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Occupational Therapy Assistant Mental Health Case-Based Learning Activities

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OCCUPATIONAL THERAPY ASSISTANT MENTAL HEALTH CASE-BASED LEARNING ACTIVITIES

by

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ABSTRACT

Occupational Therapy Assistants (OTA) need to be skilled in clinical reasoning and able to apply principles, theories and approaches to functional problems (Neistadt, 1998; Royeen,1995; VanLeit, Crowe and Waterman, 2001). Occupational therapy assistant educational standards require that students be able to apply models of occupational performance and theories of occupation (Accreditation Council for Occupational Therapy Education, 2008). Research has shown that learners actively engaged in the learning process have increased satisfaction with their education (Robinson, 1994) and perform better on exams (Lord, 1997; Wilden, Crowther, Gubanich and Cannon, 2002). Scaffa and Wooster (2004) found self directed learning can significantly facilitate the development of students' clinical reasoning skills. Case-based learning methods of instruction can be used to help meet the challenges that are experienced in occupational therapy assistant education while meeting the needs of adult learners.

Fink's taxonomy of significant learning provides a framework for developing questions that correspond with the various dimensions of clinical reasoning as described by Neistadt (1998) and Lysaght and Bent (2005). Case-based resources that address mental health topics across the lifespan and link

knowledge of theory to practice have not been developed for occupational therapy assistant students. This product employs case-based learning which includes adult and active learning principles as an instructional strategy for OTA. Through the use of this product, students are able to apply knowledge of occupational behavior models and frames of references to mental health clinical conditions across the lifespan.

CHAPTER I

INTRODUCTION

Occupational therapy assistants need to be skilled in clinical reasoning and to be able to apply principles, theories and approaches to functional problems (Nesistadt, 1998; Royeen, 1995; VanLeit, Crowe and Waterman, 2001). Occupational therapy assistant (OTA) educational standards require students to be able to apply models of occupational performance and theories of occupation (Accreditation Council for Occupational Therapy Education (ACOTE), 2008).

According to adult learning principles, learners want to be active participants in the learning process (Robinson, 1994). Research has shown that learners actively engaged in the learning process have increased satisfaction with their education and perform better on exams. Adult learners tend to be self-directing, and have a rich reservoir of experience that can serve as a resource for learning. Adult learners tend to have a problem centered orientation to learning as opposed to a subject matter orientation. Adult learners are motivated to learn due to internal or intrinsic factors. Adult learners prefer a collaborative teaching model that involved the learners as partners (Imel, 1994).

Case-based learning (CBL) methods of instruction can be used to help meet the challenges that are experienced in occupational therapy assistant education while meeting the needs of adult learners. Heinrichs (2003)

emphasizes that active student participation leads to the development of life long learners. Hudson and Buckley (2004) suggest that a strength of CBL is linking knowledge of theory to practice. Boissonnault (2006) determined that student's examination performance, self-confidence, and satisfaction appeared to be enhanced by the CBL teaching strategy. Scaffa and Wooster (2004) found that active learning can significantly facilitate the development of students' clinical reasoning skills. Several studies show that students perceive the use of active learning strategies as valuable learning experiences which improved clinical reasoning skills, increased their competence and motivated them to learn (Hammel, Royeen, Bagatell, Chandler, Jensen, Loveland, et al.,1999; Jamkar, 2006; Madill, Amort-Larson, Wilson, Brintnell, Taylor and Esmail, 2001; Stern, 1997; VanLeit, 1995). Case-based resources that address mental health topics across the lifespan and link knowledge of theory to practice have not been developed for occupational therapy assistant students.

The dimensions of the clinical reasoning process as described in the occupational therapy (OT) literature (Fleming, 1991; Mattingly, 1991; Neistadt, 1998; Van Leit, 1995) include scientific, narrative, pragmatic, interactive, conditional and procedural reasoning. These dimensions are all very important considerations of how OTA students learn and apply theoretical reasoning. Scientific reasoning looks at identifying the specific nature of a presenting condition. Narrative reasoning focuses on the personal meaning of the disability experience. Pragmatic reasoning is the ability to consider all of the practical issues that affect the provision of occupational therapy services. Interactive

reasoning is the ability to fully understand what the disability means to the individual. Conditional reasoning requires developing a holistic vision of a future therapy. Procedural reasoning requires identifying theories and procedures relevant to intervention (Lysaght and Bent, 2005; Neistadt, 1998).

L. Dee Fink's taxonomy of significant learning also provides a framework to understand how theoretical reasoning can be developed. This taxonomy is based on six kinds of significant learning; foundational knowledge, integration, application, human dimension, caring and learning to learn. Foundational knowledge provides the underlying facts necessary for other learning. The application category allows other kinds of learning to become useful. Integration gives learners a way of making new connections. Human dimension provides learners with the significance of their acquired knowledge. Caring promotes concern about something in a way different from before. Learning how to learn enables students to become life-long learners (Fink, 2003).

Fink's taxonomy of significant learning provides a framework for developing questions that correspond with the various dimensions of clinical reasoning as described by Neistadt (1997) and Lysaght and Bent (2005). The questions in the foundational knowledge section address the basics of the theory and those concepts in relation to the client, the basic treatment concepts, the environmental context in which the treatment takes place and the roles of the OTA in this setting. Foundational questions promote the development of scientific, narrative and pragmatic reasoning. The integration questions prompt the student to see and understand connections between the theory and the

practice of occupational therapy. Questions in this section build skills in narrative and procedural reasoning. Application questions are designed to encourage decision making and problem solving regarding occupational therapy treatment and intervention. As students reflect on application questions they are developing their procedural reasoning skills. Human dimension questions encourage students to learn about themselves and how this knowledge may enable them to better understand and interact with clients. This section promotes skills in interactive and narrative reasoning. Caring and learning to learn categories are grouped together and are designed to excite the student about learning and stimulate further exploration of the concepts introduced in the case. Questions in the caring and learning to learn categories build conditional and narrative reasoning skills (Fink, 2003).

The focus of this project is to develop a series of case-based instructional material that applies occupational behavior models and frames of references to mental health clinical conditions to be used in occupational therapy assistant education. Chapter II is a review of the literature addressing past and present occupational therapy education as well as adult and active learning principles and theories. Chapter III provides detailed information on the activities and methodologies utilized for this project. Chapter IV presents the product which employs adult and active learning principles to provide instructional strategies for the application of occupational behavior models and frames of references to mental health clinical conditions. Recommendations for further development of the product are identified in Chapter V.

CHAPTER II

REVIEW OF LITERATURE

The profession of Occupational Therapy (OT) can trace its roots to the Age of Enlightenment. During the 18th century a philosophy developed that was based on the ideas of psychiatrist Phillipe Pinel and English Quaker William Tukes. This philosophy, moral treatment, included a belief that the mentally ill would benefit from a regular daily routine, participating in their care and contributing to society through involvement in occupation (Early, 2000). While the use of moral treatment for individuals with mental illness eventually fell out of favor for more scientific methods, the concept that individuals with mental illness could regain control over their illness and their lives by re-engaging in normal activities became a core belief in the profession of occupational therapy. (Bruce & Borg, 2002).

Toward the end of the 1800's, changes in society created an environment for using occupation as a therapeutic tool. Immigrants were flooding the United States and many ended up in mental institutions. These immigrants spoke little, if any, english and alienated their caregivers by maintaining the strange customs of their homeland. As the population of the institutions swelled, neglect of the patients became rampant. As institutions turned away from treatment and

towards custodial care, reformers began to call attention to the poor conditions and demand active treatment for the mentally ill (Punwar and Peloquin, 2000).
A counter movement to the Industrial Revolution, termed the "Arts and Crafts Movement", sprang up. The proponents of this movement argued that creating objects by hand offered the possibility of creativity, independent decision-making, engagement of both mind and body, and personal satisfaction (Hussey, Sabonis-Chaffe & O'Brien, 2007). This belief influenced the founders of the occupational therapy profession. They believed that using arts and crafts and occupation as therapeutic tools would improve the condition of the institutions and have a positive impact on the individuals with mental illness.

In the early years of the twentieth century, various individuals came together to found the profession of occupational therapy. Susan E. Tracy, a nurse, was a strong advocate for nurses to use therapeutic occupation to treat a broad range of disorders. Dr. William Rush Dunton, Jr., a physician, wrote a book on the prescription and application of occupation and was a strong supporter of the use of occupation in the treatment of World War I troops. Susan Cox Johnson developed training courses in the use of occupations for treatment of invalids. Eleanor Clarke Slagle used a method called habit training and trained students to use occupation with the mentally ill. Thomas Kidner was an architect known for designing special hospitals for individuals with tuberculosis and developed a system of vocational rehabilitation for Canada's World War I veterans (Punwar & Peloquin, 2000). Dr. Adolph Meyer, a psychiatrist, promoted a holistic approach to the treatment of the mentally ill. He maintained

that each individual should be seen as complete and unified whole and advocated habit training and the use of occupation in the treatment of mental illness (Sladyk & Ryan, 2005). In 1917 George Edward Barton, an individual with a disability and a strong interest in the therapeutic use of occupation, organized a meeting of the individuals interested in the use of occupation as therapy and a group called the "National Society of the Promotion of Occupational Therapy" was formed which later changed its name to the American Occupational Therapy Association (AOTA) (Punwar & Peloquin).

World War I had a profound impact on the practice of the OT profession. In the initial stages of the profession, OT was involved with individuals with mental illness but during World War I Occupational Therapists as reconstruction aides expanded their role in providing therapy to individuals with physical disabilities by working with orthopedists to retrain soldiers who had become disabled during the war. Orthopedists supervised reconstruction aides, determined eligibility for becoming a reconstruction aide and prescribed the occupation in which a soldier would be retrained. As a result, orthopedists were instrumental in the creation of occupational therapy reconstruction training and curriculum. This curriculum emphasized medical and scientific courses and laid the foundation for the embracing of the medical model by the OT profession (Gutman, 1995). After the war ended, the reconstruction aides found themselves in demand in civilian hospitals due to the publicity their war time efforts received (Punwar and Peloquin, 2000).

OT education continued to evolve following World War I. Some of the programs established during the war continued though they varied in content and length. The first standards for education were adopted by AOTA in 1923 and set a minimum length for the education programs. In 1929 AOTA established a national registry for graduates of its approved schools. In 1934 the American Medical Association assumed responsibility for accreditation of OT education. This association ended in 1994 when the profession determined it could be responsible for monitoring its own educational programs (Hussey et al., 2007).

Even though the World War I determined a new philosophical focus and opened up a new practice arena, occupational therapists continued to work in the field of mental health. During the years between 1917 and 1950 occupational therapists practicing in the field of mental health continued the use of occupation as therapy. Occupational therapists practiced primarily in state hospitals where they oversaw the efforts of patients in the laundry, shops, sewing rooms and the farm. Patients were engaged in arts, crafts, physical exercises and leisure past times (Cara & MacRae, 2005).

During the 1940's and 1950's the occupational therapists in mental health were criticized for not being scientific based, causing the adoption of non-OT theories. Psychoanalysis was one of the most popular prevailing theories and OT adopted the vocabulary and concepts of this theory (Early, 2000). Bruce and Borg (2002) state that the therapeutic application of this theory attempted to match an activity with the treatment of a diagnosis or symptom rather than encouraging individuals to solve problems, adapt to life situations or increase

participation in occupation. Behavioral theories were also employed by occupational therapist. The central concept of behavioral theories is that all behavior is learned. In order to help an individual learn appropriate behavior, adaptive behavior is rewarded and maladaptive behaviors are punished or ignored (Early).

During the 1960's and 1970's Mary Reilly, an occupational therapist, lead the call for a return to the ideals of the founders of the profession (Punwar & Peloquin, 2000). Reilly called for a change from the medical model to more occupational based models of practice. She argued that in order to legitimize the profession, occupational therapists had to focus on occupational behavior, or the occupations in which individuals engage, including work and play (Reilly, 1962). Following the call from Reilly, occupational behavior models emerged.

The model of human occupation (MOHO), developed by Gary Kielhofner, describes how individuals engage in occupational roles (Kielhofner, 2002). Early (2000) explains:

> The central organizing principle of the human occupation model is that humans have an innate (inborn) drive to explore and master their environments. A related idea is that doing, exploring, and acting help to organize and maintain us in the world." (p.87).

The drive to explore the environment can be nurtured or obstructed. In this model, human beings are believed to be an open system, as the human systems engages in an occupation, the action impacts the individual. Information is received from the environment and enters the individual as input. The internal

processing of the information is termed throughput. Occupational performance, or output, results from the interaction of three interrelated internal components called subsystems. These three subsystems are volitional, habituation and performance capacity. Volition incorporates values and interests, a sense of personal causation and the motivation for engaging in occupation. Habituation refers to the way occupation is arranged into habits, routines and roles. Performance capacity is affected by an individual's body functions and body structures. Feedback is received regarding the consequences of the output. Problems in the subsystems can interfere with an individual's ability to engage in occupations. Occupational therapists evaluate and seek to comprehend the interaction of the person, performance and task within a specific context (Kielhofner).

The Occupational Adaptation Model (OA) developed by Sally Schulz and Janette Schkade describes how individuals interact and adapt to the occupational challenges presented in life (Schultz and Schkade, 2003).

> Occupational adaptation presents the adaptation process as emerging from an interaction between the person (consisting of idiosyncratic sensorimotor, cognitive, and psychosocial systems) and occupational environment (consisting of work, play, and leisure and self-maintenance functions) in response to occupational challenges." (Schultz and Schkade, p. 221).

Kramer, Hinojosa, and Royeen (2003) explain the occupational adaptation process:

> This process exists to enable the individual to respond adaptively and masterfully, that is, to meet both self-produced role expectations (internal) and environmentally produced role expectations (external). Occupational adaptation consists of three elements: person, occupational environment and interaction of person and occupational environment. Each element is built on a constant that is invariably present as the person engages in occupation. These constants are the desire for mastery (person), the demand for mastery (occupational environment), and the press for mastery (interaction of person and occupational environment) (p. 185).

In the occupational adaptation model mastery is always relative; it is the individual's perception of their occupational response in relationship to their personal standards.

An individual has expectations for each of their occupational roles. Occupational challenges arise from the individual's various occupational roles and the expectations of those roles. As an individual meets an occupational challenge, they create a response, get feedback from the environment, evaluate the feedback, integrate the feedback and regenerate another response. This is called the adaptive response mechanism. When individuals are unable to generate an adaptive response to an occupational challenge and achieve mastery, the process is viewed as dysfunctional.

The origin of the occupational therapy assistant can be traced to OT aides working in psychiatric facilities around the time of World War II. The contribution of the aides proved to be so valuable that the idea of providing training to these

personnel was born. The United States Army began offering a one month training program in 1944 and several states offered four to six week training programs (Sladyk & Ryan, 2005).

Since its inception, OTA education has grown in duration and content, developing consistency among the educational programs. In 1958 the American Occupational Therapy Association adopted Essentials and Guidelines of an Approved Educational Program for Occupational Therapy Assistants at that time, the length of the OTA educational programs was between twelve and eighteen weeks (Crampton, 1967). In 1964, education for the OTA was initiated at the junior college level. By 1972, OTA educational programs ranged from nine month programs offered through institutions to two year degrees offered through colleges. To combat the inconsistencies in OTA education, AOTA adopted guidelines for the educational programs in 1975. OTA educational programs were required to be accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) (Cottrell, 2000).

OTA education programs must provide education in a variety of areas and meet over 200 standards in order to be accredited by the Accreditation Council for Occupational Therapy Education. Early (2000) states:

> The required content includes communication and interpersonal skills; basic biological and behavioral sciences; diseases and conditions treated by occupational therapy; human development; performance areas...performance components...performance contexts; analysis, adaptation and gradation of activities and instructional techniques. Also

included are principles and methods of occupational therapy evaluation and treatment. (p.12)

In addition, current educational standards require successful completion of sixteen weeks of full time level II fieldwork (ACOTE, 1998).

Educational content in an OTA program addresses the role of the OTA in the OT process in collaboration with an occupational therapist. An OTA works under the supervision of an occupational therapist but has an essential role in the occupational therapy process. The occupational therapy assistant contributes to the evaluation process by administering delegated assessments and providing reports of observations and client capacities. The OTA provides input into the intervention plan. The OTA selects, implements, and makes modifications to therapeutic activities and interventions and contributes to the intervention review by providing information about the client's responses to interventions. The OTA may implement outcome measurements and provide needed client discharge resources (The Commission on Practice, 2004).

OTA education has some significant differences from occupational therapist education. While OTA's are educated to collaborate with occupational therapists in the therapy process, the education of the occupational therapist focuses on the responsibility of the occupational therapist to deliver, delegate and supervise OT services in accordance with the concepts of theory and the standards of practice. Educational content for occupational therapist education includes comprehensive exploration and application of theories to each step of the OT process, management and supervisory skills, selection and administration

of structured and unstructured evaluation tools and research and statistics. The education of occupational therapists prepares them to "...design the overall program and to evaluate and plan treatment for complex problems...." (Early, 2000, p.13) while the education of the occupational therapy assistants prepares them to implement treatment.

Methods of instruction in OTA education have historically included classroom and practical experience. When the guidelines for OTA education were adopted in 1958, Crampton (1967) stated the expectations were the programs would be hospital based and in-service in nature. The twelve week institution based training programs included 400 hours of classroom work and supervised practical experience (Caskey,1961). When junior colleges began offering OTA educational programs, academic courses designed to transfer to four year colleges were included in the curriculum while practical experiences at local healthcare facilities continued to be provided throughout the curriculum, including the first academic year (Cantwell, 1970). The 1998 Standards for an Accredited Educational Program for the Occupational Therapy Assistant require practical experience be provided through unspecified amount of level I fieldwork and sixteen weeks of level II fieldwork (ACOTE,1998).

A typical course used in OTA education for teaching the role of the occupational therapy assistant in a mental health setting is usually three or four lecture and lab credits. The course occurs before or concurrently with level I fieldwork and may be a student's only exposure to mental health experience. The course provides exposure to major theories guiding occupational therapy in

mental health practice. Other topics commonly covered include interpersonal communication, therapeutic use of self, group leadership, evaluation tools, treatment interventions and approaches, documentation and the development of clinical reasoning skills in the application of the occupational therapy process to individuals with mental health dysfunction.

While research has looked at the teaching strategies in the education of occupational therapists, not much is known regarding the didactic methods of instruction in OTA education. The non-clinical methods of instruction in OTA programs have been largely unexamined. Studies have explored teaching strategies in occupational therapist programs. Problem-based learning as an effective method of instruction in occupational therapist programs has been investigated in several studies (Hammel, et al.,1999; Lysaght and Bent, 2005; Royeen, 1995; Scaffa and Wooster, 2004; Stern and D'Amico, 2000; VanLeit, 1994). Neistadt (1998) and Nolinske and Millis, (1999) examined cooperative learning as a teaching strategy in occupational therapist programs. Crabtree, Royeen and Mu (2001) explored the effectiveness of learning through discussion in an occupational therapist program.

OT education is facing challenges as it continues to endeavor to meet the needs of the changing health and human services fields. Royeen (1995) lists several issues including the need to be able to apply principles, theories and approaches to functional problems individuals with disabilities encounter, the ability to work with individuals within the many systems in which they exist, the ability to manage the fluid context of society and the need to understand the

potential of OT outside of the medical model. Neistadt (1998) states that OT practitioners need to be flexible and skilled in clinical reasoning in order to meet the demands of a rapidly changing health care environment. VanLeit et al.(2001) state that "...occupational therapy students must develop clinical reasoning skills, effective communication abilities and a penchant for lifelong learning."(p.79)

Pedagogy is an educational style widely used in education. The term pedagogy refers to the art and science of education. Generally, the use of the term pedagogy has been used to refer to educating children but this style of education is also used when educating adults. Pedagogy has typically been teacher directed learning. In this educational style, the teacher directs the learning by assuming responsibility for determining what is learned, when it is learned and the way it will be taught. This style of teaching may have roots in the Calvinists belief that adults need to control the information to which children are exposed. Another theory is that pedagogy was influenced by religious education which used indoctrination to instill beliefs (Conner,1996). Regardless of the origins of pedagogy, because it is the most prevalent model in education, it became an acceptable method of instruction at the higher education level.

The pedagogical model has six assumptions about learners. Learners only need to know what the teacher tells them if they want to pass. The teacher views the learner as dependant. The learner has little to offer in ways of experience as a resource for learning. The learner becomes ready to learn when they believe the information is important in helping them pass. Learners have a

subject orientation to learning and are motivated to learn by external forces (Knowles, Holton & Swanson, 1998).

The lecture is one of the best known methods of instruction of the teacher directed educational style and has been the most widely used method of instruction in higher education (Mckeachie & Svinicki, 2006). A lecture is an instructional technique in which the educator verbally presents information on a particular topic while the learner is a passive participant in the process.

Verner and Dickinson (1967) found the effectiveness of the lecture as a teaching method depends on the instructional objective. When the objective is to impart information and to provide a foundation for learning through another type of instructional strategy, the lecture is an effective teaching method. When the material is complex or the objective is to apply skills or information, other teaching methods are determined to be more effective.

In the 1920's, researchers began exploring the effectiveness of pedagogy in education of adults (Conner, Wright, Curry, DeVries, Zeider, Wilmsmeyer, et al., 1996). Malcolm Knowles is generally acknowledged as unifying the works of previous researchers and bringing the concept of adult learning or andragogy to the United States (Ross-Gordon, 2003). Knowles proposed that there was a distinct difference in educating children versus educating adults. He believed that adults have different specific learning needs.

Knowles proposed assumptions about adult learners: Adults tend to be self-directing, adults have a rich reservoir of experience that can serve as a resource for learning, adults tend to have a problem centered orientation to

learning as opposed to a subject matter orientation, adults are motivated to learn due to internal or intrinsic factors and a collaborative teaching model involves the learners as partners (Imel, 1994).

The principles of adult learning indicate employing instructional methods encouraging the student to be an active participant in the learning process. Robinson (1994) stated: (1) adult learning is problem centered not subject-mattered centered. (2) Learning is an active process and adults prefer to participate actively. (3) Learning is goal directed; the more realistic and relevant the stated objectives for a project, the more learning will take place. (4) Group learning is more effective than individual learning. (5) Learning that is applied immediately is retained longer, therefore, techniques must encourage the immediate application of material in a practical way. (6) Learning must be reinforced through feedback. (7) The learning of new material is facilitated when it is related to what the adult already knows and should help the adult establish the integration of material. Instructional methods that incorporate the adult learning principles will involve the student in active learning.

