difficult for a therapist to see if each aspect is being completed correctly. In that regard, telehealth limits the preciseness of hands-on treatment. However, Serwe et al. (2017) finds that although the caregiver opinions on the efficacy of telehealth are different, each family was satisfied that they were able to participate in some regard. Although lacking the desired technique of hands-on treatment, caregivers are still able to participate in a limited sense with these interventions, and often fully when activities do not require a hands-on component.

Little et al. (2018) investigated an Occupation-Based Coaching intervention delivered to caregivers and children through telehealth. Occupation-Based Coaching allows families to create their own goals for their child, and then problem solve with the assistance of the therapist to discover for themselves what the best solutions are. The researchers found that this intervention “...increased parent efficacy and child participation” (Little et al., 2018, p. 5). This finding is important because of the notion that pediatric therapy is always family focused. Giving caregivers the confidence they need to assist in meeting their child’s developmental goals is key to increase carry-over of therapeutic activities and exercises. To further support this notion, the researchers state that “When parents create their own strategies to unique self-identified child

goals, they are well-positioned to gain self-efficacy” (Little et al., 2018, p. 5). Giving caregivers all of the answers may be convenient during treatment sessions but teaching them to problem solve their own child’s development and goals may assist them far better in the future.

Caregiver participation and empowerment often are considered hallmarks of pediatric practice. However, each caregiver and child present with different personal and environmental circumstances that are outside of their control. As a result, it may be difficult to display consistency in attending therapy on a week-to-week basis. When using telehealth as a service delivery model, Wallisch et al. (2019) found that caregivers found telehealth to be easily incorporated into their daily life and routines. In addition, the ability to engage in therapy from the comfort of one’s own home is highly convenient. Telehealth continues to be beneficial to caregivers as “The model itself aims to build family capacity, and many families indicated the telehealth intervention allowed for them to be an active member of the intervention process...” (Wallisch et al., 2019, p. 19). This naturally ties back into the need for pediatric therapists to be family centered.

The perceived and measurable benefits and barriers appear to be consistent over several differing studies. Cason (2014) states that telehealth has the benefits of improving access to occupational therapy as well as decreasing delays in receiving services. They also found that telehealth can help facilitate interprofessional collaboration. In addition, one study found that “The use of telehealth in pediatric occupational therapy has been shown to be effective by providing increased collaboration and carry-over of treatment strategies” (Rortvedt & Jacobs, 2019, p. 126). The increased collaboration between professionals and caregivers may provide noted improvements in caregiver participation and self-efficacy. The most commonly seen barriers for telehealth are lack of physical contact, completing evaluations, and technological

factors (Rortvedt & Jacobs, 2019). The above barriers and benefits of telehealth may vary, however, based on the rehabilitation setting, specific client factors, or the therapists' enthusiasm for telehealth usage.

Literature Review Conclusion

Telehealth and its usage within the field of occupational therapy may appear to some as a brand-new service delivery option. However, telehealth has been an option in occupational therapy for several years but has only recently gained traction due to the emergence of the coronavirus pandemic. Many practitioners and caregivers have begun to realize the importance of telehealth as a service delivery option, while simultaneously understanding that disadvantages exist. Telehealth has the ability to increase feelings of safety within the therapeutic relationship, increase access to care, improve caregiver participation, and increase flexibility in scheduling and re-scheduling. In contrast, the main barriers to telehealth include the inability to perform hands-on treatment, technological difficulties, and decreased treatment options.

Telehealth may vary in its effectiveness due to the participation of the caregiver or even simply by the nature of the child's diagnosis. However, including telehealth as a service delivery option for the unforeseeable future will help to improve access to care for a therapist's caseload, and it will begin to keep practitioners, caregivers, and children safe in the face of unforeseen circumstances.

Section Three: Guiding Model

As a result of telehealth becoming a common service delivery option for occupational therapy practitioners (OTPs), the theoretical model that will best serve to describe this emergence is the diffusion of innovation theory (DOI). Although this theory is not specifically related to the field of occupational therapy, the overall idea coincides well with the adoption of

telehealth as a service delivery option, both in general and as a result of the COVID-19 pandemic.

The DOI theory follows the principle that diffusion of a new idea or innovation takes time and may either flourish or dissolve based on usage and implementation (Dearing & Cox, 2018). Telehealth is not a brand-new service delivery option, however, due to the COVID-19 pandemic, it is gaining popularity as a legitimate option for treatment. Due to telehealth being an innovation to replace some aspects of in-person care, the DOI theory can be applied. The COVID-19 pandemic has created the opportunity for telehealth to be used in a more widespread nature. Relating to the DOI theory, the pandemic assisted in diffusing telehealth as a service delivery option. As telehealth is being increasingly accepted and implemented in a variety of clinics, the ability of providers to adapt to this new way of providing services will benefit both their employer and client base. Due to this, the DOI theory and its application to the project have relations to occupation-based care, in that it allows individuals to meet their collaborative goals and to flourish in their own environments.

