Eyes on the Road

- Older Drivers’ Perceptions of Driving Cessation
- Meeting the Needs of Young Adults With ID and ASD

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Eyes on the Road

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Editor’s Note

Considering the Options

Finding alternatives to driving, especially in urban areas, has gotten easier and easier over recent years. Mobile technology facilitates all sorts of convenient transportation services, like Uber and Lyft; competing, economical airlines and bus services travel from city to city; and the Internet allows workers to do their jobs without always needing to travel to some central location, and shoppers to make purchases without having to drive to brick-and-mortar stores.

Yet driving retains an appeal for many people, offering independence, convenience, and excitement. It can be dangerous, though, especially compared with taking public transportation, and despite better and evolving safety features on vehicles. Several articles in this issue explore how occupational therapy practitioners continue to help clients address this IADL, not least through learning how to use alternatives. Author Amy Brzuz on page 8, for example, discusses how older drivers are sometimes—although of course not always—well aware of their increasing physical limitations and are constantly calculating their alternatives to get what they need or where to go.

“Whether the final decision to stop driving is involuntary or voluntary, older drivers may still struggle with the decision because they may believe they have no alternative way to stay active in the community,” Brzuz notes, hence the importance of driving cessation programs that educate participants about alternative modes of transport.

Students and faculty at Eastern Kentucky University in their article on page 12 discuss how they, too, in a program for helping young adults with autism spectrum disorder, help clients consider driving as part of the full continuum of transportation options, to best get where they want and need to go as safely and conveniently as possible. Author Tony Gentry, in our latest Tech Talk column, on page 18, takes a futuristic tack, looking at what autonomous technology may mean for driving safety as well as the future of occupational therapy for helping drivers. The need for occupational therapy to help clients navigate society will continue, he notes, whatever technology may bring.
In January 2017, three new occupational therapy Current Procedural Terminology (CPT®) evaluation codes (97165, 97166, and 97167) were introduced under the Physical Medicine and Rehabilitation (PM&R) section of the CPT Manual. These new codes are a major victory for occupational therapy practitioners, as they introduce a paradigm for evaluations based on patient complexity (low, moderate, or high) and specify that physical, cognitive, and psychosocial functional issues can be assessed as part of an occupational therapy evaluation.

Despite AOTA’s advocacy for stratified relative value unit (RVU) values for each code based on complexity level, CMS finalized a work RVU of 1.20 for each of the occupational therapy evaluation CPT codes because of concerns of potential abuses and budget neutrality. The work RVU is one of three components that determines the full price of CPT codes based on the work of the therapist and includes the time to perform the service, technical skill and physical effort, required mental effort and judgment, and stress related to potential risk. The American Medical Association rules for determining work values focus only on Medicare Part B services and are not all inclusive of Part B settings where many occupational therapy practitioners work, such as Medicare SNF Part B therapy billing.

Based on the analysis of the available Part B database data for proposing stratified RVU values for the codes, AOTA estimated an evaluation frequency for 2017 is 52% low complexity, 38% moderate complexity, and 10% high complexity. These results fall squarely within the 50%, 40%, and 10% (low, moderate, and high) estimates AOTA proposed to CMS.

These results are due to the hard work of occupational therapy practitioners arming themselves with the necessary knowledge through a comprehensive AOTA educational campaign, which included online webinars; in-person trainings at various national, state, and specialty occupational therapy conferences; and AOTA-published articles and FAQs. AOTA members continue to be provided with detailed information about components of the codes and how to interpret, document, and identify the correct complexity levels of the evaluation codes in their daily practice. Ultimately, AOTA believes that accurate utilization data will result in CMS considering stratified evaluation code payment values in the future.

For more information on the occupational therapy evaluation codes and other important coding resources, please visit the AOTA Coding and Billing webpage, at www.aota.org/Advocacy-Policy/Federal-Reg-Affairs/Coding.

Intersections

Sabrina Salvant, EdD, MPH, OTR/L, was named AOTA’s new Director of Accreditation. Salvant has been an occupational therapist for 24 years, serving most recently as the Program Director of Occupational Therapy at Belmont University. Her experience in accreditation includes serving on the Roster of Accreditation Evaluators and the Educational Standards Review Committee.

Sharmila Sandhu, AOTA’s Director of Federal Affairs, contributed to a recent NPR report on insurance coverage (https://n.pr/2KuChIq), featuring the story of a father and son who sustained serious hand injuries requiring surgery and occupational therapy services that helped both of them return to their regular activities.
New Guideline for Cardiometabolic Risk Following SCI

The Paralyzed Veterans of America published a new clinical practice guideline on Identification and Management of Cardiometabolic Risk after SCI, for helping veterans and others with spinal cord injury (SCI) prevent and treat cardiometabolic diseases. The guideline is available for download at www.pva.org/publications and the Apple Store for free.

Report on Youth Concussions

The Centers for Disease Control and Prevention (CDC) released a report on Prevalence of Self-Reported Concussions from Playing a Sport or Being Physically Active among High School Students—Youth Risk Behavior Survey, United States, 2017. CDC researchers reported that 15% of students reported having at least one sports- or physical activity-related concussion during the 12 months before the survey, and 6% reported having two or more concussions. The report is available at https://bit.ly/2KJNAIK.

Practitioners in the News

Hima Dalal, OTR/L, President of the Vital Energy Wellness and Rehab Center in Columbia, South Carolina, gave a presentation at the Myrtle Beach D.A.R.E. Association and South Carolina Officers Annual Conference on using meditation and yoga to help children with sensory processing disorder better engage in school and social activities.

Abby Hawkins, OTD, OTR/L, was featured in a report by the central Texas ABC affiliate KXXV-TV on her organizing an “autism-friendly” screening of The Incredibles 2 (https://bit.ly/2lV60M0).

New OT Practice Columns Planned

Ask the Expert: Got a quick question about practice, the workplace, or any other aspect of client care or/and occupational therapy life? OT Practice is launching a new column called “Ask the Expert.” Email otpractice@aota.org to have your questions considered for a future issue of the magazine by members of the Special Interest Section Standing Committees and other subject matter experts!

Member Spotlight: Know an AOTA member who deserves to be highlighted in the magazine for their work in occupational therapy? Email suggestions to otpractice@aota.org for a new OT Practice column highlighting AOTA members!

AOTA for You

Driving and Community Mobility: Occupational Therapy Strategies Across the Lifespan
M. McGuire & E. Davis
This text provides strategies to address community and driving across occupational therapy practice areas and settings, and with clients with various disabilities or difficulties. $69 for members, $98 for nonmembers. Order #1264. eBook $49 for members, $78 for nonmembers. Order #900471.

Driving Simulation for Assessment, Intervention, and Training: A Guide for Occupational Therapy and Health Care Professionals
S. Classen
This comprehensive text provides extensive knowledge, practical guidance, and current evidence on the appropriate use of driving simulators. $79 for members, $112 for nonmembers. Order #900389. eBook $59 for members, $92 for nonmembers. Order #900416.

To Order: http://store.aota.org (enter order # preferred) or call 800-729-2682
The Academic Education Special Interest Section is launching the third cycle of its New Educators and New Academic Fieldwork Coordinators (AFWC) Mentorship programs. The two mentorship programs will run for 6 months, from October 2018 to April 2019, and will use a video conferencing system for monthly meetings and discussions. All participants will be matched with a seasoned educator or AFWC as mentor. We are also recruiting for seasoned educators as mentors.

All interested new educators and mentors can contact Giuli Krug at gkrug@umhb.edu.

All interested new AFWCs and mentors can contact Rebecca Simon at RSimon@jwu.edu.

The deadline to apply is August 15. Each of the two mentorship programs will run for 6 months, from October 2018 to April 2019, and will use a video conferencing system for monthly meetings and discussions. All participants will be matched with a seasoned educator or AFWC as mentor. We are also recruiting for seasoned educators as mentors.

All interested new educators and mentors can contact Giuli Krug at gkrug@umhb.edu.

All interested new AFWCs and mentors can contact Rebecca Simon at RSimon@jwu.edu.

The deadline to apply is August 15. Each of the two programs can accommodate up to 15 participants.

Mark Koch, BS, OTR/L, a Clinical Instructor in the Occupational Therapy Doctoral Program offered jointly by the University of Arkansas and the University of Arkansas for Medical Sciences, was named Outstanding Advocate at the University of Missouri, where he formerly served as a guest lecturer and fieldwork supervisor.

