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FOCUS ON AUTISM

Model Behavior
Helping Adolescents With Autism Through Goal Attainment Scaling and Video Self-Modeling
Addressing social participation for adolescents with high-functioning autism, using self-awareness techniques.
By Lauren Foster and Kelsey Lueger

Let’s Go Out to Eat!
Creating a Sensory-Friendly Dining Experience for Children With ASDs and Their Families
For some families who have children with special needs, the idea of going out to eat at a restaurant has long been forgotten or is altogether avoided.
By Malorie Juarez, Katie Bartling, Katie Ehlers, Anne Rego, Tanis Rusin, and Karla Ausderau

Autism in the Workplace
How Occupational Therapy Practitioners Can Support the Neurodiverse Workforce
The businesses of tomorrow will need to leverage the innovative thinking of a diverse workforce that includes individuals on the spectrum.
By Lauren Hough and Kristie Patten Koenig

ALSO IN THIS ISSUE

Planning for a Successful Level I Fieldwork Experience
Closer communications are the key to successful fieldwork, a survey finds. Suggestions for making Level 1 fieldwork more productive and pleasant for all involved.
By Debra Hanson and Anna Schumacher

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New Guidance for Evaluating School-Based Occupational Therapists
Editor’s Note

Change, they sometimes say, is inevitable. But for people with autism spectrum disorders (ASDs), transitions can be especially tough. In this, our annual issue focusing on autism, we tackle a few different important aspects of life for people with ASDs and how occupational therapy practitioners may help them navigate difficult social environments, including finding and keeping employment and dining out at restaurants and in school cafeterias—all places were personal behavior is on full display and subject to intense scrutiny by others.

As experts in helping clients make the most of their lives, occupational therapy practitioners know how to channel their creative talents into practical applications, as evidenced with our Questions and Answers’ subject, Nancy Peters, who helped collaborate to develop a one-handed jacket zipper—something that could someday prove heaven sent not only for persons with limited use of both arms but also for preschool teachers the world over.

Here at AOTA, we are working hard to communicate all of the fast changes occurring with the health care world, and their current and future effects on occupational therapy, and to provide members with the information and resources you need to make the most of the opportunities and changes the profession faces. To that end, we’re recently updated our website and electronic communications (keep an eye out for the new OT Practice Pulse and AOTA Alerts), as well as made a few updates to OT Practice itself, to provide more focus on current happenings in the profession.

Got any suggestions for how else we can change, or any questions or comments regarding the magazine? Please drop me a line at tmckenna@aota.org.

Best regards,  
Ted McKenna, Editor, OT Practice
OT-Led Study Shows Ergonomic Keyboards Might Not Be Worth It

Expensive ergonomic keyboards might not be worth the money, according to the research of Nancy Baker, ScD, MPH, OTR/L, an associate professor at the University of Pittsburgh. Baker’s National Institute of Occupation and Health grant allowed her to study whether ergonomic keyboards are able to reduce pain that comes from full days spent working at a computer.

The study, which lasted a year, involved 85 participants who were experiencing pain in the hand, wrist, elbow, neck, and back as a result of sustained typing. Some used a standard keyboard first, while others received ergonomically designed devices. At 6 months, participants switched keyboards, using the other keyboard for an additional 6 months.

After 5 weeks, 80% of the participants, regardless of which keyboard they had used, said they experienced no pain in places where they had previously experienced it. Baker believes that the participants reduced their pain levels with both kinds of keyboards primarily because they made a conscious decision to make a change that they believed would reduce their discomfort.

For more, see the article in Work: A Journal of Prevention, Assessment & Rehabilitation (http://dx.doi.org/10.3233/WOR-131797).

MMR Claims Going Unpaid

The National Association for the Support of Long-Term Care (NASL), of which AOTA is a member, conducted a survey of eight facilities providing therapy in long-term care settings last calendar year. The survey revealed that fewer than 25% of Manual Medical Review (MMR) claims submitted since January 1, 2013, have been paid. (The survey results are valid at the time of their completion in the last quarter of 2013.) MMR is triggered with Medicare Part B claims after a patient has reached the $3,700 limit for occupational therapy services or a combination of physical and speech-language pathology services. Of the MMR claims filed, more than one third have been denied and an additional one third are still being processed—well beyond the 10-business day window in which reviews must be completed under statute. AOTA is working with Congress to refine the MMR process and make it more efficient, more reliable, and a means to facilitate care for outliers rather than an obstacle. For more information, visit the Advocacy & Policy section of www.aota.org or contact the Federal Affairs Department at faid@aota.org.

ADA Turning 25

The Americans with Disabilities Act (ADA) will turn 25 on July 26, 2015. In commemoration, the ADA Legacy Project was created to collect, preserve, and exhibit artifacts from the disability rights movement; coordinate activities promoting the ADA’s anniversary; and help develop curricula for educating people about the history and challenges of people with disabilities and for promoting advocacy on their behalf.

As part of the project, launching July 25, 2013, the year-long ADA Legacy Tour will visit a number of major U.S. cities and feature a products expo and workshops on community activities. For more, visit http://adalegacy.com.

California Issues Cease and Desist Orders to Insurers

The California Department of Managed Health Care recently sent “cease and desist” orders to insurers that denied coverage for occupational therapy services without first determining if the services were medically necessary. The payers will examine the orders before determining how to proceed. The orders were sent to Anthem Blue Cross, which received 14 complaints; Blue Shield of California, which received 24 complaints; and Health Net, which received 41 complaints. The companies have the option of appeal.

Re-Engineered Discharge Program

The Agency for Healthcare Research and Quality is offering a new toolkit for hospitals seeking to improve their discharge process. Project RED (Re-Engineered Discharge) is designed to help hospitals make their discharge process more efficient and reduce readmissions by improving patient readiness for self-care. It could also assist occupational therapy practitioners in their efforts to help reduce client readmission after discharge.

Get the toolkit and find out more about the program by searching for “Project RED” at www.ahrq.gov.
OTA to MOT Bridge Program

Twenty-seven occupational therapy assistants (OTAs) will make up the first contingent of the University of Louisiana at Monroe's (ULM) Occupational Therapy Assistant to Master of Occupational Therapy (MOT) Bridge Program, which will meld online education and in-classroom learning to allow full-time OTAs to pursue their master's degree without having to quit their jobs.

To complete the master's coursework, students attend hands-on learning sessions on campus one weekend per month.

Samuel Merritt on the MARC

Samuel Merritt University in Oakland recently opened a Motion Analysis Research Center (MARC) that will serve as a teaching center on motion analysis for faculty and students from the school's Department of Occupational Therapy and other programs. The center has state-of-the-art technology to study movement, including three-dimensional motion analysis for faculty and students from the school's Department of Occupational Therapy and other programs. The center has state-of-the-art technology to study movement, including three-dimensional motion-capture cameras, in-floor devices to measure forces, and other devices to evaluate muscle function and range of motion. Health care professionals, including occupational therapists, will use the center to study biomechanics, gait, upper and lower body movement, and the effect of treatment modalities, and to apply what they learn in clinical practice for the benefit of patients. The MARC will also be used for clinical trials of new products to treat movement disorders.

New Role for Towson Dean

Charlotte Exner, PhD, OTR/L, FAOTA, will step down as dean of Towson University's College of Health Professions to assume a new role as executive director of the Hussman Center and Strategic Initiatives as of July 1. Exner's new position signals the university's decision to support a full-time administrative position, as it does with other large centers of the Institute for Well-Being, which is a large health and wellness complex that houses the Hussman Center as well as centers for occupational therapy; speech, language, and hearing; and general wellness. All these programs work in cooperation with Towson University students studying these respective fields.

Practitioners in the News

Joanne M. Baird, PhD, OTR/L, assistant professor in the Department of Occupational Therapy at the University of Pittsburgh and Kim Hartmann, PhD, OTR/L, FAOTA, interim dean of the School of Health Sciences at Quinnipiac University, have been elected to Distinguished Fellowship in the National Academies of Practice and the new Occupational Therapy Academy as Distinguished Scholars and Fellows. In these roles, they will coordinate creation of the charter documents for the new Occupational Therapy Academy, solicit new members, and work with other national academies as occupational therapy advocates.

Cecilia Cruse, MS, OTR/L, recently published an article in the SouthEast Education Network's SEEN Magazine on...
sensory solutions in the classroom.