Research has shown that learners actively engaged in the learning process have increased satisfaction with their education and perform better on exams (Lord, 1997; Wilden, Crowther, Gubanich, and Cannon, 2002). A study conducted comparing student-centered and teacher-centered approaches in a college biology course for non-majors found that exam scores, and attitude were significantly higher for the student-centered classrooms (Lord). A similar study at

the University of Nevada for non-major biology courses showed tests scores significantly higher in the active learning courses (Wilden et al.).

Case-based learning is an active learning method that is a derivative of problem-base learning. Problem-based learning begins with an open ended problem to be solved. The learner may not have any previous knowledge of the subject matter. The learners, in small groups, work as self directed investigators collecting data relative to the presenting problem. The instructor acts as a facilitator of learning. CBL learning focuses on solving clinical problems presented in a case study (VanLeit, 1995). In CBL, the instructor provides resource information and more structure during the discussion. In CBL the students has to have been previously exposed to knowledge necessary to answer the questions. The learners are responsible for applying the information to the case in order to answer the questions posed by the instructor (Lysaght & Bent, 2005).

There are three basic parts of the CBL method; the presentation of a case, an analysis and discussion of the case (Nagel, 1991). The case is designed to focus on a particular concept, and is based on a real situation that requires a course of action. The case is presented in three stages. The first stage presents initial information and is designed to provoke discussion. The second stage provides more information to help narrow the focus of discussion. The third stage brings closure to the case by providing a solution or answers to the questions. The analysis of the case is done in small groups and their ideas are shared with their peers. The discussion is inquiry based and allows for speculation about

possible courses of action. The discussion centers on reducing the possibilities and selecting a solution after the second stage of the case is revealed (Crang-Svalenius & Stjernquist, 2005).

The methods for presenting the case in CBL vary. Cases can be text based, supplied either electronically or on paper. Live cases can be simulated by an actor or presented by a client. An actor or a client can be videotaped and the case may be presented through traditional audiovisual methods or electronically. Learners or instructors can role play the parts of the individuals in the case (Lysaght & Bent, 2005; VanLeit, 1995).

Case-based learning methods meet the needs of adult learners as stated by Robinson (1994) and Knowles (Imel,1994). CBL methods are instructional methods that require the student to take a more active role in the learning process. This type of instructional method is designed to encourage the learner to actively engage in and reflect on the content. Learners become participants in the learning process rather than assuming passive roles. The cases are problem centered and goal directed. Students work collaboratively to answer the questions posed in the case studies. Knowledge is applied in a practical way to what the learner already knows and feedback is provided to reinforce the learning process.

The use of instructional strategies based on androgogical learning assumptions by OTA faculty can help achieve programmatic educational goals. CBL is an instructional strategy that fits within the androgogical learning assumptions framework. CBL can be used in to achieve OTA educational goals

by providing students an opportunity to participate in active learning instructional strategies.

CBL methods of instruction can be used to help meet the challenges that are experienced in OTA education while meeting the needs of adult learners. Heinrichs (2003) stated emphasizing active student participation leads to the development of life long learners. Hudson and Buckley (2004) showed that a strength of CBL is linking knowledge of theory to practice. Boissonnault (2006) determined that student's examination performance, self-confidence, and satisfaction appeared to be enhanced by the CBL teaching strategy. Scaffa and Wooster (2004) found that active learning can significantly facilitate the development of students' clinical reasoning skills. Several studies show that students perceive the problem-based learning or CBL method to be a valuable learning activity which improved clinical reasoning skills, increased their competence and motivated them to learn (Hammel, et al.,1998; Jamkar, 2006; Madill et al., 2001; Stern, 1997; VanLeit, 1995).

Other studies caution that implementing minimally guided approaches to education such as problem-based learning is costly and that this method is no more effective than conventional teaching (Colliver, 2000; Kirschner, Sweller, and Clark, 2006). However, Baumberg-Henry (2005) found the use of CBL as a sole teaching method is as reliable as other methods.

Literature exploring OTA education using CBL is not available. This suggests that either CBL has not been used as a method of instruction in

occupational therapy assistant education or that it is utilized, but its efficacy has not been researched.

Case-based resources that address mental health topics across the lifespan and link knowledge of theory to practice have not been developed for OTA students. Watson (1996) has based the design of her book for occupational therapist students on principles of problem-based learning. Each pediatric case is presented with problems and challenges that serve as a basis for group discussion. Each case has questions, a learning resource list and research information to guide the learning process. While this book provides fourteen pediatric problem-based learning case studies it does not include any cases addressing mental health issues. Chisholm, Dolhi and Schreiber (2004) developed a workbook style format for using case studies in designing occupation based interventions using a client centered approach. The book provides fourteen case studies across the lifespan with a variety of conditions, though only two of the case studies address mental health issues. One of those cases actually focuses on soft tissue injuries rather than primarily the mental health diagnoses. The other partially applies concepts of a theory to the case study. Precin (2002) develops clinical reasoning skills through narrative stories told by clients with mental illnesses and occupational therapy students on mental health fieldwork. The book uses reflective questions related to the narratives to develop clinical reasoning skills. This book is designed for occupational therapist students and focuses on clinical reasoning without application of theory. Borg and Bruce (1997) text is written using narratives by occupational therapist

describing therapeutic interactions among clients, therapists, family members and other professionals. Discussion questions following each story are designed to synthesize and apply knowledge, or suggest alternative approaches to problem solving. The book is designed for education of occupational therapist students and the questions focus on clinical reasoning and problem solving rather than on application of theory. Lucci (1980) uses case studies as modified medical records. Of the forty-one cases, five focus primarily on mental health diagnosis. This book is written using outdated terminology for both occupational therapy and psychiatry and does not integrate theory application in any of the discussion questions. Halloran and Lowenstien (2000) provide case studies to encourage student's clinical reasoning skills. The text consists of forty case studies, with ten focusing primarily on mental health diagnosis. The text does not use a specific frame of reference though in a few of the cases, the model of human occupation and cognitive disabilities model are mentioned. All of the mental health case studies are adults. The book addresses the application of theory in two of the ten mental health case studies. Crist Royeen and Schkade (2000) apply occupational behavior models to a case but don't connect frames of reference to an occupational behavior model.

There is a need for a product that employs adult and active learning principles to provide instructional strategies for the application of occupational behavior models and frames of references to mental health clinical conditions. The following product will accomplish the above and will emphasize student participation as new knowledge is presented in the context of previously learned

material. Through the use of this case-based learning product, students will learn to take responsibility for their learning by engaging in self-directed activity.

Chapter III

Activities/Methodology

The process of developing a series of cases for CBL in an OTA educational program began with a review of current literature. This review involved topics related to past and present occupational therapy education as well as adult and active learning principles and theories. A literature search was conducted through CINAHL, ERIC, MEDLINE, PsychiatryOnline, PsycINFO, and SCOPUS and Academic Search Premiere. Key words used to search each data base included case-based learning, problem-based learning, active learning, adult learning, medical education, occupational therapy education, occupational therapy assistant education, student centered learning and higher education. Supplemental information was obtained through the internet, occupational therapy textbooks and discussion with mental health occupational therapy practitioners.

The literature indicates that adult learners prefer group active learning activities and new knowledge presented in conjunction with what they already know (Imel, 1994; Robinson, 1994; Ross-Gordon, 2003). Literature exploring active learning strategies for occupational therapy assistant education was unavailable although there is sufficient evidence in the field of education to support using a CBL approach (Crang-Svalenius & Stjernquist, 2005; Heinrichs,

2002; Hudson & Buckley, 2004; Lord, 1997; Lysaght & Bent, 2005; Nagel, 1991; VanLeit, 1995; Wilden et al., 2002).

Therefore, CBL strategies were developed to apply adult learning principles to OTA education. CBL requires learners to work in self-directed groups to apply knowledge to posed questions. The learners apply previously learned and new knowledge to solving clinical problems in cases (Crang-Svalenius & Stjernquist, 2005; Lysaght and Bent, 2005; Nagel, 1991; VanLeit, 1995).

Literature within the area of CBL supports the concept that CBL links knowledge of theory to practice (Hudson & Buckley, 2004) and leads to the development of life long learners (Heinrichs, 2002). A search of OT textbooks reveals cases available for occupational therapists or occupational therapist education in physical health. These textbooks either lack or have partial application of theory to the case. (Borg & Bruce, 1997; Chisholm et al., 2004; Halloran & Lowenstien 2000; Lucci, 1980; Precin, 2002; Watson, 1996). Crist et al. (2000) apply occupational behavior models to a case but don't connect frames of reference to an occupational behavior model. Literature exploring OTA education linking theory to practice using CBL was unavailable.

Therefore, a series of cases for OTA mental health education was developed linking formal theories and frames of references to practice. A formal theory attempts an overall explanation of a phenomena or human experience. Formal theories are broad in scope, such as theories of occupational behavior. Frame of references are situation-specific and limited to a particular population or

field of practice, such as sensory integration (Crepeau and Schell, 2003). By applying grand theories, or occupational behavior models, in the first two cases students develop identities as occupational therapy practitioners. This identity comes from being grounded in an occupational behavior model. Aspects of their identity as occupational therapy practitioners are lost if students pursue practice from a frame of reference. As the students progress through the product and build an occupation based foundation, they are guided in using a frame of reference or non-occupational therapy model in conjunction with an occupational behavior model.

The process of development involved identifying a framework for encouraging clinical reasoning and delineating a sequence an OTA would typically follow when working through a case. Following identification of the sequences, objectives were designed with an emphasis on the role of the occupational therapy assistant in the occupational therapy process.

The product consists of a series of five modules applying OT theory to commonly treated mental health clinical conditions across the lifespan to be utilized in occupational therapy assistant educational programs. The first module is an introduction to the case based learning process and application of the occupational adaptation model to a child with Attention Deficit Hyperactivity Disorder. The second module covers the model of human occupation applied to an adult with Major Depressive Disorder. In the third module the students have the opportunity to compare the strengths and weaknesses of the model of human occupation and the occupational adaptation model. The fourth module builds on

the previous modules and introduces the concept of using a model to complement another practice model. The case covers a child with Asperger's Syndrome and the sensory integration frame of reference in conjunction with the model of human occupation. The fifth module continues with the use of a grand theory in conjunction with a practice model. The case applied the model of human occupation in conjunction with behavioral cognitive therapy to an adolescent with Anorexia Nervosa. All learning concepts are constructed around the role of the OTA in the OT process and L. Dee Fink's taxonomy of significant learning.

Chapter IV

Product

Graduates of an accredited occupational therapy assistant program are expected to be prepared to be lifelong learners and keep current with best practice (ACOTE, 1998). Occupational therapy assistant faculty can utilize case-based learning as an instructional method to help achieve those expectations.

The purpose of the product is to provide modules for use by faculty in an occupational therapy assistant education program mental health course. The modules consist of four cases to be used in case-based learning and one self-directed learning activity comparing two occupational behavioral theories. Each module is designed around the expected entry-level competencies of an occupational therapy assistant and addresses accreditation standards for an occupational therapy assistant program.

The modules apply occupational therapy theory and occupation- based therapy to mental health clinical conditions. Models commonly employed in mental health occupational therapy are applied in the cases. Each case presents a mental health condition seen in children and adolescents and treated by occupational therapists.

In order to complete each module, students are required to access information from sources that a mental health occupational therapy assistant

would use. These sources include mental health practitioners, textbooks, AOTA official documents, journal articles, internets sources, reference books and standardized tests.

Each case is fictional, and represents common characteristics that might be evident in the particular diagnoses chosen. The cases represent frequently seen symptoms of a particular diagnosis. The student is presented with hypothetical problems that an individual with that diagnosis may be experiencing.

Increased demands are placed on the students as they progress through the modules. Each case covers common concepts; diagnostic information, articulation of theoretical concepts, occupational therapy treatment, role of the occupational therapy assistant in the occupational therapy process, planning interventions, and awareness of assessments. Increasingly complex learning objectives are added to successive cases placing demands on the student's clinical reasoning skills.

The dimensions of the clinical reasoning process as described in the occupational therapy literature (Fleming, 1991; Mattingly, 1991; Neistadt, 1998; Van Leit, 1995) include scientific, narrative reasoning, pragmatic reasoning, interactive reasoning, conditional reasoning and procedural reasoning. Scientific reasoning looks at identifying the specific nature of a presenting condition. Narrative reasoning focuses on the personal meaning of the disability experience. Pragmatic reasoning is the ability to consider all of the practical issues that affect the provision of occupational therapy services. Interactive reasoning is the ability to fully understand what the disability means to the

individual. Conditional reasoning requires developing a holistic vision of a future therapy. Procedural reasoning requires identifying theories and procedures relevant to intervention (Lysaght and Bent, 2005; Neistadt).

In these modules, questions based on L. Dee Fink's taxonomy of significant learning are used to promote development of clinical reasoning skills. Fink's Taxonomy is based on six kinds of significant learning; foundational knowledge, integration, application, human dimension, caring and learning how to learn. Foundational knowledge provides the underlying facts necessary for other learning. The application category allows other kinds of learning to become useful. Integration gives learners a way of making new connections. Human Dimension provides learners with the significance of their acquired knowledge. Caring promotes concern about something in a way different from before. Learning how to learn enables students to become life-long learners (Fink, 2003).

Fink's taxonomy of significant learning provides a framework for developing questions that correspond with the various dimensions of clinical reasoning as described by Neistadt (1997) and Lysaght and Bent (2005). The questions in the foundational knowledge section address the basics of the theory and those concepts in relation to the client, the basic treatment concepts, the environmental context in which the treatment takes place and the roles of the occupational therapy assistant in this setting. Foundational questions promote the development of scientific, narrative and pragmatic reasoning. The integration questions prompt the student to see and understand connections between the theory and the practice of occupational therapy. Questions in this section build

skills in narrative and procedural reasoning. Application questions are designed to encourage decision making and problem solving regarding occupational therapy treatment and intervention. As students reflect on application questions they are developing their procedural reasoning skills. Human dimension questions encourage students to learn about themselves and how this knowledge may enable them to better understand and interact with clients. This section promotes skills in interactive and narrative reasoning. Caring and learning to learn categories are grouped together and are designed to excite the student about learning and stimulate further exploration of the concepts introduced in the case. Caring and Learning to learn questions build conditional and narrative reasoning (Fink, 2003).

The first module is an introduction to the case-based learning process. The purpose of this case is to expose the student to Attention Deficit Hyperactivity Disorder and the occupational adaptation model. The basic objectives are covered as the students discover the symptoms of the clinical condition, basic concepts of the occupational therapy theory, the treatment context, assessments and interventions for the clinical condition using the occupational therapy theory. Students are asked to examine the personal implications of what they have learned in an attempt to develop their therapeutic use of self.

The second module covers the basic objectives and introduces new dimensions as they explore Major Depressive Disorder and the model of human occupation. This case, in addition to covering the basic objectives, asks the

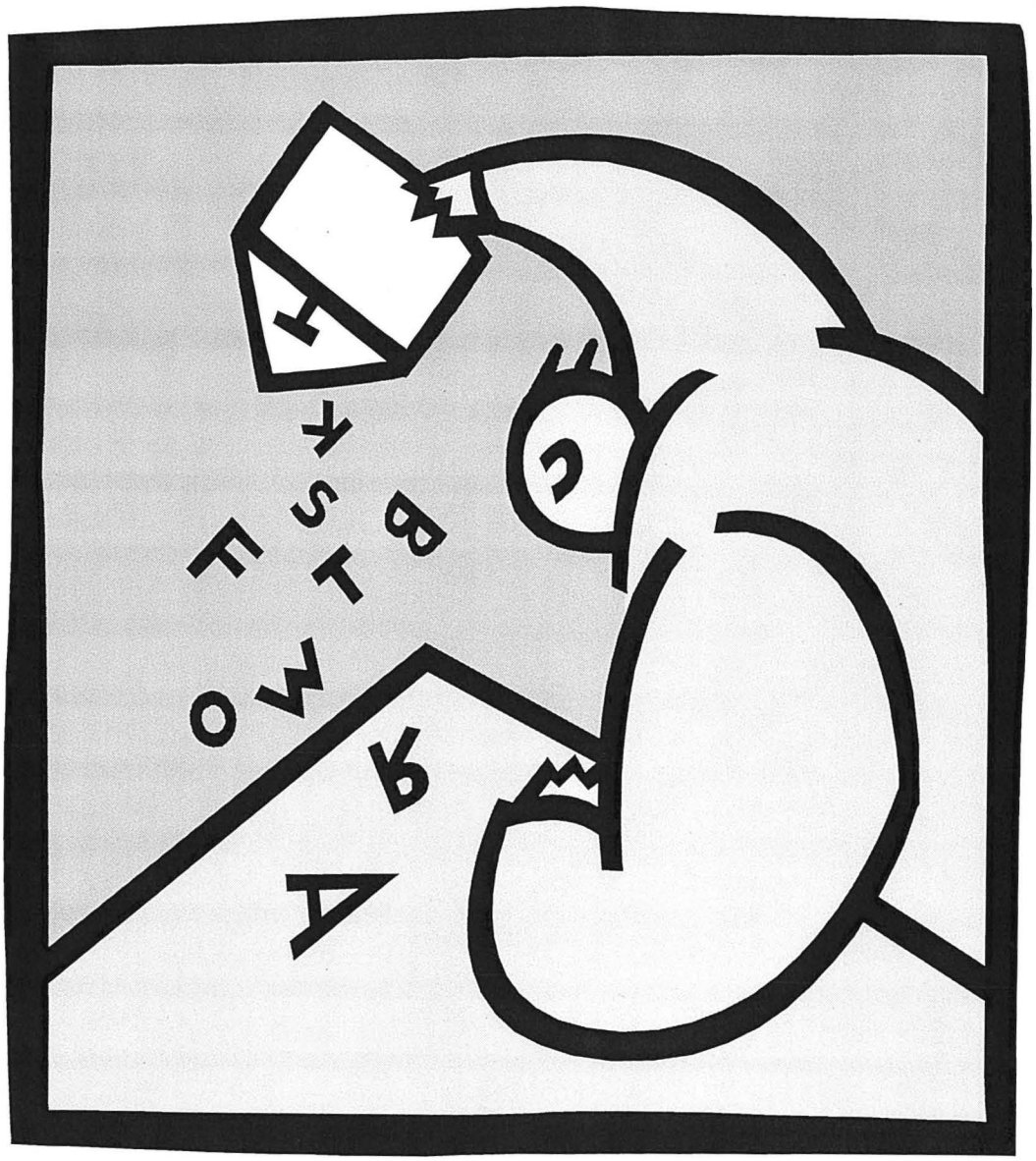
student to apply assessment results, investigate psychotropic medications and their side effects and determine safety precautions.

The third module, a self-directed learning activity, examines the two occupation-based models introduced in the first and second modules. Two different occupation-based models are utilized in the preceding modules so that the student can appreciate how dissimilar occupation-based models would contribute to the clinical reasoning process. In this module, the students have the opportunity to compare the strengths and weaknesses of the model of human occupation and the occupational adaptation model and to explore the impact of using a different theoretical model on cases one and two.

The fourth module builds on the previous two modules and introduces the concept of using a model to complement another practice model. The case covers Asperger's Syndrome and the sensory integration model in conjunction with the model of human occupation. In addition to covering the basic objectives, the students are asked to read professional literature and explore implications for practice.

The fifth module continues with the use of the model of human occupation in conjunction with another model and brings in the issue of cultural context. In this case the students are exposed to Anorexia Nervosa and the model of human occupation in conjunction with behavioral cognitive therapy. Other objectives of the case include exploring the relationship of occupational balance to health and wellness, the role of occupation in the promotion of health, understanding cultural values that influence behaviors and discharge planning.

Instructor Information



To be most effective in meeting course objectives, the self-directed learning activities should be used in conjunction with traditional teaching methods. The cases can be modified to meet course and grading requirements.

At the first meeting of the full class, provide students with case objectives, timelines for the case, evaluation methods and expectations of students in case-based learning (Handout 1), roles of group members (Handout 2), strategies for completing case-based learning (Handout 3) and a list of required or recommended texts.

In preparation for the small group meetings, arrange the physical environment so that the students are able to meet in groups of four with a surface for writing. Make available relevant reference material.

Divide students into groups of four. Designate one student as leader, one as scribe, one as reporter and one as manager. Provide the students with Section 1 of the case and direct them to address the questions. In their first small group meeting for each case, students should review the case, identify learning issues, discuss concepts and identify any questions, determine appropriate resources, and divide the responsibilities among the group members. Guide the students to identify resources for independently exploring the learning issues. Facilitate this process by providing easy access to relevant on-site resource materials

After independently studying the learning issues, the small group will meet as scheduled to share and discuss learned information and to brainstorm possible answers to the questions. After agreeing on answers for the case, the

group records their responses and submits their completed case to the instructor.

The class reconvenes as a whole to discuss submitted answers and to identify additional learning issues. Lectures, discussion or guest lecturers can be provided to clarify educational content. Students are given section 2 of the case and directed to address the questions in their small groups. The students follow the same process of self-directed learning as they did for Section 1.

Handout 1

Expectations of students in Case-Based Learning Process

1. Treats each group member with respect.

2. Listens during group discussions.

3. Contributes to group discussions.

4. Thoughtfully considers each group members contributions.

5. Acknowledges others contributions to discussions.

6. When disagrees with contribution, does so in a respectful manner.

7. Arrives at meetings on time.

8. Volunteers to research information independently.

9. Meets deadline for independent research.

10. Applies information researched independently by self and others to case.

11. Asks group members for help if unable to understand concepts.

12. Attends all scheduled meetings or notifies leader in advance if unable to attend.

Adapted from: Busfield, J, & Peijs, T., Learning materials in a problem based course. UK Centre for Materials Education. Retrieved May, 2007 from http://www.materials.ac.uk/guides/pbl.asp#group

Handout 2
Roles of Group Members

Leader
- Leads the group through the case process
- Keeps group members on task
- Make certain sure that all group members participate
- Facilitate group decisions

Scribe
- Records names of individuals at meetings
- Records individual learning assignments
- Records questions, learning issues brought up by group
- Records group responses for the case-based questions
- Prepares final assignment
- Is responsible to make sure all questions have responses

Reporter
- Makes sure everyone understands answers
- Presents group report to the class when called upon

Manager
- Collects the information
- Shares the collected information with the group
- Arranges meetings
- Submits final assignment to instructor

Adapted from: Busfield, J, & Peijs, T., Learning materials in a problem based course. UK Centre for Materials Education. Retrieved May, 2007 from http://www.materials.ac.uk/guides/pbl.asp#grou

Handout 3
Strategies for Completing a Case

1. Review the case

As a group, re- read the case. Underline words or phrases that seem to be important to understanding what the case is about. Try to identify educational concepts with which you are already familiar.

