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THE communiqué

Illinois Occupational Therapy Association

BraveHearts
Therapeutic Riding and Educational Center

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BraveHearts Therapeutic Riding and Educational Center is a non-profit, 501c3, organization located in Harvard and Poplar Grove, Illinois. With two locations, BraveHearts Therapeutic Riding and Education Center offers a variety of services to individuals ranging from 2 years to 80+ years with many different diagnoses including but not limited to: cerebral palsy, Down syndrome, autism, traumatic brain injury, post-traumatic stress disorder and attention deficit disorder. Some of the services include: adaptive riding, carriage driving, retreats, summer camps and specialized physical, occupational, and speech therapy services incorporating hippotherapy.

> **"The opportunity to bond with the horse offers veterans an opportunity which can be emotionally satisfying and comforting on many levels."**

BraveHearts began offering therapeutic riding and carriage driving programs for the wounded military and veterans in 2007. Under the auspices of the Professional Association of Therapeutic Horsemanship International (PATH Intl.), BraveHearts is currently the largest veterans' adaptive riding program by number in the United States and is a leading representative of Equine Assisted Activities and Therapies

...Continued on Page 12

In this issue:

Work Rehabilitation
Moving Forward

Dana Lingle OTR/L
Midwestern University
Kleiser Hand Therapy

My inspiration for this article came from a news story I heard recently. Channel 7 News highlighted a 90 year old man who just started working as a car salesman. He said that he had been retired for a while and after his wife passed away, the four walls seemed to be closing in on him. Since beginning his new job, he no longer feels that way and is energized by the challenges of working again. This made me realize that as I continue to practice as an Occupational Therapist (OT), I need to address the occupation of work longer than 65 years with clients and that work is much more than just employment.

America's baby boomers are on the verge of reaching the age of retirement. There are 76 million of them born between 1946 and 1964. As they retire, it is predicted that there will be a shortage of qualified individuals to fill those vacated jobs. Ironically, our aging workers are choosing not to retire at age 65 for two main reasons: financial and psychosocial (Wenger & Reynolds, 2009). Older workers are the fastest growing group in America's

...Continued on Page 7

AOTA State Affiliate

ILOTA Board

The Illinois Occupational Therapy Association of Illinois is the official representation of the OT professionals in the State of Illinois.

ILOTA acknowledges and promotes professional excellence through a proactive, organized collaboration with OT personnel, the health care community, governmental agencies and consumers.

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The Communiqué

The mission of the Communiqué is to inform Illinois Occupational Therapy Association (ILOTA) members of current issues, trends and events affecting the practice of Occupational Therapy. The ILOTA publishes this newsletter quarterly.

ILOTA does not sanction or promote one philosophy, procedure, or technique over another. Unless otherwise stated, the material published does not receive the endorsement or reflect the official position of the ILOTA. The Illinois Occupational Therapy Association hereby disclaims any liability or responsibility for the accuracy of material accepted for publication and techniques described.

Deadlines and Information

Articles and ads must be submitted by the last day of the month prior to the month of publication. Contact the ILOTA office for more information and advertising submission forms:

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Full page $535
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Don't forget to renew your membership online at **www.ilota.org!**

President's Address

Peggy Nelson

Wrapping Up Another Year

It has been another exciting year full of change and transition in healthcare. Our annual conference held in November highlighted some of the key strategies the ILOTA board has implemented to guide our organization in the coming years, to assist in navigating healthcare changes.

These organizational highlights include:

- Resource links to keep you informed of important legislative and reimbursement updates
- News You Can Use—brief updates relative to state and national professional activities
- Free ILOTA member scheduled continuing education events
- Membership website resources—member look up database, member downloads, FAQs
- Return of the printed Communique in 2013
- Updates to organizational Standard Operating Procedures
- Updates to organizational By-laws
- New organizational strategic plans
- Advocacy efforts to include an annual lobby day event
- Strengthening partnerships with IOTPAC, AOTA and other key professional organizations

We continue to recruit volunteers to help us achieve our organizational goals, with a structured ILOTA orientation program scheduled for early 2013 for interested volunteers. As you reflect on your profession for the year, please consider how you can work with us to strengthen our organization throughout the state.

Visit our website today at www.ilota.org, or contact us at office@ilota.org for additional resources, up to date listing of opportunities related to open positions on the ILOTA board, or how you can participate in the association. **You make all the difference!**

Honoring Veterans & Military Personnel

In this issue, we would like to honor veterans and military personnel. We have showcased three programs that help veterans. Nationally, Serenity Park helps veterans recover from traumatic stressors through interactions with avians (page 15). Locally, Bravehearts Therapeutic Riding and Educational Center, offers veterans emotionally satisfying opportunties to interact with equines (page 1, 12-13). Pawsitive Therapy Troupe brings registered pet therapy canines and their handlers together with veterans for therapeutic visits at several area hospitals (page 19).

Legislative Update

Maureen Mulhall

With just 3 weeks left before the licensure Act was due to sunset, the Dietetic and Nutrition Services Practice Act was given a lifeline by the General Assembly, but not without gnashing of teeth and acrimony within the profession and the General Assembly. And even with the near last minute passage of the sunset bill, there may be yet a "trailer bill" in January to work out final agreements. How did this profession get to the brink of sunsetting and what is the lesson for occupational therapy?

The Dietetic and Nutrition Services Practice Act, soon to be titled Dietician Nutritionist Practice Act, has been on the books for at least two decades. Through the years some of the focus of this profession has shifted from traditional dietician services, that is diet planning for specific health conditions, to a broader perspective of nutrition related to prevention and restorative care. This evolution of the profession resulted in two similar but distinct professions regulated by the same Act.

SB 2936 was introduced in the spring 2012 legislative session but languished in the Senate when the dieticians and nutritionists couldn't reach an agreement on the language in the bill. Throughout the summer the bill sponsors and interested parties met attempting to reach a compromise. But that compromise was not to come, and finally during veto session in November, the Senate passed the sunset bill which was largely the work of the nutritionists and the Department of Financial and Professional Regulation. During the Senate committee hearing on SB 2936 the dieticians voiced their strong objections to the bill but according to the bill sponsor, Sen. Martinez, the opponents never came forward with "plan B". In fact the dieticians were accused of not negotiating in good faith and disrespecting members of the General Assembly. I don't think any group of professionals enjoys being taken to task in such a public way as the dieticians were by legislators.

The General Assembly was determined not to let the Act sunset. In most cases a licensure or sunset bill will not pass the General Assembly until there is agreement among all of the interested parties, even if some have to "hold their nose" to support the proposal. In this case, however, even a "hold your nose" agreement couldn't be manufactured so the legislators made their best effort at reasonable legislation to protect the public. SB 2936 is far from an agreed bill. But the legislators listened to the voices who provided real compromise, facts and who showed a willingness to work with the Department and

...Continued on Page 15

Photo Opinions

What inspires you about working in mental health?

We value our colleagues' opinions and views! In each issue we will ask a different question. Some may be thought provoking and some may be more whimsical, since as OTs we face both serious concerns and opportunities for creativity. We will feature responses and photos from different clinicians or students in each issue. If you have an idea for a question or would like to be considered for a future issue, please contact us.

The Reward of Helping Others Achieve Their Goals

Janette Gilmartin DipCOT OTR/L
Resurrection Behavioral Health
St's Mary & Elizabeth Medical Center

Every Occupational Therapist in the universe believes that a person with disability deserves a quality life that is worth living. In the dynamic practice of community mental health, facilitating the art of healing from painful emotional wounds and recovering from confusing symptoms of mental illness is often intimidating and complex. The challenge is not for the faint-hearted. Teaching a person in this position of despair how to "tolerate" such, find hope, understand and reduce their symptoms whilst restoring a sense of self, support and life direction is of critical importance. The array of social / emotional / cognitive and occupational skill development that takes place within community mental health is exhilarating. Assisting consumers to finally achieve their goals of independent living, working, playing, socializing or simply traveling on a bus is richly rewarding.

Even after over 20 years of practice, I am still mesmerized by the beauty and simplicity of Occupational Therapy. I also enjoy and embrace my "generic" skills as a community mental practioner, which is a "must" if one wishes to survive if this field. Related to my high level of job satisfaction is a freedom of providing unique services in the necessary community environment that generates optimal and meaningful results. I am also fortunate to be supported by a progressive management and talented multi-disciplinary team that believe in these kinds of clinical possibilities. I am humbled to work alongside volunteer peer recovery specialists who generously share their wise expertise, as only they can. Last but by no means least, I am forever inspired by the courage of those who continue to seek help and feel grateful to be a part of their healing solution.

I love my job, my art and my ministry with a passion.

