Driving and Community Mobility Skills for Individuals With High-Functioning Autism Spectrum Disorder
AOTA Specialty Conference

September 23–24, 2016 • Cleveland, Ohio

Preconference Workshops: September 22, 2016 (separate registration required)

Presented by Lucy Jane Miller, PhD, OTR/L and Susan Bazyk, PhD, OTR/L, FAOTA

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www.aota.org/autismconference

Autism diagnoses continue to rise, along with the greater necessity to understand life transition challenges. It is urgent for the occupational therapy profession to be fully prepared to meet the needs of children, adolescents, and young adults on the autism spectrum.

Occupational therapists play a key role in working with individuals on the autism spectrum to help them participate in daily routines and integrate into communities. This AOTA Specialty Conference, featuring national experts in occupational therapy, will give practitioners an exceptional opportunity to learn evidence-based practices—across the lifespan—from leaders in the autism field.

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Skill-Building Activities for Individuals With High-Functioning Autism Spectrum Disorder
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Earn .1 AOTA CEU (1 contact hour or 1.25 NBCOT professional development units) with this creative approach to independent learning.
Editor’s Note

Out and About

Driving, taking the bus, bicycling, walking—all these and other transportation options go into the mix of considerations for people getting to where they need to go, with some options more than others obviously more viable depending on the individual’s location, physical and mental health, and other factors. This issue’s cover story (p. 8) tackles the complex mobility needs and challenges of individuals with high-functioning autism spectrum disorder (ASD), which can affect innumerable aspects of driving and community mobility, from looking at schedules to figure out the right bus to take, to interacting with other public transportation passengers or drivers on the road, to identifying hazards while driving, including pedestrians, cars pulling out of driveways, and more.

Activities developed as part of the “boot camp” described in the article for young adults with ASD could also be used with other populations as well, including those with head injury or developmental disabilities, according to authors Jennifer C. Radloff, Kalyn Kaminski, and Anne Dickerson. Indeed, they note, “Occupational therapy practitioners in all practice settings have the ethical obligation to address driving and community mobility as a valued instrumental activity of daily living” including determining readiness for referring client to driving rehabilitation specialists.

For more on driving and community mobility resources, see also AOTA’s resources, at www.aota.org/Practice/Productive-Aging/Driving. This includes AOTA’s annual Older Driver Safety Awareness Week, to be held this year from December 5 to 9, with AOTA bringing attention to a different aspect of older driver safety each day. “And the winner is ….” Be sure also to see this issue’s special section on AOTA awards (p. 15), the nominations phase for which run from August 2 through September 13. Nominate someone who is a member in good standing and deserves recognition (including yourself!). Winners will be honored at the next Awards Ceremony, to be held at the AOTA 2017 Annual Conference & Centennial Celebration, in Philadelphia.

Best regards,

Ted McKenna, Editor, OT Practice, tmckenna@aota.org

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Medicare Fraud Strike Force Takes Down 301 Individuals for $900M in False Billings

The Department of Justice (DOJ) on June 22 announced that the Medicare Fraud Strike Force recently charged 301 individuals for approximately $900 million in false billings—the largest takedown in history in terms of number of people charged and the Medicare loss amount. The DOJ charged the defendants with various health care fraud-related crimes, including conspiracy to commit health care fraud, violations of the anti-kickback statutes, money laundering, and aggravated identity theft. The charges are based on alleged fraud schemes involving various medical treatments and services, including home health care, psychotherapy, physical and occupational therapy, durable medical equipment, and prescription drugs.

In the Eastern District of New York, 10 individuals were charged in six different cases, including 5 individuals who were charged for their roles in a scheme involving more than $86 million in unsubstantiated physical and occupational therapy claims to Medicare and Medicaid.

Attorney General Loretta Lynch in a statement emphasized that health care fraud is a serious crime that, above all, abuses the basic bonds of trust between the health care provider and patient as well as between the taxpayer and government. She further stated, “The Department of Justice is determined to continue working to ensure that the American people know that their health care system works for them—and them alone.”