2. Discuss concepts and identify any questions

Discuss what you already know. Try to identify connection to previously learned material. Identify what you don't know. Look for any areas that you don't understand. This case is designed for self directed study. There will be concepts that have not been covered in class or have not been applied as specifically as the case requires. This is not the time to sit back due to embarrassment. Each student is responsible for understanding all concepts of the case. If you don't understand something, make sure you let your group members know.
The scribe should write down the group questions about the case

3. Identify learning issues

Review group questions to identify any learning issues. Determine the issues that are most relevant to the case and questions.

4. Determine appropriate resources

Identify what resources are most likely to be able to help you understand the concepts of the case. Determine what resources are readily available and what resources will have to be obtained. Resources may include your textbooks, other library materials, journal articles, information from organizations or interviews with occupational therapy practitioners in the field.

5. Divide responsibilities

Divide the responsibility of independently researching learning issues among group members. Set a timeline for completion of the independent study.

Adapted from: Busfield, J, & Peijs, T., Learning materials in a problem based course. UK Centre for Materials Education. Retrieved May, 2007 from http://www.materials.ac.uk/guides/pbl.asp#group

Module One

Occupational Adaptation Model
ADHD

Objectives:
The student will

- explain the role of the OTA in the OT process.
- apply the Occupational Adaptation Model to the practice of occupational therapy.
- identify assessment instruments utilized with the Occupational Adaptation model
- given a short term goal, plan occupational therapy interventions for an individual with ADHD
- adapt occupational therapy intervention to meet the needs of an individual
- understand outpatient mental health setting and how it may affect service provision.
- identify ways in which one's personal feelings affect and are affected by interactions with others.

This is the first module out of five. To help the students understand this new type of learning, an introductory lecture is used to brief them on what is expected of them when taking part in case based-learning. In addition the students are briefed on the topic and the case objectives.

Prior to reviewing this case, the student should be familiar with the OT process, the role of the OTA in the OT process, the Occupational Therapy Practice Framework, Occupational Adaptation Model, Attention Deficit Hyperactivity Disorder, task groups, group dynamics and therapeutic use of self.

Questions that form the basis for learning issues will arise around the Occupational Adaptation Model, Attention Deficit Hyperactivity Disorder, task groups and outpatient mental health settings.

Suggested available resources:
Multiple copies of

- *AOTA Press. (2002). Occupational therapy practice framework: Domain and process. Bethesda, MD:The American Occupational Therapy Association*
- *The Commission on Practice. (2004). Guidelines forSupervision, Roles, and Responsibilities. American Journal of Occupational Therapy, 58I(6), 663-64*
- *Atchison, B., & Dirette, D. (2007). Conditions in Occupational Therapy. Baltimore:Lippincott, Williams & Wilkins.*

- *Bonder, B., (2004) Psychopathology and Function (3rd ed.) Thorofare, NJ: Slack, Inc.*
- *Bruce, M. A., & Borg, B. A. (2002). Psychosocial frames of reference: Core for Occupation-Based Practice.(3rd ed.). Thorofare, NJ: Slack Inc.*
- *Cole, M., (2005). Group Dynamics in Occupational Therapy. Thorofare, NJ: Slack, Inc.*
- *Early, M. B. (2000). Mental health concepts and techniques for the Occupational Therapy Assistant. (3rd ed.). Baltimore:Lippincott, Williams & Wilkins.*
- *Kramer, P., Hinojosa, J., & Royeen, C.B. (2003). Perspectives in Human Occupation. Baltimore:Lippincott, Williams & Wilkins.*
- *Reed, K., (2001). Quick Reference to Occupational Therapy (2nd ed.) Austin, TX:Pro-ed.*
- *Schkade, J., & McClung, M. (2001). Occupational adaptation in practice: Concepts and cases. Thorofare, NJ: Slack, Inc.*

Computer with internet access

Students are assigned to groups of 4-6. Each group is presented with a case and a set of questions to answer. The students need to set priorities and delegate tasks to ensure that all the research needed to answer the questions is completed in time. The students work independently in their groups to research the questions and develop answers. At the scheduled time the class comes together to share their answers. This sequence is reenacted with section two of the case.

Divide students into groups of fours. Each group should elect a leader, a scribe, a reporter, and a resource person.

Provide each group with a copy of the case. Ask for a volunteer to read the case out loud and ask each student to follow along.

Provide each group with a copy of Section 1 and timeline for the case.
Students are encouraged to address issues as they arise. The students are told to independently research assigned learning issues to gain a greater understanding of the case study.

Students should be told that they will be required to submit their work to the instructor and are to be prepared to verbally present all of the information to the class as a whole.

Carl is a 9 year old Caucasian male, living with his mother, father, two older brothers, older sister and her dog, Elsa.

Carl is in the third grade and does well in math and science. Carl states that his favorite subjects in school are recess and gym, with his least favorite subjects being art and writing. He reads at below grade level, has difficulty sitting still in the classroom, blurts out answers, has poor handwriting, often butts in line, talks to children on either side of him, constantly fidgets, and leaves his desk to fiddle with items in the classroom and has poor relationships with his classmates.

Carl's mother describes him as an active child. At home, his chores include making his bed, setting and clearing the table and feeding and walking the dog. Carl is able to ride a bicycle, ice skate and roller blade. Carl's mother reports that he acts out the play while he watches it on television, and he has a difficult time sitting in a chair during the family meal.

Carl has difficulty maintaining friendships. He doesn't get asked by others kids to play after school or weekends. He frequently spends recess by himself playing on the swing set, as he is left out of the group play on the playground. Carl is aware he does not get invited to classmate's birthday party. He calls the same two boys repeatedly asking them to play on weekends and after school but gets turned down. He has occasionally cried because nobody likes him. He often complains about being bored and lonely.

Carl will play board games and sports with his older siblings but these games often end with arguments over the rules of the game. When Carl loses at these games he will insist that his siblings won because they have cheated. When Carl plays with children his age he wants the kids to play the games that he likes to play. When the other kids disagree with him about games to play or rules of the games, Carl gets angry, argues and hits them.

Carl has been referred to an outpatient task group to improve his socialization skills.

Section 1

What resources are available to help you complete this case study?

As a group, brainstorm possible resources. After brainstorm session ends, point out available resources.

For each question, encourage students to

- *Identify what they already know.*
- *Identify what they do not know.*
- *Identify learning needs*

- *Prioritize their learning needs*
- *Set learning needs timeline*
- *Assign group members learning needs tasks*

Foundational:

1. What do you know about ADHD?
   Identify the common symptoms, medications and prognosis of ADHD.
   What do you know about the OT treatment of ADHD?

2. What do you know about tasks groups and how they work?
   What are Mosey's five types of groups?
   Which one of Mosey's groups would you use with Carl?
   What are the benefits of a task group with children?
   How does a task group with children differ from a task group with adults?
   What are the benefits of working on socialization skills in task group vs. individual therapy?
   What kind of group dynamics would you expect to see in this setting?

3. What do you know about an outpatient mental health setting?
   What are the boundaries and constraints of this setting?
   What are the usual OT interventions in this treatment context?
   What do you know about the role of the OTA in the OT process in this treatment context?

4. You are going to use the Occupational Adaptation model for treatment, what else do you need to know?
   What are Carl's occupational environments and roles?
   What role is of primary concern to Carl and his family?
   What occupational performance is expected in this environment and role?
   What are the physical, social and cultural features this environment and role?
   What is Carl's level of relative mastery in this role?
   What is facilitating or limiting Carl's relative mastery in this environment and role?
   What is Carl's sensorimotor, cognitive and psychosocial status?

Integration:

5. Knowing what you know about an outpatient setting and OA model and the OTA role in the OT process, what will be the sequence of steps you will take as you work with Carl?

6. What assessments would you expect the OT to do that are specific to readiness skills that would assess occupational participation?
   What assessments would you expect to do as an OTA?

7. What combination of occupational readiness and occupational activity is needed to promote the Carl's occupational adaptation process?

8. What help will Carl need to assess occupational responses and use the results to affect the occupational adaptation process?

What is the best method to engage Carl in the occupational adaptation program?

Students are to come back into small groups and share their new knowledge. The group applies the knowledge to the questions. Students submit their answers to the instructor.

The class comes together as a large group. The instructor randomly calls on each designated reporter to report on their groups answer to a question. The designated reporter in each group shares their answer with the class. Each student is to be prepared to be called on to explain their answer.

Discussion is held to determine additional learning issues that may be appropriately addressed in another learning format.

The students are given Section 2.

Encourage students to

- *Identify what they already know.*
- *Identify what they do not know.*
- *Identify learning needs.*
- *Prioritize their learning needs*
- *Set learning needs timeline*
- *Assign group members learning needs tasks*

Application:

Section 2:

STG: By the end of twelve weeks, Carl will demonstrate improved adaptive response mode as indicated by the ability to generate two or more approaches when faced with an occupational challenge during social interaction with peers.

9. Develop at least three occupational readiness and/or occupational activity interventions that you would do in the group that would help Carl achieve the above goal.

Write your rationale for choosing each of the above interventions – describe how they are going to help Carl achieve the goal.
Describe any adaptations you would make for him in the interventions.

Human Dimension:

10. Knowing what you do about yourself, how do you think Carl's behavior will influence your therapeutic relationship?
    What specific aspects of his behavior might you have difficulty dealing with?
    What are some steps or how might you prepare yourself to deal with this?

11. What resistance would Carl display to your treatment interventions?
    What affect would Carl display in response to your interventions?

12. How will you involve Carl's parents in the therapy process?
    How would you expect his parents to respond to your interventions?
    What kind of affect would you expect his parents to display?

Caring/Learning to Learn:

13. What readiness skills do you need to have to implement treatment techniques?

14. What do you need to learn about context of treatment?

15. What do you need to learn more about the Occupational Adaptation model or about ADHD?

16. What do you need to learn about to make you more effective as an OT practitioner?

Students are to come back into small groups and share their new knowledge. The group applies the knowledge to the questions. Students submit their answers to the instructor.

The class comes together as a large group. Randomly call on each designated reporter to report on the groups answer to a question. The designated reporter in each group shares their answer with the group. Each student is to be prepared to be called on to explain their answer.

Format and questions adapted from: Schkade, J., & McClung, M. (2001). *Occupational adaptation in practice: Concepts and cases.* (p. 7). Thorofare, NJ: Slack, Inc.

Module Two

Model of Human Occupation
Major Depressive Disorder

Objectives:
The student will

- explain the role of the OTA in the OT process
- apply the Model of Human Occupation in Occupational Therapy treatment
- identify assessment instruments utilized with the Occupational Adaptation model
- apply data from assessments to occupational therapy intervention
- plan occupational therapy interventions for an individual with depression given short term goals
- understand inpatient mental health setting and how it may affect service provision.
- apply safety precautions in client interactions
- be familiar with medications and side effects of medications used in treatment of Major Depressive Disorder.

Prior to reviewing this case, the student should be familiar with the OT process, the role of the OTA in the OT process, the Occupational Therapy Practice Framework, the Model of Human Occupation and Major Depressive Disorder.

Questions that form the basis for learning issues will arise around the Model of Human Occupation, Major Depressive Disorder, suicide interventions, psychotropic medications side effects, psychiatric inpatient setting and safety precautions.

Suggested available resources:
Multiple copies of

- *AOTA Press. (2002). Occupational therapy practice framework: Domain and process. Bethesda, MD:The American Occupational Therapy Association*
- *The Commission on Practice. (2004). Guidelines forSupervision, Roles, and Responsibilities. American Journal of Occupational Therapy, 58I(6), 663-64*
- *Atchison, B., & Dirette, D. (2007). Conditions in Occupational Therapy. Baltimore:Lippincott, Williams & Wilkins.*
- *Bonder, B., (2004) Psychopathology and Function (3rd ed.) Thorofare, NJ: Slack, Inc.*

- *Bruce, M. A., & Borg, B. A. (2002). Psychosocial frames of reference: Core for Occupation-Based Practice.(3rd ed.). Thorofare, NJ: Slack Inc.*
- *Cole, M., (2005). Group Dynamics in Occupational Therapy. Thorofare, NJ: Slack, Inc.*
- *Early, M. B. (2000). Mental health concepts and techniques for the Occupational Therapy Assistant. (3rd ed.). Baltimore,:Lippincott, Williams & Wilkins.*
- *Kramer, P., Hinojosa, J., & Royeen, C.B. (2003). Perspectives in Human Occupation. Baltimore:Lippincott, Williams & Wilkins.*
- *Reed, K., (2001). Quick Reference to Occupational Therapy (2nd ed.) Austin, TX:Pro-ed.*
- *Schkade, J., & McClung, M. (2001). Occupational adaptation in practice: Concepts and cases. Thorofare, NJ: Slack, Inc.*

Computer with internet access

Students are assigned to groups of 4. Each group is presented with a case and a set of questions to answer. The students need to set priorities and delegate tasks to ensure that all the research needed to answer the questions is completed in time. The students work independently in their groups to research the questions and develop answers. At the scheduled time the class comes together to share their answers. This sequence is reenacted with section two of the case.

Divide students into groups of fours. It is recommended that students not be assigned to the same group as case 1. Students are assigned new roles: leader, scribe, reporter or manager.

Provide each group with a copy of the case. Ask for a volunteer to read the case out loud and ask each student to follow along.

Provide each group with a copy of Section 1 and timeline for the case.
Students are encouraged to address issues as they arise. The students are told to independently research assigned learning issues to gain a greater understanding of the case study.

Students should be told that they will be required to submit their work to the instructor and are to be prepared to verbally present all of the information to the class as a whole.

Toni is a 42-year-old, single female who lives independently her own home. She was recently admitted to an inpatient psychiatric unit with a diagnosis of Major Depressive Disorder. She has lost weight, spends a lot of time in bed but reports she has trouble sleeping; she does not attend to her personal hygiene and is experiencing suicidal ideation.

Toni is a paralegal in a law firm. She has a history of receiving merit raises and promotions. Five months ago she was passed over for a promotion that she had been working towards since starting with this firm four years ago. The hiring committee recommended another individual citing Toni's "lack of supervisory experience". She has difficulty sleeping, she fidgets, taps her feet, bites her nails, and paces. She has taken to skipping work because she can't concentrate, has difficulty sitting still and feels overwhelmed by the work. She reports that she just can't find the energy or interest to do her work. When she reads, she forgets what she has read by the time she finishes the page. Last month she was placed on probation due to poor work performance. In the past few weeks she has been the subject of ridicule at work because of her personal hygiene

Toni is the past president of the state paralegal association, the state quilter's guild, the local Sweet Adeline's and a contributing editor to a national paralegal journal. She has volunteered at the local community and violence intervention center for 10 years. She has not been involved in any of these activities for the past four months because she says she just can't manage the energy.

Toni had a group of friends that she considered her family. She used to socialize with them at least once a week. She started rejecting their attempts to get together about four months ago because she said she was too tired to socialize. She has since stopped answering her phone and returning phone calls. Toni expresses regret over losing her friendships.

She doesn't get along with her mother and she has seen her father just twice since her parents divorce eight years ago. Her grandparents, aunts and uncles live in different states. She dislikes her younger sister and their relationship is riddled with disagreements. She denies physical or sexual abuse.

Toni is responsible for her financial management, home management and maintenance, meal preparation and clean up and shopping. She has not been keeping up with her responsibilities because she says it just doesn't matter.

Toni says that nothing she does at work or at home makes anything any better and she is tired of trying. She is humiliated by her work and social failures and sees suicide as the only way to deal with them.

Section 1:

What are the resources available to help you complete this case study?
Instruct the students to brainstorm possible resources and locations of those resources.

For each question, encourage students to

- *Identify what they already know.*
- *Identify what they do not know.*
- *Identify learning needs*
- *Prioritize their learning needs*
- *Set learning needs timeline*
- *Assign group members learning needs tasks*

Foundational:

1. What do you know about the Model of Human Occupation?
   What is an open system?
   Describe the subsystems?
   Explain how humans, as open systems, interact with the environment via four mechanisms.
   How does the environment influence occupational behavior?

2. What do you know about Major Depressive Disorder?
   Identify the common symptoms, medications and prognosis of Major Depressive Disorder.
   What do you know about the OT treatment of Major Depressive Disorder?

3. What do you know about the context of inpatient psychiatric unit?
   What are the boundaries and constraints in this treatment setting?
   What are the usual interventions in this treatment context?
   What do you know about the role of OTA in this treatment context?

4. What do you know about Toni's current status in the subsystems (volitional, habituation, or performance)?
   What about her environment may affect her function in the subsystems?

5. What do you know about Toni's performance capacity?
   What do you know about Toni's habituation system?
   What do you know about Toni's volitional system?
   What do you know about Toni's physical environment?
   What do you know about Toni's social environment?

6. What are your remaining questions about her function in the subsystems and the impact of the environment on the subsystems?

Integration:

7. What assessments would you expect the OT to do that would assess occupational participation?
   What assessments would you expect to do as an OTA?

Students are to come back into small groups and share their new knowledge. The group applies the knowledge to the questions. Students submit their answers to the instructor.

The class comes together as a large group. The instructor randomly calls on each designated reporter to report on their groups answer to a question. The designated reporter in each group shares their answer with the class. Each student is to be prepared to be called on to explain their answer.

Discussion is held to determine additional learning issues that may be appropriately addressed in another learning format.

The students are given Section 2.

Encourage students to

- *Identify what they already know.*
- *Identify what they do not know.*
- *Identify learning needs.*
- *Prioritize their learning needs*
- *Set learning needs timeline*
- *Assign group members learning needs tasks*

Section 2:

Review the results of Toni's OPHI-II, the Modified Interest Checklist and Role Checklist results.

8. What have you learned further about Toni's performance capacity, habituation, and volitional subsystems and her social and physical environment from these assessments?

9. What are the roles Toni has identified and how do they influence what she routinely does?
   What occupational role would she identify as most important? .

10. What are the occupations that would need to be intact to support this role?
    What skills does she need to learn to interact in that role?
    a. ADL
    b. IADL

c. leisure/play
d. work
e. education
f. social participation

11. How does Toni's social environment impact her role behavior?

Application:

LTG: Toni will structure her life to increase the number of her friends and her involvement with others.

12. What intervention approach from the Occupational Therapy Practice Framework will you use for the LTG above?
Identify three interventions that would help Toni achieve her goal.

13. How do knowing Toni's values, interests and personal causation influence the interventions you chose for her plan?

14. What safety conventions would you need to employ to carry out your identified interventions?

15. What alterations might you make to your interventions due to Toni's medication side effects?
Identify what type of medications you would expect Toni to be taking, the side-effects of these meds, and consider what you would need to adapt in your interventions.

Human Dimension:

16. What motivates you when you are feeling discouraged?
How do others approach you in helpful manner when you are feeling discouraged?
How can you apply this in a therapeutic manner in your relationship with Toni?

17. Have you experienced or had a friend who experienced suicidal thoughts?
How might you use that experience in your therapeutic relationship with Toni?

Learning to Learn/Care

18. What about this case is most interesting to you?

19. What about suicidal ideation or depression continues to be unknown to you?

20. What information related to intervention or assessment of suicidal ideation would you like to explore further?

Students are to come back into small groups and share their new knowledge. The group applies the knowledge to the questions. Students submit their answers to the instructor.

The class comes together as a large group. Randomly call on each designated reporter to report on the groups answer to a question. The designated reporter in each group shares their answer with the group. Each student is to be prepared to be called on to explain their answer.

Questions adapted from: Kielhofner, G., (2002). *Model of human occupation. Theory and application.* (3rd ed.) (p. 472-478). Baltimore:Lippincott, Williams & Wilkins

Toni's Ratings on the OPHI-II Scales

Occupational Identity Scale	1	2	3	4
Has personal goals and projects		x		
Identifies a desired occupational lifestyle			x	
Expects success	x			
Accepts responsibility	x			
Appraises abilities and limitations	x			
Has commitments and values		x		
Recognizes identity and obligations			x	
Has interests			x	
Felt effective (past)				x
Found meaning and satisfaction in lifestyle (past)				x
Made occupational choices (past)				x
Occupational Competence Scale				
Maintains satisfying lifestyle		x		
Fulfills role expectations	x			
Works toward goals	x			
Meets personal performance standards	x			
Organizes time for responsibilities	x			
Participates in interests	x			
Fulfilled roles (past)				x
Maintained habits (past)				x
Achieved satisfaction (past)				x
Occupational Behavior Settings Scale				
Home-life occupational forms		x		
Major productive role occupational forms			x	
Leisure occupational forms			x	
Home-life social group		x		
Major productive social group		x		
Leisure social group		x		
Home-life physical spaces, objects and resources			x	
Major productive physical spaces, objects and resources		x		
Leisure physical spaces, objects and resources		x		

Key: **4** = Exceptionally competent occupational functioning; **3** = Appropriate satisfactory occupational functioning; **2** = Some occupational dysfunction; **1** = Extremely occupationally dysfunctional

Adapted from: Kielhofner, G., (2002). *Model of human occupation. Theory and application.* (3rd ed.) (p. 431). Baltimore:Lippincott, Williams & Wilkins

THERAPIST Any Body, OTR/L

ROLE CHECKLIST

NAME ___Toni H._____ AGE__42_____ DATE _6/01/xx___
SEX: ___ MALE _X__ FEMALE ARE YOU RETIRED: __YES X__NO
MARITAL STATUS: X_SINGLE _MARRIED _SEPARATED _DIVORCED _WIDOWED

The purpose of this checklist is to identify the major roles in your life. The checklist, which is divided into two parts, presents 10 roles and defines each one.

PART I

Beside each role, indicate, by checking the appropriate column, if you performed the role in the past, if you presently perform the role, and if you plan to perform the role in the future. You may check more than one column for each role. For example, if you volunteered in the past, do not volunteer at present, but plan to in the future, you would check the past and future columns.

