You Live Where? Maximizing O&M Services in Rural and Remote Areas Through Distance Consultation

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You Live Where?
Maximizing O&M Services in Rural and Remote Areas Through Distance Consultation

Amy T. Parker, O&M Program Coordinator
Portland State University
Mary Tellefson, O&M Program Faculty Partner
Purpose of today’s workshop:

To talk about strategies with distance consultation in O&M:

1. what we are finding out from colleagues about this practice
2. what we have have seen in the literature
3. to have a conversation with you about these ideas
4. to share your ideas as a community of professionals about this topic
Conversations with Cheryl

Is this your story?
The Problem in Practice and Challenge in Preparation

- A lack of O&M services in rural and remote areas has been documented by multiple researchers over time.
- We have a responsibility to provide services to individuals regardless of where they live.
- There is a national shortage of O&M professionals.
- Our new O&M program must prepare people to meet the needs of the region.
Project COMET Objectives

1) Train 38 orientation and mobility (O&M) instructors in the Pacific Northwest, Alaska, and Hawaii

2) Through a regionalized, innovative hybrid training program, the four major objectives are to:
   a) offer research-based course content related to O&M for individuals with visual impairment (VI) and additional disabilities, particularly those with deaf-blindness;
   b) provide evidence-based instruction critical to developing culturally and family responsive O&M services; and
   c) prepare O&Ms to acquire competencies in distance mentorship and consultation (DMC) as a service delivery model during practicum and student teaching experiences.
Number of Certified O&M Instructors in the Pacific Northwest

- Oregon: 27
- Washington: 51
- Montana: 18
- Idaho: 12
- Hawaii: 2
- Alaska: 8
Context of Preparing O&Ms in Pacific NW

Figure 1: Pacific and Northwest Consortium for Vision Education (PNWCVE) Needs Data
White Cane Day
A TSVI training to become an O&M in Alaska
O&M through Equity and Inclusion Lens

Research and advocacy in areas of:

- Accessible education
- Teaching innovative ways to meet the needs of students and clients in rural and remote communities
- Emphasizing cultural and geographic diversity
How do we find ethical solutions for maximizing services in rural and remote communities?

How can we maximize services with a scarcity of O&M professionals?

How may we prepare O&M candidates for addressing needs in a geographically and culturally diverse region?
Models of Providing Services from a Distance

- Formalized practices in providing services to people living in rural and remote areas using technology applications from a distance currently exist in the medical field, initiated in the Veterans Health Administration, which includes application for Occupational Therapy, Physical Therapy and Speech and Language.

- Telepractice can be as simple as using a phone connection to answer questions and as complicated as using video-recording in real time or on demand.
Scope of Services Rendered through Telepractice Models

Summarized here is a definition of “services” that are included in telepractice/telehealth models.

Services may include:
- Consultation
- Review
- Validation
- Video conferencing
- Progress Monitoring
- Follow up after face to face
- Q/A
- Assessment
- Education
- Training
- Practice
- Counseling

Barrett-Lennard, A. (2016). The ROAM project part 1: Exploring new frontiers in video conferencing to expand the delivery of remote O&M services in regional Western Australia.


Defining Telepractice

Definition: A variety of strategies that use technology systems to provide service using a telecommunications network.

In practice, it uses high-speed interactive video, store and forward and/or remote computing applications to provide services to consumers living in underserved areas. Edmonds examined the peer-reviewed literature that included O&M.
<table>
<thead>
<tr>
<th>Article</th>
<th>Specific Discipline</th>
<th>Geographic Location</th>
<th>Vision Professional Involved</th>
<th>Support Person/Role Release</th>
<th>Technology Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrett-Lennard (2016)</td>
<td>O&amp;M</td>
<td>Western Australia</td>
<td>O&amp;M instructors</td>
<td>family member, friend, or allied health professional</td>
<td>iPhone 6+ and Vidyo video conferencing software</td>
</tr>
<tr>
<td>Dewald and Smyth (2014)</td>
<td>O&amp;M/early intervention</td>
<td>International (US, Australia, Canada)</td>
<td>TVI’s, O&amp;M instructors, related service professionals, administrators, university professors, and others</td>
<td>n/a</td>
<td>n/a (participants asked about familiarity with Skype, FaceTime, tablets, and iPads)</td>
</tr>
<tr>
<td>Holmes and Prentice (2015)</td>
<td>O&amp;M</td>
<td>Not stated</td>
<td>O&amp;M instructor</td>
<td>No role release</td>
<td>iPhone 4s employed Optus data service, FaceTime</td>
</tr>
</tbody>
</table>
Considerations for Technology