AOTA encourages occupational therapy practitioners to remain vigilant of Medicare and Medicaid program fraud and abuse violations, and to not take the possibility of an infraction lightly. The abundance of recent news relating to settings where occupational therapy practitioners are employed reminds us that therapy services may be vulnerable to fraud and abuse. The DOJ activities should serve as a constant reminder to keep up with compliant and ethical practice standards.

Additionally, of particular importance, AOTA urges home health practitioners to read the recent “Nationwide Analysis of Common Characteristics in OIG Home Health Fraud Cases” (http://goo.gl/MWSgxN) from the U.S. Department of Health & Human Services Office of Inspector General (HHS OIG). To report suspected Medicare fraud or abuse, contact the HHS OIG at 800-HHS-TIPS (800-447-8477) or visit www.oig.hhs.gov. See AOTA’s resources on fraud and abuse at http://goo.gl/68ve4t.

Nursing Homes Must Now Report Staffing Data

The Centers for Medicare & Medicaid Services (CMS) adopted requirements for the Payroll-Based Journal (PBJ) in the FY 2016 Skilled Nursing Facility (SNF) Prospective Payment System (PPS) final regulation, published in the Federal Register on August 4, 2015. The regulation implements provisions in Section 6106 of the Affordable Care Act that require facilities as of July 1 to electronically submit direct care staffing information (including agency and contract staff) based on payroll and other auditable data. Facilities are defined as nursing facilities (NFs) and SNFs.

CMS developed the PBJ system for NFs and SNFs to submit staffing and census information. The information will be used to report nursing home staffing levels as well as employee turnover and tenure. The PBJ system will allow staffing and census information to be collected on a regular and more frequent basis. It will also be auditable to ensure accuracy. All long-term-care (LTC) facilities will have access to this system at no cost to them.

Only hours for staff that meet the definitions in Table 1: Labor and Job Codes and Descriptions found in the PBJ Policy Manual are reportable. If they do not meet these criteria, then they are not reportable. Table 1 includes as reportable staff occupational therapists, occupational therapy assistants, and occupational therapy aides, as well as staff for additional therapy disciplines. Occupational therapy students are not included in Table 1; therefore, occupational therapy students’ hours are not reportable in the PBJ.

Submission became mandatory for all LTC facilities beginning July 1. CMS began collecting staffing and census data through the PBJ on a voluntary basis on October 1, 2015. Nursing homes must register to submit data in order to meet this requirement and maintain compliance. For more on this—including provisions in the April 27, 2016, version of the PBJ Policy Manual regarding physical, occupational, or speech therapy hours, as well as how data should be reported regarding consultants—visit http://goo.gl/Vs3ZLG.

—Jennifer Bogenrief
Research on Millennials’ Hand Grip Highlighted

PR and other news outlets recently highlighted research published earlier this year in the Journal of Hand Therapy (http://dx.doi.org/10.1016/j.jht.2015.12.006) on occupational therapy research from the Winston-Salem State University in North Carolina on the hand grips of people ages 20 to 34 years. The research, led by Assistant Professor Elizabeth Fain, EdD, OTR/L, and occupational therapy student Cara Weatherford, found that the hand grips of men under 30 years (part of the so-called “millennial” generation) on average were significantly weaker than those of men within the same age range in 1985. Men between ages 20 and 24 in 1985, according to a previous study, had an average right-hand grip of 121 pounds and left-hand grip of 105 pounds, whereas men in the same group today, according to data Fain and Weatherford collected on 237 volunteers asked to squeeze a hand dynamometer, had an average right-hand grip of 101 pounds and left-hand grip of 99 pounds. Women ages 20 to 24 years showed less decline, with right-hand grips today of an average of 60 pounds, about 10 pounds less than in 1985.

Fain noted to NPR that increased emphasis on technology at work—think use of smart phones and computers—as opposed to the former predominance of manufacturing or agricultural jobs may partly explain the decline, and that weaker hand grip could also translate into weaker handshakes.