Role	Past	Present	Future
Student Attending school on a part-time or full-time basis	x		
Worker Part-time or full-time paid employment	x	x	x
Volunteer Donating services, *at least once a week,* to a hospital, school, community, political campaign, and so forth	x		x
Care Giver Responsibility, *at least once a week,* for the care of someone such as a child, spouse, relative or friend	x		
Home Maintainer Responsibility, *at least once a week,* for the upkeep of the home such as housecleaning or yardwork	x	x	x
Friend Spending time or doing something, *at least once a week,* with a friend	x		x
Family Member Spending time or doing something, *at least once a week,* with a family member such as a spouse, child, parent , or other relative	x		
Religious Participant Attending a place of worship or participation in activities sponsored by a religious organization, *at least once a week*			
Hobbyist/Amateur Involvement in a hobby or amateur activity such as sewing, playing a musical instrument, woodworking, sports, the theater, or participation in a club or teams, *at least once a week*	x		x
Participant in Organizations Involvement, *at least once a week*, in organizations such as the American Legion, National Organization for Women, Parents without Partners, Weight Watchers, and so forth	x		x
Other _____ A role not listed which you have performed, are presently performing, and/or plan to perform. Write the role on the line above and check the appropriate column(s).			

PART II

The same roles are listed below. Next to *each* role, check the column which best indicates how valuable or important the role is to you. Answer for *each* role, even if you have never performed or do not plan to perform the role.

Role	Not at all Valuable	Some-what Valuable	Very Valuable
Student Attending school on a part-time or full-time basis	x		
Worker Part-time or full-time paid employment			x
Volunteer Donating services, *at least once a week,* to a hospital, school. Community, political campaign, and so forth.		x	
Care Giver Responsibility, *at least once a week,* for the care of someone such as a child, spouse, relative, or friend	x		
Home Maintainer Responsibility, *at least once a week,* for the upkeep of the home such as housecleaning or yardwork			x
Friend Spending time or doing something, *at least once a week,* with a friend			x
Family Member Spending time or doing something, *at least once a week,* with a family member such as a spouse, child, parent , or other relative	x		
Religious Participant Attending a place of worship or participation in activities sponsored by a religious organization, *at least once a week*	x		
Hobbyist/Amateur Involvement in a hobby or amateur activity such as sewing, playing a musical instrument, woodworking, sports, the theater, or participation in a club or teams, *at least once a week*			x
Participant in Organizations Involvement, *at least once a week*, in organizations such as the American Legion, National Organization for Women, Parents without Partners, Weight Watchers, and so forth			x
Other _____ A role not listed which you have performed, are presently performing, and/or plan to perform. Write the role on the line above and check the appropriate column(s).			

Adapted from: Kielhofner, G., (2002). *Model of human occupation. Theory and application.* (3rd ed.) (p. 369). Baltimore:Lippincott, Williams & Wilkins

Name Toni H Age 42 years old Date June 1, 20XX Therapist Any Body, OTR/L

INTEREST CHECKLIST

Activity	What has been your level of Interest?						Do you currently participate in this activity?		Would you like to pursue this in the future?	
	In the past 10 years			In the past year						
	Strong	Some	No	Strong	Some	No	Yes	No	Yes	No
Gardening/Yardwork	X				X			X	X	
Sewing/Needlework			X			X		X		X
Playing Cards		X		X				X	X	
Foreign languages			X			X		X		X
Church activities			X			X		X		X
Radio		X			X			X	X	
Walking	X				X	X		X	X	
Car repair			X			X		X		X
Writing	X				X			X	X	
Dancing		X			X			X	X	
Golf	X				X			X	X	
Football			X			X		X		X
Listening to popular music		X			X			X	X	
Puzzles		X			X			X	X	
Holiday activities		X			X			X	X	
Pets/Livestock			X			X		X		X
Movies	X				X			X	X	
Listening to classical music	X			X				X	X	
Speeches/Lectures			X			X		X		X
Swimming	X				X			X	X	
Bowling			X			X		X		X
Visiting	X			X				X	X	
Mending			X			X		X		X
Checkers/Chess			X			X		X		X
Barbecues	X				X			X	X	
Reading	X			X				X	X	
Traveling	X		X		X			X	X	
Parties		X			X			X	X	
Wrestling			X			X		X		X
Housecleaning		X			X			X	X	
Model building			X			X		X		X
Television		X			X			X	X	
Concerts	X				X			X	X	
Pottery		X			X			X	X	

INTEREST CHECKLIST

Activity	What has been your level of Interest?						Do you currently participate in this activity?		Would you like to pursue this in the future?	
	In the past 10 years			In the past year						
	Strong	Some	No	Strong	Some	No	Yes	No	Yes	No
Camping			X			X		X		X
Laundry/Ironing		X			X			X	X	
Politics	X				X	X		X	X	
Table games			X			X		X		X
Home decorating	X					X		X	X	
Clubs/Lodge			X			X		X		X
Singing	X				X			X	X	
Scouting			X			X		X		X
Clothes		X			X			X	X	
Handicrafts	X				X			X	X	
Hairstyling		X			X			X	X	
Cycling			X			X		X		X
Attending plays	X			X				X	X	
Bird watching			X			X		X		X
Dating		X			X			X	X	
Auto-racing			X			X		X		X
Home repairs		X				X		X	X	
Exercise		X			X			X	X	
Hunting			X			X		X		X
Woodworking			X			X		X		X
Pool			X			X		X		X
Driving		X			X			X	X	
Child care			X			X		X		X
Tennis		X			X			X		X
Cooking/Baking		X			X			X	X	
Basketball			X			X		X		X
History			X			X		X		X
Collecting			X			X		X		X
Fishing			X			X		X		X
Science			X			X		X		X
Leatherwork			X			X		X		X
Shopping		X			X			X	X	
Photography	X			X				X	X	
Painting/Drawing		X			X			X	X	

Adapted from: Ikiugu, M. (2007). *Psychosocial Conceptual Practice Models in Occupational Therapy: Building Adaptive Capability* .(pp. 428-429). St. Louis, MO: Mosby Elsevier

Module Three

Model of Human Occupation
Occupational Adaptation Model

Objectives:
The student will

- Compare and contrast the model of human occupation and occupational adaptation model
- Apply each model to a situation from their life
- Identify strengths and weaknesses of each model
- Determine which model fits better with their personal philosophy

Questions that form the basis for learning issues will arise around the Model of Human Occupation, and the Occupational Adaptation model.

Suggested available resources:
Multiple copies of

- *AOTA Press. (2002). Occupational therapy practice framework: Domain and process. Bethesda, MD:The American Occupational Therapy Association*
- *Bruce, M. A., & Borg, B. A. (2002). Psychosocial frames of reference: Core for Occupation-Based Practice.(3rd ed.). Thorofare, NJ: Slack Inc.*
- *Cole, M., (2005). Group Dynamics in Occupational Therapy. Thorofare, NJ: Slack, Inc.*
- *Early, M. B. (2000). Mental health concepts and techniques for the Occupational Therapy Assistant. (3rd ed.). Baltimore,:Lippincott, Williams & Wilkins.*
- *Kramer, P., Hinojosa, J., & Royeen, C.B. (2003). Perspectives in Human Occupation. Baltimore:Lippincott, Williams & Wilkins.*
- *Schkade, J., & McClung, M. (2001). Occupational adaptation in practice: Concepts and cases. Thorofare, NJ: Slack, Inc.*

Computer with internet access

Provide each group with a copy of Section 1 and timeline for the task.

Students are assigned to groups of 4. It is recommended that students not be assigned to the same group as case 1 or case 2. Students are assigned new roles, leader, scribe, reporter and manager. The students work independently in their groups to research the questions and develop answers. At the scheduled time the class comes together to share their answers

Students are encouraged to address issues as they arise. The students are told to independently research assigned learning issues to gain a greater understanding of the concepts.

Students should be told that they will be required to submit their work to the instructor and are to be prepared to verbally present all of the information to the class as a whole.

Section 1:

Foundational Knowledge:

Fill in the chart with information from the Model of Human Occupation and the Occupational Adaptation Model.

	Model of Human Occupation	Occupational Adaptation
Theoretical Foundation		
Constructs of model		
View of environment		
View of occupation		
View of adaptation		
Assessments used		
Areas assessed		
View of Function		
View of Dysfunction		
Typical interventions		
Description of process of change		

Diagram the process of each model		

Integration:

Similarities between models		
Differences between models		
Strengths of model		
Weakness of model		

Students submit their answers to the instructor.

The class comes together as a large group. The instructor randomly calls on each designated reporter to report on their groups answer to a question. The designated reporter in each group shares their answer with the class. Each student is to be prepared to be called on to explain their answer.

Discussion is held to determine additional learning issues that may be appropriately addressed in another learning format.

Section 2:

Provide students with a copy of section 2. Students are to work individually on section 2 but may call on classmates or the instructor for assistance. Students will be required to submit their work to the instructor.

Application:

1. Diagram a personal situation using the process of occupational adaptation.

2. Diagram the same situation using the Model of Human Occupation.

3. Choose case one (Carl) or case two (Toni). Compare the assessments and intervention process that would be used between these two models with the case.

4. Choose case one (Carl) or two (Toni). Determine which model, MOHO or OA, would be most effective in application to that case. Give your rationale.

Human Dimension:

5. Determine which of the two models you would prefer to use in practice and explain why. Tell what you like about it and why it is a good fit for you.

Caring/Learning to Learn:

Read Chapter 25 in Kielhofner, G., (2002). *Model of human occupation. Theory and application.* (3rd ed.) Baltimore:Lippincott, Williams & Wilkins

6. What else do you need to know to understand MOHO further and how it might be used in conjunction with another model?

Module Four

Sensory Integration/Model of Human Occupation
Asperger's Syndrome

Objectives:
The student will

- explain the role of the OTA in the OT process.
- apply the Sensory Integration model in conjunction with the Model of Human Occupation to the practice of occupational therapy.
- identify assessment instruments utilized with the Sensory Integration model
- apply data from assessments to occupational therapy intervention
- given a short term goal, plan occupational therapy interventions for an individual with Asperger's Syndrome
- understand the school system settings and how it may affect service provision.
- apply data from assessments to occupational therapy intervention
- read professional literature and understand its implications for practice

Prior to reviewing this case, the student should be familiar with the OT process, the role of the OTA in the OT process, the Occupational Therapy Practice Framework, the Model of Human Occupation, Sensory Integration and Asperger's Syndrome.

Questions that form the basis for learning issues will arise around the Model of Human Occupation, Asperger's Syndrome, Sensory Integration and School system setting.

Suggested available resources:
Multiple copies of

- *AOTA Press. (2002). Occupational therapy practice framework: Domain and process. Bethesda, MD:The American Occupational Therapy Association*
- *The Commission on Practice. (2004). Guidelines for Supervision, Roles, and Responsibilities. American Journal of Occupational Therapy, 58I(6), 663-64*
- *Atchison, B., & Dirette, D. (2007). Conditions in Occupational Therapy. Baltimore:Lippincott, Williams & Wilkins.*
- *Bonder, B., (2004) Psychopathology and Function (3rd ed.) Thorofare, NJ: Slack, Inc.*
- *Bruce, M. A., & Borg, B. A. (2002). Psychosocial frames of reference: Core for Occupation-Based Practice.(3rd ed.). Thorofare, NJ: Slack Inc.*

- *Cole, M., (2005). Group Dynamics in Occupational Therapy. Thorofare, NJ: Slack, Inc.*
- *Early, M. B. (2000). Mental health concepts and techniques for the Occupational Therapy Assistant. (3rd ed.). Baltimore,:Lippincott, Williams & Wilkins.*
- *Kramer, P., Hinojosa, J., & Royeen, C.B. (2003). Perspectives in Human Occupation. Baltimore:Lippincott, Williams & Wilkins.*
- *Miller-Kuhaneck, H. (2001). Autism: A comprehensive occupational therapy approach. Bethesda,MD:The American Occupational Therapy Association.*
- *Reed, K., (2001). Quick Reference to Occupational Therapy (2nd ed.) Austin, TX:Pro-ed.*

Computer with internet access

Students are assigned to groups of 4. Each group is presented with a case and a set of questions to answer. The students need to set priorities and delegate tasks to ensure that all the research needed to answer the questions is completed in time. The students work independently in their groups to research the questions and develop answers. At the scheduled time the class comes together to share their answers. This sequence is reenacted with section two of the case.

Divide students into groups of fours. It is recommended that students not be assigned to the same group as previous cases. Students are assigned new roles: leader, scribe, reporter or manager.

Provide each group with a copy of the case. Ask for a volunteer to read the case out loud and ask each student to follow along.

Provide each group with a copy of Section 1 and timeline for the case.
Students are encouraged to address issues as they arise. The students are told to independently research assigned learning issues to gain a greater understanding of the case study.

Students should be told that they will be required to submit their work to the instructor and are to be prepared to verbally present all of the information to the class as a whole.

Jordan is an 11 year old male with a diagnosis of Asperger's Syndrome. He is the younger of two children and lives with his mother, father, and older sister.

Jordan was born when his mother was 38 and his father was 41. His sister is 11 years older than him. Jordan's mother had a normal pregnancy and delivery. Jordan began talking before twelve months, had an extensive vocabulary and was talking in sentences by the age of 18 months. He began crawling at around

10 months and began walking at fifteen months. He resisted toilet training and though he used the toilet to urinate, he was not completely trained to use the toilet for elimination until the age of 36 months.

Jordan was a 'difficult' baby. He did not develop any self soothing behaviors and was unable to calm himself. He reacted by screaming to riding in cars, being pushed in a stroller and any change in his routine. Some times his crying could last several hours. He did not cry himself to sleep. He quit taking naps during the day at the age of two years. He had a difficult time falling to sleep at night and woke very early in the morning. He didn't like to cuddle, rejected many foods because of their texture and disliked wearing socks.

As a toddler he was enthralled with books and music. He taught himself to read by the age of four. He developed a fascination with bugs at the age of three and became a bug 'walking encyclopedia'. At the age of four he developed a fascination with computer and video games. His motor skills weren't at the required level and he often screamed in frustration as he played. By the time he entered kindergarten he had gained the motor skills required to play and was obsessed with certain video games. Though his parents restricted his game playing to two hours a day, Jordan would find information about the games on the internet or in game guides and read this information repeatedly until he was able to play the game again. By the first grade, he was in much demand from his fellow classmates as the person to call when they were stumped by their games. In the second grade he added Pokèmon to his interests and again was the person his classmates turned to for information. In the third and fourth grade he focused his interest on Yu-gi-oh cards.

When Jordan was three he began to exhibit stereotypical movements. He would pace repetitively in a ritualistic manner and raise or 'flap' his arms as he walked. Jordan dislikes wearing clothes with tags, zippers, or material that feel 'funny'. He dislikes wearing socks. He avoids foods with textures, such as raisins or apple sauce.

He was also asked to leave his first daycare at 18 months because he was biting others. He was asked to leave his second daycare at 26 months because they were unable to calm his rages. He was able to maintain at his third home daycare until he was four years old. At that time his parents placed him in a preschool daycare to prepare him for kindergarten. He lasted three months in this setting due to his inability to follow the rules and interact appropriately with his peers. His parents had him evaluated by a psychologist at the recommendation of the daycare and he was diagnosed with Asperger's Syndrome. His parents found another daycare for special needs children and he continues to be served at this setting.

Jordan is in the fifth grade at school. He produces work above his grade level. He has been tested by the school and has an IQ in the superior range. He is

very good at math and science and receives enrichment services from the school district. His favorite activity at school is to do logic problems provided by the enrichment teacher. He has some problems with fine motor skills; he learned to tie his shoes in the third grade and he has problems with handwriting.

Jordan continues to have difficulty transitioning from one subject to another. He is unable to switch topics if he isn't warned of the change in advance and will go into a 'rage'.

He has poor social relationships with classmates as he is unable to read verbal and nonverbal cues. He will carry on conversations with others if they talk about the topic he is interested in. He can talk for long periods of time about certain subjects and is not able to discern when others are bored with the topic. He is honest to a fault and points out to others mistakes they have made; completely unaware that he may have offended them. He is extremely polite and follows all of the rules. He becomes extremely angry and will go into a 'rage' when he sees that others are not following the rules. He relates better to adults than to his peers.

During recess, Jordan likes to swing, ride on the merry-go-round and climb the monkey bars. He likes to play touch football with his classmates. Though he is frustrated that they do not pass to him, let him carry the ball or let him be quarterback, he still enjoys the physical contact.

Jordan has difficulty participating in physical education, often getting angered over rules and outcomes of competitive games. His teacher reports that Jordan is eager to participate and enjoys himself in class. At times, he can become physical with his classmates if he is not happy with a particular situation. For example, if he gets tagged, if another student gets the piece of equipment he wanted or if he thinks the rules have been violated. Jordan plays well with his peers and often follows directions in gym class. He has difficulty managing age appropriate gross motor tasks and fatigues easily when engaged in gross motor activities.

Jordan has one friend his age and two friends younger than himself. He plays with them individually or in groups of two or three. When they play board games or video games he is able to engage in the activity. More frequently they are playing games outside such as kickball, baseball or street hockey. The play on swing sets, and climb trees, fences and sheds. Jordan wants to play with his friends, but dislikes games and activities that require running. He is afraid to climb tress, fences and sheds because he often gets stuck trying to climb down from these structures. He can throw a ball but is not as good at catching as his peers. He usually sits by the sidelines and watches his friends play.

Jordan receives Special Education services from the school system. Services include Occupational Therapy that addresses his handwriting problems. The

school system has suggested his family seek further evaluation of his sensory processing from his local health care system.

Section 1:

What resources are available to help you to complete this case study?

Instruct the students to brainstorm possible resources and locations of those resources.

For each question, encourage students to

- *Identify what they already know.*
- *Identify what they do not know.*
- *Identify learning needs*
- *Prioritize their learning needs*
- *Set learning needs timeline*
- *Assign group members learning needs tasks*

Foundational:

1. What do you know about Asperger's Syndrome?
   - What are the symptoms of Asperger's Syndrome?
   - What areas of occupation affected by this condition?
   - How is engagement in occupation impacted?
   - How does it differ from Autism Disorder?
   - What are the medical treatments for Asperger's Syndrome?
   - What are the usual OT interventions for this syndrome?

2. What do you know about Sensory Integration?
   - What is sensory processing and where does it occur?
   - What is sensory intake and motor output.
   - What are the environmental senses, body centered senses?
   - What does it mean to be over sensitive or under sensitive?
   - What do you know about role of the OTA in Sensory Integration?

3. What do you know about role of OT in the school system?
   - What is the difference between the educational model and the medical model?
   - What law governs the provision of OT in the school system?
   - OT is a "related" service under this law, how does this affect service provision?
   - What barriers currently exist that would prevent an OT practitioner form addressing all of the areas of occupation in a school setting?

4. What do you know about his current status in the subsystems (volitional, habituation, or performance)?

What about his environment may affect his function in the subsystems?

5. What do you know about Jordan's performance capacity in the areas of habituation and volition?

Integration:

6. What assessment/s would you expect the OT to administer to assess his sensory systems?

What assessments would you expect to administer as an OTA?

7. Which of the MOHO subsystems would you expect the OT to assess? Explain your answer.

What assessments would you expect the OT to administer to assess those subsystems?

What assessments would you expect to administer as an OTA?

Students are to come back into small groups and share their new knowledge. The group applies the knowledge to the questions. Students submit their answers to the instructor.

The class comes together as a large group. The instructor randomly calls on each designated reporter to report on their groups answer to a question. The designated reporter in each group shares their answer with the class. Each student is to be prepared to be called on to explain their answer.

Discussion is held to determine additional learning issues that may be appropriately addressed in another learning format.

The students are given Section 2.

Encourage students to

- *Identify what they already know.*
- *Identify what they do not know.*
- *Identify learning needs.*
- *Prioritize their learning needs*
- *Set learning needs timeline*
- *Assign group members learning needs tasks*

Section 2:

The occupational therapist gave Jordan a Child Occupational Self Assessment to complete and his mother completed a Sensory Profile. Please review the results.

Sensory Profile Score

Sensory Seeking	60/85
Emotionally Reactive	33/80
Low endurance/Tone	31/45
Oral Sensory Sensitivity	24/45
Inattention/Distractibility	23/35
Poor Registration	22/40
Sensory Sensitivity	10/20
Sedentary	8/20
Fine Motor/Perceptual	9/15
Auditory Processing	24/40
Visual Processing	38/45
Vestibular Processing	31/55
Touch Processing	60/90
Multisensory Processing	21/35
Oral Sensory Processing	34/60
Sensory Processing Related to Endurance/tone	32/45
Modulation Related to Body Position and Movement	34/50
Modulation of Movement Affecting Activity Level	19/35
Modulation of Sensory Input Affecting Emotional Responses	12/20
Modulation of Visual Input Affecting Emotional Responses and Activity Level	10/20
Emotional/Social Responses	44/85
Behavioral Outcomes of Sensory Processing	12/30
Items Indicating Threshold for Response	12/15

8. What have you learned from these assessments?
   What are his strengths and liabilities in regard to sensory processing?
   What pattern of sensory processing do you notice?
   How would you expect his style of sensory processing to influence his social participation?
   How would you expect his style of sensory processing to influence his participation in education?
   Sensory processing is an aspect of performance capacity. What specifically did you learn about his sensory performance capacity that you didn't know before?
   How do Jordan's sensory integration issues affect his volitional system?

9. What do you notice about this case that is different from the case about Carl? (Module one)

10. What would be the strength of using the SI and MOHO model together as opposed to using either model alone?

11. Would Jordan be classified as over-sensitive to sensory input or as under-sensitive? Explain your answer.

12. Based on the information, Jordan is experiencing problems processing information in which sensory systems? Explain your answer.

13. What occupational roles would Jordan identify as most important?

14. What are the occupations that would need to be intact to support this role? What skills does he need to learn to interact in that role?

a. ADL
b. IADL
c. leisure/play
d. work
e. education
f. social participation

15. How does Jordan's physical environment impact his role behavior?

Application:

LTG: Jordan will be able to engage in occupations involving motor challenges that he values and finds meaningful.

16. For the LTG above identify the intervention approach you will use from the Occupational Therapy Practice Framework.

Identify three interventions that would help Jordan achieve his goal.
Write your rationale for choosing each of the above interventions – describe how they are going to help Jordan achieve the goal.

17. What classroom accommodations would you recommend for Jordan?

18. Consider whether Jordan needs to be calm or alert. Develop a Sensory Diet for Jordan.

Caring/Learning to Learn:

19. Would the Wilbarger's Deep Pressure Protocol be an effective treatment intervention for Jordan? Explain your rationale for your answer.

20. Do a literature search for information about research on Asperger's Syndrome (PDD or Autism spectrum disorders) and SI.

What kind of results did you find?
What is the highest level of research you found?
What is the most common type of research?
Given the results of your literature search, explain why OT's use SI with children with Asperger's Syndrome.

