MISERICORDIA UNIVERSITY

Level I Fieldwork in a Homeless Shelter
Christina Wetzel, OTD, OTR/L & Dawn M. Evans, OTD, OTR/L

Abstract

• Fieldwork education is an essential component of an occupational therapy student’s academic career that bridges academic education and everyday practice in the field of occupational therapy. The overall goal and purpose of this doctoral capstone was to develop an occupational therapy program at a homeless shelter while providing students with a Level I fieldwork experience in a community-based setting.

Landscape of Homelessness

• A homeless person is “an individual who lacks a fixed, regular, and adequate nighttime residence” (Heilbrin, 2011).
• The homeless population is not homogenous, but differs in demographics, subgroups, and their patterns of homelessness.
• At least 800,000 individuals (200,000 children) are homeless in the US.
• There are four times as many emergency animal shelters in the US than emergency shelters for people.

Pennsylvania Homeless Statistics

• Individuals in low income households doubled in 2013, and homeless living temporarily with others increased by 9.4% nationally and by 17.1% in Pennsylvania.
• In 2013, the nation saw a 1.4% increase in homeless families, with 2.9% increases in Pennsylvania.
• Among chronically homeless individuals, those in low income households doubled in 2013, and individuals in families decreased significantly, these numbers increased in Pennsylvania by 3.3% and homeless veterans by 4.6%.
• The majority of homeless stay in emergency shelters or transitional housing, but 38% are unsheltered. The size of the unsheltered population remained basically unchanged between 2011 and 2012.

Fieldwork Literature Review

• The purpose of fieldwork education is to propel each generation from the role of student to practitioner.
• Through the fieldwork experience, future practitioners are given the opportunity to achieve competence in applying an evidence-based occupational therapy process to meet the identified needs of the client.
• Students apply principles learned from the academic program to address actual needs of an individual within the context of practice environment.
• Fieldwork promotes advocacy and leadership skills as well as the development of a professional identity.
• Fieldwork education is an essential bridge between academic education and the practice of occupational therapy in various settings.

Homelessness Literature Review

• An alternative approach for occupational therapists is to focus on enabling and maximizing occupational performance barriers and environmental constraints, and by expanding opportunities for mastery experiences in a person’s natural environment. In this approach, the emphasis is on maximizing goodness-of-fit among individuals, their occupations, and the socio-physical environments in which occupations occur.
• The overarching goal of occupational therapy interventions for persons living in homeless shelters is to maximize person-environment-occupation fit to enable participation in the immediate shelter environment and to reconfigure person-environment-occupation relations to enable greater participation in the community.
• Providing supportive services like occupational therapy to individuals with psychosocial needs can help them achieve and maintain residential stability, improve overall mental health, and decrease the cost of homelessness in communities.

Learning Objectives of the Capstone

• Objective 1: Learn the process of developing a Level I fieldwork experience in a non-traditional practice setting.
• Objective 2: The development of fieldwork assignments and postings related to the experience at a homeless shelter.
• Objective 3: Learn the process of designing and implementing groups for individuals residing at a homeless shelter based on their identified needs.
Suicide and the Impact on Individual and Family Occupational Well-Being
Dawn M. Evans, OTD, OTR/L

Introduction
Suicide is undeniably preventable yet continues to silently climb in ranking worldwide. It is frequently met with silence in our communities, a barrier for those seeking help and an endless emptiness for those in search of support. Occupational therapy plays a vital role in promoting individual, community, and global health by engaging people in everyday life activities that have both meaning and purpose. With suicide on the rise, it is imperative as a profession we safeguard the well-being of those at risk, as well as the families left behind.

Research Question
What is the lived experience of suicide survivors and the impact of suicide on their everyday occupations?

Literature Review
Suicide is the 10th leading cause of death in the U.S. On average one person every 12.3 minutes, one adolescent every 1 hour and 44 minutes, and one older adult every 1 hour and 8 minutes dies by suicide. After cancer and heart disease, suicide accounts for more years of life lost than any other cause of death. It does not discriminate by age, gender, culture or sexual orientation. With each death by suicide, it is estimated that 6.3 million people are affected by a loss annually.

Methodology
The qualitative approach of an autoethnography was utilized to examine the research question. An autoethnography is used in understanding the general population by studying the individual, placing the researcher’s personal experiences within their social and cultural context. This was obtained by a rich narrative recounting the researcher’s perspective, as well as the inclusion of family perceptions through journaling, discussion and analysis of occupational configurations to describe familial context and occupational well-being.

Findings
Common themes were found that were identified as having an impact on everyday occupation and overall well-being. These included; disruption in sleeping patterns, lack of social participation and engagement in larger groups, altered engagement in work and work related activities, decrease in basic ADL self care and IADL tasks, decrease of leisure skills, decrease in body function, decrease in performance skills and changes in spirituality.

Discussion
The traumatic experience of losing a loved one to suicide can indelibly alter a person and change the perceptions of what they value as meaningful in life. Implications for OT practice include; creating and conducting health promotion, wellness and maintenance programming for suicide survivors, suicide awareness and prevention programming across the developmental continuum, compensation, adaptation and support groups related to bereavement that has meaning to survivors of suicide.
Background Info & Literature Review

- Homelessness is a national issue that significantly impacts a woman’s and a child’s ability to engage in typical occupations (Davis, Plotzko, & Ruud, 2002).
- The impact of living in a homeless shelter can impair co-
  occupation, which is essential for a child’s development of skills necessary for their occupational development (Price & Stephenson, 2009).
- The lack of parenting skills among women in shelters can create poor growth and development for the child (Waldman-Levi & Weinraub, 2015).
- Intervention programs that improve a child’s play skills and the mother-child relationship promotes development of cognitive, sensory, language, motor, emotional, and social behaviors (Waldman-Levi & Weinraub, 2015).
- Occupational therapists are experts and skilled at providing family-centered services to improve mental and emotional health (Gronsky et al., 2013).

Strengths and Barriers

- Need exists for programming in homeless shelters to improve the quality of life for residents.
- The program utilizes play, which positively impacts growth and development and is something that a child can relate to.
- The expertise of an occupational therapist is integrated into the program to empower women with parenting skills and improve the mother-child relationship.
- Current evidence and similar programs being implemented is lacking.
- The limited resources that facilities have available may create difficulty for accessing necessary materials.
- Possible poor participation from residents and inconsistent communication with the shelter.

Objectives

- Educate staff in the homeless shelter on the impact of homelessness on an individual’s occupational performance and the benefits of occupational therapy being integrated in community-based settings.
- Create and implement an occupation-based play program in a homeless shelter to improve a child’s motor, sensory, social interaction, cognitive, language, and self-esteem skills.
- Empower women in the shelter with functional parenting skills.

Program Design and Methods

Upon assessing the needs of the homeless shelter, Play Palette was developed as a two-tier program. Tier 1, “Foundational Hues”, consisted of a “Parent Session” component and a “Child Only” Play Session component. Both components included a total of 3 sessions, with each session being 60 minutes in length. Parent sessions were modified to not include individual sessions. Rather, home programs were provided to each parent after the “child only” play sessions. The “child only” play sessions addressed gross motor, manipulation, construction, and imagination play. One session was completed per week, with 5 minutes for the opening, 50 minutes for joint play, and 5 minutes for closing. Methods used by the therapist included interactive play, goal-setting, feedback, and modeling, environmental organization/adaptation, mediation, consultation, enabling, reflection, and rephrasing. Participants were selected by the childcare director and were restricted to children residing in the shelter between the ages of 4-7 years old. A maximum of 5 participants per session were allowed. Session 1A included 1 Boy, age 6 and 2 Girls, ages 5 and 7; Session 2A and 3A included 1 Boy, age 6 and 1 Girl, age 7. Sessions 1B, 2B, and 3B included 2 Boys, both age 6 and 2 Girls, one age 6 and the other age 7. Due to limitations provided by the homeless shelter, Tier 2 protocols, “Hue Enhancers”, were not implemented.

