Sensory Social Group

- Children ages 6-12
- Diagnosis of ASD and sensory/social deficits
- Lead researcher/博士's level master's level OT students
- Pairing SBAs and SST
- Daily session format: 4 key components

Social Skills Rating Form

- Daily data collection sheet
- Based off of the Social Participation Frame of Reference
- Measures the amount of assistance needed in 3 areas:

GAS Attainment Scaling (GAS)

- GAS is an evaluative tool that uses outcome scales to establish and organize goals and measure individual progress. The lead researcher developed three goals for each participant using this tool based on the Social Skills Rating Form.
- GAS in the expected outcome that is developmentally appropriate and achievable.
- Use of independent evaluation/evaluation of last two sessions to determine each child’s program of progression or regression towards individual goals.

Results

- 3/6 participants showed statistical significance that following the pairing of SBAs and social skills training, SSRF increase in children with ASD.
- 5/6 participants showed positive trends in data over the intervention period.

Limitations

- Small sample size
- Short duration
- Adherence to exclusion criteria
- Missed sessions
- 1 female participant

Recommendations

- Increased number of sessions, medication, and a larger sample size
- An experimental, comparative group study with a variety of genders and ages would increase generalizability
- The research suggests that through sensory based interventions, children with ASD are able to increase number of sessions, randomization, and a larger sample size

Discussion and Conclusion

- Contributed to the limited research for use of sensory-based techniques and social skills training to increase social participation in children with ASD
- Results are promising, with three participants reaching expected outcomes
- Improvement in the average scaled score among all participants
- This research suggests that through sensory based interventions, children with ASD are able to enhance the environment, resulting in successful learning of pro-social behaviors and overall improvement in social interactions
Service Learning as a Means to Promote Personal Growth and Self-Efficacy: Working with Homeless Populations
Joseph Cipriani, Ed.D., OTR/L, Professor, Department of Occupational Therapy

Introduction
Service learning (SL) is an increasingly used approach in post-secondary education, yet there is a dearth of rigorous research studies on its effects on students who participate (Flecky, 2011). Sanders et al. (2016) published an article where statistically significant effects on personal growth, personal and community self-efficacy were found, among students who participated in an SL course in their OT education. The author of the current study adapted the Sanders et al. research methodology and applied it to a new population, the homeless, via a semester long SL course for OT students which featured a strong component of structured reflection via reflective journaling. Specifically, the instructor preset questions that encouraged intentional personal and academic reflections, including opportunities to reflect on social and occupational justice, health and well-being.

Purpose
This project explores the effects of a SL course of 8 students on personal growth, community and personal self-efficacy via three assessments.

Service Learning Course
This course was a 3 credit semester long elective in the entry level master of science program in occupational therapy at Misericordia. The author was the instructor. The class combined class based experiences with fieldwork at two related sites:

a) Ruth’s Place – an emergency homeless shelter for adult women in Wilkes Barre, PA (Class ran Fall 2016, 2017)
b) Manna House, a transitional living program for young adults who were homeless, also located in Wilkes Barre, PA (Class ran Fall 2017)

Results

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pretest Mean</th>
<th>Posttest Mean</th>
<th>t</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Self Efficacy</td>
<td>82.6</td>
<td>87.6</td>
<td>-1.39</td>
<td>.21</td>
</tr>
<tr>
<td>Personal Growth</td>
<td>31.7</td>
<td>35</td>
<td>-2.47</td>
<td>.04</td>
</tr>
<tr>
<td>General Self Efficacy</td>
<td>30.2</td>
<td>31.9</td>
<td>-1.48</td>
<td>.18</td>
</tr>
</tbody>
</table>

Discussion
Despite the low sample size, significant effects were found for increased personal growth, with positive trends towards increased general self efficacy and especially community self efficacy at the time of the posttest. The deliberate use of reflective journaling throughout the semester, both in terms of didactic readings and fieldwork experiences, may have contributed to these changes.

Suggestions for Future Research
Plan is to replicate this study again with future classes, increasing both the size and heterogeneity of the sample, to see if the preliminary findings mature into statistically significant change in the relevant variables.