Section Four: Capstone Project Plan and Process

Capstone Project Plan

The process of the capstone experience began with planning for the actual project, as well as creating goals and objectives to strive towards throughout. The capstone project that was initially decided upon had to be changed directly before beginning this experience. This occurred for the sole reason that the previous project would not have adhered to current COVID-19 protocols nor the health and safety standards of the capstone site. Due to the concern for the safety of our clientele that both the capstone site and student share, it was an easy decision to

move on to the current project. However, the goals that had been previously set were still relatively accurate, and only needed to be altered slightly to reflect my project.

The first main goal that was set surrounded developing an intervention or project that allowed children to make progress in their fine and gross motor skills. In order to meet this goal, the student had to develop rapport with families so that they are keen to participate as well as ensure the longevity of the program by leaving instructions on my thought processes and budget. At midterm, the objective of developing rapport with the families served at the capstone site had mostly been completed. This was due to the student's previous experience at this site as a level II fieldwork student. Thus, the student was able to get to know most of the participating families, and as a result, they were agreeable to participate in the project. The second objective had not been completed at midterm, due to continuing to complete the project and the lack of information on its efficacy at the time, but was however, met by the time of the final evaluation.

The second main goal had to be altered, and now reflects that the student is able to demonstrate measurable improvements in both the caregiver's and therapist's perception of the efficacy of telehealth and its ability to assist in meeting goals. At midterm, both the pre- and post-surveys had been created, and the pre-survey was sent out to both caregivers and occupational therapists, giving a total sample size of nine and four, respectively. The main objectives for this larger goal were to either discover or create an assessment, and as mentioned, customs surveys have been made. In addition, the objective states that the survey should be available to complete throughout multiple mediums. At midterm, surveys had been completed both online through Qualitrics at IU and on paper. Upon completion of the capstone experience, this main goal was met, as the project demonstrated some improvements in the perception of telehealth services, mainly the caregiver group.

The third main goal of the capstone project is to disseminate this information to peers and staff from both Indiana University and the capstone site. The objectives of this goal are to analyze data gained from surveys to determine the efficacy of the project, disseminate information through presentations, and to develop rapport with staff and families to ensure longevity of the project. At the time of midterm, only rapport had been developed with the families and staff. The other objectives had been completed once data was completely collected and the project had concluded. The project results and implications have been disseminated to the staff at the capstone site, and will be disseminated to peers and faculty at Indiana University following completion of the capstone experience.

As mentioned, the evaluation of this efficacy of this project will be determined using pre- and post-surveys. Unique surveys were created for both therapists and the caregivers using Qualitrics at IU. The main themes of the questions for the caregivers were satisfaction with telehealth, ability for telehealth to assist the child in meeting developmental goals, and indication of future usage of telehealth. In contrast, the themes for the therapist surveys included the ability to administer effective telehealth sessions, satisfaction with usage of telehealth, and indication for future usage. As such, the surveys sought to determine the support level and satisfaction with telehealth, and specifically, to discover whether the addition of care packages increases these levels for either the therapists or caregivers. The data received from the surveys was computed through Qualitrics and Excel to best determine which thought processes have changed, and to develop themes based on therapist and caregiver input.

Capstone Project Process

The process of this capstone project began first by arriving at the site and orienting to the setting. The orientation phase took little to no time, as the student was previously familiar with

this site due to a level II fieldwork rotation. It is important to note that the staff at the capstone site did not change between the time of the fieldwork rotation and the beginning of the capstone experience. Discovering the expectations of the project happened around the first week, as meeting with the capstone mentor was slightly delayed. However, due to the familiarity of the site, and the understanding that this project is to be self-led, the preliminary actions of the project were able to begin. Towards the end of week two, the meeting between the capstone site mentor and student occurred, and many of the items mentioned had already been begun or planned. In addition, during the orientation phase, all four occupational therapists involved were met with. The purpose of the project was discussed, and they agreed that this may be beneficial for their families that use telehealth primarily. From the discussions with both the site mentor and the stakeholders, in addition to time spent with the capstone project, the student was expected to also spend time with caregivers, children, and therapists, collaborating on treatment plans and actual sessions to further build my clinical skills.

As time progressed with the capstone project, one major item had to be changed. Originally, the project was going to be similar to a “monthly subscription box”, in which families would receive some goods each month. However, the efficacy of even sending materials to the family’s homes had yet to be determined. For that reason, the site mentor suggested that the student should do one large shipment of therapeutic materials and utilize surveys to determine if it would be worth it to continue. This change was also made due to budgeting, and the fact that creating a monthly box would have cost far more.

Due to the project previously planned being voided by the COVID-19 pandemic, time had to be set aside to complete an additional needs assessment and literature review to support the current project. The completion of the needs assessment and literature review was the initial

obstacle to tackle, as it supported the ability for this project to even begin. These ended up being completed during week 4 due to requiring meetings with all the stakeholders to ensure they were agreeable to the project as well as the time to sift through the literature and create the documents.