Results

- The staff member overseeing the therapist’s provision of this program reported that Play Palette was both successful and beneficial for residents of the shelter.
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- Despite limitations, the therapist continues to have a relationship with the shelter and is working on continued programming to improve the overall occupational performance of women and child residents.

Limitations

- Homeless shelter provided limited time for program to be implemented.
- The program was designed to include both Tier 1 and Tier 2.
- However, only Tier 1 was implemented.
- Lack of clarity in outcome measures for “Child Only” play session created difficulty in measuring progress in all areas of the sessions provided.

Conclusions

- The child participants demonstrated excitement to participate in sessions each time that the therapist was present.
- Although the program was shorted, an occupation-based play program that promoted age-appropriate development of motor, sensory, social interaction, cognitive, language, and self-esteem was successfully implemented within the homeless shelter.

Implications for OT Practice

- OT practitioners are experts with identifying and addressing the occupation needs of children and adults, including providing family-centered intervention programs.
- It is essential for OT practitioners to step outside of the box and advocate for the profession by promoting cultural competence through integrating services in community-based settings such as homeless shelters.
- OT practitioners must contribute to future research in the area of providing occupation-based programming to women and children who are subject to residing in homeless shelters.

Followings the presentation to staff at the homeless shelter on the impact that homelessness has on an individual’s occupational performance, “Play Palette” was created and implemented within the facility. The program utilized the occupation of play to promote participant’s motor, sensory, social interaction, cognitive, language, and self-esteem skills. Two rounds of the “Foundational Hues” component was implemented, which included a total of 6 sessions. Overall, 7 children had the opportunity to participate in the program. Within the sessions, deficits that were apparent with participants included the areas of motor, emotional, sensory, and social skills. Greater deficits were noted with 3 of the 7 participants. For each round of sessions, participants were rated on the following: attendance; completion of home assignment; interacting positively with peers; participating in all tasks; difficulty with following instructions; and remaining the entire session. At the end of each session, participants ranked the overall session as either being “fun”, “very fun”, or “not fun”. Prior to the children leaving, the therapist had the opportunity to briefly speak with mothers who came to retrieve their children. These mothers were provided with written instructions for engaging in play with their child. However, the therapist was restricted by the shelter, and therefore unable to implement the component of the program to empower the women with functional parenting skills. Overall, the program considered successful by both the excitement from the child participants as well as the primary staff member collaborating with the therapist. The staff member completed both an interim and final staff assessment regarding the program. There were no suggestions provided for areas within the program needing improvement. The staff member reported that the therapist was passionate, energetic, and interacted well with the children.


Carrienne G. Matthews, OTD, OTR/L; Lalit J Shah Ed. D. OTR/L

Motor
Sensory
Language
Cognitive
Self-Esteem

Developmental Deficits Demonstrated in Sessions

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This study used a phenomenological approach with correlational methods to understand eleven cognitively intact residents’ transition to an assisted living facility (ALF) while co-existing with residents who possess a cognitive impairment.

There is limited research available that explores an individual’s experience and satisfaction when transitioning to an ALF, specifically when the individual is cognitively intact and is coexisting with other individuals who have a cognitive impairment such as dementia.

Relocating to an assisted living facility (ALF) is a common life-changing experience for older adults and requires adjusting to a new way of life and living environment. Occupational therapists (OTs) can have an important role in assisting residents in maintaining or reestablishing participation in meaningful occupations and adapting to new routines. OTs can offer support in psychosocial aspects including: adjusting to the transition, dealing with feelings of loss, thoughts of dependence and decline, and coexisting and interacting with those who possess a cognitive impairment. It is essential to gain further understanding of the components involved in an individual’s transition to benefit future residents and ALF staff members.

Participants: The eleven participants were individuals who had transitioned into an ALF at least one month prior to the beginning of the research. The ALF coordinator referred residents that met the following inclusion criteria: at least one month at the ALF and scored a minimum of 25/30 on the Mini-Mental State Examination (MMSE), which meant residents were considered “cognitively intact.”

Data collections:

- The Quality of Life (QLI) Nursing Home Version–III
- Semi-structured interviews.
- Field notes.
- SSPI comparing length of stay, quality of life, transitional experience

Common themes were found within the qualitative data regarding participants’ transition. No significant relationship was found among length of stay, transition level, and total QLI scores, when using the Spearman and Kendall Tau Correlation Coefficients.

### RESULTS

<table>
<thead>
<tr>
<th>Decision</th>
<th>Transition</th>
<th>Level</th>
<th>Total QLI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreement</td>
<td>Yes</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Agreement</td>
<td>No</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Agreement</td>
<td>Neutral</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### DISCUSSION

- Quantitative data showed no statistical significance:
  - The eleven participants were examined with their cognitive status.
  - Control over the decision impacted transition.
  - All participants having difficult transition did not personally make decision.
  - Participants mentioned loss of freedoms such as driving.
  - Expressed less worries and gained overall sense of security/safety.
  - Three articles mentioned social factors influenced transition.
  - Social factors did not directly influence transition, influenced activity participation.

### CONCLUSION

Participants who scored higher on the Quality of Life Index–Nursing Home Version–III (QLI) would have an easier transition into the ALF. Assumption 1 (not true)

The participants who had been at the ALF for a longer period of time would have a higher score on the QLI.

Assumption 2 (not true)

Interaction with residents who possess a cognitive impairment would contribute to the transitional experience of residents who are cognitively intact.

Assumption 3: There was not a positive or negative correlation between these variables that was evident within the data. Participation has the potential to affect transition, but nothing definitive was found that supports this assumption.

### ACKNOWLEDGEMENT

The researchers would like to thank the participating ALF, Dr. Joseph Cipriani Ed.D., OTR/L, and the staff at Misericordia University. The researchers would also like to thank Dr. Carol Ewing Furman, Ph.D., RN, FAAN for providing access to the QLI for use in this study.
Innovative Level I FW Experiences

- Decreased availability of fieldwork sites (Mattila & Dolhi, 2016)
- Can potentially address psychosocial fieldwork standard C.I.7 and contributes to C.1,1, 1.8, 1.10 and 1.11 (ACOTE, 2011)
- Application of didactic information from the classroom to practice in real rather than simulated
- Lack of community programming (Rydeen, Kautzmann, Cowan, & Benzing, 1995) and can be addressed at a local and regional level
- Issues with interpersonal skills of students can be addressed in real time

“Faculty led fieldwork gave me the chance to develop skills in a small group for a population that I required more time and training to interact with” (student comment).

“The combination of Level I FW and research provided a more intense hands on approach to clinical skills. It also provided me with the opportunity to more thoroughly examine the evidence behind the techniques we employed” (student comment).

Mentor & Multiple Protégé Design
(Naidoo, 2005)

Skills Obtained Through the Process

- Encourages group problem solving and clinical confidence (in 2012)
- Fosters collaboration (Greaser, 2016)
- Provides opportunistic learning (KRATE, Layton, & Sim, 2007)
- Requires both planned and instantaneous application of didactic information to practice

Integration of Research

- All programs are developed to directly correlate theory to practice (in 2012)
- Students design and implement research, addressing ACOTE Standards B.8.1 through 8.7, under faculty direction and supervision
- Students apply clinical outcome measures and analysis

Enhanced Clinical Reasoning
(Velvikis & Van Wyk, 2016)

Handwriting Group

Objectives

1. Increase fine motor skills for improved handwriting legibility.
2. Improve memory of uppercase letters
3. Increase legibility and form of uppercase letters

Reference


This is an occupational therapy handwriting group designed for preschool aged children. The purpose of this group is to increase preschool children’s handwriting skills in preparation for kindergarten.

