AOTA THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

OT PRACTICE

JUNE 29, 2015

Surveying the Profession

The AOTA 2015 Salary & Workforce Survey

PLUS

- Helping Farmers & Ranchers
- Magic Club & Autism
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CE ARTICLE

Collaborating With Family Caregivers in the Home Setting

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OT PRACTICE®

AOTA • THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

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EDITOR'S NOTE

Reality Check

If it seems like you're under pressure to get a lot done in a limited amount of time, and notice more and more practitioners switching from salaried to hourly positions, it's not your imagination. According to AOTA's 2015 Salary & Workforce Survey, practitioners on average now spend about 68% of their time on direct client intervention and 25% of their time on administrative or indirect client intervention. About 51% of occupational therapists (OTs) now receive hourly or fee-for-service compensation, compared with 45% in 2010, the last time AOTA surveyed the profession. Compensation is up since 2010—8.2% for OTs and 9.1% for occupational therapy assistants (OTAs) on average—although salary growth slowed by 68% overall. Additionally, the survey identified a gender gap, with male OTs on average making 14.7% more than females OTs, and male OTAs earning on average 4% more than female OTAs (the gender gap across all professions is 22%, according to the U.S. Census Bureau). Overall, perceptions of the job market are strong, and recent graduates report success in finding work quickly.

These and a wide range of other data are introduced in this issue's cover story (p. 7) and an executive summary of the survey posted online, at www.aota.org/salarysurvey, where AOTA will also provide information soon about accessing the full survey and begin providing follow-up articles, from *OT Practice* and online, on the important issues within the profession that the data highlight, including what exactly could be done to alter the course of trends that may not be so good for the profession.

Do these data reflect your experiences, and what's your reaction to any trends that they may indicate or confirm? Send us a note to let us know!

Best regards,

Ted McKenna

Ted McKenna, Editor, *OT Practice*, tmckenna@aota.org

- Discuss *OT Practice* articles at **www.OTConnections.org** in the OT Practice Magazine Public Forum.
- Send e-mail regarding editorial content to **otpractice@aota.org.**
- Go to **www.aota.org/otpractice** to read *OT Practice* online.
- Visit our Web site at **www.aota.org** for contributor guidelines, and additional news and information.

OT Included as Suggested Staff for Behavioral Health Clinics

"Licensed occupational therapists" were recently listed as part of the suggested staff to be considered for inclusion in newly created certified community behavioral health clinics (CCBHCs). This staffing list was a part of new criteria released by the Substance Abuse and Mental Health Services Administration and will be used by states to certify CCBHCs. Occupational therapy's inclusion in the list of suggested staffing, along with other mental health professionals, such as licensed independent clinical social workers and licensed psychologists, is a great recognition of the role occupational therapy plays in improving the lives of people with, or at risk for, serious mental illness.

For more news on legislative and regulatory issues, visit www.aota.org/advocacy-policy/.

Statement on Occupational Therapy's Distinct Value

AOTA's Board of Directors has approved a Distinct Value Statement articulating the value of occupational therapy:

"Occupational therapy's distinct value is to improve health and quality of life through facilitating participation and engagement in occupations, the meaningful, necessary, and familiar activities of everyday life. Occupational therapy is client-centered, achieves positive outcomes, and is cost-effective."

The statement was drafted by an ad hoc committee led by AOTA President-elect Amy Lamb, OTD, BS, OTR/L, FAOTA, as part of the Centennial Vision's charge to promote occupational therapy's value on the way to being powerful and widely recognized.

For more, visit www.aota.org/Publications-News/AOTANews/2015/distinct-value-of-occupational-therapy.

RESOURCES

Conference on Aging is July 13

The White House Conference on Aging, which is meant to provide a national dialogue about present and future needs of the aging population in the United States, is set for July 13. The conference will be streamed live online (www.whitehouseconferenceonaging.gov/) and include opportunities to participate via social media. The site also offers a range of resources and other information, including a recently compiled list of caregiver resources, under the "What's Happening" tab.

CDC Falls Prevention Resource Includes OT

The Centers for Disease Control and Prevention (CDC) recently released an updated compendium of effective fall interventions (www.cdc.gov/HomeandRecreationalSafety/Falls/compendium.html), designed to help public health practitioners, senior service providers, clinicians, and others who want to address older adult falls in their community. The compendium specifically discusses home modifications and shows that occupational therapy is a key part of effective work in this area.

AOTA BULLETIN BOARD

OUTSTANDING RESOURCES FROM AOTA PRESS

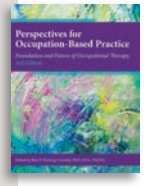
Occupational Therapy Practice Guidelines for Home Modifications

C. Siebert, S. Smallfield, & S. Stark

This guideline addresses home modifications as an intervention to use when a person's abilities are incompatible with environmental demands. Topics include service delivery concepts, team involvement, the home as a context for practice, and involving family members in the intervention. **$74 for members,** $105 for nonmembers. Visit http://store.aota.org (enter order #900357).

Perspectives for Occupation-Based Practice: Foundation and Future of Occupational Therapy, 3rd Edition

R. P. Fleming-Castaldy



This new compilation of the most influential literary works in occupational therapy presents the richness of the profession's heritage while also addressing current realities and future directions for practice. Thought-provoking introductions with study questions challenge readers to analyze their perceptions about client-centered, occupation-based practice. **$79 for members,** $112 for nonmembers. Visit http://store.aota.org (enter order #900360).

AOTA

Questions?
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301-652-AOTA (nonmembers and local callers)
TDD: 800-377-8555

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Enter Promo Code BB

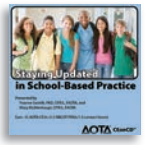
AOTA Continuing Education

Staying Updated in School-Based Practice

(CD or Online Course)

Y. Swinth & M. Muhlenhaupt

Earn .15 AOTA CEU (1.88 NBCOT PDUs/1.5 contact hours).



This course provides information and strategies for understanding issues, trends, and knowledge about services for children and youth in public schools. Topics include legislation, such as IDEA 2004, NCLB, and Section 504 of the Rehabilitation Act.

CD Course: $45 for members, $64 for nonmembers. Order #4835.
Online: $35 for members, $54 for nonmembers. Order #OL4835.
Visit http://store.aota.org (enter order # preferred).

Occupational Therapy and Home Modification: Promoting Safety and Supporting Participation

(Self-Paced Clinical Course)

M. Christenson & C. Chase

Earn 2 AOTA CEUs (25 NBCOT PDUs/20 contact hours).

This is a valuable course for occupational therapy practitioners working with individuals in the home and community, with information about advocating for increased accessibility through universal design and environmental modifications that support participation that contributes to health, wellness, and satisfactory quality of life. **$259 for members,** $359 for nonmembers. Visit http://store.aota.org (enter order #3029).

Bulletin Board is written by **Amanda Goldman,** AOTA marketing manager.

PRACTITIONERS IN THE NEWS

Marcella McGee, OTD, CLT, was featured on local news for coordinating an event in Portland, Oregon, that helped veterans learn to golf despite amputations. To watch the story, visit www.kgw.com and search "veterans golf."

Glen Gillen, EdD, OTR, FAOTA, and **Dawn Nielsen,** EdD, OTL, published an article on optimizing the quality of life of a person with stroke in the May/June edition of *Today's Geriatric Medicine*. To view the article, visit http://tinyurl.com/pbwsxge.

■ **Tori Goldhammer,** MS, OTR/L, ATP, CAPS, was mentioned in a recent *Washington Post* article (http://tinyurl.com/q2ay9xe) on helping people learn how to age productively.

Jenny Owens, OTD, OTR/L, was recently featured on the U.S. Army website (http://tinyurl.com/pabvrac) for her work with REBOOT Combat Recovery, a program that helps veterans and their families heal from the spiritual wounds of war.

■ **Luke Partridge,** OTR, was featured in the *Florida Times-Union* for using video games to help clients with stroke at the Mayo Clinic in Jacksonville. To view the article, visit http://tinyurl.com/pkoky22.

Arturo Serrano, COTA, chose to study occupational therapy after surviving cancer and seeing his grandfather battle dementia, and his story was featured in a local news article (http://amarillo.com/news/latest-news/2015-05-15/ac-grad-ready-take-career) following his graduation from Amarillo College in Texas.

■ **Shoshana Shamberg,** OTR, MS, FAOTA, president of Abilities OT Services & Irlen Visual Learning Center in Baltimore, was accepted into the Americans with Disabilities Act (ADA) Leadership Network, which is designed to be a local resource for those with rights and responsibilities under the ADA.

ACADEMIC NEWS

Touro Holds Assistive Tech Fair

A device allowing a man with an amputated arm to paddle. A device that sets up a golf tee. A selfie-stick operated by foot movements.

These were just some of the devices created and highlighted at Touro University's Assistive Technology Fair in Las Vegas, Nevada, and recently featured in the *Las Vegas Sun*. To read the article, visit www.lasvegassun.com and search "Touro devices."

READER RESPONSE

State Licensure Efforts

In response to the April 13, 2015, *OT Practice* cover story on "U.S. State Champions: Occupational Therapy's State Licensure Triumph," **Kristen R Whitley,** occupational therapy assistant (OTA) student at LaGuardia Community College in New York, noted that OTAs in New York state still do not have the opportunity to apply for state licensure, unlike their occupational therapist counterparts. Whitley noted she and classmates had launched a Change.org petition to encourage passage of OTA licensure, and in support of related lobbying efforts.

"OTAs are dedicated, schooled, and qualified individuals who care deeply about helping their clients regain independence and well-being in their everyday lives," Whitley noted.

The New York State Occupational Therapy Association (NYSOTA) is pursuing OTA licensure legislation this year, and at press time OTA licensure legislation was being prepared for the governor's consideration. For updates on the NYSOTA effort, visit www.nysota.org. Additional information on state occupational therapy statutes and regulations is also available at www.aota.org/Advocacy-Policy/State-Policy/Licensure/StateRegs.

IN MEMORIAM

Christine Jasch, OTR/L, expert clinician in assistive technology at the Rehabilitation Institute of Chicago (RIC), died on April 18, 2015, at the age of 52. Jasch worked for RIC for 26 years, retiring in January 2014 due to amyotrophic lateral sclerosis. She was a staff occupational therapist for several years with both the stroke and then the spinal cord injury (SCI) team, then promoted to supervisor on the SCI team.

She spent the last 18 years specializing in assistive technology, evaluating and treating clients for access to augmentative communication systems, electronic aids to daily living, and computer access.

During these 26 years of professional experience, Jasch's creativity, knowledge, perseverance, and drive to go above and beyond made an impact on the hundreds of clients that she worked with, assisting them with gaining more independence and greater quality of life. At the same time, she made a lasting impression on her coworkers throughout the organization for her passion and commitment to the highest quality of care. She enjoyed teaching, and shared her knowledge and experience through RIC courses, and at Closing the Gap annual conferences. She presented on SCI, parenting with a disability, and assistive technology. She made contributions to the Illinois Occupational Therapy Association with the development of their website.

—*Janet Bischof-Rosario, OTR/L*

Andrew Waite is the associate editor of *OT Practice*. He can be reached at awaite@aota.org.

OT Practice Thanks Reviewers

The staff members of *OT Practice* thank the following persons for sharing their expertise by providing content reviews of manuscripts and articles from January 19 through March 30: **Marian Arbesman, Lenin Grajo, Neil Harvison, Deborah Lieberman, Susan Lin, Linda Olson, Lauro Muñoz, Maureen Peterson, Sandy Schefkind, Elin Schold Davis, Deb Slater, Karen Smith,** and **Melissa Stutzbach.**

AOTA alerts

Get the latest updates at www.aota.org/alerts

ACOTE Actions: ACOTE's April decisions are now available.

Education Summit: Registration opens July 23.

Mental Health Advocacy: Occupational therapy is included in draft criteria for new programs to expand access to quality mental health services.

AOTA Elections: Congratulations to the winners of the AOTA Elections. New terms begin on **July 1.**

Task Force: The ACOTE Entry-Level Degree Task Force is working to identify the optimal entry level(s) of education for ethical, accountable, and efficient practice to meet society's occupational needs.

Habilitative Services in the Summary of Benefits and Coverage

Laura Hooper

AOTA is continuing its efforts to spread the word about habilitative services. Right now, the Association is working to improve a document that puts information about habilitative services (and rehabilitative services) into the hands of 170 million Americans: the Summary of Benefits and Coverage (SBC).

Habilitative services got a big boost in the Patient Protection and Affordable Care Act (ACA), which mandated that plans in the individual and small group markets cover 10 essential health benefits (EHBs), among them habilitative and rehabilitative services and devices. At the time, habilitative services weren't covered by most health insurance plans, and claims were often denied for therapy services that helped someone learn or maintain, rather than regain, a skill or function. Although the ACA expanded access to habilitative services in the individual and small group markets (largely through plans in the ACA's Marketplaces), the EHB mandate ultimately affects a relatively small percentage of the insured population. The SBC reaches people in the individual, small, and large group markets.

The eight-page SBC may be familiar if you've recently enrolled in a health insurance policy. It must be provided to health insurance applicants in initial enrollment materials and to policyholders once a year and on request. Mentioning habilitative services in a document given to everyone with employer-sponsored insurance should, at the very least, alert some consumers to the existence of habilitative services, even if their plan doesn't cover them. AOTA hopes it will create a presumption among consumers that habilitative services—specifically, habilitative occupational therapy services—are something you should expect from good health insurance.

The ACA directed the U.S. Departments of Health & Human Services (HHS), Labor, and Treasury to develop the SBC template and a Uniform Glossary of medical and insurance terms in consultation with the National Association of Insurance Commissioners (NAIC) with the aim or creating a short, plain-language document meant to help consumers evaluate, understand, and compare health insurance plans.

SOME SBC WEAKNESSES

AOTA staff members conducted in-depth research on a national sample of SBCs for the first marketplace plans to see how occupational therapy was being covered, and their research identified some weaknesses in the SBC template. In many cases, SBCs weren't presenting all the information about coverage of habilitation and rehabilitation that consumers needed to compare plans and make informed choices.

The first page of the SBC presents information on deductibles, cost-sharing limits, and provider networks in a question-and-answer format. The next two pages list "Common Medical Events" and the "Services You May Need" if they happen to you. "Services You May Need" includes habilitation and rehabilitation. Although occupational therapy is specifically listed in the definitions of habilitation and rehabilitation in the Uniform Glossary that defines the terms used in the SBC, AOTA found that SBCs weren't always listing occupational therapy and the other core therapies the plans covered, listing the limits (e.g., days, hours, visits covered) on those services, or making it clear whether the deductible applied to therapy services.

On December 30, 2014, the Departments of HHS, Labor, and Treasury proposed some changes to the SBC and Uniform Glossary based on feedback from the first years of use. AOTA shared its findings in comment letters to the three agencies and the NAIC. We were pleased that a group of the NAIC's consumer advisors incorporated AOTA's input into their own list of recommended changes to the SBC.

AOTA is stepping up its efforts to monitor and influence the NAIC's work on this and other issues affecting the profession. The NAIC sets standards and best practices for insurance regulation and writes model laws and regulations that are widely adopted by the states. When the federal regulators announced on March 30 that they would delay the new SBC until 2017, they said they wanted to consult with the NAIC before finalizing any changes. Now, insurers and consumer advocates are working with state insurance officials in a NAIC workgroup tasked with refining the SBC.

Encouragingly, early discussion within the workgroup has focused on improving the information presented about deductibles, an area of concern for AOTA and its coalition partners. We will continue to advocate for occupational therapy in the ongoing regulatory process of implementing the ACA. For more, visit www.aota.org/advocacy. ■

Laura Hooper is AOTA's manager of Health Policy.

Surveying the Profession

The 2015 AOTA Salary & Workforce Survey

The recently released 2015 American Occupational Therapy Association (AOTA) Salary & Workforce Survey, the largest ever, illuminated a number of ongoing trends within the profession, including rising salaries, a gender gap between male and female pay, a shift toward hourly vs. salaried employment, and a decline in time spent on direct client intervention.

As part of its mission, AOTA monitors trends in the marketplace for occupational therapy practitioners to evaluate workforce and compensation trends and provide members with up-to-date information about salary and benefits. Every few years, the Association completes a broad survey of occupational therapy practitioners and students to look at key metrics for demographics, workforce dynamics, compensation and benefits, unemployment trends, perceptions of the current job market, and much more.

In AOTA's latest Workforce Survey, its first since 2010, the Association received 13,052 completed surveys providing detailed information across practice areas, especially for occupational therapists. Occupational therapists (OTs) accounted for 74% of the responses, occupational therapy assistants (OTAs) for 16%, and students for 10%. Key findings from the survey include the following:

- The median age for OTs dropped to 39 years from 41 years compared with the 2010 survey, while the median age for OTAs declined 1 year compared with 2010, to 42 years.
- OTs' professional experience declined from 12 years in 2010 to 9 years in the latest survey.
- Full-time OT salaries rose 8.2% compared with 2010, while OTA salaries rose 9.1%.
- Male OTs earned 14.7% more than female OTs, while male OTAs earned 4% more than female OTAs.
- Both OTs and OTAs increasingly work in hospitals and long-term-

care/skilled nursing facilities, with 46% of OTs now in one of those two settings, up from 37% in 2010, and 67% of OTAs in those two settings, up from 59%.

- For all work settings, clinicians reported spending an average of 68% of their time on direct client intervention, 25% on indirect intervention/administration, 10% on consulting, 4% on research, and 11% on all other functions.
- Practitioners increasingly receive hourly as opposed to salaried compensation—44.7% in 2014 for OTs compared with 53.4% in 2010, and 83% for OTAs versus 79.3% in 2010.

Portraying the Profession

Other aspects of the survey revealed, in connection with the entry-level master's degree requirement, an increasingly educated profession, with the master's degree, for the first time, now the predominant degree for OTs. Since 2006, the number of OTs with master's degrees has almost doubled, from 31.9% in 2006, to 46.6% in 2010, to 60% in 2014. The majority of OTAs continue to practice with an associate's degree (93%), and the percentage with a certificate has dropped from 12.7% in 2006, to 4.8% in 2010, to 3.4% in 2014.

Additionally, practitioners who are African American/black accounted for 3.1% of survey respondents, compared with 2.1% in 2010. Practitioners who are Hispanic/Latino declined to 3.2% compared with 3.9% previously.

Self-employment, either full- or part-time, seems to be declining. Responses based on OT and OTA status show roughly the same trends. The majority (80.1% of OTs and 85.9% of OTAs) stated they are not self-employed or paid on a contractual basis, which is an 11% decrease for both.

Compensation since 2010 is up an average of 8.2% overall for OTs and 9.1% for OTAs, although over the long term, compensation growth has slowed, according to the latest survey results, dropping 68% from 2010. Perceptions of the job market are generally strong, though. The majority of student respondents, for example, on a 0- to 10-point scale gave the occupational therapy job market an 8, 9, or 10, and recent graduates also reported success in finding employment following graduation, with the vast majority saying they received their first job within 3 months, including nearly 40% reporting receiving an offer within 1 month after graduation.