Melissa Kryk, OTR/L, occupational therapist and rehab coordinator, and Vicki Darlington (pictured), OTR/L CHT CLT, occupational therapist and certified hand therapist, have been awarded the 2013 WOW Award within the large Baycare Health System in Florida.

Debra Young, MEd, OTR/L, SCEM, ATP, CAPS, owner of EmpowerAbility in Newark, Delaware, has been named the Certified Aging in Place Specialist (CAPS) of the Year by the National Association of Home Builders. Young was selected from among 2,949 active designees nationwide for her notable contributions to the study and practice of home modifications that help enable older adults and disabled individuals to safely remain in their homes. Young was nominated by Karen Smith, OT, CAPS, AOTA’s Approved Provider Program manager and Practice associate.

In Memoriam

Reba Law Anderson, PhD, OTR/L, FAOTA, passed away on November 13, 2013, in St. Augustine, Florida. Born in 1938 in Lynchburg, Virginia, Anderson graduated from Richmond Professional Institute (now Virginia Commonwealth University) in 1959 and completed her master’s in 1970 and PhD in anthropology at the University of Florida in 1984. Over her career, Anderson served 2 years with the U.S. Special Forces in Verdun, France, and taught occupational therapy at the University of Miami; Colorado State University, in Fort Collins; Washington University in St. Louis, Missouri; Florida International University, in Miami; and finally at Nova Southeastern University in Fort Lauderdale, Florida, where she implemented the school’s master’s and doctorate programs in occupational therapy. At Nova’s Department of Occupational Therapy, she served as director of the doctoral program and was appointed department chair in 1999 until her retirement as professor emeritus in 2001. In addition to her leadership roles, she was highly respected for her role as mentor to faculty, students, and occupational therapy practitioners.

Outside of work, Anderson was an accomplished pianist and dulcimer musician.

To find out more, go to www.aota.org/alerts
Quality and Outcomes
Shaping Future Payment for Therapy

Tim Casey

he payment system for most Part B services is changing and the emphasis appears to be on paying for quality and outcomes.

Beginning last summer, the three committees with jurisdiction over the Medicare program in the House and Senate embarked on an effort to repeal Medicare’s sustainable growth rate (SGR) formula and reform the Medicare Physician Fee Schedule. Since that time, each committee has weighed in and approved similar versions of legislation that would repeal the SGR formula, encourage the use of alternative payment models, establish a quality incentive structure, and exact additional changes to the way Medicare pays for the delivery of care.

Over the course of the debate and through extended negotiations, AOTA has worked closely with the committees to make the case for repealing the therapy cap alongside their efforts to reform the Medicare provider payment system. Although legislation in the House of Representatives has, thus far, remained silent on therapy, House leaders have indicated to us their intentions to address the therapy cap ahead of full House consideration.

AOTA efforts throughout the fall and winter, however, were not in vain, as Senate action produced a more comprehensive bill that includes a full repeal of the cap as well as a number of significant reforms to therapy under Medicare. More specifically, the bill would repeal the cap immediately on enactment, sunset the problematic manual medical review (MMR) process before 2015, and replace the MMR with a new prior authorization review established to target outlier behaviors like aberrant billers and providers with high claim denials.

In legislation approved by the Senate Finance Committee, one of the core components associated with repealing the cap and reforming the way in which Medicare pays for outpatient therapy services is the establishment of a new data collection system for outpatient therapy. Like the broader aims of provider payment reform, the new data collection system would seek to inform a more accountable, quality-driven system for delivering therapy services.

DISTINCT VALUE
Throughout our discussions on Capitol Hill, AOTA’s commitment to illustrating the distinct and important value of occupational therapy for patients in all settings and across the continuum of care has been unwavering. AOTA has worked diligently to ensure that new elements established for evaluating therapy services reflect the benefits derived from occupational therapy for recipients. Occupational therapy’s specific contributions were recognized among the six standard data elements identified for reporting in the Senate Finance Committee legislation, including two key elements: limitations with activities of daily living and participation, and functional status.

If this legislation makes it through both chambers of Congress and goes on to become law in 2014, a new and more robust data collection system could be in place as early as 2017. Like the current progress reporting requirement using the G-codes, providers would be required to report on the data elements identified by the secretary of Health & Human Services in order to have their claims paid. Although the new reporting system would eventually replace the current one, the importance of the G-codes in writing the next chapter in data collection for outpatient therapy cannot be underestimated. An evaluation of the G-Code data will undoubtedly inform the creation of the next generation of data collection and eventually the creation of a wholly new payment system for therapy. So pay attention to G-code reporting, as it will define your future payment and practice in many ways.

Regardless of the legislation’s immediate fate, however, the message from Capitol Hill is clear—future payment for therapy services will be based on quality measures and evidence-based outcomes. Practitioners’ attention to this trend is critical. Occupational therapy practitioners’ ability to speak to these inevitable measures, in the present, through clear evaluation reports and substantive progress notes and by conveying the value of the profession to the overall wellness of the Medicare population, is crucial. Raising our profile by demonstrating the benefits of occupational therapy will strengthen our ability to shape new measures and payment systems in a way that honors and recognizes the important work of our profession.

AOTA has worked hard throughout this debate to build strong support around policies that reflect the priorities and strengths of the profession, but, ultimately, our ability to shape the future payment system for therapy rests with your ability wherever you practice to demonstrate that value of occupational therapy, today. Tim Casey is AOTA’s director of Federal Affairs.
Self-awareness and self-monitoring strategies are interventions directed at increasing one’s awareness of behavior and cognitive processing with improved behavioral outcomes. For children and adolescents with an autism spectrum disorder (ASD), self-monitoring strategies are proving effective at teaching social, functional, and behavior skills. Such strategies often include setting one’s own goals, role playing (role reversal), self-cuing, and modifying activities.

Children and adolescents with ASDs often struggle with social interaction; in fact, difficulty with social participation is a hallmark of ASDs. This article will describe an intervention aimed at addressing social participation for adolescents with high-functioning autism, using self-awareness techniques.

**GOAL ATTAINMENT SCALING AND VIDEO SELF-MODELING**

Goal Attainment Scaling (GAS) and video modeling are two self-monitoring strategies that occupational therapy practitioners use to teach self-awareness and self-monitoring skills.

GAS is a way to systematically measure changes in individual performance. The client (child, parent, and/or teacher) rates performance in a specific activity or routine and measures progress using a Likert scale (-2=behavior gets worse, -1=current behavior, 0=behavior is what we want to see, +1=behavior is better than expected, +2=behavior is perfect). See Table 1 on page 8 for an example.

GAS can be used as an outcome measure of participation, as a way to monitor progress, and as a format for developing weekly action plans. Furthermore, GAS offers a method for the client and therapist to develop occupation-based and client-oriented goals and track progress.

Two strengths of people with ASDs are (1) a heightened ability to focus on details and (2) sensitivity to specific sensations. Yet these same individuals often struggle with social communication and participation. Video modeling is based on principles of social learning theory; that is, children learn social skills by watching, or “modeling,” other individuals. Video self-modeling (VSM) is a version of video modeling in which the child watches him- or herself perform a desired behavior. The therapist then coaches the adolescent through the specific activity to help the adolescent gain self-awareness about his or her behavior. The therapist and adolescent collaboratively rate the adolescent’s performance using GAS.

The rules of the intervention are as follows:

1. Choose the social participation goal with the adolescent.
2. Complete a GAS with the adolescent.
3. Observe the adolescent participating in the social activity.
4. Videotape the adolescent participating in the social activity.
5. Review the video tape with the adolescent.
6. Together, rate the adolescent’s performance on the GAS.
CASE EXAMPLE: SAMANTHA

Samantha was a 14-year-old female with an ASD and attention deficit hyperactivity disorder who attended a public alternative school that serves children with emotional and behavioral concerns. Her teachers, therapists, and parents described her as loyal, sensitive, impulsive, and loud. She was referred to occupational therapy for personal hygiene, sensory sensitivities, and social participation problems. Samantha had been struggling to eat with her peers in the cafeteria, due to frequent behavioral outbursts. For example, she struggled with reciprocal conversation, talked loudly, and made inappropriate comments. Samantha did not always understand the social nuances of the cafeteria and easily became upset. Her behavioral outbursts had become so frequent that she was removed from the cafeteria during lunchtime and instead ate lunch in a classroom with a teacher's aide.