21. Of the Sensory Integration techniques, which would be most comfortable providing, which would be least comfortable?

What can you do to extend your comfort level?

22. What do you need to learn more about the Sensory Integration model or about Asperger's Syndrome?

Human Dimension:

23. What would it be like to have classroom accommodations?

What feelings would you expect Jordan to have about being singled out and receiving these accommodations?

24. Jordan has a desire to engage in gross motor activities but is often left out of them by his peers due to his below age level skills.

How would you expect this to affect Jordan?

25. Jordan has a desire to establish relationships with people but has difficulty reading social cues.

How would you anticipate this affecting your ability to relate to him?
What can you do to prepare yourself for this?

Students are to come back into small groups and share their new knowledge. The group applies the knowledge to the questions. Students submit their answers to the instructor.

The class comes together as a large group. Randomly call on each designated reporter to report on the groups answer to a question. The designated reporter in each group shares their answer with the group. Each student is to be prepared to be called on to explain their answer

Questions adapted from:

Kielhofner, G., (2002). *Model of human occupation. Theory and application.* (3rd ed.) (p. 472-478). Baltimore:Lippincott, Williams & Wilkins

Mailloux, Z., & Smith Roley, S. (2001). Sensory integration. In H. Miller-Kuaneck (Ed.), *Autism: A comprehensive occupational therapy approach.* (pp. 101-131). Bethesda, MD: American Occupational Therapy Association

Child Occupational Self Assessment (COSA)
Summary Rating Form

Name: Jordan Gender: M X F Date of Birth: 05/26/20XX

School Grade: 5th Education Program: Local School District

Therapist: Any Body, OTR/L Assessment Date: 06/01/20XX

MYSELF	I HAVE A BIG PROBLEM DOING THIS	I HAVE A LITTLE PROBLEM DOING THIS	I DO THIS OK	I AM REALLY GOOD AT DOING THIS	NOT REALLY IMPORTANT TO ME	IMPORTANT TO ME	REALLY IMPORTANT TO ME	MOST IMPORTANT OF ALL TO ME
Keep my mind on what I am doing				☺				
Make my body do what I want it to do		☹						
Dress myself			☺					
Brush my teeth			☺					
Get my homework done				☺				
Get myself a snack				☺				
Keep my room clean			☺					
Keep my desk neat	☹							
Get my chores done			☺					
Get around in my neighborhood	☹							
Buy things by myself		☹						
Answer questions in school				☺				
Tell others my ideas and they understand				☺				
Get along with my classmates		☹						
Ask the teacher questions when I do not understand something	☹							
Think of other ways to do things when I have a problem	☹							
Calm down when I am having a problem	☹							
Do things that make me happy			☺					
Do things I am good at			☺					
Finish my work in school on time				☺				
Have enough time to do things I like				☺				
Follow classroom rules				☺				
Be a good friend		☹						
Do what my parents ask				☺				
Do activities in school		☹						
Do activities in my neighborhood		☹						
Do things with friends		☹						
Keep working on something even when it gets hard	☹							
Make my mind on important things				☺				
Try my best			☺					

Adapted from: Kielhofner, G., (2002). *Model of human occupation. Theory and application.* (3rd ed.) (p. 476). Baltimore:Lippincott, Williams & Wilkins

Case Five

Model of Human Occupation/Cognitive Behavioral Therapy
Anorexia Nervosa

Objectives:

The student will

- explain the role of the OTA in the OT process
- apply the Model of Human Occupation and the cognitive-behavioral therapy in treatment
- apply data from assessments to occupational therapy intervention
- develop long term goals for recommendation to the OT for the intervention plan
- select and sequence occupation based interventions
- apply occupational therapy concepts to the treatment of anorexia nervosa
- explain the relationship of occupational balance to health and wellness.
- explain the role of occupation in the promotion of health
- identify cultural values that influence behaviors
- identify appropriate termination of occupational therapy services.
- identify the needs of individual in discharge planning.
- identify recommendations for referrals upon discharge

Prior to reviewing this case, the student should be familiar with the OT process, the role of the OTA in the OT process, the Occupational Therapy Practice Framework, the Model of Human Occupation, Behavioral Cognitive Theory and Anorexia Nervosa.

Questions that form the basis for learning issues will arise around the Model of Human Occupation, Anorexia Nervosa, discharge planning, occupation in the role of promotion of health, occupational balance and termination of services, recommendation for referrals, cultural influences on behaviors.

Suggested available resources:
Multiple copies of

- *AOTA Press. (2002). Occupational therapy practice framework: Domain and process. Bethesda, MD:The American Occupational Therapy Association*
- *The Commission on Practice. (2004). Guidelines forSupervision, Roles, and Responsibilities. American Journal of Occupational Therapy, 58I(6), 663-64*
- *Atchison, B., & Dirette, D. (2007). Conditions in Occupational Therapy. Baltimore:Lippincott, Williams & Wilkins.*

- *Bonder, B., (2004) Psychopathology and Function (3rd ed.) Thorofare, NJ: Slack, Inc.*
- *Bruce, M. A., & Borg, B. A. (2002). Psychosocial frames of reference: Core for Occupation-Based Practice.(3rd ed.). Thorofare, NJ: Slack Inc.*
- *Cole, M., (2005). Group Dynamics in Occupational Therapy. Thorofare, NJ: Slack, Inc.*
- *Early, M. B. (2000). Mental health concepts and techniques for the Occupational Therapy Assistant. (3rd ed.). Baltimore,:Lippincott, Williams & Wilkins.*
- *Kramer, P., Hinojosa, J., & Royeen, C.B. (2003). Perspectives in Human Occupation. Baltimore:Lippincott, Williams & Wilkins.*
- *Reed, K., (2001). Quick Reference to Occupational Therapy (2nd ed.) Austin, TX:Pro-ed.*
- *Salimbene, S. (2000).What language does your patient hurt in? A practical guide to culturally competent patient care. Rockford,IL:EMC Paradigm.*

Computer with internet access

Students are assigned to groups of 4. Each group is presented with a case and a set of questions to answer. The students need to set priorities and delegate tasks to ensure that all the research needed to answer the questions is completed in time. The students work independently in their groups to research the questions and develop answers. At the scheduled time the class comes together to share their answers. This sequence is reenacted with section two of the case.

Divide students into groups of fours. It is recommended that students not be assigned to the same group as the previous activities. Students are assigned new roles: leader, scribe, reporter or manager.

Provide each group with a copy of the case. Ask for a volunteer to read the case out loud and ask each student to follow along.

Provide each group with a copy of Section 1 and timeline for the case.
Students are encouraged to address issues as they arise. The students are told to independently research assigned learning issues to gain a greater understanding of the case study.

Students should be told that they will be required to submit their work to the instructor and are to be prepared to verbally present all of the information to the class as a whole.

Cho is a 16 year old Asian American female admitted to the psychiatric unit with a diagnosis of Anorexia Nervosa. She weighed 68 pounds on admission.

Cho was born in the United States to Japanese immigrants. She was enrolled in gymnastics when she was 3 years old. She showed talent and in grade school became involved in local and regional gymnastic tournaments. During this time she ate a balanced diet and maintained an appropriate weight. She had a variety of friends and interests even though she practiced many hours every day. As she showed more promise in gymnastics, her parents urged her to discontinue participation in other sports and activities and dedicate her time to gymnastics. Her parents were very proud of her and made many personal and financial sacrifices so that Cho could receive individualized coaching. They home schooled her so that she could spend more time practicing. In middle school, she began participating in high school gymnastic competitions. As a freshman in high school she was selected to represent her team in the state high school gymnastic meet. Though she maintained an A average in school, Cho's dedication to gymnastics consumed all of her non-school time. Her social life was centered around gymnastics and her gymnastics teammates.

At the age of 15, Cho had reached her adult height of 5 feet and weighed 90 pounds. The gymnastic coach told Cho to lose five pounds in order to be at her best for the state meet. Cho was afraid she would let her team down because of her weight. During the season her teammates had been concerned about how their weight affected their performance and had been constantly dieting. Cho went to them for weight loss advice. They suggested to Cho that the quickest way to lose weight was to fast. She began to restrict her food intake and to exercise in addition to the long hours that she practiced gymnastics. Cho prepared elaborate Japanese food for her parents but resisted eating any of the food herself. Her parents admired her for her self control. Cho felt encouraged when her coach told her that her agility had vastly improved. Her teammates were particularly impressed and praised her for her team spirit.

Cho continued to lose weight by reducing her food intake and increasing her hours of gymnastic practice. She was afraid to gain even half a pound and was very vigilante in monitoring her weight, often weighing herself hourly. Cho believed that she carried excess weight that interfered with her performing to the best of her ability. She believed that if she just lost her "extra fat" she could be better at her chosen sport.

She collapsed after the state competition and was taken to the emergency room of her local hospital.

Section 1:

List the resources available to help you complete this case study.

Instruct the students to brainstorm possible resources and locations of those resources.

For each question, encourage students to

- *Identify what they already know.*
- *Identify what they do not know.*
- *Identify learning needs*
- *Prioritize their learning needs*
- *Set learning needs timeline*
- *Assign group members learning needs tasks*

Foundational:

1. Identify core beliefs of the Japanese-American culture.
   How do you think these beliefs have influenced this case?

2. Identify the core process/concepts of the cognitive-behavioral model of practice.

3. What do you know about anorexia nervosa?
   What are the classic symptoms of this diagnosis?
   How does Cho exhibit these symptoms?
   What do you know about the OT treatment of anorexia nervosa?
   What would be the role of the OTA in this process?

4. What is Cho's overall pattern of role involvement?
   Is Cho over- or under- involved in roles? Explain your answer

5. Identify roles that Cho demonstrates that impact positively on her identity, use of time and involvement in social groups.
   Justify why these roles are positive.
   Identify any roles that you believe impact her negatively and also justify your answer.

6. How do interactions with others in her social environment support or inhibit Cho's performance?

7. How does the social environment provide appropriate occupational forms in which Cho can engage?

8. Identify cognitive distortions that may be interfering with her adaptive occupational performance.

9. Identify dysfunctional behavior that interferes with Cho's adaptive occupational participation.

Integration:

10. Knowing what you do about the treatment of anorexia nervosa, MOHO, behavior-cognitive therapy and psychiatric inpatient unit, what will be the sequence of steps as you work with Cho?

11. Knowing what you do about the treatment of anorexia nervosa, MOHO, behavior-cognitive therapy and psychiatric inpatient unit what areas would you expect the OT to assess?

What assessments might be used?
What assessments would you expect to do as an OTA?

12. In what ways might her culture have played a part in her eating disorder?

13. How might Cho's occupational imbalance affect her health and wellness?

14. How does Cognitive Behavioral Therapy fit with the MOHO concept of volition?

15. How do Cho's distorted beliefs regarding her competency influence her occupational role behavior?

Students are to come back into small groups and share their new knowledge. The group applies the knowledge to the questions. Students submit their answers to the instructor.

The class comes together as a large group. The instructor randomly calls on each designated reporter to report on their groups answer to a question. The designated reporter in each group shares their answer with the class. Each student is to be prepared to be called on to explain their answer.

Discussion is held to determine additional learning issues that may be appropriately addressed in another learning format.

The students are given Section 2.

Encourage students to

- *Identify what they already know.*
- *Identify what they do not know.*
- *Identify learning needs.*
- *Prioritize their learning needs*
- *Set learning needs timeline*

- *Assign group members learning needs tasks*

Section 2:

Review the results of the OPHI-II, the Modified Interest Checklist, Role Checklist, Rotter's Internal-External Scale and Stress Management Questionnaire.

Cho's score on the Rotter's Internal-External Scale indicates an internal locus of control. Persons with an internal locus of control have a strong sense of responsibility and a need for control over themselves. They believe that their own actions determine their rewards and reinforcements.

16. Using the concepts from a MOHO perspective what have you learned about this person from the assessment results?

How does the use of the behavioral cognitive perspective further help you to understand this person and how they function?
Cho's has a strong sense of responsibility and a need for control over herself. How will this affect what interventions you would use?
The OPHI scale indicates Cho has a high level of competence, a high sense of commitment but a poor ability to self appraise. How would this affect how you would approach Cho?
What feedback might you need to give her during therapy?

Application:

17. Explain how you would use occupation with Cho to promote health and prevent relapse.

18. How might the cultural differences in nonverbal language or communication affect therapy?

19. Identify what you would suggest to the OT for occupation based long term treatment goal.

Identify as many goals as you think are necessary.
Please prioritize the order in which you would address these goals and explain your decisions.

20. Identify the intervention approach you will use from the Occupational Therapy Practice Framework.

Based on the interest and roles from the assessment data, what interventions would you use to help her achieve her goals?
In detail, describe three group tasks that you would use to help her achieve her goals.
Give your reason for choosing each activity and explain why this activity is an appropriate OT intervention for anorexia nervosa.

21. What would indicate to you to recommend to the OT that Cho would be ready for discharge from the Occupational Therapy groups?

22. What things would need to be established for Cho to transition easily from the hospital to the community?

Indicate what referrals you would recommend to the OT?
(Indicate the type of professional to which you would refer her and the problem they would address and what the professional would do)

Human Dimension:

23. What would be the expected reaction of her family, coach and teammates to her illness?

24. How has your social context influenced your body image?

25. How do you feel about your body?

How does this influence your engagement in occupations?

26. How might your family's culture have influenced your values regarding parenting, illness and communication?

Caring/Learning to Learn:

27. Occupational Therapy treatment for eating disorders focuses on role performance as adult women.

Why doesn't treatment focus on nutrition, meal planning, preparation and eating?

28. What information related to intervention or assessment of eating disorders would you like to explore further?

Students are to come back into small groups and share their new knowledge. The group applies the knowledge to the questions. Students submit their answers to the instructor.

The class comes together as a large group. Randomly call on each designated reporter to report on the groups answer to a question. The designated reporter in each group shares their answer with the group. Each student is to be prepared to be called on to explain their answer.

Questions Adapted from: Kielhofner, G., (2002). *Model of human occupation. Theory and application.* (3rd ed.) (pp. 347-355). Baltimore:Lippincott, Williams & Wilkins

Cho's Ratings on the OPHI-II Scales

Occupational Identity Scale	1	2	3	4
Has personal goals and projects			X	
Identifies a desired occupational lifestyle			X	
Expects success			X	
Accepts responsibility			X	
Appraises abilities and limitations		X		
Has commitments and values		X		
Recognizes identity and obligations		X		
Has interests			X	
Felt effective (past)				X
Found meaning and satisfaction in lifestyle (past)				X
Made occupational choices (past)				X
Occupational Competence Scale				
Maintains satisfying lifestyle		X		
Fulfills role expectations			X	
Works toward goals			X	
Meets personal performance standards			X	
Organizes time for responsibilities			X	
Participates in interests	X			
Fulfilled roles (past)			X	
Maintained habits (past)			X	
Achieved satisfaction (past)			X	
Occupational Behavior Settings Scale				
Home-life occupational forms			X	
Major productive role occupational forms			X	
Leisure occupational forms		X		
Home-life social group		X		
Major productive social group		X		
Leisure social group		X		
Home-life physical spaces, objects and resources			X	
Major productive physical spaces, objects and resources			X	
Leisure physical spaces, objects and resources			X	

Key: **4** = Exceptionally competent occupational functioning; **3** = Appropriate satisfactory occupational functioning; **2** = Some occupational dysfunction; **1** = Extremely occupationally dysfunctional

Adapted from: Kielhofner, G., (2002). *Model of human occupation. Theory and application.* (3rd ed.) (p. 431). Baltimore:Lippincott, Williams & Wilkins

Name Cho Y Age 16 years old Date June 1, 20XX Therapist Any Body, OTR/L

INTEREST CHECKLIST

Activity	What has been your level of Interest?						Do you currently participate in this activity?		Would you like to pursue this in the future?	
	In the past 10 years			In the past year						
	Strong	Some	No	Strong	Some	No	Yes	No	Yes	No
Gardening/Yardwork		X				X		X	X	
Sewing/Needlework		X	X			X		X	X	
Playing Cards		X		X				X	X	
Foreign languages			X			X		X		X
Church activities		X			X		X		X	
Radio	X			X			X		X	
Walking			X			X		X		X
Car repair			X			X		X		X
Writing			X			X		X		X
Dancing		X			X			X	X	
Golf		X				X		X		X
Football			X		X			X	X	
Listening to popular music	X			X			X		X	
Puzzles		X			X			X	X	
Holiday activities		X			X			X	X	
Pets/Livestock			X			X		X		X
Movies	X			X				X	X	
Listening to classical music			X			X		X		X
Speeches/Lectures			X			X		X		X
Swimming	X			X				X	X	
Bowling			X			X		X		X
Visiting	X			X			X		X	
Mending			X			X		X		X
Checkers/Chess			X			X		X		X
Barbecues			X			X		X		X
Reading	X			X				X	X	
Traveling		X			X			X	X	
Parties	X				X			X	X	
Wrestling			X			X		X		X
Housecleaning			X			X		X		X
Model building			X			X		X		X
Television		X			X			X	X	
Concerts	X				X			X	X	
Pottery		X			X			X	X	

INTEREST CHECKLIST

Activity	What has been your level of Interest?						Do you currently participate in this activity?		Would you like to pursue this in the future?	
	In the past 10 years			In the past year						
	Strong	Some	No	Strong	Some	No	Yes	No	Yes	No
Camping			X			X		X		X
Laundry/Ironing			X			X		X		X
Politics			X			X		X		X
Table games	X			X				X	X	
Home decorating			X			X		X		X
Clubs/Lodge			X			X		X		X
Singing		X			X			X		X
Scouting			X			X		X		X
Clothes	X				X			X	X	
Handicrafts		X			X			X	X	
Hairstyling		X			X		X		X	
Cycling	X			X		X	X			X
Attending plays		X			X			X	X	
Bird watching			X			X		X		X
Dating	X				X			X	X	
Auto-racing			X			X		X		X
Home repairs			X			X		X		X
Exercise	X			X			X		X	
Hunting			X			X		X		X
Woodworking			X			X		X		X
Pool		X			X			X	X	
Driving		X			X			X	X	
Child care			X			X		X		X
Tennis		X			X			X	X	
Cooking/Baking	X			X			X		X	
Basketball			X			X		X		X
History			X			X		X		X
Collecting			X			X		X		X
Fishing			X			X		X		X
Science			X			X		X		X
Leatherwork			X			X		X		X
Shopping		X			X			X	X	
Photography	X			X				X	X	
Painting/Drawing	X			X				X	X	

Adapted from: Ikiugu, M. (2007). *Psychosocial Conceptual Practice Models in Occupational Therapy: Building Adaptive Capability* .(pp. 428-429). St. Louis, MO: Mosby Elsevier

Stress Management Questionnaire

For the purpose of this questionnaire, stress refers to the personal responses or symptoms that are the result of daily situations or thoughts that make life difficult and/or create discomfort.

1. When I feel stressful, I experience the following symptoms, feelings, or problems. (Circle Yes (Y) or No (N) for each item.)

Y	Ⓝ	101. Bleeding ulcer	Y	Ⓝ	115. High Blood pressure
Y	Ⓝ	102. Blushing	Y	Ⓝ	116. Hot flashes
Y	Ⓝ	103. Chest pains	Y	Ⓝ	117. Indigestion
Ⓨ	N	104. Cold hands/feet	Y	Ⓝ	118. Menstrual changes
Ⓨ	N	105. Constipation	Ⓨ	N	119. Muscle tension
Y	Ⓝ	106. Diarrhea	Y	Ⓝ	120. Nausea
Ⓨ	N	107. Difficulty swallowing	Y	Ⓝ	121. Neck/low back pain
Y	Ⓝ	108. Dizziness	Ⓨ	N	122. Rapid heart rate
Ⓨ	N	109. Dryness of mouth	Y	Ⓝ	123. Skin Disorder
Y	Ⓝ	110. Fatigue	Ⓨ	N	124. Stomach pain
Y	Ⓝ	111. Frequent urination	Y	Ⓝ	125. Sweaty palms
Y	Ⓝ	112. Grinding teeth	Y	Ⓝ	126. Tremors
Y	Ⓝ	113. Headaches	Y	Ⓝ	127. Trouble breathing
Y	Ⓝ	114. Heart burn			
Difficulty:					
Ⓨ	N	128. Concentrating	Y	Ⓝ	132. Listening
Ⓨ	N	129. Reacting	Ⓨ	N	133. Remembering
Ⓨ	N	130. Decision making	Ⓨ	N	134. Problem solving
Y	Ⓝ	131. Reasoning	Y	Ⓝ	135. Thinking
Feeling:					
Y	Ⓝ	136. Angry	Ⓨ	N	145. Low Tolerance/others
Ⓨ	N	137. Anxious	Y	Ⓝ	146. Moody
Y	Ⓝ	138. Apathetic	Y	Ⓝ	147. Nervous
Y	Ⓝ	139. Defensive	Y	Ⓝ	148. Panicky
Y	Ⓝ	140. Fearful	Y	Ⓝ	149. Resentful
Ⓨ	N	141. Guilty	Y	Ⓝ	150. Restless
Y	Ⓝ	142. Hopeless	Ⓨ	N	151. Self-conscious
Ⓨ	N	143. Irritable	Ⓨ	N	152. Tense
Ⓨ	N	144. A loss of control	Y	Ⓝ	153. Upset
Problems with:					
Y	Ⓝ	154. Being lazy	Y	Ⓝ	164. Keeping eye contact
Y	Ⓝ	155. Biting nails	Y	Ⓝ	165. Relating to others
Y	Ⓝ	156. Being obnoxious	Ⓨ	N	166. Sitting still
Y	Ⓝ	157. Being sarcastic	Y	Ⓝ	167. Sleeping
Y	Ⓝ	158. Changing tone of voice	Y	Ⓝ	168. Smoking

Adapted from: Stein, F., & Cutler, S.K. (2002). Psychosocial occupational therapy: A holistic approach. (2nd) (pp.426-430). Albany, NY: Delmar Thomson Learning

Stress Management Questionnaire (*continued*)

Problems with (continued)

Y	Ⓝ	159. Complaining	Y	Ⓝ	169. Speaking
Y	Ⓝ	160. Compulsiveness	Y	Ⓝ	170. Spending money
Y	Ⓝ	161. Drinking	Y	Ⓝ	171. Talking excessively
Y	Ⓝ	162. Eating	Y	Ⓝ	172. Twisting hair
Y	Ⓝ	163. Giving compliments	Y	Ⓝ	173. Other: _____

After you have checked all the items you experience, go back to your responses and rank order below from 1-10* with the rank of "1" being the item experienced most often and is the most troublesome.