Skills Obtained Through the Process

- Provides opportunistic learning
- Requires both planned and instantaneous application of didactic information to practice

Enhanced Clinical Reasoning

- All programs are developed to directly correlate theory to practice

Notes

<table>
<thead>
<tr>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handwriting CD</td>
</tr>
<tr>
<td>Sticker Chart</td>
</tr>
<tr>
<td>Stickers</td>
</tr>
<tr>
<td>Beads</td>
</tr>
<tr>
<td>Eye stickers</td>
</tr>
<tr>
<td>Pipe cleaners</td>
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<tr>
<td>Hula hoops</td>
</tr>
<tr>
<td>Tunnel</td>
</tr>
<tr>
<td>Balance beam</td>
</tr>
<tr>
<td>Tape for Floor</td>
</tr>
<tr>
<td>Sensory box</td>
</tr>
<tr>
<td>Sensory Social Group</td>
</tr>
</tbody>
</table>

This is a great format to get students more involved in research and a way to culminate better clinical OT research” (student comment).

“Told as though I could be asked any question about research and could confidently answer it because I experienced all aspects of it” (student comment).
EFFECTIVENESS OF SENSORY AND SOCIAL GROUP INTERVENTIONS TO IMPROVE THE PARTICIPATION OF CHILDREN WITH ASD VIA GOAL ATTAINMENT SCALING
Lori Charney, OTD, OTR/L, Ellen McLaughlin, Ed.D., OTR/L, Felicia Bartello, OTS, Jonathan Jorda, OTS, Erin Soulsby, OTS, Desirae Waltman, OTS

Background
• Sensory processing disorders (SPD) are common among individuals with autism spectrum disorder (ASD).
• Sensory integration (SI) strategies are effective in treating sensory processing difficulties.
• Goal Attainment Scaling (GAS) is a quantitative measurement that shows improvement of client’s individualized goals.

Objective
• To determine the effectiveness of a group intervention, combining SI techniques with social skills training, on the social behaviors of children with ASD via individualized measures of Goal Attainment Scaling (GAS) in a single subject design.

Method
• Children aged 6-12 with a diagnosis of ASD and related sensory and social challenges participated in a weekly summer camp.
• 2 hour intervention sessions were held, over a four week period, for a total of 16 sessions in July 2015.
• The visual analysis of individualized GAS was used to develop a sensory toy box.

Results
• GAS provided clear evidence of client’s individualized goals.
• Participants met or exceeded expected levels of outcomes.
• Subjects created and ate snacks which provided various sensory input.

Discussion
According to the result of GAS, all participants met or exceeded expected levels of outcomes.
The visual analysis of individualized results indicate that all subject’s social participation skills improved along the course of the 16 day camp.
4/5 participants showed significant improvements.

Recommendations
Future studies should include an increased number of sessions and a larger sample size.
In addition, a comparison control group and inclusion of participants of various genders and ages may increase generalizability.
Post tests should be implemented at 3 and 6 months in order to assess carry over of instructed skills.

Participants
8 Participants aged 6-12
GARS determined level of ASD:
Level 2 ASD: requiring substantial assistance
4 participants
Level 3 ASD: requiring very substantial support
2 participants
Procedures
Parent Sensory questionnaire
Development of GAS for each participant
Daily data tracking of social skills (SSRF)

Test Measures
Sensory Processing Measure (SPM)
Social Responsiveness Scale (SRS)
Gilliam Autism Rating Scale (GARS)
Social Skills Rating Form (SSRF)
Goal Attainment Scaling (GAS)

GAS is a quantitative measurement that shows evidence of client’s individualized goals.
GAS is a quantitative tool that can be used to develop a sensory toy box.
GAS was implemented and scaled based on the GARS, SRS, SPM, and Social Skill Rating Form.

Snack Time
• Subjects engaged in short activity to learn social skills (i.e. turn towards peer, make good eye contact, and use peer’s name)

Craft
• Subjects created and ate snacks which provided various sensory input.

Obstacle Course
• Subjects participated in sensory based obstacle courses which required following directions, taking turns, and using appropriate prosocial behaviors.

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Snack Time
• Subjects engaged in short activity to learn social skills (i.e. turn towards peer, make good eye contact, and use peer’s name)

Craft
• Subjects created and ate snacks which provided various sensory input.

Obstacle Course
• Subjects participated in sensory based obstacle courses which required following directions, taking turns, and using appropriate prosocial behaviors.

Discussion
According to the result of GAS, all participants met or exceeded expected levels of outcomes.

Recommendations
Future studies should include an increased number of sessions and a larger sample size.
In addition, a comparison control group and inclusion of participants of various genders and ages may increase generalizability.
Post tests should be implemented at 3 and 6 months in order to assess carry over of instructed skills.
Abstract

Patients who have experienced a cerebrovascular accident (CVA) often exhibit psychological and emotional changes that can have a severe impact on physical, cognitive and social abilities. The literature on post stroke depression (PSD) is prevalent and indicates that 18-38% of all geriatric patients who have experienced a stroke are affected by it and that PSD is highly under diagnosed¹. Research has shown that depressive symptoms have moderate to severe effects on ADLs, participation in physical rehabilitation, and motivation to engage in meaningful activities based on current evidence. A protocol for appropriate rehabilitation settings was developed to screen for PSD. Upon 48 hours of admission all patients diagnosed with stroke are referred to a receive referral to psychiatry and the OT with screen for PSD.

Literature Review

A thorough investigation of screening tools for PSD yielded 39 articles with 20 different tools. Psychometric scores and the highest level of evidence led to the 5 selected screening tools. These were then divided into 5 categories based on level of accuracy, impairment and presence or absence of aphasia. By classifying each tool to a different level this increases the protocol’s ease of use and allows the OT to make a quick clinical decision which is supported by current evidence.

Method

Prior to beginning the protocol data was collected on amount of time until the referral was submitted and how many patients received a referral. This data, the baseline phase, was then compared to the method data. Prior to beginning the protocol data was collected based on amount of time until the referral was submitted.

Results

Prior to launching the protocol data was gathered at a baseline phase which indicated that approximately 47% of stroke patients on the inpatient rehabilitation unit received an appropriate referral in an average of 6 days. During the implementation phase 90% of the patients received a referral with an average of 1.5 days.

References


Tables

Table 1: Method

<table>
<thead>
<tr>
<th>Reference</th>
<th>Year</th>
<th>Title</th>
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<td>2011</td>
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</table>

This project was completed as a capstone requirement for the master’s degree program in Occupational Therapy at Misericordia University under the mentorship of Ellen McLaughlin, OTR/L, OTD/L.
Multisensory Based Curriculum for Preschool Children: Blending OT and Teaching
MISERICORDIA UNIVERSITY OCCUPATIONAL THERAPY DEPARTMENT, DALLAS PA & BRIGHT BEGINNINGS EARLY LEARNING ACADEMY, CONYNGHAM PA
Jennifer Dessoye OTD; Kristin Beurmann MS SE; Casey Herseim MS ECE

Center-Based Multisensory Learning Curriculum

Standard Curriculum – Adherence with the National Association for the Education of Young Children (2014) and the adoption of the Common Core State Standards in 42 states is often taught in traditional settings. Traditional curriculums may prevent making the connections and generalizations that can be achieved through an engaging and interactive learning experience, such as multisensory center-based curriculum.

Community-Based – Several studies investigated the effect of community-based programs on child development. One community-based program study aimed to promote well-being and healthy child development, paralleling various goals of this study’s community-based multi-sensory center-based learning curriculum (Worton, 2014).

Small Group Instruction – Waslik (2008) found that dividing students into small groups incorporates opportunities for social contact while allowing children “to express themselves, receive feedback from the teacher, and have the opportunity to respond to the feedback” (p. 539).

Center-based – activities provide the opportunity to explore the classroom. One study found “center-based childcare programs in the community may be beneficial for fostering school readiness” (Winsler, 2008).