Occupational therapy practitioners focus on social participation in the school setting. Therefore, the occupational therapist advocated for Samantha to return to eating lunch in the cafeteria. After meeting with the team (which consisted of Samantha's grandmother, Samantha, the speech therapist, special educator, and social worker), the occupational therapist developed an intervention plan to help Samantha be successful during lunchtime. During the team meeting, the team (Samantha included) identified that Samantha's goals were to be able to eat lunch in the cafeteria with her classmates on a regular basis, learn to minimize anxiety, and increase social communication skills with classmates and staff.

Intervention
Prior to the start of the intervention, the therapist worked with Samantha and the team to create her own GAS Worksheet (see Table 1). The therapist asked Samantha to describe (1) what her current behavior looked like,
while eating, maintain an appropriate volume level during conversations, maintain positive interactions with peers, and remain in line when going to and from the cafeteria.

The occupational therapist also worked with cafeteria staff to modify the environment. The occupational therapist observed that Samantha previously sat at a table near the back of the cafeteria. This area was closest to the doors, making entering and exiting the cafeteria easy. The space was also the loudest, as almost all students had to pass by Samantha to get to their spots. Therefore, the occupational therapist recommended that Samantha change her seat to a quieter, less crowded area of the cafeteria. This intervention, along with the VSM, helped Samantha return to successfully eating in the lunchroom.

**CONCLUSION**

VSM is an effective way to teach social skills in the context of an everyday routine. It provides a means for the client and therapist to break down tasks and perform activity analysis. By analyzing task, context, and personal factors, occupational therapy practitioners can support students to participate in academic and social settings.

**Resources**


Lauren Foster, OTD, OTR/L, is a clinical assistant professor at the Occupational Therapy Department at the University of Kansas Medical Center.

Kelsey Lueger, OTR/L, is an occupational therapist with Midwest Health at Lexington Park Retirement Facility. She completed this project as part of her fieldwork at Ozanam, a behavioral health facility.
Sharing a family meal at a local restaurant is an occupation many people take for granted. For some families who have children with special needs, though, the idea of going out to eat at a restaurant has long been forgotten or is altogether avoided. The physical and social barriers they encounter effectively bar them from participating in public dining establishments.

Sensory processing challenges, a factor in many feeding disorders, are more prevalent in children with autism spectrum disorders (ASDs) compared with typically developing children and children with developmental disabilities. Sensory challenges can be a primary barrier to a child’s participation in family meals as the child may refuse to eat certain foods, have a limited diet, or demonstrate aversions to specific food characteristics, as noted by Ausderau and Juarez (2013) in ICAN: Infant, Child, & Adolescent Nutrition; and Schaaf, Toth-Cohen, Johnson, Outten, and Benevides (2011) in Autism. During mealtimes, children with ASDs may also display disruptive behaviors, such as throwing tantrums, gagging with the presentation of foods, and/or throwing or dumping unwanted food, all of which may result in the need for extra supervision or eating separate from the rest of the family, as noted by Nadon, Feldman, Dunn, and Gisel (2011) in Autism; and Provost, Crowe, Osbourn, McClain, and Skipper (2010) in Physical & Occupational Therapy in Pediatrics.

A variety of stimuli can impact eating behaviors for children with ASDs as they struggle with sensory modulation and the inability to either inhibit or respond to extraneous stimuli appropriately. The multisensory atmosphere in restaurants is often noisy, bright, visually stimulating, and can be generally overwhelming for the child with ASDs. The unpredictability of the environmental stimulation in community dining makes it difficult for the family to establish routines and enjoy a meal outside of the home, as noted by Bagby, Dickie, and Baranek (2012) in the American Journal of Occupational Therapy.

Additionally, families may refrain from participating in public activities because many members of the public do not understand or are unaware of the underlying cause of their child’s atypical behaviors, such as tantrums or meltdowns, and do not sympathize. As

The goal is to not only have an environment in which families with special needs can eat and enjoy themselves, but also to offer a place where the community can gather for dinner together and learn to appreciate each individual’s unique needs and experiences.
a result, families who do choose to eat in community settings feel their options are narrow and most frequently visit fast-food and drive-through eateries as opposed to sit-down restaurants, sacrificing an important form of community participation because they cannot anticipate and/or control the environment or feel a sense of acceptance in the community dining context, as noted by Provost et al. (2010) in Physical & Occupational Therapy in Pediatrics.

SENSORY-FRIENDLY DINING
To address the issue of public dining among families of children with ASDs, occupational therapy students and faculty at the University of Wisconsin–Madison and stakeholders collaborated with a local restaurant to evaluate and remove barriers to occupational participation and create a sensory-friendly dining atmosphere for a day. The goals of the event were to create an accepting environment for families with children with ASDs, improve community awareness and acceptance of these families in public eating establishments, and educate a public dining establishment’s employees regarding how to accommodate persons with special needs. Culver’s, a popular Midwestern family restaurant, agreed to host an event and create a space that would accommodate the special needs of families of children with ASDs while increasing the awareness of their other customers. Karl Pierick, father of a daughter with an ASD and a trainee in the Wisconsin Maternal and Child Health Leadership and Education in Neurodevelopmental Disabilities (LEND) program at the Waisman Center at the University of Wisconsin–Madison, helped organize the Sensory Friendly Family Night because of his family’s first-hand experience encountering restaurant barriers. Pierick notes that his family “did not eat out at a restaurant until [his] daughter was 7 or 8 years old. It was too overwhelming, too loud and unpredictable.” Working as a team, the sensory friendly dining event became a reality through the collaborative efforts of Pierick, the UW–Madison occupational therapy students and faculty, and the staff of Culver’s.

SETTING UP
The Culver’s environment is an informal atmosphere that strikes a

Above: Emma Pierick enjoys her experience at the event.
Below: A separate dining area at the restaurant was turned into a “sensory break room,” where families could attend to sensory or behavioral needs of the child. Here, twins take time out on a crash pillow.
Steps to “Eat Out!” in Your Community

Find a supportive venue…
Research family dining establishments in your area and reach out to them about your cause. Build collaborative relationships, based on open communication and a common desire to serve the community.

Reach out to organizations…
Contact local organizations that you think may be interested in physically helping or supporting your function. You never know who might be willing to contribute or advertise.

Advertise in the area…
Contact local agencies that may be willing to support your cause. Appropriate social media tools are increasingly popular avenues to circulate information regarding community events. Keep in mind that you do not want to over-circulate the event.

Provide training to staff…
Provide an easy-to-understand, one-page description of helpful training tips that are free of jargon. Provide additional resources if requested by the venue.

Set up the space…
Arrive early to organize tables and spaces so that they are easily accessible and socially inclusive. Place fliers and feedback questionnaires where people can easily see them. Label areas when appropriate, such as the sensory break room, so that families know where to find them.

Be present at the event…
Participate in the event and interact with families. Encourage employees. Show your support. Be flexible. Have fun!

Break down the data…
To provide beneficial events for families, gather data on the event’s successes and areas for improvement. Be sure to use at least one measurement tool to gather information. Simple questionnaires with Likert scaling and a section for additional comments will provide sufficient information. Include time following the event for your team to discuss success and challenges of the event.

Helpful Employee Strategies

Be patient…
Allow the individual at least 10 seconds to process what you’re saying to him or her. This time will allow the person to respond without feeling overwhelmed with information.

Communicate clearly…
Speak in short, concrete sentences. Keep the information simple and direct, especially for children.

Stay calm…
A small change in the environment, which may seem minor or not easily recognizable to you, may impact a child and cause him or her to become upset. Help the situation by keeping your cool.

Be understanding…
A child may exhibit behaviors that do not make sense to you. Do your best to understand the situation and empathize.

Strengths of the Culver’s Event

- Children with ASDs and their families were able to dine and interact in a public social setting.
- The venue was supportive of the cause and willing to accommodate to make the experience successful for everyone.
- The environment was adaptable, which allowed appropriate modifications and space for a temporary sensory room.
- Community members gained increased awareness of ASDs.
- Parents and professionals collaborated throughout the event-planning process.
- A recurring community event has been established due to the event’s success.