Gavin R Jenkins, PhD, OTR/L, ATP, Chair and Associate Professor with the Department of Occupational Therapy, at the University of Alabama at Birmingham (UAB), received a UAB Faculty Development Grant for $8,500 to evaluate the effectiveness of a “Magic Camp” as a means of hand–bimanual motor skills training to improve the motor function in children with spastic hemiplegic cerebral palsy.

Laura K Vogtle, PhD, OTR/L, FAOTA, Professor and Director of the Clinical Doctorate in Occupational Therapy Program at UAB, was invited to serve as a grant reviewer on the National Institutes of Health (NIH) Motor Function, Speech, and Rehabilitation Study Section.

Hon K. Yuen, PhD, OTR/L, a Professor and Director of Research with the Department of Occupational Therapy at UAB, was invited to serve as a grant reviewer on the NIH Special Emphasis Panel meeting “Member Conflict: Healthcare Delivery and Methodologies.”

Kathryn Sorensen (pictured above), OTD, OTR/L, Clinical Assistant Professor in the Division of Occupational Science and Occupational Therapy at the University of North Carolina at Chapel Hill, helped to facilitate making the iconic and historical 225-year-old Old Well on the campus of UNC-Chapel Hill wheelchair accessible.

The Los Angeles-based TV stations KCBS2 and KCAL9 (https://bit.ly/2NsqiPA) recently highlighted a research study led by occupational therapists at the University of Southern California’s Chan Division of Occupational Science and Occupational Therapy on the value of sensory-adapted dental environments for children with autism spectrum disorder.

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Taking Action During Your Summer Hustle

AOTA’s new and improved Legislative Action Center provides multiple ways to stay in contact with all of your elected officials.

During the month of August, members of Congress usually take a pause on Congressional action to spend time in their home districts. This year, while your Representatives are in your district, the Senate has announced that it will continue working in D.C. throughout the month. This means your Senators will be holding fewer town halls or meet and greets. Amid all this hustle and bustle, it is important to stay in contact with all of your elected officials. AOTA’s new and improved Legislative Action Center provides multiple ways to do this. If you are not familiar with our new Legislative Action Center, we highly encourage you to go to www.AOTA.org/TakeAction and browse the site.

There are five sections to this website: Home, News, Take Action, and Advocacy Resources.

On the Home page lives the carousel of engagements. These engagements are resources for you to send a message to your members of Congress. AOTA’s Federal Affairs Team has drafted messages for you, but your legislators want to hear from you. We encourage you to adjust the language of these messages to fit your opinions. On this page, you can find information on your members of Congress, including their social media accounts, their websites, and how to contact them. You can also subscribe to our mailing list, follow us on Facebook, and more.

The News page is a collection of various news sources. It includes links to national, local, and AOTA-specific news. From AOTA’s Twitter feed to the congressional legislation that we are following, stay up to date on the developments on issues that affect your practice.

The Take Action page is the place to find the main issues we are tracking. There is a dropdown menu covering two different types of items. Items labeled “Primer” include a walkthrough of the issue. Items labeled “Take Action” are engagements with pre-written letters that you can adjust to tell your own story. Some engagements also allow you to send Tweets to your elected officials. In addition, there is a “Take Action” labeled “Write Your Own.” You can write a letter to your members of Congress on any issue of import to you using this engagement.

On our Blogs tab, we will be highlighting blogs posted on AOTA’s new blogging platform, CommunOT. Blogs covering Health Care Reform, Regulatory, State, and Federal issues will be linked on this page.

Advocacy Resources contains links to resources at www.AOTA.org. Our Tips and Tools page has items to help prepare you for a meeting with your legislators. You can use these materials to prepare for a town hall, in-district meeting, or meetings in Washington, DC. There’s also a link to more information about AOTPAC for AOTA members only.

Your new Legislative Action Center is here to help you tell Congress about the issues that matter to you. Our new Legislative Action Center is mobile and tablet friendly, so you can advocate while keeping up with your summer hustle. Happy Advocating!

Jill Tighe is AOTA’s Grassroots/PAC Specialist.
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Older Drivers’ Perceptions of Driving Cessation
Understanding the factors influencing older adults’ decisions about stopping driving after participating in driving cessation groups.

by Amy Brzuz

Occupational therapy practitioners in both generalist and specialist settings often address community mobility needs as part of the occupational therapy process, with driving often being the only available mode of community mobility (Yassuda et al., 1997). As we age, the skills and abilities that enable us to be safe drivers begin to decline, and many older drivers are thus faced with the reality of driving cessation (Pellerito, 2006). Therefore, driving cessation is often an area addressed in occupational therapy treatment plans.

Driving cessation can be involuntary or voluntary. When a driver’s license is revoked by the Department of Transportation, the driver experiences involuntary driving cessation. Reasons uncovered in the literature for involuntary driving cessation include poor vision, chronic ADL limitations, poor memory, poor hearing, history of at-fault accidents, and unsafe driving practices (Choi et al., 2011; Foley et al., 2002). When the no-driving decision is involuntary, the former driver can experience loss of independence, decreased access to the community for occupations, and a decreased quality of life (Yassuda et al., 1997).

Although it may seem like common knowledge that most drivers do not want to give up their driving privilege, a study by Choi and colleagues (2011) found that 83.1% of their study participants reported voluntary driving cessation. Reasons for their voluntary driving cessation included the financial costs associated with driving or anxiety about driving. Oxley and Charlton (2009) indicated that drivers voluntarily stopped driving because of loss of enjoyment, concerns about safety, and the availability of other forms of transportation. Whether the final decision to stop driving is involuntary or voluntary, older drivers may still struggle with the decision because they may believe they have no alternative way to stay active in the community.

The literature reveals that driving cessation programs can help drivers successfully plan for alternative transportation choices. Community mobility programs and travel training programs are available to help prepare individuals for driving cessation. The programs focus on similar components, which include group formats (Liddle et al., 2013; McInerney & McInerney, 1992), education on coping strategies (Dobbs et al., 2009; Gustafsson et al., 2012), consideration of psychosocial issues (Carr et al., 2005), education to increase awareness of alternative forms of transportation (Buning et al., 2007; Di Stefano et al., 2009; Sohlberg et al., 2005; Stepaniuk et al., 2008), and help for drivers to achieve a strong locus of control and realistic expectations of obstacles that will encourage more voluntary no-driving decisions (Dobbs et al., 2009).

Although the literature indicates there are many layers to driving cessation groups and the no-driving decision itself, more can still be learned about the in-depth experience of individuals making this decision. I (the author) wanted to further explore the factors that influence the driving cessation decision in older adults who participated in a driving cessation group I led as part of my clinical doctoral capstone project. Of particular interest was whether the participants reflected on their participation in my driving cessation group when making the no-driving decision more than a year later.

The Study

Nineteen adults ages 75 and older living in an urban independent living community were sent letters to solicit participation in this study. I chose these participants because they had all attended my two-part driving cessation group 16 months before initiating this study. The participants attended the driving cessation group—To Drive or Ride—voluntarily; the group was offered as a wellness activity at their independent living community. The group was modeled after the UQDRIVE driver cessation program (Gustafsson et al., 2012) designed in Australia that assists older drivers in having a sense of autonomy over the no-driving decision. The To Drive or Ride group required 2 days of attendance and focused on four modules: growing older, driving in later life, alternative transportation choices, and focused on four modules: growing older, driving in later life, alternative transport, and lifestyle planning. I waited 16 months after the driving cessation group to solicit interviews with the participants to allow them time to face the no-driving decision. Eight participants responded to the letters. Three reported they had stopped driving since participating in the driving cessation group. These three participants were included in this phenomenological qualitative (Creswell, 2009) study. All three participants were women.

After the participants signed letters of consent, semi-structured interviews took place at either their apartments or a common area (library or lounge). Interviews
were audio recorded with permission. Interview notes were also taken, and all interviews were transcribed. I posed the following questions:

1. Now that you’ve retired from driving, are you still able to get around?
2. Did your participation in the driving cessation group influence your no-driving decision?
3. Do you feel your participation in the driving cessation group had any influence on your using alternative forms of transportation?

Results
Two themes emerged from the qualitative data analysis, providing insight into the driving cessation decision-making process:

- **Theme 1: Prior Expectations.** All three participants reported that the driving cessation group did not directly influence their decision to stop driving. It seems that before participating in the group, these three participants already had decided that they were not going to drive in the future.