Jen Matern OTR/L

A Professional Challenge

I have a unique opportunity as an OT at Edward Hospital in Naperville Illinois. I provide evaluation and consultation to the geriatric, chemical dependency, and adolescent units at Linden Oaks Hospital. Linden Oaks is the free standing inpatient psychiatric hospital that is associated with Edward Hospital. I enjoy working with this population because it challenges me to use all of my training and different clinical frameworks. We are beginning to look at the use of sensory integrative techniques as an intervention for our patients at Linden Oaks. I feel that the importance of self care, routines, and roles are valued by our team. I work closely with our physical therapist in making recommendations about home safety and discharge planning.

Photo Opinions

If you would like to be featured in Photo Opinions or know someone who would, please contact Carrie Nutter at codycheq@aol.com

2012 ILOTA Conference Summary

November 8th, 9th and 10th in Lisle/Naperville

Attendance Milestone:

We hit a record number of 418 attendees!

Conference highlights:

There were a total of 40 educational sessions and 15 poster presentations on a variety of topics.

We had nine Conference Sponsors and a total of 37 vendors in the exhibit hall!

Attendees had the opportunity to network at the Special Interest Section Round-tables.

Important information was shared at the Luncheon and Business Meeting.

Kristin Winston and Tammy Bickmore delivered an inspiring Keynote Address!

ILOTA Awards:

Cheryl Huber Lee – OT of the Year

Kim Bryze – Award of Merit
(pictured, on the left)

Student Voice

Reflection On Being A Student Therapist

Asfia Mohammed, OTS
Midwestern University

Fieldwork for many Occupational Therapy students is where they come to understand what setting they are most comfortable working in. There are few students who know where they want to practice before experiencing fieldwork. Most therapists I have met have said they thought they would go into one area of practice however ended up in a completely different setting. This is true for me as well. I remember starting OT school certain that I wanted to become a hand therapist. Now at the end of my second level II fieldwork how I view OT and where I see myself practicing has changed completely. I still feel that hand therapy is a very important setting and a valuable part of Occupational Therapy; however I feel that I could do more and learn more in acute rehabilitation.

Throughout OT school I was exposed to various populations and practice settings, I learned a great deal and began to question my passion to become a hand therapist. When it came time to choose my fieldwork settings, I thought it best to choose one in the setting I originally was interested in and the second in a setting that I wanted to explore. We at Midwestern University were advised to choose settings that we were interested in working in.

I was placed at Loyola University Medical Center's burn unit for my first rotation. Prior to my rotation I attempted to prepare for my experience. I asked multiple professors for advice, looked up various diagnoses, reviewed my anatomy, and even brushed up on my splinting. All of those steps were beneficial; however all of the preparation could not have prepared me for what I experienced. While at Loyola I was immediately immersed in a very intense environment. My clinical instructor, Melissa Lane OTR/L, wasted no time and in what felt like an instant I was working hands on with patients on ventilators and hooked up to multiple lines.

My experience at Loyola in the burn unit was remarkable. I had the unique opportunity to work with a great team of professionals, treat patients with several conditions, and experience first-hand the intricate recovery of individuals who have been through the most devastating of events. Working with a burn patient was never uncomplicated but I found that the constant challenge was what excited me every day to come to the hospital with a positive attitude. I learned that when you work with patients who have undergone traumatic events and complicated surgeries your therapeutic use of self is critical. The way a therapist presents him or herself is essential to how that patient responds to therapy and his or her recovery.

At Loyola I quickly realized that practicing OT is not very simple. There are many layers to therapy and although we were taught the layers in school it feels very different when practicing. It was definitely a struggle to juggle complex patients within a limited environment but the experience was priceless. My experience at Loyola affirmed my zeal for acute rehabilitation however I still questioned whether I may like hand therapy more. Luckily, my second fieldwork was set up at OAD Orthopedic Rehabilitation.

OAD Hand therapy is a face-paced upper- extremity rehabilitation that is well known in the western suburbs of Chicago. OAD therapists work directly with hand surgeons in the recovery of surgical and non-surgical patients. At OAD I came to understand the dramatic difference between an inpatient hospital site and an outpatient specialized setting. I learned how very different the role of an OT can be in a patient's recovery.

At OAD treating patients was a lot more detailed and although the end goal for the patients was function, the emphasis of treatment was on components of the task instead of the task on a whole. Patient turnover at OAD was much higher than at

…Continued on Page 9

Student Voice

If you would like to be featured in Student Voice or know someone who would, please contact LaVonne St. Amand at lavonne.stamand@yahoo.com

Work Rehabilitation *(continued from page 1)*

labor force often choosing "bridge work" after leaving jobs they held for the majority of their adult life. "Bridge work" refers to full- or part- time employment lasting 10 years or less which helps older adults make the transition from work to retirement (Sanders & McCready, 2010). Many cite financial reasons due to the economy to explain why they stay employed. However, the majority report staying productive, being mentally engaged, physically active, doing something enjoyable, and being around people as their main reasons for staying employed. This describes the sentiments of 90 year old car salesman referred to above. Occupational therapists have a unique opportunity to have a positive impact on helping older workers stay in the work force and to be vital, healthy, and productive employees.

One hurdle is employer and employee attitudes that older workers are slow, inefficient, unable to adapt to change, and prone to injury. These myths are unsubstantiated as older workers bring experience and maturity to the work place and with simple modifications, they can increase their productivity and job satisfaction (Evans, Conte, , Gilroy, Marvin, Theysohn, & Fisher 2008). Our knowledge of these changes, ergonomic principles and solutions, and health promotion strategies are perfect for working with older workers.

Age related changes in physical and mental capacities are a fact of life. We all experience these, some more than others. The more physically demanding a job, the more wear and tear is placed on the body. Interestingly, with technology, mental and psychological challenges are reported by aging workers as stressful (Gupta & Sabata, 2010). Areas impacting work performance are vision and hearing changes, joint impairments, osteoporosis, decreased strength, cardiovascular changes, and depression. In order for our older clients to be able to perform their job tasks with these age related changes, occupational therapists must use their comprehensive evaluation and task analysis skills to determine which areas require accommodations and solutions.

Below is a list of some age related changes with OT intervention ideas:

Age-Related Changes	Goals	Interventions
Vision changes	Increases ability to see work. Prevents falls and accidents	Brighter lighting, decrease glare, contrasting colors
Auditory changes	Helps decrease mental fatigue. Improves ability to concentrate. May prevent accidents.	Decrease background noise with sound absorbing materials. Avoid high frequencies
Decreased strength	Improves ability to perform more physically demanding jobs. Decreases fatigue. Prevents back injuries. Decreases incidence of work related musculoskeletal disorders (WMSD)	Health & Wellness programs to encourage fitness. Avoid sustained postures and static work. Keep work in a neutral zone. Avoid twisting movements. Allow mini-breaks for stretching. Use carts, lifts, & automation for heavy lifting.
Skin Changes	Avoid dehydration which decreases mental acuity and causes fatigue. Avoid cold temperatures which cause joint stiffness and decreased vascular & neural circulation	Increase hydration breaks. Avoid working in extremes: hot or cold. Wear layers of clothing. Use hand warmers in pockets to optimize muscle performance
Joint Stiffness & Limitations	Decrease overuse of muscles to avoid musculoskeletal disorders. Avoid back injuries. Insure worker, workstation, and actual work are optimum	Use larger handled tools. Make sure tools are sharp and working properly. Encourage mini stretch breaks. Wear proper shoes & use anti-fatigue mat if standing in one area. Consider an ergonomic work station evaluation. Instruct in proper body mechanics for specific job tasks. Evaluate for supportive seating& positioning in office settings
Psychological & Cognitive changes	Decrease work place stress secondary to negative attitudes about older workers. Increase job satisfaction by decreasing risk factors and improving endurance (decrease mental & physical fatigue)	Advocate to employers and policy makers to dispel myths about aging workers. Educate employers on reasonable accommodations for older workers Pacing.and reminder strategies Work in intergenerational teams

…Continued on Page 13

Gillin, E.K., Salmoni, A., & Shaw, L. (2008); Sanders, M.J. & McCready, J.W. (2010).

Clinical Spotlight

Michael Fredrickson COTA/L
Working as a COTA for 8 years

I was first exposed to Occupational Therapy in 1997 as a recipient of O.T. services. July of 1997 my family was on our annual vacation in Montello Wisconsin at a small resort when I suffered a spinal cord injury as a result of diving into a lake. Fortunately I was rescued from the lake before drowning and was airlifted to UW Madison hospital. I was told that I had broken my neck and would need surgery but might not ever walk again due to the high level of injury (C-4). At the time I was 31 years old, married and the father of a 6-year-old daughter and 2-year-old son. My profession was kitchen remodeling. I was a shop foreman and was physically very active. I was about to find out how quickly life can change. I woke from the surgery not being able to move and spent the first week in intensive care, after I was stable enough I was transported by ambulance to Loyola Hospital. It was at Loyola Hospital that I was introduced to O.T. and P.T. as well as finding out I had an incomplete injury and had potential for return of function.