Using information and communication technologies as the medium to provide supplemental services requires:

- Sufficient bandwidth and internet service in the location of the student
- Sufficient bandwidth and internet service in the location of the provider
- Computers with quality camera and mics (interactive sessions and store-and-forward)
- Technical compatibility between sites
- Store-and-forward imaging, streaming media and wired and wireless communications.

Technology needs are based on how the telepractice session is delivered to families, students, school districts, & rehabilitation agencies. In the medical model, “telerehabilitation” is a term used to define an interactive session.
Reported Glitches in the Use of Technology for Distance Consultation Services

You will not be surprised with this list of possible barriers:

- Insufficient Bandwidth to support technology
- Lack of technology in the home
- Lack of training in the use of technology applications
- Technology upkeep and repairs
- Client’s forgetting about the appointment
- A noisy background environment
- A stand-in support assistant or lack of consistent support person
- Power outages
- Using devices that attach to clothing... in inclement weather

Participatory Partnership with Experts to Design A Module (Tellefson, 2018)

1. Initial module development is for our PSU practicum students and clinical partners
2. Integrating peer-reviewed and practice literature
3. Module field testing with interested O&Ms
4. We use the broader term distance consultation that includes more ways to **maximize** services.
Module Contributors/Advisors

- Amy Parker, Ed.D. COMS
- Nicholas Casias, Ed.D. COMS
- Dona Sauerburger, MA., COMS.
- Hong Phangia Dewald, (Nana), COMS, Ph.D.
- Laura Ozios Townsend, M.A., COMS
- Cheryl Williams, MA., COMS, TVI
- Mary Tellefson, MA, MS, COMS, TVI
Professional Article

*Teaching the Use of a Long Cane Step by Step: Suggestions for Progressive, Methodical Instruction*, by Dona Sauerburger and Eugene Bourquin.

This article uses stages of learning to help the practitioner understand the need for accurate feedback when a student is initially learning to use a cane.

- The specific value of this article to the discussion regards what skills are appropriately role released (or not) to a para who is monitoring and providing feedback to a student who is learning to use a cane.

http://www.sauerburger.org/dona/JVIkBcane.html
Consideration of Existing Resources: Resources for Parents and O&M Professionals


  • Contains lessons designed for use in cooperation between parents and the O&M instructor. Lessons provide a variety of experiences with clear expectations for the child’s use of correct O&M techniques to establish independent attitudes and a desire to become responsible for their own travel needs. Directions target the parents as deliverers of the lesson. Included: questionnaire for parent to fill out after the lesson to be returned to OM specialist.
Research Supported Framework for Developing Paraprofessional In-Service Trainings in O&M

Meet Dr. Nicholas Casias!

- Please view this video or access the handouts and listen to the audio. This video is 50 minutes long and worth every minute:

  [http://www.tsbvi.edu/videos-webinars/2018-international-o-m-online-symposium](http://www.tsbvi.edu/videos-webinars/2018-international-o-m-online-symposium) (Scroll down to 10th presentation)
A Case Study in Early Intervention
Using Virtual Home Visits to
Supplement Face-to-Face O&M Services
to Children and their Families
Living in Rural and Remote Communities

Meet Nana!
Synthesis for Field Testing with Students and Partners

1. Implementing the first version of the module with students and clinical partners now.
2. Seeking feedback and discussion on the ideas in the module from practitioners now.
3. Will refine module and share ideas with the field for further discussion.
Current Module
Synthesis of Approaches

1. distance consultation methods to augment face to face services
2. concentrated instructional strategies that maximize instructor’s time
3. group instruction
4. role release/transition
5. flexible scheduling
6. clustering
7. professional/consumer learning communities
Overview: Purpose of Module

- The purpose of this module is to present themes for consideration in the provision of services to rural and remote areas.
- This will include a look at instructional approaches that an O&M specialist can use to maximize direct instructional time with students, role release models and distance consultation strategies that enhance or extend face to face instruction.
Philosophical Intent

○ This module offers ideas and strategies that O&M specialists can consider in response to lack of services for individuals living in rural and remote areas.