  When asked whether the group had any effect on their decision to stop driving, one participant stated: “Not really. I had been questioning it in my mind all through, the fact that my … driver’s license would come due in November of this year and I would be 86, and I thought, I just don’t care to keep driving when I’m that age.”

  Another participant stated that she was thinking about not driving before she attended the group and that she did not learn anything from the group that made it easier for her to make the no-driving decision. She stated it was “just a matter of when.”

- **Theme 2: Convenience.** Participants seemed to rely heavily on the convenience of alternative transportation when making their no-driving decision. They seemed to accept not driving because they had a good alternative available. They all used the independent living community van for appointments and community access, and they felt this was a very easy option. They had used this van before the group was held and continued to use it after. They all cited that the van was convenient and that it was well known that it was available and easy to use. One participant stated, “There is a bus service here that is very convenient … It is nice; it’s very convenient.” Another stated, “You have family and the van; you haven’t really had to think about other ways.”

Discussion
Better understanding of the factors that influence the driving cessation decision in older adults who have participated in a driving cessation group can potentially help occupational therapy practitioners assist their clients in the driving cessation process. Previous research indicated that the convenience of driving is why many people are reluctant to give it up (Adler & Rottunda, 2006; Kostyniuk & Shope, 2003). The results of this study confirm those findings. According to this study’s participants, the decision to cease driving hinged on convenience and prior expectations, and not necessarily on knowledge of all available alternatives. The participants in this study chose transportation alternatives that were the most convenient for them. For example, they did not report riding the city bus, because it was inconvenient. They preferred to take the community van or ask family for rides because this option was easier for them.

Although all three participants reported their knowledge of driving alternatives increased after participating in the driving cessation group, the group itself did not seem to overly influence their transportation choices. Their prior expectations of convenient alternatives seemed to undermine any new knowledge they might have gained from group attendance. This pre-existing knowledge may have made their decision to stop driving less difficult for them. The results of this study strengthen the findings of a systematic review by Stav (2014) that stressed the importance of a person’s physical context and how it can support or hinder community mobility. These participants lived in a physical environment that provided convenient modes of transportation. This most likely made it easy for them to decide to stop driving.

Limitations and Future Research
Although using a phenomenological approach helped to add different perspectives to this topic, the small sample size reduces the generalizability of the results. This study was also susceptible to recall bias; 16 months passed between group participation and the interviews asking participants what they had learned from the group. For future research, widening the sample size to include older drivers who are not living in a formal urban independent living community would be beneficial to better understanding the decision-making process of those who do not have such convenient resources available.

Implications for Future Occupational Therapy Practice
The results of this study can provide occupational therapy practitioners with added guidance when assisting clients through the driving cessation process.

- **Occupational therapy practitioners** have a role in assisting clients with life transitions, which includes living arrangements. Practitioners in all settings need to consider transportation resources when assisting clients with discharge planning. Although many clients prefer a home discharge, practitioners should feel comfortable recommending alternative living arrangements for clients if they aren’t able to safely navigate their communities from their current homes. These alternative living environments may have convenient transportation alternatives available, thus facilitating community access and independence.

- **Practitioners practicing in independent living facilities** should work closely with administrators regarding convenient transportation options for residents. Practitioners can educate administrators on the effect convenient community mobility options have on clients’ decision making process and ultimately their safety and quality of life. Perhaps residents would voluntarily cease driving if they were aware of convenient community access options.

- **Participants of these driving cessation groups** had preconceived notions of their driving future. This indicates that generalist occupational therapy practitioners should infuse driving cessation planning into their practice early; not just when the client is being confronted with the driving cessation decision.

- **Driving specialist occupational therapists** could dedicate time and resources to developing driving cessation groups in their communities so that programs are in place.
earlier and in more locations. Driving cessation planning may then become a normal part of aging, thus providing all older drivers with increased agency over their driving cessation decision.

Conclusion
The more information occupational therapy practitioners have about the decision-making process that older drivers go through when it is time to decide whether driving is still a safe, effective, and desirable form of community mobility, the better prepared they will be to assist their clients appropriately. This study determined that prior expectations and convenience are two topics that practitioners should highlight when discussing the no-driving decision with their clients.

References

Amy Bruzu, OTD, OTR/L, is an Assistant Professor and Chair of Occupational Therapy at Gannon University in Erie, Pennsylvania. Bruzu worked in driving rehabilitation before transitioning to academia.

Fact Sheet: Driving and Transportation Options for Older Adults
https://bit.ly/2MD8Tx4

Older Driver Safety Awareness Week: December 3 to 7, 2018
This annual event, including online chats every day on a different topic, promotes understanding of the importance of mobility and transportation to ensure older adults can remain active in their community.


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Driver Exploration

Meeting the Needs of Young Adults With ID and ASD
Community mobility is an area of occupation supporting independence in daily life tasks. Within community mobility, obtaining one’s driver’s permit and then license is still viewed as a rite of passage into late adolescence and early adulthood, despite the popularity among people of all ages of new community mobility options, including bike rentals and ride-hailing services such as Uber and Lyft. Obtaining a learner’s permit and a driver’s license, and learning to navigate the community, are also skills that promote independence, social participation, and engagement in the lives of young adults. Yet it remains a privilege for some young adults diagnosed with autism spectrum disorder (ASD) to attain these skills for independent community navigation (Monahan & Classen, 2013). According to the Centers for Disease Control and Prevention (2018), 1 in 68 children are identified with ASD. Occupational performance skills are often addressed primarily in childhood and can be overlooked as adolescents with ASD transition into adulthood. As individuals with ASD move toward young adulthood, the need for revisiting occupational performance skills comes to the forefront in enhancing community mobility, social participation, and independence.

According to Seltzer and colleagues (2004), “studies have shown that few, if any, individuals who receive a diagnosis of autism in childhood recover fully and achieve levels of functioning typical of their age peers” (p. 239). However, this does not necessarily mean that autism prevents occupational achievement and quality of life. Studies show that improvements during the adolescent and young adult years usually involve acquiring new skills and reducing maladaptive behaviors (Classen et al., 2013; Precin et al., 2012; Seltzer et al., 2004). If individuals with autism are capable of learning and acquiring necessary skills after childhood, then perhaps a lack of achievement in typical functioning is at least partially because of a lack of opportunities and services offered for this age group. According to Turcotte and colleagues (2016), adults with ASD were more likely to need occupational therapy services, yet have not received these services compared with young children with the same condition. These findings demonstrate that individuals still need and require supports in their adolescent and adult years, and they also have the capability to learn the skills necessary for changing role performance. Moreover, at the core of occupational therapy is the belief that individuals deserve to participate in life through occupation. According to the Occupational Therapy Practice Framework: Domain and Process (3rd ed.; American Occupational Therapy

Driving and community mobility groups developed for young adults with autism spectrum disorder can help prepare them for independence and social participation.

by Camille McQueen, Rebecca Gerwe, Ashley Wilson, Jennifer Caudill, Caitlyn Bird, Lacey Russell, and Shirley O’Brien
“achieving health, well-being, and participation in life through engagement in occupation is the overarching statement that describes the domain and process of occupational therapy in its fullest sense” (p. S4).

Individuals with ASD deserve community supports to provide the opportunity to increase occupational participation, achieve self-actualization, and improve quality of life and sense of well-being.

The mainstay of our profession has always centered on occupation and will continue to focus on ADLs and IADLs (Doucet, 2014). One of the most valued IADLs of adulthood is driving (Davis & Dickerson, 2017; Dickerson et al., 2013). Therefore a key aspect of supporting young adults with ASD is addressing their need for independence in community mobility, particularly driver training. AOTA has provided support materials to help practitioners address this need (www.aota.org/practice/children-youth/youth-transportation).

The ability to drive and navigate the community continues to be a key factor of independence in adults with ASD (Brooks et al., 2016; Precin et al., 2012). The skills for driving and obtaining independence in community mobility are associated with greater social, educational, and vocational opportunities.