My own extensive rehabilitation occurred at The Rehabilitation Institute of Chicago, where I spent the next two and a half months. I was diagnosed with Brown's Sequard Syndrome and had O.T. and P.T. sessions every day. I was beginning to feel like I lived at the hospital and would never get home. When I left RIC I was able to tend to my ADL's with modifications and walk a short distance with a walker, I would spend another eight months in outpatient therapy. Working in my previous profession was looking less likely so I qualified for Social Security Disability. I made great gains and became independent with ADL'S and could walk with the help of an AFO. My O.T.'s even helped me with adapting to play with my kids and cooking. The ability to work at my old job however would never happen due to the dysfunction of the right side of my body.

Being on SSDI afforded me the ability to go back to school to train for a new career so I tried computer aided drafting which didn't work out well. I started to really consider a career in healthcare so I called my O.T. from RIC, she invited me to come and volunteer at RIC and explained about the options of OTR/L and COTA/L. Volunteering with the therapists at RIC I logged about 500 hours which taught me a great deal and gave me the confidence to go back to school. I opted for the COTA program because it was a shorter program and we were in dire financial need for me to work ASAP. I was also terrified to go back to school at the age of 32 and did not have a college background. From the time of my accident until the time I started working again seven years had elapsed. Where I would work would be the next challenge but with the diversity of O.T. I knew there were options.

Currently I work in the mental health field at Linden Oaks Hospital on the campus of Edward Hospital in Naperville. Linden Oaks currently provides inpatient and outpatient services, I work mostly on the inpatient units and we have over 100 acute care beds. We serve both adults and adolescents with severe and persistent mental illness. We also have specialty services such as Eating Disorders, Geriatric, Chemical Dependency, Self-Injury, and Anxiety Disorders. The majority of my interventions occur in a group structure that are either educational or activity based or both. The main focus is helping people to function in their daily lives despite the symptoms of mental illness. Since majorities of the illness are chronic we try to teach people how to adapt, overcome, or learn new skills holistically. I am also a member of a fall prevention task force that is multi – disciplinary; our main focus has been on the Geriatric unit that has the potential for the most falls. We have also set policies and procedures that help reduce fall risk hospital wide. My manager has also invited me to participate on a professional development council, practice model committee, and program development committee.

One of my favorite responsibilities is coordinating an Animal Assisted Therapy (AAT) program for the hospital. Edward and Linden Oaks just celebrated 10 years of AAT; we currently have about 100 AAT

...Continued on Page 9

Clinical Spotlight

If you would like to be featured in Clinical Spotlight or know someone who would, please contact LaVonne St. Amand at lavonne.stamand@yahoo.com

Clinical Spotlight: Michael Fredrickson *(continued from page 8)*

teams. I have been working with the dogs since I started at the hospital and currently own an eight-year-old Boxer that is certified to work in the hospital. We currently have 14 AAT teams that visit Linden Oaks; most are volunteer teams trained to accompany therapists in group settings and during visiting in the evening. My main focus is to use the dog as a modality in a group or activity teaching subjects such as self-care, communication, mindfulness/stress management, grief and loss and relapse prevention.

The most rewarding aspect of my work is when I spend time with my patients. Some people are intimidated by mental illness but I work with some very interesting, smart, and creative patients. We are trying to reduce the stigma associated with mental illness, and as The National Institute on Mental Illness states that one in four families are affected by mental health issues. Our patients seem to really be open to Occupational Therapy interventions and when I see them in the morning and they ask "What are we doing for O.T. group?" that speaks volumes. Individuals seem to respond to questions like "What gives you a sense of purpose?" and if you can teach them some skills or strategies to adapt they have some hope that they can live productively. Mental illness can be extremely challenging and many are chronic with no cure at this time causing people to have relapses and multiple hospitalizations. Some people get discharged and I never see them again, some I have seen every year for the past eight years, and some every few years. At the beginning of most of my groups I'll ask if anyone has heard of O.T. and as you guessed you get quite a bit of -"Doesn't it have to do with jobs and work?" So I'll give them a definition of O.T. or better yet if I have a student the student will give the definition. Quite often one of the patients will answer "Occupation- that has to do with important activities in our lives and the things we want to do – right?" Then I'll notice it was one of my former patients back again, an unfortunate reality. However just because they are back doesn't mean they failed at everything but often need some help with a new issue. When I hear them define O.T. to the other patient's that tells me a difference was made in their lives and that's most rewarding.

To keep our profession strong I think we have to keep moving forward but also remember how we arrived, and keep the profession diverse. The unique skillset that O.T. practitioners possess make us marketable in traditional as well as non-traditional roles. We have to be able to show employers and other disciplines that we can bring a unique skillset to the table that others can't. I also make it a point to educate my patients on what O.T. can do for them, I know my managers and administration really pay attention when rounding with the patients and getting their feedback. Finally being a member of our professional organizations and educating yourself on the state of the profession is important. This can be as simple as checking your e-mail and trying to make it to a conference or seminar. •

Student Voice: Asfia Mohammed *(continued from page 6)*

Loyola and I was able to see many more patients in one week than I did in the hospital. Most treatments ordered by the physicians were very clear and detailed. It was very different to simply ask the patients whether they had difficulty with an ADL and measure progress that way instead of observing the patient engage in the ADL. Since the patients were living independently it was not appropriate to observe many functional tasks such as leisure, self-care, or cooking activities. Of course there were also few resources that would allow for treatment to focus on an occupation instead of the components of that occupation. The outpatient clinic was not equipped with a kitchen or washer and dryer and time constraints did not allow for a task to be continued the next day or for more than a half an hour.

I quickly learned that although OAD hand therapy is unique and beneficial I could not see myself treating patients in a similar setting right out of college. All of the therapists at OAD had 5+ years of experience and were quite a bit faster than I was.

In the end both of my fieldwork experiences were one of a kind and I am very grateful for the knowledge I received at both sites. I do believe that my view of OT has expanded due to the two experiences. I was fortunate enough to work in two settings that are at extreme ends of the OT scope of practice, allowing me to choose my preferred path without hesitation.

Although I enjoyed being at OAD I do feel that I am more comfortable in the hospital setting. Of course jobs can change and one day I may end up in outpatient. In the event that I do practice in the outpatient setting I will always try to incorporate more doing of the tasks than preparing for the task to be done at home. Overall I had a great time at both sites.

Personal Biography

My name is Asfia Mohammed and my three most important roles right now are mom, wife, and student. I have juggled these 3 roles during my OT education and am looking to move on from student to therapist.

Research Update

Mindfulness: Solutions for the Difficulty of Being Human

James Hill, Supervisor
Psychiatric Occupational Therapy
Rush University Medical Center

Over the past decade I have pursued a specialization in Mindfulness-Based Behavioral Therapy. I have had an interest in Buddhist philosophy since about 1985. At that time, I had some appreciation of what mindfulness practice had done for me and some interest in what it might offer my clients. About 10 years ago, I attended an AOTA conference, where I listened to a presentation about Mindfulness-Based Cognitive Therapy (MBCT). The speaker gave me a way to link my experience to a depth of clinical research that was emerging as well as validating the use of this information in the practice of Occupational Therapy. Thus began a journey of education and a transformation in my clinical practice. I read what I could about MBCT and its influential predecessor Mindfulness-Based Stress Reduction (MBSR), the work of Jon Kabat-Zinn, an early pioneer in the integration of Buddhist approaches into western medical settings. Soon after, I joined a training group for Dialectical Behavioral Therapy, the Zen influenced adaptation of Cognitive Behavioral Therapy (CBT) developed by Marsha Linehan. While completing that training I ran across a form of Japanese Psychology, Morita Therapy, which appeared to share many similarities with these contemporary behavioral approaches I was studying, and spoke more directly to me as an Occupational Therapist.

Part of my interest in Buddhism had always been its connection with activities of daily living. A study of Buddhism in the West is often predominated by reading, discussion, and of course some formal meditation practice. Historically, Buddhist students also learn meditation, but often study flower arranging, tea ceremony, or archery, and lessons are often focused on activities of daily living (chop wood, carry water, do the dishes, sweep the garden path). The practice often intentionally de-emphasizes analytical thinking. Western psychology in general, and perhaps especially CBT, is very language based. Perhaps this is why many of the adaptations of Buddhist practice into clinical protocols have taken on a more didactic, psycho-educational orientation. Certainly the practitioners of contemporary Mindfulness-Based Therapy (MBT) appreciate and speak to the importance of non-analytical, experience-centered awareness that is the core of any mindfulness practice, but the structural demands of research and academia, and the historical, contextual influence of how psychotherapy is delivered seems to have shaped the process towards one that emphasizes cognitive and linguistic approaches over purely experiential approaches. Morita Therapy, originating in Japan in the 1920's, was not influenced in the same ways by the context of contemporary behavioral science. Perhaps this is why it has retained a strong tradition of using purposeful activities of daily living as a medium for therapeutic intervention.

