We are pleased to announce Dr. Lorie Gage Richards as the new chair of the Division of Occupational Therapy. Dr. Richards obtained her BS in Occupational Therapy from Elizabethtown College in Pennsylvania in 1983. She worked for three years in physical rehabilitation, with the majority of her clientele being individuals with strokes and head injuries. She returned to graduate school and earned an MS and PhD in Experimental Psychology, emphasis in Cognitive Neuropsychology, from Syracuse University in 1993. Before joining the University of Utah, she was on faculty in Occupational Therapy at the University of Kansas Medical Center. For the past 8 years she had a dual appointment at the University of Florida and the VA Rehabilitation R&D Center of Excellence, the Brain Rehabilitation Research Center, in Gainesville, Florida, where she was a leading investigator in neurorehabilitation for upper extremity motor function.

In her free time, Dr. Richards likes to spend time with her husband Tom Richards and their children, Alia and Ian. She enjoys outdoor activities, such as hiking and camping, as well as traveling to learn about other cultures and languages. Her indoor hobbies include knitting, crocheting, and cross-stitching. She is an avid consumer of fiction literature, particularly fantasy.

RESEARCH EMPHASIS AND INTERESTS:
Developing evidence for stroke rehabilitation, particularly in testing interventions for the arm and hand; Neurorehabilitation; and Cognitive Rehabilitation

NOTABLE POINTS:
Keynote speaker for 2012 World Occupational Therapy Conference in Hong Kong; Member Society for Neuroscience; Recipient of over 20 grants totaling over $14M; Published in 45 peer-reviewed journals
WELCOME CLASS OF 2014!

The Occupational Therapy Class of 2014 has jumped right into the program, and we are excited for what is to come in the next 3 years. We are a diverse group of people from many backgrounds including psychology, behavioral science, communications and business. Many chose this field after seeing how occupational therapy has affected someone in our own lives. We look forward to the diverse job opportunities ahead, as well as the personal interaction with our clients. We come from all over the United States and many areas of Utah and range in age from early twenties to mid-thirties. It is quite significant to note that a full third of our class is male.

While as individuals we may be very different, we all chose the program for the work we will be able to practice after graduation. The idea of living life to the fullest is not only part of our interest in the field but also a factor in why we chose Utah for our studies. The outdoors are a major part of our lives, and we cannot wait to take advantage of the numerous recreational activities Utah has to offer. The class is already enjoying the anatomy lab and cannot wait for their fieldwork opportunities to come.

ALUMNI SPOTLIGHT

by NATAILIE HARR, MOT OTR/L

I am serving as a Peace Corps volunteer in the country of Jordan and have been here almost a year with one more year to go! I live in a large village of about 7000 people and work with children ages 5 to 18 at a charitable special education center. We have four classrooms. One is for deaf/hard of hearing students, and the other three classes are split up by age. I work with students with a variety of disabilities from Down Syndrome, Cerebral Palsy, Autism, Emotional Disorders, and physical impairments. Currently I am focusing on working in just one classroom, co-teaching with a brand new teacher. Our class has five students, ages 5-10 years, who have autism or autism tendencies, all of which are non-verbal. I noticed last semester that no one wanted to teach these children, and they were often made fun of or treated with little dignity. I wanted to change that, so this semester I am attempting to implement an "Autism Program"- basically a highly structured classroom with a picture communication system. As of this week, 6 weeks into the semester, I finally have established trust and a relationship with the new teacher. Starting next week I am hoping the program will begin showing some results in better behavior of the students and more motivation from the teacher. Anyone working in school system/special education knows that change takes time. Double that time for change when working in a foreign country! Patience is an asset and something I must practice every day.

One reason working in special education is challenging in this country is a lack of exposure or visibility to people with disabilities. There is also a stigma attached to families with children or family members with disabilities. Because marriages are arranged here, and most people marry their cousins, people don’t want to marry into families that have a family member with a disability in fear of also having a child with a disability. For this reason, many family members hide their children away in fear that no one will want to marry into their family. In fact, one volunteer just discovered that her neighbor, to whom she has lived next door for eighteen months, has a 30 year-old son with Down Syndrome who has never been allowed to leave the house! Things are slowly changing here, but I would say that the special education system here is what it was in the United States in the 1950s and 60s.