Research on the desire of young adults with ASD to drive is limited. Although perceptions vary, the majority of young adults with ASD have reported fear and anxiety surrounding driving and community mobility, but they agreed that these skills provided them with an increase in quality of life and opportunity outside their home (Chee et al., 2015). Young adults with ASD also may present with co-morbidities such as depression and anxiety (Seltzer et al., 2004). Occupational therapists possess the requisite knowledge and skills to assess and plan

### Table 1: Driving Group Itinerary and Discussion Themes

<table>
<thead>
<tr>
<th>Driving Theme of the Week</th>
<th>Sample Activities</th>
<th>Discussion Themes and Questions Related to Material</th>
</tr>
</thead>
</table>
| **Week 1: Understanding Road Signs/Group Welcome** | Learning road sign images | **Discussion theme: Rules of the Road**  
- How can road signs vary from state to state?  
- What do the different colors and shapes of signs represent?  
- Understand how stress can affect reading and understanding signs |
| Post-It Scanning: Sticky notes with random numbers were placed in various locations down a hallway and participants had to use visual scanning skills to identify the color and number of each note  
- Identifying Car Parts: Participants were given colored images of car parts and then asked to identify the specific part and its use (e.g., parking brakes, turning signals, caution lights) | **Discussion theme: Driving is More Than Just Looking**  
- Why is scanning the environment while driving important?  
- Why is it important to orient yourself to where important car parts are? (e.g., parking brake, speedometer, gear shift)  
- Stress and its effects on safe driving |
| **Week 3: Understanding Directional Cues** | Traffic light signal simulation using iPad app  
3-Way Maze | **Discussion theme: Understanding Traffic Signals and Giving Directions**  
- What do you do in a car when you’re approaching a light under different circumstances, such as yellow or blinking red?  
- What is the difference between a dashed line and a solid line on a road?  
- Stress and directional cues |
| Identifying car parts (in an actual car)  
- Hands-on experience with a stationary car | **Discussion theme: Applying What You’ve Learned, Pt. 1**  
- Understanding appropriate use of different car parts (e.g., parking brakes, emergency flashers)  
- Exploring stress and its effects on driving |
| **Week 5: Problem Solving Skills Within Intersections** | Permit test practice  
- Negotiating right of way using Matchbox cars | **Discussion theme: Applying What You’ve Learned, Pt. 2**  
- Why is it important to understand right of way rules?  
- Strategies for stress |
| **Week 6: Community Mobility** | Hand out permit books to study for exams  
- Create ASD identification cards (in case of emergencies) | **Discussion theme: Knowing Your Way**  
- What local resources are available for transportation? |
interventions for individuals with these conditions and how they may affect ADLs and IADLs, such as driving.

Driving and community mobility require complex skills (e.g., interpreting nonverbal cues, shifting attention, performing other executive level skills) that are often difficult for individuals with ASD. However, learning these skills is possible for this population with instruction, practice, and targeted skill building.

The Autism and the Decision to Drive With Jerry Newport video series (Debbaudt & Debbaudt, 2012) serves as an example of how to reinforce confidence in learning the skill of driving from a family’s perspective. The skills of learning to drive and navigating the community start with addressing client factors and performance skills (AOTA, 2014).

Limited evidence exists for addressing driving skills and even less evidence exists for addressing alternative community mobility skills training for individuals with ASD (Radloff et al., 2016). To fill this void, a community–university partnership program was developed in conjunction with an interdisciplinary autism certificate program offered by Eastern Kentucky University. Lead faculty for the program represented occupational therapy, psychology, speech-language pathology, and special education. The driver program goal was to provide an opportunity for young adults with autism and other intellectual disabilities (IDs) to develop prerequisite knowledge for obtaining a driver’s permit and to provide community mobility options instead of or in addition to driving for those with autism and other IDs.

**Forming the Driving and Community Mobility Group**

The need for community supports for individuals with ASD was recognized, and community requests from families of youth with ASD drove the implementation of a pre-driving group for individuals with ASD and other IDs. Individuals were recruited from various community support groups. Based on interest from youth in the community with ASD and ID and their families, and participant need, the program evolved into a pre-driving group with community mobility implications for individuals with ASD and ID. The program maintained a general focus on driving, with community mobility skills built in. Adaptations were made to meet individual participant needs based on current levels of functioning, readiness to drive, and/or ability to navigate the community, to increase occupational participation and safety.

The group took place at a centrally located community agency in central Kentucky that was available for free through the ARC of Central Kentucky, a non-profit advocacy and education group for children and adults with intellectual and physical disabilities. The meeting rooms offered tables and chairs to complete the weekly small group activities. A lobby was structured for socialization and group activities. A television was used in one of the meeting rooms to watch scenes from *Autism and the Decision to Drive With Jerry Newport* series each week.
The program consisted of intake evaluation and program planning, followed by six weekly sessions. The initial evaluations of targeted skills were led by certified driving rehabilitation specialists (CDRS), who instructed the occupational therapy students in assessment administration. The Comprehensive Trail Making Test (Reynolds, 2002), the Symbol Digit Modalities Test (Smith, 1973), and the Biopter Vision Screening Test (Topcon, n.d.) were selected by the CDRS as screening tools for attention, psychomotor speed, visual skills, and learning and processing new information. The Kaufman Test of Educational Achievement (3rd ed.; Kaufman & Kaufman, 2014) identified literacy level and was administered by the psychology students. The assessment results provided general information regarding each participant’s potential and ability to pursue a driving permit as well as current abilities to plan and implement appropriate activities to meet their needs in navigating the community. After interpreting the standardized assessments, we considered the fact that a driving group with a focus on community mobility would have broader implications for focusing on participant strengths and lead to optimal occupational participation and safety in the community. Thus, the original plan for a driver permit group was adapted to include community mobility to serve the needs and interests of the participants.

The weekly topics addressed critical skills needed for driving and community mobility (see Table 1 on page 14). Groups were led by graduate occupational therapy and psychology students from Eastern Kentucky University. This structure allowed for interprofessional collaboration based on group themes and needs. Time segments were organized with large and small group content, including time for social engagement with a snack provided.

Case Example
Trevor, a 19-year-old man, was working on his bachelor’s degree in biology at a local state university. Trevor had been diagnosed within the past year with ASD, anxiety, and depression, which had created barriers for him to become a successful driver. The program structure did not directly address all his conditions; however, presentation styles did consider learning needs based on his conditions. Trevor commented that driving was very intimidating to him. By obtaining his permit and becoming a driver, he hoped to overcome his anxiety surrounding driving, gain independence, and visit his significant other independently. Trevor had already obtained a driving permit but it had recently expired, so he was preparing to retake the test as required by state law. He was referred to the group by his mother as a way to prepare to take his permit test again and attend a future driver’s license course. Trevor participated in the group community mobility components of the program. When the group divided into small group activities, Trevor’s small group focused on skill components in preparation for the permit test, reinforced by a strengths-based presentation style of material. Using a strengths-based presentation style of material. Using a strengths-based presentation style of material. Using a strengths-based presentation style of material. Using a strengths-based presentation style of material.
based focus helped reinforce his abilities and learning. As a part of the program, strategies for stress relief were presently weekly in a large group format, addressing Trevor’s anxiety. Trevor stated that he thought the driving program was helpful and provided him with a refresher of the material for the test and the occupation of driving. His favorite part of the driving program was working in smaller groups and completing the individual activities. The Driver Exploration and Community Mobility Group provided a functional learning environment, with the rooms being quieter and less chaotic than typical large driver training programs. After completing the group, Trevor reported that he felt more prepared to take the test and was closer to being a future driver. At the writing of this article, Trevor had passed the permit test and was practicing supervised driving with his family to complete the required supervised hours needed to move to the next step of obtaining a driver’s license.

Conclusion

Driving and community mobility groups developed for young adults with ASD can help prepare individuals for independence and social participation. By creating a flexible program, the driver permit and community mobility group was able to meet the varied needs of individuals across the autism spectrum. Through occupation-based activities, participants were able to gain and apply knowledge on driving and prepare for their permit exams. This program provided occupational therapy and psychology students with an in-context, interprofessional experience, while providing individuals with ASD and ID with the benefits of a broad range of knowledge. It further provided students with an opportunity to collaborate with working practitioners in occupational therapy and community settings.

References


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AOTA Official Document: Scope of Occupational Therapy Services for Individuals With Autism Spectrum Disorder Across the Life Course

https://doi.org/10.5014/ajot.2015.696S18

OT-ORA: Occupational Therapy Driver Off-Road Assessment Battery


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Online Course: Creating Successful Transitions to Community Mobility Independence for Adolescents: Addressing the Needs of Students With Cognitive, Social, and Behavioral Limitations


Camille McCueen, Rebecca Gerwe, Ashley Wilson, Jennifer Caudill, Caitlyn Bird, and Lacey Russell are graduate students in the Master of Science in Occupational Therapy Degree Program at Eastern Kentucky University, in Richmond. They are all completing an Interdisciplinary Autism Certificate Program in addition to their occupational therapy degree. They have additional clinical experiences and research preparation through the interprofessional community outreach focused on autism.