(In connection with this year’s nationwide political elections, see also AOTA’s brochure Grip and Grin: Tips From Occupational Therapists About Surviving Handshaking on the Campaign Trail, at http://goo.gl/MYZsvX).

Autism Research Points to Unmet Needs of Adults

New research published in the Journal of Autism and Developmental Disorders online found that adults with autism spectrum disorder (ASD) were less likely to be receiving services they need compared with children and adolescents with ASD (http://goo.gl/FVWfAc). In other autism news, a new study published in Cell found that ASD may stem not just from deficits in brain development but also from defects within individual peripheral nerves, which send sensory information to the brain from throughout the body (http://goo.gl/a5vknL). For AOTA resources on occupational therapy’s role in helping individuals of all ages with ASD, visit www.aota.org/autism.

AOTA for You

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Creating Successful Transitions to Community Mobility Independence for Adolescents
M. Monahan & K. Patten
Earn 7 AOTA CEU (8.75 NBCOT PDUs/7 contact hours). This course addresses community mobility skill development for youth with conditions that challenge cognitive and social skills.

Creating Successful Transitions to Community Mobility Independence for Youth with Conditions That Challenge Cognition and Social Skills
M. Monahan & K. Patten
Earn 1 AOTA CEU (12.5 NBCOT PDUs/10 contact hours). Participants will be able to assess and make decisions about a student’s readiness to drive and put the techniques learned directly into their practice.
CD Course: $169 for members, $244 for nonmembers. Order #4837. Online: $159 for members, $234 for nonmembers. Order #OL4837.

Leadership Fieldwork

Students and faculty from the occupational therapy master’s degree program at Nova Southeastern University, in Ft. Lauderdale, Florida, recently completed their 5th Annual Leadership Fieldwork trip to Ireland. Adrienne Lauer, EdD, OTR/L, assistant professor of occupational therapy at Nova Southeastern University, previously lived and worked in Ireland, where she developed and has maintained a close relationship with ChildVision, the national school in Ireland for children who have low vision or are blind. Fourteen master’s students, two doctoral students, and three Nova Southeastern University occupational therapy faculty members took part in this year’s trip. The group met with faculty from Trinity College Occupational Therapy Program in Dublin as well as leaders from the Association of Occupational Therapists of Ireland, ChildVision, and the nonprofits Hand on Heart Foundation and the National Council for the Blind of Ireland.

Correction

A June 27 news item misspelled the name of Peggy Swarbrick, PhD, FAOTA. Swarbrick, a part-time associate professor at Rutgers University’s Department of Psychiatric and Rehabilitation Counseling Professions, received the 2016 Excellence in Research Award from the New Jersey Health Foundation for her significant contributions to the body of literature in occupation therapy, mental health, and psychiatric rehabilitation.

Leadership Fieldwork

Students and faculty from the occupational therapy master’s degree program at Nova Southeastern University, in Ft. Lauderdale, Florida, recently completed their 5th Annual Leadership Fieldwork trip to Ireland. Adrienne Lauer, EdD, OTR/L, assistant professor of occupational therapy at Nova Southeastern University, previously lived and worked in Ireland, where she developed and has maintained a close relationship with ChildVision, the national school in Ireland for children who have low vision or are blind. Fourteen master’s students, two doctoral students, and three Nova Southeastern University occupational therapy faculty members took part in this year’s trip. The group met with faculty from Trinity College Occupational Therapy Program in Dublin as well as leaders from the Association of Occupational Therapists of Ireland, ChildVision, and the nonprofits Hand on Heart Foundation and the National Council for the Blind of Ireland.

Practitioners in the News

Occupational therapist Karen Fernandez, a project manager at EvergreenHealth, was named the 2016 Washington State Home Care Manager of the Year by the Home Care Association of Washington (HC AW). The HC AW said Fernandez received the peer-nominated award for her leadership, innovation, and patient advocacy.