For More Results

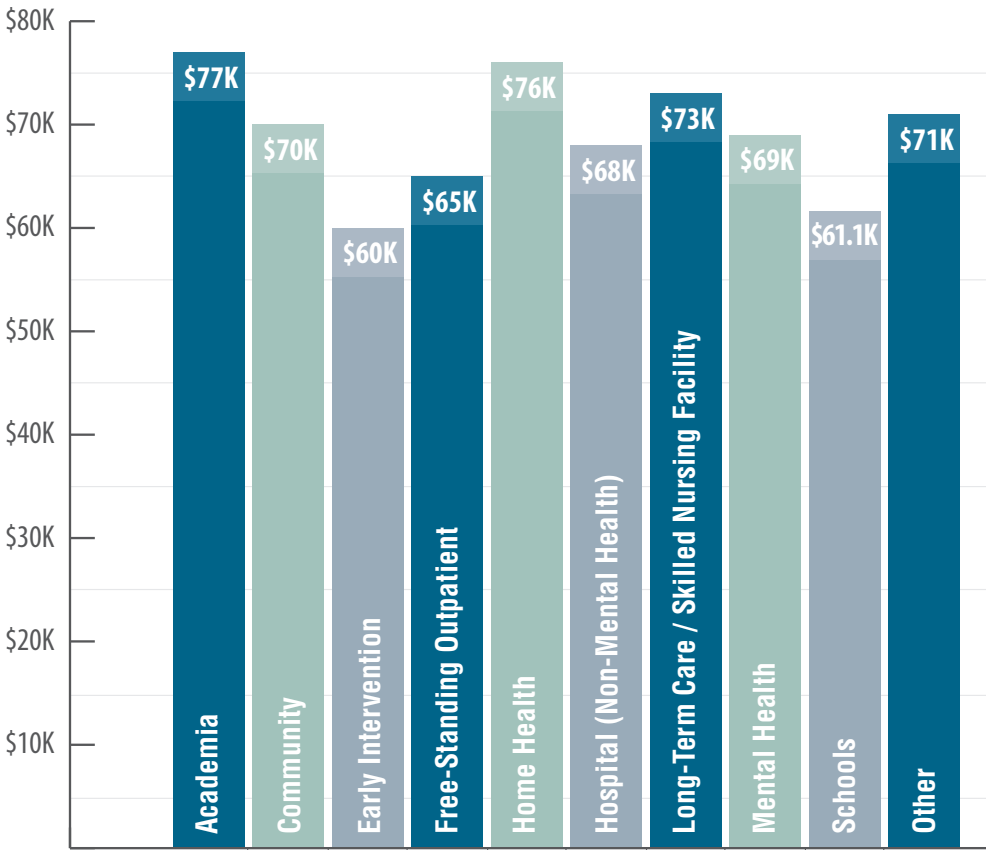
Throughout the rest of 2015, *OT Practice* and AOTA on its website, at www.aota.org/salarysurvey, will follow up on the causes and ramifications of the findings in the latest Workforce Survey,

OT Salaries

Overall, salaries rose 8.2% for full-time OTs since 2010.

Home Health and Academia grew faster and are the two highest compensated settings, at $76,000 and $77,000, respectively.

Early Intervention, which had almost no wage growth, and Schools, which grew 4.8% since the last survey, are on the low end, with median salaries of $60,000 and $61,000, respectively.



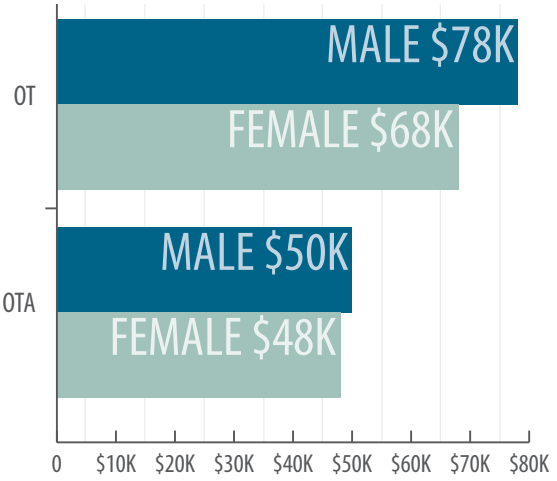
including articles looking at the productivity issues related to time spent on client interventions, the gender gap and what practitioners can do to close it, future job prospects for new and veteran practitioners, and the evolving nature of private practice within the profession, as well as additional articles highlighting survey results within specific practice settings, including academia.

Additionally, AOTA plans to make the full survey available soon (for information on availability and pricing, visit www.aota.org/salarysurvey), with detailed data organized within each practice setting by:

- Total years of professional experience
- Years of experience in current setting
- Highest degree held
- Advanced practice certification
- Geographic region
- Setting location
- Setting ownership
- Employment status

The Gender Gap

For the first time, the survey had enough male respondents (915) to look at the differences in compensation by gender. In total, a 14.7% difference in salary exists between male and female OTs and a smaller, 4% difference between male and female OTAs. The U.S. government currently reports a 22% gap nationwide across all professions (U.S. Census Bureau, 2014, Current Population Survey, Annual Social and Economic Supplement).

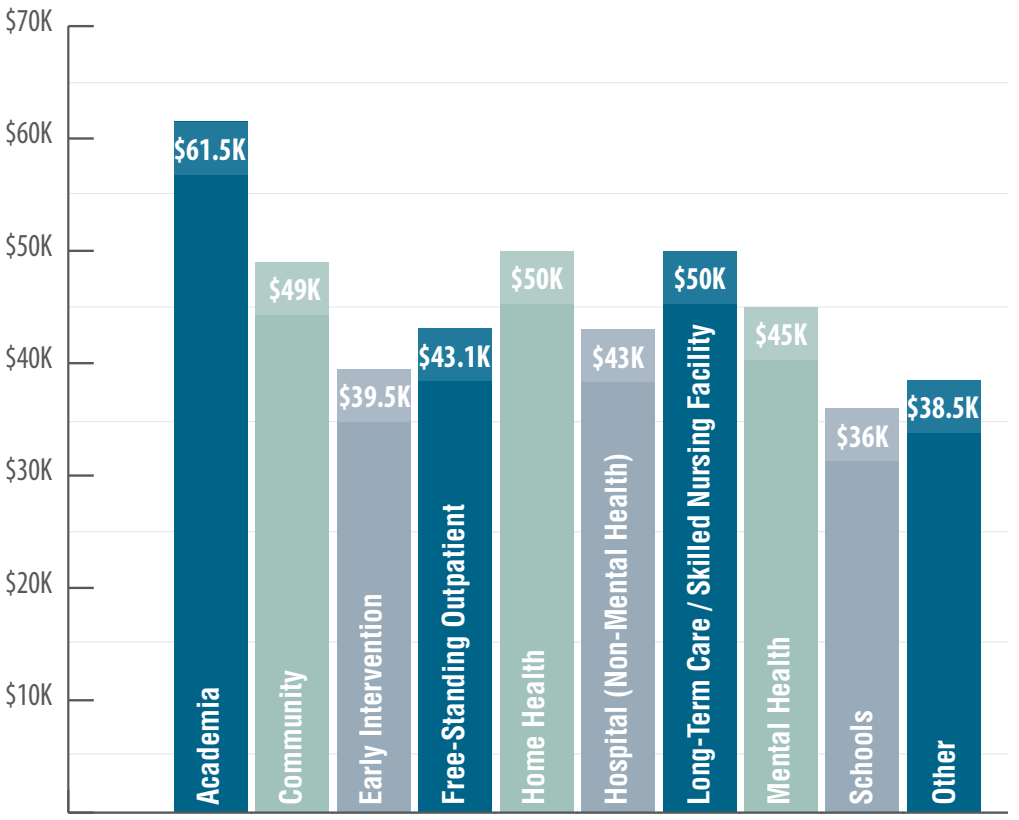


OTA Salaries

Overall, salaries rose 9.1% for OTAs since 2010.

Differences by setting are similar for OTAs, with the only notable difference being in Academia.

OTAs in this setting, while a small number, enjoyed sharply rising salaries, growing by 18% since 2010.



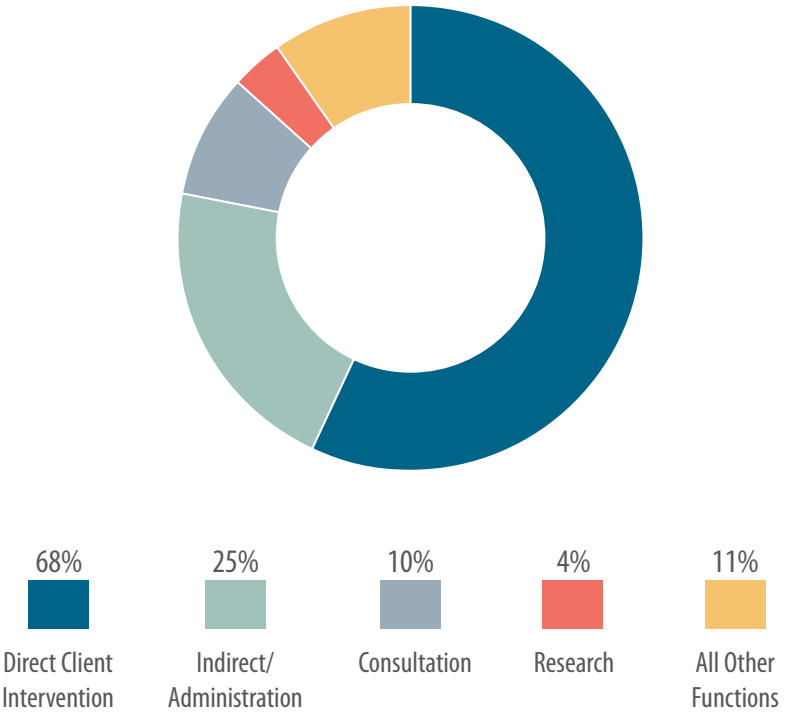
TIME MANAGEMENT

Average Time Spent on Client Interventions

Practitioners, except those in Academia, were asked to indicate the average percentage of time they spent at their primary work setting in 5 functional areas:

1. Direct client intervention
2. Indirect/administration
3. Consultation
4. Research
5. All other functions.

LTC/SNFs had the highest amount of time dedicated to direct client intervention and the lowest amount for indirect/administration. Research had 3% to 6% of dedicated time across all work settings.

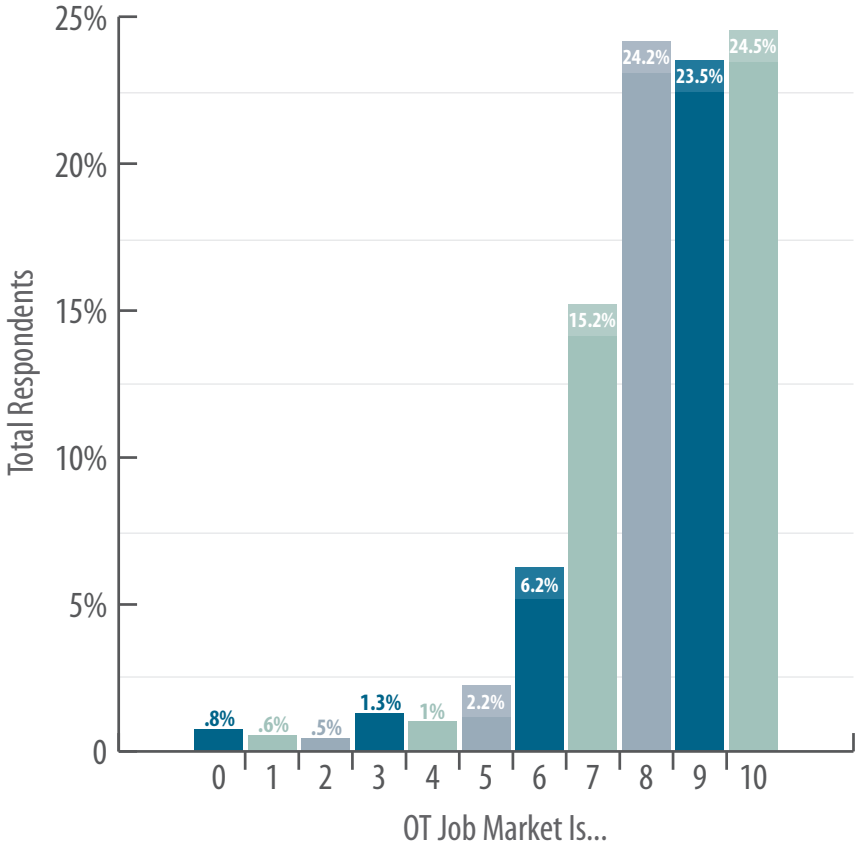


Note: Includes all work settings.

STUDENTS

Perceptions of the Job Market

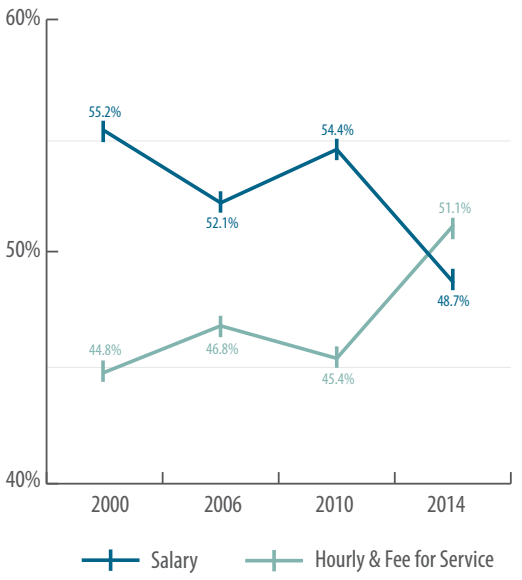
Students continue to be optimistic about the occupational therapy job market. When asked "Based on your experience, and what you have heard from others or have read, how 'healthy' do you feel the market is regarding job availability in the occupational therapy field?" most rated the market as healthy, with a majority selecting the Top 3 points on a 0- to 10-point scale.



Compensation Method

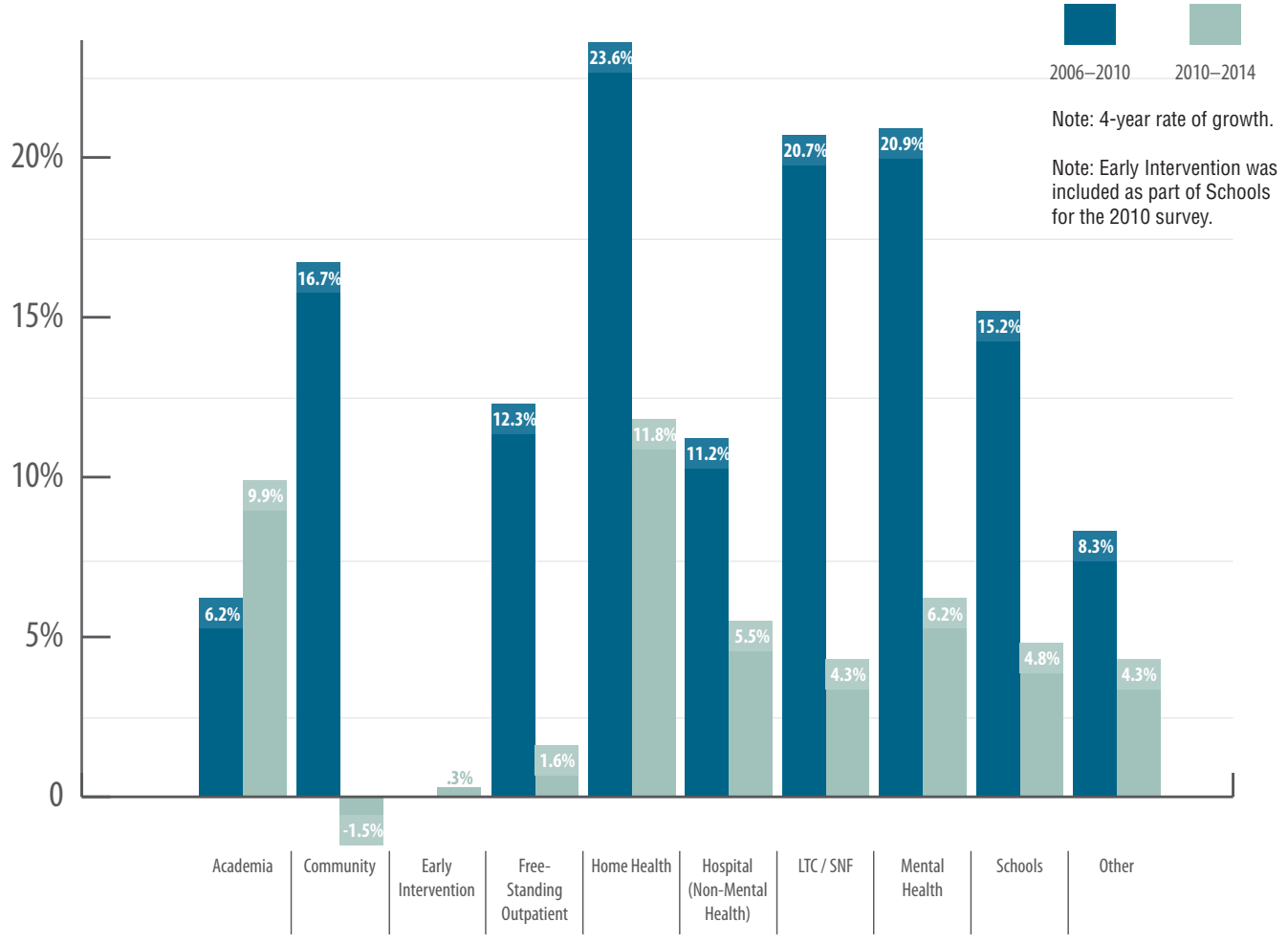
For the first time, hourly and fee-for-service are the most common method of payment for OTs. OTAs are paid an hourly rate 83.6% of the time, with only 11.8% receiving a salary.

The difference between salaried and hourly employees is by far most pronounced in LTC/SNFs, where OTs are paid hourly or a fee-for-service 80% of the time. OTAs in LTC/SNFs receive a salary only 4% of the time.



Long-Term Compensation Trends

The rate of compensation growth has slowed, by 68% from 2010. Compensation in the Community setting was down 1.5% since 2010, and compensation in Early Intervention and Freestanding Outpatient has grown only nominally.



A Growing Opportunity

OT's Role Helping Farmers and Ranchers

Andrew Waite

People in agriculture have unique occupational needs, and they can often benefit from occupational therapy–recommended safety and functional modifications, as well as discussions of health and wellness strategies.

Wheat farmer John was riding up a steep slope on his land in central Oklahoma when the tractor turned over, crushing his back and resulting in a T-10 spinal cord injury. He was paralyzed from the waist down.

"One of the things he told me the first time I met him was that the people in rehab were teaching him how to get dressed and be mobile, and he was thankful for that, but at night he'd lay awake, thinking about how he was going to get back to farming," says Carla Wilhite, OTD, OTR/L, assistant professor at the University of New Mexico–School of Medicine. "No one was talking to him about that."