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>9:00-9:30</td>
<td>Morning Meeting (Whole Group)</td>
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<tr>
<td>9:30-10:30</td>
<td>Science /Math Standards (Small Groups)</td>
</tr>
<tr>
<td>10:45-11:00</td>
<td>Reading and Story Sharing Opportunity</td>
</tr>
<tr>
<td>11:00-12:00</td>
<td>Language Arts/Social Studies (Sm Group)</td>
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<tr>
<td>12:00-12:30</td>
<td>Health &amp; Wellness/ Gross Motor Activity (Whole Group)</td>
</tr>
<tr>
<td>1:00-1:30</td>
<td>Free Choice Play/ Recess (Whole Group)</td>
</tr>
<tr>
<td>1:30-2:00</td>
<td>Arts and Humanities (Whole or Small Group)</td>
</tr>
<tr>
<td>2:00-2:45</td>
<td>Project Based Learning Experience</td>
</tr>
<tr>
<td></td>
<td>(Individual, Whole or Small Group based on interest and content) *Re-teach &amp; Enrich from morning activities Objective: Students will have the opportunity to research, develop and complete ongoing projects based on group interest and cooperative decision. Projects will incorporate all learning standards and allow students to independently choose how they prefer to contribute to the group learning experience. Teachers will guide students on the exploration, but allow research, initiative and curiosity to guide the learning experience.</td>
</tr>
<tr>
<td>2:45-3:00</td>
<td>Closing Meeting (Whole Group)</td>
</tr>
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Students will review accomplishments of the day. The group will make plans and set goals for home and the following school day. Any home-school partnership notes will be acknowledged in planners.

Performance Skills

Appropriate Activity Demands that are developmentally sound

Client Factors gained based on a systematic multi-sensory curriculum
Development and Implementation of an Interdisciplinary Minor in Medical and Health Humanities within an Occupational Therapy Education Program

Joseph Cipriani, Ed.D., OTR/L, Professor, O.T. Dept. (jcipri@misericordia.edu)  
Amanda Caleb, Ph.D., Program Director, Medical and Health Humanities Program (acaleb@misericordia.edu)

Background
A review of educational offerings at liberal arts based Misericordia University was undertaken in the context of promoting more multidisciplinary programs and interdisciplinary course offerings to meet the needs of the twenty-first century. This led to the creation of a new major and minor—Medical and Health Humanities (MHH)—by a team of faculty from the colleges of Arts and Sciences and the College of Health Sciences and Education. The field of Medical and Health Humanities is defined as an interdisciplinary field that explores connections, experiences, and critical and conceptual issues in medicine and health care, while supporting professional identity formation (Cole, Carlin & Carson, 2015).

Medical and Health Humanities Program Goals
1. Understand differences in perspective of holism and reductionism in the diagnosis, narrative, and definition of wellness;
2. Understand how non-medical disciplines contribute to the study and treatment of illness, disease and care, including social justice, historical, literary, ethical and philosophical perspectives;
3. Understand how cultural perspectives impact the concept of wellness;
4. Understand the concept of autonomy, beneficence, non-maleficence, and justice as they relate to the preservation of human dignity and rights;
5. Develop strong writing skills across multiple disciplines and addressed to various audiences;
6. Develop strong oral communication and presentation skills

Opportunities and Match for O.T.

The Blueprint for Entry-Level Education in occupational therapy (Baum et al., 2010) has four main sections: person, environmental, occupation and professional factors. In each section, major topics and concepts are identified, including the science behind each. For example, a person factor topic is spirituality and its impact on wellbeing. A concept studied in philosophy courses at Misericordia such as Philosophy of Person and also Philosophy of Medicine. A minor in MHH can provide the O.T. student with the opportunity to view healthcare delivery and experiences through a variety of lenses: cultural, familial, spiritual, mental and social. A marriage is born.

Sample Courses in MHH Minor – 15 credits

Required: MHH 201: Introduction to Medical and Health Humanities

Two of the following:
- ENG 305: Literature and Medicine
- HIS 342: History of Medicine and Health
- PHIL 310: Medical Ethics
- PHIL 315: Philosophy of Medicine
- MHH 301: Narrative Medicine

6 credits of electives (samples below from 19 options)
- ENG 225: Disability and Literature
- GER 277: Adult Development and Aging
- HIS 165: The History of Human Rights
- HP 220: American Sign Language

References


The Beginning
In the 2016-2017 academic year, the MHH minor was offered to students in five health science programs, and among the pioneer enrollees were six O.T. students. These students are currently taking the MHH 201 Intro course.

Sample Collaboration, or Going Really Interdisciplinary

In the fall 2016 term, Amanda Caleb facilitated a discussion in Joe Cipriani’s OT class about developing an interdisciplinary minor among six O.T. students. These students are currently taking the MHH minor.

Researching the Results

Joe Cipriani and Amanda Caleb conduct a research project on the use of integrative readings and reflective writing to affect empathy during the spring 2017 class, to be presented at the 11th Conference of the European Society for Literature, Science and the Arts in June 2017.
**Course Title**

OT 470: Non-Traditional Settings/Occupational Therapy Practices: International Populations

**Sample Course Objectives**

1. Describe the general aspects of the culture of Jamaica, with a focus on history, politics, economics, geography, resources, communication dynamics, and child development.
2. Describe health care practices, beliefs, and potential disparities, with a focus on a) types of common illnesses and injuries which may be treated, b) the beliefs of the host community about health and the nature of illness, c) the explanatory model for diseases in the host community, and d) preferred health care practices.
3. Describe, via reading research, what the role of the occupational therapist can be when serving traditionally underserved populations.
4. Develop and implement an occupation-based intervention which can help meet a specific need of persons from diverse underserved populations.
5. Reflect on their own personal experiences with persons from underserved populations.
6. Describe, via reflection and readings, how pro bono service should be a required or strongly encouraged element of occupational therapy practice.

**Evaluation**

Evaluation was conducted both with students from the class and the community partner. The evaluation with the partner was conducted via conference call with key members of the agency and national representatives of the organization.

**Feedback from Community Partner**

As noted under evaluation, the community partner was very satisfied overall, with significant carryover of staff training, use of donated equipment, and improved documentation and goal writing strategies.

**Lessons from the Field**

The importance of a dynamic, culturally sensitive school-community partnership with opportunities for learning by both groups cannot be overemphasized. Course objectives are guided by reflective journaling.

**References**

**Implementation**

This course in run in a full semester format, 3 academic credits, with the ISL component being one week at end.

**Excerpts- Student Journals**

“There was something about the children doing purposeful and meaningful activities...in addition to enjoyable and successful...that I honestly don’t think I will ever doubt the power of occupation-based activities again. It was life changing, and it made me ask myself if there is any other profession as important or rewarding?”

“If God has blessed me with the opportunity to learn the skill of occupational therapy and I can spread that throughout the world, then how selfish would it be to only practice in my own country?”

**Sample Course Objectives**

1. Describe the general aspects of the culture of Jamaica, with a focus on history, politics, economics, geography, resources, communication dynamics, and child development.
2. Describe health care practices, beliefs, and potential disparities, with a focus on a) types of common illnesses and injuries which may be treated, b) the beliefs of the host community about health and the nature of illness, c) the explanatory model for diseases in the host community, and d) preferred health care practices.
3. Describe, via reading research, what the role of the occupational therapist can be when serving traditionally underserved populations.
4. Develop and implement an occupation-based intervention which can help meet a specific need of persons from diverse underserved populations.
5. Reflect on their own personal experiences with persons from underserved populations.
6. Describe, via reflection and readings, how pro bono service should be a required or strongly encouraged element of occupational therapy practice.
Development of an Occupational Therapy Evaluation for Persons in an Emergency Homeless Shelter

Joseph Cipriani, Ed.D., OTR/L, Professor, Occupational Therapy (jciprian@misericordia.edu)

Background Info & Literature Review
Livingston and Miller (2006) describe the five-tiered continuum of care for the homeless: a) homeless prevention services, b) street outreach, c) emergency shelters, d) transitional services, and e) permanent housing. A literature review by the author, along with the results of a systematic review by Thomas, Gray and McGinty (2011) indicate that occupational therapy interventions to date have focused on meeting the needs of persons in transitional or permanent Housing.