○ There are no single strategies, methods or practices that are 100% commensurate with face to face direct instruction in producing optimal learning conditions for individuals learning O&M skills and techniques.

○ Suggestions in this module are not intended to be a replacement for face to face, direct instruction, but to augment O&M services between face to face instructional opportunities and to maximize the instructional time available.
Start the investigation through the lens of A Systems Approach

○ While this module targets specific choices that the O&M specialist can consider, she/he is only one part of the system. Meeting the individual’s needs is a shared intent between the family, the professionals and the student or client.

○ Choices can be made. Pros/Cons
  – Families
  – Students/clients
  Professionals **focus of the module
Choices for Professionals:

Use **distance consultation methods** to augment face to face services

○ **Telepractice/Distance Consultation Model:** A variety of strategies that use technology systems to provide service including interactive and store-and-forward strategies.
  ○ Interactive sessions use a support person at the child’s location to facilitate use of technology communication, observation and feedback to the O&M specialist who is not on site with them.
  ○ Build capacity in parents to provide monitoring and practice of skills.
  ○ Synchronous and asynchronous approaches
What might an O&M specialist say about the cane technique in this video?

- Arc Height
- Arc Width
- In Step
- Touch, slide or constant contact

An Example of a Video that could be sent in via dropbox, email or Google Drive for distance consultation.
Professional Choices:

- Use concentrated instructional strategies that maximize instructor’s time with student including...

1. Proximal Co-teaching Strategy: using a para to reinforce skills with one student at the same time an O&M professional is engaged in other activities such as working with a different student in the same general area (on the same block, at same intersection, in residential area, library, school, mall).
   - O&M professional is onsite with students and can visually monitor student
   - Cuts down on travel time
   - Can be more efficient use of time
Professional Choices:

2. Group Instruction Strategies

- **Group instruction**, 1 instructor, multiple students;
- Peer-centered instruction for small and large group mobility seminars (Jacobson, 2013)
- *O&M professional is onsite with students and can visually monitor student*
  - Cuts down on travel time
  - Can be more efficient use of time
  - Students can interact and work collaboratively
Purposeful Movement Through Play - Family and Sibling O&M night
(Putnam - Almaguer & Daniels, 2018)
Choices for Professionals:

3. Consign aspects of instruction to others

- **Role-release**: using a paid and trained para to promote, observe or monitor a student’s use of specific skill sets in which data is collected.

- **Role transition**: Process through which transdisciplinary teams can teach and learn across disciplinary boundaries to implement goals and execute special education process. (Educational.ed.pacific.edu).

- **Collaboration**: term used to describe the role of parents/family in supporting and facilitating development of skills; no payment and accountability only to self and child (not to educational or rehab system.)
Choices for Professionals:

4. Flexible scheduling

- Flexible scheduling for O&M specialist to work on a weekend if needed.
  - Working parents/families might be available on a weekend to drive the youth or adult to a training site or meet the instructor half way.
  - Parents/families see how techniques should look and can do a better job monitoring travel skills.
- Provide a hired driver to transport student/client to training site
Choices for Professionals:

5. Regional scheduling (clustering), Skill-Themed Camps or Short Course

○ Spend several days in one region to meet with multiple students or to give multiple lessons to one student.

○ Provide regional skill-themed camps or short course at intervals between individualized face to face instruction. (Indoor travel skills, residential area travel, street crossing skills, bus travel, self-familiarization skills at mall, trains, subways etc.)

○ School districts may be responsible for providing transportation to training site for school aged children. This plan should be described in the IEP.
Choices for Professionals:

Cluster clients
Dona Sauerburger explains this concept:

“When you have students spread geographically or your caseload is too large to allow you to work with each student/client as often as necessary, a strategy that might work is clustering.