No one until Wilhite. Together, Wilhite and John worked through solutions and brainstormed modifications. Wilhite recommended installing a lift so John could get into his tractor, as well as hand controls for operating the machinery. Rollers were put on the barn doors so John could bump them open with the tractor instead of having to unhinge and swing them manually.

Wilhite remembers the day the lift was delivered and the very moment John transferred from his wheelchair into the tractor.

"He started going up, leaving that wheelchair behind, and I swear, I have never felt such a tremendous sense of purpose in my work," Wilhite says.

Occupational therapy practitioners across the country are enabling farmers and ranchers like John to get back to work through state AgrAbility projects, which fund initiatives to foster productive, healthy lives for farmers, ranchers, and other agricultural workers with disabilities. People in agriculture have unique occupational needs, and they can often benefit from occupational therapy–recommended safety and functional modifications, as well as discussions of health and wellness strategies. Occupational therapists who work with AgrAbility note that occupational therapy practitioners need not specialize in agriculture or even live in a rural area to work with farmers and ranchers. This article will point out ways practitioners are currently serving this population, offer some guidance on how practitioners who know little or nothing about farming can still be of help, and show how the profession can serve farmers even as the agricultural industry evolves. As with any occupation, once a practitioner understands what the farmer needs and wants to do and becomes familiar with the way in which specific farm work is accomplished, analytic and clinical reasoning skills can make a big difference.

AgrAbility and OT

Through AgrAbility, many practitioners are already helping farmers and ranchers.

The National AgrAbility Project (www.agrability.org) was established through the 1990 Farm Bill, with a goal of enabling safe, healthy, and productive lives for farmers, ranchers, and other agricultural workers with disabilities. The national program consists of State/Regional AgrAbility Projects (SRAPs) that partner with a land grant university and at least one nonprofit disability organization. All AgrAbility projects report to the U.S. Department

PHOTOGRAPH COURTESY OF NATIONAL AGRABILITY PROJECT

of Agriculture (USDA) National Institute of Food and Agriculture in Washington, DC. At the time of this writing, there were 21 USDA-funded SRAPs providing services in 22 states, plus several affiliates serving other states via different funding sources.

On the ground, AgrAbility connects occupational therapy practitioners to farmers and ranchers by funding the practitioners' site visits, enabling them to (in the case of occupational therapists) work with clients to evaluate what's needed so that person can safely return to work. Then, through various other funding sources—usually the state's vocational rehabilitation office—some or all of the recommendations can be implemented.

"AgrAbility gives occupational therapists the opportunity to help farmers make the adjustments in their work practices, or maybe help them by finding assistive technology or, oftentimes, a peer farmer that has been through a similar situation so that they can gain some support," says Robin Tutor-Marcom, MPH, OTR/L, director of the North Carolina Agromedicine Institute.

The occupational profile of farmers and ranchers is fairly unique. For starters, it's an aging population. Nationally, the average age is about 56.1 years, according to the 2014 USDA census. That means farmers and ranchers are dealing with typical aches, pains, and other chronic conditions associated with aging. But their needs are compounded by a few other factors. One is that farming is consistently listed among the most dangerous professions in the country. In 2012, 374 farmers and farm workers died from a work-related injury, resulting in a fatality rate of 22.2 deaths per 100,000 workers, according to the Centers for Disease Control and Prevention (2014). Among those who survive, the chance of a serious injury leading to rehabilitation and lifelong follow-up care as a result is increased. Additionally, farming and ranching demand repetitive tasks over many hours without breaks and expose workers to harmful chemicals and weather that can wear down or injure a person over time.

All of this means farmers are at a heightened risk of respiratory diseases, skin diseases, cancer, musculoskeletal disorders, chronic pain disorders, hearing loss, osteoarthritis, and even psychological disorders. The psychological impact of farming, all too often leading to suicide, was covered in a *Newsweek* article called "Death on the Farm" (Kutner, 2014).

Clearly, the holistic set of possible concerns means that occupational therapy can be of help.

"OTs are uniquely suited to work with this population because we can address not only all those physical things, but the psychological problems as well," says Mary Hildebrand, OTD, OTR/L, who has done a lot of with AgrAbility at East Carolina University. "OT is in a unique position to help."

AgrAbility is one of the main ways that occupational therapy practitioners can access farmers and offer their services. Essentially, the state's AgrAbility agency is able to recommend certain health professionals and services to farmers and ranchers in need. For example, Nathan Winter, MS, OTR/L, who works full time at Arkansas Rehabilitation Services, sees 10 to 12

AgrAbility clients, including Bill Wilkins (above, left), rely on standing wheelchairs to complete many tasks throughout the farm, including servicing their equipment. AgrAbility has worked with Bill and others in providing mobility devices that have improved safety and independence on the farm.

farmers and ranchers a year through his connection with the Arkansas AgrAbility office.

Winter recently worked with a young farmer who just wanted to be able to cut hay.

"The cutting doesn't seem like that big of a goal, but with a spinal cord injury, doing all the things that need to be done to get that accomplished can be pretty daunting," Winter says.

The young farmer had no use of his legs, so the first barrier was actually getting into the tractor. Winter recommended a lift. (Modifications were paid for by Arkansas' vocational rehab office.)

Then, because the farmer didn't have use of his legs, Winter recommended installing an extended brake lever. (The other controls on the tractor were already hand operated.)

Once the farmer was in the tractor, the mower itself needed to be connected. Winter recommended a quick-hitch implement.

"Next thing after getting all your implements hooked up is you have to actually get out there," Winter says. The farm sat on 1,500 acres of land and crossed many roads. Winter recommended installing bump gates that opened as soon as they were tapped by the tractor.

"So with those accommodations he was able to cut hay," Winter says.

Dwight Heller, OTR/L, CHT, who works full time at Susquehanna Health and sees AgrAbility clients in Pennsylvania, recently worked with a chicken farmer who developed esophageal and stomach cancers. The farmer also had trouble swallowing and digesting food.

"So he had to eat certain things and then the surgery affected his core muscle strength," Heller says. "He had some ability to raise his arms, but it was a problem. The scar tissue was really tight, so he would have pain. The other problem was if he did a lot of squatting or bending at the waist, he would have regurgitation. He would get burning pain in his chest."

One of the farmer's most important tasks was to sort eggs and then stack crates of them.

"He would have to stack these eggs on pallets, which were then loaded onto a truck. The problem was that he was loading the pallet on the floor, and then he would have to pick the thing up, bend at the waist, and drop it down," Heller says. "We needed an intervention."

Heller and the farmer decided to dig out the floor and install a sub level. From there, they installed a hydraulic lift, allowing the pallet to be at any height, so the farmer never had to bend. The adaptations were paid for by Pennsylvania's Office of Vocational Rehabilitation.

These are just two of many examples of the kinds of modifications occupational therapists are able to bring to the farm as part of AgrAbility. In addition to recommending these sorts of major modifications, the therapists also work with farmers following injury or diagnosis on health management and safety strategies.

"A big part of the job is prevention," says Tutor-Marcom. "Occupational therapists can teach farmers how to work smarter not harder, and how to lessen the effect of being in this very strenuous work environment over time."

Such conversations range from the importance of safety equipment like helmets and goggles, to stress management as a way to limit psychological concerns.

Away From the Farm

Occupational therapists who devote part of their time to AgrAbility say they have a specialized interest in the world of agriculture. But the reality is that occupational therapy practitioners need not have this focus to work with farmers and ranchers.

As noted by Stacy Smallfield, DrOT, MSOT, OTR/L, BCG, who teaches a course at the University of South Dakota about environmental influences on occupation that includes a module on agriculture, in America no one is ever that far away from a farm. And because farming is such a risky profession, the likelihood of farmers ending up in the health care system is pretty high.

PHOTOGRAPHS COURTESY OF BRITTANY COWGILL (LEFT) AND NATIONAL AGRABILITY PROJECT (RIGHT)

"I tell all the students in the class that I don't care if you never plan to work in a rural area, you need to know this information because when a farmer has an acute injury, you might be the one he sees," Smallfield says. "You might end up doing hand therapy in a major city, but because the farmer has had to travel there to get specialized care, you might end up working with him."

Ketra Crosson, OTR/L, can offer good advice in this because even though she is part of the AgrAbility network in Maine, she came to that position via her interest in assistive technology and adaptive design, not farming. She admits: "I do find that I am a lot more comfortable sitting at their kitchen table talking about their needs. When I get out to the farmyard it can sometimes be overwhelming with all the equipment and the animals."

But Crosson has learned to adapt and has figured out what she needs to know to help her clients, even if she doesn't totally speak their language.

"I don't want to seem incompetent or give the impression that I don't know about farming, but sometimes I don't know. So I often ask them to show me how they complete a task and tell me why it's so important," she says. "If the farmer understands that I am interested and I want to know, even if he also knows that I don't come from that world, he still seems to respond pretty well. I rely a lot on my skills of establishing rapport with someone in their home setting, and so far it seems to work pretty well with the farmers."

One of the ways occupational therapy practitioners can build rapport with farmers is by recognizing that farming and ranching is not just a job—it's a valued role, an identity, a life. And, oftentimes, as was the case with farmer John in Oklahoma, some in health care want to talk recovery and ignore getting back to previous valued life roles, such as farming.

Brittany Cowgill, OTD, OTR/L , who works for the Ohio AgrAbility Program, researched the needs of farmers for her OTD thesis, and learned that too often there was a disconnect between a farmer's goal and what people in the medical community wanted to discuss.

"One of the main themes from my research is that medical professionals didn't understand where farmers were coming from. They said you need to give up on farming," she says. "Just understanding that this is the person's identity can give occupational therapists a big edge. The key is to use therapeutic use of self and be aware that farming is more than a job."

Smallfield's course curriculum offers good lessons into how occupational therapy practitioners, no matter where they are or what stage of their career they are in, can connect the profession's expertise to the needs of farmers.

The course points out that helping this population fits in nicely with ergonomics because it is an evaluation of someone's work; fits into acute care should a farmer end up in a hospital; and presents community-based practitioners with another population in need

In America no one is ever that far away from a farm. And because farming is such a risky profession, the likelihood of farmers ending up in the health care system is pretty high. "I tell all the students in the class that I don't care if you never plan to work in a rural area, you need to know this information because when a farmer has an acute injury, you might be the one he sees."

of health, wellness, and stress-management strategies.

At the end of the class, Smallfield hopes her students have "a basic understanding of the culture that is agriculture and some insight into how they can build rapport with a farmer," she says, and that "they are going to speak intelligently about the occupation, about the kind of equipment farmers and ranchers use, and where to go for additional resources and assistive technology. Or, at the very least, that they will be more prepared with what kinds of questions to ask."

Future of Farming

No one knows for sure what the future of farming in America will look like. On the one hand, in some areas at least, farming is heading the way of conglomerates, meaning fewer and fewer people might actually be doing the work. But, on the other hand, the demand for local and organic farming seems never to have been greater. Only one thing's for sure: As long as people are alive, they will need food, and that food will likely come from a farm. That means occupational therapy, with its holistic lens, is positioned nicely to offer its unique services.

Wilhite, in addition to helping individual farmers, is also doing what she can to think toward the future.

She is working on creating an adapted tractor seat using pressure mapping technology to show that current seats put farmers at risk of everything from skin problems to deadly ulcers.

"There is a microclimate between the person's posterior and the seat, and it is just not something that agricultural engineers have given much thought to," Wilhite says. "I always worried when I got someone back in the tractor about their skin. Those guys will be out there 12 hours a day, 14 hours a day. That's a lot of time to be seated on a surface that doesn't support you."

Now that Wilhite has the pressure-mapped data revealing the inefficiencies of the current technology, she is developing prototypes and mapping their pressure points so that eventually she will have a design that optimally displaces farmers' weight, easing the burden on their bodies.

Once Wilhite has the design, her hope is that one of the industry's major tractor seat producers will embrace the technology—and come to understand how that sort of adaption is better and safer, not just for farmers with disabilities and chronic pain, but for all farmers.

"We need the ag industry to pay more attention," Wilhite says. ■

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PHOTOGRAPH COURTESY OF *SEEDSTOCK EDGE*

Magic Club

Another Therapeutic Trick Up an OT's Sleeve

Rachel Thompson

As an occupational therapist, I get to see a kind of magic happen every day that I work with my students with autism. Each one of them consistently surprises me by achieving a hard-to-reach goal and overcoming many challenges. Recently, I've been able to see magic happen by literally using magic as a therapeutic medium. My colleague and speech-language pathologist friend, Heidi, and I decided to start a weekly afterschool Magic Club last summer with five to six of our students at The Center for Discovery, in Harris, New York. After the summer program was over, we were able to see how fun and beneficial it was, and I felt like I had to try it with a group of my own students.

It was certainly not an original idea to use magic with this population. Kevin Spencer (2011) is an occupational therapy professor at the University of Alabama who has long promoted incorporating magic tricks into occupational therapy and physical therapy to help children, including those who have autism, improve planning, sequencing, fine and gross motor, communication, social, and other skills (Spencer, 2011). This was just more confirmation for me to try it out. I was very excited, as I thought it would be a new and fun way to see my students in a group session.

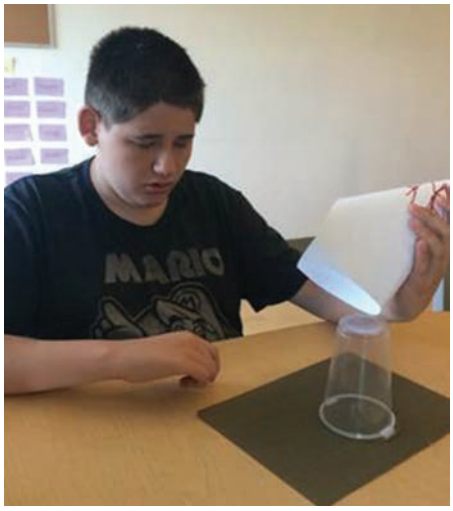
I was worried that finding magic tricks that were both age- and skill-level appropriate would be tricky (pardon the pun). The tricks used in David Copperfield magic projects were a little challenging for my students with fine motor limitations, and the magic was a bit too abstract. A colleague of mine lent me a great book of children's magic to start with called My Magic Book, by Dennis Patten (1994). I was able to sort through and find simple yet age-appropriate magic, as the students I work with range in age from 15 to 19 years. What I found is that the tricks don't have to be childish to be entertaining, but they are better received if they are visual in nature. That is, the gimmick is better if the change can easily be seen, like a scarf changing colors or an object disappearing. When I ran out of ideas from the book, there were many available online by searching for "simple magic tricks." There are even YouTube tutorials for many tricks. I was pleasantly surprised at how many of these tricks can be purchased cheaply or made at home even less expensively. You can even create the magic trick as part of the group activity.

Rachel Thompson assists a student during his performance.

After about 8 weeks, we had a small magic show, in which we invited other classrooms to come and watch the Magic Club perform a Halloween-themed show. The students were able to perform their magic with very little support and seemed very proud of themselves. It was a hit with the audience—each magician received thunderous applause!

PHOTOGRAPH COURTESY OF JESSE WALL

Students put on their own magic show for the audience, and then a professional magician named Ron Rost did a magic show for them.



In classroom lessons, students learned how to do the magic tricks.

I would start off by introducing the trick(s) we would be learning that day and introducing or reviewing the magic concepts that would be used. For example, I would say, "We will be learning how to make a coin disappear, which uses the magic concept of illusion," and then give a simple and clear explanation of illusion with pictures and text. Then, I would show a YouTube video of the trick on an iPad or desktop computer, when it was available. I would then break down and teach the trick step by step, with pictures and text. Then, the fun part—the students would take turns performing the trick for their classmates.

My group sessions for Magic Club were made up of three to five students with autism spectrum disorders. Each of these students received group occupational therapy at least once per week. These students would be seen in Magic Club for their group session, and the number of students in each group depended on the size of the group that was appropriate, according to their individualized education program. Many of the individuals on my workload have a limited repertoire of interests and have a challenging time accurately comprehending and identifying leisure interests using an interest or leisure assessment. Because of this, I typically have to trial an activity with them and then use clinical observation and ask them in the moment to determine whether they enjoy the activity at hand. In addition, most of these individuals have had little to no interaction with their peers and typically prefer to interact with staff.

Although I didn't formally track everyone's response to participating in this club, it was easy to see that many of the participants enjoyed it. Many were smiling widely when taking part in the different activities. Two students who do not typically initiate participating in tasks picked up the magic club props without staff prompting and tried using them. After one or two sessions, one of the girls began to frequently put a picture exchange communication icon for Magic Club on her schedule and would request Magic Club using her device. Because of this, her classroom was provided with its own box of magic tricks so she could participate in these tasks, even on days when she didn't have Magic Club. The biggest benefit of this club, in my opinion, is the benefits it can have for socialization. These students, who rarely look at or interact with their peers, were much more motivated to watch their peers while they did the tricks and then even smiled and clapped for them after they were done. They were also taking turns and sharing materials. I really believe the beginning of friendships can "magically" start during these activities.

Besides introducing a leisure area of interest, there are many other skills addressed during these activities. Learning and then performing the new tricks strengthen many cognitive skills, such as sequencing, memory, attention to task, initiation, problem solving, and following directions. Fine motor manipulation and strength skills are addressed, especially if you choose to have the students fabricate the tricks. In addition, literacy concepts, such as comprehension, listening, and phonics, were worked on, as the students were encouraged to read or sound out the directions for each activity. I also think there have been positive effects on self-esteem. After about 8 weeks, we had a small magic show, in which we invited other classrooms to come and watch the

PHOTOGRAPHS COURTESY OF JESSE WALL

"I believe that occupational therapy practitioners are masters at seeing the therapeutic value in any activity. The "trick" is finding a therapeutic activity that is intrinsically motivating to the clients we serve."

Magic Club perform a Halloween-themed show. The students were able to perform their magic with very little support and seemed very proud of themselves. It was a hit with the audience—each magician received thunderous applause!

I believe that occupational therapy practitioners are masters at seeing the therapeutic value in any activity. The "trick" is finding a therapeutic activity that is intrinsically motivating to the clients we serve. I found these group activities to be quite magically therapeutic and great fun for all. I hope you might, too! ■

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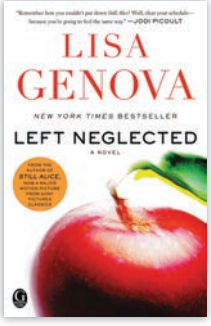
Rachel Thompson, MS, OTR/L, an occupational therapist at The Center for Discovery, works with adolescents with autism. Her area of interest is improving social participation among individuals with autism.

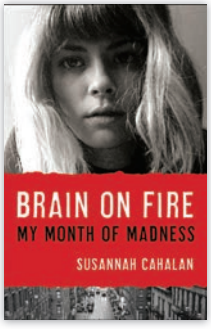
PHOTOGRAPHS COURTESY OF JESSE WALL

Add These Books to Your Summer Reading List

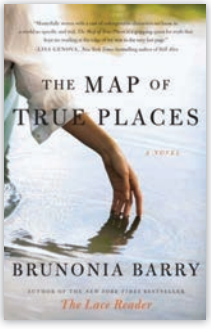
Want to read books this summer that inspire your practice? Members recommend the following books:



Left Neglected
by Lisa Genova
(Simon & Schuster)
The *Still Alice* author is a favorite of your colleagues. Several of them recommended this book about a woman who had a traumatic brain injury.