The fifth and sixth weeks were dedicated to creating the budget and getting it approved for use. In addition, the pre- and post-surveys were created for both the therapists and the caregivers to fill out during this time frame. Therapists also were asked to create lists of families that are using telehealth and ensure that it is appropriate for me to contact them with this information and survey. Week 7 was the time in which the midterm review was conducted and discussed with the site mentor. Upon completion of the necessary surveys by both therapists and caregivers, weeks 7-8 were used to both gather and order all the necessary materials, put together the specific boxes, and deliver them to the families personally, all while adhering to COVID-19 protocols. This allowed for weeks 8-11 to be used for implementation of the boxes with their therapists, to determine if they are assisting in making the sessions more efficacious. The beginning of week 12 is when the post-surveys were sent out, which gave the families and therapists ample time to complete. Weeks 12-13 were utilized to ensure completion of the surveys and retention of as many participants as possible. In addition, data analysis occurred during this time period, and determined whether or not the care packages with therapeutic materials made a difference in both the caregiver's and therapist's perception of the efficacy of telehealth services as compared to in-person visits. This also helped to determine whether telehealth is well-received and should continue to be a service delivery option for the capstone site. Week 14 was spent tying up loose ends with the project and creating the presentation for this project as well as receiving the final evaluation and engaging in the subsequent discussion.

Section Five: Capstone Project Implementation

Participant Information

Four outpatient occupational therapists were recruited for this study, with all four completing the pre-survey. Physical therapists and speech pathologists were not included within the study to keep the scope within the realm of occupational therapy. There was a total of 15 caregivers that were sent the pre-survey, totaling 18 children. A total of nine caregivers completed the pre-survey, totaling 10 children, and all nine caregivers agreed to receive a care package for use in telehealth services.

The inclusion criteria for the therapists were rather straightforward. The therapists must be a registered occupational therapist with no regard to age or years in the field. The therapists also must have had at least two children on their caseload that received telehealth services more than 50% of the time. Exclusion criteria for the therapists are any profession outside of occupation therapy or having less than two children on their caseload that receive telehealth services more than 50% of the time.

Inclusion criteria for the caregivers were having at least one child that receives telehealth services more than 50% of the time. Caregivers with more than one child receiving telehealth services was also appropriate for inclusion. Exclusion criteria for this study was any child under the age of two. No other exclusions were made based on age, gender, location, or socioeconomic status.

Recruitment of Participants

The therapist group was first recruited with informal discussions on telehealth and the content of the project. All four occupational therapists agreed to participate in the study and project. All therapists were informed that participation was completely optional, and that their

participation would not result in compensation or have any effect on their daily routine or job roles. The therapists were then utilized to create lists of caregivers that matched the above inclusion criteria. Each of the four therapists were able to recommend four caregivers that matched inclusion criteria, on average. Caregivers were then contacted by the therapists to ensure their comfort and agreeance for me to contact them.

As stated, caregivers were recruited using recommendations from therapists and were agreeable to be contacted for information regarding the project. The pre-survey was then sent to these caregivers to ensure willingness to participate and receive care packages. The e-mail containing all information regarding the project was sent via a secured e-mail address within the facility in accordance with HIPAA regulations and to avoid any potential leaking of caregiver or child information. Following the initial contact, all additional information continued to be sent from a secured e-mail within the capstone site, including delivery dates, contents of packages, and post-survey participation. Caregivers were explicitly informed that participation in this project is entirely optional, and that they may opt out at any time. They were also informed that aside from receiving the care packages at no cost, they would not be compensated for participation. Approval was granted for the recruitment of both therapist and caregiver participants by the IRB, and this study was granted as exempt.

Project Components and Methods

The main structure of this capstone project was to gain insight on perceptions of telehealth, provide a care package with therapeutic materials with the aim to improve perceptions, and finally, re-evaluate how initial perceptions have changed. This project was measured by a non-standardized, pre-post design. The pre- and post-surveys were each created using Qualtrics at IU and distributed to the participants via an anonymous link. The surveys for

the caregivers were nine questions, seven of which being measured on a Likert scale, and two of them being open ended. Likert scale questions aimed to seek satisfaction with telehealth and with their occupational therapist using telehealth. The open-ended questions simply asked their perceived benefits and barriers of using telehealth, in which the information was used to develop themes surrounding the pros and cons. The surveys for the therapists were similar in that they had the same two open ended questions to develop themes. Their Likert scale questions more so surrounded their confidence level in utilizing telehealth and whether they believe it is beneficial for caregivers and children as an option. Copies of the pre- and post-surveys are available in the appendix of this document.

The actual care packages contained several therapeutic items, each with a specific purpose for meeting the goals of child. Overall, these items were used in conjunction with occupational therapy telehealth services to improve fine motor skills, gross motor skills, sensory integration, and executive functioning. Items included in the care package are as follows: fine motor tongs, sensory slime, pop tubes, alphabet lacing beads, playdoh, plastic rings, bean bag sets, resistive Theraband, doodle pads, bubble wands, and snap cubes. A handout was provided to caregivers upon receiving these items with a description of the purpose of the item, and links to examples of activities that can be performed with them to help their child meet their goals. This handout is also available in the appendix of this document.

Resources and Budget

The resources contained in the care packages were gathered from a variety of sources. The Theraband within the packages was able to be sourced directly from the capstone site, as they had a bulk amount of it ready for usage. These are to be used for upper extremity strengthening and range of motion development.

The snap cubes were purchased from Therapyshoppe, and these are used for hand strengthening, bilateral coordination, and in some contexts, pattern development and recognition.