I covered 5 counties in rural West Virginia. For those in the most isolated areas, I’d wait for referrals of clients in that area so that I could serve several at once. It meant they had to wait a few months for their program to start but when it did, I could see them each for a couple hours 3 times/week and they could progress quickly. “

- Dona Sauerburger
Professional Learning Community Example:

As a strategy for supporting teachers of children who are deaf and hard of hearing using teleintervention practices, the National Center for Hearing Assessment and Management (NCHAM) invited professionals using technology to provide family-centered service to form a learning community to explore the potential of distance technologies.

- The purpose of the learning community was to:
  - share experiences
  - identify challenges
  - systematically and collaboratively address relevant issues

Asynchronous and synchronous technologies nurture professional O&M learning communities

Could these systems provide a way to share distance experiences and collaborate ethically to address challenges
Consumer Learning or Group Supports
Example:

Communities that have unique learning or communication needs.

Synchronous support meetings that talk about O&M approaches with an O&M Seabeck

Asynchronous online groups that discuss O&M with or without an O&M specialist
Summary

○ The solution to providing appropriate O&M services to students and clients who live in rural and remote areas is complex and especially for those who have high intensity needs.

○ There are many factors that influence the choices that are made or can be made by families, professionals and students/clients and the best approach is unique to each individual’s life scenario.

○ A single or combination of option(s) can be used at any given time and for any given amount of time based on what works for the individuals involved.

○ Every instructional practice or choice can be appropriate or inappropriate depending on circumstances.
Table Talk

1. What are the strategies that you have used in your own practice that fall into these categories?
2. What have you seen or heard that colleagues are using effectively (with what populations and settings?)
What comes next?

○ Through a lens of ethical practice, this module will discuss choices O&M professionals can make in terms of models of service delivery and instructional practices.

○ We introduce this in the next slide presentation:

Standards of Practice and Ethical Considerations for using Strategies that Maximize Instruction

*** Break****
Break
Standards of Practice and Ethical/Legal Considerations for using Strategies that Maximize Instruction
● Strategies that maximize instruction include group lessons, co-teaching, using a role-release model (role-release, role-transition), family collaboration and clustering.

● Any one of these strategies could be appropriate or inappropriate, depending on the circumstances.
The standard of practice in orientation and mobility (O&M) is to provide in-person one-to-one instruction in order to: provide for safety appropriately; meet individual needs and provide individualized attention; and facilitate the development of problem-solving abilities and confidence in the student’s own ability to be self-reliant (Excerpt: O&M Division Position paper “Teaching O&M Through Individual and Group Lessons,” 2014).
Standard of Practice: Group Lesson
Considered Appropriate if..

- Adequate and appropriate monitoring for safety is provided to each student.
- Students receive instruction that has been *individually designed* to meet their unique needs.
- Students have sufficient opportunities and time to analyze the features of the environment and problem-solve solutions with no more assistance than is appropriate and necessary.
Standard of Practice: Considerations Continued

- The decision to provide the alternative model of O&M instruction is made by the instructor with concurrence of the student and, where appropriate, his or her family.

- The student’s right to confidentiality is met.

- The student is comfortable with and can benefit from the alternative instruction.

- The alternative instruction is part of a comprehensive program that enables the student to achieve his or her full potential.

- **When an individual’s need for specific, accurate and immediate feedback is not compromised (especially in the emerging skill stage).** *added by module developers.*
Social Models of Learning: Group Lessons

Students who are of transition age

Successful peer models

Trips to specific environments
Beyond Group Lessons as an Alternate Strategy

- There are many situations where alternative models of O&M instruction (beyond group lessons) may be advantageous for the student, such as distance consultation and concentrated instructional strategies.
- The module developers believe that the same set of principles that applied to group lessons should be considered for determining the appropriateness of the alternative strategies named.
Ethical Considerations

- As you’ve already discovered, the O&M Code of Ethics also sets some parameters:

- Applicable Code of Ethics
  - 2.3 The O&M specialist will demonstrate in his or her practice an appreciation of the need to provide necessary accommodations, *including full participation in program* access, accessible facilities and services.
  
  ■ (This would suggest a responsibility to find a way to serve learners in remote and rural areas)
Role Release

Ethical Considerations for working with paraprofessionals
1.17 The O&M specialist will be responsible for services to learners who are referred and who are accepted as a learner and will provide ongoing supervision when any portion of the services is assigned to interns or student teachers who are enrolled in O&M university programs, with the understanding that each individual will function under strict supervision.