Brain on Fire
by Susannah Cahalan
(Free Press)
Your colleagues recommend this memoir by a woman who was hospitalized for a month with a rare disorder. She woke up in a hospital room with no memory of her month-long stay, where she showed psychosis, violence, and dangerous instability.



The Map of True Places
by Brunonia Barry
(William Morrow Paperback)
A character in the novel has advanced Parkinson's diseases and in one scene an occupational therapist provides a home health assessment.

Check out more books and add your own titles at www.aota.org/otc/books.

Did You Pursue Occupational Therapy Because of a Loved One?

We asked you whether a family member or friend who got occupational therapy had inspired you to become an OT. The stories you shared are inspiring (and a reminder that you never know who is watching you do your job and considering OT!). Read them all here: **www.aota.org/pursue-OT**

- When my father received OT after a severe stroke
- After watching my child with Down syndrome in OT in early intervention
- After my late husband got OT after a brain injury
- Seeing how my brother with cerebral palsy wouldn't be where he is today without OT
- When my grandmother had OT after she fell and broke her arm

CONNECTIONS

- **What is your favorite equipment to use for home modifications?** The Home Modification Network is discussing using cabinet pulls, portable bidets, and other equipment to help clients live safely in their homes. **www.aota.org/otc/home-equipment**
- **A member praises an Australian evidence-based outcome measure international assessment tool** for being "holistic, client-based and researched." Have you used it? **www.aota.org/otc/australian**
- **Which OT programs have a strong mental health focus?** A prospective student seeks recommendations on which OT program provides the most emphasis on mental health. Share your advice. **www.aota.org/otc/mh-school**

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July

Louisville, KY — **July 31–Aug. 1**

The Impact of Disabilities, Vision & Aging and their Relationship to Driving. This 2-day seminar has been developed for traffic safety/driver education professionals with limited knowledge of disabilities, as well as for health professionals who wish to apply their knowledge of the different types and levels of disabilities to the driving task. Topics include age-related impairments, acquired, congenital, developmental disabilities, driver assessment process, adaptive driving equipment, and vehicle modifications. Contact ADED at 866-672-9466. Visit our website at www.aded.net.

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Columbus, OH — **Sept. 25–26**

The Ohio Occupational Therapy Annual Conference will be held from September 25 to 26 (pre-conference on September 24) at the Doubletree Columbus Worthington. Conference Theme: "Creating the Magic From Within." Keynote speaker: Kevin Spencer, founder of Healing of Magic, who is the leading authority on the therapeutic use of magic in rehabilitation. We are now accepting proposals for speakers and posters. Exhibiting and advertising opportunities available. Please visit www.oota.org.

Chicago, IL — **Sept. 25–27**

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D-7381

Self-Paced Clinical Course

Driving and Community Mobility: Occupational Therapy Strategies Across the Lifespan, edited by Mary Jo McGuire, MS, OTR/L, FAOTA, and Elin Schold Davis, OTR/L, CDRS. Driving and community mobility issues are complex and changes in independence are life-altering. This comprehensive SPCC gathers researchers and clinicians in a team effort to offer expert guidance in this developing practice area. Earn 2 AOTA CEUs (25 NBCOT PDUs/20 contact hours). Order #3031, AOTA Members: $259, Nonmembers: $359. http://store.aota.org/view/?SKU=3031

CD or Online Format Course

OT Manager Topics, by Denise Chisholm, Penelope Moyers Cleveland, Steven Eyler, Jim Hinojosa, Kristie Kapusta, Shawn Phipps, and Pat Precin. Supplementary content from chapters in *The Occupational Therapy Manager, 5th Edition* with additional applications relevant to selected issues on management. Earn .7 CEU (8.75 NBCOT PDUs/7 contact hours). CD Course: Order #4880, AOTA Members: $184, Nonmembers: $277. Online Course: Order #OL4880, AOTA Members: $174, Nonmembers: $267. http://store.aota.org

CD or Online Format Course

Everyday Ethics: Core Knowledge for Occupational Therapy Practitioners and Educators, 2nd Edition, by AOTA Ethics Commission and presented by Deborah Yarett Slater. Foundation in basic ethics information that gives context and assistance with application to daily practice and rationale for changes in the *Occupational Therapy Code of Ethics and Ethics Standards 2010*. Earn .3 AOTA CEU (3.75 NBCOT PDUs/3 contact hours). CD Course: Order #4846, AOTA Members: $95, Nonmembers: $136. Online Course: Order #OL4846, AOTA Members: $85, Nonmembers: $126. http://store.aota.org

CD or Online Format Course

Ethics Topic—Duty to Warn: An Ethical Responsibility for All Practitioners, by Deborah Yarett Slater, Staff Liaison to the Ethics Commission. Professional, ethical, and legal responsibilities in the identification of safety issues in ADLs and IADLs as they evaluate and provide intervention to clients. Earn .1 AOTA CEU (1.25 NBCOT PDUs/1 contact hour). CD Course: Order #4882, AOTA Members: $45, Nonmembers: $65. Online Course: Order #OL4882, AOTA Members: $35, Nonmembers: $55. http://store.aota.org

CD or Online Format Course

Ethics Topics—Organizational Ethics: Occupational Therapy Practice In a Complex Health Environment, by Lea Cheyney Brandt. Issues that can influence ethical decision making and strategies for addressing pressure from administration on services in conflict with code of ethics. Earn .1 AOTA CEU (1.25 NBCOT PDUs/1 contact hour). CD Course: Order #4841, AOTA Members: $45, Nonmembers: $65. Online Course: Order #OL4841, AOTA Members: $35, Nonmembers: $55. http://store.aota.org

CD or Online Format Course

Ethics Topics—Moral Distress: Surviving Clinical Chaos, by Lea Cheyney Brandt. Complex nature of today's health care environment and results in increased moral distress for occupational therapy practitioners. Earn .1 AOTA CEU (1.25 NBCOT

PDUs/1 contact hour). CD Course: Order #4840, AOTA Members: $45, Nonmembers: $65. Online Course: Order #OL4840, AOTA Members: $35, Nonmembers: $55. http://store.aota.org

CD or Online Format Course

Let's Think Big About Wellness, by Winnie Dunn. Official documents and materials that support OT concept of wellness, interdisciplinary literature, and models from other disciplines. Earn .25 CEU (3.13 NBCOT PDUs/2.5 contact hours). CD Course: Order #4879, AOTA Members: $75, Nonmembers: $99. Online Course: Order #OL4879, AOTA Members: $65, Nonmembers: $89. http://store.aota.org

NEW! Online Course

Health Literacy: Effective Client Communication and Education by Cheryl Miller, DrOT, OTR/L. This clinically relevant interactive course is designed for occupational therapy practitioners who desire effective, meaningful, collaborative, and professional interactions with clients and caregivers in any practice setting. Effective communication is required to help clients achieve desired outcomes and goals. **Mobile Access**—the course is easily viewed on a tablet making your learning portable and providing easy access to resources. Earn .2 CEU (2.5 NBCOT PDUs/2 contact hours). Order #OL362SC. AOTA Members: $65, Nonmembers: $89. http://store.aota.org

NEW! Online Course

AOTA/Dynamic-Essential Skills for Communication in Healthcare Environments by Orit Simhoni, PhD, OTR/L, GCG, NCG. Based on interpersonal communication research and conflict resolution theory, the course offers the foundations of effective communication techniques for practitioners who work in the healthcare environment. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours. Order # OL2007. AOTA Member/Nonmember price: $59.00. Distributed Product. http://store.aota.org.

NEW! Online Course

AOTA/Dynamic-Essential for End-of-Life by Kathleen O. Beauchesne, PhD, MBA, MSW, LCSW-C. End-of-Life (EOL) care is an essential arena of competence for all health care providers. As research in this area has grown over the years, professionals such as physicians, nurses, social workers and other allied health care professionals can gain competence and confidence in understanding and managing dying patients and their families. Earn .6 AOTA CEU (7.5 NBCOT PDUs/6 contact hours). Order #OL3016. Member/Nonmember price: $171.00. Distributed Product. http://store.aota.org

NEW! Online Course

AOTA/Dynamic-Documentation Essentials—Medicare Part A in SNFs by Melissa Cohn Bernstein, OTR/L, FAOTA and Consultant/Subject Matter Expert: Nancy J. Beckley, MS, MBA, CHC. This intermediate level module is designed to provide a bird's eye overview of the updated regulations, that govern the provision of therapy services and provide insight into how the overall payment system works under the MDS 3.0.. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). Order # OL30548. Member/Nonmember price $59.00. Distributed Product. http://store.aota.org

NEW! Online Course

AOTA/Dynamic-Evidence Based Practice, Part 1 The Basics by Thomas Cappaert, PhD, ATC, CSCS. This course is the first in a series and will cover the basic techniques used to apply research evidence to everyday clinical decision making. Earn .3 AOTA CEU (3.75 NBCOT PDUs/3 contact hours) Order # OL3070. AOTA Member/Nonmember price: $88.50. Distributed Product. http://store.aota.org.

NEW! Online Course

AOTA/Dynamic-Evidence Based Practice, Part 2 Critical Appraisal of Meta-Analysis & Systematic Review Papers by Thomas Cappaert, PhD, ATC, CSCS. This course is the second in a series and will cover the techniques used to critically appraise research evidence in the form of meta-analysis and systematic review articles Earn .2 AOTA CEU (2.50 NBCOT PDUs/2 contact hours). Order# OL3071. AOTA Member/Nonmember price: $88.50. Distributed Product. http://store.aota.org

NEW! Online Course

AOTA/Dynamic-Evidence Based Practice, Part 3 Critical Appraisal Techniques by Thomas Cappaert, PhD, ATC, CSCS. This course is the third in a series and will cover the techniques used to critically appraise research evidence in the form of articles reporting. Earn .3 AOTA CEU (3.75 NBCOT PDUs/3 contact hours). Order #OL3072. AOTA Member/Nonmember price: $88.50. Distributed Product. http://store.aota.org

NEW! Online Course

AOTA/Dynamic-Seating & Positioning Communication Devices by Nancy Carroll Gravley, M.A.H.S. & Melissa Cohn Bernstein, OTR/L, FAOTA. This course gives a general overview of the kinds of communication equipment that will be of general interest to both adults and children and resources available for adapting this kind of equipment for wheelchair use. Earn .1 AOTA CEU (1.25 NBCOT PDU/1 contact hour). Order #OL4003. Member/Nonmember Price: $29.50. Distributed Product. http:/store.aota.org

NEW! Online Course

Ethics Topic—Scope of Practice, By Deborah Yarett Slater, MS, OT/L, FAOTA, AOTA Ethics Program Manager & Governance Liaison and Chuck Willmarth, Director, Health Policy and State Affairs. This course assists you in identifying ethical, legal, and professional responsibilities related to occupational therapy's scope of practice. The scope of practice is developed by individual state regulatory boards and impacts everyday clinical decisions. The course

Continuing Education

provides a framework to assist in decision making. Your learning is further enhanced by exploring threats and opportunities related to scope of practice issues. Earn .15 AOTA CEU (1.88 NBCOT PDUs/1.5 contact hours). Order #OL4885. AOTA Members: $65, Nonmembers: $85. http://store.aota.org

NEW! Online Course

Exploring *The Occupational Therapy Practice Framework: Domain and Process, 3rd Edition.* This course focuses on applying and articulating occupational therapy's unique domain as described in the 2014 edition of the Practice Framework. Information in the course is relevant in all practice settings and assists practitioners in articulating the valued and authentic contributions of occupational therapy. Information provided in the course is very useful for practitioners, academic educators, students, fieldwork supervisors, and researchers in appreciating the diversity and unifying aspects of occupational therapy in a variety of settings. Required reading: Occupational Therapy Practice Framework: Domain and Process, 3rd Edition (p. 49). Earn .15 AOTA CEU (1.88 NBCOT PDUs/1.5 contact hours). Order #OL361SC. AOTA Members: $65, Nonmembers: $89. http://store.aota.org

Online Course

Occupational Therapy in Action: Using the Lens of the *Occupational Therapy Practice Framework: Domain and Process, 2nd Edition,* by Susanne Smith Roley and Janet DeLany. Occupational therapy and the occupational therapy process as described in the 2008 second edition of *Framework*. Earn .6 AOTA CEU (7.5 NBCOT PDUs/6 contact hours). Order #OL32, AOTA Members: $180, Nonmembers: $257. http://store.aota.org/view/?SKU=OL32

NEW! Special Interest Topics

Special Interest Topic #1: Models of Practice for Increasing Self-Awareness by Caitlin Synovec, OTR/L; Courtney Dauwalder, OTD, OTR/L, MFA; and Christine Berg, PhD, OTR/L, FAOTA. Continuing education courses based on Special Interest *Quarterly* articles that are published 4 times per year by each of the AOTA Special Interest Sections. Each Special Interest Topic is comprised of 2 thematically connected quarterly articles selected for their insight and immediate applicability to practice. AOTA CEUs, contact hours, and NBCOT PDUs are earned after successful completion of the accompanying exam. Earn .1 AOTA CEU (1.25 NBCOT PDU/1 contact hour). Order #CESIT01 AOTA Members: $24.99, Nonmembers: $29.99. http://store.aota.org

ASSESSMENT & EVALUATION

Self-Paced Clinical Course

Occupational Therapy and Home Modification: Promoting Safety and Supporting Participation, edited by Margaret Christenson and Carla Chase. Education on home modification for OT professionals and an overview of evaluation and intervention and detailed descriptions of assessment tools. Earn 2 AOTA CEUs (25 NBCOT PDUs/20 contact hours). Order #3029, AOTA Members: $259, Nonmembers: $359. http://store.aota.org/view/?SKU=3029

CD or Online Format Course

The Short Child Occupational Profile (SCOPE), by Patricia Bowyer, Hany Ngo, and Jessica Kramer. Introduction of SCOPE assessment tool and description of documenting child motivation for occupations, habits and roles, skills, and environmental supports and barriers. Earn .6 AOTA CEU (7.5 NBCOT PDUs/6 contact hours). CD Course: Order #4847, AOTA Members: $219, Nonmembers: $299. Online Course: Order #OL4847, AOTA Members: $209, Nonmembers: $289. http://store.aota.org

CD or Online Format Course

Strategic Evidence-Based Interviewing in Occupational Therapy, presented by Renée R. Taylor. Structured, semi-structured, and general clinical interviewing and set of norms and communication strategies that can maximize accurate, relevant, and detailed information. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). CD Course: Order #4844, AOTA Members: $75, Nonmembers: $99. Online Course: Order #OL4844, AOTA Members: $65, Nonmembers: $89. http://store.aota.org

CD or Online Format Course

Model of Human Occupation Screening Tool (MOHOST): Theory, Content, and Purpose, by Gary Kielhofner, Lisa Castle, Supriya Sen, and Sarah Skinner. Information from observation, interview, chart review, and proxy reports to complete the MOHOST occupation-focused assessment tool. Earn .4 AOTA CEU (5 NBCOT PDUs/4 contact hours). CD Course: Order # 4838, AOTA Members: $125, Nonmembers: $180. Online Course: Order #OL4838, AOTA Members: $115, Nonmembers: $170. http://store.aota.org

BRAIN & COGNITION

Self-Paced Clinical Course

Neurorehabilitation Self-Paced Clinical Course Series, by Gordon Muir Giles, Kathleen Golisz, Margaret Newsham Beckley, and Mary A. Corcoran. Includes 4 components—the Core SPCC, and 3 Diagnosis-Specific SPCCs. Core SPCC: *Core Concepts in Neurorehabilitation*: Earn .7 AOTA CEU (8.75 NBCOT PDUs/ 7 contact hours). Order #3019, AOTA Members: $91, Nonmembers: $128.80. http://store.aota.org/view/?SKU=3019. Diagnosis-Specific SPCCs: *Neurorehabilitation for Stroke* (Order #3021 http://store.aota.org/view/?SKU=3021), and *Neurorehabilitation for Traumatic Brain Injury* (Order #3020 http://store.aota.org/view/?SKU=3020). Each: 1 AOTA CEU (12.5 NBCOT PDUs/10 contact hours), AOTA Members: $129.50, Nonmembers: $184.10.