All other items contained in the care packages were ordered from Amazon. Tongs are to be used for hand strengthening, grasp patterns, and dexterity. Pop tubes are utilized for sensory integration and breaks, as well as bilateral coordination. Lacing alphabet beads are to be used for bilateral coordination, spelling, and letter recognition. Slime and Playdoh may be used for sensory integration purposes and fine motor strengthening. Plastic rings and bean bag sets may be used for a variety of reasons, but most predominately for visual scanning and gross motor skills such as throwing and catching. Doodle pads are included for handwriting and pre-writing stroke practice as needed. Finally, bubble wands are included for oral motor strengthening and for oral coordination needed for feeding goals.

The budget for these materials was initially made for upwards of 20 participants, leading to a higher cost. However, upon completion of the pre-survey by willing participants, it was able to be cut down to 10 children, which gave us a much more reasonable budget. Originally, the budget for this project was approximately \$380.00, however, it had been cut to \$270.00. This is a result of a lower number of participants than initially planned for. It is also due to the decision to deliver these care packages personally, with permission for the families of course. This helped to not only decrease costs but also ensure that all packages arrive in a timely manner with the families knowing that the products have been minimally handled and properly sanitized.

The purchases were made around the midpoint of week 8, with arrivals of the materials seen early week 9. Families were contacted via a secure email to ensure their comfort with delivery to their home and the manner in which it is presented. Families were given explicit

options to have the packages dropped off with no interaction or contact. Upon the arrival of materials, all items were sanitized and individually packaged for each child.

Section Six: Evaluation, Discussion, and Impact on Occupational Therapy

Evaluation

As mentioned, data for this project was collected from both occupational therapists and the caregivers of children that receive telehealth services. Non standardized pre- and post-surveys were custom made through Qualtrics at IU to ensure secure links and data collection. E-mails including the link to the survey and follow-ups were sent from a secured address within the clinic. Online surveys were predominately utilized due to the ease of distribution as well as for the safety of the families that use telehealth. Naturally, attempting paper bound surveys with families that opt to receive telehealth would not be indicated. The data collection and evaluation were completed entirely by the capstone student, although discussions regarding the results and impact on the clinic were discussed with the capstone mentor.

Results

A total of 15 caregivers were recommended via their therapists for this project. Out of the 15 that were contacted, a total of nine responded to the initial pre-survey. All of those who completed the survey opted in to receiving a care package for telehealth usage. The percentages for the pre-survey data Likert scale questions are shown below on Table 1.

Table 1

Caregiver Pre-Survey Data

Pre-Survey n=9	Strongly Agree	Agree	Somewhat Agree	Neither	Somewhat Disagree	Disagree	Strongly Disagree
Q1 (Just as Beneficial)	22%	22%	22%	0%	22%	11%	0%
Q2 (Work towards goals)	33%	22%	33%	0%	11%	0%	0%
Q3 (Unique activities)	55%	22%	11%	11%	0%	0%	0%
Q4 (OT option)	66%	11%	22%	0%	0%	0%	0%
Q5 (Toys at home)	11%	11%	55%	11%	11%	0%	0%
Q6 (Interest in Package)	66%	33%	0%	0%	0%	0%	0%

In general, the responses to these questions were positive towards the efficacy and future usage of telehealth for their children. With varying levels of agreeance, all but one caregiver stated that using telehealth consistently helps their child work towards developmental goals. Likewise, 88% of caregivers showed some agreeance that their therapist is able to plan unique activities throughout telehealth sessions. 77% of caregivers felt that they at least somewhat agreed with the notion that they have solid therapeutic materials at home. One-third of caregivers disagreed that telehealth is just as beneficial as in-person therapy. Most important to note from this positive trend is that two-thirds of caregivers strongly agreed that telehealth should be a permanent option in this facility, while one-third agreed to this notion.

In terms of the themes gathered from the open-ended questions, many positive and negative thoughts were found. Positive themes gleaned from the pre-survey include decreasing missed appointments, ease of re-scheduling, transportation considerations, application of activities in the home environment, and safety during the pandemic. Negative themes from the pre-survey included lack of materials, distractions with screens and siblings, and the social aspect of leaving the home for therapy.

Overall, caregiver satisfaction with telehealth as a therapy treatment options appeared to be moderately high. A majority of caregivers felt their therapist plans unique activities and works

towards their child goals. However, some questioned whether telehealth is as beneficial as in-person visits. Several positive and negative themes emerged and tended to be consistent across respondents.

All four of the occupational therapists that were polled for the pre-survey completed it.

The Likert scale data retrieved from the four therapists is shown on Table 2.