My interest in Morita Therapy eventually led me to get certified in Japanese Psychology. While pursuing that goal, in the midst of my DBT training, I was introduced to Acceptance and Commitment Therapy (ACT), an approach developed by Steven Hayes. Perhaps the most empirically based of the well researched mindfulness-based approaches, Acceptance and Commitment Therapy shares many core concepts in common with Morita Therapy. The two approaches are so compatible, that it feels natural and seamless to use them side by side in my clinical practice. I regularly use an intervention I learned in my training as a Morita Therapist in an attempt to achieve a goal that I developed using an ACT framework and vice-versa.

In an article published in 2011 in the Annals of the American Psychotherapy Association, Dr. Richard Spates writes:

> A recent trend in psychotherapies has been to employ techniques that have an unmistakably Eastern signature, such as mindfulness and acceptance-based strategies. …these approaches have been met with widespread clinical and empirical support (Spates 2011).

In the article Spates examines the shared features of some of the most empirically supported "Third-Wave Behavioral Therapies" (Acceptance and Commitment Therapy-ACT, Dialectical Behavioral Therapy - DBT, and Mindfulness-Based Cognitive Therapy - MBCT) with a historically Japanese approach, Morita Therapy. He identifies the following shared characteristics:

Shared Core Beliefs:

- The normality of suffering
- Maladaptive focus of attention on one's symptoms
- The vain attempt to control private events (thoughts, feelings, body sensations)
- The perpetuation of symptoms through attempts to avoid or suppress uncontrollable thoughts, feelings, and body sensations.
- Downplaying diagnosis – Emphasizing engagement in valued and purpose-centered activities over the control or elimination of symptoms

…Continued on Page 14

Student Voice

If you would like to be featured in a Reseaerch Update or know someone who would, please contact LaVonne St. Amand at lavonne.stamand@yahoo.com

My Practice in Mental Health Has Gone to the Dogs

Mary Maresso Michaelsen, OTR/L
Presence Health System, Provena Mercy Hospital

New Tricks

In my 35 year career as an occupational therapist, I can always attest that to be a successful therapist, not only was I expected to facilitate adaptation for patients, I would need to do it myself. When I started my career at Provena Mercy Medical Center the primary media for mental health was crafts.

I now work in an inpatient hospital environment that is so secure and safe, I am no longer able to use scissors, pencils with erasers, and most craft materials. I have seen our use of horticulture and cooking groups all go by the wayside in the wake of infection control and public health guidelines. In my efforts to provide evidenced based normalizing activity for the mentally ill, I developed a program in Animal Assisted Therapy.

The "Paradog" Shift

The journey began by researching the many articles on the health benefits of animal therapy with the elderly and the mentally ill. The Delta Society is the hallmark of canine therapy practice. They have published books and have an active website. Our community has access to the Fox Valley Therapy Dog Club (FVTDC), who helped me set up a program and has provided the dogs to PMMC for the past 4 years. Hospitals have stringent regulations to follow, so protocols needed to be developed that included physician's orders, consent forms, infection control guidelines, and all needing to be aligned with the Illinois Dept. of Public Health's regulations. The dogs and handlers are required to have passed health testing, Canine Good Citizens training, certification and volunteer training.

The initial purpose of animal assisted therapy at PMMC was to provide therapeutic, motivational, and educational experiences to enhance an individual's quality of life. Some of the program goals in this normalizing activity included:

a. Providing a calming sensory experience to individuals
b. Providing a focal point for improving attention
c. Providing unconditional affection and satisfying the human need for touch
d. Providing social interaction
e. Providing mental stimulation
f. Assisting in the education of social skills and self-care needs
g. Decreasing the sense of isolation in the hospital and improving the sense of involvement with the community.

Allowing an opportunity for emotional expression, validation, and reminiscing

The group is lead by the occupational therapist and is scheduled weekly for an hour on each of the Behavioral Health units. The FVTDC provides a trained dog that is accompanied by their owner/handler. The OT facilitates the group process. The dog is the star of the show.

I developed 8 basic group protocols that involved the use of the therapy dogs and incorporated them into the daily group times. This process was also assisted by our Rush University student at the time, named Justine Rehak. Her protocols are starred (*). The group topics reflect on what a dog knows through natural instinct that humans could benefit from knowing, including:

1. Balanced Time Management and Life Roles *
2. Developing Healthy Relationships *
3. Communication Skills including Assertiveness* and Recognizing Similarities between an Animal and a Human's Body Language.
4. Emotion Recognition
5. Living a Healthy Lifestyle
6. Dog Trivia and Reminiscing
7. Dog Bingo for the cognitively impaired
8. **"Are you as Happy as Your Dog?"**

This was developed from a book by this title by Alan Cohen, who wondered why his dog was always in a joyful mood and what did his dog know about life that could help him wake up with a smile each day. The book is delightful and is by far, the most popular focus with the depressed patients.

There are chapters , for example, on keeping your eye on the ball, getting off the leash occasionally, and taking a few good sniffs before starting a relationship to keep one from a lifetime of living with a bad smell (Cohen, 1996).

Each group starts with 10-15 minutes of introduction and enjoyment of petting the dog (the perfect icebreaker). The topic is introduced, and discussion is often facilitated through large homemade flashcards with dog photos and application statements. As each item is discussed, the dog and its handler often give examples from the dog's perspective.

The greatest benefit in each group was the realiza-

...Continued on Page 17

BraveHearts Therapeutic Riding (continued from page 1)

(EAAT). PATH Intl. is an accrediting authority, resource, and advocate for equine-assisted activities and therapies. There are many benefits of EEAT including: physical, emotional, social, and cognitive benefits. Many of the veterans BraveHearts serves have been wounded and are living with various conditions, including post-traumatic stress disorder, which impact their lives in many ways (PATH intl., 2012). The opportunity to bond with the horse offers veterans an opportunity which can be emotionally satisfying and comforting on many levels; many veterans have found a great deal of relief in the grooming of a horse. The repetitive motion proves soothing to individuals with anxiety issues. Learning new skills leads to increased self-confidence, which manifests into an awareness which promotes healthy accomplishments.

BraveHearts Therapeutic Riding and Educational Center has partnered with Capt. James Lovell VA Hospital, Fort Sheridan 1st Cavalry Division, Hines VA hospital, Jesse Brown VA Hospital, Lake-McHenry County Veterans' Initiative, Linden Oaks at Edward Hospital Madison VA Outpatient Clinic, Milwaukee VA Hospital, Oak Park Vet Center, Rockford VA Outpatient Clinic, Salute, Inc., The Heart of a Marine Foundation and Wounded Warriors in effort to enhance the services offered to veterans.

HIPPOTHERAPY

Additionally, BraveHearts offers additional services to families in the community and surrounding areas. BraveHearts' facility in Poplar Grove, 'BraveHearts at the Bergmann Centre' (BHBC), is home to an outpatient clinic specializing in hippotherapy and is an American Hippotherapy Association (AHA) member center. Hippotherapy is derived from the Latin word for horse and essentially means, "therapy with the help of the horse." Hippotherapy is a physical, occupational, and speech-language therapy treatment strategy that utilizes equine movement as part of an integrated treatment plan. The movement of the horse provides multidimensional movement making it an excellent tool for increasing trunk strength, control, and balance. The therapist manipulates many variables to optimize treatment for the clients including: the position of the client, the type of horse chosen (each horse having different movement patterns), and the speed and direction of the horse, are examples.

Occupational therapists trained in hippotherapy combine the effects of equine movement with other standard intervention strategies to work on fine motor control, sensory integration, attention skills, and functional daily living skills in a progressively challenging manner (AHA, 2010). With the help of a most generous grant from the Oberweiler Foundation, BraveHearts at the Bergmann Centre houses an outpatient clinic treatment room heavily equipped with numerous treatment tools to assist with therapy. BraveHearts' outpatient clinic currently has seven therapists and serves forty clients. The program is rapidly expanding and now offers Early Intervention services and The Division of Specialized Care for Children (DSCC).

CASE STUDY: LAUREN

Lauren is three years old with a medical diagnosis of Cerebral Palsy who is now being seen for occupational therapy (OT) incorporating hippotherapy at BraveHearts. Children with cerebral palsy have atypical muscle tone which impacts their motor skills, mobility, and many other skills. During Lauren's initial evaluation for OT, she was observed to primarily use crawling as a means of moving throughout her environment. She could not walk without physical assistance and presented with a "scissoring" gait pattern. Her left upper extremity was weaker than her right upper extremity making using her hands together for tasks difficult. Lauren also startled easily with loud noises or sudden changes in movement. As a result, her primary goal areas were to improve postural control and stability, upper extremity strength, core strength, adapt to sensory experiences, and improve fine motor abilities.

Lauren has consistently attended weekly sessions at BraveHearts since May of 2011 and has made great progress with the use of the horse in her sessions. She is now able to tolerate riding backwards, prone, supine, side sitting, and in quadruped with minimal assistance at her lower extremities. Now Lauren does not need a handle to hold onto while riding as she is able to independently control her body in order to maintain an upright posture while moving with the horse. Lauren's delayed righting reactions are also being addressed through the use of this unique therapy strategy.