CD or Online Format Course

Using the Occupational Therapy Practice Guidelines for Adults with Alzheimer's Disease and Related Disorders (ADRD) To Enhance Your Practice, by Patricia Schaber. Evidence-based perspective in defining the process and nature, frequency, and duration of interventions and case studies of adults at different stages of Alzheimer's disease. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). CD Course: Order #4883, Member Price: $75, Nonmember Price: $99. Online Course: Order #OL4883, AOTA Members: $65, Nonmembers: $89. http://store.aota.org

ADED Approved CD or Online Format Course

Determining Capacity to Drive for Drivers with Dementia Using Research, Ethics, and Professional Reasoning: The Responsibility of All Occupational Therapists, by Linda A. Hunt. Required professional reasoning and ethics for making final recommendations about the capacity for older adults with dementia to drive or not. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). CD Course: Order #4842, AOTA Members: $75, Nonmembers: $99. Online Course: Order #OL4842, AOTA Members: $65, Nonmembers: $89. http://store.aota.org

CHILDREN & YOUTH

Self-Paced Clinical Course

Early Childhood: Occupational Therapy Services for Children Birth to Five, edited by Barbara E. Chandler. Federal legislation in OT practice and public awareness strategies on expertise in transitioning early childhood development into occupational engagement in natural environments. Earn 2 AOTA CEUs (25 NBCOT PDUs/20 contact hours). Order #3026, AOTA Members: $259, Nonmembers: $359. http://store.aota.org/view/?SKU=3026

Self-Paced Clinical Course

Collaborating for Student Success: A Guide for School-Based Occupational Therapy, edited by Barbara Hanft and Jayne Shepherd. OT collaborative practice with education teams using professional knowledge and interpersonal skills to blend hands-on services for students and system supports for families and educators. Earn 2 AOTA CEUs (25 NBCOT PDUs/20 contact hours). Order #3023, AOTA Members: $259, Nonmembers: $359. http://store.aota.org/view/?SKU=3023

CD or Online Format Course

Autism Topics Part I: Relationship Building, Evaluation Strategies, and Sensory Integration and Praxis, edited by Renee Watling. Content from *Autism, 3rd Edition* to expand OT practice with children through building the intentional relationship, using evaluation strategies, addressing sensory integration challenges, and planning intervention for praxis. Earn .6 CEU (7.5 NBCOT PDUs/6 contact hours). CD Course: Order #4848, AOTA Members: $219, Nonmembers: $299. Online Course: Order #OL4848, AOTA Members: $209, Nonmembers: $289. http://store.aota.org

CD or Online Format Course

Autism Topics Part II: Occupational Therapy Service Provision in an Educational Context, edited by Renee Watling. Second in 3-part CE series with content from *Autism, 3rd Edition* addressing OT practice within public school systems and early intervention through elementary years and transition process. Earn .6 CEU (7.5 NBCOT PDUs/6 contact hours). CD Course: Order #4881, AOTA Members: $219, Nonmembers: $299. Online Course: Order #OL4881, AOTA Members: $209, Nonmembers: $289. http://store.aota.org

CD or Online Format Course

Autism Topics Part III: Addressing Play and Playfulness When Intervening With Children With an Autism Spectrum Disorder, edited by Renee Watling. Third of 3-part series with content from *Autism, 3rd*

Edition. Provides topics—Core Concepts, Formal and Informal Assessments, Intervention Planning, and Tying It All Together—to incorporate the occupation of play into both evaluations and interventions with children with autism spectrum disorders. Earn .6 CEU (7.5 NBCOT PDUs/6 contact hours). CD Course: Order #4884, AOTA Members: $219, Nonmembers: $299. Online Course: Order #OL4884, AOTA Members: $209, Nonmembers $289. http://store.aota.org

CD or Online Format Course

Young Adults on the Autism Spectrum: Life After IDEA, by Lisa Crabtree and Janet DeLany. Critical issues of autism in adulthood and knowledge and tools to advocate health and community participation of young adults and adults on the autism spectrum. Earn .3 AOTA CEU (3.75 NBCOT PDUs/3 contact hours). CD Course: Order #4878, AOTA Members: $95, Nonmembers: $136. Online Course: Order #OL4878, AOTA Members: $85, Nonmembers: $126. http://store.aota.org

ADED Approved CD or Online Format Course

Creating Successful Transitions to Community Mobility Independence for Adolescents: Addressing the Needs of Students With Cognitive, Social and Behavioral Limitations, by Miriam Monahan and Kimberly Patten. Community mobility skill development for youth with diagnoses that challenge cognitive and social skills, such as autism spectrum and attention deficit disorder. Earn .7 AOTA CEU (8.75 NBCOT PDUs/7 contact hours). CD Course: Order #4833, AOTA Members: $98, Nonmembers: $140. Online Course: Order #OL4833, AOTA Members: $88, Nonmembers: $130. http://store.aota.org

ADED Approved CD or Online Format Course

Driving Assessment and Training Techniques: Addressing the Needs of Students With Cognitive and Social Limitations Behind the Wheel, by Miriam Monahan. Critical issues related to driving assessment and training with highlights of skills deficits, methods and tools that address driving skills, assessment techniques, and intervention techniques. Earn 1 AOTA CEU (12.5 NBCOT PDUs/10 contact hours). CD Course: Order #4837, AOTA Members: $169, Nonmembers: $244. Online Course: Order #OL4837, AOTA Members: $159, Nonmembers: $234. http://store.aota.org

CD or Online Format Course

Sensory Processing Concepts and Applications in Practice, by Winnie Dunn. Core concepts of sensory processing based on Dunn's Model of Sensory Processing and comparison with other sensory based approaches with evidence reviews for best practice assessment and intervention methods. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). CD Course: Order #4834, AOTA Members: $75, Nonmembers: $99. Online Course: Order #OL4834, AOTA Members: $65, Nonmembers: $89. http://store.aota.org

CD or Online Format Course

Response to Intervention (RtI) for At Risk Learners: Advocating for Occupational Therapy's Role in General Education, by Gloria Frolek Clark and Jean Polichino. Core components of RtI, the role of occupational therapists at each tier, case studies, and highlighted opportunities for OT within RtI frameworks in public education. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). CD Course: Order #4876, AOTA Members: $68, Nonmembers: $97. Online Course: Order #OL4876, AOTA Members: $58, Nonmembers: $87. http://store.aota.org

CD or Online Format Course

Staying Updated in School-Based Practice, by Yvonne Swinth and Mary Muhlenhaupt. Information and strategies on issues, trends and knowledge related to services for children and youth in public schools with topics on IDEA 2004, NCLB, and Section 504 of the Rehabilitation Act. Earn .15 AOTA CEU (1.88 NBCOT PDUs/1.5 contact hours). CD Course: Order #4835, AOTA Members: $45, Nonmembers: $64. Online Course: Order #OL4835, AOTA Members: $35, Nonmembers: $54. http://store.aota.org

CEonCD™

The New IDEA Regulations: What Do They Mean to Your School-Based and EI Practice?, by Leslie L. Jackson and Tim Nanof. Purpose and impact of 2004 reauthorization of IDEA and Part B regulations on school-based and early intervention practice. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). Order #4825, AOTA Members: $49, Nonmembers: $69. http://store.aota.org

CEonCD™

Occupational Therapy and Transition Services, by Kristin S. Conaboy, Susan M. Nochajski, Sandra Schefkind, and Judith Schoonover. Importance of addressing transition needs as part of a student's IEP and the key role of the occupational therapy practitioner as a potential collaborative member of the transition team. Earn .1 AOTA CEU (1.25 NBCOT PDU/1 contact hour). Order #4828, AOTA Members: $34, Nonmembers: $49. http://store.aota.org

NEW! CE Chapters Now Available

Best Practices for Occupational Therapy in Schools, edited by Gloria Frolek Clark and Barbara E. Chandler. Online CE Chapters are designed for school-based occupational therapy practitioners as targeted, effective learning activities. Download specific chapters and associated CE activities. Over 20 chapters to choose from…and more to come! Earn up to .15 AOTA CEUs (1.88 PDUs/ 1.5 contact hours) per chapter. www.aota.org/CE Chapters

NEW! Online Course

Early Identification Practices: A Framework for Occupational Therapists presented by Kris Barnekow. This course (Module 1 of a 4-part series) is designed especially for occupational therapists working with young children. The course explains the skills necessary to effectively conduct screening, surveillance and other activities that identify developmental, educational, medical, psychosocial and behavioral risk factors. As an occupational therapist working in early intervention, community settings or school settings with young children, this course provides valuable information to more effectively observe, evaluate, communicate and advocate for the needs of young children and their families. Earn .15 AOTA CEU (1.88 NBCOT PDUs/ 1.5 contact hours). Order #OL41SC1. AOTA Members: $75, Nonmembers: $99. http://store.aota.org

NEW! Online Course

OT's Contribution to Early Identification: Module 2—Caregiver-Infant Relationship: Screening for Emotional Distress. Kristin Hildebrand, OTD, OTR/L, Author and Kris Barnekow, PhD, OTR/L, Editor. This course, the second of four modules in the Occupational Therapy's Contribution to Early Identification of the Needs of Young Children Using a Family-Centered Approach series, introduces the learner to theories and best practice models that facilitate improved, healthy caregiver-infant relationships in an exceptional self-paced online learning experience. Therapeutic strategies, techniques, and support networks are reviewed to improve caregiver self-esteem, help caregivers understand infant cues and behaviors, and educate caregivers on developmental milestones. The role of occupational therapists in screening and referring caregivers for perinatal mental health disorders, specifically postpartum depression (PPD) and perinatal posttraumatic stress disorder (PTSD) is examined. Barriers that hinder screening efforts are addressed. Earn .2 AOTA CEUs (2.5 NBCOT PDUs/2.0 contact hours). Order #OL42, AOTA Members: $75, Nonmembers: $99. http://store.aota.org

Online Course

Elective Session 2 (2009): Occupational Therapy for Infants and Toddlers With Disabilities Under

IDEA 2004, Part C, by Mary Muhlenhaupt. Elective session in the Occupational Therapy in School-Based Practice: Contemporary Issues and Trends series, replacing previous "Early Intervention: Service Delivery Under the IDEA." Earn .1 AOTA CEU (1.25 NBCOT PDU/1 contact hour). Order #OLSB2A. AOTA Members: $45, Nonmembers: $64. http://store.aota.org/view/?SKU=OLSB2A

Online Course

Understanding the Assistive Technology Process to Promote School-Based Occupation, by Beth Goodrich, Lynn Gitlow, and Judith Schooner. Assistive technology process delivered in schools and assistance for practitioners in increasing student participation in meaningful school-based occupations. Earn 1 AOTA CEU (12.5 NBCOT PDUs/10 contact hours). Order #OL31, AOTA Members: $199, Nonmembers: $284. http://store.aota.org/view/?SKU=OL31

Online Course

Occupational Therapy in School-Based Practice: Contemporary Issues and Trends, edited by Yvonne Swinth. Service delivery and intervention strategies in school-based settings based on IDEA, the No Child Left Behind initiative, the philosophy of education, and the *Occupational Therapy Practice Framework*. Core session: *Service Delivery in School-Based Practice: Occupational Therapy Domain and Process*. Earn 1 AOTA CEU (12.5 NBCOT PDUs/10 contact hours). Order #OLSBC, AOTA Members: $175, Nonmembers: $250. http://store.aota.org/view/?SKU=OLSBC Elective sessions available after completing Core session. Each provides .1 AOTA CEU (1.25 NBCOT PDU/1 contact hour), AOTA Members: $45, Nonmembers: $64.

Autism Webcasts

Presented by experts in the field. These fully narrated PowerPoint™ presentations provide learning from prominent experts and are designed to enhance knowledge and skills. These webcasts do not require a course exam. Earn up to 13.5 contact hours. For a complete list and pricing go to http://www.aota.org/webcasts.

NEW! Special Interest Topics

Special Interest Topic #2: Intervention Models for School Age Youth by Sarah A. Schoen, PhD, OTR; Lucy Jane Miller, PhD, OTR; Shannon Hampton; Meira L. Orentlicher, PhD, OTR/L; Dottie Handley-More, MS, OTR/L; Rachel Ehrenberg; Malka Frenkel; and Leah Markowitz. Continuing education courses based on Special Interest *Quarterly* articles that are published 4 times per year by each of the AOTA Special Interest Sections. Each Special Interest Topic is comprised of 2 thematically connected quarterly articles selected for their insight and immediate applicability to practice. AOTA CEUs, contact hours, and NBCOT PDUs are earned after successful completion of the accompanying exam. Earn .1 AOTA CEU (1.25 NBCOT PDU/1 contact hour). Order #CESIT02 AOTA Members: $24.99, Nonmembers: $29.99. http://store.aota.org

NEW! Special Interest Topics

Special Interest Topic #5: Enhancing Wellness in Children Through Sensory Based Approaches by Angela Hanscom, MOT, OTR/L; Sarah A. Schoen, PhD, OTR; and Tracy Murnan Stackhouse, MA, OTR. Continuing education courses based on Special Interest *Quarterly* articles that are published 4 times per year by each of the AOTA Special Interest Sections. Each Special Interest Topic is comprised of 2 thematically connected quarterly articles selected for their insight and immediate applicability to practice. AOTA CEUs, contact hours, and NBCOT PDUs are earned after successful completion of the accompanying exam. Earn .1 AOTA CEU (1.25 NBCOT PDU/1 contact hour). Order #CESIT05 AOTA Members: $24.99, Nonmembers: $29.99. http://store.aota.org

NEW! Special Interest Topics

Special Interest Topic #6: Nurturing and Communicating With Children With Disabilities by Jennifer Nash, PhD, MOT, OTR/L, CEIM; Keli Mu, PhD, OTR/L; Anna Domina, OTD, OTR/L; Jacy VerMaas-Lee, MA, OTR/L; and Amy Tyler Krings, MS, CCC-SLP. Continuing education courses based on Special Interest *Quarterly* articles that are published 4 times per year by each of the AOTA Special Interest Sections. Each Special Interest Topic is comprised of 2 thematically connected quarterly articles selected for their insight and immediate applicability to practice. AOTA CEUs, contact hours, and NBCOT PDUs are earned after successful completion of the accompanying exam. Earn .1 AOTA CEU (1.25 NBCOT PDU/1 contact hour). Order #CESIT06 AOTA Members: $24.99, Nonmembers: $29.99. http://store.aota.org

MENTAL HEALTH

Self-Paced Clinical Course

Mental Health Promotion, Prevention, and Intervention With Children and Youth: A Guiding Framework for Occupational Therapy, edited by Susan Bazyk. Framework on the role of OT in mental health interventions for children that can be applied in all pediatric practice settings. Earn 2 AOTA CEUs (25 NBCOT PDUs/20 contact hours). Order #3030, AOTA Members: $259, Nonmembers: $359. http://store.aota.org/view/?SKU=3030

Self-Paced Clinical Course

Occupational Therapy in Mental Health: Considerations for Advanced Practice, edited by Marian Kavanagh Scheinholtz. Comprehensive discussion of recent advances and trends in mental health practice, including theories, standards of practice, and evidence as they apply to OT with content from federal and non-government entities. Earn 2 AOTA CEUs (25 NBCOT PDUs/20 contact hours). Order #3027, AOTA Members: $259, Nonmembers: $359. http://store.aota.org/view/?SKU=3027

NEW! Online Course

Using the Occupational Therapy Practice Guidelines for Adults With Serious Mental Illness by Catana Brown, PhD, OTR, FAOTA. This course facilitates the use of the practice guidelines by presenting content in a multimedia format and highlights important concepts for occupational therapy practice with adults with serious mental illness. **Mobile Access**—the online course is easily viewed on a tablet making your learning portable and facilitating on-the-job access to resources. Earn .2 AOTA CEUs (2.5 PDUs/2 contact hours). Order #OL4886. AOTA Members: $65, Nonmembers: $89. http://store.aota.org

PRODUCTIVE AGING

NEW! Online Course

Understanding Low Vision, adapted from work of Roy Gordon Cole, OD, FAAO, Yu-Pin Hsu, EdD, OT, SCLV, and Gordon Rovins, MS, CEAC. This course provides occupational therapists with a basic understanding of low vision. It reviews the anatomy of the eye, common eye diseases, the process of low vision care, and the psychosocial and physical adjustments to low vision. Earn 2.5 contact hours. Order #OL37SC1. AOTA Members: $85, Nonmembers: $110. http://store.aota.org

NEW! Online Course

Selecting Low Vision Devices, adapted from work of Roy Gordon Cole, OD, FAAO, Yu-Pin Hsu, EdD, OT, SCLV, and Gordon Rovins, MS, CEAC. This course provides knowledge of basic optical principles on which low vision systems are based. Occupational therapists will learn how to instruct clients on the use and care of low vision devices to facilitate optimum occupational performance. Earn 2 contact hours. Order #OL37SC2. AOTA Members: $75, Nonmembers: $99. http://store.aota.org

NEW! Online Course

Modifying the Environment for Low Vision, adapted from work of Roy Gordon Cole, OD, FAAO, Yu-Pin Hsu, EdD, OT, SCLV, and Gordon Rovins, MS, CEAC. This course provides knowledge and strategies that occupational therapists can use to evaluate and modify environments to facilitate occupational performance for clients with low vision. Types of lighting, glare reduction, contrast enhancement, and environmental accessibility guidelines are addressed. Earn 1.5 contact hours. Order #OL37SC3. AOTA Members: $65, Nonmembers: $89. http://store.aota.org

NEW! Online Course

Improving Performance for Low Vision, adapted from work of Roy Gordon Cole, OD, FAAO, Yu-Pin Hsu, EdD, OT, SCLV, and Gordon Rovins, MS, CEAC. This course provides instruction on compensatory techniques and adaptive devices that occupational therapists can use to address activities of daily living and instrumental activities of daily living for individuals with low vision. Detailed examples and case studies are provided to demonstrate how to develop and implement compensatory techniques and adaptive devices to maximize occupational performance. Earn 2 contact hours. Order #OL37SC4. AOTA Members: $75, Nonmembers: $99. http://store.aota.org

NEW! Online Course

Low Vision in Older Adults: Foundations for Rehabilitation, 2nd Edition, by Roy Gordon Cole, OD, FAAO, Yu-Pin Hsu, EdD, OT, SCLV, and Gordon Rovins, MS, CEAC. Advancements in the field of low vision and skills necessary to provide effective client care as part of a vision rehabilitation team. Highlights include support tools, case examples, photos and anatomical images, and mobile access. Earn .8 CEU (10 NBCOT PDUs/8 contact hours). Order # OL37, AOTA Members: $265, Nonmembers: $345. http://store.aota.org/view/?SKU=OL37

Self-Paced Clinical Course

Strategies to Advance Gerontology Excellence: Promoting Best Practice in Occupational Therapy, edited by Susan Coppola, Sharon J. Elliott, and Pamela E. Toto. Core best practice methodology with older adults, approaches to and prevention of occupational problems, health conditions that affect participation, and practice in cross-cutting and emerging areas. Earn 3 AOTA CEUs (37.5 NBCOT PDUs/30 contact hours). Order #3024, AOTA Members: $245, Nonmembers: $345. http://store.aota.org/view/?SKU=3024

Self-Paced Clinical Course

Low Vision: Occupational Therapy Evaluation and Intervention With Older Adults, Revised Edition. 2008, edited by Mary Warren. Support for professional competency through AOTA Specialty Certification in Low Vision Rehabilitation (SCLV) with information on evaluation and lessons related to psychosocial issues and low vision, eye conditions that cause low vision in adults, and basic optics and optical devices. Earn 2 AOTA CEUs (25 NBCOT PDUs/20 contact hours). Order #3025, AOTA Members: $259, Nonmembers: $359. http://store.aota.org/view/?SKU=3025

CD or Online Format Course

An Occupation-Based Approach in Postacute Care to Support Productive Aging, by Denise Chisholm, Cathy Dolhi, and Jodi L. Schreiber. Occupation-based practice with a focus on postacute care practice settings for older adults and strategies for integrating occupation throughout the OT process to maximize clinical application. Earn .6 AOTA CEU (7.5 NBCOT PDUs/6 contact hours). CD Course: Order #4875, AOTA Members: $219, Nonmembers: $299. Online Course: Order #OL4875, AOTA Members: $209, Nonmembers: $289. http://store.aota.org

CD or Online Format Course

Skilled Nursing Facilities 101, by Christine Kroll and Nancy Richman. Importance of documenta-

tion, requirements for different payers, significance of managing productivity, understanding billing considerations, and maintaining ethical practice standards. Earn .3 AOTA CEU (3.75 MBCOT PDUs/3 contact hours). CD Course: Order #4843, AOTA Members: $115, Nonmembers: $164. Online Course: Order #OL4843, AOTA Members: $105, Nonmembers: $154. http://store.aota.org

CD or Online Format Course

Seating and Positioning for Productive Aging: An Occupation-Based Approach, by Felicia Chew and Vickie Pierman. Manual wheelchair mobility through review of seating and positioning from evaluation to outcome with a concentration on interventions applicable to a variety of settings. Earn .4 AOTA CEU (5 NBCOT PDUs/4 contact hours). CD Course: Order #4831, AOTA Members: $97, Nonmembers: $138. Online Course: Order #OL4831, AOTA Members: $87, Nonmembers: $128. http://store.aota.org

Online Course

Falls Module I—Falls Among Community-Dwelling Older Adults: Overview, Evaluation, and Assessments, by Elizabeth W. Peterson and Roberta Newton. First module in 3-part series on fall prevention to support OTs in providing evidence-based fall prevention services to older adults at risk for falling or that seek preventive services with sections on prevalence, consequences, and evaluation of fall risk. Earn .6 AOTA CEU (7.5 NBCOT PDUs/6 contact hours). Order #OL34, AOTA Members: $159, Nonmembers: $236. http://store.aota.org/view/?SKU=OL34

