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# **Examining Occupational Therapists' Role in Providing Client-Centered Care for School-Aged Children in the Educational Setting with Visual Impairment**

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Nicole Gentry, Skye Gross, Alyssa Hammon, & Angela Mossman-Larson, 2023

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## **Examining Occupational Therapists' Role in Providing Client-Centered Care for School-Aged Children in the Educational Setting with Visual Impairment**

### **Focus Question**

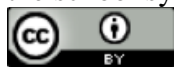
What is occupational therapists' role in providing client-centered treatment approaches for individuals in schools with visual impairments with or without comorbidities to enhance occupational performance in the educational setting?

### **Case Scenario**

In a foundational statement outlining the profession's belief regarding the needs of the pediatric population with visual impairments, the American Occupational Therapy Association (AOTA) stated children with visual impairments "benefit significantly from coordinated and comprehensive services to enable them to learn to use their remaining vision more efficiently and use nonvisual methods to complete activities" (Warren & Nobles, 2011, p. 2). According to Warren and Nobles (2011), individuals can have two types of visual impairments: cortical visual impairment and ocular visual impairment. Cortical visual impairment (CVI) deals with affected areas of the brain that limits visual processing, whereas ocular visual impairment is specific to deficits affecting the eyes. CVIs are the leading cause of visual impairments. Since children with CVI have difficulties with visual processing, this can lead to a negative impact on their participation in education. Visual impairment can lead to a delay in the child's learning and impact their developmental milestones. CVIs can also impair one's ability to participate in other occupations such as playing, self-feeding, dressing, and navigating the environment (Harpster et al., 2022). According to Synder et al. (2019), 27,000 students with visual impairments receive services in U.S. school systems yearly. The current culture and environment of school settings present significant challenges for students with visual impairments; however, collaborative team efforts and skilled occupational services in the school system can maximize their success (Doxsey & Jones, 2021).

According to AOTA (2020), occupational therapists strive to enhance or enable participation in occupations meaningful to persons, groups, or populations. Occupations include all of the tasks or actions that people want or need to do daily to care for themselves, care for others, manage their household, socialize, learn, and work. Occupational therapists may work in educational settings to help students with occupational challenges in school. Swinth (2019) identified that educational settings may include public schools, charter schools, private schools, alternative schools, vocational schools, and university settings. Early intervention and school settings include 24.5 % of occupational therapists working in the profession (Swinth, 2019). The rehabilitation team that occupational therapists work alongside in the education setting includes teachers and other educational personnel such as behaviorists, school counselors, and additional student support staff, such as physical therapists, orientation and mobility specialists, educators for the visually impaired, school nurses, and more (Doxsey & Jones, 2021). Occupational therapists implement interventions and strategies in the school systems that address processing, motor, and communicative or interactive skills (Swinth, 2019). The goal of the occupational therapists and the rehabilitation team is to allow the child to engage in the classroom setting fully (Warren & Nobles, 2011).

Although occupational therapy is considered a service to address visual impairments in the educational setting, little literature is available to provide specific guidance on the occupational therapists' role in providing client-centered care for populations with low vision in the school systems. The age range of focus for this Critically Appraised Topic (CAT) follows the



age requirements under the Individuals with Disabilities Education Act (IDEA), which are ages 3-21 (U.S. Department of Education, n.d.). Erikson's stages of psychosocial development define this age range in the following categories: play age, school age, adolescents, and young adults up to 21 (Orenstein & Lewis, 2022). In addition to the age range, our targeted population for this CAT are individuals with visual impairments from primary or comorbid conditions that cause deficits in visual skills that are needed for individuals to "receive, process, interpret, and respond appropriately to input from the environment" (Zoltan, 2007, p. 47) in which disruption to occupational performance in education occurs, both academically and socially.

The structure of this CAT is outlined using the ecology of human performance framework (EHP). According to Dunn (2017), EHP was designed to justify the need for occupational therapists in the educational setting. It is a person-centered model that emphasizes an individual's context and how it impacts their participation in meaningful occupations. The four main constructs of this framework are the person, task, context, and performance. Interactions between the constructs inform how a person performs in their environment. The performance range is assessed based on an individual's person and context and determines the number of tasks available to a person. The EHP model also provides a common language to foster an interprofessional dynamic needed within the school system, as occupational therapists often work alongside other educational personnel. This interprofessional team is essential in fostering client-centered care and addresses all the needs of students with visual impairments. This framework also emphasizes the importance of one's natural environment, which is relevant to occupational therapy in the school environment, as occupational therapists aim to enhance occupational performance in the classroom. Lastly, EHP provides five intervention strategies to support occupational performance needs and interests. These intervention approaches are establish/restore, alter, adapt/modify, maintain/prevent, and create. They help identify occupational therapists' roles in planning interventions and strategies for populations in school settings with visual impairments (Dunn, 2017).