A driving force for the event was to increase community awareness, including restaurant employees, of the barriers that families with children with ASDs may face in participating in community activities, such as dining at restaurants. The team included Culver’s employees by incorporating an educational component to the event. Educational materials for the Culver’s staff were developed to provide a better understanding of common features associated with ASDs and suggestions on how to engage in successful interactions. Similar information was provided to all restaurant patrons through fliers placed on each table in the restaurant. (See “Helpful Employee Strategies.”)
A successful sensory-friendly dining event for families of children with ASDs was achieved through environmental modifications, education, and community collaborations. In addition, a young adult social skills group used the event as an opportunity to practice ordering and dining in a restaurant. Some participants at the event, as well as other community members dining at Culver’s (and aware of the event that night), participated in a brief survey following their meals. Culver’s employees also provided feedback following the event. Participants reported they were able to enjoy a family or social meal in a sensory-friendly environment while feeling a sense of comfort that came with being in a place of tolerance and acceptance. Feedback from Culver’s employees as well as regular customers suggested positive participation in the event. Specifically, the educational materials allowed employees to expand their knowledge and understanding of ASDs as well as gain tools for future interactions with families of children with special needs. The most important success was that families of children with ASDs were able to do what most other families love to do: enjoy a family meal at a local restaurant.

REPEAT BUSINESS

Because of the positive response to the event, the sensory friendly dining events will continue and will be developed as an ongoing event to meet the needs of families in the Madison community. The goal is to not only have an environment in which families with special needs can eat and enjoy themselves, but also to offer a place where the community can gather for dinner together and learn to appreciate each individual’s unique needs and experiences.

Resources


Malorie Juarez and Katie Bartling are occupational therapy students in the MS–OT Program at the University of Wisconsin–Madison who are currently completing their fieldwork. Both were MCH-LEND trainees at the Waisman Center.

Katie Ehlers, Anne Rego, and Tanis Rusin are second-year occupational therapy students in the MS–OT Program at the University of Wisconsin-Madison. Ehlers and Rusin are both MCH-LEND trainees at the Waisman Center. Rego is a project assistant in the Family Mealtime and Autism Research Project.

Karla Ausderau, PhD, OTR/L, is an assistant professor at the University of Wisconsin–Madison in the Kinesiology Department, Occupational Therapy Program.

OCCUPATIONAL THERAPY

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Diversity in the workplace is not a new concept. Over the past 30 years, companies have strived to foster inclusive environments for individuals across cultural, racial, ethnic, and gender lines. Today, diversity movements also champion more inclusive environments for individuals with disabilities such as autism, treating it and other related conditions as differences to be acknowledged rather than conditions to be cured.

Although the number of individuals diagnosed with autism has increased steadily, their rates of employment have not. The current unemployment rate for individuals with autism spectrum disorders (ASDs) is more than 60%, whereas that of individuals with other developmental disabilities is only 14%. But although individuals on the spectrum have trouble both obtaining and maintaining employment, they often possess qualifications and job skills that can make them important assets in the workplace. Some employers may need to adjust their perspective about people with ASDs, and occupational therapy practitioners can be key players in supporting this shift, encouraging neurodiversity in the workplace and helping adults with autism succeed professionally.

To start, this shift may require noticing the strength in something that may formerly have been perceived as a weakness. For example, the differences in how individuals on the spectrum process information often make them meticulously attentive to details that neurotypical individuals may overlook. Individuals with autism can also be highly independent and creative—competitive skills in today’s market.

Divergent, creative thinkers drive innovation and can be key members on teams looking for new ways to address familiar problems. Individuals with autism also can have specific, focused areas of interest that can be driving passions for their work. Employees with autism can challenge the status quo and push their colleagues to think outside the box. Occupational therapy practitioners and special educators can use this strength-based perspective to identify how individuals with autism can lend their unique skills and talents to their work.

COMPANIES AT THE FOREFRONT

The tide is beginning to shift in the field of autism, and people are starting to embrace a more strengths-based perspective. The idea of “neurodiversity” as a whole is gaining popularity as companies are beginning to realize the untapped potential of employees on the autism spectrum. Corporations like Walgreens have developed specific programs to support individuals on the spectrum, as well as individuals with other developmental disabilities, and they are finding these diverse teams to be competitive.

In a May 2013 blog posting, Tom Everill, CEO of the non-profit Northwest Center, which helps people with disabilities find employment, says that Walgreens, Procter & Gamble, Glaxo Smith Kline, and IBM have come to appreciate “autism, Down syndrome, cerebral palsy, and so on not as problems to be solved but as qualities to be leveraged—qualities that often include extraordinary focus and obsession with detail” (http://nwcenter blog.wordpress.com/2013/05/).

For some, employing individuals on the spectrum makes sense—it’s just good business. Specialized employment opportunities for individuals on the spectrum in engineering and technology have also boomed. The logical thinking and attention to detail of individuals with autism can be perfectly matched to software testing and data entry. The Autistic Self-Advocacy Network (ASAN) and its founder, Ari Ne’eman, the first presidential appointee to the Disability Council to have autism, have partnered with Freddie Mac, which is one of the world’s largest mortgage companies. They are looking to create a paid internship program for recent high school graduates on the autism spectrum. Specialisterne, an international consulting company from Denmark, works to help individuals with autism secure meaningful employment. SAP, one of Specialisterne’s current partners, sees the competitive advantage of employing individuals with ASDs as software testers, programmers, and data quality assurance.
specialists in integrated employment settings.

MORE INCLUSIVE WORKPLACES: OT’S ROLE

Title I of the Americans with Disabilities Act requires employers to provide reasonable accommodations for applicants and employees who disclose disabilities such as autism, but many employers are not aware of what accommodations may be most effective. Employers looking to hire and support individuals on the autism spectrum can expect differences in how their employees with autism negotiate the sensory environment, communicate and process information, and interact with coworkers. Occupational therapy practitioners, in collaboration with other professionals, such as special educators, can support individuals with these differences by identifying appropriate accommodations. They can work with individuals on the spectrum to help them identify what they need to be successful, developing both their self-advocacy and independence skills. The following are some ways that an occupational therapy practitioner and other interprofessional team members can support an individual on the spectrum in the workplace.

Preparing for the interview process—Occupational therapists can help individuals on the spectrum prepare for the interview process and increase the likelihood that they will be hired. Interviews can be extremely challenging for a potential employee on the spectrum who does not naturally and comfortably negotiate the social nuances of an interview. In fact, many highly qualified individuals on the spectrum never make it past the interview stage, despite their technical expertise. Expectations of sustained eye contact, “small talk,” and reciprocity in conversation can be difficult for an individual with an ASD, even in everyday situations. Some companies are even offering the option for prospective employees to represent themselves and their expertise through portfolios to mitigate the challenges of an in-person interview. But occupational therapy practitioners can help individuals with an ASD to prepare them for in-person interviews by discussing what to expect, trouble-shooting potential problems, exploring “hidden social rules,” and role-playing scenarios. Occupational therapy practitioners can also begin the discussion about whether or not their clients will choose to disclose their condition and, if they choose to do so, how that could be handled.

Modifying office lighting—Individuals on the spectrum may have highly attuned sensory systems and become agitated by environmental distractions that their colleagues may not perceive. Florescent lights, for example, emit a high frequency buzz as well as a visible flicker that can be very distracting to an individual with an ASD. Occupational therapists can help individuals advocate for their need for alternate lighting or offer strategies to help them negotiate challenging sensory experiences.

Finding quiet workspace—The communal workspaces of many of today’s offices may work to support collaboration for the neurotypical employee, but they can be an overwhelming experience for the individual on the spectrum who works best in his or her own space. Occupational therapists can help individuals with an ASD to recognize the environments in which they work best and support them in accessing alternate, quiet workspaces separate from excess noise and distractions, when necessary.

Taking short breaks—Individuals on the spectrum may have sensory regulation differences and benefit from
opportunities for movement. Frequent, brief breaks in which individuals can take a quick walk or perform basic stretching can help many individuals with an ASD maintain optimum levels of arousal. Occupational therapists can help individuals recognize their self-regulation needs and identify specific strategies.

**Asking for written agendas and plans**—
Differences in communication style can lead to unnecessary misunderstandings and confusion among colleagues who have autism (and neurotypical colleagues, too). Nonverbal communication such as body language and tone of voice, along with idiomatic expressions, sarcasm, and other abstract language may be missed by an individual with an ASD. Agendas and agreed-on plans of action that are written can help to cut out the unnecessary “noise” in communication before, during, and following meetings to ensure that all parties are clear on the salient information. Occupational therapy practitioners can help individuals articulate this need and also explore how to use these supports to prepare for and follow up after a meeting.

**Establishing organizational systems**—
With relative strengths in focusing on details, some individuals on the spectrum can struggle with multi-tasking and establishing broader organizational systems necessary for efficiency. Occupational therapists can help individuals establish and maintain organizational systems for their materials, as well as their time, and they can help ensure that all work is complete. This is especially important when attending to multiple, simultaneous projects is an expectation.