Online Course

Falls Module II—Falls Among Older Adults in the Hospital Setting: Overview, Assessment, and Strategies to Reduce Fall Risk, by Roberta Newton and Elizabeth W. Peterson. Second module in 3-part series on fall prevention with overview of falls that occur in the hospital setting and identification of older adults at risk, factors that contribute to fall risks, and assessment strategies. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). Order #OL35, AOTA Members: $141, Nonmembers: $226. http://store.aota.org/view/?SKU=OL35

Online Course

Falls Module III: Preventing Falls Among Community-Dwelling Older Adults—Intervention Strategies for Occupational Therapy Practitioners, by Elizabeth W. Peterson and Elena Wong Espiritu. Third module in 3-part series on fall prevention with evidence-based intervention strategies to reduce falls among community-dwelling older adults that include both older adults who are well and those who are living with chronic diseases. Earn .45 AOTA CEU (5.63 NBCOT PDUs/4.5 contact hours). Order #OL36, AOTA Members: $141, Nonmembers: $226. http://store.aota.org/view/?SKU=OL36

Online Course

Driving and Community Mobility for Older Adults: Occupational Therapy Roles, Revised, by Susan L. Pierce and Elin Schold Davis. Expanded content and updated links on research, tools, and resources to help advance knowledge about instrumental activity of daily living (IADL) of driving and community mobility. Earn .6 AOTA CEU (7.5 NBCOT PDUs/6 contact hours). Order #OL33, AOTA Members: $180, Nonmembers: $257. http://store.aota.org/view/?SKU=OL33

NEW! Special Interest Topics

Special Interest Topic #3: Enhancing Quality of Life for Older Adults by Cristina Michetti, OTR/L; Joanne Gallagher Worthley, EdD, OTR/L, CAPS; Laura Caron-Parker, OTR/L; and Sharon Nichols, CTRS/L. Earn .1 AOTA CEU (1.25 NBCOT PDU/1 contact hour). Continuing education courses based on Special Interest *Quarterly* articles that are published 4 times per year by each of the AOTA Special Interest Sections. Each Special Interest Topic is comprised of 2 thematically connected quarterly articles selected for their insight and immediate applicability to practice. AOTA CEUs, contact hours, and NBCOT PDUs are earned after successful completion of the accompanying exam. Order #CESIT03 AOTA Members: $24.99, Nonmembers: $29.99. http://store.aota.org

NEW! Special Interest Topics

Special Interest Topic #4: Reducing Depression in Older Adults by Jessica Crowe, OTD, OTR/L, and Linda M. Olson, PhD, OTR/L. Continuing education courses based on Special Interest *Quarterly* articles that are published 4 times per year by each of the AOTA Special Interest Sections. Each Special Interest Topic is comprised of 2 thematically connected quarterly articles selected for their insight and immediate applicability to practice. AOTA CEUs, contact hours, and NBCOT PDUs are earned after successful completion of the accompanying exam. Earn .1 AOTA CEU (1.25 NBCOT PDU/1 contact hour). Order #CESIT04 AOTA Members: $24.99, Nonmembers: $29.99. http://store.aota.org

REHABILITATION, DISABILITY, & PARTICIPATION

NEW! AJOT CE!

Interventions for People With ALS by Marian Arbesman, PhD, OTR/L and Kendra Sheard, OTR/L. Learn about tested treatment strategies by reading AJOT articles in your area of practice. In this course, the results of a systematic review of 14 studies on occupational therapy–related interventions for people with amyotrophic lateral sclerosis (ALS) are described. The implications for practice, education, and research are discussed. Earn .1 AOTA CEU (1.25 NBCOT PDUs/1 contact hour). Order #CEA JOT01, AOTA Members: $20.99, Nonmembers: $20.49. http://store.aota.org

NEW! AJOT CE!

Update on Productive Aging Research in AJOT by Mariana D'Amico, EdD, OTR/L, BCP, CIMI. Learn about tested treatment strategies by reading AJOT articles in your area of practice. In this course, you will learn to Identify effective interventions for aging productively with and without disability. Earn .1 AOTA CEU (1.25 NBCOT PDUs/1 contact hour). Order #CEAJOT02, AOTA Members: $20.99, Nonmembers: $20.49. http://store.aota.org

NEW! Webinars

Assistive Technology. AOTA and the Assistive Technology Industry Association (ATiA), an AOTA approved provider of continuing education, are pleased to present a new series of online webinars presented by leading experts in the assistive technology (AT) field. Experienced practitioners and non-specialized practitioners who want to expand their AT knowledgebase will find these webinars an essential component of their professional development. Each 1-hour or 1.5-hour webinar offers unique information about an AT topic that practitioners will find invaluable when working with clients requiring technology to support participation in desired occupations. Earn up to 1.5 contact hours. $49 each for members and nonmembers. Visit http://store.aota.org and type in "assistive technology" in the search box.

Self-Paced Clinical Course

Dysphagia Care and Related Feeding Concerns for Adults, 2nd Edition, edited by Wendy Avery. Up-to-date resource in dysphagia care written from an occupational therapy perspective for OTs at entry and intermediate skill levels. Earn 1.5 AOTA CEUs (18.75 NBCOT PDUs/15 contact hours. Order #3028. AOTA Members: $199, Nonmembers: $299. http://store.aota.org/view/?SKU=3028

DVD

Treatment Strategies in Acute Care of Stroke Survivors (Course 1). By J. Davis, 2013. Port Townsend, WA: International Clinical Educators. (Earn 1.5 AOTA CEUs [18.75 NBCOT PDUs, 15 contact hours]. $225 for members, $285 for nonmembers. To order, call toll free 877-404-AOTA or shop online at http://store.aota.org and enter order #4867.)

DVD

Teaching Independence: A Therapeutic Approach to Stroke Rehabilitation (Course 2). By J. Davis, 2013. Port Townsend, WA: International Clinical Educators. (Earn 1.5 AOTA CEUs [18.75 NBCOT PDUs, 15 contact hours]. $225 for members, $285 for nonmembers. To order, call toll free 877-404-AOTA or shop online at http://store.aota.org and enter order #4866.)

DVD

Functional Treatment Ideas and Strategies in Adult Hemiplegia (Course 3). By J. Davis, 2013. Port Townsend, WA: International Clinical Educators. (Earn 1.5 AOTA CEUs [18.75 NBCOT PDUs, 15 contact hours]. $225 for members, $285 for nonmembers. To order, call toll free 877-404-AOTA or shop online at http://store.aota.org and enter order #4865.)

CD or Online Format Course

Occupational Therapy's Unique Contributions to Cancer Rehabilitation, by Claudine Campbell, Jennifer Hughes, and Lauro Munoz. Addresses the role of occupational therapy in cancer rehabilitation, an emerging area of practice. Course includes four lessons with a final case study that walks a client through the specific cancer paradigms discussed in the lessons. Earn .4 AOTA CEU (5 NBCOT PDUs/4 contact hours). CD Course: Order #4849, AOTA Members: $140, Nonmembers: $199. Online Course: Order #OL4849, AOTA Members: $130, Nonmembers: $189. http://store.aota.org

CD or Online Format Course

Hand Rehabilitation: A Client-Centered and Occupation-Based Approach, by Debbie Amini. Occupation-based intervention to enhance hand rehabilitation protocols without sacrificing productivity or detracting from the concurrent client factor focus. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). CD Course: Order #4832, AOTA Members: $75, Nonmembers: $99. Online Course: Order #OL4832, AOTA Members: $65, Nonmembers: $89. http://store.aota.org

CD or Online Format Course

Occupation-Focused Intervention Strategies for Clients With Fibromyalgia and Fatiguing Conditions, by Rénee R. Taylor. Evidence-based strategies for managing fibromyalgia and other fatiguing conditions, such as chronic fatigue syndrome, with interdisciplinary treatment approaches and collaboration with other professionals. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). CD Course: Order #4839, AOTA Members: $65, Nonmembers: $93. Online Course: Order #OL4839, AOTA Members: $55, Nonmembers: $83. http://store.aota.org

CD or Online Format Course

Pain, Fear, and Avoidance: Therapeutic Use of Self With Difficult Occupational Therapy Populations, by Reneé R. Taylor. Examines strategies for managing client pain, fear, and avoidance in OT practice with six distinct modes of interacting based on the author's conceptual practice model. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). CD Course: Order #4836, AOTA Members: $59, Nonmembers: $84. Online Course: Order #OL4836, AOTA Members: $49, Nonmembers: $74. http://store.aota.org

NEW! Online Course

AOTA/Dynamic Learning-Seating & Positioning Communication Devices by Nancy Carroll Gravley, M.A.H.S. & Melissa Cohn Bernstein, OTR/L, FAOTA. This course gives a general overview of the kinds of communication equipment that will be of general interest to both adults and children and resources available for adapting this kind of equipment for wheelchair use. Earn .1 AOTA CEU (1.25 NBCOT PDU/1 contact hour). Order #OL4003.

AOTA Members/Nonmembers:: $29.50. Distributed Product. http://store.aota.org

NEW! Online Course

Hand & Upper Extremity Essentials 2.0: Chronic, Chronic Progressive, and Rare Conditions, By Wendy Hoogsteden, MHS, OTR/L. This interactive course provides beginner to advanced practitioners with information about the anatomical structures affected by, the pathological processes involved, and the management of cumulative trauma disorders, tendon injuries, arthritis and stiff hand. In the rare conditions portion of the course (part B), information on the pathological processes involved in Dupuytren's contractures, management of complex regional pain syndrome, reflex sympathetic dystrophy, and causalgia will be explored. Earn .7 AOTA CEU (8.75 PDUs/7 contact hours). Order #OL3062. AOTA Members/Nonmembers: $199.00. Distributed Product. http://store.aota.org

NEW! Online Course

Hand & Upper Extremity Essentials 2.0: The Fundamentals by Wendy Hoogsteden, MHS, OTR/L. This course provides beginner to advanced occupational therapy practitioners with information on the anatomy and kinesiology of the upper quarter. You will learn neuroanatomy concepts as related to hand and upper extremity rehabilitation. The course covers basic theory and application of physical agent modalities (PAMs) used in upper extremity rehabilitation as well as an overview of splinting of the upper extremity. AOTA joined with Dynamic Learning Online, Inc., a subsidiary of Dynamic Group and an AOTA Approved Provider of continuing education, to distribute this course. Earn .7 AOTA CEU (8.75 PDUs/ 7 contact hours). Order #OL3060. AOTA Members/Nonmembers: $199.00. Distributed Product. http://store.aota.org

NEW! Online Course

Hand & Upper Extremity Essentials 2.0: Interventions for Specific Diagnostic Populations by Wendy Hoogsteden, MHS, OTR/L. This interactive course provides beginner to advanced practitioners with information about the anatomical structures affected by, the pathological processes involved, and the management of acute conditions including traumatic injuries, fractures, burns, and wounds including the selection of prosthetics. AOTA joined with Dynamic Learning Online, Inc., a subsidiary of Dynamic Group and an AOTA Approved Provider of continuing education, to distribute this course. Earn .4 AOTA CEU (5 PDUs/4 contact hours). Order #OL3061. AOTA Members/Nonmembers: $114.00. Distributed Product. http://store.aota.org

NEW! Online Course

Hand & Upper Extremity Essentials 2.0: Chronic, Chronic Progressive, and Rare Conditions by Wendy Hoogsteden, MHS, OTR/L. This interactive course provides beginner to advanced practitioners with information about the anatomical structures affected by, the pathological processes involved, and the management of cumulative trauma disorders, tendon injuries, arthritis and stiff hand. In the rare conditions portion of the course, information on the pathological processes involved in Dupuytren's contractures, management of complex regional pain syndrome, reflex sympathetic dystrophy, and causalgia will be explored. AOTA joined with Dynamic Learning Online, Inc., a subsidiary of Dynamic Group and an AOTA Approved Provider of continuing education, to distribute this course. Earn .7 AOTA CEU (8.75 PDUs/ 7 contact hours). Order #OL3062. AOTA Members/Nonmembers: $199.00. Distributed Product. http://store.aota.org

WORK AND INDUSTRY

NEW! Online Course

AOTA/Dynamic Learning-Essential Skills for Communication in Healthcare Environments by Orit Simhoni, PhD, OTR/L, GCG, NCG. Based on interpersonal communication research and conflict resolution theory, the course offers the foundations of effective communication techniques for practitioners who work in the healthcare environment. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). Order # OL2007. AOTA Members/Nonmembers: $59.00. Distributed Product. http://store.aota.org

NEW! Online Course

AOTA/Dynamic Learning-Essential for End-of-Life by Kathleen O. Beauchesne, PhD, MBA, MSW, LCSW-C. End-of-Life (EOL) care is an essential arena of competence for all health care providers. As research in this area has grown over the years, professionals such as physicians, nurses, social workers and other allied health care professionals can gain competence and confidence in understanding and managing dying patients and their families. Earn .6 AOTA CEU (7.5 NBCOT PDUs/6 contact hours) Order # OL3016. AOTA Members/Nonmembers: $171.00. Distributed Product. http://store.aota.org

NEW! Online Course

AOTA/Dynamic Learning-Documentation Essentials -- Medicare Part A in SNFs by Melissa Cohn Bernstein, OTR/L, FAOTA and Consultant/ Subject Matter Expert: Nancy J. Beckley, MS, MBA, CHC. This intermediate level module is designed to provide a bird's eye overview of the updated regulations, that govern the provision of therapy services and provide insight into how the overall payment system works under the MDS 3.0, specifically reimbursement under Medicare A, including required RUGS-IV assessments, and how therapy services are delivered and captured for Medicare A beneficiaries. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hours). Order #OL3058. AOTA Members/Nonmembers: $59.00. Distributed Product. http://store.aota.org

Faculty

Department of Occupational Therapy

Faculty Opportunities

Seton Hall University, South Orange, NJ

Due to program success and expansion, the School of Health and Medical Sciences (SHMS) at Seton Hall University invites qualified individuals to apply for:

- Two (2) full-time, 12-month faculty positions in the Department of Occupational Therapy beginning July 1, 2015.

We are a student-centered, dynamic department with a commitment to preparing occupational therapists as servant leaders and interprofessional team members seeking to meet the needs and opportunities of a global society.

Please visit the Seton Hall University website to view current available opportunities (www.shu.edu).

Seton Hall University is an Equal Opportunity/Affirmative Action employer. It honors diversity and respects the religious commitments of all its employees. In turn, its employees respect Catholic beliefs and values, and they support its mission as a Catholic institution of higher education.

F-7386

West

Faculty

VIRGINIA COMMONWEALTH UNIVERSITY

VCU Department of Occupational Therapy

OCCUPATIONAL THERAPY
Faculty Position

VCU's Department of Occupational Therapy (OT) in the School of Allied Health Professions welcomes applications for a full-time, tenure-eligible Assistant, Associate, or Full Professor position. New faculty will join a department with a 72-year history of excellence.

REQUIRED QUALIFICATIONS:

- Earned research doctorate
- Ability to complement and expand existing expertise in the department:
  - ***Assistant Professor*** candidates will have an established research agenda an clear potential for external funding.
  - ***Associate and Full Professor*** candidates will have a developed scholarly/research portfolio with evidence of multidisciplinary applications and external funding.
- Strong written and interpersonal communication skills
- Commitment to working with diverse faculty, staff, and students at VCU

PREFERRED QUALIFICATIONS:

- Licensure or eligibility for licensure as an occupational therapist in Virginia
- History of grant-funded research
- At least 3 years of experience in practice and/or academic settings
- Teaching experience in physical disabilities, movement sciences, and/or anatomy and physiology preferred

RESPONSIBILITIES:

- Conduct research in alignment with mission of Department of OT and VCU
- Teach and advise graduate students at the master's, OTD, and PhD levels
- Contribute to service and community engagement missions of the department, school, university and OT profession

APPLICATION:
Please visit VCU's e-jobs site at **www.vcujobs.com/postings/41351**
Contact Dr. Jodi Teitelman, Search Committee Chair at **jlteitel@vcu.edu**
More information about VCU's Department of OT can be found at **http://sahp.vcu.edu/occu**

Virginia Commonwealth University is an equal opportunity/affirmative action employer. Women, minorities, and persons with disabilities are encouraged to apply.

F-7361

Faculty

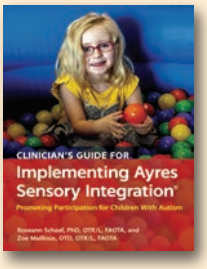
The first Master of Science in Occupational Therapy program in beautiful Orange County, California, invites dynamic and team-oriented, educator candidates for a **full-time teaching position**. Led by Dr. Janis Davis, OTR/L, the master's program is seeking to grow its faculty with an experienced educator and student mentor.

For more information about requirements and qualifications, please visit: stanbridge.edu/employment.

STANBRIDGE COLLEGE

F-7632

NEW BOOKS & GUIDELINES FROM AOTA PRESS!



Clinician's Guide for Implementing Ayres Sensory Integration®: Promoting Participation for Children With Autism

By Roseann C. Schaaf, PhD, OTR/L, FAOTA, and Zoe Mailloux, OTD, OTR/L, FAOTA

This guidebook fosters the child's active participation in physical, social, and functional activities using active, individually tailored, sensory-rich experiences to promote skills.

Developed and tested in a randomized controlled trial, this step-by-step guide includes templates and forms to organize and direct each step's application to practice and research, which are also included on the text's accompanying flash drive. Two extensive case examples take readers through each step, illustrating practical, clinical use.

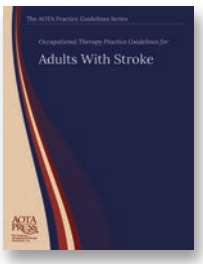
Order #900365
AOTA Members: $69
Nonmembers: $98

Lifestyle Redesign®: The Intervention Tested in the USC Well Elderly Studies, 2nd Edition

By Florence A. Clark, PhD, OTR/L, FAOTA; Jeanine Blanchard, PhD, OTR/L; Alix Sleight, OTD, OTR/L; Alison Cogan, MA, OTR/L; Lucía Floríndez, MA; Sarah Gleason, BA; Rebecca Heymann, BA, OTS; Valerie Hill, PhD, OTR/L; Alexis Holden, MA, OTR/L; Molly Murphy, BA, OTS; Rachel Proffitt, OTD, OTR/L; Stacey Schepens Niemiec, PhD, OTR/L; Cheryl Vigen, PhD

Reorganized, expanded, and updated, this new edition of the award-winning Lifestyle Redesign® gives practical guidelines in this preventative occupational therapy program for independent-living older adults. It outlines the steps for successful intervention and uses evidence to emphasize the cost-effectiveness of preventative occupational therapy.

Order #900359
AOTA Members: $79
Nonmembers: $112

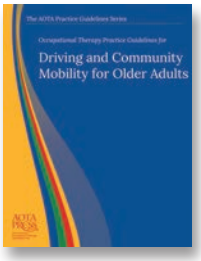


Occupational Therapy Practice Guidelines for Adults With Stroke

By Timothy J. Wolf, OTD, MSCI, OTR/L, FAOTA, and Dawn M. Nilsen, EdD, OT/L

This Practice Guideline provides an overview of the occupational therapy process for adults who have experienced a stroke, defining the domain and interventions that occur within acceptable occupational therapy practice. Topics include evaluation, intervention, and outcomes, and extensive attention is given to cognitive, motor, and psychosocial impairments.