Table 2

Therapist Pre-Survey Data

Pre-Survey n=4	Strongly Agree	Agree	Somewhat Agree	Neither	Somewhat Disagree	Disagree	Strongly Disagree
Q1 (Planning)	25%	0%	50%	0%	25%	0%	0%
Q2 (Limited by materials)	0%	75%	25%	0%	0%	0%	0%
Q3 (Just as beneficial)	0%	0%	25%	25%	25%	25%	0%
Q4 (Unique Activities)	25%	25%	25%	25%	0%	0%	0%
Q5 (Satisfied Families)	0%	25%	50%	25%	0%	0%	0%
Q6 (Work towards goals)	0%	50%	50%	0%	0%	0%	0%
Q7 (Provide Materials)	25%	75%	0%	0%	0%	0%	0%
Q8 (Future Telehealth)	25%	50%	25%	0%	0%	0%	0%

The pre-survey data for the occupational therapists had relatively mixed responses. All four occupational therapists agreed in some regard that telehealth should continue to be a service delivery option in the future. In addition, all therapists either agreed or strongly agreed that the providing of materials to families would increase the overall benefit of telehealth. The therapists also agreed that telehealth sessions can be limited by what materials the families have in their home. One out of the four therapists strongly agreed that they found it difficult to plan activities for telehealth, while two somewhat agreed and one therapist somewhat disagreed. Half of the therapists felt that telehealth is not as beneficial as in-person visits, while one therapist was neutral, and one somewhat agreed of their benefit.

Several positive and negative themes surrounding the use of telehealth were found based on the open-ended responses of the therapists. The most apparent themes that support the use of telehealth are the need for the family to be involved, that telehealth is a safe option during

illnesses, it allows children to thrive in their natural environments, and it allows the parents to problem solve issues themselves. On the other hand, the negative themes that have been described are technology issues, lack of hands-on treatment, decreased child attention with screens, limited knowledge of family materials, fluctuations in parental participation, and spatial considerations.

Of the nine caregivers that completed the initial pre-survey, seven completed the post-survey as well, giving a retention rate of 77%. Caregivers were given a week to complete the post-survey, with two reminder e-mails sent throughout in case of them forgetting. Potential reasons for decreased responses are the fact that reminders could only be sent through e-mail, with no in-person reminders. In addition, the post-survey was sent out during spring break, so families may have been on vacation. The results of the caregiver post-survey are shown below on table 3.

Table 3

Caregiver Post-Survey Data

Post-Survey n=7	Strongly Agree	Agree	Somewhat Agree	Neither	Somewhat Disagree	Disagree	Strongly Disagree
Q1 (Just as Beneficial)	28.60%	28.60%	28.60%	0%	14.30%	0%	0%
Q2 (Work towards goals)	28.60%	42.90%	28.60%	0%	0%	0%	0%
Q3 (Unique activities)	57.10%	42.90%	0%	0%	0%	0%	0%
Q4 (OT option)	57.10%	28.60%	14.30%	0%	0%	0%	0%
Q5 (Toys at home)	42.90%	0%	42.90%	14.30%	0%	0%	0%
Q6 (Package was Beneficial)	71.40%	14.30%	14.30%	0%	0%	0%	0%

The post-survey responses from the caregivers had positive responses to their perception of telehealth. There was an increase in the percentage of caregivers that felt telehealth was just as beneficial as in-person visits. There were similar amounts of caregivers that felt that telehealth actively helped their child work towards goals. In the pre-survey, 11% of responses showed that they somewhat disagreed with that notion, moving to 0% in the post-survey. All caregivers for

the post-survey felt that they at least agreed with the notion that their child's OT provides unique activities on a week-to-week basis. Six out of the seven respondents now feel that they at least somewhat agree with the notion that their child has enough developmental toys at home. This is compared to the pre-survey when seven out of the nine felt that way. Caregivers continued to feel that telehealth should be an option in the future for OT services. Finally, all respondents for the post-survey felt that the care package was at least somewhat beneficial for their child's usage.

The positive and negative themes that were found on the pre-survey were relatively similar to what was found in the post-survey. However, a few more caregivers made the statements it was beneficial to them that telehealth required them to be far more involved. Caregivers also began to state that a negative theme of telehealth was needing more hands-on assistance for a child, a common theme in the research. It is important to note, however, that the positive trends in this data may be a result of the decreased retention rate, and notably, the possibility that those who did not respond had the negative perceptions initially.

Of the four occupational therapists who completed the initial pre-survey, all four completed the post-survey, giving a retention rate of 100%. The results of the therapist post-survey are shown below on table 4.

Table 4

Therapist Post-Survey Data

Post-Survey n=4	Strongly Agree	Agree	Somewhat Agree	Neither	Somewhat Disagree	Disagree	Strongly Disagree
Q1 (Planning)	0%	50%	25%	0%	25%	0%	0%
Q2 (Limited by materials)	0%	50%	25%	0%	25%	0%	0%
Q3 (Just as beneficial)	0%	0%	75%	25%	0%	0%	0%
Q4 (Unique Activities)	0%	50%	25%	0%	25%	0%	0%
Q5 (Families satisfied)	0%	50%	25%	0%	0%	25%	0%
Q6 (Work towards goals)	0%	50%	75%	0%	0%	0%	0%

Q7 (Packages are beneficial)	75%	25%	0%	0%	0%	0%	0%
Q8 (Telehealth in future)	75%	0%	25%	0%	0%	0%	0%

In comparison to the pre-survey, there were little to no changes in the therapist perception to telehealth. Similar percentages existed for planning and being limited by materials. One small trend seen is that therapists felt similarly or slightly worse in their ability to effectively create unique activities as well as their feelings that families are satisfied with telehealth services. All therapists felt that in some regard, the care packages were beneficial for their clientele. In addition, therapists now have a slightly more positive feeling towards utilizing telehealth in the future as compared to the pre-survey.