SYMPTOMS EXPERIENCED
1. Concentrating
2. Remembering
3. Problem solving
4. Decision making
5. Irritable

SYMPTOMS EXPERIENCED
6. A loss of control
7. Anxious
8. Reacting
9. Low tolerance/others
10. Tense

*Not everyone will have as many as 10 symptoms or problems.

II. What are the everyday situations or thoughts that cause stress for you?
(Circle Yes (Y) or No (N) for each item.)

Y	Ⓝ	201. Arguments with (parents, friends, siblings, children, spouse)
Ⓨ	N	202. Being evaluated for performance
Y	Ⓝ	203. Being in crowds
Ⓨ	N	204. Criticism by others
Ⓨ	N	205. Doing new things for the first time
Y	Ⓝ	206. Driving in traffic
Y	Ⓝ	207. Excessive noise
Y	Ⓝ	208. Feeling too much pressure at school or work
Y	Ⓝ	209. Financial situations
Y	Ⓝ	210. Having problems in relationships
Y	Ⓝ	211. Hearing sad or depressing news
Y	Ⓝ	212. Mechanical breakdown (car, appliance, tools, etc.)
Y	Ⓝ	213. Raising children alone
Y	Ⓝ	214. "Red tape" (filling out forms, waiting in lines, etc.)
Ⓨ	N	215. Speaking in front of groups
Ⓨ	N	216. Taking tests
Y	Ⓝ	217. Being alone
Y	Ⓝ	218. Being bored
Ⓨ	N	219. Being late for an appointment

(*continued*)

Adapted from: Stein, F., & Cutler, S.K. (2002). Psychosocial occupational therapy: A holistic approach. (2nd) (pp.426-430). Albany, NY: Delmar Thomson Learning

Stress Management Questionnaire *(continued)*

II. *(continued)*

Ⓨ	N	220. Being unprepared (date, test, guests, speaking, etc.)
Ⓨ	N	221. Being watched by others
Ⓨ	N	222. Failure to meet goals (expected of you)
Ⓨ	N	223. Feeling guilty for inadequate behavior
Y	Ⓝ	224. Feeling frustrated
Ⓨ	N	225. Gaining or losing weight
Ⓨ	N	226. Having no control over a situation
Y	Ⓝ	227. Having too many things to do with not enough time
Ⓨ	N	228. Lack of confidence in oneself
Ⓨ	N	229. Misplacing something
Y	Ⓝ	230. Meeting deadlines
Ⓨ	N	231. Not having any free time for oneself or friends
Ⓨ	N	232. Not knowing what is expected of you
Ⓨ	N	233. Poor performance on a test
Ⓨ	N	234. Studying for an exam
Ⓨ	N	235. Trying to please people
Ⓨ	N	236. Waiting for expected letter or decision
Y	Ⓝ	237. Other (please list): _____

After you have checked all the items you experience, go back to your responses and rank order below from 1-10* with the rank of "1" being the most stressful situation or thought.

SITUATIONS/THOUGHTS CAUSING STRESS	SITUATIONS/THOUGHTS CAUSING STRESS
1. Criticism by others	6. Waiting for decisions
2. Failure to meet goals	7. Doing new things
3. Feeling guilty	8. Lack of confidence
4. Gaining weight	9. Having no control
5. Trying to please others	10. Not having free time

*Rank order only those situations or thoughts that apply to you. Not everyone will have 10 items.

III. List the following activities which help you relieve stress, by circling Yes (Y) or No (N) for each item.

Ⓨ	N	301. Analyze situation	Y	Ⓝ	325. Needlecraft
Ⓨ	N	302. Avoid situation	Y	Ⓝ	326. Painting

(continued)

Adapted from: Stein, F., & Cutler, S.K. (2002). Psychosocial occupational therapy: A holistic approach. (2nd) (pp.426-430). Albany, NY: Delmar Thomson Learning

Stress Management Questionnaire (*continued*)

III. (*continued*)

Y	Ⓝ	303. Be active in social club	Y	Ⓝ	327. Play musical instrument
Ⓨ	N	304. Baking	Y	Ⓝ	328. Prepare for school/work
Y	Ⓝ	305. Being by myself	Y	Ⓝ	329. Read for pleasure
Ⓨ	N	306. Being busy	Y	Ⓝ	330. Relax (lie down)
Ⓨ	N	307. Bicycling	Ⓨ	N	331. Running long distance
Y	Ⓝ	308. Cleaning house	Y	Ⓝ	332. Screaming
Ⓨ	N	309. Cooking	Y	Ⓝ	333. Sex
Y	Ⓝ	310. Crocheting	Y	Ⓝ	334. Singing
Y	Ⓝ	311. Crying	Ⓨ	N	335. Sleeping
Y	Ⓝ	312. Dancing	Ⓨ	N	336. Stretching muscles
Y	Ⓝ	313. Deep breathing	Y	Ⓝ	337. Swimming
Y	Ⓝ	314. Drawing	Y	Ⓝ	338. Take a drive in a car
Y	Ⓝ	315. Eating	Y	Ⓝ	339.Take care of a pet
Ⓨ	N	316. Exercising	Y	Ⓝ	340. Talk to a friend
Y	Ⓝ	317. Gardening	Y	Ⓝ	341. Throw something
Y	Ⓝ	318. Go shopping	Y	Ⓝ	342. Visit friends
Y	Ⓝ	319. Go to dinner	Y	Ⓝ	343. Watch TV
Y	Ⓝ	320. Go to movie	Y	Ⓝ	344. Walking
Ⓨ	N	321. How shower/bath	Y	Ⓝ	345. Writing letters
Ⓨ	N	322. Jogging	Y	Ⓝ	346. Writing poetry
Ⓨ	N	323. Listen to music	Y	Ⓝ	347. Writing short stories
Ⓨ	N	324. Meditate or pray	Y	Ⓝ	348. Yoga

Please list any other activities which help you relieve stress.

Y Ⓝ 349. Other _____

Again rank order your responses 1-10* with the rand of "1" being the activity which most relieves your stress.

ACTIVITIES THAT RELIEVE STRESS	ACTIVITIES THAT RELIEVE STRESS
1. Exercising	6. Being busy
2. Listening to music	7. Baking
3. Meditate	8. Swimming
4. Sleep	9. Running
5. Stretching	10. Bicycling

*Rank as many items up to 10 that are appropriate to you.

(*continued*)

Adapted from: Stein, F., & Cutler, S.K. (2002). Psychosocial occupational therapy: A holistic approach. (2nd) (pp.426-430). Albany, NY: Delmar Thomson Learning

Stress Management Questionnaire *(continued)*

Evaluation of Stress Management Questionnaire

We are interested in improving the usefulness and clarity of this questionnaire. Your feedback and responses will be helpful to us in revising the questionnaire.

Please circle Yes, No or Unsure.

1. Was the questionnaire too long?	Y	(N)	Unsure
2. Were the directions clear?	(Y)	N	Unsure
3. Did you find the questionnaire interesting?	(Y)	N	Unsure
4. Did the list of items accurately reflect your feelings?	(Y)	N	Unsure
5. Did the questionnaire help you to become more aware of the stressors in your everyday life?	(Y)	N	Unsure
6. Did you identify from the questionnaire any new methods to manage stress?	Y	(N)	Unsure
7. Do you feel you would benefit from an individualized stress management program?	(Y)	N	Unsure
8. When you are stressful do you use alcohol?	Y	(N)	Unsure
When you are stressful do you use drugs?	Y	(N)	Unsure
When you are stressful do you use cigarettes?	Y	(N)	Unsure

422. GENDER Female
423. YEAR OF BIRTH 19XX
424. OCCUPATION Student
425. LEVEL OF EDUCATION COMPLETED Freshman
426. STUDENT MAJOR IN COLLEGE (if applicable) N/A
427. MARITAL STATUS Single
428. TODAY'S DATE 6/01/20XX

Adapted from: Stein, F., & Cutler, S.K. (2002). Psychosocial occupational therapy: A holistic approach. (2nd) (pp.426-430). Albany, NY: Delmar Thomson Learning

Student Information

Module One

Occupational Adaptation Model
ADHD

Objectives:
The student will

- explain the role of the OTA in the OT process.
- apply the Occupational Adaptation Model to the practice of occupational therapy.
- identify assessment instruments utilized with the Occupational Adaptation model
- given a short term goal, plan occupational therapy interventions for an individual with ADHD
- adapt occupational therapy intervention to meet the needs of an individual
- understand outpatient mental health setting and how it may affect service provision.
- identify ways in which one's personal feelings affect and are affected by interactions with others.

Section 1:

Carl is a 9 year old Caucasian male, living with his mother, father, two older brothers, older sister and her dog, Elsa.

Carl is in the third grade and does well in math and science. Carl states that his favorite subjects in school are recess and gym, with his least favorite subjects being art and writing. He reads at below grade level, has difficulty sitting still in the classroom, blurts out answers, has poor handwriting, often butts in line, talks to children on either side of him, constantly fidgets, and leaves his desk to fiddle with items in the classroom and has poor relationships with his classmates.

Carl's mother describes him as an active child. At home, his chores include making his bed, setting and clearing the table and feeding and walking the dog. Carl is able to ride a bicycle, ice skate and roller blade. Carl's mother reports that he acts out the play while he watches it on television, and he has a difficult time sitting in a chair during the family meal.

Carl has difficulty maintaining friendships. He doesn't get asked by others kids to play after school or weekends. He frequently spends recess by himself playing on the swing set, as he is left out of the group play on the playground. Carl is aware he does not get invited to classmate's birthday party. He calls the same two boys repeatedly asking them to play on weekends and after school but gets turned down. He has occasionally cried because nobody likes him. He often complains about being bored and lonely.

Carl will play board games and sports with his older siblings but these games often end with arguments over the rules of the game. When Carl loses at these games he will insist that his siblings won because they have cheated. When Carl plays with children his age he wants the kids to play the games that he likes to play. When the other kids disagree with him about games to play or rules of the games, Carl gets angry, argues and hits them.

Carl has been referred to an outpatient task group to improve his socialization skills.

What resources are available to help you complete this case study?

Module One

Occupational Adaptation Model
ADHD

1. What do you know about ADHD?
    Identify the common symptoms, medications and prognosis of ADHD.
    What do you know about the OT treatment of ADHD?

2. What do you know about tasks groups and how they work?
    What are Mosey's five types of groups?
    Which one of Mosey's groups would you use with Carl?
    What are the benefits of a task group with children?
    How does a task group with children differ from a task group with adults?
    What are the benefits of working on socialization skills in task group vs. individual therapy?
    What kind of group dynamics would you expect to see in this setting?

3. What do you know about an outpatient mental health setting?
    What are the boundaries and constraints of this setting?
    What are the usual OT interventions in this treatment context?
    What do you know about the role of the OTA in the OT process in this treatment context?

4. You are going to use the Occupational Adaptation model for treatment, what else do you need to know?
    What are Carl's occupational environments and roles?
    What role is of primary concern to Carl and his family?
    What occupational performance is expected in this environment and role?
    What are the physical, social and cultural features this environment and role?
    What is Carl's level of relative mastery in this role?
    What is facilitating or limiting Carl's relative mastery in this environment and role?
    What is Carl's sensorimotor, cognitive and psychosocial status?

5. Knowing what you know about an outpatient setting and OA model and the OTA role in the OT process, what will be the sequence of steps you will take as you work with Carl?

6. What assessments would you expect the OT to do that are specific to readiness skills that would assess occupational participation?
    What assessments would you expect to do as an OTA?

7. What combination of occupational readiness and occupational activity is needed to promote the Carl's occupational adaptation process?

8. What help will Carl need to assess occupational responses and use the results to affect the occupational adaptation process?

What is the best method to engage Carl in the occupational adaptation program?

Module One

Occupational Adaptation Model
ADHD

Section 2:

STG: By the end of twelve weeks, Carl will demonstrate improved adaptive response mode as indicated by the ability to generate two or more approaches when faced with an occupational challenge during social interaction with peers.

9. Develop at least three occupational readiness and/or occupational activity interventions that you would do in the group that would help Carl achieve the above goal.
    Write your rationale for choosing each of the above interventions – describe how they are going to help Carl achieve the goal.
    Describe any adaptations you would make for him in the interventions.

10. Knowing what you do about yourself, how do you think Carl's behavior will influence your therapeutic relationship?
    What specific aspects of his behavior might you have difficulty dealing with?
    What are some steps or how might you prepare yourself to deal with this?

11. What resistance would Carl display to your treatment interventions?
    What affect would Carl display in response to your interventions?

12. How will you involve Carl's parents in the therapy process?
    How would you expect his parents to respond to your interventions?
    What kind of affect would you expect his parents to display?

13. What readiness skills do you need to have to implement treatment techniques?

14. What do you need to learn about context of treatment?

15. What do you need to learn more about the Occupational Adaptation model or about ADHD?

16. What do you need to learn about to make you more effective as an OT practitioner?

Format and questions adapted from: Schkade, J., & McClung, M. (2001). *Occupational adaptation in practice: Concepts and cases.* (p. 7). Thorofare, NJ: Slack, Inc.

Module Two

Model of Human Occupation
Major Depressive Disorder

Objectives:
The student will

- explain the role of the OTA in the OT process
- apply the Model of Human Occupation in Occupational Therapy treatment
- identify assessment instruments utilized with the Occupational Adaptation model
- apply data from assessments to occupational therapy intervention
- plan occupational therapy interventions for an individual with Major Depressive Disorder given short term goals
- understand inpatient mental health setting and how it may affect service provision.
- apply safety precautions in client interactions
- be familiar with medications and side effects of medications used in treatment of Major Depressive Disorder.

Section 1:

Toni is a 42-year-old, single female who lives independently her own home. She was recently admitted to an inpatient psychiatric unit with a diagnosis of Major Depressive Disorder. She has lost weight, spends a lot of time in bed but reports she has trouble sleeping; she does not attend to her personal hygiene and is experiencing suicidal ideation.

Toni is a paralegal in a law firm. She has a history of receiving merit raises and promotions. Five months ago she was passed over for a promotion that she had been working towards since starting with this firm four years ago. The hiring committee recommended another individual citing Toni's "lack of supervisory experience". She has difficulty sleeping, she fidgets, taps her feet, bites her nails, and paces. She has taken to skipping work because she can't concentrate, has difficulty sitting still and feels overwhelmed by the work. She reports that she just can't find the energy or interest to do her work. When she reads, she forgets what she has read by the time she finishes the page. Last month she was placed on probation due to poor work performance. In the past few weeks she has been the subject of ridicule at work because of her personal hygiene

Toni is the past president of the state paralegal association, the state quilter's guild, the local Sweet Adeline's and a contributing editor to a national paralegal journal. She has volunteered at the local community and violence intervention

center for 10 years. She has not been involved in any of these activities for the past four months because she says she just can't manage the energy.
Toni had a group of friends that she considered her family. She used to socialize with them at least once a week. She started rejecting their attempts to get together about four months ago because she said she was too tired to socialize. She has since stopped answering her phone and returning phone calls. Toni expresses regret over losing her friendships.

She doesn't get along with her mother and she has seen her father just twice since her parents divorce eight years ago. Her grandparents, aunts and uncles live in different states. She dislikes her younger sister and their relationship is riddled with disagreements. She denies physical or sexual abuse.

Toni is responsible for her financial management, home management and maintenance, meal preparation and clean up and shopping. She has not been keeping up with her responsibilities because she says it just doesn't matter.

Toni says that nothing she does at work or at home makes anything any better and she is tired of trying. She is humiliated by her work and social failures and sees suicide as the only way to deal with them.

What are the resources available to help you complete this case study?

Module Two

Model of Human Occupation
Major Depressive Disorder

1. What do you know about the Model of Human Occupation?
    What is an open system?
    Describe the subsystems?
    Explain how humans, as open systems, interact with the environment via four mechanisms.
    How does the environment influence occupational behavior?

2. What do you know about Major Depressive Disorder?
    Identify the common symptoms, medications and prognosis of Major Depressive Disorder.
    What do you know about the OT treatment of Major Depressive Disorder?

3. What do you know about the context of inpatient psychiatric unit?
    What are the boundaries and constraints in this treatment setting?
    What are the usual interventions in this treatment context?
    What do you know about the role of OTA in this treatment context?

4. What do you know about Toni's current status in the subsystems (volitional, habituation, or performance)?
    What about her environment may affect her function in the subsystems?

5. What do you know about Toni's performance capacity?
    What do you know about Toni's habituation system?
    What do you know about Toni's volitional system?
    What do you know about Toni's physical environment?
    What do you know about Toni's social environment?

6. What are your remaining questions about her function in the subsystems and the impact of the environment on the subsystems?

7. What assessments would you expect the OT to do that would assess occupational participation?
    What assessments would you expect to do as an OTA?

Module Two

Model of Human Occupation
Major Depressive Disorder

Section 2:

Review the results of Toni's OPHI-II, the Modified Interest Checklist and Role Checklist results.

8. What have you learned further about Toni's performance capacity, habituation, and volitional subsystems and her social and physical environment from these assessments?

9. What are the roles Toni has identified and how do they influence what she routinely does?
What occupational role would she identify as most important?

10. What are the occupations that would need to be intact to support this role?
What skills does she need to learn to interact in that role?
a. ADL
b. IADL
c. leisure/play
d. work
e. education
f. social participation

11. How does Toni's social environment impact her role behavior?

LTG: Toni will structure her life to increase the number of her friends and her involvement with others.

12. What intervention approach from the Occupational Therapy Practice Framework will you use for the LTG above?
Identify three interventions that would help Toni achieve her goal.

13. How do knowing Toni's values, interests and personal causation influence the interventions you chose for her plan?

14. What safety conventions would you need to employ to carry out your identified interventions?

15. What alterations might you make to your interventions due to Toni's medication side effects?

Identify what type of medications you would expect Toni to be taking, the side-effects of these medications, and consider what you would need to adapt in your interventions.

16. What motivates you when you are feeling discouraged?
    How do others approach you in helpful manner when you are feeling discouraged?
    How can you apply this in a therapeutic manner in your relationship with Toni?

17. Have you experienced or had a friend who experienced suicidal thoughts?
    How might you use that experience in your therapeutic relationship with Toni?

18. What about this case is most interesting to you?

19. What about suicidal ideation or depression continues to be unknown to you?

20. What information related to intervention or assessment of suicidal ideation would you like to explore further?

Questions adapted from: Kielhofner, G., (2002). *Model of human occupation. Theory and application.* (3rd ed.) (p. 472-478). Baltimore:Lippincott, Williams & Wilkins.

Toni's Ratings on the OPHI-II Scales

Occupational Identity Scale	1	2	3	4
Has personal goals and projects		x		
Identifies a desired occupational lifestyle			x	
Expects success	x			
Accepts responsibility	x			
Appraises abilities and limitations	x			
Has commitments and values		x		
Recognizes identity and obligations			x	
Has interests			x	
Felt effective (past)				x
Found meaning and satisfaction in lifestyle (past)				x
Made occupational choices (past)				x
Occupational Competence Scale				
Maintains satisfying lifestyle		x		
Fulfills role expectations	x			
Works toward goals	x			
Meets personal performance standards	x			
Organizes time for responsibilities	x			
Participates in interests	x			
Fulfilled roles (past)				x
Maintained habits (past)				x
Achieved satisfaction (past)				x
Occupational Behavior Settings Scale				
Home-life occupational forms		x		
Major productive role occupational forms			x	
Leisure occupational forms			x	
Home-life social group	x			
Major productive social group		x		
Leisure social group		x		
Home-life physical spaces, objects and resources			x	
Major productive physical spaces, objects and resources		x		
Leisure physical spaces, objects and resources		x		

Key: **4** = Exceptionally competent occupational functioning; **3** = Appropriate satisfactory occupational functioning; **2** = Some occupational dysfunction; **1** = Extremely occupationally dysfunctional

Adapted from: Kielhofner, G., (2002). *Model of human occupation. Theory and application.* (3rd ed.) (p. 431). Baltimore:Lippincott, Williams & Wilkins.

THERAPIST Any Body, OTR/L

ROLE CHECKLIST

NAME ___Toni H._____ AGE__42_____ DATE _6/01/xx___
SEX: ___ MALE _X__ FEMALE ARE YOU RETIRED: __YES X__NO
MARITAL STATUS: X_SINGLE _MARRIED _SEPARATED _DIVORCED _WIDOWED

The purpose of this checklist is to identify the major roles in your life. The checklist, which is divided into two parts, presents 10 roles and defines each one.

PART I

Beside each role, indicate, by checking the appropriate column, if you performed the role in the past, if you presently perform the role, and if you plan to perform the role in the future. You may check more than one column for each role. For example, if you volunteered in the past, do not volunteer at present, but plan to in the future, you would check the past and future columns.

Role	Past	Present	Future
Student Attending school on a part-time or full-time basis	x		
Worker Part-time or full-time paid employment	x	x	x
Volunteer Donating services, *at least once a week,* to a hospital, school, community, political campaign, and so forth	x		x
Care Giver Responsibility, *at least once a week,* for the care of someone such as a child, spouse, relative or friend	x		
Home Maintainer Responsibility, *at least once a week,* for the upkeep of the home such as housecleaning or yardwork	x	x	x
Friend Spending time or doing something, *at least once a week,* with a friend	x		x
Family Member Spending time or doing something, *at least once a week,* with a family member such as a spouse, child, parent , or other relative	x		
Religious Participant Attending a place of worship or participation in activities sponsored by a religious organization, *at least once a week*			
Hobbyist/Amateur Involvement in a hobby or amateur activity such as sewing, playing a musical instrument, woodworking, sports, the theater, or participation in a club or teams, *at least once a week*	x		x
Participant in Organizations Involvement, *at least once a week*, in organizations such as the American Legion, National Organization for Women, Parents without Partners, Weight Watchers, and so forth	x		x
Other _____ A role not listed which you have performed, are presently performing, and/or plan to perform. Write the role on the line above and check the appropriate column(s).			

PART II

The same roles are listed below. Next to *each* role, check the column which best indicates how valuable or important the role is to you. Answer for *each* role, even if you have never performed or do not plan to perform the role.