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On-Road Robots
What Will Self-Driving Cars Mean for Occupational Therapy?

More than 40,000 people die and more than 5 million are injured in traffic accidents in the United States each year (Bhalla et al., 2011). Every occupational therapist I know has treated victims of automobile collisions; many of us have been in car crashes ourselves. In the next few years, all this could change—automobile executives would have us believe—if self-driving vehicles take over the road. Autonomous cars, they say, will operate safely and efficiently. Traffic jams, road rage, and accidents will disappear. We’ll all become passengers, sightseeing, napping, or reading a book as our robot drivers whisk us off to our destinations (Fagnant & Kockelman, 2015).

How soon will this revolution occur? Automated buses already ply a few routes in Las Vegas, San Francisco, and some European and Asian cities. Uber predicts its autonomous car service will be up and running in some locations by 2020. Early this year, the Google subsidiary Waymo took the important step of ordering 20,000 self-driving cars for its taxi service. Two years from now, Waymo executives expect their automated taxis to be making a million trips per day. Their goal is to make self-driving car services practical and cheap enough that we give up car ownership entirely, relying on convenient automated taxis and buses for all of our road travel (Davies, 2018).

The prospect of such a revolutionary change leads to a number of questions for occupational therapy practitioners: Will self-driving cars really take over the roads? What will autonomous vehicles mean for our clients with disabilities? If eventually people no longer need to drive, will the occupational therapy career path of driving rehabilitation specialist die? How might such a dramatic change in the way we get around affect our everyday occupations? These are questions worth considering, because the era of self-driving cars may be just around the corner.

Sneaky Autonomy—Cars Get Smarter Every Year

The speculative fiction writer William Gibson famously said, “the future is already here, it’s just not evenly distributed.” The evolution of intelligent cars neatly demonstrates his dictum. Over the past 20 years, sensor and driving support tools have gradually crept into most of the new cars on the market. Army Captain Angel Rodriguez, who sustained a battlefield brain injury that caused an attention deficit and a visual field cut, relies on automated sensors in his state-of-the-art Mercedes Benz sedan to maintain a safe distance between cars, stay in his driving lane, and alert him to dangers on the road during long commutes from his home in Richmond, Virginia, to the Pentagon, near Washington.
DC. He says his sedan can practically drive itself already, but it doesn’t seem confident in his abilities to do so. The car automatically turns on the headlights and wipers when needed, beeps to wake him up if his head lolls, and uses sensors on the instrument panel make sure he maintains his grip on the steering wheel. In demonstration, he playfully drops his hands to his lap, and the car’s speaker immediately orders him to grab the wheel again.

**OT in a World of Intelligent Vehicles**

Driving support technologies like those in Captain Rodriguez’s car have gradually seeped down from the luxury automobile market to the rest of us. As readers probably know, Ford sedans can parallel park on their own, and Chrysler minivans brake when they sense an obstacle while backing up. In these ways, cars are getting smarter and safer. You might even say they’re teaching us to trust their driving skill. Driving rehabilitation specialist and occupational therapist Mary Breister, OTR, CDRS, of the Wilson Workforce and Rehabilitation Center in Fishersville, Virginia, takes these technologies into account when assessing her clients. Depending on a driver with disability’s needs, she may recommend features such as a rear view camera or voice-activated secondary controls to make driving safer. One of the challenges faced by driving rehabilitation specialists these days, she says, is just keeping up with all of the assistive technologies becoming available on new cars.

Nevertheless, Breister remains understandably skeptical about the near-term prospect of fully autonomous vehicles. After all, driving is one of the most complex and potentially dangerous human activities. As a March 2018 *Economist* article explains: “A fully autonomous car must solve three separate tasks: perception (figuring out what is going on in the world), prediction (determining what will happen next), and driving policy (taking the appropriate action).” With training and practice, human drivers can become highly flexible and competent at these skills, even managing to navigate around road obstacles in heavy traffic in a snowstorm. Robots today are nowhere near that smart.

For that reason, even when a car does emerge with the cognitive-perceptual skill to drive itself, it will very likely continue to require a human driver to stand by in case there’s a situation that it can’t figure out. But this leads to another problem. People are notoriously bad at switching attention from one task to another quickly. Imagine riding along absorbed in an episode of your favorite TV show when a dashboard alarm suddenly urges you to take evasive action now! Breister thinks this problem will add a new responsibility for driving rehabilitation specialists: training clients to take the wheel in an emergency. Even if that challenge can be overcome, she adds that occupational therapy practitioners will still have work to do: “For many of the folks we serve, getting from point A to point B is not the only issue. Rather, it can also be planning their day/destination/outing, getting in and out of a car, being able to effectively navigate once they get to wherever they are going, being able to figure out what to do if something doesn’t go as planned, and a lot more. So, yes,” she adds, “I think there will always be a need for OTs when it comes to transportation.”

**Self-Driving Cars and People With Disability**

Johnny Kelley, a recent client of Breister, has severe cerebral palsy, yet he learned to drive an adapted minivan that features wheelchair accommodations, travel sensors, and head switch secondary controls (you can follow his experience of learning to drive on his YouTube channel, at www.youtube.com/user/TheWheeledHubby/videos). Although Kelley takes pride in this accomplishment and has even taken a second job as an Uber driver, he avoids driving in bad weather or rush hour traffic, and prefers not to drive at night. He says he would gladly let an autonomous vehicle take his Uber job, if it meant that he and others with disability could get around safely and affordably without undue hassle. “Just consider,” he says, “the world of work, shopping, recreation, and social activity that self-driving cars might make available to people who cannot drive themselves.” He adds, however, “Driving’s hard, computers are still pretty dumb. I won’t hold my breath.”

**Driving as Fun and Function**

Another issue of concern to occupational therapy practitioners, of course, must be the occupation of driving as a purpose-driven IADL and leisure activity. Many people enjoy driving. If the time comes when driving is no longer an option, how will we respond to that change? What will replace the pleasure that comes from steering a car on the open road? These questions may not be solvable prospectively; but wouldn’t it be advantageous to think ahead to a day when we may all be passengers, free to tap on our laptops or just observe the passing scenery in our travels? When, if the utopian visions of the autonomous car enthusiasts come true, the hospital beds now filled by car crash survivors lie empty?

### References


Equine-assisted activities are any specific center activity (e.g., therapeutic riding, mounted or ground activities, grooming and stable management, shows, parades, demonstrations) in which the center’s clients, participants, volunteers, instructors, and equines are involved” (Professional Association of Therapeutic Horsemanship International, n.d.). Equine-assisted activities typically include putting a saddle on the horse, riding the horse through obstacles, brushing the horse’s hair, cleaning out the horse’s hooves, and feeding the horse. These activities take place in barns and indoor and outdoor arenas, and on sensory trails. Research suggests equine-assisted therapy is beneficial for various populations, including those with autism spectrum disorder, cerebral palsy (Alemdaroglu et al., 2016; Gabriels et al., 2015; Mutoh et al., 2018), and other conditions.

Most equine-assisted facilities were not originally built to accommodate the populations they serve, but to support the welfare of horses. Equine-assisted riding facilities can use the Americans with Disabilities Act (ADA) Standards for Accessible Design to address environmental barriers to participation for the participants who attend their programs. ADA standards were created in 1991, revised in 2010, and are now used to guide new construction and modifications of all public and private facilities that serve the general population (U.S. Department of Justice, 2012).

Case Example: The Red Barn
The Red Barn (2015) is a nonprofit agency in Leeds, Alabama, that provides equine-assisted activities to more than 100 children and adults every week. The Red Barn’s equine-assisted programs provide individual riding lessons and ground lessons (i.e., those activities not carried out on horseback), such as equine education, grooming, and saddling a horse. The Red Barn’s programs, along with equine-assisted activities, include riding instructor training; support groups for families; personalized veterans programs for active and inactive military personnel and their families; and day camps with art, music, and outdoor education. The 33-acre facility was purchased in 2012 and consists of three barns, an office, two houses, an indoor and outdoor arena, two sensory trails, and seven paddocks. Since the program’s...
inception, some changes have been made to the facility to increase participation of program participants, their families, and visitors in various activities, but The Red Barn’s executive director thought more changes still needed to be made to enhance accessibility.