This would suggest that any role-release of O&M services to another human needs to be well-supervised; the plan needs to be written and approved by the educational teams; and the O&M specialist can be held responsible for what occurs between the learner and support person and the learner and environment.
3.13 The O&M specialist will not train any person to provide O&M services as an O&M specialist outside of the O&M university program.
   - This suggests that a COMS may not teach another individual how to teach O&M skills. This aligns with the statement in this module that distance consultation models do not replace direct instruction.

What about the use of paraprofessionals?
Can we use paraprofessionals to support O&M skill development?

- There are no legal mandates that affect the use of assistants or paraeducators in a role release model for adult rehabilitation services. However, the O&M Code of Ethics and the AER Position Paper on Group Instruction offer principles that are applicable to this topic.
- There are also legislative mandates for how paraeducators/paraprofessionals are used in schools systems.
Legal Guidance for Using Paraeducators/Paraprofessionals in Special Education: The Nitty Gritty

- The training and use of paraeducators to extend learning opportunities for children with high intensity needs in school is essential and well defined in IDEA federal law.
- Children who, by nature of their disability, require frequency and consistency in instruction in order to maximize learning and attain learning outcomes, benefit from the assistance, support, monitoring and feedback paraeducators can provide on a daily basis.
- Professionals using paraeducators are legislatively mandated to provide training, supervision and assessment to the para.
- Paraeducators must be under the direct supervision of highly qualified staff.
Legal Guidance for Using Paraeducators/Paraprofessionals in Special Education

Paraeducator support is a supplemental service identified in the IEP.

The following excerpts will identify essential components of special education law that affect the use of paraprofessionals. You should familiarize yourself with the entire passages.

- The IDEA allows for “…paraprofessionals and assistants who are appropriately trained and supervised … to be used to assist in the provision of special education and related services to children with disabilities” (34 CFR 300.136).

Guidelines for Consideration of Paraprofessional Support Services
(ptan.seresc.net/blog/wp-content/uploads/.../NHSAAAGuidelinesForConsideration.doc)
Direct Supervision; Proximity

- D-1: Paraprofessionals who provide instructional support must work under the direct supervision of a highly qualified teacher. [Sections 1119(g)(3)(A)] A paraprofessional works under the direct supervision of a teacher if (1) the teacher prepares the lessons and plans the instructional support activities the paraprofessional carries out, and evaluates the achievement of the students with whom the paraprofessional is working, and (2) the paraprofessional works in close and frequent proximity with the teacher [200.59(c)(2) of the Title I regulations]. As a result, a program staffed entirely by paraprofessionals is not permitted.

- Because paraprofessionals provide instructional support, they should not be providing planned direct instruction or introducing to students new skills, concepts, or academic content.

Guidelines for Consideration of Paraprofessional Support Services (ptan.seresc.net/blog/wp-content/uploads/.../NHSAAAGuidelinesForConsideration.doc)
Training and Roles

1997 IDEA Amendments 2004 Re-authorization of IDEA Part B, Section 612 (a) (15) - Personnel Standards

State agency establishes and maintains standards to assure that all personnel are adequately and appropriately trained. Paraprofessionals who are adequately trained and supervised may assist in the delivery of special education and related services.

o No Child Left Behind Act of 2002 Title I specifies that paraprofessionals must have: Two years of college, or an associates degree, or Pass a rigorous assessment of skills equivalent to two years of college, that demonstrates their ability to assist in literacy and math instruction; must work under “direct” supervision of fully qualified teacher;

o Job duties are limited to One to one tutoring only if it doesn’t prevent the child from receiving instruction by a teacher, assist in classroom management, assist in computer instruction, provide instructional support in a library or media center, act as a translator, provide instructional support services.

The Paraeducator Effectiveness Study: Exploring the Link Between Paraeducator Training and Student Achievement:
https://573f6a41c2032059b055-ec3919f20fb869450364fb41b92201ed.ssl.cf1.rackcdn.com/Not%20one%20more%20thing%20-%20Infusing%20para%20supervision%20training%20within%20pre-existing%20courses1.pdf
Limitations

Paraprofessionals are not Teachers

A Paraprofessional’s time alone with a student in the classroom cannot count towards consultant teacher time as required by the IEP. A Paraprofessional is clearly not a teacher.