Role	**Not at all Valuable**	**Some-what Valuable**	**Very Valuable**
Student Attending school on a part-time or full-time basis	x		
Worker Part-time or full-time paid employment			x
Volunteer Donating services, *at least once a week,* to a hospital, school. Community, political campaign, and so forth.		x	
Care Giver Responsibility, *at least once a week,* for the care of someone such as a child, spouse, relative, or friend	x		
Home Maintainer Responsibility, *at least once a week,* for the upkeep of the home such as housecleaning or yardwork			x
Friend Spending time or doing something, *at least once a week,* with a friend			x
Family Member Spending time or doing something, *at least once a week,* with a family member such as a spouse, child, parent , or other relative	x		
Religious Participant Attending a place of worship or participation in activities sponsored by a religious organization, *at least once a week*	x		
Hobbyist/Amateur Involvement in a hobby or amateur activity such as sewing, playing a musical instrument, woodworking, sports, the theater, or participation in a club or teams, *at least once a week*			x
Participant in Organizations Involvement, *at least once a week*, in organizations such as the American Legion, National Organization for Women, Parents without Partners, Weight Watchers, and so forth			x
Other _____ A role not listed which you have performed, are presently performing, and/or plan to perform. Write the role on the line above and check the appropriate column(s).			

Adapted from: Kielhofner, G., (2002). *Model of human occupation. Theory and application.* (3rd ed.) (p. 369). Baltimore:Lippincott, Williams & Wilkins

Name Toni H Age 42 years old Date June 1, 20XX Therapist Any Body, OTR/L

INTEREST CHECKLIST

Activity	What has been your level of Interest?						Do you currently participate in this activity?		Would you like to pursue this in the future?	
	In the past 10 years			In the past year						
	Strong	Some	No	Strong	Some	No	Yes	No	Yes	No
Gardening/Yardwork	X				X			X	X	
Sewing/Needlework			X			X		X		X
Playing Cards		X		X				X	X	
Foreign languages			X			X		X		X
Church activities			X			X		X		X
Radio		X			X			X	X	
Walking	X				X	X		X	X	
Car repair			X			X		X		X
Writing	X				X			X	X	
Dancing		X			X			X	X	
Golf	X				X			X	X	
Football			X			X		X		X
Listening to popular music		X			X			X	X	
Puzzles		X			X			X	X	
Holiday activities		X			X			X	X	
Pets/Livestock			X			X		X		X
Movies	X				X			X	X	
Listening to classical music	X			X				X	X	
Speeches/Lectures			X			X		X		X
Swimming	X				X			X	X	
Bowling			X			X		X		X
Visiting	X			X				X	X	
Mending			X			X		X		X
Checkers/Chess			X			X		X		X
Barbecues	X				X			X	X	
Reading	X			X				X	X	
Traveling	X		X		X			X	X	
Parties		X			X			X	X	
Wrestling			X			X		X		X
Housecleaning		X			X			X	X	
Model building			X			X		X		X
Television		X			X			X	X	
Concerts	X				X			X	X	
Pottery		X			X			X	X	

INTEREST CHECKLIST

Activity	What has been your level of Interest?						Do you currently participate in this activity?		Would you like to pursue this in the future?	
	In the past 10 years			In the past year						
	Strong	Some	No	Strong	Some	No	Yes	No	Yes	No
Camping			X			X		X		X
Laundry/Ironing		X			X			X	X	
Politics	X				X	X		X	X	
Table games			X			X		X		X
Home decorating	X					X		X	X	
Clubs/Lodge			X			X		X		X
Singing	X				X			X	X	
Scouting			X			X		X		X
Clothes		X			X			X	X	
Handicrafts	X				X			X	X	
Hairstyling		X			X			X	X	
Cycling			X			X		X		X
Attending plays	X			X				X	X	
Bird watching			X			X		X		X
Dating		X			X			X	X	
Auto-racing			X			X		X		X
Home repairs		X				X		X	X	
Exercise		X			X			X	X	
Hunting			X			X		X		X
Woodworking			X			X		X		X
Pool			X			X		X		X
Driving		X			X			X	X	
Child care			X			X		X		X
Tennis		X			X			X		X
Cooking/Baking		X			X			X	X	
Basketball			X			X		X		X
History			X			X		X		X
Collecting			X			X		X		X
Fishing			X			X		X		X
Science			X			X		X		X
Leatherwork			X			X		X		X
Shopping		X			X			X	X	
Photography	X			X				X	X	
Painting/Drawing		X			X			X	X	

Adapted from: Ikiugu, M. (2007). *Psychosocial Conceptual Practice Models in Occupational Therapy: Building Adaptive Capability* .(pp. 428-429). St. Louis, MO: Mosby Elsevier

Module Three

Model of Human Occupation
Occupational Adaptation Model

Objectives:
The student will

- Compare and contrast the model of human occupation and occupational adaptation model
- Apply each model to a situation from their life
- Identify strengths and weaknesses of each model
- Determine which model fits better with their personal philosophy

Section 1

Fill in the chart with information from the Model of Human Occupation and the Occupational Adaptation Model.

	Model of Human Occupation	Occupational Adaptation
Theoretical Foundation		
Constructs of model		
View of environment		
View of occupation		
View of adaptation		
Assessments used		
Areas assessed		
View of Function		
View of Dysfunction		
Typical interventions		

Description of process of change		
Diagram the process of each model		
Similarities between models		
Differences between models		
Strengths of model		
Weakness of model		

Module Three

Model of Human Occupation
Occupational Adaptation Model

Section 2
1. Diagram a personal situation using the process of occupational adaptation.

2. Diagram the same situation using the Model of Human Occupation.

3. Choose case one (Carl) or case two (Toni). Compare the assessments and intervention process that would be used between these two models with the case.

4. Choose case one (Carl) or two (Toni). Determine which model, MOHO or OA, would be most effective in application to that case. Give your rationale.

5. Determine which of the two models you would prefer to use in practice and explain why. Tell what you like about it and why it is a good fit for you.

Read Chapter 25 in Kielhofner, G., (2002). *Model of human occupation. Theory and application.* (3rd ed.) Baltimore:Lippincott, Williams & Wilkins

6. What else do you need to know to understand MOHO further and how it might be used in conjunction with another model?

Module Four

Sensory Integration/Model of Human Occupation
Asperger's Syndrome

Objectives:
The student will

- explain the role of the OTA in the OT process.
- apply the Sensory Integration model in conjunction with the Model of Human Occupation to the practice of occupational therapy.
- identify assessment instruments utilized with the Sensory Integration model
- apply data from assessments to occupational therapy intervention
- given a short term goal, plan occupational therapy interventions for an individual with Asperger's Syndrome
- understand the school system settings and how it may affect service provision.
- apply data from assessments to occupational therapy intervention
- read professional literature and understand its implications for practice

Section 1

Jordan is an 11 year old male with a diagnosis of Asperger's Syndrome. He is the younger of two children and lives with his mother, father, and older sister.

Jordan was born when his mother was 38 and his father was 41. His sister is 11 years older than him. Jordan's mother had a normal pregnancy and delivery. Jordan began talking before twelve months, had an extensive vocabulary and was talking in sentences by the age of 18 months. He began crawling at around 10 months and began walking at fifteen months. He resisted toilet training and though he used the toilet to urinate, he was not completely trained to use the toilet for elimination until the age of 36 months.

Jordan was a 'difficult' baby. He did not develop any self soothing behaviors and was unable to calm himself. He reacted by screaming to riding in cars, being pushed in a stroller and any change in his routine. Some times his crying could last several hours. He did not cry himself to sleep. He quit taking naps during the day at the age of two years. He had a difficult time falling to sleep at night and woke very early in the morning. He didn't like to cuddle, rejected many foods because of their texture and disliked wearing socks.

As a toddler he was enthralled with books and music. He taught himself to read by the age of four. He developed a fascination with bugs at the age of three and became a bug 'walking encyclopedia'. At the age of four he developed a fascination with computer and video games. His motor skills weren't at the required level and he often screamed in frustration as he played. By the time he

entered kindergarten he had gained the motor skills required to play and was obsessed with certain video games. Though his parents restricted his game playing to two hours a day, Jordan would find information about the games on the internet or in game guides and read this information repeatedly until he was able to play the game again. By the first grade, he was in much demand from his fellow classmates as the person to call when they were stumped by their games. In the second grade he added Pokèmon to his interests and again was the person his classmates turned to for information. In the third and fourth grade he focused his interest on Yu-gi-oh cards.

When Jordan was three he began to exhibit stereotypical movements. He would pace repetitively in a ritualistic manner and raise or 'flap' his arms as he walked. Jordan dislikes wearing clothes with tags, zippers, or material that feel 'funny'. He dislikes wearing socks. He avoids foods with textures, such as raisins or apple sauce.

He was also asked to leave his first daycare at 18 months because he was biting others. He was asked to leave his second daycare at 26 months because they were unable to calm his rages. He was able to maintain at his third home daycare until he was four years old. At that time his parents placed him in a preschool daycare to prepare him for kindergarten. He lasted three months in this setting due to his inability to follow the rules and interact appropriately with his peers. His parents had him evaluated by a psychologist at the recommendation of the daycare and he was diagnosed with Asperger's Syndrome. His parents found another daycare for special needs children and he continues to be served at this setting.

Jordan is in the fifth grade at school. He produces work above his grade level. He has been tested by the school and has an IQ in the superior range. He is very good at math and science and receives enrichment services from the school district. His favorite activity at school is to do logic problems provided by the enrichment teacher. He has some problems with fine motor skills; he learned to tie his shoes in the third grade and he has problems with handwriting.

Jordan continues to have difficulty transitioning from one subject to another. He is unable to switch topics if he isn't warned of the change in advance and will go into a 'rage'.

He has poor social relationships with classmates as he is unable to read verbal and nonverbal cues. He will carry on conversations with others if they talk about the topic he is interested in. He can talk for long periods of time about certain subjects and is not able to discern when others are bored with the topic. He is honest to a fault and points out to others mistakes they have made; completely unaware that he may have offended them. He is extremely polite and follows all of the rules. He becomes extremely angry and will go into a 'rage' when he sees

that others are not following the rules. He relates better to adults than to his peers.

During recess, Jordan likes to swing, ride on the merry-go-round and climb the monkey bars. He likes to play touch football with his classmates. Though he is frustrated that they do not pass to him, let him carry the ball or let him be quarterback, he still enjoys the physical contact.

Jordan has difficulty participating in physical education, often getting angered over rules and outcomes of competitive games. His teacher reports that Jordan is eager to participate and enjoys himself in class. At times, he can become physical with his classmates if he is not happy with a particular situation. For example, if he gets tagged, if another student gets the piece of equipment he wanted or if he thinks the rules have been violated. Jordan plays well with his peers and often follows directions in gym class. He has difficulty managing age appropriate gross motor tasks and fatigues easily when engaged in gross motor activities.

Jordan has one friend his age and two friends younger than himself. He plays with them individually or in groups of two or three. When they play board games or video games he is able to engage in the activity. More frequently they are playing games outside such as kickball, baseball or street hockey. The play on swing sets, and climb trees, fences and sheds. Jordan wants to play with his friends, but dislikes games and activities that require running. He is afraid to climb tress, fences and sheds because he often gets stuck trying to climb down from these structures. He can throw a ball but is not as good at catching as his peers. He usually sits by the sidelines and watches his friends play.

Jordan receives Special Education services from the school system. Services include Occupational Therapy that addresses his handwriting problems. The school system has suggested his family seek further evaluation of his sensory processing from his local health care system.

What resources are available to help you to complete this case study?

Module Four

Sensory Integration/Model of Human Occupation
Asperger's Syndrome

Section 1:

1. What do you know about Asperger's Syndrome?
    What are the symptoms of Asperger's Syndrome?
    What areas of occupation affected by this condition?
    How is engagement in occupation impacted?
    How does it differ from Autism Disorder?
    What are the medical treatments for Asperger's Syndrome?
    What are the usual OT interventions for this syndrome?

2. What do you know about Sensory Integration?
    What is sensory processing and where does it occur?
    What is sensory intake and motor output.
    What are the environmental senses, body centered senses?
    What does it mean to be over sensitive or under sensitive?
    What do you know about role of the OTA in Sensory Integration?

3. What do you know about role of OT in the school system?
    What is the difference between the educational and the medical model?
    What law governs the provision of OT in the school system?
    OT is a "related" service under this law, how does this affect service provision?
    What barriers currently exist that would prevent an OT practitioner form addressing all of the areas of occupation in a school setting?

4. What do you know about his current status in the subsystems (volitional, habituation, or performance)?
    What about his environment may affect his function in the subsystems?

5. What do you know about Jordan's performance capacity in the areas of habituation and volition?

6. What assessment/s would you expect the OT to administer to assess his sensory systems?
    What assessments would you expect to administer as an OTA?

7. Which of the MOHO subsystems would you expect the OT to assess? Explain your answer.
    What assessments would you expect the OT to administer to assess those subsystems?
    What assessments would you expect to administer as an OTA

Module Four

Sensory Integration/Model of Human Occupation
Asperger's Syndrome

Section 2

The occupational therapist gave Jordan a Child Occupational Self Assessment to complete and his mother completed a Sensory Profile. Please review the results.

Sensory Profile Score

Sensory Seeking	60/85
Emotionally Reactive	33/80
Low endurance/Tone	31/45
Oral Sensory Sensitivity	24/45
Inattention/Distractibility	23/35
Poor Registration	22/40
Sensory Sensitivity	10/20
Sedentary	8/20
Fine Motor/Perceptual	9/15
Auditory Processing	24/40
Visual Processing	38/45
Vestibular Processing	31/55
Touch Processing	60/90
Multisensory Processing	21/35
Oral Sensory Processing	34/60
Sensory Processing Related to Endurance/tone	32/45
Modulation Related to Body Position and Movement	34/50
Modulation of Movement Affecting Activity Level	19/35
Modulation of Sensory Input Affecting Emotional Responses	12/20
Modulation of Visual Input Affecting Emotional Responses and Activity Level	10/20
Emotional/Social Responses	44/85
Behavioral Outcomes of Sensory Processing	12/30
Items Indicating Threshold for Response	12/15

8. What have you learned from these assessments?
   What are his strengths and liabilities in regard to sensory processing?
   What pattern of sensory processing do you notice?
   How would you expect his style of sensory processing to influence his social participation?
   How would you expect his style of sensory processing to influence his participation in education?

Sensory processing is an aspect of performance capacity. What specifically did you learn about his sensory performance capacity that you didn't know before?
How do Jordan's sensory integration issues affect his volitional system?

9. What do you notice about this case that is different from the case about Carl? (Module one)

10. What would be the strength of using the SI and MOHO model together as opposed to using either model alone?

11. Would Jordan be classified as over-sensitive to sensory input or as under-sensitive? Explain your answer.

12. Based on the information, Jordan is experiencing problems processing information in which sensory systems? Explain your answer.

13. What occupational roles would Jordan identify as most important?

14. What are the occupations that would need to be intact to support this role? What skills does he need to learn to interact in that role?

a. ADL
b. IADL
c. leisure/play
d. work
e. education
f. social participation

15. How does Jordan's physical environment impact his role behavior?

LTG: Jordan will be able to engage in occupations involving motor challenges that he values and finds meaningful.

16. For the LTG above identify the intervention approach you will use from the Occupational Therapy Practice Framework.
Identify three interventions that would help Jordan achieve his goal.
Write your rationale for choosing each of the above interventions – describe how they are going to help Jordan achieve the goal.

17. What classroom accommodations would you recommend for Jordan?

18. Consider whether Jordan needs to be calm or alert. Develop a Sensory Diet for Jordan.

19. Would the Wilbarger's Deep Pressure Protocol be an effective treatment intervention for Jordan? Explain your rationale for your answer.

20. Do a literature search for information about research on Asperger's Syndrome (PDD or Autism spectrum disorders) and SI.

What kind of results did you find?
What is the highest level of research you found?
What is the most common type of research?
Given the results of your literature search, explain why OT's use SI with children with Asperger's Syndrome.

21. Of the Sensory Integration techniques, which would be most comfortable providing, which would be least comfortable?

What can you do to extend your comfort level?

22. What do you need to learn more about the Sensory Integration model or about Asperger's Syndrome?

23. What would it be like to have classroom accommodations?

What feelings would you expect Jordan to have about being singled out and receiving these accommodations?

24. Jordan has a desire to engage in gross motor activities but is often left out of them by his peers due to his below age level skills.

How would you expect this to affect Jordan?

25. Jordan has a desire to establish relationships with people but has difficulty reading social cues.

How would you anticipate this affecting your ability to relate to him?
What can you do to prepare yourself for this?

Questions adapted from:

Kielhofner, G., (2002). *Model of human occupation. Theory and application.* (3rd ed.) (p. 472-478). Baltimore:Lippincott, Williams & Wilkins

Mailloux, Z., & Smith Roley, S. (2001). Sensory integration. In H. Miller-Kuaneck (Ed.), *Autism: A comprehensive occupational therapy approach.* (pp. 101-131). Bethesda, MD: American Occupational Therapy Association

Child Occupational Self Assessment (COSA)
Summary Rating Form

Name: Jordan Gender: M X F __ Date of Birth: 05/26/20XX

School Grade: 5th Education Program: Local School District

Therapist: Any Body, OTR/L Assessment Date: 06/01/20XX

MYSELF	I HAVE A BIG PROBLEM DOING THIS	I HAVE A LITTLE PROBLEM DOING THIS	I DO THIS OK	I AM REALLY GOOD AT DOING THIS	NOT REALLY IMPORTANT TO ME	IMPORTANT TO ME	REALLY IMPORTANT TO ME	MOST IMPORTANT OF ALL TO ME
Keep my mind on what I am doing				☺			☆☆☆	
Make my body do what I want it to do		☹						☆☆☆☆
Dress myself			☺				☆☆☆	
Brush my teeth			☺				☆☆☆	
Get my homework done				☺		☆☆		
Get myself a snack				☺			☆☆☆	
Keep my room clean			☺		☆			
Keep my desk neat	☹				☆			
Get my chores done			☺		☆			
Get around in my neighborhood	☹						☆☆☆	
Buy things by myself		☹					☆☆☆	
Answer questions in school				☺		☆☆		
Tell others my ideas and they understand				☺			☆☆☆	
Get along with my classmates		☹					☆☆☆	
Ask the teacher questions when I do not understand something	☹						☆☆☆	
Think of other ways to do things when I have a problem	☹					☆☆		
Calm down when I am having a problem	☹							☆☆☆☆
Do things that make me happy			☺				☆☆☆	
Do things I am good at			☺				☆☆☆	
Finish my work in school on time				☺		☆☆		
Have enough time to do things I like				☺			☆☆☆	
Follow classroom rules				☺			☆☆☆	
Be a good friend		☹					☆☆☆	
Do what my parents ask				☺			☆☆☆	
Do activities in school		☹				☆☆		
Do activities in my neighborhood		☹					☆☆☆	
Do things with friends		☹					☆☆☆	
Keep working on something even when it gets hard	☹					☆☆		
Make my mind on important things				☺		☆☆		
Try my best			☺			☆☆		

Adapted from: Kielhofner, G., (2002). *Model of human occupation. Theory and application.* (3rd ed.) (p. 476). Baltimore:Lippincott, Williams & Wilkins

Module Five

Model of Human Occupation/Cognitive Behavioral Therapy
Anorexia Nervosa

Objectives:

The student will

- explain the role of the OTA in the OT process
- apply the Model of Human Occupation and the cognitive-behavioral therapy in treatment
- apply data from assessments to occupational therapy intervention
- develop long term goals for recommendation to the OT for the intervention plan
- select and sequence occupation based interventions
- apply occupational therapy concepts to the treatment of anorexia nervosa
- explain the relationship of occupational balance to health and wellness.
- explain the role of occupation in the promotion of health
- identify cultural values that influence behaviors
- identify appropriate termination of occupational therapy services.
- identify the needs of individual in discharge planning.
- identify recommendations for referrals upon discharge

Cho is a 16 year old Asian American female admitted to the psychiatric unit with a diagnosis of Anorexia Nervosa. She weighed 68 pounds on admission.

Cho was born in the United States to Japanese immigrants. She was enrolled in gymnastics when she was 3 years old. She showed talent and in grade school became involved in local and regional gymnastic tournaments. During this time she ate a balanced diet and maintained an appropriate weight. She had a variety of friends and interests even though she practiced many hours every day. As she showed more promise in gymnastics, her parents urged her to discontinue participation in other sports and activities and dedicate her time to gymnastics. Her parents were very proud of her and made many personal and financial sacrifices so that Cho could receive individualized coaching. They home schooled her so that she could spend more time practicing. In middle school, she began participating in high school gymnastic competitions. As a freshman in high school she was selected to represent her team in the state high school gymnastic meet. Though she maintained an A average in school, Cho's dedication to gymnastics consumed all of her non-school time. Her social life was centered around gymnastics and her gymnastics teammates.

At the age of 15, Cho had reached her adult height of 5 feet and weighed 90 pounds. The gymnastic coach told Cho to lose five pounds in order to be at her best for the state meet. Cho was afraid she would let her team down because of

her weight. During the season her teammates had been concerned about how their weight affected their performance and had been constantly dieting. Cho went to them for weight loss advice. They suggested to Cho that the quickest way to lose weight was to fast. She began to restrict her food intake and to exercise in addition to the long hours that she practiced gymnastics. Cho prepared elaborate Japanese food for her parents but resisted eating any of the food herself. Her parents admired her for her self control. Cho felt encouraged when her coach told her that her agility had vastly improved. Her teammates were particularly impressed and praised her for her team spirit.

Cho continued to lose weight by reducing her food intake and increasing her hours of gymnastic practice. She was afraid to gain even half a pound and was very vigilante in monitoring her weight, often weighing herself hourly. Cho believed that she carried excess weight that interfered with her performing to the best of her ability. She believed that if she just lost her "extra fat" she could be better at her chosen sport.

She collapsed after the state competition and was taken to the emergency room of her local hospital.

Module Five

Model of Human Occupation/Cognitive Behavioral Therapy
Anorexia Nervosa

Section 1:

List the resources available to help you complete this case study.

1. Identify core beliefs of the Japanese-American culture.
   How do you think these beliefs have influenced this case?

2. Identify the core process/concepts of the cognitive-behavioral model of practice.

3. What do you know about anorexia nervosa?
   What are the classic symptoms of this diagnosis?
   How does Cho exhibit these symptoms?
   What do you know about the OT treatment of anorexia nervosa?
   What would be the role of the OTA in this process?

4. What is Cho's overall pattern of role involvement?
   Is Cho over- or under- involved in roles? Explain your answer

5. Identify roles that Cho demonstrates that impact positively on her identity, use of time and involvement in social groups.
   Justify why these roles are positive.
   Identify any roles that you believe impact her negatively and also justify your answer.