The themes that emerged from the therapists, both positive and negative, were similar to the ones that were found in the pre-survey. However, half of the therapists went into higher detail regarding how telehealth forces the family to be more involved and makes the caregiver solve more of their own problems. This is directly related to the coaching model. Therapists are feeling more strongly that telehealth better equips the caregivers with the tools that they need to best work through issues with their child or children.

Discussion and Impact on Site

This capstone sought to offer programming for the families at the capstone site that made a difference in the quality of treatment they receive. As a result of the COVID-19 pandemic, telehealth had to become a main treatment option for families at the clinic. However, the difference between the quality of care able to be offered in-clinic as opposed to online is vast. Lack of resources at home, inability for hands-on treatment, and technology and logistic issues had made it difficult to have beneficial telehealth sessions. As a result, care packages with therapeutic materials were given to families utilizing telehealth in order to attempt to make

online sessions similar in their benefit to in-person visits. The limitations for this capstone project were found to be a small number of participants, a decreased attrition rate, and the beginning of telehealth being phased out as a result of time and vaccinations.

The results above showed that the caregivers, overall, had a positive increase in perception of telehealth services as compared to before the care packages were utilized. We had a lower percentage of caregivers that disagreed that telehealth was as beneficial as in-person visits. Although that stat did not move much in the tables above, it shows that the care packages may have a slight benefit in that perception. A small number of caregivers initially felt that telehealth was not entirely effective for working towards their child's goals. However, the post-survey shows that all caregivers agreed in some regard that telehealth was beneficial for meeting goals. As the meeting of goals is part of the reason insurance companies will approve visits, the ability for this to occur over telehealth is extremely important. All caregivers before and after the care packages were issued felt that telehealth should be an option in the future. A positive trend was seen for caregivers feeling that they have enough materials for their child at home to meet their goals. This is incredibly important, because parents now have a stronger belief that they have the tools to use to help their child meet their developmental goals.

Overall, a small improvement in the perception of telehealth usage was found for the caregivers participating. This improvement may lead caregivers to opt for telehealth in the future if there is a sickness in the family or they otherwise could not be seen in-person. Giving families the option to re-schedule or be seen via telehealth may help to ensure that their children do not fall behind on their milestones or skills as a result of missing appointments. Likewise, it will help therapists to meet productivity standards and to better maintain their own schedule.

Therapists, on the other hand, showed no improvement in their perception of telehealth as a result of the care packages. They felt that the care packages were beneficial, but that they did not necessarily improve their ability to meet goals or increase their confidence in using telehealth. This may be due to a number of reasons. First, the lack of improvement may be due to the nature of pediatrics. Occupational therapists, in general, have to be creative and flexible with materials and ever-changing situations. Due to this, the therapists may have already been using items that the families have in a different way; in ways that may mimic what a real therapeutic item is for. For example, a therapist may have already been using kitchen tongs in place of the tongs we use in the clinic. In addition to their creativity, the rate at which children have been seen throughout telehealth has decreased in the clinic due to the decreasing of mandates and vaccines being rolled out. As a result, the therapists may have not seen the participants over telehealth as much as they had in the past. Although the therapist's perception of telehealth did not change, the fact that caregivers felt more positive than in the past may indicate that these care packages should be offered in the future.

The belief is that the capstone site has been positively impacted as a result of this capstone project. From the discussions with therapists and other staff members, all felt that the care packages could be beneficial, and they would at least be a fun surprise for the children they see on telehealth. Caregivers were especially happy about the packages, and they showed a positive change in their perception of telehealth. The children were most impacted by this, as the children were observed showing off their new toys they received over telehealth, and the therapists acutely including those items in their session was also observed. This care package programming will no doubt be carried on into the future. The capstone student has personally

accepted a position at my capstone site, and it will be ensured that these continue to be an option for families.

Conclusion

This purpose of this capstone project was developed after a gap was found in the quality of treatment between in-person visits and telehealth. As telehealth continues to become mainstream in outpatient clinics, the ability to create sessions that are similar in their effectiveness to in-person visits is critical. A budget was approved to supply therapeutic care packages to families receiving telehealth, with the hope that the items within would benefit both the family and the therapist as they navigate this difficult service delivery platform. Custom, non-standardized, surveys through IU Qualtrics were utilized to determine if both the caregiver and therapist perceptions of telehealth changed as a result of this programming. It was found that the therapists did not change their perception much, as the creativity they possess may already allow them to make the most out of a family's materials. In addition, the vaccine rollout was occurring during this capstone experience, which decreased the amount of telehealth sessions as a whole. The caregivers, on the other hand, had positive changes in their perception of telehealth, meaning the care packages may have caused them to feel more confident in their child's ability to meet goals during online sessions. In the future, families should have the option to purchase these care packages depending on if they feel they will be worth it or not. However, even if their effectiveness varies, a gift like this can brighten a child's day, as well as re-motivate them and their caregivers for participation in occupational therapy. For that reason, this new care package programming at the capstone site should continue to exist whether the materials are used for telehealth, or simply used as a tool for the children to continue building their skills outside of the

clinic. The more resources a family has for their child, the more likely that child is to continue meeting their developmental goals, leading to increased participation in all aspects of life.