**Identifying workplace mentors**—
Occupational therapists can also help individuals identify specific colleagues whom they can go to with questions or to help with any difficulties. Occupational therapy practitioners can help to ensure that the identified mentor has an understanding of autism and some of the differences that may affect this individual in the workplace. This mentor can help if there are misunderstandings around “office politics” and help to brainstorm and problem solve with their mentee how to best address the situation.

**Providing awareness training**—
Creating a truly inclusive workplace requires more than adjusting the physical environment and providing specific accommodations; it is also about broadening the understanding about autism throughout the company. Many people know something about autism from the news, or maybe they have a colleague who has a child on the spectrum, but that does not mean that they know how to best collaborate with an individual with an ASD on a professional team. Occupational therapy practitioners and other interdisciplinary professionals can provide training on understanding autism, especially from a strengths-based perspective, which is critical to ensure that employees who are neurotypical can benefit from the unique strengths of colleagues with autism and also to avoid any unnecessary misunderstandings. Companies like Square Peg Labs (www.squarepeglabs.com) and ASTEP (http://asperger-employment.org/) also provide training to companies on autism and strategies for including professionals with autism.

**LOOKING TO TOMORROW**
The landscape of today’s workforce is changing. The businesses of tomorrow will need to leverage the innovative thinking of a diverse workforce that includes individuals on the spectrum. Occupational therapy practitioners and special educators can help to provide accommodations, understanding, and acceptance, knowing that the workplace of tomorrow will benefit from the diversity only a truly inclusive environment provides.

**Resources**


Lauren Hough, MS, is the founder of Square Peg Labs, a consulting company that focuses on supporting neurodiversity and fostering more inclusive environments. For more information, please visit www.squarepeglabs.com.

Kristie Patten Koenig, PhD, OTRL, FAOTA, is an associate professor and the chairperson of the Occupational Therapy Department at New York University.
Planning for a Successful Level I Fieldwork Experience

Throughout participation in Level I fieldwork, students have the opportunity to gain hands-on learning experiences with clients, to contemplate and experience the role of the occupational therapist in practice, and to integrate classroom learning with practical experience. Unfortunately, many students do not report optimal learning experiences during Level I fieldwork (see Resources on p. 20). From the student perspective, what are the factors that influence the quality of Level I learning experiences? What can fieldwork educators do to set the stage for a positive student learning experience? An informal survey of six second-year occupational therapy students at the University of North Dakota who had collectively completed a total of 30 Level I one-week placements revealed the following themes.

**Orientation to the site.**
Students who had received an orientation to the site, including a written summary of the mission and purpose of the therapy services provided and specific student expectations for the Level I fieldwork, felt that they were more prepared to participate appropriately in the fieldwork experience. They appreciated receiving an overview of documentation processes, the various programs and clinical protocols followed, and the rules and procedures of the facility. Having a written schedule for the day, including some structured and unstructured time frames, was helpful for student planning. An unknown or variable time schedule, and no time for lunch were not appreciated. Students were glad to receive an overall orientation to the physical features of the site, including the location of commonly used therapeutic media or the location of areas commonly used for therapy sessions. Issues with physical access was sometimes a problem, as students were told to go and observe an occupational therapy session, but they were unable to physically access the session due to locked doors.

**Communication.** Communication is essential to a positive experience for students. To ensure a positive experience, students recommended that supervisors make time for and be explicit in welcoming student questions. Students reported that they did not feel comfortable (and thought it may be ill advised) to ask questions during the session. Providing 1 to 2 minutes for mentally processing information between therapy sessions was viewed as helpful in orienting students to client needs and therapeutic strategies employed. Students appreciated the opportunity to be actively involved in the learning process. Students assigned to shadow other disciplines found this experience valuable, but they were disappointed when they did not have the opportunity to process the experience with an occupational therapist at the site or on their school’s faculty. When shadowing other health care professionals, students found it helpful to have a brief orientation to the work of the health care professional they were following. Students felt that unclear communication was often at the heart of negative learning experiences. In situations where supervision was shared between two or more individuals, students suggested that arrangements be made between the supervisors for communication throughout the week and for collaborative input into the students’ final evaluation to ensure a fair and accurate grading of the their abilities.

**Respect for Colleagues.** Derogatory comments about other health care professionals at the site and/or lack of communication with the
team members made the fieldwork experience very uncomfortable and stressful for students. They suggested that they would feel more welcomed if they were introduced early in the learning experience to other team members.

Active learning and participation. Students want to be able to actively participate in learning at the site. They appreciated efforts made by site supervisors to actively involve them in the process. If directed to observe, they were glad for guidelines or broad questions directing their observations. They appreciated being asked by supervisors, early in the experience, what they would like to do and learn during their Level I experiences. Because a list of recommended learning activities was provided to fieldwork educators and students by the school in advance of student placement, students found it helpful to review the list with their supervisors to plan learning experiences and explore which experiences might be available and how they could be arranged. Rather than being “thrown in” to active learning experiences, students appreciated the opportunity to sequentially step up their involvement by starting with directed observation, then co-leading or facilitating some aspect of the session and taking more responsibility during the course of the Level I experience.

Early and ongoing feedback. Students appreciated feedback provided by their supervisor early in the experience and desired ongoing feedback throughout the experience. They indicated that early and ongoing feedback regarding their strengths or challenges helped them to correct inappropriate professional behaviors, refine practice skills, and make good use of their time throughout the learning experience.

The following scenarios illustrate the nature of challenges experienced by students during Level I fieldwork. See also Table 1 on page 19 for strategies that may be used by fieldwork educators to improve the student’s learning experience.

Scenario 1: The Too-Busy Level I Fieldwork Educator

Ken arrived for his week-long Level I fieldwork in an inpatient rehab setting 10 minutes early so that he could become oriented to the site before the busy day began. He had agreed to meet his supervisor in the lobby, but he was still waiting at 10 minutes past the designated time. He then went to the department and introduced himself, and he was ushered into the office of his assigned supervisor, Melonie. As directed by his educational program, he brought with him a list of desired learning experiences for his Level I fieldwork and the evaluation form used by his school. He asked Melonie whether they could spend a few minutes outlining the expectations for the week, but she responded, “We are too busy to spend valuable time right now discussing your schedule. Just come with me, observe what you can, and I will assign you learning experiences as they come up today. If you have questions as we go along, please hold them until we have time to discuss them later. I find that student questions interrupt my train of thought and slow me down as I am working on meeting client needs and also documentation requirements.” And, so, off Ken went, tagging alongside Melonie. By the end of the day he had observed her provide treatment to three clients with a cerebral vascular accident and another with an orthopedic injury. At lunchtime, Melonie had given him papers to file, saying he wouldn’t be able to later because of their full schedule. At about 2:30 p.m., Ken again observed treatment, this time provided by another occupational therapist at the setting. He felt somewhat uneasy because he had not been introduced to this individual, whom his supervisor had met in the hallway and asked whether Ken could tag along for a few hours. Now, at the end of the day, Ken was hoping to have a chance to meet with Melonie and possibly review the charts of the clients he had seen during the day. He started to ask her about this, but he was quickly brushed off with, “I have a ton of documentation to complete; could you go ahead and read our department manual while I finish up? I have a pressing appointment, so I have to make sure to leave work on time today.” At the end of the day, Ken was unable to review charts or ask Melonie questions. Throughout the rest of the week, Ken continued to assert himself to find more hands-on opportunities to learn but continually experienced roadblocks to his requests. Although he appreciated the opportunities to observe and review facility resources, he did not feel he had an opportunity to apply his knowledge to practice, broaden his understanding of client needs, or appreciate fully the role of occupational therapy in the setting.

Strategy Applications. Given fieldwork supervisors’ often inevitably busy schedules and numerous responsibilities, how might this scenario have played out differently? Could Melonie have made Ken’s week more productive and educational? Imagine that Ken’s schedule was compiled in advance of his placement, including a 15-minute block of time to address his questions daily. Ken might alternatively have been met by another member of the occupational therapy team at the designated time and place, if Melonie were not available. This individual could have provided Ken with an overview of the occupational therapy programs provided at the site, introductions to other team members, and a physical orientation to the site. Having a schedule prepared in advance would have helped Ken to identify opportunities of interest to him and make the most of his learning experience. By preparing a schedule in advance, Melonie might have identified additional learning experiences available throughout the facility and felt less pressured to be the sole source of student learning. Additionally, Melonie could have provided Ken with options for those time periods when she was in meetings.