The Occupational Therapy Program at the University of Alabama at Birmingham (UAB) engages with several community organizations to address specific programmatic needs. As part of coursework focusing on community service, four students from the occupational therapy program were assigned to The Red Barn. At the first meeting, the executive director expressed concerns about the property’s lack of accessibility for individuals with physical disabilities and interest in reducing the environmental barriers. The first step was to evaluate specific areas of the facility targeted by the executive director and then develop a client-centered access audit, which serves as a baseline assessment in identifying accessibility barriers to people with disabilities. This audit was created with reference to the 2010 ADA guidelines (see Table 1).

As part of the initial evaluation, the occupational therapy students observed riding lessons and day camps. Based on their observations, and the concerns of the executive director, a checklist was compiled of areas to address in the project, including the facility’s office, the main barn, and a pathway connecting the office to the barn area. Certain aspects of the property, such as ramps, bathrooms, thresholds, and doorways, were measured and compared with the ADA Standards for Accessible Design.

The Red Barn had already completed some accessibility changes in the barn’s bathroom, added a ramp in one of the houses, put up signs in braille in the tack room, made picture modifications for those with visual impairments and low literacy, and installed two wheelchair-mounting ramps. The final audit was organized and categorized by the areas of priority described. Each containing a table that included related 2010 ADA standards, recommendations for environmental modifications, and estimated costs of those modifications. While conducting the audit, the students consulted with Gavin Jenkins, PhD, OTR/L, ATP, who is an engineer and occupational therapist (OT), to determine which modifications could be made while maintaining the structural integrity of the buildings, a concern expressed by the executive director. Jenkins evaluated the structural integrity of the buildings and gave clearance for the facility to remove existing stall thresholds so threshold ramps could be installed. Jenkins also approved the plan of installing a ramp leading into the main office and a concrete pathway from the main office to the barn area, which would increase accessibility for individuals using wheelchairs, as discussed in the prior meeting with the executive director.

**Outcomes**

Once the audit was complete, a meeting was held with The Red Barn’s executive director, program coordinator, and OT to discuss key findings, potential solutions, and associated costs. The staff was excited to receive the recommendations and eager to implement changes. Simple changes were quickly addressed, such as building removable stall thresholds and two threshold ramps within the main barn. These modifications created wheelchair access to stalls and areas within the barn used for ground lessons, crafts, social games, and visitor rooms. In addition to the changes completed by staff, a local construction company reached out to The Red Barn to donate its time and materials for a service project. The Red Barn used this donation as an opportunity to install a ramp to its main office and a wheelchair-accessible, concrete pathway to the barn. The Red Barn hopes to continue evaluating areas of the property and implementing changes to create an accessible environment for all populations served at their facility.

### Table 1. The Red Barn Access Audit

<table>
<thead>
<tr>
<th>Standard</th>
<th>Area</th>
<th>Does it meet?</th>
<th>Comments</th>
<th>Possible Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>404.2.3</td>
<td>Outside Door Width</td>
<td>Yes</td>
<td>At least 32 inches wide.</td>
<td>Remove thresholds if possible or build accessible ramp with a 1:12 ratio.</td>
</tr>
<tr>
<td>404.2.5</td>
<td>Outside Doorway Thresholds</td>
<td>No</td>
<td>Thresholds should be 1/2 inch high maximum.</td>
<td>Remove thresholds if possible or build accessible ramp with a 1:12 ratio.</td>
</tr>
<tr>
<td>404.2.3</td>
<td>Inside Door Width</td>
<td>Yes</td>
<td>At least 32 inches wide</td>
<td>Remove thresholds if possible or build accessible ramp with a 1:12 ratio.</td>
</tr>
<tr>
<td>404.2.5</td>
<td>Inside Doorway Thresholds</td>
<td>No</td>
<td>Thresholds should be 1/2 inch high maximum.</td>
<td>Paint door knobs, switches, and tripping hazards to contrast with backgrounds. Increase contrast of signage.</td>
</tr>
<tr>
<td>703.5</td>
<td>Visible Signage and Paths of Travel</td>
<td>No</td>
<td>Characters and their background should have a non-glare finish. Characters should contrast with their background with either light characters on a dark background or dark characters on a light background.</td>
<td>Paint door knobs, switches, and tripping hazards to contrast with backgrounds. Increase contrast of signage.</td>
</tr>
</tbody>
</table>

Source for ADA regulations: https://www.access-board.gov/
Conclusion
This accessibility project was a valuable learning opportunity for the UAB occupational therapy students and members of The Red Barn. The creation of a client-centered access audit was challenging because of the lack of available resources regarding accessibility of barn facilities. However, the combination of knowledge learned from the occupational therapy curriculum and ADA standards made the personalized access audit possible.

Since this audit was created, it has been shared with other therapeutic riding facilities in hopes of inspiring them to increase their accessibility to better serve their communities. Just as occupational therapy practitioners can work with individuals to help them complete meaningful activities, we can also work within the community to help organizations better serve their clientele through environmental adaptations. Occupational therapy practitioners can play an important role in facilitating occupational participation by collaborating with organizations and programs, such as recreational centers, parks, and many other places within the community, to create accessible environments for all. ☝️

The authors would like to extend a special thanks to Joy O’Neal and Grace Butler of The Red Barn, and Laura Vogtle, PhD, OTR/L, FAOTA, and Gavin Jenkins, PhD, OTR/L, ATP, of the University of Alabama at Birmingham Occupational Therapy Department.

References

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Baltimore, MD  September 13  

Orange, CA  September 22–23  
**Eval & Intervention for Visual Processing Deficits in Adult Acquired Brain Injury Part I.** Faculty: Mary Warren PhD, OTR/L, SDL, FAOTA. This updated course has the latest evidence based research. Participants learn a practical, functional reimbursable approach to evaluation, intervention and documentation of visual processing deficits in adult with acquired brain injury from CVA and TBI. Topics include hemianopia, visual neglect, eye movement disorders, and reduced acuity. Also in Kalamazoo, MI, Oct. 20–21, 2018 and Omaha, NE, Nov 10–11, 2018. Contact: www.visibilities.com.

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**OCTOBER**

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Coaching Interventions and The Primary Service Provider Model by Kris Pizur-Barnekow, PhD, OTR/L, IMH-E; Ashley Stoffel, OTR, OTR/L, FAOTA; and Alexandra Kapelusch, MS OTR. This course discusses coaching as an intervention approach and to describe the Primary Service Provider (PSP) model of learning. Resources for occupational therapy practitioners to enhance advocacy for their role in early intervention while coaching and practicing within the PSP framework are provided. Earn .07 CEU (1 NBCOT PDU/75 contact hour). Order #OL5120. AOTA Members: $19.95, Nonmembers: $34.95. http://store.aota.org

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Online Course

Early Intervention & Preschool: Occupational Therapy Participation in the Child Outcomes Summary process by Leslie W. James, PhD, MPA, OTR/L, FAOTA and Ashley Stoffel, OTRD, OTR/L. By the end of this webinar, learners will know how to: 1) Define the three global functional child outcomes that all early intervention and early childhood programs must measure and report nationally; 2) Identify national tools and resources that support participation in the early childhood outcomes summary process; and 3) Identify at least three strategies to support the occupational therapy practitioner participating in the IFSP and/or IEP team rating process for outcome measures. Earn .075 CEU (1 NBCOT PDU/75 contact hour). Order #OL5114. AOTA Members: $19.95, Nonmembers: $24.95. http://store.aota.org

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Low Vision Assessment for Occupational Therapy by Yu-Pin Hsu, EdD, OT, SCVL & Roy G. Cole, OD, FAAO. This program provides instruction on vision screening strategies and assessment tools that occupational therapists can use to identify vision problems and determine how visual loss may affect client’s activities of daily living (ADL) and instrumental activities of daily living (IADL). Findings from a basic vision assessment help in formulating functional goals and appropriate interventions that address identified impairments and improve client’s occupational performance. Earn .2 AOTA CEU (2.5 NBCOT PDUs/2 contact hour). Order #OL4903. AOTA Members: $34.95, Nonmembers: $49.94. http://store.aota.org

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Module 1: Order #OL5101; Module 2: Order #OL5102; Module 3: Order #OL5103; Module 4: Order #OL5104