Jasmin Thomas, MS, OTR/L, a clinical assistant professor and academic fieldwork coordinator with the Occupational Therapy Program at SUNY Downstate Medical Center, was presented with a Pioneer Award by New York State Senator Jesse Hamilton at a ceremony on May 26 in New York City for winners of the First Annual New York State Reflection of Hope Awards. Thomas serves on Hamilton’s Mental Health and Developmental Disabilities Advisory Committee, which is working to pass legislation requiring all teachers in New York State to complete training in Youth Mental Health First Aid. Mental Health First Aid is a national program that provides 8-hour courses on how to help a person experiencing a mental health challenge or a mental health crisis (www.mentalhealthfirstaid.org). Youth Mental Health First Aid focuses on the unique risk factors and warning signs of mental health problems in adolescents and prepares participants to take quick, appropriate, and meaningful action.

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Official Documents Under Review

AOTA members are invited to take a survey on the following documents, which are under review until August 5:

- Guidelines for Documentation of Occupational Therapy
- Fieldwork Level II and Occupational Therapy Students
- Obesity and Occupational Therapy
- Physical Agent Modalities
- Societal Statement on Sustainability
- Position Paper: Continuing Professional Development in Occupational Therapy

Go www.aota.org/practice/manage/official to see links to these documents listed along the right hand side of the page, as well as links to surveys for members to provide feedback.

Virtual School Fair: Know someone considering an OT or OTA career? Encourage them to participate in our virtual school fair, to be held August 3. Also, OT/OTA programs are invited to participate to meet and connect with prospective students.
AOTA–MOTA Synergy
Propels Better OT Coverage for Kids

In May 2016, Maryland Governor Larry Hogan signed into law a bill expanding the state’s existing pediatric habilitative services mandate. The law, which replaced the definition of habilitative services with a broader definition similar to the one in federal regulations, is a victory for the Maryland Occupational Therapy Association’s (MOTA’s) energetic and sustained advocacy for habilitative services. This victory illustrates the synergy that can be created when AOTA and state associations join forces to advocate for the profession and our clients.

Maryland’s habilitative services benefit was leaving some kids out, MOTA President Kathleen Eglseder, ScD, OTR/L, CLT, noted: “MOTA noticed a gap in insurance coverage for Maryland children, and we took action. This new law ensures that all children with insurance plans regulated by the state will be covered for habilitative services.”

MOTA members visited Maryland legislators’ offices, testified before state House and Senate Committees, and wrote to their state representatives. They urged their representatives to adopt the federal government’s broader definition, which already applied to one part of Maryland’s insurance market: the Affordable Care Act’s Health Insurance Marketplace, Maryland Health Connection.

The Affordable Care Act (ACA) says that Marketplace plans must cover 10 essential health benefits, including rehabilitative and habilitative services and devices. For ACA plans, habilitative services are required benefits for children and adults. AOTA advocated for including rehabilitative and habilitative services and devices in the ACA, and later for the federal government to clarify the scope of habilitative services by defining it in regulations.

In February 2015, the federal government codified the broad definition of habilitative services that AOTA supported into the regulations governing the essential health benefits. AOTA shared this development with state association leaders and hoped to use it to influence state policymakers, in collaboration with state occupational therapy associations. Maryland offered such an opportunity. In fall 2015, AOTA and MOTA approached Maryland state legislators and suggested that legislation be introduced to improve the existing law by applying the federal definition to the rest of the insurance market through the pediatric habilitative services mandate.

Maryland implemented its own habilitative services benefit more than 15 years ago, long before passage of the ACA. MOTA worked with other advocacy groups to pass a law that provided for coverage of habilitative services for kids, but it was limited to children with congenital or genetic birth defects. Now the Maryland definition is closely aligned with the federal definition, and the language limiting the benefit to children with certain conditions has been deleted. And, like the federal definition, it includes devices. Maryland law now defines habilitative services as “services and devices, including occupational therapy, physical therapy, and speech therapy, that help a child keep, learn, or improve skills and functioning for daily living.”