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Appendix A: Caregiver Pre-Survey**Caregiver Telehealth Survey - Pretest**

Q1 I feel that telehealth is just as beneficial for my child as in-person therapy visits.

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q2 I feel that telehealth adequately helps my child works towards their developmental and therapeutic goals.

- Strongly Agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Strongly disagree (6)

Q3 I feel that my child's therapists plan unique telehealth activities each week and tend to avoid repetition.

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q4 I believe telehealth should continue to be an option for therapy, even following the COVID-19 pandemic.

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q5 I feel that my child has enough materials and toys at home to develop upper body strength, coordination, and to address the sensory system (attention, stress management, etc).

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q6 I would be interested in receiving a care package containing fine motor, gross motor, and sensory materials for use during telehealth sessions

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q7 What are some of the drawbacks of using telehealth?

Q8 What are some of the benefits of using telehealth?

Q9 Please write your e-mail below and indicate YES or NO if you would like to receive more information on receiving a care package.

Appendix B: Therapist Pre-Survey**Therapist Telehealth Survey - Pretest**

Q1 I find it difficult to thoroughly plan for telehealth sessions.

- Strongly Agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q2 I feel that my telehealth sessions are limited by the materials the family has in their home.

- Strongly Agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q3 Overall, I feel telehealth is just as beneficial to my clients as in-person sessions are.

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q4 I find it difficult to create unique activities through telehealth on a week-to-week basis.

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q5 I feel that the families I serve are just as satisfied with telehealth sessions as they are with in-person visits.

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q6 I believe I am able to adequately works towards and meet client goals through telehealth sessions.

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q7 Providing therapeutic materials to telehealth families would help to expand my treatment options.

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)

- Disagree (6)
- Strongly disagree (7)

Q8 Telehealth should be utilized as a service delivery option, even following the COVID-19 pandemic.

- Strongly Agree (1)
- Agree (2)
- Somewhat Agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly Disagree (7)

Q9 What are some of the benefits of telehealth as a service delivery option?

Q10 What are some drawbacks of telehealth as a service delivery option?

Appendix C: Caregiver Post-Survey**Caregiver Telehealth Survey – Posttest**

Q1 Telehealth is just as beneficial for my child as in-person therapy visits.

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q2 Telehealth adequately helps my child work towards their developmental and therapeutic goals.

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q3 My child's therapists plan unique telehealth activities each week and tend to avoid repetition.

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q4 Telehealth should continue to be an option for therapy services, even following the COVID-19 pandemic.

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q5 My child has enough materials at home to help with their therapy goals, such as materials for upper body strengthening, coordination, and ones to address the sensory system.

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q6 I feel that the care package I received is or will be beneficial for my child's usage during telehealth sessions.

- Strongly agree (1)
- Agree (2)
- Somewhat agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly disagree (7)

Q7 Below, please type out some of the drawbacks of using telehealth as a therapy option.

Q8 Below, please type out some of the benefits of using telehealth as a therapy option.

Appendix D: Therapist Post-Survey**Therapist Telehealth Survey – Posttest**

Q1 Thoroughly planning activities for telehealth sessions is difficult.

- Strongly agree (1)
- Agree (2)
- Somewhat Agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly Disagree (7)

Q2 My telehealth sessions are limited by the materials the family has in their home.

- Strongly agree (1)
- Agree (2)
- Somewhat Agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly Disagree (7)

Q3 I feel that telehealth is just as beneficial for my clients as in-person sessions are.

- Strongly agree (1)
- Agree (2)
- Somewhat Agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly Disagree (7)

Q4 It is difficult to create unique activities to perform on telehealth on a week-to-week basis.

- Strongly agree (1)
- Agree (2)
- Somewhat Agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly Disagree (7)

Q5 The families I serve are just as satisfied with telehealth sessions as they are with in-person visits.

- Strongly agree (1)
- Agree (2)
- Somewhat Agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly Disagree (7)

Q6 I am adequately able to work towards and meet client goals through telehealth sessions.

- Strongly agree (1)
- Agree (2)
- Somewhat Agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly Disagree (7)

Q7 I feel the care packages provided to the families have been or will be beneficial for telehealth sessions.

- Strongly agree (1)
- Agree (2)
- Somewhat Agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly Disagree (7)

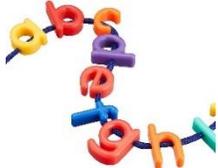
Q8 Telehealth should continue to be utilized as a service delivery option, even following the COVID-19 pandemic.

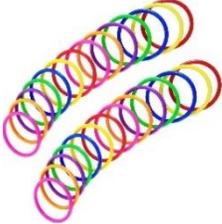
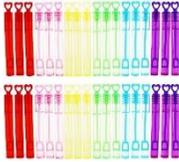
- Strongly agree (1)
- Agree (2)
- Somewhat Agree (3)
- Neither agree nor disagree (4)
- Somewhat disagree (5)
- Disagree (6)
- Strongly Disagree (7)

Q9 Below, please write some of your perceived barriers to using telehealth.