Online Course

Medication Related OASIS Items & Drug Regimen Review by Carol Siebert, OD, OTR/L, FAOTA. The social and economic costs associated with medication nonadherence have prompted requirements and quality initiatives to promote medication adherence and to reduce the risk of medication-associated problems for the population receiving home health services. For home health agencies to meet these requirements, all skilled clinical professionals (registered nurses, occupational therapists, physical therapists, and speech language pathologists) have additional responsibilities to monitor medications and implement efforts to promote medication adherence. This short course addresses medication-related responsibilities for occupational therapists working in home healthcare. Earn .075 AOTA CEUs (1 NBCOT PDUs/75 contact hour). Order #OL4845. AOTA Members: $9.95, Nonmembers: $14.95. http://store.aota.org

July 20, 2018 • www.aota.org
Online Course

Continuous Education Opportunities

Online Course

STAR Institute—Translation of Assessment Findings to Treatment: How Occupational Performance is Impacted by Underlying Sensory and Motor Abilities by Lucy Jane Miller, PhD, OTR, FAOTA and Sarah A. Schoen, PhD, OTR. This course is a recorded Pre-Conference Institute that was hosted by AOTA at the 2017 AOTA Annual Conference & Centennial Celebration. Earn .45 AOTA CEU (5.25 NBCOT PDUs/4.5 contact hours). Order #OL4975. AOTA Members: $65, Nonmembers: $99. http://store.aota.org

Online Course

SIS Quarterly Practice Connections 05 - Community Participation/Mobility: Community participation and mobility are often central to a person’s autonomy and independence. This issue of the SIS Quarterly Practice Connections focuses on how occupational therapy facilitates community participation and mobility for clients, whether through driving to the store or appointments, attending school or work, or participating in other activities they have identified as meaningful. Earn .1 CEU (NBCOT PDUs/1 contact hour). Order #CESISC05. AOTA Members: $20.99, Nonmembers: $24.99. http://store.aota.org

Online Course

Hand Rehabilitation: A Client-Centered and Occupation-Based Approach, 2nd Edition by Debbie Amini, EdD, OTR/L, FAOTA. AOTA’s newly updated Hand Rehabilitation course familiarizes occupational therapy practitioners with a client-centered and occupation-based approach to intervention that is easily incorporated into the hand rehabilitation setting. Earn .15 AOTA CEUs (1.88 NBCOT PDUs/1.5 contact hours). Order #OL4975. AOTA Members: $29.99, Nonmembers: $34.99. http://store.aota.org

ATIA Webinars

AOTA is proud to collaborate with ATIA, the premier organization for assistive technology, to bring their high-quality AT webinars to the occupational therapy community. Participants earn .1 AOTA CEU (1.25 NBCOT PDUs/1 contact hours) per course. AOTA Members/Nonmembers: $39.49/course. http://store.aota.org

50 New Ways to Adapt the iPad for Students with Disabilities, Order #WA1810

Assessing Morgan Using the Communication Matrix Assessment, Order #WA1812

 Comprehensive Assessment for Assistive Technology: The OCTOPUS Framework, Order #WA1708

Digital Literacy Supports: A UDL Perspective, Order #WA1711

Enhancing Switch Use and Switch Scanning for People with Physical Impairments: Part 1, Order #WA1705

Enhancing Switch Use and Switch Scanning for People with Physical Impairments: Part 2, Order #WA1706

Finding Resources for Andrew’s Intervention on the Communication Matrix Community, Order #WA1808

Guiding Teamwork Using Education Tech Point Questions, Order #WA1804

Planning Communication Goals for Andrew and Creating a Custom Report, Order #WA1807

Productivity Is the Name of the Game: Android Apps for Working Smart, Order #WA1709

UDL and Math Tools, Order #1811

Using Technology to Provide Play Opportunities for Children with Disabilities, Order #WA1701

UDL as a Framework for Collaboration Between AT & IT, Order #WA1806

Online Course

Building Oncology Rehabilitation Programs Across the Age-Span and Care Continuum by Brent Breverman, PhD, OTR/L, FAOTA. This course focuses on critical elements of building successful oncology rehabilitation programs. Strategies for scaling program development efforts including staff training and assessment/development of competencies are provided to help practitioners set priorities for where to put their energies given limited time and resources. Earn .1 AOTA CEU (1.25 NBCOT PDUs/1 contact hour). Order #OL4979, AOTA Members: $49.95, Nonmembers: $59.95. http://store.aota.org

Online Course

Early Detection of Neuromuscular Disorders in Early Intervention Settings (Module 4 of the Early Identification Series), by Roxanna M. Bendixen, PhD, OTR/L, Ains Barnewolck, PhD, OTR/L. Series Editors: Ains Barnewolck, PhD, OTR/L. This course provides an overview of neuromuscular disorders (NMDs) in infants, toddlers, and young children. These disorders vary greatly and manifest themselves through a combination of symptoms based on lower motor and sensory nerve dysfunction. Identification of the initial symptoms is the key element in diagnostic success. Earn .15 CEU (NBCOT 1.88 PDUs/1.5 contact hours). Order #OL4974, AOTA Members: $65, Nonmembers: $99. http://store.aota.org

CE Article

Applying the Person-Environment-Occupation Model to Improve Dementia Care by Carol Wong, MS and Natalie E. Leiland, PhD, OTR/L, BCO, FAOTA. The purpose of this article is to introduce the Person-Environment-Occupation (PEO) Model as a framework to improve dementia care in nursing homes and provide examples from literature that can be framed within the model. The interaction between the person, environment, and occupation is described to promote participation and provide quality care for residents with dementia. The PEO model can be used by occupational therapy practitioners to develop innovative approaches to dementia care and improve quality of life. Earn .1 AOTA CEU (1.25 NBCOT PDUs/1 contact hour). Order #CEA0117, AOTA Members: $24.95, Nonmembers: $34.95. http://store.aota.org

Online Course

Emergent & Early Literacy: The Role of Occupational Therapy Practitioners in Schools by Gloria Frolle Clark, PhD, OTR/L, SCSS, BCP, FAOTA et al. Literacy is embedded within a child’s daily living activities (writing, reading, listening, speaking). Without these basic means of communication, all aspects of occupational participation can be impacted. Occupational therapy practitioners have a critical role in literacy including supporting the development of literacy and providing professional development at a systems-level; evaluating a child’s ability to participate in literacy activities; and providing intervention to enhance participation in literacy activities. This course will offer occupational therapy practitioners working with children the knowledge and skills on emergent and pre-literacy development that practitioners working with children the knowledge and skills on emergent and pre-literacy development that can be integrated into OT evaluations and interventions. Earn .15 AOTA CEU (1.88 NBCOT PDUs/1.5 contact hours). Order #OL4974, AOTA Members: $34.95, Nonmembers: $49.95. http://store.aota.org

Online Course

Pediatric Constraint Induced Movement Therapy: Modules 1 and 2 by Andrew Persch, PhD, OTR/L, BCP. This continuing education program will provide you with information necessary to help you get started completing a PCMT program with your pediatric clients. This course defines PCMT, provide an overview of the evidence that informs practice and describes assessments and components of documentation of service delivery. Total credit earned (both courses must be completed): 3 CEUs (3.75 NBCOT PDUs/3 Contact Hours). Order #OL4932, Members: $59, Nonmembers: $99. http://store.aota.org

Online Course

Designing Occupational Therapy Services in a Primary Care Setting: Successful Strategies & Lessons Learned by Dragana (Anaja) Kraipek, PhD, OTR/L, Brent Braveman, PhD, OTR/L, and Heather Javaherian Dysinger, OTD, OTR/L. This course describes the role of occupational therapy in a primary care setting and provides insights into establishing OT services in a medical setting. Earn .15 CEUs, 1.5 Contact Hours, 1.88 NBCOT PDUs. Order #OL4983, AOTA Members: $24.95, Nonmembers: $34.95. http://store.aota.org

Online Course

Hand and Upper Extremity Essentials 2.0: The Fundamentals by Wendy Hoogsteden, MHS, OTR/L. This course provides beginner to advanced OT practitioners with information on the anatomy and kinesiology of the upper quarter. You will learn neuroanatomy concepts as related to hand and upper extremity rehabilitation. The course covers basic theory and application of physical agent modalities (PAMs) used in physical agent modalities (PAMs) used in upper extremity rehabilitation as well as an overview of splinting of the upper extremity. Earn .7 AOTA CEUs (8.75 PDUs/7 contact hours). Order #OL4983, AOTA Members: $70.00, Nonmembers: $200.00. http://store.aota.org