While the school system is designed to have accommodations to support individuals with visual impairments, there are significant challenges that school districts continue to face to ensure all of their students are set up for success. Typically, occupational therapists who work within the school district are generalists and do not have the training or qualifications to focus on treatment and interventions for their clients with visual impairments (Doxsey & Jones, 2021). The current literature and intervention techniques for visual impairments within the educational system are limited. The purpose of this CAT is to identify specific resources to understand the occupational therapists' role in providing specialized and client-centered care to optimize occupational performance for students with visual impairment in the educational setting.

### **Data Collection Procedures**

This CAT aims to identify resources to understand the role of occupational therapists in providing client-centered care for school-aged children with visual impairments. There is existing literature that provides interventions to support the need for occupational therapy in supporting this population. However, much of the literature does not give specific guidance on how to provide optimal client-centered care. The following search phrases were used in Google Scholar, PubMed, and UND SMHS library to acquire relevant literature: ("occupational therapy" AND "low vision habilitation" AND school), ("occupational therapy" AND "low vision in children"), ("occupational therapy AND "visual impairments" AND children), and ("occupational therapy" AND "visual impairments").



After establishing our focus question, two research studies and five tertiary sources were determined adequate to initiate our literature synthesis. The research studies included a level four survey design and a level N/A qualitative survey study with focus groups (Harpster et al., 2023; Oliver et al., 2023). Five additional sources came from three textbook chapters within two reputable textbooks used in occupational therapy higher education and two publications that provided a comprehensive discussion on the focus topic (Cahill & Bazyk, 2020; Cook et al., 2019; Doxey & Jones, 2021; Scheiman, 2020; Shadid & Wilkinson, 2020).

### **Literature Synthesis**

The purpose of this critically appraised topic is to determine occupational therapy's role in providing client-centered treatment approaches for individuals in school with visual impairments to enhance occupational performance in education. After thoroughly reviewing these sources, the following themes emerged to guide the literature synthesis.

#### **Increased Awareness Needed for Children with Visual Impairments**

A level four survey design conducted by Oliver et al. (2023) used virtual focus groups and an online questionnaire to understand parents' perspectives on their children's visual impairment due to CVIs. A total of 13 parents answered the survey, which provided emergent themes that addressed areas of concern parents had regarding their child's visual impairment and its impact on daily function. A prominent area of concern was the lack of awareness among healthcare professionals and educators regarding CVI. This lack of awareness can have a detrimental impact leading to delayed diagnosis in children and frustration for caregivers or parents. This frustration can be resolved if clinicians and educators are better prepared to screen and treat the impairment at an early age. Another roadblock that parents tend to encounter includes a lack of resources and services for their child with CVI. Parents reported difficulty locating vision-specific therapy within their hometown or had to try several healthcare and educational providers before finding someone to support their child's needs. Since CVI can impact a child's ability to learn, socialize and play, a diagnosis must be discovered early, and necessary intervention must be implemented to support the success of the child and their families.

Similarly, Harpster et al. (2023) surveyed 205 respondents: occupational therapists, occupational therapy assistants, and teachers, to explore the need for CVI training. The results suggested teachers had less than optimal formal and informal training on visual impairments, with occupational therapists receiving even less training. Together, different individuals who work within the healthcare and education system should be trained to better understand the signs and symptoms of CVI, which ultimately will support children in their academics, social participation, self-care, and play. Since CVI is a complex diagnosis, a treatment team needs to be more prepared to detect and diagnose CVI. Ultimately, if practitioners and educators are going to support success in children with CVI, they must have adequate knowledge to be prepared and provide treatment. Both articles suggested that the gap in training for occupational therapists and teachers is delaying the diagnosis of children struggling with visual impairments in school settings.