Scenario 2

The Student With Challenges in Professional Presentation and Communication

Alicia was running late the first day of her Level I experience at an outpatient mental health setting, so, rather than talking with the receptionist to indicate her arrival, she followed some of the
clients to the main activity area where a morning check-in meeting was in process. Her supervisor, Patty, recognized immediately that Alicia was not one of the clients, but she did not bring this to the attention of others during the meeting. Instead, she approached Alicia afterward and introduced herself, then immediately brought Alicia to the first therapeutic group. Alicia had never been in a group before, and she was very surprised by some of the behaviors. Her supervisor encouraged her to jump in where she could, so during the craft group, Alicia got some materials to make her own craft alongside the clients. While listening to her clients, Alicia could not help but agree with much of what they were saying about lack of activities in their city. She shared with them her own difficulty with depression and social isolation. Although this engendered client sympathy, her supervisor was very concerned about inappropriate boundaries in her client communications and the inappropriate focus on Alicia rather than on the clients. At the end of the morning, her supervisor was a bit reluctant to involve Alicia in her afternoon groups, which comprised individuals with higher cognitive functioning and anti-social behaviors. So, instead, she asked Alicia to review the policies and procedures handbook, and assessment protocols in hopes that she would also learn more about appropriate professional boundaries as she did so.

Alicia was disappointed and bored. She had a nervous habit of chewing her fingernails and began to do so when she was reading. Patty witnessed her chewing her nails and was dismayed to see this unprofessional behavior in sight of the clients. Later that afternoon, Patty did invite Alicia to participate in another group teaching lab on the topic of social behavior and the messages that could be given through dress. Wearing low-cut shirts was discussed in detail, which caused Alicia to shrink back in the corner, concerned that her own clothing was not appropriate. When her supervisor turned and asked her opinion, she said she could not think of anything to add, primarily because she did not want to draw attention to herself.

By the end of the day, Patty had concerns about Alicia, but she hoped that she could learn from the events
that unfolded and that tomorrow would be better. In fact, the next 3 days were much the same, and Patty continued to have concerns about professional boundaries in communication, inappropriate professional dress, detracting personal habits, and lack of participation in the sessions. From Alicia’s perspective, she was vaguely aware that her supervisor appeared to be dissatisfied with her performance, and this increased her anxiety. By the end of the week, Alicia was noticeably socially withdrawn and anxious, and Patty was very concerned about her performance.

**Strategy Applications.** How could Patty have better addressed her concerns about Alicia’s behavior, improving the fieldwork experience for all involved? Ideally, after briefly meeting Alicia at the door, Patty might have advised her then and there about the need to dress professionally and helped Alicia find a sweater or other garment to cover up for the day. Reviewing the Level I evaluation form together, Patty might have invited Alicia to identify any specific areas of anxiety or concern. If Alicia had indicated her discomfort in working with her assigned client population, Patty could have provided her with a checklist of guidelines for client communication that included attention to professional boundaries and therapeutic communication. Once aware of Alicia’s anxieties in working with clients, Patty might have provided Alicia with an observation log to complete during each therapeutic group to help her structure her observations in regard to client strengths and areas of concern, and to notice therapeutic communications and interventions provided by Patty or other therapists. Additionally, a scheduled 15-minute period at the end of the day would have given Alicia the chance to ask questions regarding observations made and enabled Patty to give Alicia feedback on professional and communication issues.

**CONCLUSION**

Level I fieldwork provides students the opportunity to not only apply what they learn in the academic context to a practice setting, but also to refine their professional presentation and communication skills. Level I fieldworks are also an opportunity for fieldwork educators to learn about contemporary practice and new findings in evidence-based literature. To get the most out of this experience, one must prepare in advance of the placement to situate both the student and the fieldwork educator for a positive learning experience.

**Resources**


Debra Hanson, PhD, OTR/L, is an associate professor and the academic fieldwork coordinator for the Department of Occupational Therapy at the University of North Dakota in Grand Forks. Hanson has more than 25 years of experience working with fieldwork educators and students.

Anna Schumacher is an occupational therapy student at the University of North Dakota in Grand Forks.
New Guidance for Evaluating School-Based Occupational Therapists

Andrew Waite

With U.S. students reportedly lagging overall behind students in other developed nations, education leaders are working to implement evaluations of school-based professionals meant to enhance development and create a new level of accountability. With this work in mind, AOTA recently published a document that provides guidance for how to evaluate school-based occupational therapists. The document is meant to inform administrators and other officials who are in charge of implementing evaluations but who might not have intimate knowledge of occupational therapy’s role in schools, when creating standards so that performance evaluations accurately reflect occupational therapy’s distinct contributions.

“We didn’t want other educational disciplines saying, ‘This is what good OT looks like in schools.’ We wanted to be able to say that for ourselves,” says co-author Lauren Holahan, MS, OTR/L, occupational therapy and Medicaid consultant at the North Carolina Department of Public Instruction, Exceptional Children Division. “Our motivation was to stay ahead of someone else naming our tasks for us.”

The document, Guidance for Performance Evaluation of School Occupational Therapists, reviews the multiple roles that the occupational therapist assumes within the school, such as collaborative consultant, service provider, and leader/scholar. The document then offers guidance for measuring performance in these roles. It also includes a sample rubric for evaluating school-based therapists, and it may help occupational therapists articulate and advocate for their value-added contribution to the education of all students.

To view the document, visit the Children & Youth section of the website, at www.aota.org/practice/children-youth

“What we have provided is a framework for figuring out what best practice looks like in schools and how to evaluate it.” Holahan says. “I think it will be an excellent starting point for state and local school systems to design their own evaluation instruments.”

The authors said it was relatively easy to agree on describing the role of school-based therapists.

“We considered our unique contribution. Central to our role was to look at students and develop understanding about how they learn and what we can contribute to improving their accessibility to and participation in the curriculum,” says co-author Patricia Laverdure, OTD, OTR/L, BCP, manager of therapy services for Fairfax County Public Schools in Virginia. “Another huge piece is how OTs build capacities in families, teachers, and schools.”

The authors note that school-based therapists would be well served by reading the entire 84-page document, which took about 18 months to complete.

“It’s a reference to help therapists and administrators look at the broad range of roles that OT plays in the system and to help examine our effectiveness.”

Andrew Waite is the associate editor of OT Practice. He can be reached at awaite@aota.org.
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**Online Course**
Falls Module III—Falls Among Community-Dwelling Older Adults: Overview, Evaluation, and Assessments, by Elizabeth W. Peterson and Elena Wong Espiritu. Second module in 3-part series on falls prevention to support OTs in their role of preventing all prevention services to older adults at risk for falling or that seek preventive services with sections 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 #OL36, AOTA Members: $141, Nonmembers: $226. http://store.aota.org/view/?SKU=OL36

**Online Course**
Falls Module II—Falling Prevalents Among Community Visiting 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 and systematic intervention strategies to reduce and manage community falls 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 #OL35, AOTA Members: $141, Nonmembers: $226. http://store.aota.org/view/?SKU=OL36

**Online Course**
Driving and Community Mobility for Older Adults: Occupational Therapy Insights, 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

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Faculty

Two Positions Available: 1 in Casper, WY and 1 in Grand Forks, ND
Instructor, Assistant, or Associate Professor of Occupational Therapy

The University of North Dakota Department of Occupational Therapy, in the School of Medicine & Health Sciences, is inviting applications for two positions; one full-time, 12-month instructor, assistant or associate professor at our Casper, WY site and one full-time, 12 month instructor, assistant or associate professor at our Grand Forks, ND site. Positions will begin Summer 2014.

Candidates will have the opportunity to be an integral part of an occupational therapy program that grants an entry-level Master of Occupational Therapy (MOT) degree on two campuses located in Grand Forks, ND and Casper, WY. The Casper site is a satellite of the University of North Dakota professional level MOT program, and is housed at Casper College in Casper, Wyoming. The University of North Dakota Occupational Therapy Program in Grand Forks began in 1954 and the Casper satellite opened in 1993.

Position Qualifications and Responsibilities

Required
Candidates must possess an earned master’s degree, minimum of 2 years of clinical experience, evidence of teaching experience, and familiarity with a variety of educational approaches (e.g., traditional, online education, and distance education). Candidates must hold current certification by NBCOT and be eligible for licensure in North Dakota and Wyoming. Each faculty member is responsible for supporting the teaching, scholarship, and service missions of the department as designated in collaboration with the department chair. The faculty member is responsible for providing effective learning experiences for students with diverse interests, abilities and expectations. Faculty members are expected to engage in creative/scholarly activities and be involved in activities that support individuals and or groups in the institution, University System, professional associations, or external communities at the local, state, regional, national or international levels. The positions also include undergraduate and graduate student advisement.