Q10 Below, please write some of your perceived benefits of using telehealth.

Appendix E: Supplementary Educational Material

Item	Description	Uses	Links to Activities
Fine Motor Tongs		<ul style="list-style-type: none"> - Develops hand muscle strength for handwriting and self-care tasks - Improves hand endurance for prolonged school and home activities - Hand coordination and improving grip for writing utensils, scissors, etc. 	<p>http://mamaot.com/ways-to-play-with-tongs/</p> <p>https://www.toolstogrowot.com/therapy-resources/fine-motor-skills/tongtweezer-activities</p>
Pop Tubes		<ul style="list-style-type: none"> - Coordination for both hands at once while pulling and pushing - Developing strength for school and home tasks - Good for sensory breaks due to the sounds made 	<p>https://www.theottoolbox.com/bilateral-coordination-activity-using/</p>
Lacing Beads (Entire Alphabet)		<ul style="list-style-type: none"> - Coordinating both hands to string the beads on – good for shoe tying and other self-care tasks - Letter-based beads help with spelling, letter recognition, and handwriting. 	<p>https://www.yourtherapysource.com/blog1/2017/08/27/lacing-activities-children-2/</p>
Playdoh/ slime		<ul style="list-style-type: none"> - Hand strength, coordination, and grip development - Sensory input due to the texture and material - Builds skills and movement patterns for school and self-care activities 	<p>https://www.ot-mom-learning-activities.com/playdough-activities.html</p> <p>https://www.theottoolbox.com/finemotor-activities-with-play-dough/</p>

<p>Plastic Rings</p>		<ul style="list-style-type: none"> - Scanning the room for the rings for visual skills - Use with instructions for walking, jumping, etc for whole body coordination. - Can be tossed and caught for hand-eye coordination. 	<ul style="list-style-type: none"> - Hide throughout your room/home and let your child search for and find them. Additionally you may place obstacles in the way for planning their movements - Catch and throw them from varying positions for hand-eye coordination – have your child name the color as it is tossed - May be used as a “chewie” for feeding and chewing strength.
<p>Bean Bag Sets</p>		<ul style="list-style-type: none"> - Scanning the room for improving visual skills (scavenger hunt) - Throwing, tossing, catching for development of large muscle movements and coordination. - Grasping and release 	<p>https://www.nspt4kids.com/specialties-and-services/occupational-therapy/building-occupational-therapy-toolbox-beanbags/</p> <p>https://www.ot-mom-learning-activities.com/bean-bag-games.html</p>
<p>Theraband</p>		<ul style="list-style-type: none"> - Mostly used for upper and lower body strength and increasing range of motion. - Safety: Please refer to the link to the right. Never allow your child to use Theraband unattended. 	<p>https://www.theraband.com/care-and-safety</p> <ul style="list-style-type: none"> - Please refer to your treating therapist for recommendations on exercises
<p>Doodle Pads</p>		<ul style="list-style-type: none"> - Handwriting development and beginning pre-writing strokes - Can be used for visual-motor skills (i.e. copying drawings) - Assists in developing mature grasping patterns 	<ul style="list-style-type: none"> - Writing names, playing guessing games with handwriting component - Copying a picture made by the therapist for visual-motor skills
<p>Bubble Wands</p>		<ul style="list-style-type: none"> - Oral-motor skills such as blowing and pursed lips - Always fun for sensory break or reward 	<p>https://theinspiredtreehouse.com/family-activities-for-spring-10-ways-to-play-with-bubbles/</p>

<p>Snap Cubes</p>		<ul style="list-style-type: none"> - Develops hand and finger strength by putting together and pulling apart - Following directions to create a shape or color scheme - Main use is bilateral coordination and using both hands for the task 	<p>https://www.hand2mind.com/glossary-of-hands-on-manipulatives/snap-cubes</p>
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Appendix F: Budget

Care Package Budget 2021	Appox. Price	Amount	Total Price
x10 Boxes (Staples)	\$16.00	1	\$16.00
Packing Tape/ Labels	\$5.00	1	\$5.00
Shipping (Done Personally)	\$0.00	x	\$0.00
Tong Sets (x12 Pack)	\$13.00	2	\$26.00
Playdoh (x24 Pack)	\$16.00	1	\$16.00
Pop Tubes (x8 Pack)	\$10.00	2	\$20.00
Lacing Beads (x10 Pack)	\$17.00	1	\$17.00
Slime (x48 Pack)	\$18.00	1	\$18.00
Plastic Rings (x32 Pack)	\$8.00	3	\$24.00
Bean Bag Sets (x24 Pack)	\$19.00	3	\$57.00
Theraband (Min Resistance)	\$0.00 (have in clinic)	x	\$0.00
Doodle Pads (x12 Pack)	\$23.00	1	\$23.00
Bubble Wands (x24 Pack)	\$18.00	1	\$18.00
Snap Cubes (x10 Pack)	\$13.00	2	\$26.00
		TOTAL:	\$266.00