#### **Interprofessional Collaboration**

Interprofessional collaboration was a common theme among essential aspects of caring for children with visual impairments. Doxey and Jones (2021) provided a comprehensive



discussion on how the environment of the school provides many challenges for children with visual impairment, so occupational therapists need to work in a collaborative way to maximize the success of the child. Since not all disciplines are educated in treating visual impairments, a client-centered, collaborative, team-based approach is the most effective and efficient (Doxey & Jones, 2021). The occupational therapists consult with teachers on how to make the classroom more accommodating for children with visual impairments. Scheiman (2020) explained how occupational therapists can support teachers by explaining how they can adapt classroom activities so everyone can participate. School nurses who perform vision screenings typically only look at visual acuity. Since vision is more complex than visual acuity, occupational therapists must screen for visual efficacy and visual information processing (Scheiman, 2020). When the information is combined, there is a better understanding of the child's visual capabilities. According to Cahill and Bazyk (2020), therapists collaborate with members of the individual educational plan (IEP) team when occupational therapy is being discussed as a possibility for the student or if the student is already receiving services. Together, the IEP team, in collaboration with the occupational therapist, will make recommendations if services are necessary. This team includes a general education teacher, a special education teacher, a local agency representative involved in educational or healthcare decisions, and someone who can interpret the instructional implications of assessment reports (Cahill & Bazyk, 2020). Scheiman (2020) provided key information on the collaboration between occupational therapists and optometrists to care for children with visual impairment. Receiving vision therapy from an optometrist and vision therapy from an occupational therapist can enhance a child's progress (Scheiman, 2020).

### **Screening and Evaluation**

Scheiman (2020) also provided a wide variety of instruments and screening tools used on children throughout their lifetime by different disciplines. The symptom questionnaire is used if a child appears to have vision-based symptoms, followed by a screening if needed (Scheiman, 2020). In a school setting, screenings are performed by a pediatrician or a school nurse, and the only area of vision that is tested is visual acuity (Scheiman, 2020). Occupational therapists screen for visual efficiency and visual information processing. Screening for visual efficiency and visual information processing in children can be important to diagnosing visual disorders affecting occupations. Types of visual screens that can be done for visual efficacy are the Convergence Insufficiency Symptoms Survey (CISS), accommodation amplitude, near point convergence, and development eye movement test. Types of visual screens for information processing can include the Garner Reversal Test, Test of Visual Perceptual Skills 4th Edition (TVPS 4), Motor Free Visual Perception Test (MFVPT), and Developmental Test-Motor Integration (DTVMI) (Scheiman, 2020).

According to Scheiman (2020), in vision therapy, occupational therapists have a limited role unless performing therapy on eye movements and visual processing in the context of occupation. However, when it comes to binocular vision and accommodative disorders, an occupational therapist should only attempt to work on these issues with an optometrist (Scheiman, 2020). In evaluation, occupational therapists observe how visual deficits impact occupations in children in school and are encouraged to help with direct intervention. Children require as much reinforcement and therapy as possible (Scheiman, 2020). In visual efficiency, if an occupational therapist is not working in a setting with an optometrist, a referral is necessary, since occupational therapists do not have the scope of practice to treat accommodative and



binocular vision problems. Most common in school-aged children are visual information processing problems (Scheiman, 2020). Screens will be performed to examine the child's difficulties in frequent reversals, trouble copying from the board, difficulty learning the alphabet, and illegible handwriting (Scheiman, 2020). Occupational therapists with proper evaluative resources and skills can then choose appropriate treatment options for refractive, visual efficiency, and visual information processing disorders (Scheiman, 2020).

### **Role of Occupational Therapy in Intervention**

Current literature provides occupational therapy interventions to support school-aged children with visual impairments. EHP has several intervention approaches that are useful in guiding practitioners to provide appropriate treatment for students with visual impairments. The following intervention approaches include establish/restore, alter, modify/adapt, maintain/prevent, and create (Dunn, 2017). After thoroughly reviewing existing literature, the most common interventions currently used correlate best with establish/restore, adapt/modify, maintain/prevent, and create.