AOTA will continue to advocate for habilitative services in the states by urging them to drop restrictive definitions of habilitation in their ACA Marketplaces or in existing insurance mandates. For more, visit www.aota.org/advocacy.

Laura Hooper is AOTA’s manager of health policy.
Mobility enhances an individual’s well-being because of the opportunities to access goods, such as groceries, the bank, and medical care; participate in school or employment; create and maintain relationships with family and friends; and participate in leisure activities outside of the home. In recent years, the American Occupational Therapy Association (AOTA; 2014) has highlighted the importance of occupational therapy practitioners addressing driving and community mobility (D&CM) as an aspect of holistic care.

The occupational therapy literature continues to increase in providing effective D&CM evaluation and intervention strategies for older adults, but the research is very limited for teenagers and young adults who are on the autism spectrum. We developed a program that combined several evidence-based D&CM interventions and disseminated these interventions in both an individualized and a group format. The Driving and Community Mobility Skills Bootcamp was developed by Anne Dickerson, PhD, OTR/L, FAOTA, SCDCM; Jennifer Radloff, OTD, OTR/L, CDRS; and five occupational therapy graduate students.

Driving and Community Mobility Skills Bootcamp

Skill-Building Activities for Individuals With High-Functioning Autism Spectrum Disorder

Jennifer C. Radloff
Kalyn Kaminski
Anne Dickerson
at East Carolina University (ECU) to provide an opportunity for teenagers or young adults with high-functioning autism spectrum disorder (HFASD) to develop or enhance D&CM skills. The primary goals of the program were to develop or improve driving skills, knowledge, and abilities; expose the participants to alternative community mobility options; and use skill-building activities to improve safety and performance in this valued area of occupation.

Rationale for Developing the Program

Teenagers and young adults with HFASD often experience challenges when participating in D&CM tasks. With the autism spectrum diagnosis increasing to 1 in 68 children (Centers for Disease Control and Prevention, 2014), the instrumental activity of daily living of D&CM needs to be addressed to increase independence and participation in daily activities outside of the home because it falls under the scope of practice for occupational therapy practitioners (AOTA, 2014). Through an extensive search of the literature, we found limited evidence for addressing alternative community mobility skills training for individuals with HFASD. Monahan (2012) identified the mental function demands required to participate in community mobility (e.g., navigation, time management, safety in public settings, financial management, trip planning). Specifically, D&CM can present challenges to those with HFASD because of the deficits in executive functioning. The inability to appropriately complete executive functioning tasks (e.g., planning, initiating, sustaining, terminating) may translate into the inability to ride the bus appropriately, such as missing the bus, getting on the wrong bus, or getting off at the wrong stop (Precin, Otto, Popalzai, & Samuel, 2012). Several social skill deficits are common in HFASD, including a failure to initiate or respond to communication, abnormalities in eye contact or body language, and difficulty adjusting responses across social contexts (American Psychiatric Association, 2013). Thus, social interaction performance skill challenges can prevent the ability to successfully interact with other travelers, as different forms of community mobility require varying degrees of social interaction (e.g., asking for directions if lost, responding to a police officer following a traffic incident).

The purpose of this article is to provide an overview of this pilot program and provide occupational therapy practitioners with examples of D&CM skill-building activities that can be used in current practice settings. By implementing these intervention ideas, occupational therapy practitioners can provide strategies for teens and young adults with HFASD and their parents to support independent mobility in their communities and/or determine readiness for making an appropriate referral to a driving rehabilitation specialist.

Program Overview

After receiving approval from the ECU Institutional Review Board, we publicized recruitment for the Bootcamp program, gaining most of the participants through an area physician’s office specializing in ASD and a network of families who have teens with HFASD. Eight male participants signed up for the Bootcamp program, with seven participants completing the 7-week program. Participants were between the ages of 15 and 19 years. Five...
of the participants had previously taken formal driver’s education but had not gained a driver’s license because of various performance skill deficits that affected their overall driving safety. The Bootcamp program consisted of five (7-hour) consecutive days for the first week, followed by two (90-minute) sessions per week for the remaining 6 weeks.