Liability

If a student/client gets hurt while an assistant or para is facilitating O&M skills in a role-release model, the O&M Specialist may be held personally accountable for mistakes made!

Detailed written record of specific para training including amount of time and how the para was supervised and evaluated must equal the expectations of the para.

The following slide sums it up.
An image of scales to support ethical decision making about paraprofessionals
To use paraeducators effectively and ethically, the following must be understood:

- The role and responsibilities of a paraeducator as a critical member of the educational team,
- The pros and pitfalls of one-to-one assistance for students,
- Reasons for paraeducator attrition,
- Ways to increase job satisfaction and retention,
- And ways to develop a supportive and coaching relationship.
“O&M instruction seems to require a great deal of judgment; there is no real way to confirm judgment in an individual (paraprofessional) based on the ESEA/Title 1 qualifications. A high school diploma and 48 Jr. college credits or an A.A. does not give a person judgment.” William Koehler, 2018

- What is the implication of this statement for those COMS who train para’s to reinforce O&M skill development?
Considerations Specific to O&M

- Because of the nature of O&M skills, the environments in which they are applied and the potential for harm there can be no doubt that the most important responsibility of the paraeducator when reinforcing or monitoring a student’s use of O&M skills, is the student’s safety.
- It is critical for the O&M professional to specify a role that is focused on the student’s IEP goals for O&M, provide training and then observe the para in the designated role.
- It is also important for the para to understand what is specifically not his/her job.
- The New York City Department of Education has a formal job description for O&M Paraprofessionals:

  http://edvisionservices.org/Formsupdated/OMForms/OMPara/EVSParaRolesResponsibilities.doc
A Cautionary Note

- Clear Distinction: Assigning a para to provide general safety supervision to a student during the school day (for whatever reasons) is very different than the role of an O&M para who provides safety supervision during the discrete practice or monitoring of O&M skills that the O&M instructor has outlined.
- The O&M professional should be cautious about being put in the position of accepting the supervisory responsibility of a para used for general safety supervision during a student’s school day. That is not the O&M professional’s role.
Just Because We Can (it’s legal) 
Doesn’t Mean We Should (it’s ethical)

As we move into specific examples of strategies in practice through video and case studies, keep these questions in your mind:

1. What O&M skills or concept areas can be ethically and confidently released for practice, observation or monitoring, to trained paraprofessionals, family members or other staff?
2. How can the O&M Career, College,& Community Readiness Standards support the use of specific strategies?
3. How can the definitions of emerging, applied, synthesized and generalized used in the O&M CCCR standards help you determine which level of skills are most appropriate for role release?
Considerations for Choosing a Support Assistant

A few distinctions can be made here:

● O&M Specialists in an Early Intervention Program are likely to use parents or other educators as support assistants.

● School systems are most likely to use either an educator or a trained paraprofessional as support assistants when using a distance model of service delivery.

● O&M Specialists providing distance service to adults are likely to use staff from rehabilitation agencies and/or family members as support assistants.
Learning from Existing Distance Service Models

Specific attention needs to be given to the principles and responsibilities of professional practice in ethical implementation of telepractice services. These include an understanding of the following topics:

- Scope of Services rendered through telepractice
- Are you a professional who can train and supervise an assistant?
- Scope of options and use of technology resources
- Maintaining confidentiality
- Clear understanding of the role of and training for support personnel
- Training in supervision strategies for the professional
- Funding responsibility for implemented services, including technology
- Ethical consideration for application to O&M per O&M Code of Ethics
With all this in mind, let’s... meet Cheryl Williams, COMS, who will explain and demonstrate some strategies that maximize her instruction time. (20 min. video)
Table Talk