6. How do interactions with others in her social environment support or inhibit Cho's performance?

7. How does the social environment provide appropriate occupational forms in which Cho can engage?

8. Identify cognitive distortions that may be interfering with her adaptive occupational performance.

9. Identify dysfunctional behavior that interferes with Cho's adaptive occupational participation.

10. Knowing what you do about the treatment of anorexia nervosa, MOHO, behavior-cognitive therapy and psychiatric inpatient unit, what will be the sequence of steps as you work with Cho?

11. Knowing what you do about the treatment of anorexia nervosa, MOHO, behavior-cognitive therapy and psychiatric inpatient unit what areas would you expect the OT to assess?

What assessments might be used?
What assessments would you expect to do as an OTA?

12. In what ways might her culture have played a part in her eating disorder?

13. How might Cho's occupational imbalance affect her health and wellness?

14. How does Cognitive Behavioral Therapy fit with the MOHO concept of volition?

15. How do Cho's distorted beliefs regarding her competency influence her occupational role behavior?

Module Five

Model of Human Occupation/Cognitive Behavioral Therapy
Anorexia Nervosa

Section 2:

Review the results of the OPHI-II, the Modified Interest Checklist, Role Checklist, Rotter's Internal-External Scale and Stress Management Questionnaire.

Cho's score on the Rotter's Internal-External Scale indicates an internal locus of control. Persons with an internal locus of control have a strong sense of responsibility and a need for control over themselves. They believe that their own actions determine their rewards and reinforcements.

16. Using the concepts from a MOHO perspective what have you learned about this person from the assessment results?

How does the use of the behavioral cognitive perspective further help you to understand this person and how they function?
Cho's has a strong sense of responsibility and a need for control over herself. How will this affect what interventions you would use?
The OPHI scale indicates Cho has a high level of competence, a high sense of commitment but a poor ability to self appraise. How would this affect how you would approach Cho?
What feedback might you need to give her during therapy?

Application:

17. Explain how you would use occupation with Cho to promote health and prevent relapse.

18. How might the cultural differences in nonverbal language or communication affect therapy?

19. Identify what you would suggest to the OT for occupation based long term treatment goal.

Identify as many goals as you think are necessary.
Please prioritize the order in which you would address these goals and explain your decisions.

20. Identify the intervention approach you will use from the Occupational Therapy Practice Framework.

Based on the interest and roles from the assessment data, what interventions would you use to help her achieve her goals?
In detail, describe three group tasks that you would use to help her achieve her goals.

Give your reason for choosing each activity and explain why this activity is an appropriate OT intervention for anorexia nervosa.

21. What would indicate to you to recommend to the OT that Cho would be ready for discharge from the Occupational Therapy groups?

22. What things would need to be established for Cho to transition easily from the hospital to the community?

Indicate what referrals you would recommend to the OT?
(Indicate the type of professional to which you would refer her and the problem they would address and what the professional would do)

23. What would be the expected reaction of her family, coach and teammates to her illness?

24. How has your social context influenced your body image?

25. How do you feel about your body?

How does this influence your engagement in occupations?

26. How might your family's culture have influenced your values regarding parenting, illness and communication?

27. Occupational Therapy treatment for eating disorders focuses on role performance as adult women.

Why doesn't treatment focus on nutrition, meal planning, preparation and eating?

28. What information related to intervention or assessment of eating disorders would you like to explore further?

Questions adapted from: Kielhofner, G., (2002). *Model of human occupation. Theory and application.* (3rd ed.) (p. 472-478). Baltimore:Lippincott, Williams & Wilkins

Cho's Ratings on the OPHI-II Scales

Occupational Identity Scale	1	2	3	4
Has personal goals and projects			x	
Identifies a desired occupational lifestyle			x	
Expects success			x	
Accepts responsibility			x	
Appraises abilities and limitations		x		
Has commitments and values		x		
Recognizes identity and obligations		x		
Has interests			x	
Felt effective (past)				x
Found meaning and satisfaction in lifestyle (past)				x
Made occupational choices (past)				x
Occupational Competence Scale				
Maintains satisfying lifestyle		X		
Fulfills role expectations			X	
Works toward goals			X	
Meets personal performance standards			X	
Organizes time for responsibilities			X	
Participates in interests	X			
Fulfilled roles (past)			x	
Maintained habits (past)			x	
Achieved satisfaction (past)			x	
Occupational Behavior Settings Scale				
Home-life occupational forms			X	
Major productive role occupational forms			X	
Leisure occupational forms		X		
Home-life social group		X		
Major productive social group		X		
Leisure social group		X		
Home-life physical spaces, objects and resources			X	
Major productive physical spaces, objects and resources			X	
Leisure physical spaces, objects and resources			X	
Key: **4** = Exceptionally competent occupational functioning; **3** = Appropriate satisfactory occupational functioning; **2** = Some occupational dysfunction; **1** = Extremely occupationally dysfunctional				

Adapted from: Kielhofner, G., (2002). *Model of human occupation. Theory and application.* (3rd ed.) (p. 431). Baltimore:Lippincott, Williams & Wilkins

Name Cho Y____ Age 16 years old Date June 1, 20XX Therapist Any Body, OTR/L

INTEREST CHECKLIST

Activity	What has been your level of Interest?						Do you currently participate in this activity?		Would you like to pursue this in the future?	
	In the past 10 years			In the past year						
	Strong	Some	No	Strong	Some	No	Yes	No	Yes	No
Gardening/Yardwork		X				X		X	X	
Sewing/Needlework		X	X			X		X	X	
Playing Cards		X		X				X	X	
Foreign languages			X			X		X		X
Church activities		X			X		X		X	
Radio	X			X			X		X	
Walking			X			X		X		X
Car repair			X			X		X		X
Writing			X			X		X		X
Dancing		X			X			X	X	
Golf		X				X		X		X
Football			X		X			X	X	
Listening to popular music	X			X			X		X	
Puzzles		X			X			X	X	
Holiday activities		X			X			X	X	
Pets/Livestock			X			X		X		X
Movies	X			X				X	X	
Listening to classical music			X			X		X		X
Speeches/Lectures			X			X		X		X
Swimming	X			X				X	X	
Bowling			X			X		X		X
Visiting	X			X			X		X	
Mending			X			X		X		X
Checkers/Chess			X			X		X		X
Barbecues			X			X		X		X
Reading	X			X				X	X	
Traveling		X			X			X	X	
Parties	X				X			X	X	
Wrestling			X			X		X		X
Housecleaning			X			X		X		X
Model building			X			X		X		X
Television		X			X			X	X	
Concerts	X				X			X	X	
Pottery		X			X			X	X	

INTEREST CHECKLIST

Activity	What has been your level of Interest?						Do you currently participate in this activity?		Would you like to pursue this in the future?	
	In the past 10 years			In the past year						
	Strong	Some	No	Strong	Some	No	Yes	No	Yes	No
Camping			X			X		X		X
Laundry/Ironing			X			X		X		X
Politics			X			X		X		X
Table games	X			X				X	X	
Home decorating			X			X		X		X
Clubs/Lodge			X			X		X		X
Singing		X			X			X		X
Scouting			X			X		X		X
Clothes	X				X			X	X	
Handicrafts		X			X			X	X	
Hairstyling		X			X		X		X	
Cycling	X			X		X	X			X
Attending plays		X			X			X	X	
Bird watching			X			X		X		X
Dating	X				X			X	X	
Auto-racing			X			X		X		X
Home repairs			X			X		X		X
Exercise	X			X			X		X	
Hunting			X			X		X		X
Woodworking			X			X		X		X
Pool		X			X			X	X	
Driving		X			X			X	X	
Child care			X			X		X		X
Tennis		X			X			X	X	
Cooking/Baking	X			X			X		X	
Basketball			X			X		X		X
History			X			X		X		X
Collecting			X			X		X		X
Fishing			X			X		X		X
Science			X			X		X		X
Leatherwork			X			X		X		X
Shopping		X			X			X	X	
Photography	X			X				X	X	
Painting/Drawing	X			X				X	X	

Adapted from: Ikiugu, M. (2007). *Psychosocial Conceptual Practice Models in Occupational Therapy: Building Adaptive Capability* .(pp. 428-429). St. Louis, MO: Mosby Elsevier

Stress Management Questionnaire

For the purpose of this questionnaire, stress refers to the personal responses or symptoms that are the result of daily situations or thoughts that make life difficult and/or create discomfort.

1. When I feel stressful, I experience the following symptoms, feelings, or problems. (Circle Yes (Y) or No (N) for each item.)

Y	(N)	101. Bleeding ulcer	Y	(N)	115. High Blood pressure
Y	(N)	102. Blushing	Y	(N)	116. Hot flashes
Y	(N)	103. Chest pains	Y	(N)	117. Indigestion
(Y)	N	104. Cold hands/feet	Y	(N)	118. Menstrual changes
(Y)	N	105. Constipation	(Y)	N	119. Muscle tension
Y	(N)	106. Diarrhea	Y	(N)	120. Nausea
(Y)	N	107. Difficulty swallowing	Y	(N)	121. Neck/low back pain
Y	(N)	108. Dizziness	(Y)	N	122. Rapid heart rate
(Y)	N	109. Dryness of mouth	Y	(N)	123. Skin Disorder
Y	(N)	110. Fatigue	(Y)	N	124. Stomach pain
Y	(N)	111. Frequent urination	Y	(N)	125. Sweaty palms
Y	(N)	112. Grinding teeth	Y	(N)	126. Tremors
Y	(N)	113. Headaches	Y	(N)	127. Trouble breathing
Y	(N)	114. Heart burn			

Difficulty:

(Y)	N	128. Concentrating	Y	(N)	132. Listening
(Y)	N	129. Reacting	(Y)	N	133. Remembering
(Y)	N	130. Decision making	(Y)	N	134. Problem solving
Y	(N)	131. Reasoning	Y	(N)	135. Thinking

Feeling:

Y	(N)	136. Angry	(Y)	N	145. Low Tolerance/others
(Y)	N	137. Anxious	Y	(N)	146. Moody
Y	(N)	138. Apathetic	Y	(N)	147. Nervous
Y	(N)	139. Defensive	Y	(N)	148. Panicky
Y	(N)	140. Fearful	Y	(N)	149. Resentful
(Y)	N	141. Guilty	Y	(N)	150. Restless
Y	(N)	142. Hopeless	(Y)	N	151. Self-conscious
(Y)	N	143. Irritable	(Y)	N	152. Tense
(Y)	N	144. A loss of control	Y	(N)	153. Upset

Problems with:

Y	(N)	154. Being lazy	Y	(N)	164. Keeping eye contact
Y	(N)	155. Biting nails	Y	(N)	165. Relating to others
Y	(N)	156. Being obnoxious	(Y)	N	166. Sitting still
Y	(N)	157. Being sarcastic	Y	(N)	167. Sleeping
Y	(N)	158. Changing tone of voice	Y	(N)	168. Smoking

Adapted from: Stein, F., & Cutler, S.K. (2002). Psychosocial occupational therapy: A holistic approach. (2nd) (pp.426-430). Albany, NY: Delmar Thomson Learning

Stress Management Questionnaire (*continued*)

Problems with (continued)

Y	Ⓝ	159. Complaining	Y	Ⓝ	169. Speaking
Y	Ⓝ	160. Compulsiveness	Y	Ⓝ	170. Spending money
Y	Ⓝ	161. Drinking	Y	Ⓝ	171. Talking excessively
Y	Ⓝ	162. Eating	Y	Ⓝ	172. Twisting hair
Y	Ⓝ	163. Giving compliments	Y	Ⓝ	173. Other: _____

After you have checked all the items you experience, go back to your responses and rank order below from 1-10* with the rank of "1" being the item experienced most often and is the most troublesome.

SYMPTOMS EXPERIENCED
1. Concentrating
2. Remembering
3. Problem solving
4. Decision making
5. Irritable

SYMPTOMS EXPERIENCED
6. A loss of control
7. Anxious
8. Reacting
9. Low tolerance/others
10. Tense

*Not everyone will have as many as 10 symptoms or problems.

II. What are the everyday situations or thoughts that cause stress for you?
(Circle Yes (Y) or No (N) for each item.)

Y	Ⓝ	201. Arguments with (parents, friends, siblings, children, spouse)
Ⓨ	N	202. Being evaluated for performance
Y	Ⓝ	203. Being in crowds
Ⓨ	N	204. Criticism by others
Ⓨ	N	205. Doing new things for the first time
Y	Ⓝ	206. Driving in traffic
Y	Ⓝ	207. Excessive noise
Y	Ⓝ	208. Feeling too much pressure at school or work
Y	Ⓝ	209. Financial situations
Y	Ⓝ	210. Having problems in relationships
Y	Ⓝ	211. Hearing sad or depressing news
Y	Ⓝ	212. Mechanical breakdown (car, appliance, tools, etc.)
Y	Ⓝ	213. Raising children alone
Y	Ⓝ	214. "Red tape" (filling out forms, waiting in lines, etc.)
Ⓨ	N	215. Speaking in front of groups
Ⓨ	N	216. Taking tests
Y	Ⓝ	217. Being alone
Y	Ⓝ	218. Being bored
Ⓨ	N	219. Being late for an appointment

(*continued*)

Adapted from: Stein, F., & Cutler, S.K. (2002). Psychosocial occupational therapy: A holistic approach. (2nd) (pp.426-430). Albany, NY: Delmar Thomson Learning

Stress Management Questionnaire (*continued*)

II. (*continued*)

(Y)	N	220. Being unprepared (date, test, guests, speaking, etc.)
(Y)	N	221. Being watched by others
(Y)	N	222. Failure to meet goals (expected of you)
(Y)	N	223. Feeling guilty for inadequate behavior
Y	(N)	224. Feeling frustrated
(Y)	N	225. Gaining or losing weight
(Y)	N	226. Having no control over a situation
Y	(N)	227. Having too many things to do with not enough time
(Y)	N	228. Lack of confidence in oneself
(Y)	N	229. Misplacing something
Y	(N)	230. Meeting deadlines
(Y)	N	231. Not having any free time for oneself or friends
(Y)	N	232. Not knowing what is expected of you
(Y)	N	233. Poor performance on a test
(Y)	N	234. Studying for an exam
(Y)	N	235. Trying to please people
(Y)	N	236. Waiting for expected letter or decision
Y	(N)	237. Other (please list): _____

After you have checked all the items you experience, go back to your responses and rank order below from 1-10* with the rank of "1" being the most stressful situation or thought.

SITUATIONS/THOUGHTS CAUSING STRESS	SITUATIONS/THOUGHTS CAUSING STRESS
1. Criticism by others	6. Waiting for decisions
2. Failure to meet goals	7. Doing new things
3. Feeling guilty	8. Lack of confidence
4. Gaining weight	9. Having no control
5. Trying to please others	10. Not having free time

*Rank order only those situations or thoughts that apply to you. Not everyone will have 10 items.

III. List the following activities which help you relieve stress, by circling Yes (Y) or No (N) for each item.

(Y)	N	301. Analyze situation	Y	(N)	325. Needlecraft
(Y)	N	302. Avoid situation	Y	(N)	326. Painting

(*continued*)

Adapted from: Stein, F., & Cutler, S.K. (2002). Psychosocial occupational therapy: A holistic approach. (2nd) (pp.426-430). Albany, NY: Delmar Thomson Learning

Stress Management Questionnaire (*continued*)

III. (*continued*)

Y	Ⓝ	303. Be active in social club	Y	Ⓝ	327. Play musical instrument
Ⓨ	N	304. Baking	Y	Ⓝ	328. Prepare for school/work
Y	Ⓝ	305. Being by myself	Y	Ⓝ	329. Read for pleasure
Ⓨ	N	306. Being busy	Y	Ⓝ	330. Relax (lie down)
Ⓨ	N	307. Bicycling	Ⓨ	N	331. Running long distance
Y	Ⓝ	308. Cleaning house	Y	Ⓝ	332. Screaming
Ⓨ	N	309. Cooking	Y	Ⓝ	333. Sex
Y	Ⓝ	310. Crocheting	Y	Ⓝ	334. Singing
Y	Ⓝ	311. Crying	Ⓨ	N	335. Sleeping
Y	Ⓝ	312. Dancing	Ⓨ	N	336. Stretching muscles
Y	Ⓝ	313. Deep breathing	Y	Ⓝ	337. Swimming
Y	Ⓝ	314. Drawing	Y	Ⓝ	338. Take a drive in a car
Y	Ⓝ	315. Eating	Y	Ⓝ	339.Take care of a pet
Ⓨ	N	316. Exercising	Y	Ⓝ	340. Talk to a friend
Y	Ⓝ	317. Gardening	Y	Ⓝ	341. Throw something
Y	Ⓝ	318. Go shopping	Y	Ⓝ	342. Visit friends
Y	Ⓝ	319. Go to dinner	Y	Ⓝ	343. Watch TV
Y	Ⓝ	320. Go to movie	Y	Ⓝ	344. Walking
Ⓨ	N	321. How shower/bath	Y	Ⓝ	345. Writing letters
Ⓨ	N	322. Jogging	Y	Ⓝ	346. Writing poetry
Ⓨ	N	323. Listen to music	Y	Ⓝ	347. Writing short stories
Ⓨ	N	324. Meditate or pray	Y	Ⓝ	348. Yoga

Please list any other activities which help you relieve stress.

Y Ⓝ 349. Other _____

Again rank order your responses 1-10* with the rand of "1" being the activity which most relieves your stress.

ACTIVITIES THAT RELIEVE STRESS	ACTIVITIES THAT RELIEVE STRESS
1. Exercising	6. Being busy
2. Listening to music	7. Baking
3. Meditate	8. Swimming
4. Sleep	9. Running
5. Stretching	10. Bicycling

*Rank as many items up to 10 that are appropriate to you.

(*continued*)

Adapted from: Stein, F., & Cutler, S.K. (2002). Psychosocial occupational therapy: A holistic approach. (2nd) (pp.426-430). Albany, NY: Delmar Thomson Learning

Stress Management Questionnaire *(continued)*

Evaluation of Stress Management Questionnaire

We are interested in improving the usefulness and clarity of this questionnaire. Your feedback and responses will be helpful to us in revising the questionnaire.

Please circle Yes, No or Unsure.

1. Was the questionnaire too long?	Y	Ⓝ	Unsure
2. Were the directions clear?	Ⓨ	N	Unsure
3. Did you find the questionnaire interesting?	Ⓨ	N	Unsure
4. Did the list of items accurately reflect your feelings?	Ⓨ	N	Unsure
5. Did the questionnaire help you to become more aware of the stressors in your everyday life?	Ⓨ	N	Unsure
6. Did you identify from the questionnaire any new methods to manage stress?	Y	Ⓝ	Unsure
7. Do you feel you would benefit from an individualized stress management program?	Ⓨ	N	Unsure
8. When you are stressful do you use alcohol?	Y	Ⓝ	Unsure
When you are stressful do you use drugs?	Y	Ⓝ	Unsure
When you are stressful do you use cigarettes?	Y	Ⓝ	Unsure

422. GENDER Female
423. YEAR OF BIRTH 19XX
424. OCCUPATION Student
425. LEVEL OF EDUCATION COMPLETED Freshman
426. STUDENT MAJOR IN COLLEGE (if applicable) N/A
427. MARITAL STATUS Single
428. TODAY'S DATE 6/01/20XX

Adapted from: Stein, F., & Cutler, S.K. (2002). Psychosocial occupational therapy: A holistic approach. (2nd) (pp.426-430). Albany, NY: Delmar Thomson Learning

CHAPTER V

SUMMARY

The product consists of a series of five modules applying OT theory to commonly treated mental health clinical conditions across the lifespan to be utilized in OTA educational programs. The first module is an introduction to the CLB process and application of the occupational adaptation model to a child with Attention Deficit Hyperactivity Disorder. The second module covers the model of human occupation applied to an adult with Major Depressive Disorder. In the third module the students have the opportunity to compare the strengths and weaknesses of the model of human occupation and the occupational adaptation model. The fourth module builds on the previous modules and introduces the concept of using a model to complement another practice model. The case covers a child with Asperger's Syndrome and the sensory integration frame of reference in conjunction with the model of human occupation. The fifth module continues with the use of a grand theory in conjunction with a practice model. The case applies the model of human occupation in conjunction with behavioral cognitive therapy to an adolescent with Anorexia Nervosa. All learning concepts are constructed around the role of an OTA in the OT process and L. Dee Fink's taxonomy of significant learning.

The product employs adult and active learning principles to provide instructional strategies for the application of occupational behavior models and

frames of references to mental health clinical conditions. The students are provided with a case and the instructor facilitates the discovery and application of knowledge. New knowledge is presented in the context of previously learned material. Students take responsibility for their learning by engaging in self-directed activity through case-based learning.

The product can be utilized by faculty and level II fieldwork educators in an occupational therapy assistant program. The cases can be used as part of a semester or tri-semester mental health course. The instructor of the course may choose to use all of the modules or a portion of the product. The instructor may choose to use this product as written or select questions that meet the learning objectives of their course. Level II fieldwork educators may use a case to examine the clinical reasoning skills of the fieldwork student. The level II Fieldwork educator may choose to use the case as written or ask the student to apply questions from a case to an individual client.

The product has several strengths for educational purposes. It is based on adult learning principles; the learner takes an active role in the learning process, learners work collaboratively, knowledge is applied in a practical way to what the learner already knows, learning is applied immediately and feedback is provided to reinforce the learning process. As an active learning instructional strategy it engages the learner and allows them to take responsibility for learning. The modules are designed to build on previous knowledge, to acquire knowledge in context and to integrate knowledge. The structure of the case questions around the significant learning taxonomy systematically develops clinical reasoning

skills. The product provides a means for learning about occupational behavioral based theories and their application to practice. It provides a foundation for building a professional identify as occupational therapy practitioners as the students become grounded in theories of occupational behavior.

Although the product provides a means to educating OTA students in occupational behavioral theories and their application for practice, limitations should be noted. The cases cover only four clinical conditions. The modules are limited to two formal theories and two frames of references. The age of the individuals in the cases begin at six years and ends at forty-two years. The modules do not include a method of assessment for grading purposes.

Expansion of this product would enrich the educational experience of occupational therapy assistants. Recommendations for expansion include; development of cases that cover additional clinical conditions and other occupational behavioral theories, application of the occupational adaptation model in conjunction with other frames of references, development of cases addressing adults with mental health conditions and inclusion of a method of assessment of student learning.

In light of the rapidly changing health care and human service environments, occupational therapy assistants need to develop clinical reasoning skills and be life long self directed learners. Utilization of this product provides a relevant and meaningful instructional strategy that will assist the learner in developing the skills necessary to become a successful practitioner.

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