The other really challenging part of my job is working with the teachers. Every high school senior must take an academic test which will either qualify them to attend university or not. Those who score the lowest qualifying scores are assigned to be special education majors. For that reason, most teachers are highly unmotivated and they also receive no technical or practical training during their university education. When many graduate and get jobs as teachers, it may be the first time they actually see a child with a disability, and many have no idea what to do. As a result, my role here as a volunteer has taken the position of a teacher trainer mostly. I do work directly with the children on a daily basis, but I have the teachers carry out most of the programming/teaching because, after all, I won’t be here forever, and teachers need to know how to best teach these special kiddos. I also model example by example as to how to treat the children. I hug and kiss and sing to the most difficult students. I help the children who arrive dirty to school wash up and feel clean. I don’t make fun of the students and instead try to show how difficult it may be for a child to complete an activity or communicate something. I would say that of all the things I have done here, modeling by example has had the biggest impact on changing my teachers’ attitudes and motivation. My previous experience working as an OT in a school district was invaluable for what I am doing now. In fact, being an OT in general gives me a unique perspective on how to work with these kids in their culture, their families, and at their own learning level.

FIELDWORK EDUCATOR CORNER

by JEANETTE KOSKI, MS, OTR/L

Occupational therapy interventions include preparatory, purposeful, and occupation-based activities. These methods are enhanced by the therapeutic-use-of-self employed by the practitioner. As OT’s we understand these distinctions and the appropriate use of each type of intervention. However, there can be barriers to the effective employment of each type of intervention based on the practitioner’s setting, culture of the site, supplies and time constraints, and/or the client’s perception to name a few.

Despite these barriers, OT’s work hard to ensure that their therapy is not only client-centered but also occupation-based. Being a fieldwork educator offers an opportunity to further break down some barriers that stand in the way of helping our clients increase their participation in meaningful occupations. In fieldwork, students gain experience building kits to address specific areas of occupations. Additionally, Level I students have assignments tied to the curriculum that require them to do a project for their FW sites, and some FW sites also require their level II students to complete a project as part of their FW program. These types of requirements provide an excellent chance for students to learn how to build occupation based interventions and/or therapy kits. The site benefits by providing increased resources for occupation based treatment.

When you accept Level I students, work collaboratively with them to develop project ideas that will enhance your practice as well as help them fulfill their requirements. If you take level II students and are interested in giving students this opportunity, please ensure you include a project as a part of the assignments in your student program.

BACKPACK AWARENESS

The American Occupational Therapy Association (AOTA) promotes backpack awareness annually during the month of September. As part of this promotion AOTA encourages members to hold backpack awareness events to educate school age children and their parents concerning backpack safety. This year the Division of Occupational Therapy had booths at two events associated with Be Well Utah, a wellness fair sponsored by the University of Utah. First year occupational therapy students promoted backpack safety at the Family night held at Red Butte Garden and the Family Health Fair held at Rice Eccles Stadium. AOTA backpack safety handouts were distributed, and demonstrations were given to determine the correct size of a backpack, how to pack a backpack, and the importance of wearing a backpack correctly. Approximately 400 people attended the Family night, and 4500 attended the Family Health fair.

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CARFIT

On September 29-30, students from the University of Utah’s Occupational Therapy and Salt Lake Community College’s Occupational Therapy Assistant programs joined together to provide CarFit checks at the Senior Expo in Sandy, UT. The two-day event attracted more than 6,000 seniors from around Utah, and the students were a very visible presence.

CarFit is a free educational service provided throughout the United States developed in joint collaboration between the AOTA, AARP, and AAA. To become a CarFit technician, the students attended training provided by Donna Costa, a national CarFit Instructor. Students then performed 12 point CarFit checks measuring the distance between the driver and steering wheel and between line of sight and the top of the steering wheel. Also included is checking seat belt use, as well as having the senior to demonstrate their ability to operate vehicle controls such as the lights, horn, emergency flashers, and parking brake. Making mirror adjustments to both the side and rear view mirror is a critical part of the CarFit check in order to reduce the driver’s blind spots. The checkup concludes by walking around the vehicle with the driver to check any mobility concerns and provide an opportunity for the driver to explain any vehicle damage that may have occurred as a result of an accident.

Studies done on CarFit demonstrate that it is an effective mechanism for ensuring driver safety in addition to initiating conversation with older drivers about their driving safety. Many older drivers are not aware they can make adjustments to their vehicles to improve the driver-vehicle fit. A variety of OT gadgets are presented to CarFit participants such as the HandyBar, swivel seats, wedge cushions, seat belt extenders, and mirror enhancements.

Students from both programs reported learning a great deal from this joint educational activity. It provided an opportunity for the OT and OTA students to work together and met the educational standards for learning about the role of the occupational therapy practitioner in driving and community mobility.