In December of 2011, Lauren attended three days of in-

…Continued on Page 13

Work Rehabilitation (continued from page 7)

Dana Lingle

Occupational therapists in many practice settings can and should be addressing work issues with their clients. Whether one is hoping to return to full- or part-time employment or seeking volunteer opportunities in the community, we need to assist them in workplace accommodations, re-developing work skills, providing coping strategies, promoting health and wellness programs, assessing needs for assistive technology, and teaching body mechanics and work simplification techniques to avoid stress to vulnerable body segments.

Lastly, we need to advocate to employers and policy makers regarding our unique skills in addressing the needs of aging workers. My challenge to you is to use your occupational therapy skills to educate and interface with companies and individuals to insure better productivity, safety, and job satisfaction for older workers. As we move forward in the millennium, remember our OT philosophy to encourage meaningful occupations and balance within our client's lives remains stronger than ever. This emerging area of practice offers vast opportunities for OT jobs.

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BraveHearts Therapeutic Riding (continued from page 12)

tensive therapy sessions with her therapist in an outpatient setting. Seeing the immense value in this treatment, her father drove two hours round trip each day so that Lauren could receive these additional therapy sessions. Their dedication paid off as, during the first day of therapy, Lauren took her first steps independently! Joy surged through the treatment team and even her father was in tears at witnessing this momentous event.

Currently, Lauren is walking independently throughout her environment. She has made a tremendous improvement in both her ability to maintain postural control as well as endurance both when walking and while riding the horse. Lauren is a motivated and persistent young girl that continuously strives to do her best during sessions. She pushes herself to the next level and requests to perform difficult positions with no hesitations. She is consistently participating in sessions now without startling and enjoys frequent changes in positions on the horse which in the past she did not tolerate! Lauren has an excellent prognosis with continued participation in occupational therapy sessions incorporating hippotherapy. With hard work both in sessions and with home programming, it is hoped that she will be walking throughout her environment safely and more efficiently in the near future.

To learn more information on BraveHearts' services and to find out how to get involved, visit our website at www.braveheartsriding.org or email generalinfo@braveheartsriding.org. BraveHearts continues to grow in numbers of individuals served, as BraveHearts' vision is to bring hope, joy and unlimited possibilities through the healing power of the horse.

Resources:

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The American Hippotherapy Association. (2010). Retrieved from http://www.americanhippotherapyassociation.org/hippotherapy/hippotherapy-as-a-treatment-strategy/

Mindfulness (continued from page 10)

Shared Treatment Features:

- The goal of valued living, not symptom amelioration.
- Separating thoughts from reality (non-judgmental / non-evaluative awareness)
- Contact with the present moment (here and now focus)
- Value-based action

Common Ground with Occupational Therapy

I imagine that most Occupational Therapists reading this article have had more than one moment of recognizing OT practice in the concepts discussed. Let me tie things together by naming some of the similarities that have led me to consider these ideas as central to Occupational Therapy.

1. Non-diagnostic, non-symptom focus
In the world of Psychology, an approach not centered on diagnosis and symptom reduction, but on improving function despite the presence of symptoms is revolutionary. To Occupational Therapists this is everyday practice. Often the bulk of our interventions are related to adaptation and compensation, rather than remediation or restoration.

2. Acceptance
From a Buddhist perspective, this is about living in the truth of impermanence. From a behaviorist perspective, it is about coexisting with uncontrollable experiences and events. It might suggest to Occupational Therapists, that one step in effective adaptation and compensation includes interventions to promote acceptance of conditions as they are.

3. Redirecting Attention (the power of doing)
Occupational Therapists have, for a long time, used the power of activity to redirect attention and diminish suffering. Contemporary behavioral research is validating the importance of purposeful activity and meaningful occupational roles, and role of activity in directing attention to effectively live with physical and emotional pain.

4. Application to a wide range of diagnosis, disabilities, and occupational roles
Similar to Occupational Therapy, Third Wave Behavioral Approaches and Morita Therapy have been applied to a wide range of human problems. Not only health issues like depression, anxiety, addiction, chronic pain, cancer, and stress related disorders, but quality of life and occupational role enhancements, like improving relationships, parenting, work, and school have been shown to benefit from mindfulness-based behavioral approaches.

5. The goal of a life worth living
When I read contemporary behavioral therapists expressing that the goal of therapy is less about symptom alteration than the development of a constructive and meaningful lifestyle, the divide between Psychology and Occupational Therapy disappears. These ideas, which could easily be lifted from the pages of an Occupational Therapy textbook, live at the center of mindfulness-based approaches.

What Can These Approaches Add to Occupational Therapy?

1. Robust Evidence
Third-wave behavioral therapy approaches have been marked as much by their integration of mindfulness as their rigorous attempts to validate their practice through quality research. The result is a large and growing body of evidence in support of the use of these approaches with a wide variety of clients. We talk about the importance of using evidence in Occupational Therapy practice, but as of yet have not generated the kind of empirical evidence that would compare to this vast and growing body of knowledge.

2. Not just what to do, but how to do it (attention determines experience)
Mindfulness based practices emphasize that in addition to what people are doing, underlying qualities, like attention and judgment, may be determinant factors in the quality of their experience, or the potential for the activity to be "healing".

3. Cognitive aspects of behavior
Contemporary cognitive behavioral therapies are beginning to shed light on Mary Reilly's famous assertion, that "Man, through the use of his hands, as they are energized by mind and will, can influence the state of his own health." Specifically addressing the questions, "What are the qualities of mind and the relationship of our will to activity that makes the use of our hands healing rather than the means to greater suffering?"

It is not possible in one article to cover the depth of research or breadth of ideas that speak to this question. However, I would like to attempt to introduce readers to a taste; to lift the veil just a bit to reveal the processes that give our lives meaning and create suffering.

Many of these ideas come from Relational Frame Theory (RFT), a comprehensive functional contextual program of basic research on human language and cognition. ACT targets language processes that have been shown to directly control human behavior in the RFT laboratory. At the core of RFT is the premise that all humans learn to relate to events under arbitrary contextual control (Hayes, Strosahl 2004).

Typical of academic research, this language may not mean much to anyone not immersed in contemporary behavioral science. So let me attempt to clarify. It appears that all humans learn to relate to events (things that happen around us) under arbitrary contextual control (based on the mechanisms of cognition and language). In other words, we often don't experience life directly as it is, but instead how we think it is.

When I was three and my brother was eight, he had no difficulty getting me to trade my dimes for his nickels. After all I could see that a nickel was nearly twice the size of a dime (non-arbitrary association), and therefore I was get-

…Continued on Page 16

Bobbi's Story

Lorin Lindner, PhD, MPH
Behavioral Psychologist and Founder, Serenity Park

A friend of the family recently got out of prison after doing 18 years – the last 12 of which were in solitary confinement – and for a crime of which she was entirely not guilty. We wondered at how she must have fared psychologically as there was ample evidence that she engaged in self-injurious behavior. Nevertheless she was very happy to see old friends and to be accepted back in the "crowd." Certainly she appeared more mistrustful and would sometimes be standoffish but no one could really blame her. With those she felt comfortable she was a bit clingy and seemed desperate for attention. In fact, that's how she got the name "Bobbi" – from the way she would dance and bob for people's attention.

You see, Bobbi is an 27 year old Goffin's cockatoo.

It is now established fact that all vertebrate animals from humans to dolphins to parrots have similar psychoneurological make-ups which result in similar psychoneurological breakdowns when confronted with stress. When Bobbi was purchased along with her mate they were placed inside a small cage. For no apparent reason, the mate was removed and she remained alone in that cage for 12 years, unable to stretch her wings. She was attached to her friend and missed him very much – thus began a relentless feather plucking syndrome. She would go to desperate measures to get attention from humans– occasionally being rewarded (or reinforced) for her little dance steps and bobbing behavior with a stroke or kind word. Of course, the way reinforcement schedules work is that occasional (or variable) reinforcement is akin to the "slot machine effect." This means you don't know when the next reinforcement is coming, it is unpredictable, so the behavior can be quite difficult to discontinue. Bobbi became "addicted" to bobbing even though most of the attention was eliminated and she was essentially warehoused in a back room. This still did not "extinguish" or end her bobbing because she was still waiting for the day the "jackpot" would come in – ultimately it did.

The good news is that Bobbi arrived at Serenity Park Parrot Sanctuary in August 2007 and has been thriving ever since. Despite her plucked feathers, she is the most loved of all the parrots at the Sanctuary – by both the veterans who manage the park and guests who come to visit. More than the perfectly feathered Moluccans or the gorgeous blue and gold macaws, Bobbi proves that beauty is not just skin deep but has to do with healing relationships -- people who care for you… and how much you care for others.