Problem
Working with homeless populations is an emerging area of practice in occupational therapy, yet there is little research on evaluations and interventions for persons residing in emergency shelters.

Purpose
The purpose of this study was to describe the development of an occupational therapy evaluation which could be used in an emergency shelter for the homeless.

Context
There currently is no occupational therapist at Ruth’s Place. The author, along with eight students in an elective service learning class in occupational therapy at Misericordia University, volunteered to develop an evaluation which could be used by future groups to develop pro-bono services there.

Setting
The setting was Ruth’s Place, a emergency homeless shelter for women (age 18+) in Wilkes Barre, Pennsylvania. The shelter has been in Existence since 2003, and is affiliated with Volunters of America. It uses a “Housing First” model as its approach to service delivery.

Theoretical Approach
The Person-Environment-Occupation Model (Law & McColl, 2010) was used as a conceptual framework. The focus was on increasing participation of the residents by minimizing performance barriers and environmental constraints, along with expanding opportunities for mastery (Petrenchik, 2006).

Needs Assessment Steps
The author observed programming and interacted with residents. Next, a series of interviews was conducted with the director of case management services. It was important to consider the strengths of already existing programming at the center, which were many.

Identified Needs
1. The development of healthy leisure activities both during residence at the shelter, and to carry over to transitional housing for appropriate residents;
2. The development of computer skills which can impact satisfaction with occupational performance (especially selected IADLs).

Existing Assessments Modified
Two existing assessments in the literature were slightly modified:
1. The MOHO based Modified Interest Checklist to address leisure http://www.cade.uic.edu/moho/default.aspx;

Conclusion
An emergency homeless shelter has very fluid populations with multiple areas to address, with the shelter part of a complex continuum of care. This presents a great challenge, but also a great opportunity, for OTs to build partnerships with agencies to help meet present and future occupational needs of the persons who reside there.
**RESEARCH QUESTIONS**
1. What are the main issues affecting the OT faculty workforce?
2. What factors contribute to a successful career in OT academia?

**LITERATURE REVIEW**
- Falzarano and Zipp (2012) and Liagrosa (2009) noted that faculty recruitment was difficult due to entry-level masters programs seeking OT faculty candidates with doctoral degrees.
- Paul, Stein, Ottenbacher, and Yuanlong (2002) reported that the mentoring-experience lead to improved research skills, pedagogical aptitude, and more fluid accretions into academia.

**PROCEDURE**
1. Survey
   - Participants completed survey consisting of open- and closed-ended questions
   - Quantitative and qualitative data from the survey were consolidated into a Microsoft Excel document for tab-by-tab content analysis.
2. Interview
   - 8 of the survey participants additionally partook in follow-up telephone interviews, conducted by the student researchers.
   - Interview data were consolidated into Microsoft Excel document for item-by-item content analysis.

**RESULTS**
- **Major Faculty Concerns**
  - Teaching Credit Loads (33.07%)
  - Student Learning Styles (12.4%)
  - Workloads (19.47%)
  - Time Constraints
  - Few Qualified Educators Available
  - Student Professionalism
  - Recruitment issues
  - Inexperience with Research

- **Reported Facilitators of OT Faculty Success**
  - Time-Management Skill Development
  - Mentorship between Experienced and Incoming Faculty
  - Continued Education Programs:
    - Research Skills & Teaching Strategies
  - Concurrent Practice in the Clinical Setting
  - Utilizing a Variety of Teaching Strategies:
    - Blended Learning & Learning Management Systems (Blackboard, Canvas, Moodle, etc.)
    - Simulation
    - Educational Videos (Instructor-Produced, ICE, YouTube, etc.)
    - Active & Collaborative Learning
    - Providing Access to Current, Best-Level Evidence

**DISCUSSION**
- **Recommendations for Future Faculty**
  - OT practitioners must understand the unique academic workplace duties
    - To meet these responsibilities, future faculty must nurture their creativity, flexibility, curiosity, problem-solving and time-management skills.
  - Institutions should encourage OT faculty to work part-time or PRN in the clinical setting
    - Stay knowledgeable of Current Rehabilitation Practice Trends
    - Inform teaching strategies with inpatient clinical experience
  - Promote Formal and Informal Faculty Mentorship
    - Institutions should incentivize experienced faculty members to become mentors.
    - New faculty should shadow other faculty and interprofessional colleagues to enhance academic and research skillset

- **Recommendations for Future Research**
  - Focus on trends, pedagogies, and concerns highlighted by this study’s respondents to develop comprehensive strategies to improve OT education efficacy.
  - Implications for the OT Profession
    - Efficacy of OT practitioners is the presence of effective OT faculty to guide learning, so:
      - OT Academia must be represented as a viable and meaningful career choice
      - Professional development and clinical utilization of pedagogical and research skill must be emphasized by current and incoming clinical practitioners.
  - Limitations
    - Limitations of this study include short time for survey administration, data collection and data analysis.

- **Key Findings**
  - Contemporary faculty issues call for:
    - Aggressive solutions implemented via interpersonal and institutional collaboration
    - Further Research to discover and evaluate these solutions

**CONCLUSION**
- **This Study**
  - Provided working OT faculty members with survey and interview-based mediums to express concerns and delineate the faculty perspective.
  - Emphasized key issues with repercussions for the future quality of OT education:
    - Overabundant Job Responsibilities vs. Time Constraints
    - Faculty Teaching Credit Loads vs. Faculty Classroom Performance
    - Myriad of Student Learning Styles vs. Limited Classroom Time
    - A Faculty of Qualified Educators Available vs. Burgeoning OT Programs
    - Student Unprofessionalism vs. Perfectionistic Student Neuroses
  - Underscored the need for future research in order to determine the most effective methods of combating these identified academic issues.
Movement to Learn: Increasing Physical Activity in the Classroom

Carla Flynn OTD, OTR/L

Introduction

- A decline in physical activity in our nation's children has been on the rise. As age increases, the less likely school children are to participate in the recommended 60 minutes of physical activity per day (CDC, 2010).
- Increased school-based and community-based physical activity has shown to be positively influenced by physical activity (DiPerna, 2010).
- An increase in functional performance with regard to time on task behavior, wellness and successful engagement in childhood occupation becomes an essential role of the occupational therapist.

Advocating for School Based Physical Activity

- On average, children spend about 7 hours per day in school. In some schools, physical education classes and recess are mandated, but in other schools they are not.
- Children who participate in physical activity are less likely to be obese (Hong, Colaneri, Anderson, Loe, Waldo, 2016).
- Children who are overweight are more likely to experience motor and cognitive delays (Wong, Chen, Ren, & Yan, 2016), which can adversely affect school function.
- Physical activity can support RIT practices for students with needs.
- Physical activity is one of the most important factors in physical fitness, positive health behaviors and mental development (Tomporowski, Lambourne & Okuma, 2011).
- Positive outcomes from preschool to 5th grade for physical activity levels, learning and achievement have been identified (Bailey & DiPerna, 2010; Fedewa, Ahn, Erwin & Davis, 2015; Mattill, Ohl, Emrick & Paas, 2016).
- High intensity, short bursts of physical activity have elicited positive outcomes on academic achievement and on task behavior in certain age groups (Fedewa, Ahn, Erwin & Davis, 2015; Ma, Le Mare & Gurd, 2014).

Role of the Occupational Therapist

- With most of the available data supporting the need for physical activity to stimulate our children and promote overall health and well being, many school districts, administrators and teachers seem to struggle with how to incorporate physical activity into typically occurring school routines.
- In the face of the changes in our nation's educational system and the rising rate of obesity in our nation's children, once again occupational therapy is forced to reexamine its therapeutic conventions. Just as Marshall, Myers and Paas recognized in their 2017 article, occupational therapists have demonstrated mastery for many decades, adopting their own skills, the environment and use of physical materials in the context of client needs and the changing times. This is necessary to promote engagement in occupation and for disease prevention, which align with the profession's vision for health promotion for the 21st century. Occupational therapists are no exception. The OT role becomes influential in examining the environment, developing and adapting school and classroom based movement programs that suit the needs of the population. Specific roles that the occupational therapist assumes in the school setting are listed below.