Conclusion
The use of reflective journaling hold promise to educators to promote deeper levels of analysis of experiences in service learning classes.

Method
In the present study, eight students were tested via the Personal Growth Initiative Scale, General Self-Efficacy Scale and the Community Self Efficacy Scale, via a pretest (beginning of class) and posttest (end of class) paired samples design. Informed consent was obtained prior to any data collection.

References
Background Info & Literature Review

- There is a rise in the use of complementary and alternative medicine therapies (CAM)
- 4 in 10 adults in the U.S. use CAM therapies
- Diagnoses: Adults with musculoskeletal problems
- Chronic conditions: back pain, multiple sclerosis (MS)
- “OTs have been using CAM therapies such as meditation, massage, and guided imagery” (AOTA, 2011).

Research Design and Methods

- Qualitative methodologies
- Self-administered questionnaires, semi-structured interviews and phone interviews.

Results

- 150 questionnaires were mailed out
- 17 of questionnaires were returned (11%) and 3 phone interviews were completed
- Themes included “reimbursement” issues and “being open” to using CAM therapies

Demographics of Respondents

<table>
<thead>
<tr>
<th>Years of Experience</th>
<th>Number of Respondents</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 Years</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>5-10 Years</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>10-15 Years</td>
<td>3</td>
<td>18%</td>
</tr>
<tr>
<td>15-20 Years</td>
<td>6</td>
<td>35%</td>
</tr>
<tr>
<td>20+ Years</td>
<td>6</td>
<td>35%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Academic Accomplishments</th>
<th>Number of Respondents</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>BS degree in Occupational Therapy</td>
<td>10</td>
<td>59%</td>
</tr>
<tr>
<td>MS degree in Occupational Therapy</td>
<td>6</td>
<td>35%</td>
</tr>
<tr>
<td>OTD</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>BS/BA degree in another discipline</td>
<td>2</td>
<td>12%</td>
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<tr>
<td>MS/MA degree in another discipline</td>
<td>1</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Setting of Practice</th>
<th>Number of Respondents</th>
<th>Percentage of Respondents</th>
</tr>
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<tbody>
<tr>
<td>Acute Care Physical Disabilities</td>
<td>7</td>
<td>41%</td>
</tr>
<tr>
<td>Acute Care Psychiatric Unit</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Community Geriatrics</td>
<td>1</td>
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</tr>
<tr>
<td>Home Health</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Long-Term Acute Care Facility</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>3</td>
<td>18%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>6</td>
<td>35%</td>
</tr>
<tr>
<td>Outpatient Hand Therapy</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>5</td>
<td>29%</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>3</td>
<td>18%</td>
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</table>

<table>
<thead>
<tr>
<th>Treatment Method</th>
<th>Number of Respondents</th>
<th>Percentage of Respondents</th>
</tr>
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<tbody>
<tr>
<td>Acupuncture</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Ayurvedic Medicine</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Craniosacral Therapy</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Energy Therapies</td>
<td>3</td>
<td>18%</td>
</tr>
<tr>
<td>Massage</td>
<td>3</td>
<td>18%</td>
</tr>
<tr>
<td>Mind-Body Therapy</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Movement Therapy</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Special Diets</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Qi Gong</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Tai chi</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Yoga</td>
<td>5</td>
<td>29%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>18%</td>
</tr>
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</table>

<table>
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</thead>
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<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Craniosacral Therapy</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Energy Therapies</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>Massage</td>
<td>4</td>
<td>24%</td>
</tr>
<tr>
<td>Mind-Body Therapy</td>
<td>6</td>
<td>35%</td>
</tr>
<tr>
<td>Movement Therapy</td>
<td>10</td>
<td>59%</td>
</tr>
<tr>
<td>Special Diets</td>
<td>6</td>
<td>35%</td>
</tr>
<tr>
<td>Qi Gong</td>
<td>1</td>
<td>6%</td>
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<tr>
<td>Tai chi</td>
<td>6</td>
<td>35%</td>
</tr>
<tr>
<td>Yoga</td>
<td>10</td>
<td>59%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>12%</td>
</tr>
</tbody>
</table>