The combat veterans who work at Serenity Park are recovering from their own traumatic stressors. Their work therapy consists of caring for the parrots at the Sanctuary which helps them feel better about themselves and ultimately generalize their growing love for their feathered companions to humans so that they re-connect with loved ones. The trust and avoidance issues which result from Post-traumatic Stress Disorder are helped through the compassion that is built between the species. Bobbi is the favorite of James, a Desert Storm Marine being treated for PTSD at the VA Hospital and getting his work therapy at Serenity Park. She sits on his shoulder while he cleans the aviaries and looks like she could not be happier…and so does James! Being back at work allows James, as it does the other veterans employed here, to feel meaningful again and like a successful, contributing member of society. The power and magic of working should never be underestimated because of how often it is trivialized by a society which works too many hours, with too few vacations, and often at thankless jobs. But working lies deep in our identities and is what, in part, makes human doings human beings! •

Legislative Update *(continued from page 3)*

General Assembly members.

What does this suggest for our sunset activities in 2013? Representatives of ILOTA have already met with staff from the Department of Financial and Professional Regulation and are striving to have a bill ready for introduction in late January or early February. Our first goal is that this is a bill the Department can support and administer effectively. We have proposed updating the definition of the practice of occupational therapy and occupational therapy assistant.

We have also proposed language to clarify existing language in the Act that allows direct access with certain populations. The clarification is designed to ensure that students who need certain services may obtain them without the obstacle of a physician's referral. An agreement with DPR is only one step in the process of passing sunset legislation. Throughout the spring we will be working with other interested parties/professions to reach an agreement, and hopefully support on our proposal.

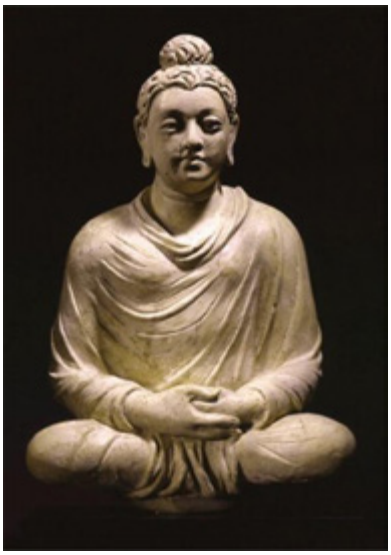
The burden will be on you practitioners to successfully state the case to your legislators why these changes are necessary. There will be a turnover of nearly 25% of the representatives and senators from 20012 to 2013; a 40% turnover from 2009 to 2013. The onus is on you to reach out to your legislators and educate them on your profession, the settings in which you work and the extent of your education. You must distinguish yourselves from physical therapists, developmental therapists, etc as you talk to your legislators.

ILOTA will be hosting a Lobby Day on Wednesday, February 27. That will be one opportunity for you to reach out and meet your legislators. Plan today to join your colleagues in Springfield. Watch the ILOTA website for updates on the sunset legislation, including talking points to use when meeting with your legislators. The 2013 legislative session has the potential to set the future practice of your profession but we won't be successful without you. •

Mindfulness (continued from page 14)

ting more out of the trade. My brother who understood that a dime has twice the value (an arbitrary association) knew that a dime is actually "bigger" than a nickel. This capacity to associate meanings that are unrelated to observable reality also allows us to imagine a preferred life that is not limited by contextual realities. We never have enough because we have the ability to imagine more. We never are enough because we have the capacity to think about what we should be or could be. The comparison between our actual conditions and our imagined ideal, unrestrained by any contextual limits means that we never measure up. It ensures that we continuously suffer the insurmountable distance between what we are and what we have and our capacity to imagine something better.

Like many animals, we have the ability to make automatic associations to symbolic contextual cues. When a bell rings, Pavlov's dog salivates, and when we win a million dollars we feel excited. However, humans create a story about what these events and internal reactions mean. Dogs simply salivate. They don't create a story about why food follows the ringing of a bell; they just make an association. Dogs don't struggle with what they must have done wrong if the bell continues and the food stops. They keep salivating for a time until the association extinguishes itself. Humans on the other hand have language, and wonder about the things that "ring their bell". What did I do to make that bell ring? If the ringing stops, what does that mean about me or about God or Universal Justice?



As humans we live in a linguistically transformed perception of the world so much of the time that we rarely notice it. Like a fish would never question the water it swims in or imagine any alternative, we rarely experience life free of our thoughts about what life means. A pen, for example, has no inherent "pen-ness". A human who associates it with the act of writing will immediately see it as a pen. To a dog it is more likely seen as a chew-toy, or stick, or bone. This associated meaning is so automatic and familiar that it is virtually invisible to us. We never question that a pen is a pen or rarely think of it as anything else. We usually do not experience ourselves as having any role in making a pen what it is.

It is this same process that we use to create ourselves; to think of ourselves as adequate or inadequate, competent or flawed, worthwhile or worthless. The story we create about ourselves is like the story we create about a pen; arbitrary and automatic. We usually experience it as "the truth" and never glimpse the arbitrary symbolic process that creates and distorts our perceptions. This same process dictates that if an overweight person walks in the room, most people will have thoughts and feelings about the person, such that they may have difficulty relating to the reality of the person, free of the influence of their story about "people like that".

It is not practical, or even desirable to rid ourselves of these capacities. Instead we must try to put these capacities under more conscious control and learn to live more effectively with them, rather than reacting mindlessly and automatically to the invisible mechanics of suffering.

2500 years ago Siddhartha Gautama perceived the origins of human suffering and began teaching the foundations of what became "Buddhism". Buddha, the title now typically used for Siddhartha, simply means the one who woke up. Our arbitrary associations and derived meanings create a perception, not unlike dreaming, that is utterly convincing while we are in it and representational fiction when we step outside of it. Like our dreams, language based perceptions are not meaningless or even useless, they are just not reality. When these perceptions function automatically without our conscious awareness, without choice, they may create states of delusional euphoria or horrific nightmares independent of the reality that surrounds us. Therefore, we are capable of suffering in the context of great abundance and delusional security in the midst of devastation. When we do not differentiate reality as it is, from our arbitrary symbolic representation we often do not function effectively in response to daily contextual demands.

The Buddha teaches that human suffering originates because of our attachments. We want things to be this way, but they are that way. We often struggle to make things right, to make them more what we think they should be. We might even make considerable progress towards making them more the way we would like them to be. However, once we achieve this, our imagination expands and we can see how things could even be better, or despite our best efforts, things don't go the way we planned. This problem solving approach to life has its place, but there is often an unrecognized downside - suffering.

How do these principles of human suffering relate to the kind of suffering that Occupational Therapists encounter in the clinic every day? Most of the people we work with are suffering, in part, because of painful circumstances. They are in physical and emotional pain. They have experienced significant losses. Many are struggling with issues of poverty, disability, and burdensome social constraints. They come to us to change these circumstances. They want to find something that will decrease their physical or emotional pain and decrease their disability. Like most of us, they come with a problem solving perspective. I am sick and I want to be healthy. I am disabled and I want to return to a state of function I enjoyed earlier in my life. I am depressed and I want to be happy. I need these conditions in my life to change! Most of the people we encounter never glimpse the processes that may create the majority of their suffering. Automatically, they perceive their condition as undesirable and the only solution as changing their condition. This, according to the Buddha and contemporary behavioral psychologists is the origin of suffering - attachment. Life is this way, but I want it to be that way.

Our clients, like all people, make automatic, arbitrary associations to the events in their lives. Their suffering is not simply that they had a stroke which limits their movement, but that they feel shame about their physical appearance. That they feel worthless, because they are not working. They judge their present condition as "unacceptable, inadequate, or worthless".

…Continued on Page 17

Mindfulness (continued from page 16)

Life becomes a problem that cannot be solved, instead of an experience to be lived. As clinicians we often fall into the same perceptual traps and reinforce the perceptions that are at the root of our clients suffering. Not intentionally of course. We join their perception that their current condition is unacceptable and must be fixed with every intention of being supportive.

Mindfulness-Based Approaches do not deny the usefulness of changing what can be changed, but have emphasized the importance of acceptance as a critical feature in diminishing human suffering. From a problem-solution focus, deviations from the "norm" are considered problems to be corrected. Too much sadness, too much pain, too little range of motion, too much glucose in the blood, or too much cholesterol – such an approach has been undeniably effective at keeping the human body alive, but perhaps at some cost to the human spirit. Human life is all about deviating from the norm. We are always too short, too tall, too fat, too thin, too emotional, too old, too young, etc. The norm is an arbitrary symbolic ideal, which few humans resemble. The problem-solution approach to life can have the unintended consequence of reinforcing a narrative of abnormality, inadequacy, and suffering. Perhaps the first thing we need to realize when we have had a stroke, become depressed, or have given birth to a child with autism, is that these deviations from the norm are normal. The uncontrollable, changeability of life is what humans have in common. This is just life happening, as it does to everyone. One important life skill is the ability to commit ourselves to the work necessary to act with purpose and achieve goals (doing). Another critical life skill, often less recognized, is the ability to accept and coexist peacefully with the experience of life as it is (being). Ultimately the practice of mindfulness is about making friends with the present moment.