1. What are your own experiences in working with an assistant or paraprofessional?
2. Let’s use the O&M skill set on the following slide (provided as a handout on your tables) to discuss areas where it may be ethical or of concern to work with a paraprofessional.
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<td>Posture and Gait</td>
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<td>Cane Handling Skills</td>
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<td>Vehicle Familiarization</td>
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<td>9.</td>
<td>Basic Street Crossing Skills</td>
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<td>10.</td>
<td>Structural Concepts of Residential Blocks</td>
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<td>11.</td>
<td>Compass Directions</td>
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<td>Block Orientation Skills</td>
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<td>Structural Concepts of a Typical Neighborhood Grid Pattern</td>
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<td>25.</td>
<td>Self Help/Phone</td>
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<td>26.</td>
<td>Self Help/Problem Solving</td>
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<td>27.</td>
<td>Self-Familiarization Skills</td>
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<td>Home Base Training</td>
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<td>Public Transportation/Bus &amp; Train Skills</td>
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<td>Public Transportation/Taxi</td>
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<td>Night Travel</td>
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<td>Seasonal Travel/General Concepts</td>
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<td>Seasonal Travel/Ice, Meltwater, Slush</td>
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<td>Seasonal Travel/Orientation</td>
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<td>Seasonal Travel/Driver Visibility/Vehicular Effects</td>
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<td>Wheelchair/Basic Propulsion</td>
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<td>Wheelchair Use/Indoors</td>
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<td>40.</td>
<td>Wheelchair Use/Outdoors</td>
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<tr>
<td>41.</td>
<td>Bicycle Use/Travel and Safety</td>
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</table>
Collaboration with Families

Ethical Considerations for working with Families
Role Collaboration with Parents/Families Using a Distance Consultation Model

A Key to Pedestrian and Environmental Literacy for Children who Live in Rural and Remote Areas
Coaching Models

- Initially, the O&M spends more time with the parents and student in the environment being used in order to model what parents should know and be able to do.
- It takes some time up front to develop parent’s capacity to recognize teachable moments and to support appropriate skill application (apply concepts with actions) and accurate O&M techniques such as cane skills, use of tools & orientation.
Professional-Parent Relationships that Serve Students

- The relationship between the parent and professional is different than between a para and a professional. It is more collaborative and delicate and does not include supervising or assessing the parent. In fact, a parent who feels evaluated or judged is unlikely to continue the partnering relationship.
- Rather, it’s more of a coaching relationship. The O&M professional assists the parent as a partner who is co-committed to the final outcome.
- Therefore, the O&M professional benefits from understanding a coaching model that promotes joint goal setting, plans for communication, and strategies for support.
Implementation Considerations
Develop Parent’s understanding of the following:

- His/her child may not live in a rural setting forever and that the majority of job opportunities are found in cities.
- Cities are also where the most recreation and leisure opportunities exist and are accessible by public transportation.
- Pedestrian travel skills are developed in towns where sidewalks are available and destinations are within walking distance at age-appropriate levels as the child matures.
- Waiting for a transition IEP to develop concepts and skills is possible but not advisable.
- Parents share the responsibility of preparing their child for future life and with cooperative planning with the O&M specialist.
Future Travel Needs for Children who Live in Rural Areas

- The O&M Specialist and IEP team look at the future needs of the student as well as current needs.

- A report on rural issues and trends in one rural state (Wisconsin) for example states that upon graduation, students are moving out of their rural environments to cities where they are more likely to find employment. (https://dpi.wi.gov/sites/default/files/imce/rural/pdf/DPI%20RAC%20presentation.pdf)

- How do we prepare children with visual impairments with skills that support life in the city when, based on their current locations, training sites are scarce and lack of instruction is prevalent due to proximity or availability of O&M professionals?
Technology

General tips or concerns for working with technology with families, assistants and teams
The text reads:

What distance consultation can look like:

- Video conferencing with staff with or without learner
- Phone conferencing with staff with or without learner
- Video or Phone conferencing with school districts for IEP meetings
- Sending photos and/or videos via email/drop box/google photos for observation
- Role releasing skill(s) one or two at a time and providing consultation through distance communication systems
How it could look

Multiple people can participate from a conference room setting where live cam and audio technology is available.

Parties on the other end could be in a home, center, library or other conference room.
Video conferencing from home?

- Make sure you are up to date with the preferred video conferencing software
- Common examples include: Zoom, GoToMeeting and Skype
- Also have space to take notes and a quiet environment to fully participate in the meeting.
- Lastly, sometimes technology fails, have a phone and a back-up plan to join the meeting via telephone if needed.
More Tips!

