

# The Development of a Student-Led Group Telehealth Program

ConnOTA Spring Conference

March 6, 2021

Carolyn Brown, OTD, OTR/L, CLT  
Siobhan Kemple and Micaela Galley, MOTS

## BREAK OUT ROOM

### **OT Telehealth Group Planning Activity:**

Using your own telehealth program scenario or one of the examples below, brainstorm ideas of how you would incorporate OT telehealth groups into your program. The logic model template and questions on the following page can be used as a reference. Logic models are not static documents. They should be revised periodically to reflect new evidence, lessons learned, and changes in context, resources, activities, or expectations (CDC.org).

### **Telehealth Program Sample Scenarios:**

**Program #1:** Pediatric Sensory Integration Program. Virtual adapted child yoga program geared for children with ASD, ADHD, developmental delays, and auditory processing disorder.

**Program #2:** Mental Health Program. Virtual coping skills program for community-dwelling young adults diagnosed with bipolar disorder, borderline personality disorder, depression, oppositional defiant disorder, and complex PTSD

**Program #3:** Adult Physical Dysfunction Program. Virtual OT wellness program for age 65+ members of an assisted living center.

**Program #4:** Adults with Intellectual Disabilities Program. Virtual lifestyle (living skills) program for a group of adults with intellectual disabilities, living in a group home.

## OT Telehealth Group Planning Questions:



1. Is an OT telehealth group feasible for your program?



2. What are the foreseeable supports and barriers to implementing your OT telehealth group(s)



3. Who are your stakeholders? (eg. clients, caregivers, management)



4. What will you need in order to provide a telehealth group (eg. funds, legal, licensure)



5. How would you adapt your telehealth group intervention to meet the needs of all participants?

## Notes:

**Logic Model:**

NAME OF PROGRAM: \_\_\_\_\_

OUTCOMES:

INPUTS	ACTIVITIES	OUTPUTS	SHORT	INTERMEDIATE	LONG
<i>Inputs are the resources that go into a program or intervention—<b>what we invest</b>. They include financial, personnel, and in-kind resources from any source.</i>	<i>Activities are events undertaken by the program to produce desired outcomes—<b>what we do</b>.</i>	<i>Outputs are the direct, tangible results of activities—<b>what we get</b>.</i>	<i>Short-term outcomes are the immediate effects of the program or intervention activities. They often focus on the knowledge and attitudes of the intended stakeholders.</i>	<i>Intermediate outcomes are behavior, normative, and policy changes</i>	<i>Long-term outcomes refer to the desired results of the program and can take years to accomplish.</i>

Source: CDC Division for Heart Disease and Stroke Prevention. Department of Health and Human Service Centers for Disease Control and Prevention. [State Heart Disease and Stroke Prevention Program Evaluation Guide: Developing and Using a Logic Model Evaluation Guide \(cdc.gov\)](#)