Some final words to light a fire in the hearts of those of you who found this article compelling enough to read. It is my perception that these powerful evidence-based approaches sharing much in common with Occupational Therapy are largely going unnoticed by Occupational Therapists. I have been studying, writing, and speaking about these approaches for 10 years. Many Occupational Therapists are aware of mindfulness and may use approaches like DBT. Some schools offer a lecture or two. An article will arise now and again, but nothing like the robust response to own our place in this practice that I hope for. I believe mindfulness, and learning how to be in the context of doing, is a profound contribution to the understanding of Occupation. Behavioral researchers have given us a golden opportunity by developing solid evidence and methods to apply these concepts in clinical practice. However, unless as educators, researchers, and clinicians we place OT practice in the center of this emerging field we may miss an opportunity to become the powerful, widely recognized, science-driven, and evidence-based profession our centennial vision calls us to become.

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About the Author: James Hill works as the supervisor of Psychiatric Occupational Therapy at Rush University Medical Center. He is the founder of the Morita School of Japanese Psychology (www.moritaschool.com) and serves as a consultant to Insight Psychological Services. In addition to a degree in Occupational Therapy, Jim has completed 2 years of training for certification in Gestalt Therapy and 3 years for certification in Japanese Psychology. He has published articles and presented extensively on the topic of Mindfulness-Based Therapy.

Gone to the Dogs (continued from page 11)

tion that the therapeutic sense of dog is alive and active. The therapy dog has no awareness of mental health prejudices and is not influenced by discomfort behind a locked door. They are simply content to demonstrate affection and to be loved in return. They cross all levels of human need. Each of the 10 therapy dogs we have used has his own unique ability and personality to reach the human spirit and touch our patients. There is Ziggy, the bulldog mix, who was barely surviving on the streets and has a redemption story to share with our homeless patients. Dexter, aching from an arthritic hip, actually came to visit in a wheelchair on our older adult unit. He still managed to put his head in the lap of a person with Alzheimer's, who spontaneously smiled and shared a memory of a beloved family pet as a child. Danny is a delight, when his ears perk up as the unit doorbell rings, and he thinks "Surely a pizza is being delivered!" Molly, the 13 year old yellow lab, limps in and seems to say "I feel your pain." Dakota Sioux will sit at a patient's feet, calming the most anxious, and never asks why they have tremors or so many cuts on their arms.

A Paws for Reflection:

Animal assisted therapy has made me a better therapist and has greatly enhanced not only my job satisfaction but our patient satisfaction. Time and again, the patients have expressed enhanced mood from the experience and greatly appreciate the effort of the volunteers from FVTDC, who bring in their canine therapists.

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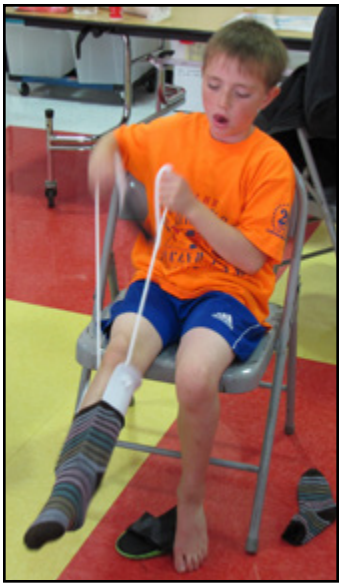
The Delta Society, **www.deltasociety.org**

The Fox Valley Therapy Dog Club, **www.fvtherapydog.org**

Legos and Robots

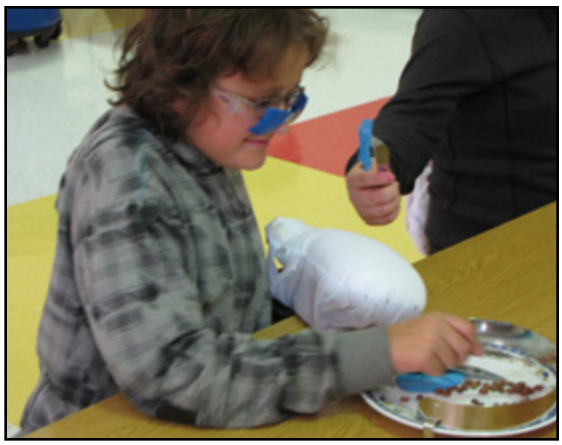
Carolyn Calamia, OTR/L
Ron Karobowicz



What do 9-year-olds with Legos and occupational therapists have in common? Due to this year's robotics "Senior Solutions" challenge, more than you might think.

Fox Valley Robotics/Batavia Robotics is a not-for-profit multi-community group based out of Batavia, IL. They participate in an international organization called FIRST which releases a new current challenge for the kids to work on in September.

This year's topic involves improving the quality of life for seniors by helping them continue to be independent, engaged, and connected in their communities. Two major components of this year's challenge involve building and programming a Lego robot to perform a series of missions and coming up with a creative solution to a problem that senior citizens experience. For more information, visit **www.foxvalleyrobotics.com**.



A mother whose son is involved with the robotics program was looking for an OT to talk to her son's small group about aging and the types of equipment that we use in occupational therapy to maximize patient independence. The idea evolved into a presentation for about 40 kids between the ages of 9 and 14 and some of their parents and coaches. I spent a little time talking to them about what happens as we age, but the majority of the time was spent in experiential learning labs where they used equipment to simulate dressing, medication management, self-feeding, and mobility tasks. Limitations such as hemianopsia, decreased sensation, hemiparesis of the dominant side, and decreased balance were assigned to each station so that the kids could begin to understand how it might impact their ability to complete each task.

After the labs, we came back together as a large group to talk about their experience, and to share their project ideas. Small groups were working together on projects such as a bracelet that indicates when it's time to take a medication, or a glove with magnets that closes when activated. I was very impressed with the kids' creativity and desire to create something that would be useful for someone. Who knows, maybe we even have a future OT in the group! •

Pets for Vets:

Becky Jankowski, RN, MS

PAWSitive Therapy Troupe Brings Therapy Dogs to Hines VA Hospital

The Pets for Vets / PAWSitive Therapy Troupe was founded in 1998 at the Hines VA Hospital in Hines IL. The program brings registered Pet Partner therapy dogs to visit with patients at several Chicago-area hospitals, rehabilitation facilities, and senor living centers. The Troupe also works in multiple elementary schools to help children with reading fluency and self-confidence in the R.E.A.D. (Reading Education Assistance Dog) program. Initially numbering just 5 teams, the Troupe now has more than 50 active members with some 65 therapy dogs.

The therapy dogs and their owners work in multiple areas of Hines VA, such as Extended Care, Rehabilitation, General Medicine, Inpatient and Outpatient Psychiatry, Spinal Cord Injury and Bind Rehabilitation. Licensed professionals in Physical, Occupational, Recreation or Speech therapy supervise all visits. On some units, the therapy dogs are used as an integral part of the patients' therapy. Measurable goals are set, and the progress towards those goals is documented in the medical record. Therapy dogs can be used to motivate, distract, and otherwise just make routine or difficult therapy sessions more interesting and fun. They are also very beneficial in psychiatric settings—opening communication channels and bringing smiles and outward focus to those who arw angry, depressed or lonely.

All therapy teams must undergo extensive preparatory training to ensure that they possess the skills and teamwork necessary to work effectively in a health care or educational setting. On the dog's part, solid basic obedience skills are essential, as are impeccable good manners. The handler as well must complete an 8-hour workshop that covers topics such as infection control, risk management, empathetic listening skills and patient population-specific issues and techniques for safe and effective interactions. Upon completion of this training, a licensed Delta Pet Partner evaluator assesses the owner –animal team. Only teams that pass the Skills and Aptitude test are granted registration as Pet Partner teams. A six-month internship period then commences for the new member of the Troupe—he or she must satisfactorily complete all required orientations and observations during this period.

If you would like more information about the special programs of the PAWSitive Therapy Troupe, please contact Becky Jankowski, program coordinator at **info@pawstivetherapy.com**. The Troupe website is also a wealth of information about therapy requirements, training, and the benefits of using therapy dogs in health care facilities and schools. •

Rush University Occupational Therapy's (OT) 30th Anniversary Celebration

Beverly J. Myers, MHPE,OTR/L, CHT

On October 6, 2012 Rush University celebrated the 30th anniversary of their OT program. The Rush OT Department and the Rush OT Alumni Association (RUOTAA) hosted the event.

The celebration started at 10 am with a 2-hour workshop on Lifestyle Redesign ® presented by Florence Clark, Ph.D., OTR/L, FAOTA. She challenged the 58 participants

Anniversary Speakers: Florence Clark, Ph.D., OTR/L, FAOTA; Linda Olson, Ph.D., OTR/L; Clare Giuffrida, Ph.D., OTR/L, FAOTA; Cynthia Hughes-Harris, Ph.D., OTR/L and Catherine Brady, Ed.D., OTR/L

to present wellness programs in the community using OT's unique ability to analyze activity and behavior. The Lifestyle Redesign ® methods were applied to weight management, prevention of ulcers for spinal cord injury and chronic pain management.