#### ***Establish/Restore***

Scheiman (2020) emphasized that in situations where lenses are inappropriate or more intervention is needed in conjunction with lenses, vision therapy may be necessary. Vision therapy falls within the optometry scope of practice; however, occupational therapists can provide vision therapy in the context of occupation to address dysfunction in eye movements and visual information processing. These interventions are used to address saccades or rapid movements of the eyes to improve tracking or pursuits to enhance smooth tracking of the eyes. Both saccades and pursuits are needed to improve occupational performance in occupations such as reading, engaging in physical education activities, handwriting, and play (Scheiman, 2020).

#### ***Adapt/Modify***

Collaboration with optometrists is essential in assuring clients are being considered for proper lenses. Additionally, practitioners need to understand the type of visual impairment the client may be experiencing to properly refer to optometry and ensure they are evaluated for appropriate lenses (Scheiman, 2020). Oliver et al, (2023) implied that occupational therapists that are skilled in the signs and symptoms of identifying potential vision problems could lead to timely referrals and diagnosis of eye care professionals that address a child's visual needs early on. Early diagnosis is essential to early interventions. Of these early interventions, occupational therapists are skilled in adapting and modifying the school setting and can make suggestions to teachers to enhance visual cues for students with low vision. This can include enhancing the color contrast to distinguish between stimuli to read the words on a whiteboard or enhancing spatial visual cues, such as increasing the size of shapes, patterns, or outlines to enhance the clarity of objects (Cook et al., 2019). Practitioners can also help students capitalize on the strengths of their other sensory systems to compensate for their low vision. For example, students who struggle with reading speed can rely on their auditory pathways to learn information in textbooks using audiobooks or speech-to-text software. Utilizing and providing accessibility to assistive technology for students is an approach practitioners can use to maximize occupational performance in educational-related tasks (Cook et al., 2019). Common assistive technology includes but is not limited to optical aids, such as magnifiers, and electronic aids, such as tablets and computers, with accessibility settings embedded for text enlargements and increased contrast. Through parent reports, Oliver et al. (2023) discovered use of environmental and task adaptations that improved occupational performance for their children with CVI. These



adaptations included decreasing the complexity of sensory stimuli in the environment and using the children's preferred sensory stimuli such as bright colors and various types of lighting to increase their attention to other objects in the environment. One parent created "a CVI den...It was like an empty dishwasher box...lined with black poster board...strung [with] red lights... and...poked holes...[with] different toys [hung] at different lengths so [her son] could grab it or hit it and experience some cause and effect" (Oliver et al., 2023, p.8). Another parent paired music with a book for children with CVI. This pairing of auditory stimuli with visual stimuli enhanced her child's learning experience (Oliver et al., 2023).

Although these specific intervention approaches support students with visual impairments, there are more interventions to support this population. Occupational therapy practitioners must discern which interventions are the best for children in improving their occupational performance in the education setting (Cook et al., 2019).

### ***Maintain/Prevent***

Shahid and Wilkison (2020) provided a thorough discussion of how healthcare professionals on a low-vision team need to perform ongoing services throughout preschool and K-12 education to sustain occupational performance as visual needs change and as students progress in their education. This model of pediatric care ensures children have the proper devices and accommodations to support them in their transition in the education system and their visual or compensatory systems to be able to meet educational demands and be successful in academic performance (Shahid & Wilkinson, 2020). Practitioners should engage in ongoing communication and collaboration with school team members and optometrists to support this population and ensure they have the resources they need to perform at their full potential and have the same opportunities as their peers (Shahid & Wilkinson, 2020).

### ***Create***

Oliver et al. (2023) provided implications for occupational therapists, which concluded that when practitioners are adequately educated on the range of visual impairments and how they can impact occupation, they can identify the necessary resources for parents and educators to adequately shape contexts and access resources needed to improve occupational performance for this population. Indirect services such as creating parent support groups and online networks can provide adequate information and direction on maximizing a child's school experience (Oliver et al., 2023). Finally, Oliver et al. (2023) stated that resources need to be developed for parents to prevent the burden of constant problem-solving and to better support them in meeting their children's vision needs.

## **Clinical Bottom Line**

Unfortunately, there is a gap in training to adequately prepare healthcare practitioners and educators working within the school system to detect and recognize visual impairments in school-aged children (Harpster et al., 2023). Occupational therapists and educators have received less than ideal training and education for visual impairments, leading to a delay in the diagnosis of visual impairments and creating a negative impact on a child's success within the classroom setting. Since a late diagnosis of visual impairments can have detrimental effects on occupational performance, resources, and interventions need to be further established to support children with visual impairments. A collaborative and client-centered team approach that provides an individualized care plan for each child will help practitioners and educators to screen for visual impairments and ultimately boost occupational performance in children (Doxsey & Jones, 2021).