Purpose

- Identify the types of complementary and alternative methods being used by OT practitioners
- Identify the diagnoses and types of clients that are being treated with these methods
- Identify how often complementary and alternative methods are being used by OT practitioners
- Determine if there is a need for students to become more familiar and knowledgeable about different complementary and alternative methods & therapies prior to starting Level II fieldwork (clinical training)

Implications for OT Practice

- Focus on education and advocacy
- Increasing one’s own knowledge of CAM and alternative therapies
- Education on the use of CAM and advocating for the use of CAM in conjunction with traditional methods

Conclusion

The study had limitations which had major effects on the results.
- Limited number of questionnaires and phone interview responses
- Questionnaire and phone responses to questions were limited
- Limited to only Misericordia University fieldwork educators
- Limited locations the questionnaires were mailed out to

Limitations

1. The study had limitations which had major effects on the results.
2. Limited number of questionnaires and phone interview responses.
3. Questionnaire and phone responses to questions were limited.
4. Limited to only Misericordia University fieldwork educators.
5. Limited locations the questionnaires were mailed out to.

Exploring the Use of Complementary and Alternative Medicine in Occupational Therapy Perspectives from Fieldwork Educators

Kayleigh Elser, OTS, Jessica Gardiner, OTS, Kaili Higgins, OTS, Jillian Robinson, OTS, Gwen Bartolacci, OTD, OTR/L
Examining the Impact of a Weighted Blanket on the Stress Responses of Persons on a Dementia Unit

Authors: Jennifer Snyder, OTS, Alexis Campbell, OTS, Allison Alexander, OTS, Jeffrey Kramer, OTS, Ellen McLaughlin, EdD, OTR/L, FAOTA

Purpose and Research Design

- The purpose of this study was to examine the impact of weighted blankets on physiological parameters of clients with dementia as a means to gauge their stress response.
- Researchers used a mixed method single subject research design.

Methods

- Data collection consisted of individualized sessions with the principal investigator present in the resident’s room. Patients were seated in their wheelchairs with limited distractions.
- The process began when the principal investigator placed the weighted blanket on the patient for a 15 minute duration.
- Wrist cuffs were placed to obtain blood pressure pre-, mid- and post-intervention.
- Heart rate and pulse oxygen levels were monitored on a minute-basis throughout the intervention via a pulse oximeter.

Data was additionally placed into graphs to provide a visual representation of the effectiveness of the intervention. For both heart rate and blood pressure, a pre-intervention mean which consisted of intervention data.

Quantitative Results

- Results were quantified via the effect size measurement of the delta index (Δ). The ES Method of calculating Δ determines the magnitude of the effect of the intervention in comparison with the baseline (Bloom, Fischer, & More, 2009, p. 474). To better match the methodology of the study, a modified classification system of Δ was used. This modified classification system was proven to provide accurate results when using single-system data (Parker & Vannest, in press).
- Within the context of the study, Δ indicates a negative effect of weighted blankets on stress responses. This negative effect is the result of an overall decrease in heart rate and systolic blood pressure.
- Data was additionally placed into graphs to provide a visual representation of the effectiveness of the intervention. For both heart rate and blood pressure, a pre-intervention mean which consisted of the 10 previous vital signs collected by nursing staff at the unit. This mean was collected to provide a baseline to compare with intervention data.

Qualitative Results

The Behavior Rating Scale (Adapted from Pittsburgh Agitation Scale) monitors four areas of behavior. All areas of behavior were measured on a zero to four scale with zero indicating absent behavior and four indicating severe behavior.