CE Article

Rethinking Safety for Older Adults by Claudia E. Oakes, PhD, OTR/L. This article will review the literature regarding safety to help practitioners better understand the complexity of these issues and communication to help bridge the gap between our perceptions and older adults’ perceptions of safety. Earn .1 AOTA CEU (1.25 NBCOT PDUs/1 contact hour). Order #CEA0117, AOTA Members: $24.95, Nonmembers: $34.95. http://store.aota.org

Online Course

Occupational Therapy Practice Guideline for Adults with Traumatic Brain Injury by Steven Wheeler, PhD, OTR/L, CBIS and Amanda Acord-Vira, MOT, OTR/L, CBIS. This course is based on the Occupational Therapy Practice Guidelines for Adults with Traumatic Brain Injury and provides an overview of the occupational therapy process for this population. The purpose of this course, in keeping with the purpose of the Practice Guidelines, is to help occupational therapists and occupational therapy assistants, as well as the individuals who manage, reimburse, or set policy regarding occupational therapy services, understand the contribution of occupational therapy in providing services to adults with TBI. Earn 15 CEUs (1.88 NBCOT PDUs/1.5 Contact Hours). Order #OL4976, AOTA Members: $24.95, Nonmembers: $34.95. http://store.aota.org

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### Columbia University

**FACULTY POSITION AVAILABLE**

**Assistant/Associate Professor**

Columbia University’s Programs in Occupational Therapy invite applicants for a full-time, 12 month faculty appointment. This position encompasses teaching and research in both the entry level MS occupational therapy program and in the post-professional doctoral programs. Close collaboration with other faculty within the department and with faculty in related departments is expected. Applicants are expected to have or to develop a research agenda that is grant supported.

**Minimum qualifications:**

Applicants should have an earned research doctorate (PhD, EdD, ScD), be NBCOT board certified, and be licensed to practice or eligible for license to practice in the State of New York. Clinical experience as well as experience as a course director is expected.

**Preferred qualifications:**

In addition to the above, a proven record of scholarship and an established research agenda is expected. Columbia University’s Programs in Occupational Therapy are part of the College of Physicians and Surgeons and is located in upper Manhattan. Housed in the Columbia University Medical Center and first established as a degree granting program in 1941, the programs consist of an entry level Master of Science program; a dual degree program with the Mailman School of Public Health; a Post-Professional OTD with an emphasis on cognition; and a Doctor of Education program in Movement Science and Occupational Therapy which is in collaboration with the Department of Biobehavioral Sciences of Teachers College. The faculty of the programs are highly recognized for their educational and research contributions, and are renowned nationally and internationally.

Interested applicants should apply directly to Columbia University at [https://chj.tbe.taleo.net/chj05/ats/careers/v2/viewRequisition?org=ARKASTAT2&cws=40&rid=22727](https://chj.tbe.taleo.net/chj05/ats/careers/v2/viewRequisition?org=ARKASTAT2&cws=40&rid=22727).

Questions regarding job posting should be directed to Dr. Glen Gillen at GG50@cumc.columbia.edu.

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### Arkansas State University

**OCCUPATIONAL THERAPY TENURE TRACK FACULTY POSITION**

Arkansas State University’s Department of Occupational Therapy in the College of Nursing and Health Professions invites applications for a 9-month tenure-track faculty appointment. The Department of Occupational Therapy at Arkansas State University includes both an accredited entry-level Occupational Therapy Doctoral (OTD) program and accredited Occupational Therapy Assistant program (OTA). The Assistant/Associate Professor’s primary responsibility is to deliver instruction, carry out research, perform service, advise and mentor students through their doctoral capstone projects.

We gladly receive applications from candidates with the following credentials and experience:

- Doctoral degree required. Research doctorate preferred. (e.g PhD, EdD, ScD)
- Record of teaching effectiveness. Expertise in research, population health, and community programming preferred.
- Ability to facilitate faculty mentored student research
- Minimum of three years clinical experience
- NBCOT certified and eligible for licensure as an Occupational Therapist in Arkansas

Review of applications begins immediately and will continue until the position is filled.

Arkansas State is a doctoral-level national institution with more than 150 degrees areas of study, including a robust online program, and a diverse student body from across the nation and the world. ASU has a vibrant campus life including sports, theatre, art, music, and more. Jonesboro, Arkansas is a city of 70,000 located one hour from Memphis, two hours from Little Rock, and four hours from St. Louis and Nashville.

Apply online today: [https://chj.tbe.taleo.net/chj05/ats/careers/v2/viewRequisition?org=ARKASTAT2&cws=40&rid=22727](https://chj.tbe.taleo.net/chj05/ats/careers/v2/viewRequisition?org=ARKASTAT2&cws=40&rid=22727)

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New From AOTA Press

Clinical Reasoning in Occupational Therapy

By Anne Cronin, PhD, OTR/L, ATP, FAOTA, and Garth Graebe, MOT, OTR/L

Clinical reasoning is a clinician’s ability “to think in action.” One of the biggest challenges for both new and seasoned occupational therapy practitioners in providing high-quality and cost-effective care is that clients may not fit the prescribed clinical picture given their unique personal histories, interests, comorbidities, and lifestyles.

Clinical Reasoning in Occupational Therapy explains OTPF-3-based, evidence-informed, and client-centered thinking in occupational therapy practice. Practical case examples and learning activities challenge readers to thoughtfully integrate what they are learning into their own interventions. Appendixes include the new AOTA Occupational Profile Template and a summary of occupational therapy frames of references.

Print: Order #900388, AOTA Members: $69, Nonmembers: $89

eBook: Order #900480, AOTA Members: $49, Nonmembers: $69

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Books to Read This Summer

by Stephanie Yamkovenko, AOTA’s Digital Editor

What are you reading this summer? Here are a few books we think you’ll love.

**Autumn** by Ali Smith
The story of a beautiful intergenerational friendship that started when Elisabeth was a little girl. As an adult, Elisabeth reflects on their past as she visits her centenarian friend in a nursing home.

**Goodbye, Vitamin** by Rachel Khong
An adult woman moves home to help her parents as her father’s dementia takes him away from a job that he loves. The novel made me laugh, cry, cringe, and smile.

**The Gene** by Siddhartha Mukherjee
Mukherjee tells the history of the gene in the style of an engaging, readable biography. Learn how we got to where we are today in genetics.

Get 10 more recommendations at [www.aota.org/14-books](http://www.aota.org/14-books)

Hashtags for Upcoming Conferences

We have a lot of conferences and events coming up! Start using the hashtags to be a part of the conversation:

- **#AOTApeds**: 9/28-9/29 in Milwaukee
- **#OTHillDay**: 10/1 in Washington, D.C.
- **#OTedsummit**: 10/13-10/14 in Louisville
- **#AOTAConclave**: 11/9-11/10 in Atlantic City
- **#AOTArehab**: 11/30-12/1 in Los Angeles
- **#AOTA19**: 4/4-4/7 in New Orleans

Tell Me How It Ends by Valeria Luiselli
A heartfelt essay about the time the author has spent volunteering to help children in the immigration court system.

Check out some books your colleagues recommend:

- **Left Neglected** by Lisa Genova (Marie J. on Facebook)
- **Ghost Boy** by Martin Pistorius (Kate R. on CommunOT)
- **Pandora’s Lab: 7 Stories of Science Gone Wrong** by Paul A Offit, MD (Panelpha K. on CommunOT)
- **Secrets from the Eating Lab** by Traci Mann (Grant M. on CommunOT)

Join the Conversations on CommunOT

- An OT at a cancer center working in lymphedema/edema wants to discuss **how other lymphedema therapists are doing wound care**. What assessments are you using and how do you keep it occupation-based? [www.aota.org/talk/cancer](http://www.aota.org/talk/cancer)
- A mother of twins is **re-entering the workforce** after 15 years, but she needs advice on jumping back in. How should she request strong supervision during a job interview? [www.aota.org/talk/re-entry](http://www.aota.org/talk/re-entry)
- This OT wants to discuss **resources on home health falls prevention programs** that other clinicians use or have found effective. What program, tool, or assessment do you recommend? [www.aota.org/talk/home-falls](http://www.aota.org/talk/home-falls)

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Registration Opens July 31!

2018 AOTA Education Summit
Louisville, Kentucky • October 13–14, 2018
www.aota.org/education-summit
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AOTA Specialty Conference

Children & Youth

Milwaukee, Wisconsin

September 28–29, 2018

(pre-conference sessions: September 27)

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Earn up to 20 contact hours, including pre-conference sessions.