Each individual will be responsible for teaching in his or her area(s) of expertise in relation to being able to teach a variety of courses within physical disabilities, pediatrics, adaptive technology, and ergonomics. Pediatrics expertise preferred for the Grand Forks position. The individual must have strong written and interpersonal communication skills. Responsibilities will also include undergraduate and graduate student advisement.

Preferred
Earned doctorate (or progress toward this degree), experience in higher education and proficiency in using multiple modes of teaching/learning technologies including videoconferencing and online instruction.

Salary
Commensurate with experience.

Application Process
Apply only online via: https://secure.med.und.edu/search/occupational-therapy/. Application review will begin immediately and remain open until the position is filled. Interested candidates should submit: 1) a letter of application that includes a copy of current licensure, and information on past state licensure; 2) curriculum vita; 3) a teaching statement and 4) the complete names, address and phone numbers of three references.

Questions concerning this position may be directed to the Search Committee Chair:
Sarah Nielsen, PhD, OTR/L, Assistant Professor
University of North Dakota
School of Medicine & Health Sciences
Department of Occupational Therapy
2751 2nd Ave. N, Hyslop 210, Stop 7126
Grand Forks, ND 58202
sarah.k.nielsen@med.und.edu or 701.777.2208

General Information

Founded in 1883, the University of North Dakota has a student enrollment of more than 14,500 students and is 1 of only 47 public universities in the United States that has both accredited schools of law and medicine. UND offers 89 undergraduate majors, 63 undergraduate minors, 57 master’s programs, 23 doctoral programs, two professional programs (medicine and law), and a specialist diploma program in educational leadership. UND is an equal opportunity/affirmative action institution.

The Casper, Wyoming satellite program was developed in 1993, in response to a critical shortage of professional therapists in that state, and the absence of OT education in Wyoming’s higher education institutions. It has been accredited since 1995. The Casper site allows the University of North Dakota Occupational Therapy Department to assist in fulfilling University strategic planning initiatives by providing highly trained medical professionals in the region and the nation through a fully accredited mirror program.

University of North Dakota is an Affirmative Action/Equal Employment Opportunity Employer and Women and minorities are encouraged to apply. UND determines employment eligibility through the E-Verify System. This position is subject to a criminal history background check. North Dakota veterans’ preference does not apply to this position. The University of North Dakota complies with the Jeanne Clery Disclosure of Campus Security Policy & Campus Crime Statistics Act. Information about UND campus security and crime statistics can be found at http://und.edu/discover/_files/veterans-preference-does-not-apply-to-this-position.html.
**KEUKA COLLEGE—OCCUPATIONAL THERAPY**

Keuka College is seeking faculty members to join our growing Occupational Therapy program. These are 10-month, assistant or associate professor tenure track positions depending on qualifications.

We provide an excellent opportunity to teach and grow professionally in the beautiful Finger Lakes region of upstate New York. Emphasis of the program is teaching in an innovative occupational therapy program. The new faculty will have the opportunity to work with supportive and experienced faculty and administration in a well-established OT program. Keuka College is an Equal Opportunity Employer committed to a diverse and inclusive workforce and encourages applications from groups underrepresented in higher education.

**OCCUPATIONAL THERAPY FACULTY PHYSICAL DYSFUNCTION (FALL 2014)**

**Specific Responsibilities:**
- Coordinating and teaching the OT curriculum physical dysfunction course sequence
- Assisting with advising students
- Assisting with graduate student project development and advising

**Qualifications:**
- MS degree required with the understanding of progressing to an OTD or advanced
- Doctorate preparation in OT or related field, minimum of 3 years of clinical experience in pediatric OT practice.
- Candidates must be eligible for licensure in New York and be NBCOT certified.

**OCCUPATIONAL THERAPY FACULTY PHYSICAL DYSFUNCTION/COMMUNITY BASED (FALL 2014)**

**Specific Responsibilities:**
- Coordinating and teaching the OT curriculum physical dysfunction & Community based practice course sequence
- Assisting with advising students
- Assisting with graduate student project development and advising

**Qualifications:**
- MS degree required with the understanding of progressing to an OTD or advanced
- Doctorate preparation in OT or related field, minimum of 3 years of clinical experience in pediatric OT practice.
- Candidates must be eligible for licensure in New York and be NBCOT certified.

**OCCUPATIONAL THERAPY FACULTY RESEARCH BASED (SPRING 2015)**

**Specific Responsibilities:**
- Coordinating and teaching the OT curriculum research support courses and mentoring research projects.
- Assisting with advising students
- Assisting with graduate student project development and advising

**Qualifications:**
- OTD or advanced Doctorate preparation in OT or related field required, minimum of 3 years of teaching experience.
- Candidates must be eligible for licensure in New York and be NBCOT certified.

For further information about the positions contact Vicki Smith, Ed.D., MBA, OTR/L at vsmith@keuka.edu. Applications must be submitted online at https://keuka.peopleadmin.com/hr.

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**New From AOTA Press!**

**Best Practices for Occupational Therapy in Schools**

Edited by Gloria Frolek Clark, PhD, OTR/L, BCP, FAOTA, and Barbara E. Chandler, PhD, OTR/L, FAOTA

Foreword by Winnie Dunn, PhD, OTR, FAOTA, and Jane Davis Rourk, OTR, FAOTA

With a deliberate focus on student participation, *Best Practices for Occupational Therapy in Schools* provides practical applications of evidence-based research to daily practice. This comprehensive text guides readers through issues particularly relevant to occupational therapy in schools, such as RtI and positive behavioral supports, 504 plans, IEPs, and students’ rights and eligibility for occupational therapy services under relevant laws such as IDEA.

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**OCCUPATIONAL THERAPY**

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The Department of Occupational Therapy at Eastern Kentucky University is accepting applications for a 9-month, tenure-track position at the rank of Assistant/Associate Professor to teach courses in the undergraduate Occupational Science program and graduate courses in the Occupational Therapy program beginning August 2014. Summer employment is available. There is a Professional and Post-Professional Master’s program and an on-line Occupational Therapy Doctorate. Also offered is a collaborative Ph.D. Program in Rehabilitation Sciences with the University of Kentucky. Interested candidates must apply to requisition number 0614533 at http://jobs.eku.edu.

Eastern Kentucky University is an EEO/AA institution that values diversity in its faculty, staff, and student body. In keeping with this commitment, the University welcomes applications from diverse candidates and candidates who support diversity.

**School of Health Professions**

**Department of Occupational Therapy**

**Occupational Therapy Faculty Position**

The UTHSCSA Department of Occupational Therapy invites applications for a full-time 12-month, tenure-track faculty appointment at assistant or associate professor level. Position is available until filled.

**Role**

The faculty member will be responsible for curricular components of occupational therapy pediatric interventions. This includes teaching occupational therapy theory, assessments, and interventions for children with disabilities and within the environments and contexts of their daily lives. Collaboration in clinical research is required. Participation in the faculty clinical practice plan is required. Other responsibilities include teaching of additional courses, student advisement, professional and departmental activities, and university and community service and engagement.

**The Department**

The Occupational Therapy Department has 6 full-time faculty members and 4 adjunct faculty members. The faculty members are committed to graduating students with strong theoretical foundations and the accompanying strong clinical skills for successful evidence-based occupational therapy practices. The curriculum is designed to provide numerous clinical and community experiences for the students in this 31 month program, in which 40 students are admitted each year. Faculty members are actively engaged in clinical practice, educational research, community service, and professional activities.

**Qualifications**

A doctoral degree in Occupational Therapy or related field is required. Individuals near completion of a doctoral degree will be considered. A minimum of three years of clinical experience is required in pediatric occupational therapy. Experience and interest in clinical research are desirable. Teaching proficiency and professional presentation experience are required. Eligibility for Texas Occupational Therapy licensure is necessary.

**UTHSCSA and the School of Health Professions**

The Department of Occupational Therapy is within the School of Health Professions, which provides support and opportunities for interprofessional faculty activities and growth. There are 5 other departments in the School of Health Professions: Clinical Laboratory Sciences, Emergency Health Sciences, Physical Therapy, Physician Assistant Studies, and Respiratory Care. The UTHSCSA includes a Dental School, School of Health Professions, School of Nursing and School of Medicine with a total enrollment over 3,000 students.