Benefits of Classroom Based Movement

Numerous advantages have been identified with school and classroom based movement programs with regard to physiological outcomes and academic success.

- Teachers reported ease of implementation of in class movement programs with no resultant loss of instructional time (Bailey & DiPerna, 2015).
- Increase in student's physical activity levels (Bailey & DiPema, 2015).
- Improved psychological health specifically for girls (Bunketorp Käll, Malmmgren, Carlsson, Lindes, Nippe, 2013).
- Ball chairs were beneficial for children who displayed high levels of inattention and hyperactivity (Ahn & Ennich, 2011).
- Evidence of immediate and delayed retention of information and enjoyment of classroom lessons (Mavlid, Okley, Chandler & Paas, 2016).
- Participation in off task behaviors for younger children who demonstrate higher intensities of this behavior (Ma, Le Mare & Gurd, 2014).

References

- Mullender, M., Chen, S, Mah, J., Mare, L., & Velozo, C. (2016). Implications for on campus based energizers on primary grade students’ physical activity levels. The Physical Educator, 73, 490-501.
An Agricultural and Horticultural Transition Vocational Program for Adolescents with Special Needs
Jennifer Dessoye, OTD; Alyssa Auer, OTS; Fallon Cooper, OTS; Meghan DiGerolamo, OTS; Quinn Fohlinger, OTS; Allison Hausman, OTS; Erin Huff, OTS
MISERICORDIA UNIVERSITY OCCUPATIONAL THERAPY DEPARTMENT, DALLAS PENNSYLVANIA

LITERATURE REVIEW
Transitional/Vocational Services:
• The transition process should enable young adults to successfully enter the workforce, however, there is a “disproportionate percentage of [students who] leave high school and neither work nor continue their education despite the majority having transition goals to the contrary.”
• Based on the data collected, basic skills such as work completion, task accuracy, punctuality, social skills, and self-regulation were not being improved upon or addressed, preventing successful transition.
• Studies acknowledge that current theory and practice may not yield acquisition of transitional vocational planning, training, and subsequent employment and questions the adequacy of the current planning and implementation of transitional programs to reach employment.

Impact of Agricultural/Horticulture:
• The effects of outdoor and therapeutic horticulture on vulnerable groups showed an increase in mood, heart rate/blood pressure “reduces the feelings of anxiety, provides safety, comfort & promotes growth in displays of affection.”

PROCEDURES
• Participants active in DGFP during study.
• DGFP students participate in different activities throughout the program, depending on the season including tending to farm animals, planting and harvesting crops, completing general maintenance and alternative revenue tasks in the off-season. months, i.e. making wreaths in the winter.
• Qualitative assessment instruments were administered over three data collection points: October 2015, February and May 2016.
• Quantitative data was also collected over three data collection points in the form of recorded interview.

INTERVIEW COMMENTS
Client 4: “This isn’t like a job for me, it’s more like people say that, if you love what you work, it’s not work. That’s how it is with this.”
Client 1: “[The program] was a learning experience for kids with disabilities like myself and all the other kids here. So, it’s a great learning experience for anyone that comes here.”
Client 2: “I just like nature… I like being outside nature, it gives me something to do. Planting and being up here… I’m moving around, I am basically learning how to grow different types of plants. So every single time… it’s like a new learning experience… you learn something new every day.”
Client 3: “You learn more here. You get hands-on experience.”
Client 2: “High school is a rough place… you got people who basically don’t like you… Coming up here you know, I made more friends up here than I did back in high school.”

QUALITATIVE RESULTS
Outcome Themes:
• Pre-Vocational Skills
• Vocational Planning
• Acquiring Social Skills
• Building Relationships
• Learning
• Discipline/Respect

Discussion & Conclusion
Analysis of the interviews discovered themes that confirmed the program’s ability to build relevant, transferrable skills, pre-vocational skills, self-efficacy and encouraging self-determination. The benefits of a paid work experience were noted by four out of seven clients during the interviews.

Future research: Placement of the participants following engagement in the DGFP and specific factors that facilitate or hinder success of DGFP participants.

Conclusion: Qualitative data derived themes of significance in determining the efficacy of the program.

ACKNOWLEDGEMENTS: Misericordia University, Hillside Farms, LIU-18, Dream Green Farm Employees and Mentors, Dr. Joseph Cipriani

REFERENCES AVAILABLE UPON REQUEST
The Effectiveness of iPad Handwriting Applications on Improving Visual Motor and Handwriting Skills in Children with Autistic Spectrum Disorder

Jennifer Dessoye, OTD, OTR/L; Lindsey McLaughlin OTD, OTR/L, Chelsey Korhonen MS OTR/L, Shannon McSweeney MS OTR/L, Cathryn Steinhoff MS OTR/L

MISERICORDIA UNIVERSITY OCCUPATIONAL THERAPY DEPARTMENT, DALLAS PENNSYLVANIA

LITERATURE REVIEW

*The worldwide prevalence of autism spectrum disorders is 62/10000 (Elsabagh, 2012)
*Children with autism often lack the foundational skills for handwriting development (Kushki, 2011)
*These children typically display motor deficits and grasp difficulties significantly impacting their handwriting skills (David, 2009)
*Evidence regarding the origin of these problems is lacking

INSTRUMENTS

*The Beery-Buktenica Test of Visual-Motor Integration (Beery VMI)
*Test of Handwriting Skills Revised (THS-R)

PROCEDURES

12 week structured program on the iPad mini carried out daily for 10-12 minutes. Participants received the typical handwriting curriculum along with the iPad application intervention.

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RESULTS

Significance: Alpha level of .05

THS-R did not yield any statistically significant results

Hypothesis 1
Children with ASD will show significant improvements in their visual motor skills as determined by the Beery VMI after a structured twelve week program using the iPad mini with specific handwriting applications

3 of 9 children had higher THS-R scores post intervention

Hypothesis 2
Children with ASD will show significant improvements in handwriting skills as determined by the THS-R after a structured twelve week program using the iPad mini with specific visual motor apps

3 of 9 children had higher VMI scores post intervention

CONCLUSION

*iPad as effective intervention - Generalization of targeted skills
*THS-R as a tool for children with special needs is not a suitable tool for this population
*Motivation for iPad use
*Continued Research

REFERENCES & ACKNOWLEDGEMENTS

Available upon request
Ellen McLaughlin EdD, OTR/L; David Nossavage; Funding provided by: Misericordia University’s Research Grant Programs
### Mutual Benefits of Working With a Diverse ESL Population

**Program Proposal**
- Implement a series of programs at a local elementary school in an English as a Second Language (ESL) classroom

**Goal**
- Maximize well-being and participation for elementary school students through programs that promote healthy lifestyles and alter maladaptive routines

**About Our Program**
- Designed by club officers
- Incorporated developmentally appropriate activities for students
- Activity-based with reflection
- Integrated concepts from occupational therapy courses

### Good Food Great
- Target population: 4th grade ESL students
- **Purpose:** The purpose of this program is to educate students about the importance of healthy eating through interactive activities.
- **Population:** 4th grade ESL students
- **Session time:** 45 minutes

**Description**
- **Objective:** Educate students about the importance of healthy eating.
- **Activity:** Engage students in interactive activities that promote healthy eating habits.
- **Expected Outcomes:** Students will learn about the importance of healthy eating and be able to identify healthy food choices.