While visual impairments are common among many children within the school system, the lack of awareness and training surrounding the topic has severely impacted their occupational performance. Visual impairments and low vision can impact a child's occupational performance as vision is used to complete self-care, participate socially, play, and learn. Fine motor skills, mobility, and sensory processing skills are necessary for optimal performance within the school system and in the child's home (Molitor & Feldhacker, 2019). As children enter the school system, occupational performance needs to be adequate so they can learn and interact within their classroom and with their peers. Occupational therapists and educators can support children at school to ensure they receive the right treatment and interventions to enhance occupational performance.

Occupational therapists can perform a symptom questionnaire to obtain a baseline on symptoms and determine if a vision screen is needed. Occupational therapists should be aware that screens done by pediatricians and school nurses often only focus on visual acuity (Scheiman, 2020). Screening assessments aim to focus on visual efficiency and visual information processing, an important part of diagnosing visual disorders that can affect occupations (Scheiman, 2020). During the evaluation process, occupational therapists observe how visual deficits impact the occupations of children in school. The knowledge of treatment options available for various visual disorders can help occupational therapists better advocate for children and help parents decide when to seek vision care (Scheiman, 2020). Occupational therapists can refer to or report findings in school screening processes and evaluations to optometrists.

A major aspect of occupational therapy's role in providing care for children in school with visual impairments is collaborating with other care providers. To maximize outcomes for children with visual impairment, collaboration is vital because the environment and culture of schools can provide many challenges in learning (Doxey & Jones, 2021). The possible providers that an occupational therapist may contact are teachers, school nurses, school administrators, members of the IEP team, and optometrists (Cahill & Bazyk, 2020; Scheiman, 2020). Occupational therapists must know their role and how to work with others to help children with visual impairment. Collaboration with teachers occurs by educating them on how to make the classroom more accommodating for children and how class sessions can be adapted for children with visual impairments (Doxey & Jones, 2021; Kuhaneck & Case-Smith, 2020). Occupational therapists can suggest the teacher increase the color contrast, increase font or drawing sizes, and use textbooks with audiobook features (Cook et al., 2019). Nurses and occupational therapists collaborate on visually screening the child, with nurses generally screening for visual acuity (Scheiman, 2020). Occupational therapy practitioners attend IEP meetings and collaborate with the members of the IEP team, which includes: a general teacher, a special education teacher, a local agency representative involved in educational and medical decisions, and someone who can interpret instructional implications of assessment reports if occupational therapy is being considered for the child (Cahill & Bazyk, 2020). Therapists may also advocate for school accessibility to school administrators (Kuhaneck & Case-Smith, 2020). Occupational therapists collaborate with optometrists, and with directions from the optometrist, they can reinforce the vision therapy the optometrist is performing (Scheiman, 2020).

Multiple intervention approaches can be used and implemented by occupational therapists to improve visual deficits and occupational performance for school-aged children in the education setting. Occupational therapists provide vision therapy to improve deficits, specifically in visual efficiency and visual processing (Scheiman, 2020). There are multiple



intervention approaches to guide clinicians in providing adequate treatment. Adaptations to the classroom environment, such as assistive technology and contrast and visual adjustments, can improve visual efficiency (Cook et al., 2019; Scheiman, 2020). Indirect approaches, such as creating educational programs for educators and establishing parent support groups, can benefit school-aged children with visual impairments (Oliver et al., 2023). Finally, interprofessional collaboration and proactive and ongoing evaluation is essential in assuring school-aged children receive client-centered care for smooth transitions and accommodation of visual changes to maintain occupational performance during the progression of a child's education (Shahid and Wilkinson, 2020).

### **Conclusion**

Occupational therapists play an essential role in treating children with visual impairments in the school setting. To provide client-centered care, they can screen, evaluate, and provide intervention to help children with visual impairments better participate in their education. It is difficult for occupational therapists to fully understand their role because there is limited literature on providing client-centered care for school-aged populations with visual impairments in the education setting. Due to the lack of research and no clear definition of occupational therapy's role in treating children with visual impairments in a school setting, we recommend further research be conducted.



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