**Patient 1:**
- Aberrant vocalizations: 0 → 0
- Motor Agitation: 2 → 1
- Aggressiveness: 0 → 0
- Resisting Care: 0 → 0

**Patient 2:**
- Aberrant vocalizations: 2 → 1
- Motor Agitation: 3 → 1
- Aggressiveness: 2 → 0
- Resisting Care: 2 → 1

**Patient 3:**
- Aberrant vocalizations: 1 → 0
- Motor Agitation: 2 → 0
- Resisting Care: 0 → 0
- Aggressiveness: 0 → 0

**Patient 4:**
- Aberrant vocalizations: 3 → 1
- Motor Agitation: 2 → 1
- Aggressiveness: 0 → 0
- Resisting Care: 3 → 2

**Patient 5:**
- Aberrant vocalizations: 1 → 1
- Motor Agitation: 1 → 0
- Aggressiveness: 0 → 0
- Resisting Care: 0 → 1

Notes: Baseline indicates the average of 10 consecutive pre-intervention heart rates.

Conclusion

The results of the study indicate that weighted blankets decrease stress responses in individuals with dementia. The majority of patients experienced a decrease in heart rate and systolic blood pressure throughout the intervention. Results from the Behavior Rating Scale demonstrate a decrease or stagnation across all domains of behavior. In conclusion, the results of this study signify weighted blankets have the potential to reduce stress and agitation in patients with dementia. While this study illustrates the effectiveness of weighted blankets by decreasing stress responses in patients with dementia, additional studies with higher levels of evidence should be conducted to provide a higher degree of validity and reliability.
Facilitating Educational Impact and International Cooperation through Accreditation Council for Occupational Therapy Education (ACOTE©) Accreditation

Ellen McLaughlin, Ed.D., OTR/L, FAOTA, Misericordia University, Dallas, Pennsylvania; ACOTE Roster of Accreditation Evaluators
Pamela Roberts, Ph.D., OTR/L, SCFES, CPHQ, FAOTA, Director of Academic and Physician Informatics; Professor and Director of Physical Medicine and Rehabilitation, Cedars-Sinai Health System, Los Angeles, California; Chair, ACOTE

Opportunities and Barriers in the Current International Climate

- Programs can attain a distinct recognition status that separates themselves from competitors.
- The program’s international profile is enhanced.
- ACOTE accreditation status may be a marketing strategy as it may be desirable to students who may wish to be further educated or work in the US following graduation, as the current process for NBCOT verification has been perceived to be time intensive.
- Improved awareness and knowledge of varied social, educational and health care systems for all involved.
- Until recently, internationalization of accreditation has been promoted by globally focused organizations such as CHEA, UNESCO and others.
- May encourage more students from US to obtain their occupational therapy education at a non-US program.
- The 2027 mandate for doctoral entry level education to receive ACOTE accreditation may be seen as a barrier by many non-US occupational therapy programs.
- International higher education is being considered by some as a highly volatile business lately due to concerns related to Brexit, VISA restrictions imposed by the US and other countries, and growing trends toward nationalism rather than globalization.
- Language barriers need to be considered and planned for.
- Varying opinions exist as to which standards must be interpreted in a strictly consistent manner and which are open to more subjective interpretation based on culture and context.
- The need for evaluator training to understand different educational systems and to recognize issues of complexity when applying standards to a non-US program exists.

Standards that May Differ in Interpretation in International Settings

A Standards: General Requirements

- A2.4, A2.6, C1.11 All refer to how OT practitioners are regulated in a particular jurisdiction
- A2.4 Specifies use of an alternative and equivalent external review process for evaluating degrees obtained outside of the US for faculty requirements
- A2.7 Content in the curricula must reflect geographical area served by the program
- A6.4, A6.8 Refer to US terminology to track “felony” convictions and privacy laws (FERPA)
- A6.4 Requires incorporation of AOTA philosophical base
- A6.6 Organization of syllabi may need to match general US requirements

B Standards: Content Requirements

- B3.0 Occupational therapy theoretical perspectives may need to address common US approaches
- B4.4 Intraprofessional OT and OTA collaboration
- B4.11, B4.20, B4.28 terms primary care, deep thermal and electrotherapeutic modalities, care coordination and case management
- B4.8, B5.1, 5.2, 5.4, 5.5 All contain elements related to state and national policy, regulation, politics, etc.
- B7.1 AOTA Code of Ethics and Standards of Practice
- C Fieldwork (Practice Placement) Standards and Doctoral Experiential Standards
- Proposed doctoral standard D1.3 requires a 14 week doctoral experiential component

