

Pairing Schoodles School Fine Motor Assessment with Task/ Performance Based Intervention suggestions using the CO-OP model.

Cognitive Orientation to Occupational Performance (CO-OP)

A sequence for creating successful intervention strategies flowing from the Schoodles method of collecting information regarding fine motor performance in the school setting. The CO-OP method has proven to be effective with children with diagnoses of Developmental Coordination Disorder, Autism Spectrum Disorders, Developmental Delays, Cerebral Palsy, ADHD, and others.

Assessment:

We gather information from school staff, including teachers, and identify areas to be assessed.

We use guided observations(Schoodles) to collect information about task performance (handwriting, keyboarding, cutting, coloring) and break down areas of strengths (attention to task, perseverance, intact motor abilities) and areas of challenge (weak hands, poor proprioception, poor bilateral coordination etc.)

We interview the student to determine motivation and interest in obtaining skills in the areas identified as needing improvement.

Documentation:

We document educational need and determine present levels of performance relative to what is currently happening in the classroom or school environment.

We promote writing functional goals that lead to increased participation in school activities and to complete work as near to peers as possible.

Treatment Planning:

We review weak components and the task the child wants to complete, and form hypothesis as to which portions of the task maybe be problematic and where we might need to do more coaching and assisted problem solving.

Intervention:

We use the Plan, Do, Check, model as presented on the CO-OP website.

Plan: We partner with the child to decide which part of the goal or goal they would like to work on first and make a plan with them. We break the task into smaller steps, placing them in list form. We perform the task as the child observes. We ask the child to describe what we are doing. We act as a scribe and write down what the child says as he describes our actions. Use of

the child's own terminology or phraseology. This helps the child strengthen learning pathways and recall.

Do: Using the list, we coach the child through the task. Only show the child the list items they have completed or on currently working on. Keep all other steps covered. We ask questions to coach the child through the task, providing feedback and hints as they go, but keeping our words to a minimum.

We use **Guided Discovery** to teach the task.

*When using guided discovery, remember the following:

1. Work on one thing at a time.
2. Ask the student questions, don't tell him how to do the task.
3. Coach don't adjust, hands off if possible.
4. Make it obvious.

*Use **Enabling Principles**, found on the website below and adapted here:

1. **Make it fun/make it engaging.** For children learning is more likely to occur if the process is enjoyable. This may involve using games, fun challenges, or silliness.
2. **Promote learning.** Use established teaching techniques, including:
Reinforcement
Direct teaching
Modeling
Shaping
Prompting
Fading
Chaining
3. **Work towards independence.** Similar to how learning is promoted by removing prompts, the therapist should remove their verbal and physical support as the skill improves.
4. **Promote generalization and transfer.** The therapist seeks opportunities to directly promote generalization and transfer, such as explicitly asking the child how their strategy will work outside the practice setting and what other skills it can be used with.

We might ask the child to **teach us** the right way, for instance how to form (draw) each letter, line the letters up on the line, space between words etc., to strengthen learning, recall and use of the new strategy.

We involve parents, aides or teachers if possible to help increase opportunities to learn, using the list created by the student.

Check: To see if the plan worked. Was it successful? What might we change? How can we make it better? We might try the task without the list, check to see if the skill generalized to the classroom, check on portions of the task to monitor progress and give feedback to the student.

We use Schoodles observational assessments if appropriate, to update skills and show progress. Check the plan. If the child makes no, or insufficient progress, investigate together, and create a new plan, and move back to 'Do'.

Document progress toward the goal in our daily notes and any adjustments we might make during the next session.

*CO-OP is a versatile approach with multiple applications across ages and diagnoses. Despite its versatility, it is recommended that students have certain pre-requisite skills. These are as follows:

1. The student must be able to select occupations or activities that they would like to learn or for which they would like to improve their current performance level. The student identifies these occupations through an interview using a school based interview.
2. The student must have sufficient language fluency in order to discuss their performance with the therapist.
3. The student must have sufficient cognitive ability to benefit from CO-OP's problem solving approach. Research has demonstrated that clients with cognitive impairments can benefit from CO-OP, so sufficient cognitive ability relates to the ability to learn and remember from session to session.

*Adapted from the websites below.

Reference:

<http://ot.utoronto.ca/clinical-community-alumni/continuing-education/coop/>

<http://co-opacademy.ca/about-co-op/the-co-op-approach/>

Some related research:

<https://clinicaltrials.gov/ct2/show/NCT02893852>,

<https://scholarworks.wmich.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1282&context=ojot>

<https://onlinelibrary.wiley.com/doi/full/10.1111/j.1440-1630.2008.00739.x>

TED talk:

<https://www.youtube.com/watch?v=Au6jwjTB1WI>