### Snack Attack
- Target population: 4th grade ESL students
- **Purpose:** The purpose of this program is to engage students in healthy snack choices and promote healthy eating habits.
- **Population:** 4th grade ESL students
- **Session time:** 45 minutes

**Description**
- **Objective:** Engage students in healthy snack choices and promote healthy eating habits.
- **Activity:** Provide a variety of healthy snacks for students to try and discuss the benefits of healthy eating.
- **Expected Outcomes:** Students will learn about healthy snack choices and be able to make healthy eating decisions.

### Be A Buddy Not A Bully
- Target population: 4th grade ESL students
- **Purpose:** The purpose of this program is to promote friendship and prevent bullying.
- **Population:** 4th grade ESL students
- **Session time:** 45 minutes

**Description**
- **Objective:** Promote friendship and prevent bullying.
- **Activity:** Engage students in interactive activities that promote healthy personal relationships and prevent bullying.
- **Expected Outcomes:** Students will learn about healthy personal relationships and be able to identify and prevent bullying.

### Weighted Blanket
- **Purpose:** The purpose of this program is to provide students with a sensory tool that can help them manage their emotions.
- **Expected Outcomes:** Students will be more focused and able to better manage their emotions.

### Snack Attack Activities
- **Objective:** Engage students in healthy snack choices and promote healthy eating habits.
- **Activity:** Provide a variety of healthy snacks for students to try and discuss the benefits of healthy eating.
- **Expected Outcomes:** Students will learn about healthy snack choices and be able to make healthy eating decisions.

### Benefits to OT Students
- **Increased awareness of cultural diversity and its impact on occupational therapy practice**
- **Enhanced skills for awareness of cultural diversity and its impact on occupational therapy practice**
- **Community building experiences in which individuals communicate to learn about ways to promote their health and well-being**

### Programming for the Future
- **Refine needs assessment process**
- **Consider implementation of multi-session programs**
- **Increase student involvement in designing programs**
- **Create programs for ESL students to develop social interaction skills**

### Reflections
- **Volunteer experiences helped to develop therapeutic use of self**
- **Increased awareness of the impact of language barriers on occupational engagement**
- **Promoted students’ ability to facilitate group programs**
Occupational Therapy Post Professional Education meets the needs of practitioners while addressing the promise of Vision 2025

Outcomes From the Experience

- Updated skill set for using technology to access research and to stay current with trends of service and treatment.
- Reflect on & connect pears of clinical wisdom from over 15 years of practice to foundational models & theories
- Make meaningful relationships with experienced faculty in the field of OT to facilitate my own interests
- Create a project that allowed me to share my passion- the HANDLE Approach and in particular Gentle Enhancement with families
- Alter my entire career trajectory from the clinic to academia at Touro College by giving me the skills and confidence to inspire the next generation of OT professionals; (including presenting a short-course on Gentle Enhancement at the 2016 AOTA conference) As an academian, continue to research, lecture within the community and provide CEU events for therapists
- Collaborate interprofessionally in researching the efficacy of various neurological treatment modalities to harness neuroplasticity, build neural networks and ultimately improve function.
- Maintain a lifelong connection of support and camaraderie with professors and veterans in the field of OT, professors who guide, encourage and support the passions and strengths of each individual student.
- Engage in self studies and application of technology to access research and to stay current with trends of service and treatment.
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- Maintain a lifelong connection of support and camaraderie with professors and veterans in the field of OT, professors who guide, encourage and support the passions and strengths of each individual student.
Examining the Impact of Calming Music on the Stress Responses of Persons with Dementia

Trevor Bodnar, OTS, Alexandra Elmes, OTS, Nicole Petti, OTS, Kaitlyn Sledzinski, OTS, Lauren Zack, OTD, OTR/L, Ellen McLaughlin, Ed.D., OTR/L

Background & Significance

- Over 46.8 million people worldwide have a diagnosis of dementia, and currently there is no cure (Steiner et al., 2017).
- Anxiety is common in dementia, with prevalence rates varying from 38% in Alzheimer's disease to as high as 72% in vascular dementia (Snow et al., 2013).
- It has been shown that individuals with dementia have behavioral, cognitive, and physiological changes. Music has been proven to be effective in reducing these symptoms and normalizing physiological outcomes (Pauwels et al., 2014, p.408).
- A link has been made between music and an individual’s emotions (McDermott et al., 2014, p 408).
- Current research shows that music has consistent positive effects on reducing anxiety as measured by physiological outcomes, including heart rate, breathing rate, and blood pressure, in patients with dementia (Vasionyte & Madison, 2013, pg. 1289).

RESEARCH DESIGN

- Single subject with a baseline mean intervention and phase.

HYPOTHESIS

A fifteen minute period of calming music will reduce anxiety as evidenced by decreased blood pressure, heart rate, galvanic skin response and scores on the Behavior Rating Scale, with increased measures of oxidation.

PARTICIPANTS

Five females, age 87-96, average age of 90.8, with a diagnosis of either Alzheimer’s Disease or Dementia.

TEST MEASURES

The Behavior Rating Scale, pulse oximeter, blood pressure and heart rate cuff and a galvanic skin response device.

PROCEDURES

Individuals were seated comfortably in a chair in their own bedroom to ensure a low stimulus environment in the nursing unit. The researcher introduced 15 minutes of calming music and encouraged quiet relaxation. The intervention music was Mozart Sonata K.446.

RESULTS AND ANALYSIS

Individual results for each participant are depicted in graphs and are individually reported based on visual analysis of the behavior rating scale.

- Medium effect size: <0.87
- Large effect size: >2.67

Small effect size: <0.87

Medium effect size: 0.87

Large effect size: >2.67

Discussion

- Overall, there was a decrease in systolic blood pressure throughout intervention, however variable results noted in heart rate.
- Overall there was a decrease in aberrant vocalization, motor agitation, and resisting care post intervention as per the Behavior Rating Scale.

REFERENCES


ACKNOWLEDGEMENTS

We would like to extend a gracious thank you to the participants, caregivers, families, and College of Health Sciences and Education at Misericordia University for their assistance with this project.
The Effectiveness of a Multi-Sensory Center-Based Learning Curriculum in Pre-Kindergarten Students
Jennifer Dessoye, OTD, OTR/L; Leah Davis, OTS; Ellen Mahon, OTS; Ellen Rehrig, OTS; Tara Robinson, OTS
MISERICORDIA UNIVERSITY OCCUPATIONAL THERAPY DEPARTMENT, DALLAS PENNSYLVANIA

LITERATURE REVIEW
Research regarding how preschool programs affect early learning was found to be limited. The following areas were included in the literature review in order to form a full and complete understanding of multi-sensory center-based curriculum.

Standard Curriculum – Adherence with the National Association for the Education of Young Children (2014) and the adoption of the Common Core State Standards in 42 states is often taught in traditional settings. Traditional curriculums may prevent making the connections and generalizations that can be achieved through an engaging and interactive learning experience, such as multi-sensory center-based curriculum.

Community-Based – Several studies investigated the effect of community-based programs on child development. One community-based program studied to promote well-being and healthy child development, paralleling various goals of this study’s community-based multi-sensory center-based learning curriculum (Worton, 2014).

Small Group Instruction – Wasik (2008) found that dividing students into small groups incorporates opportunities for social contact while allowing children “to express themselves, receive feedback from the teacher, and have the opportunity to respond to each other” (p. 314). Small groups are utilized throughout this study’s curriculum.

Center-Based – activities provide the opportunity to explore the classroom (Wasik, 2008). One study found “center-based childcare programs in the community may be beneficial for fostering school readiness” (Winsler, 2008, p. 314). Small groups are utilized throughout this study’s curriculum.

HYPOTHESIS
The research team hypothesizes that the use of multi-sensory center-based curriculum in a pre-K classroom will improve each student’s overall performance in the areas of: reading fluency, reading comprehension, visual skills, and fine motor skills.

PARTICIPANTS
12 typical PreK participants were assessed at an early learning academy in northeastern Pennsylvania. Children were enrolled in the school prior to the announcement of this study.