Potential Benefits to International Educational Collaborations

PREPARES GLOBAL PRACTITIONERS * ENHANCES CLINICIANS * FACILITATES BROADER EDUCATIONAL COMMUNITIES
BROADENS PERSPECTIVES * PROMOTES COLLABORATIVE EDUCATION AND RESEARCH

- Studying in a non-US country and being exposed to additional US perspectives promotes adaptation to varying circumstances.
- ACOTE’s interpretation of standards applied around the world may broaden, and can potentially impact perceptions of the larger educational community.
- The profession may have enhanced potential to produce global practitioners if students have graduated from a curriculum validated by more than one country.
- May open up opportunities for collaborative educational programming, online alliances and student faculty exchanges.
- May initiate collaborative research on the student and faculty experience, as well as outcomes across boundaries.
- Can more readily permit fieldwork/practice placement for non-US students in the US, which informs and broadens practice and perspectives in both countries.
The Impact of University Faculty-Led Level I Psychosocial Fieldwork Placements on Students’ Understanding of Psychosocial Factors
Kathleen Hughes Butcher, MS, OTR/L; Mollie Robinson, OTS; Julianne Roth, OTS; Karen Sphalski, OTS; Mariah Thomas, OTS

Background Info & Literature Review
- Psychosocial factors are important to address within practice due to their contribution to clients’ well-being and participation in occupation.
- The Accreditation Council for Occupational Therapy Education (ACOTE) has Standard C.1.7 implemented to ensure that students have at least one fieldwork placement in a setting where psychological and social factors are the primary focus (ACOTE, 2015).
- A study by Hayden, Causey-Upton, and Feininger (2015) found that students who completed a psychosocial fieldwork placement were better able to utilize therapeutic use of self to address clients needs.
- Concerns have been identified for the lack of availability of psychosocial fieldwork placements for students (Hayden et al., 2015; Rydeen Kautzmann, Cowan & Benzing, 1995).
- Rydeen et al. (1995) suggested use of faculty-led placements as they were shown to increase students’ confidence, clinical skills, and ability to connect theory and practice.

Significance
Currently, the ACOTE Standard C.1.7 is broadly interpreted; therefore, this study hopes to provide a resource for academic fieldwork coordinators to provide insight and guidance when designing and assigning psychosocial fieldwork placements.

Purpose
Investigate differences between faculty-led and non-faculty-led pediatric psychosocial fieldwork groups on students’ understanding of psychosocial factors within the occupational therapy department of Misericordia University

Research Question
How does faculty-led versus non-faculty-led pediatric psychosocial fieldwork facilitate or enhance students’ ability to understand psychosocial factors?

Research Design and Methods
- Research Design: Mixed methodology consisting of both qualitative and quantitative data.
- Population: Purposeful sampling utilized to select students in academic cohorts of 2017, 2018, and 2019 in faculty-led and non-faculty-led level I pediatric psychosocial fieldwork placements
- Instruments: Survey questionnaire, Interviews, Digital recorder
- Data Analysis:
  - Quantitative results analyzed using descriptive statistics
  - Qualitative data results analyzed by employing open, axial, and selective coding processes.

Results

<table>
<thead>
<tr>
<th>Qualitative Survey Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty-Led Non-Faculty-Led</td>
</tr>
<tr>
<td>Students’ Ability to Make Coursework Connections</td>
</tr>
<tr>
<td>Stated there were direct connections, specifically regarding social factors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Qualitative Interview Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty-Led Non-Faculty-Led</td>
</tr>
<tr>
<td>Supervisory Relationship</td>
</tr>
<tr>
<td>Course instructor promoted a positive relationship</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quantitative Survey Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students’ Definition of Psychosocial Factors</td>
</tr>
<tr>
<td>Emphasized interaction of psychological and social factors, influence on occupation, mental health, and well-being</td>
</tr>
</tbody>
</table>

| Quantitative Survey Results: Likert Scale |

Limitations
- Students have various levels of academic and clinical experiences since study subjects are from 3 different academic grades (2017, 2018, 2019).
- Time lapse between the time individuals had the psychosocial pediatric placement and time of interview.
- 72% of respondents were from faculty-led placements, while 28% were from non-faculty-led placements.
- Generalization of results are limited since the study only examined the Misericordia occupational therapy department.