Following the workshop a delicious luncheon was attended by 60 Rush alumni and friends from the first graduating class of 1982 to the present. Several alumni traveled from out-of-state to join the celebration. The alumni were welcomed by the CEO of Rush University Medical Center, Larry Goodman, M.D. and the President of the American Occupational Therapy Association (AOTA), Florence Clark, Ph.D., OTR/L, FAOTA. A beautiful invocation was delivered by Patricia Murphy, Ph.D. who is a staff chaplain at Rush and an adjunct faculty in the OT Program.

Enjoying a visit at the 30th Celebration: Angela Zainelli, MS, OTR/L (class 2011); Joseph Mendoza, MS, OTR/L (class 2010); Patrick Bloom, MS, OTR/L, adjunct faculty and Matthew Bollaert, MS, OTR/L (class 2010)

Rush OT Alumni: Lauren Weichman, MS, OTR/L (class 2011); Laura Stark, MS, OTR/L (class 2011); Grace Gopp, MS, OTR/L (class 2012); Kari Schneider, MS, OTR/L (class 2012); Angela Zainelli, MS, OTR/L (class 2011) and Matthew Clinger, MS, OTR/L (class 2012)

After lunch, awards were presented to three deserving occupational therapists. Nancy Torres, MS, OTR/L and Secretary of RUOTAA presented Mary Darnall with the Outstanding Alumni Award for her time, commitment and exceptional performance in setting a personal example of what a Rush Graduate represents.

Acting Chairperson of the OT Department, Linda Olson, Ph.D. presented the next two awards. The Outstanding Leadership Award was presented to Cynthia Hughes-Harris Ph.D., OTR/L for her exemplary dedication and service as the first chairperson of the Rush OT Program. She shaped its beginnings and provided a lasting direction for the future. The third award for Outstanding Faculty was presented to Catherine Brady, Ed.D., OTR/L for her exemplary service at Rush in multiple roles as faculty, acting co-chairperson, and coordinator of clinical services. Her commitment and dedication to excellence have contributed significantly to the success of the OT program.

The program concluded with three presentations covering the memories and history of the Rush OT Department from its inception as an advanced master's program in Sensory Integration to the entry-level master's program that it is today. The blessing of remembrance, renewal of friendships and honoring of dedicated leaders made the celebration a memorable event. •

Meet the Board:
Anne Kiraly-Alvarez
Conference Coordinator

When did you join the state association?
2005

What motivated you to participate on the board?
I've always enjoyed getting involved in my professional organizations. I feel it is my professional responsibility to donate my time and talents to help promote occupational therapy and advocate for our profession.

What would you like to see happen during your time in office?
I would like to continue to see our annual conference grow in variety of presentation offerings and in number of attendees.

What is your vision for the ILOTA?
I would love to see every OT practitioner in Illinois be a member of ILOTA!

How do you see the role of the members who are not officials?
All ILOTA members can be involved by attending, volunteering, and/or presenting at our annual conference or other CE opportunities, participating in our Special Interest Sections, contributing an article to the Communique, voting for officials, and lobbying for OT-related issues.

What do you think each of us could do to increase membership and participation?
I believe that as members, we each need to extend personal invitations to colleagues who are not members. We need to highlight the benefits of ILOTA membership and share how membership can positively influence our practice, education, and research.

Is there anything else you believe should be a future focus of ILOTA?
I would love to see ILOTA take on a greater role in promoting events around Illinois for OT Month each April!

ILOTA
MEMBERSHIP APPLICATION

Please return membership form to:

Illinois Occupational Therapy Association, Inc.
P.O. Box 4520
Lisle, IL 60532
E-Mail: Office@ilota.org
Fax: (866) 459-4099
Questions? Call us at: (708) 452-7640

MEMBER OF AOTA?
☐ Yes ☐ No
AOTA #: _____
Expiration Date: _____

FULL NAME & TITLE:

CURRENT ILOTA MEMBER (CIRCLE ONE) YES NO
ILOTA MEMBERSHIP NUMBER IF APPLICABLE: _____

Last Name: First: Initial: Maiden:

Title:

Home Address: Street: Apt. /Suite: City:

State: Zip:

Phone: Email:

EMPLOYER/SCHOOL NAME: (PLEASE PRINT)

Address: Street: Apt. /Suite: City:

State: Zip:

Work Phone: Work Fax:

Work Email:

PREFERRED MAILING ADDRESS: ☐ **HOME** ☐ **WORK**

Special Contact Instructions:

Please check Yes or No for the following:

☐ **Yes** ☐ **No** I permit ILOTA to share my email address with other ILOTA members.
☐ **Yes** ☐ **No** I permit use of my name in the membership directory.

CURRENT AREA OF PRACTICE AND SPECIAL INTEREST SECTION:
(CHECK ALL THE APPLY)

- ☐ Administration
- ☐ Assistive Technology
- ☐ Education
- ☐ Gerontology
- ☐ Home Health
- ☐ Mental Health
- ☐ Other: _____
- ☐ Physical Disabilities
- ☐ Work Programs

Pediatrics:
- ☐ Clinical/Out-Patient
- ☐ Schools

I AM INTERESTED IN VOLUNTEERING FOR:

- ☐ Membership
- ☐ My District
- ☐ By-Laws
- ☐ Communiqué
- ☐ Archives
- ☐ General
- ☐ Licensure
- ☐ Continuing Ed
- ☐ Public Affairs
- ☐ Legislative
- ☐ Hold Office
- ☐ Conference
- ☐ Advocacy
- ☐ Reimbursement

DUES:

AOTA MEMBER:	NON AOTA MEMBER
☐ OT: $70.00	☐ OT: $75.00
☐ OTA: $50.00	☐ OTA: $55.00
☐ Student: $20.00	☐ Student: $25.00

School: _____

65+/ Retired/ Disability
☐ OT: $30.00 ☐ OTA: $30.00

Associate Member
☐ $75.00

Corporate Member
☐ $130.00

Sustaining Member
☐ $75.00

Total Dues: $_____

2ND STATE MEMBERSHIP ONLY
- ☐ OT $48.00*
- ☐ OTA $32.00*
- ☐ Student $20.00*

State: Member # Exp:

School:

CONTRIBUTIONS

ILOTA Research Fund: $_____
ILOTA Scholarship Fund: $_____

ILOTPAC (Political Action): $_____

PAYMENT INFORMATION

Total-Dues/Contributions: $

Check/Money Order #:

☐ Visa ☐ MasterCard

Credit Card #:

Expiration Date:

Signature:

Join the Gerontology Listserv!

As you may know, in April 2009, ILOTA launched a Gerontology Listserv. As SIS Chair I have been on a campaign to recruit as many COTA's, OT's, and OT Students as possible to help make this new listserv a success. The purpose of the listserv is to provide a forum for occupational therapy practitioners and students who work with older adults to talk about issues of interest and concern, pose questions, provide feedback, and increase interest and communication among OTs in Illinois.

Listservs are a convenient, online way to network with other occupational therapy practitioners in your area of practice. A special thanks to ILOTA member Howard Kaplan who has been most helpful in setting up the Gerontology Listserv.

Please forward email addresses from anyone interested in joining the Listserv to **caroleschwartz333@yahoo.com**. Once we sign them up, they will receive a welcome message – and they're off! They can then ask those burning questions, provide feedback and advice, share therapy strategies and novel ideas.

I believe the more activity we can generate on our Listservs the more members we can attract to ILOTA! •

Submit Articles to the Communiqué

We want your articles!

Each issue of the Communique seeks to highlight areas of Occupational Therapy Practice. We appreciate our readers' wide-ranging experiences. Each issue features a different theme:

Jan/ Feb/March: Education, Research, Pediatrics
April/May/June: Gerontology, Home Health, Low Vision
July/Aug/Sept: Physical Disabilities, Hand Therapy, Driving Rehabilitation
Oct/Nov/Dec: Mental Health, Work Hardening Ergonomics

Do you have an article that does not fit the themes already listed? **Send it.** We welcome articles from diverse and novel perspectives.

Article Guidelines:

- Articles should contain title, introduction, body, summary, and references when appropriate.
- Theme articles might include photos and/or graphics.
- Articles should be approximately 300-1000 words.
- Authors are requested to submit a professional biography, maximum 35 words.
- Passport type photos are recommended for author photo.
- All work should be original work. If work submitted is not original, one must have written permission from the original author to place specific item in Communique publication. Please use quotes when quoting others and give credit to original authors.
- Please give credit to individuals who collaborated to complete article (e.g.- those helping with research, providing background information, helping write article,etc.).
- For the next issue, articles should be submitted by **February 15**!

SUBMIT ARTICLES TO: codycheq@aol.com
The Communiqué editorial committee reserves the right to edit any material submitted.