INSTRUMENTS
The Beery-Buktenica Developmental Test of Visual-Motor Integration (Beery VMI) including Visual Perception Subtest & Motor Coordination Subtest

PROCEDURES
Children received the multi-sensory center-based learning curriculum currently in place at the early learning academy.

• Educational centers were combined with gross motor, fine motor, visual motor, sensory motor, and visual perceptual learning experiences.
• The general learning curriculum remains intact.
• Each child attended the program between one to four days a week.

Assessment instruments were administered by a qualified professional in September 2014 and again in May 2015.

RESULTS

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Raw Score</th>
<th>Grade Equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRADE</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>VMI</td>
<td>.009</td>
<td></td>
</tr>
<tr>
<td>Motor Coordination Test</td>
<td>.061</td>
<td></td>
</tr>
<tr>
<td>Motor Coordination Test</td>
<td>.001</td>
<td></td>
</tr>
</tbody>
</table>

Key
- Significant Value
- Not Significant Value

The statistician utilized SPSS to analyze the test data from the intact group of matched pairs. Analysis was done with a paired T-test to examine the significant of change in scores within each pair.

Followings the application of the Bonferroni adjustment, the significant level was determined to be p=.00625.

RESULTS DISCUSSION
A multi-sensory center-based learning curriculum integrates concepts from community-based practice, center-based learning, and small group instruction in order to provide ample benefits to young students.

Multisensory center-based learning aims to promote well-being and healthy child development, paralleling the aims and results of community-based programs (Worton et al., 2014).

This study supports conclusions drawn by Winsler et al. (2008) “that center-based childcare programs in the community may be beneficial for fostering school readiness” (p. 314).

Results and advances of students in this study suggest added support for research that children are able to learn and develop skills from each other within small groups (Wasik, 2008).

Although the analysis of the GRADE grade equivalents was determined not to be significant, it is approaching significance, suggesting possible clinical relevance for practitioners. Further research is needed to determine the extent of this relevance.

One can conclude that this curriculum is effective for increasing visual motor and motor coordination skills and that multi-sensory center-based learning has promising benefits for typically developing young learners.

Continuing to study this curriculum shows improvements can be made to better prepare students performance skills and client factors.

REFERENCES & ACKNOWLEDGEMENTS
Available upon request: Casey Hersom ECE Bright Beginnings Early Learning Academy; Dawn Evans, OT, OTR/L, Funding by Misericordia University Research Grant.
OTails - Animal Assisted Occupational Therapy
Elizabeth Bentz MS, OTR/L, SIPT
MISERICORDIA UNIVERSITY OCCUPATIONAL THERAPY DEPARTMENT, DALLAS PENNSYLVANIA

HYPOTHESIS
Occupational Therapy and Animal Assisted Therapy: Promoting Participation, Physical, Social Well-Being and Mental Health within the Geriatric Population

LITERATURE REVIEW
- Reduce feelings of stress and loneliness (Berry et al., 2012; Banks & Banks, 2005)
- Improve mental functions and emotional regulation (Kawamura, Niijama, & Niijama, 2007; Moretti et al., 2011)
- Promote social interaction skills and social participation (Kramer, Friedmann, & Bernstein, 2009; Martindale, 2008; Richeson, 2003)
- Decrease depression, anxiety, and agitation (Le Roux & Kemp, 2009; Majic, Gutzmann, Heinz, Lang, & Rapp, 2013)
- Retain ADL functioning (Menna et al., 2012)
- Increase perceived quality of life (Nordgren & Engstrom, 2014)

PARTICIPANTS
- 6 residents ages 44 years to 86 years
- 4 female; 2 male
- Diagnoses include depression, anxiety, Asperger’s syndrome, dementia, Huntington’s Disease, Alzheimer’s, Cerebral Palsy, osteoporosis, kidney disease, and COPD

INSTRUMENTS
Measurement of Pet Intervention (MOPI)
Geriatric Depression Scale (Short Form)
Occupational Profile and AAT Screening Form

PROCEDURES
One licensed Occupational Therapist will lead the animal assisted OT program one time weekly for 30-40 minute sessions for 4 to 6 weeks with a group of 4 to 6 residents in the nursing facility.

1. Begin each group session with greetings & introductions among the residents and therapy dog team
2. Discuss the purpose of the OTails program
3. Review goals and activities for the session
4. Conduct animal assisted Occupational Therapy activity
   a) have each resident choose a cup, place treats in cup
   b) residents dip spoons into peanut butter
   c) throw balls to therapy dog
   d) residents choose from a variety of brushes to brush therapy dog, brush dog’s teeth with toothbrush
   1. Wrap up discussion of the activity
   2. Discuss intervention plan for next week’s session
   3. Address any questions

RESULTS
Response Rate = 100% (B/I) includes two staff members

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the OTails program meet your expectations?</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Was the program fun and engaging?</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Did the OTails program help you reach your goals?</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Did you enjoy having a Therapy Dog in the OT sessions?</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Were you able to socialize with others in the group?</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Would you recommend this program to others?</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>48</td>
<td>2</td>
</tr>
</tbody>
</table>

CONCLUSION
The OTails program survey results indicate that long term care residents have a positive perception of animal assisted OT. Working with a co-therapist, a registered therapy dog, can reinforce the effectiveness of OT interventions to promote participation, psychosocial well-being, and mental health within the geriatric population.

SURVEY COMMENTS
Resident Comments:
1. Stated, “Oh yeah, loved the dog, come back and I’ll teach him some tricks”
2. Is interested in working more with animals since the OTails program. Enjoyed it very much.

Staff Comments:
1. Enjoyed watching the interaction between Maisy and residents. Maisy and Liz improved the residents’ mood and gave them something to truly look forward to each visit/program.
2. Loved seeing the interaction between the residents and with Maisie. Some residents responded more to the therapy session than they do in most other programs. You could feel their attention and cheerful faces. Loved this group! Come back!

DISCUSSION
The animal assisted OT program, OTails, engaged all the residents to actively participate in a therapeutic group session, while still integrating a client centered approach to address individualized goals developed in partnership with each participant. Working with a registered therapy dog created a relaxed and fun atmosphere where residents could comfortably socialize with each other. One resident who was new to the facility would only leave her room to join the others for the OTails program. She was resistant to all other activities that were offered, but because OTails provided an opportunity to work with a dog, the resident was eager to join the group. Another resident who was 44 years old, was uncomfortable leaving his room for other activities, with the exception of this program. He became animated and vocal while attempting to talk to and brush the dog. A third resident who was often quiet during other programs was very talkative during OTails. The Recreational Director noticed an improved change in mood and behavior in all of the residents.

ACKNOWLEDGEMENTS
Jennifer Donawa OTD, OTR/L
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Melissa Windke OTR/L, FAOTA – Dogwood Therapy Services Inc.
Marge Stiller – Alliance of Therapy Dogs Evaluator
Examining the Impact of a Weighted Blanket on the Stress Responses of Persons on a Dementia Unit

Allison Alexander, OTS, Alexis Campbell, OTS, Jeffrey Kramer, OTS, Jennifer Snyder, OTS, Ellen McLaughlin, Ed.D, OTR/L, Lauren Zack, OTRD, OTR/L

Background Info

- Dementia is a severe deteriorative condition that gradually impacts the abilities of an individual to cognitively comprehend and process tasks of daily living. From a neuropsychiatric perspective, symptoms of dementia include anxiety, apathy, hallucinations, delusions, and disinhibitions (Vickers, Kalin, Bylsma, Kavanagh & Griffin, 2004, p. 4).
- Weighted blankets are a therapeutic modality which provide deep pressure stimulation to the body. This deep pressure should be applied equally and replicates the feeling of being held or swaddled (Grandin, 1992, pp. 63-72).
- From a neurological perspective, this deep pressure provides a calming mechanism through a series of intricate neurochemical transmissions.

Purpose & 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.
- Participants 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.

Results

- 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 exists in 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. Additional studies with higher levels of evidence should be conducted to provide a higher degree of validity and reliability.

Conclusion

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References