Conclusions
Evidently, noninstitutional placements are beneficial for students’ understanding of psychosocial factors. Students in FLP obtained a greater holistic view on psychosocial factors and the impact that they have on occupation compared to their counterparts. The results from the study also encourage further research to explore how FLP versus NFLP influence students’ overall learning during level I fieldwork experiences. Future research studies may examine how having a FLP versus a NFLP impacts occupational therapy students’ proficiency and competency in their overall clinical skills.

Implications for OT Practice
Researching students’ understanding of psychosocial factors during fieldwork is important to clinical skill development as future practitioners. Results from this study can be utilized to:
- Assist other universities when developing alternative level I pediatric psychosocial fieldwork placements
- To fill the fieldwork placement gap and be an alternative to traditional level I fieldwork placements.

References
Horticulture within Mental Health Practice in Occupational Therapy: Assessments, Interventions, Innovations, and Research

Amy Wagenfeld, Ph.D, OTR/L, SCEM, FAOTA, Asst. Professor, Department of Occupational Therapy, Western Michigan University; Joseph Cipriani, Ed.D., OTR/L, Professor, Department of Occupational Therapy, Misericordia University, Dallas, Pennsylvania, United States of America

Introduction

The therapeutic use of gardening has a rich history within occupational therapy dating back to at least the 1930s (Wagenfeld, 2013), and references exist back to ancient times. There has been an extensive amount of literature written about the therapeutic benefits of working with plants, but there is an almost unlimited amount of opportunities for occupational therapy professionals to incorporate horticulture and nature within their practice. Although horticulture has often been criticized as having minimal evidence as to its effects, in fact there is an ever-expanding established research base on the therapeutic benefits of this intervention.

Sample Assessment

The Interaction with Nature scale (IWN) (Wagenfeld, Toews, & Stevens, 2016) was designed to measure the impact of a therapeutic planting activity on the emotional state of women incarcerated on a mental health unit at an Iowa state prison. The two-sided pre-posttest card contains four visual analog scales to measure perceived movement of four emotional states: sadness-happiness, anger-peacefulness, stressed-calm, and hopelessness-hopefulness. Each scale is anchored with emojis, a simple and universal means to convey personal feelings which users find useful for conveying information. Preliminary analysis shows Cronbach’s Alpha scores of .906 pretest and .947 posttest respectively.

Think Aloud!

Take a sticky note and:
1. Identify clients for whom the IWN could be used to measure the impact of a therapeutic horticultural activity on emotional state.
2. Think of a specific therapeutic horticultural activity that could be used with the selected clients.
3. Place your completed sticky note on the poster. If you would like to see the final results, please provide us with your email.

Sample Innovation

As part of a grant to expand the gardening capabilities and enhance biophilia at the Nikkel Manor Assisted Living Facility and Kokoro Kai Adult Day Care Center in Seattle, funds were provided to design and install a vertical garden for the second-floor balcony. To best meet the unique needs of the predominantly aging Japanese American residents and attendees of the day care program, an interdisciplinary participatory design process was facilitated by an occupational therapist and landscape designer and several staff and volunteers. 41 residents and day care attendees participated in a three-station activity to help inform how the vertical garden was to look and to determine the dimensions for optimal usability.

One activity station had two card sorts to inform what the garden would look like and what planting theme it would contain. Two other stations looked at four different anthropometric measures to guide the dimensions and specifications of the vertical garden.

The participatory design process combined preference with human structure and function: bringing together the skills of landscape design with occupational therapy. Approaching the process as an interdisciplinary team provided information on what the participants wanted the garden to look like and be planted with. The process also yielded the information needed to design the garden so that it is universally accessible to this unique user group.

Selected References