**Application**

Search Committee will begin reviewing applications immediately. Position will remain open until a suitable candidate is identified. Interested candidates may send curriculum vitae and contact information for three references to:

Autumn Clegg, MSOT, OTR, Search Committee Chair
Department of Occupational Therapy—Mail Code 6245
University of Texas Health Science Center at San Antonio
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900
Phone: 210 567 8913; Fax: 210 567 8893
Email: clegga@uthscsa.edu

The UTHSCSA is an Equal Employment Opportunity/Affirmative Action Employer. All faculty appointments are designated as security sensitive positions.

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**Have you checked out RehabCare lately?**

RehabCare Group East, Inc. is currently recruiting for an occupational therapist to provide services to 6 facilities in Dallas, Texas. Must possess or be eligible for a State of Texas occupational therapy license.

To apply, mail resume to N. Brewer, RehabCare Group East, 680 South Fourth Street, Louisville, KY 40202.
New AOTA Online Course!

Low Vision in Older Adults: Foundations for Rehabilitation, 2nd Edition
Authors: Roy Gordon Cole, OD, FAAO, Yu-Pin Hsu, EdD, OT, SCLV, and Gordon Rovins, MS, CEAC, of Jewish Guild Healthcare

Designed for occupational therapy practitioners working with clients with low vision, AOTA is proud to present the special second edition of Low Vision in Older Adults. This online continuing education course provides learners with an overview of the causes of low vision, explores the impact of low vision on occupational performance, and describes effective interventions. The course emphasizes optical considerations and strategies for environmental adaptation.

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Newman Regional Health Human Resources
1201 West 12th
Emporia, KS 66801
Fax: 620-341-7820
E-mail: klorear@newmanrh.org or call 620-343-6800
Visit our website and apply on-line: www.newmanrh.org
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Virginia Commonwealth University Faculty Position in the Department of Occupational Therapy

The Department of Occupational Therapy at VCU welcomes applications to this tenure eligible, Assistant Professor position.

Job related tasks:
• Conducting research in alignment with the mission of the Department and the VCU Quest for Distinction, with a record of obtaining external grant funding or clear potential to obtain external funding;
• Teaching and advising students in the entry-level MSOT, and post-professional OTD and PhD programs;
• Contributing to the service mission of the Department, School, University, and Profession.

Qualifications: Applicant must have an earned research doctorate, be licensed or eligible for license as an occupational therapist in Virginia, have a minimum of 4 years of OT practice experience, demonstrated experience working in and fostering a diverse faculty, staff, and student environment or commitment to do so as a faculty member at VCU. Expertise in racial and ethnic issues for individuals with disabilities, post-injury outcomes after traumatic brain injury, issues relative to health disparities, and community based participatory research desired.

Application Process: Applicants should submit a resume and a list of three references to:
Dr. Sharyl Lane
Box 800008, Richmond, VA 23298-8008
Visit us at http://sahp.vcu.edu/occu
Materials may also be submitted electronically to sjlane@vcu.edu. Review of applications will start immediately; the position will remain open until February 1, 2014.

Review begins: November 1, 2013
Position available: July 1, 2014
Virginia Commonwealth University is an equal opportunity, affirmative action employer. Women, minorities and persons with disabilities are encouraged to apply.

The University of South Alabama is an Equal Opportunity/Equal Access Employer.

University of South Alabama
Department of Occupational Therapy

FACULTY—Assistant Professor/Academic Fieldwork Coordinator Position

The University of South Alabama invites nominations and applications for an Assistant Professor faculty position in the Department of Occupational Therapy. The University of South Alabama (USA) is a doctoral/research-intensive institution offering a variety of undergraduate and graduate programs. USA is located in the historic southern city of Mobile on beautiful Mobile Bay close to the Gulf Coast beaches and a short drive to New Orleans. This innovative Occupational Therapy (OT) program is organized around occupational performance areas and has an outstanding reputation.

Qualifications: Applicants must have Master’s degree in occupational therapy. Successful candidates must be eligible for OT licensure in Alabama. Clinical fieldwork supervision experience is preferred, but not required. Qualified applicants should be team oriented and have interest in emerging practice areas. The successful candidate will teach courses in areas of expertise and in general OT topics, advise students, and manage the fieldwork component of the program. Candidates should possess excellent interpersonal, organizational and problem solving skills. Salary is competitive and dependent on qualifications and experience. This 12-month position is available beginning February 2014. Review of applications is on-going and will continue until the position is filled.

Please send CV and names of three individuals who may be contacted for letters of reference to: Dr. Marjorie Scaffa, Chair, Search Committee, University of South Alabama, HAHN Bldg. Room 2027, 5721caffa@southalabama.edu or phone 251-445-9222.

The University of South Alabama is an Equal Opportunity/Equal Access Employer.

EMPLOYMENT OPPORTUNITIES

FEBRUARY 10, 2014 • WWW.AOTA.ORG
Occupational therapy practitioners are all too familiar with the difficulties that buttons, laces, and zippers can present. Nancy Peters, OTR/L, has an even greater sense of the problems, not just because her years in rehab had her regularly using zipper and button boards with clients, but because her brother has myotonic dystrophy, which has weakened the use of his hands. But now, Peters has helped invent a magnetic zipper—MagZip, licensed by Under Armour—that can be fastened with one hand to allow Peters’ brother and anyone else who struggles with manipulating zippers. She discussed the invention with OT Practice associate editor Andrew Waite.

**Waite:** How did this idea originate?  
**Peters:** When [my son] Scott was young, he was always interested in inventions, and we would work together on projects that he did for school. I often said to him that if he could invent a better zipper, it would probably be a great success. In 2007, Scott and I were talking about my brother, Scott’s godfather, who has myotonic dystrophy and lives alone. He was having more and more trouble with dressing activities, and it was frustrating for him as an independent man. We wanted to do something to help him maintain his independence, even with his increasing fine-motor [difficulties]. First we looked at doing something with buttons, using the magnets that you put on purses to replace the buttons. But we really wanted to invent a better zipper, and soon that became what we concentrated on.

**Waite:** And Scott was the designer?  
**Peters:** Scott, being an engineer, was fiddling with it. We were talking together about it and got some things made up, but nothing was very functional. Then we found out that a family friend, Dave Lyndaker, a mechanical engineer, had started a side business that helps people design things if they have ideas. So he joined our team.

**Waite:** How did your occupational therapy expertise come into play?  
**Peters:** My skill as an occupational therapist concentrated on function and involved task analysis and listening to the needs of my brother. I would watch my brother work the zipper, and I would see what he couldn’t do and where the fine-motor problems still were. I would explain the problems to my son and Dave, and they would make some design tweaks.

**Waite:** Can you provide an example?  
**Peters:** My brother could not put the zipper pin in the box, so he really needed quite a bit of aid bringing it together. In one of the prototypes, the magnets just weren’t strong enough. He still had to struggle with it and had to basically align it for it to come together. I would see those problems and the team would problem solve together, deciding that we needed a stronger magnet or needed to have the magnets placed differently. I think the functional piece was what really related to occupational therapy. What we did was really universal design. We created a zipper that is much more accessible to everyone.

**Waite:** If you hadn’t been part of the team, what would the other team members have missed?  
**Peters:** I don’t even think they would have thought about doing it. I’m the one who talked about how my brother had this problem and how zippers should be better, so I don’t even know that they would have gone down this path. My ability as an occupational therapist to really listen to my brother, identify his obstacles, and help the team come up with a solution was crucial to product development.

**Waite:** How did you get connected to Under Armour?  
**Peters:** We had the product, which after many prototypes we thought was pretty good. We had a patent in place, so we went out trying to find a zipper manufacturer to partner with, but we couldn’t get anyone interested. We had a website up, and were lucky enough that Under Armour found us. One of their people contacted our patent lawyer and asked for Scott’s contact info. They flew up to meet with him and invited us to their first future show, where inventors present their products to the Under Armour team. We were one of the winners and that was how our partnership began.

**Waite:** What’s next for you?  
**Peters:** I still want to figure out how to do pants closures. That’s what we are working on now. Closures are a real pain.

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**Questions & Answers**

**Watch Under Armour’s YouTube video about the MagZip Zipper at [http://www.youtube.com/watch?v=G9UeUeAia6E](http://www.youtube.com/watch?v=G9UeUeAia6E).**

**Watch**

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