Order #900367
AOTA Members: $74
Nonmembers: $105

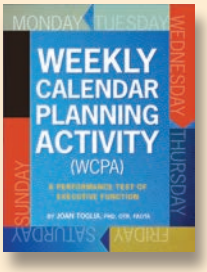


Occupational Therapy Practice Guidelines for Driving and Community Mobility for Older Adults

By Wendy Stav, PhD, OTR/L, SCDCM, FAOTA

This Practice Guideline provides an overview of the occupational therapy process for adults whose driving and community mobility have been affected by various age-related conditions. Topics include evaluation, including behind-the-wheel assessment; client interventions; technology- and vehicle-based interventions; Alzheimer's disease; and policy interventions.

Order #900368
AOTA Members: $74
Nonmembers: $105



Weekly Calendar Planning Activity: A Performance Test of Executive Function

By Joan Toglia, PhD, OTR/L, FAOTA

The WCPA was designed to be useful across a variety of populations that have difficulty in executive functioning or higher-level cognitive ADLs and IADLs and can be used to screen for the underlying nature of performance problems.

Appropriate for use with adolescents and adults, the WCPA involves following and organizing a list of appointments or errands into a weekly schedule while keeping track of rules, avoiding conflicts, monitoring passage of time, and inhibiting distractions.

In addition to including a weekly schedule, the assessment features client profiles on performance, error analysis, awareness of task difficulty, and pre/post comparisons. A flash drive contains worksheets and scoring materials for the various Adult and Adolescent version.

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BK-380

EMPLOYMENT OPPORTUNITIES

Faculty

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Assistant Professor – Master of Occupational Therapy Program

Texas Tech University Health Sciences Center (TTUHSC)

Position Description: Full-time, 12 month renewable appointment (tenure eligible). Generous benefits package. Rank and salary commensurate with experience. ***Start date – August 2015 or as negotiated***.

Qualifications: Earned doctoral degree from an accredited educational program is preferred. Licensed or eligible for OT licensure in Texas. Minimum of 5 years clinical experience as an occupational therapist. Teaching experience in community-based practice, adult rehabilitation, and assistive technology is desirable.

Responsibilities: The primary responsibility will be teaching, with an expectation of clinical practice, scholarship, student advising, and service to the university, the community, and the profession.

Application Process: Review of applications will begin June 1, 2015. Potential candidates please view requisition number 3949BR and submit your application materials on the Texas Tech Jobs website: http://jobs.brassring.com/TGWebHost/jobdetails.aspx?partnerid=25898&siteid=5281&areq=3949BR

For more information contact:
Dawndra Sechrist, OTR, PhD, Program Director – Master of Occupational Therapy. **Office:** (806) 743-3240 **Email:** Dawndra.Sechrist@ttuhsc.edu **Address:** 3601 4th Street; STOP 6220 Lubbock, TX 79430-6220 **Internet:** http://www.ttuhsc.edu/sah/mot/

The TTUHSC is an Equal Opportunity/Affirmative Action/Veterans/Disability Employer. F-7384

Faculty

F-7379

Murphy Deming COLLEGE OF HEALTH SCIENCES
MARY BALDWIN COLLEGE

Assistant/Associate Professor OTD Program

- 12-month position
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- Exceptional team
- Shenandoah Valley, VA

To learn more about this position and how to apply, please visit: **http://www.mbc.edu/business_and_finance/employment/#otf**

Faculty

East Carolina University

The Department of Occupational Therapy at East Carolina University is seeking applications for a 12-month, tenure-track faculty position at the rank of **Assistant or Associate Professor** for an entry-level Master of Science program that just achieved a 10-year ACOTE re-accreditation.

East Carolina University, with 27,000 students, is located in Greenville, North Carolina (population of 89,000). On the coastal plains, it has mild winters and is 90 miles from the beautiful Crystal Coast and the capital city of Raleigh. It is within driving distance of Washington, DC, Myrtle Beach, and the Smokey Mountains.

The Occupational Therapy Department is part of the College of Allied Health Sciences, which houses nine departments with programs at the undergraduate, master's, and doctoral levels. Attached to the College is the medical library, which provides a librarian dedicated to supporting allied health faculty and students. All classrooms are technology-enhanced (e.g., SMART devices, video capture). In addition, there are five uniquely equipped labs dedicated to occupational therapy and ample equipment/supplies.

Occupational therapy students are admitted each fall and cohorts are limited to 26 students. The College is within the Division of Health Sciences, along with nursing, medicine, and dentistry. It is also adjacent to a 900-bed, level-1 trauma center, Vidant Medical Center, which offers multiple opportunities to partner with the 20-plus occupational therapy practitioners employed within their system.

Faculty member responsibilities include teaching graduate courses, mentoring and advising graduate students in research projects and/or theses, actively engaging in scholarly research and funding, and participating in service projects at the university, community, and professional levels.

Minimum Qualifications:
- Occupational therapist with an earned postprofessional doctorate in occupational therapy or a related field (PhD, EdD)
- Five years of clinical and/or teaching experience
- Eligible for licensure as an occupational therapist in the state of North Carolina.

Preferred Experience:
- Teaching in occupational therapy courses at the graduate level
- Teaching and/or clinical experience in group process and adult/older adult occupational therapy process
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W-7346

Stability Balls, Virtual Reality, and IADL Performance

Susan H. Lin

Effects of Stability Balls in Schools

Fedewa, Davis, and Ahn (2015) studied the effects of stability balls in the second-grade classrooms of one school. Two classrooms were randomly assigned to a treatment group (stability balls), and two classrooms served as a control group using standard chairs. Outcome measures included on-task behavior, standardized measures of literacy and mathematics achievement, and discipline referrals. Results indicated no significant differences of on-task behavior and achievement between treatment and control classrooms. Researchers did note a general decrease in discipline referrals for the students from treatment classrooms. Further research with larger samples and qualitative data is recommended.

Reference

Fedewa, A., Davis, M., & Ahn, S. (2015). Effects of stability balls on children's on-task behavior, academic achievement, and discipline referrals: A randomized controlled trial. *American Journal of Occupational Therapy, 69*, 6902220020p1-6902220020p9. http://dx.doi.org/10.5014/ajot.2015.014829

Issues Related to Virtual Reality Interventions for Stroke

Proffitt and Lange (2015) called for a stepwise approach using the stages of intervention development, such as the four-phase model: exploratory, intervention development, intervention efficacy, and scale-up. The intervention development phase cannot be overlooked because we need to understand how and why an intervention works for the intended population. Only then can we understand the active ingredients of the intervention and the underlying mechanisms of the intervention. The authors recommended pairing low-cost sensors (e.g., Microsoft Kinect sensors) with customized software to help identify and test the active ingredients in virtual reality interventions. After intervention development, feasibility, safety, and pilot trials need to be conducted prior to larger randomized controlled trials. Neuroimaging and specialized cameras can be helpful tools for identifying active ingredients.

Reference

Proffitt, R., & Lange, B. (2015). Considerations in the efficacy and effectiveness of virtual reality interventions for stroke rehabilitation: *Moving the field forward. Physical Therapy, 95*, 441–448.

IADL Performance and Role Satisfaction

Ciro, Anderson, Hershey, Prodan, and Holm (2015) asked, "Are there differences in observed performance of instrumental activities of daily living (IADLs) and self-reported satisfaction with social role performance between people with amnestic mild cognitive impairment (a-MCI) and age- and gender-matched control participants?" Using the observed performance of 14 IADLs using the Independence, Safety, and Adequacy domains of the Performance Assessment of Self-Care Skills (PASS) and the Patient-Reported Outcomes Measurement Information Systems (PROMIS) to examine satisfaction with social role performance, they determined that the Total PASS scores were significantly lower in participants with a-MCI (median = 40.6) than in control participants (median = 44.2; p = .006). Adequacy scores were also significantly lower but no significant differences were found between the two groups on the PROMIS measures. This pilot study's results revealed that people with a-MCI are more likely to experience errors in adequacy, which includes quality and process of performance, than safety and independence issues. Occupational therapy practitioners could play significant roles on interprofessional teams that provide diagnoses for people with emerging (MCI) and frank (dementia) cognitive disorders in older adults, such as recommendations to optimize occupational performance.

In conclusion, evidence-based assessments and treatments could build on clients' relative strengths in independence and safety while seeking to compensate for errors in adequacy to improve occupational performance.

Reference

Ciro, C. A., Anderson, M. P., Hershey, L. A., Prodan, C. I., & Holm, M. B. (2015). Instrumental activities of daily living performance and role satisfaction in people with and without mild cognitive impairment: A pilot project. *American Journal of Occupational Therapy, 69*, 6903270020p1-6903270020p10. http://dx.doi.org/10.5014/ajot.2014.015198

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NOTE: To view the abstracts of these articles, visit Google Scholar (http://scholar.google.com/schhp?hl=en&tab=ws) or PubMed (www.ncbi.nlm.nih.gov/sites/pubmed) and type the article title into the search box. If you would like your in-press or recently published research featured in this column, please contact Susan Lin at slin@aota.org or 301-652-6611, ext. 2091.

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Collaborating With Family Caregivers in the Home Setting

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This CE Article was developed in collaboration with **AOTA's Home & Community Health Special Interest Section.** Portions of this article will appear in the upcoming AOTA Self-Paced Clinical Course *Occupational Therapy in Home Health* (in press).

ABSTRACT

Family caregivers are integral to the success of occupational therapy interventions and the sustainability of client gains and well-being. However, the role of caregiver comes with many challenges. This article examines the importance of collaborating with family caregivers; the occupation of caregiving, including challenges and the impact on the caregiver; and ways that occupational therapy practitioners can best evaluate the needs of and work successfully with family caregivers in the home health setting.

LEARNING OBJECTIVES

After reading this article, you should be able to:

1. Identify the roles of family caregivers in supporting clients as partners in occupational therapy delivery and outcomes
2. Recognize the impact of caregiving on family members, including the challenges they face
3. Identify strategies to support family members' ability to provide effective care
4. Recognize how providing services in the home affects collaboration with family caregivers

INTRODUCTION

Family caregiver is a term that can be used to refer to any relative, partner, friend, or neighbor who has a significant personal relationship with, and provides a broad range of assistance to, an older person or an adult with a chronic or disabling condition (Gibson, Kelly, & Kaplin, 2012). As our population ages and people survive longer with chronic health conditions, the person receiving the help is increasingly likely to be an older adult. When a client transitions from care provided by health care professionals to care provided by families, the client's continued health and well-being often depends on the family caregiver, especially when the client is elderly or has a chronic illness. That family caregiver must be willing and able to handle potentially complex health, financial, legal, and social needs, potentially over a period of months or years. Evidence shows that caregiver involvement contributes to greater patient satisfaction and improves continuity of care (Gibson et al., 2012). However, evidence also indicates that these caregivers do not receive adequate recognition or support from health care professionals (Gibson et al., 2012).

Families and friends of older adults with disabilities are the predominant providers of long-term care, and in general they are thought to provide task assistance that is low cost, high quality, and consistent with older adults' preferences (Institute of Medicine [IOM], 2008). In the United States, 52 million caregivers provide care to adults with a disability or illness (Coughlin, 2010). Services provided by family caregivers for free have been valued at $450 billion per year in 2009 (Feinberg, Reinhard, Houser, & Choula, 2011), making them the largest source of long-term-care services in the country (Coughlin, 2010).

A major challenge faced by clients and caregivers is the level of performance expectation that may be placed on them at home, and the resulting pressure they may feel. There can be a discrepancy between the formal organizational structure of long-term care and the tasks expected of family caregivers (Feinberg & Houser, 2012; Feinberg et al., 2011; Hunt, 2007). Many health economists, providers, and policymakers agree that a mismatch exists between how the current health care system defines and pays for services and how care is actually delivered. Third-party payers and providers view health care as time limited, discrete, and necessitated by acute or catastrophic illness, rather than as long term, continuous, and provided to prevent the need for more costly care. This places additional pressure on friends and family to provide care after the formal system stops, especially when managing chronic conditions. Most payers and providers do not acknowledge that family caregivers are an extension of the care delivery team and may need care themselves (Kelly, Wolfe, Gibson, & Feinberg, 2013; Raphael & Cornwell, 2008; Reinhard, Feinberg, & Choula, 2012).

There are a number of suggested reasons why caregivers are not more integrated into the health care delivery system (Levine, 2007; Levine, Halper, Peist, & Gould, 2010). These include:

- Medical insurance providers focus on the patient or beneficiary, rather than the family providing care.
- Providers say they do not have time to talk with or train family caregivers (possibly because they are not paid to do so).
- Providers and family caregivers lack adequate communication skills, which breaks down trust.
- Privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) have been misinterpreted and misapplied by providers, leaving families without access to information. (The United Hospital Fund offers a guide to HIPAA for family caregivers at www.nextstepincare.org.)

- Health care providers may perceive families as intrusive and time consuming.

Successful partnerships between occupational therapy practitioners and family caregivers require collaboration, which is characterized by active listening; honest, clear, and jargon-free communication; mutual respect; accessibility and responsiveness; and reciprocal sharing of information. Collaboration calls for shared evaluation, planning, and decision making without judgment or labeling (O'Daniel & Rosenstein, 2008). Recognizing and respecting the knowledge, skills, and experience that the client and family possess are key to collaboration. Occupational therapists and caregivers work jointly to identify problem areas and a corresponding intervention plan (Feinberg et al., 2011). Development of partnerships with clients and family caregivers is increasingly being recognized as an essential component of health care quality improvement (Gibson et al., 2012).

THE OCCUPATION OF FAMILY CAREGIVING

Family caregivers may take on the roles of both client and provider (IOM, 2008; O'Shaughnessy, 2013). On the one hand, they take responsibility for part of the client's role in care management and medical decision making (e.g., choosing physicians and scheduling medical appointments). They may assume responsibility in presenting the client's history and listening to clinicians' instructions, and they may make or influence decisions regarding the appropriate course of intervention. On the other hand, caregivers also take on the role of health care provider, performing functions that direct care workers provide on a paid basis, including support with activities of daily living (ADLs) and instrumental ADLs (IADLs). Occupational therapy practitioners can help family caregivers to recognize and balance these roles, and to develop skills for successfully executing them.

Gibson et al. (2012) categorized family caregiver roles and functions into five areas:

1. Direct care provision
- Homemaker (manage household activities)
- Health provider (deliver medical care)
- Attendant (provide task assistance)
- Monitor (evaluate health status)

2. Emotional support
- Companion (provide emotional support)

3. Care coordination
- Coordinator (coordinate care across settings and providers)
- Scheduler (arrange medical care)
- Driver (facilitate transportation)
- Technical interpreter (facilitate client understanding)
- Decision maker (make medical decisions)

4. Advocacy
- Coach (encourage patient self-care activities)
- Patient extender (facilitate provider understanding)

5. Financial help
- Financial manager (handle financial issues)

Clearly, there can be challenges for family caregivers trying to balance all these responsibilities with their other important occupations (e.g., work, child care, rest, volunteerism, social engagement, self-care, leisure). Evidence shows that outcomes for people with cognitive impairments, serious mental illness, cancer, stroke, congestive heart failure, and orthopedic conditions are improved with family caregiver involvement (Gibson et al., 2012). Helping family caregivers manage their multiple roles supports positive patient outcomes and caregiver well-being.

One of the challenges in working with family caregivers is that they may not self-identify as "caregivers," instead seeing themselves as meeting their responsibilities as a friend or relative. Helping caregivers recognize the additional roles and occupations they are taking on can be a first step toward connecting with resources and supports.

RECOGNIZING THE CHALLENGES OF CAREGIVING

Reinhard, Levine, and Samis (2012) observed that, although family caregivers continue to provide the traditional assistance with ADLs and IADLs, their role has dramatically expanded to include performing medical and nursing tasks that were once provided only in hospitals or other facilities, or at home by licensed professionals. These can include providing complex medication management and wound care, managing ventilators and tube feeding systems, and administering intravenous fluids and injections. Caregivers often receive limited or no training before assuming these responsibilities.

To improve function and safety for the client, caregivers may need to modify the environment and acquire equipment and assistive devices. This might include major renovations for access, minor modifications or assistive technology for improved function or safety, or simplification to support cognitive function. The *Occupational Therapy Practice Framework: Domain and Process, 3rd Edition* noted, "Occupational therapy practitioners recognize that for clients to truly achieve an existence of full participation, meaning, and purpose, clients must not only function but also engage comfortably with their world, which consists of a unique combination of contexts and environments" (American Occupational Therapy Association [AOTA], 2014, p. S9). Occupational therapy practitioners can play an important role in helping the caregiver create a supportive environment to maximize the care recipient's function and participation.

It is also important to recognize that caregiving tasks may be performed by individuals who are themselves elderly or ill, or have disabilities (Kelly et al., 2013). They receive little or no training in moving, lifting, and turning very ill adults, yet they perform these very strenuous physical activities daily (Collins &

Swartz, 2011; O'Shaughnessy, 2013). Other evidence has shown that most caregivers are ill-prepared for their role and provide care with little or no support (O'Shaughnessy, 2013; Reinhard, Levine, & Samis, 2012). Occupational therapy practitioners can help identify strategies and changes to support caregivers in carrying out these activities safely and more easily.

THE IMPACT OF CAREGIVING ON THE CAREGIVER

Research has shown that family caregivers are themselves at risk. Mental, emotional, and physical health problems arise from complex caregiving situations and the strains of caring for relatives who are frail or have disabilities (Feinberg et al., 2011; O'Shaughnessy, 2013).

Caregivers have higher levels of stress than non-caregivers (Reinhard et al., 2012). Spousal caregivers over the age of 66 years who experience caregiving-related stress have a 63% higher mortality rate than non-caregivers of the same age (Collins & Swartz, 2011).

Studies consistently show that caregivers experience higher levels of depressive symptoms and mental health problems than their non-caregiving peers (Feinberg et al., 2011). Among caregivers for people with dementia, this is an even greater problem (Feinberg et al., 2011), with 40% having depression and emotional stress (Alzheimer's Association, 2015).

High rates of depressive symptoms and mental health problems among caregivers, compounded with the physical strain of assisting a person with ADLs, put many caregivers at serious risk for poor physical health outcomes and increased health care needs (Collins & Swartz, 2011). Seventeen percent of caregivers reported that caregiving has caused their physical health to get worse (Collins & Swartz, 2011). Caregivers have lower levels of subjective well-being and physical health than non-caregivers (Collins & Swartz, 2011; Feinberg et al., 2011). Caregivers also have higher rates of physical ailments (Feinberg et al., 2011). Caring for a person with dementia is reported to affect a person's immune system for up to 3 years after the caregiving experience ends, increasing the caregiver's chances of developing his or her own chronic illness (Family Caregiver Alliance [FCA], 2012).

Family caregivers also have lower levels of self-care than non-caregivers, and they are less likely to practice preventive health behaviors (Collins & Swartz, 2011). Caregivers' self-care suffers due to their lack of time and energy to exercise, prepare nutritious meals, or see their own health care providers appropriately (Collins & Swartz, 2011).