- Schedule a practice session with the providers you will be working with so they have support the first time they are connecting to new or unfamiliar technology. This would allow a service provider to work through the kinks in technology and practice how to interact. It could be recorded and reviewed later as well.

- Give specific examples of the behaviors you want video recorded. Allow for practice in video descriptions along with a list of words and definitions commonly used by O&M specialists (veer, cane arc, width, height) etc. Make sure everyone is on same page.

- If the student/client uses a cane, provide the Point Person with access to an Introduction to Cane Techniques (video, article, book passage) so they are familiar with key terms.
Store and Forward or Synchronous (real time) Approach to Teleintervention

- Computers in the family home can video-record a child’s functioning and behaviors during naturally occurring routines and activities such as meal time or play and be viewed and analyzed by the professional at a later time.

- Parents can use video to demonstrate the problem rather than try to explain it over the phone.

- Professionals can view multiple times if needed and give feedback through email, phone, videoconferencing or return video. The time lapse allows the professional to thoughtfully craft and sculpt feedback to meet the families’ needs.

- Progress in the child’s learning is evident through video clip sequence.

- In the next slide, Nana uses a Zoom meeting platform to conduct a virtual home visit in real time.
Example of Distance Consultation
Harvey (22 mos.) and Dad
Considerations for Confidentiality

Confidentiality, by law, must be ensured. Distance Consultation Services/Telepractice that uses the internet to relay information, either in real time or store-and-forward imaging must be secured and protected. *Encryption* can be used.
Benefits of Virtual Home Visits cited by Literature

- Technology-based virtual home visits offer a way around the barriers of delivering IDEA Part C early intervention programs in rural and remote areas. (*Virtual Home Visits: They Help surmount Early Intervention Barriers*)

Among potential benefits of using videoconferencing technology to support a child’s development of foundational O&M skills through technology are:

- **Consistency** in delivery of information and services (between face-to-face visits)
- **Fewer cancellations** or wasted time traveling when family is not home. Not as much time in car
- **Reducing parent stress**. Parents can be stressed by having professionals in their home.
- **Improvement in infant/toddler outcomes** due to more frequent consultation/coaching with parents to provide developmental activities for child and increased parent engagement, which is “the most important part of instruction and shows the greatest correlation to a child’s development.” p.8, Ebook)
- **Cultural brokers and partnerships**
Table Talk

1. What are your own experiences in working with any form of distance consultation with families?
2. What are your ethical concerns or concerns about equity?
3. What may the potential benefits be of distance based work as a supplement to O&M services?
Common Thread in Distance Consultation Methods for children or clients = Assistant

- Distance service models typically require a support assistant to be at the receiving end with the student or client.

- The role of the support person is dependent on the student/client and the nature of the distance service. Typically, the support person is responsible for:
  - setting up, maintaining technology
  - being the professional’s eyes and ears, observing and relating information between the student/client and the professional
  - providing safety supervision during formal route travel
  - facilitating communication
  - being the professional’s hands—positioning, facilitating, guiding student/client’s behavior
Where We’ve Been

Summary:
- Distance Service models can look many different ways.
- States vary in what they allow for distance consultation: check the state you are working in!
- Overlapping considerations are:
  - Scope of Services rendered through telepractice; choosing appropriate services
  - The need to train and supervise an assistant.
  - Scope of options and use of technology resources and overcoming glitches
  - Maintaining confidentiality
  - The need for professional training in how to supervise an assistant
  - Funding responsibility for implemented services, including technology
  - Ethical considerations for application
COMS Benefit From Professional Learning Communities to Discuss Distance Consultation Strategies and Practice

Suggestions: Set up a monthly virtual meeting with other professionals who are providing O&M services in rural areas to:

- learn how other O&M specialists use distance consultation strategies, including role release, role transition and role collaboration
- share ideas for training paraprofessionals or assistants
- get tips on processes and technology
- share case studies and participate in problem solving or brainstorming around student issues, instructional strategies, ethics and practice
- share knowledge and support

Distance consultation strategies are new to the field of O&M. We strengthen our collective knowledge through sharing, collaborating and recording experiences.
Questions?

An invitation to look more deeply at the module