It is clear that caregiver health is a public health issue that requires more focused attention from health professionals, policy makers, and caregivers themselves (O'Shaughnessy, 2013). Research has shown that the negative effects of caregiving can be mitigated by:

- An evaluation of family caregiver needs that leads to a care plan with support services
- Caregiver education and support programs
- Respite, to reduce caregiver burden
- Financial support, to alleviate the economic stress of caregiving
- Primary care interventions that address caregiver needs (Collins & Swartz, 2011)

EVALUATING CAREGIVER NEEDS

According to Feinberg and Houser (2012), caregiver evaluation is a systematic process of gathering information about a caregiving situation to identify the specific problems, needs, strengths, and resources of the family caregiver, as well as the caregiver's ability to meet the needs of the care recipient. Evaluations help identify the many roles a caregiver plays, the challenges, gaps in knowledge and skills, and kinds of help that will be useful and acceptable to the caregiver and the person receiving care (Levine, 2011). Ideas that support the importance of caregiver evaluation as part of care delivery include the following:

- Caregivers who have their needs evaluated feel acknowledged, valued, and better understood by practitioners.
- Caregivers gain a better grasp of their role and the abilities required to carry out tasks.
- If the physical, emotional, and financial strains on family caregivers become too great, care in the home may be seriously jeopardized.
- Identifying service needs and unresolved problems is fundamental to a plan that supports and strengthens the family as a whole, because the home is where most care is given and received.
- Caregiver strain and health risks can impede the caregiver's ability to provide care, lead to higher health care costs, and affect the quality of life for caregivers and those for whom they care.
- The well-being of the family caregiver is often key to the care recipient getting the help needed at home or in the community—rather than through placement in a nursing home.
- Evaluation can establish eligibility for useful services, supporting the caregiver and the care recipient.
- Knowing caregiver needs and preferences triggers timely referrals.
- Information from caregivers reveals what works and what does not, helping to form a successful intervention plan.
- Caregiver feedback helps ensure quality of care (Collins & Swartz, 2011; Feinberg & Houser, 2012; Feinberg et al., 2011; Kelly et al., 2013; O'Shaughnessy, 2013).

Some elements that are basic to a caregiver assessment include:

- Identify the primary caregiver and others who might assist with care.
- Consider the situation from the caregiver's perspective.
- Clarify the caregivers' understanding of their roles and the care task requirements.
- Identify measurable outcomes for caregivers in the care plan.

- Identify services available to the caregiver and provision of referrals.
- Respect the limitations on the caregiver's time and energy.
- Incorporate the caregiver's values and preferences in regard to everyday living and care provision.
- Consider the caregiver's health and well-being and potential consequences of caregiving.
- Determine care-provision requirements (e.g., skills, abilities, knowledge) and what the caregiver will need to meet the demands of care (Collins & Swartz, 2011; Feinberg & Houser, 2012; Kelly et al., 2013).

THE ROLE OF OCCUPATIONAL THERAPY

Occupational therapy practitioners can play an important role in supporting family caregivers and enhancing their ability to successfully provide care, incorporating the profession's recognition, respect, and appreciation of clients' and caregivers' opinions, preferences, experiences, and knowledge about their life situations. By emphasizing personal assets and coping skills, occupational therapy practitioners support self-efficacy and resilience, and help clients and family caregivers regain a sense of control over their lives. Helping caregivers make the connection between past successful strategies and current challenges reinforces their ability to problem solve and manage their current and future situations (Schwarzer & Warner, 2013).

The caregivers' occupational needs and role demands must be incorporated into practitioners' therapeutic interventions with clients (Levine et al., 2010). This includes encouraging clients and caregivers to ask questions and participate in solving problems, providing information on community services, and taking time to follow through with both the client and family.

Effective communication is key to coordinating care, preventing errors and adverse events, and promoting better outcomes (Visiting Nurse Services of New York, 2009). Occupational therapy practitioners can support caregiver behaviors that will help them become better recognized as team members, including making lists of questions to ask health care providers, understanding the client's health insurance coverage, working with the provider to learn the best treatments for the client's illness, maintaining a personal medical summary record, and being specific about what treatments the client does or does not want (Feinberg & Houser, 2012; Feinberg et al., 2011; Kelly et al., 2013; Reinhard, Levine, & Samis, 2012). The Caregiver Action Network (www.caregiveraction.org) offers resources for family caregivers, including an on-demand webinar to help strengthen their communication with health care professionals. Choosing Wisely (www.choosingwisely.org) promotes patient/caregiver communication with providers, provides support-care choices that are evidence-supported and necessary, and offers decision-support tools on its website.

HELPING CAREGIVERS DEVELOP SELF-EFFICACY AND SKILLS

Self-efficacy refers to an individual's belief in his or her capacity to execute behaviors necessary to attain specific performance goals. It reflects confidence in the ability to control one's own motivation, behavior, and social environment (Bandura, 1997; Schwarzer & Warner, 2013). Occupational therapy practitioners can support the development of caregiver self-efficacy by emphasizing caregivers' strengths and showing appreciation for their opinions, preferences, experiences, and knowledge about their life situations. A respect for the range and level of skill demanded by caregiving is also important.

Occupational therapy practitioners can help caregivers develop their problem-solving skills to enhance their ability to provide continued and effective care. Problem-solving skills offer an enduring technique for managing newly emerging problems after a formal intervention is completed (Gitlin, 2009). Practitioners can help caregivers learn to build on their existing knowledge, and help them explore their own thinking to address specific situations as they arise.

Family caregivers need more training than they are receiving now. Only one in five caregivers say they have obtained formal caregiver training, and 75% say they believe they need more help or information (National Alliance for Caregiving [NAC] &AARP, 2009). According to one national survey, 20% of family caregivers who assisted with medication management had received no instruction from a health care professional regarding how to perform this task; for those who assisted with changing dressings, 30% had received no training (Reinhard, Levine, & Samis, 2012). Caregivers identified their greatest information needs as strategies for keeping the person safe at home, managing their own stress, doing easy activities with the person, finding time for themselves, and balancing work and family responsibilities. An increasing number identify managing challenging behaviors and moving or lifting the person as priorities (NAC & AARP, 2009).

A 2012 AARP study that looked at family caregivers performing complex chronic care tasks found that half of those using medical equipment (e.g., ventilators, feeding tubes) said it was hard to do. Seventy-eight percent of family caregivers who performed medical/nursing tasks were managing medications, including intravenous fluids and injections, yet most had learned on their own. About a third of family caregivers providing wound care reported receiving some training in the hospital setting, and a quarter received training from a home-care nurse. The rest (more than half) reported getting no training at all (Reinhard, Levine, & Samis, 2012).

Occupational therapy practitioners can provide targeted caregiver education, training, and skill-building. Effective caregiver interventions share some common features:

- Customized strategies to fit specific person–environmental constellations or caregiver needs
- A focus on the specific, contextual needs of caregivers
- A client-driven rather than a prescriptive framework
- An emphasis on behavioral, psychosocial, and environmental factors and reducing modifiable factors that place family caregivers at risk (Collins & Swartz, 2011; Feinberg et al, 2011; Gitlin, 2007)

The overall goals are reducing excess disability among care recipients; reducing caregiver burden; and promoting safety, health, and well-being for caregivers and care recipients. Caregivers must continue to manage day-to-day care on their own after discharge, making adjustments as the situation changes. Thus, it is important for occupational therapy practitioners to help them build the skills they will need to handle future care challenges (Gitlin, 2009).

LEARNING PRIORITIES

When asked to identify their learning priorities from health care providers, caregivers identified the following:

- Get information about available services and activities
- Manage stress and learning coping strategies
- Get information on the care recipient's condition
- Learn how to perform care tasks
- Learn communication and behavior strategies for a care recipient with dementia
- Learn medication management skills
- Set realistic goals
- Prioritize goals
- Engage care recipients in care activities (Levine et al., 2010; Yedidia & Tiedermann, 2008)

In addressing learning needs, it is important to take health literacy into account. Nearly half of all American adults have problems accessing, reading, understanding, and utilizing health care information (National Network of Libraries of Medicine, 2014). Information must be tailored to be meaningful and useful to each client and caregiver. There is extensive information available about effective teaching strategies to address all levels of health literacy at www.nnlm.gov.

A caregiver is also faced with learning to be a critical thinker when evaluating problems, developing solutions, and mobilizing resources. Education and practice in critical thinking and problem solving would prepare caregivers to handle the unexpected, and gain confidence in their ability to do so (Gitlin, 2009).

SPECIFIC CHALLENGES AND SUGGESTED STRATEGIES

In the context of caregiving stressors and challenges discussed previously, there are specific strategies that occupational therapy practitioners can use.

Caregiver emotional stress, which may include feelings of guilt, depression, anxiety, isolation, resentment, or grief; the need for mastery; or the pressure of increased dependency (when it is likely that the care recipient's need for assistance will expand over time), can be addressed in a number of ways. Clinicians can be emotionally supportive and respectful of the demands of caregiving and other roles. For a caregiver of a person with dementia, learning strategies to guide behavior may contribute to lower stress. Clinicians can recognize the caregiver's current competency and mastery, and build on those skills with teaching and information. Emotional stress may affect the caregiver's readiness to learn and may need to be addressed prior to teaching. Additional family caregiver support may be available through the Alzheimer's Association (www.alz.org), agencies on aging (www.eldercare.gov), and organizations targeting specific medical conditions, such as Parkinson's disease or cancer.

Physical issues might include the caregiver's own medical status, sensory impairments, age, and level of fatigue. Of those caring for someone over the age of 65 years, the average age is 63 years, with one third of these caregivers in fair-to-poor health (FCA, 2012). Anecdotally, it is not uncommon to encounter a situation in the home where a small, and perhaps frail, wife is assisting a much larger husband who has functional compromises. Occupational therapy practitioners must have realistic expectations for the care that can be provided, guide the caregiver to adapt tasks and the environment, and offer training in providing care safely.

Time demands can be a major challenge for family caregivers. Caregivers spend an average of 20.4 hours per week providing care, with those who live with the care recipient spending 39.3 hours per week (NAC & AARP, 2009). Half of all caregivers are also employed full time (NAC & AARP, 2009). In addition, they may be raising children, providing care that requires time to get to the care recipient's location, and trying to balance multiple other responsibilities that require their time and energy. It is key for professionals to respect the multiple demands that caregivers face, and to have realistic expectations of them. Occupational therapy practitioners may find that time is a barrier to the caregiver supporting client independence if the caregiver can complete a task more quickly by doing it himself or herself than by assisting or cueing the client. Time demands may mean that the caregiver is learning under pressure. Scheduling teaching to fit in the caregiver's schedule and possibly teaching multiple caregivers at different times may prove helpful. Training in efficient strategies for care, prioritizing tasks (and delegating or letting go of them where possible), and identifying resources for appropriate assistance can also help caregivers cope with time demands.

Environmental factors can greatly affect the success of the care plan. Considerations of how the environment supports (or does not support) access, safety, and function can be

addressed by occupational therapy practitioners. Recognition of and respect for the meaning of space and objects will help to engage caregivers and care recipients in recommended changes to the environment and ensure that they are acceptable (Robnett & O'Sullivan, 2015). If modifications or assistive technology are needed, referrals can be made to agencies on aging or other community providers to identify potential funding sources. At times, the needs and wishes of the caregiver and care recipient may have to be balanced with optimal safety, with a compromise of "acceptable risks." For example, if a couple is committed to continuing to live in an isolated setting, the option of them wearing personal emergency response units may provide an adequate, if not optimal, safety plan.

Relationships can support or complicate family caregivers' ability and willingness to provide care. Caregivers and care recipients share emotions, experiences, and memories, which can place a caregiver at higher risk for psychological and physical illness (Alzheimer's Association, 2015). Families may have unresolved issues from the past resurface in the face of family stress. Caregivers and care recipients may both have to adapt to new roles or relinquish valued occupations. The balance in relationships shifts with the onset of caregiving, and, especially in the case of a care recipient with dementia, the caregiver may be grieving the loss of the person and the relationship that existed before. Occupational therapists are well-suited to identifying strategies to help both the caregiver and the care recipient maintain their participation in meaningful occupations. Caregivers can benefit from reassurance about their feelings, and suggestions to obtain additional assistance, such as caregiver support groups. In some relationships, intimate personal care may be difficult or unacceptable (particularly across genders and generations) and alternative solutions may need to be found. Practitioners should be aware that family history and culture may impact expectations of the care recipient, caregiver, and other family members about how and by whom care will be provided. It is important to understand that the person making the decisions in a family is not always the same person who is providing care, and interventions may need to be framed within this context.

The National Family Caregiver Support Program provides caregiver support, education, problem solving, and planning assistance, and it helps find and access community resources and respite throughout the United States. Local agencies on aging (or state equivalents) administer these programs, and their contact information can be found at www.eldercare.gov.

THE CONTEXT OF THE HOME

Providing services in the home is different from providing them in a medical or community-based setting. There are both benefits and challenges to be considered.

Many occupational therapy practitioners who work in home health have observed that it is the ideal environment for addressing activities in the context in which they are naturally performed. The home setting allows the occupational therapist, care recipient, and caregiver to adapt tasks and routines that are home based (ADLs, many IADLs) without trying to recreate in the clinic those conditions that will be ongoing. Providing care in someone's home gives a window into who he or she is as a person. Practitioners get to know the social, physical, and emotional environment in which a client dwells. Interests and skills that may be helpful in adapting to a disability or illness may become more obvious in the client's chosen surroundings. Understanding clients' unique situations enables health care providers to make recommendations that are customized to the specific concerns and contexts of activity performance and care provision (Collins & Swartz, 2011; Feinberg et al., 2011).

The dynamic between provider, client, and family caregiver is also different in the home than in a facility. The health care provider enters the home much like an invited guest, and thus the interactions are typically guided by the client and caregiver. In the home, the client, family caregiver, and clinician are on the client's turf. Consumers of health care may be more comfortable refusing to participate with specific interventions or clinicians than they are in a hospital or rehabilitation setting. They are incorporating home health care into their existing and adapted routines, which presents opportunities and challenges for all clinicians.

Occupational therapy practitioners can use the client's and caregiver's routines to help them succeed with new or changed tasks, and health care services provided in the home can represent a great convenience for them compared with the burden of accessing health care outside the home. It may, however, require more flexibility in scheduling and a respect for client priorities that may not seem as important as the therapy to the practitioner. Instances of clients scheduling therapy visits around favorite TV shows or the expected arrival of the Meals on Wheels volunteer are not unusual. In addition, clients and families may be struggling with the influx of a variety of care providers, when they are already adjusting to the increased demands of managing new routines. Practitioners can work collaboratively with the client, family, and each other to ensure that the home health experience is not exhausting or unduly stressful.

Important considerations for providers delivering services in the home include:

- Understand the personal meaning of home for the family. This supports intervention strategies that are consistent with the values of the client and caregiver.
- Identify the caregiver's beliefs and values about disability and care, to build strategies that are acceptable and meaningful.
- Recognize the demand characteristics of the occupational therapy intervention—what the potential effect is on caregiver well-being. Participation in services provided in the

home requires time and energy from the caregiver, and it may call for behavior change from those who are already stressed or fatigued.

- View caregivers as "lay practitioners," in which the practitioner's role shifts from "expert" to "partner" for collaborative problem solving. This approach recognizes the caregiver's expertise and knowledge about the client, his or her routines and history, and the likelihood of success of any given strategy (Feinberg et al., 2011; Toth-Cohen et al., 2001).

CONCLUSION

There is strong evidence that family caregivers have a profound effect on long-term-care processes and outcomes (Feinberg & Houser, 2012; IOM, 2008; O'Shaughnessy, 2013). Engaging families in client care has been shown to improve outcomes in dementia and in schizophrenia care, and also to postpone institutionalization (Collins & Swartz, 2011; Feinberg et al., 2011; IOM, 2008). In assuming specific tasks and responsibilities, family caregivers become part of the health care delivery team and contribute directly to health outcomes, although this is not always recognized in the health care community. Occupational therapy practitioners are ideally suited to help family caregivers provide safe, effective care, while preserving their own health and well-being.

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CEA0615 • June 29, 2015
Collaborating With Family Caregivers in the Home Setting

To receive CE credit, exam must be completed by June 30, 2017.

Learning Level: Entry

Target Audience: Occupational therapists and occupational therapy assistants

Content Focus: Category 2: OT Process

1. Which statement is always true about family caregivers? They:
   A. Are immediate family members of people needing care
   B. Are fully prepared for the roles they assume
   C. Are not at risk for health complications
   D. Provide most of the long-term-care services in the United States

2. Health care providers:
   A. May see family caregiver communication as too time consuming
   B. Readily include family caregivers as part of the health care team
   C. Do not need to tailor the information they provide to family caregivers
   D. Cannot share information with family caregivers because of HIPPA rules

3. When occupational therapy practitioners and family caregivers collaborate, which strategy is *not* a key to success?
   A. Active listening
   B. Identifying and prioritizing goals based exclusively on the therapist's judgment
   C. Recognizing the knowledge and experience of the client and caregiver
   D. Working jointly to develop an intervention plan

4. Which statement is most frequently true about family caregivers? They:
   A. Are not expected to perform complex care tasks
   B. Contribute to positive health outcomes for care recipients
   C. Are easily able to balance multiple roles
   D. Generally self-identify as caregivers as well as family members

5. Which statement is true?
   A. Caregivers usually prioritize their time to include self-care.
   B. Non-caregivers generally have higher levels of stress than family caregivers.
   C. Caregivers of people with dementia are particularly vulnerable to depression and stress.
   D. Being an older spousal family caregiver does not have inherent risks.

6. Which strategy has *not* been shown to mitigate the negative effects of caregiving?
   A. Evaluating caregiver needs
   B. Educating caregivers
   C. Providing respite programs
   D. Encouraging the caregiver not to accept help

7. Caregiver strain and health risks can lead to higher health care costs and affect the care recipient's ability to remain at home safely.
   A. True
   B. False

8. Occupational therapy practitioners should not consider the caregiver's learning needs, well-being, roles, values, and preferences in creating a client's care plan.
   A. True
   B. False

9. Helping caregivers develop problem-solving skills:
   A. Is unnecessary, because the practitioner can solve any problems that arise
   B. Will not help the caregiver in the future
   C. Will support the caregiver's self-efficacy as future situations develop
   D. Is not important. The client's problem-solving skills are what matters.

10. Effective caregiver interventions:
    A. Focus on the specific, contextual needs of caregivers
    B. Use a prescriptive framework
    C. Try to maintain the status quo and not change anything
    D. Increase caregiver burden

11. Family history and relationships:
    A. Do not affect the caregiver's ability to provide care in the present
    B. May cause old issues to resurface in the face of stress
    C. Are not impacted by a care recipient's new needs
    D. Are not relevant to the expectations of the care recipient and family members

12. Which of the following is *not* a strength of providing occupational therapy in the home?
    A. Activities can be practiced in the environment in which they will be used.
    B. Practitioners gain an understanding of the context of the client's and caregiver's life.
    C. Practitioners help clients and caregivers incorporate new activities into their existing routines.
    D. Practitioners become "family members" and often join in family meals and celebrations.