Evaluation
Assessments administered included vision screening on the Optec 5500P (Stereo Optical, 2016), Behavioural Assessment of Dysexecutive Syndrome (Wilson, Alderman, Burgess, Emple, & Evans, 1996), Test of Everyday Attention (Robertson, Nimmo-Smith, Ward, & Ridgeway, 1994), and the Comprehensive Trail Making Test (Reynolds, 2002). Outcome measures included the Interactive Metronome (IM; 2007), Vision Coach (Donley, 2012), and an evaluation route on the driving simulator using the STISIM OT Drive software (Systems Technology, 2013). A driving confidence survey, developed by members of the research team, was administered the initial week to seek information regarding general driving skills, general life skills, potential barriers to driving, and confidence in driving abilities. A follow-up survey was completed at the duration of the program to assess perceived effectiveness of the intervention.

Intervention
During the intensive first week, participants were immersed in a variety of group and individualized activities that provided opportunities to develop or enhance specific D&CM skills. Each participant received daily training on the driving simulator, IM, and Vision Coach (VC), and in a variety of skill-building activities (see Figure 1 on p. 11). During the six subsequent weeks, on average, participants were seen twice a week for 90-minute sessions. These sessions were equally divided between a visual-motor coordination activity (IM or VC), the driving simulator, and a community mobility skill-building activity. For the visual-motor activity, based on participants’ deficits, the evaluators determined whether participants received IM training (n=4) or VC training (n=3). The IM and VC activities were selected to increase visual-motor coordination, attention, and scanning, skills consistently used in D&CM.

For the driving simulator activity, each participant received individualized intervention using specialized scenario drives. The scenarios were selected based on each participant’s performance skill deficits and progress made during each intervention session. The community mobility skill-building activity consisted of various activities that were either completed individually or in pairs. These activities were designed and graded in complexity based on each participant’s deficits and community mobility interests (see Figure 1 on p. 11). This article highlights four of these intervention activities that can be easily incorporated into occupational therapy treatment plans.

Highlighted Skill-Building Activities
Hazard Identification
A critical component of D&CM is hazard identification. The ability to anticipate and recognize potential hazards maximizes the decision-making time to respond, allowing for safer driving or pedestrian travel. In previous research on adult drivers with HFASD, Sheppard, Ropar, Underwood, and van Loon (2010) found that participants with ASD were slower to recognize hazards than those in the comparison group. In addition, researchers divided hazards into social hazards involving a visible human figure, like a pedestrian walking out in the road, and non-social hazards, such as a car reversing out of a driveway and into the road. Researchers found that the participants with ASD identified fewer social driving hazards, but there was no significant difference in the number of non-social hazards identified (Sheppard et al., 2010).

Using this literature, we created an activity to expose participants to both social and non-social potential driving hazards to gauge and increase participant awareness, with the goal of generalizing this skill for detecting and responding to hazards in the driving simulator. We began by teaching the participants about driving hazards through images of hazards (e.g., a pedestrian crossing the street) and asking them how they should respond. Using video clips of driving scenarios from YouTube, participants were instructed to identify all of the potential...
### Figure 1. Bootcamp Skill-Building Activities

<table>
<thead>
<tr>
<th>Bootcamp Activities</th>
<th>Description of Activity</th>
<th>Purpose/Goal</th>
</tr>
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<tbody>
<tr>
<td><strong>Vision Coach</strong></td>
<td>Individual activities on an interactive light board to enhance visual skills, reaction time, motor coordination, and cognitive challenge.</td>
<td>To improve visual scanning, visual reaction time, eye-hand-body coordination, and cognitive loading for carry-over to driving skills.</td>
</tr>
<tr>
<td><strong>Interactive Metronome (IM)</strong></td>
<td>IM protocol created to enhance attentional skills and motor coordination skills.</td>
<td>To improve attention, memory, and eye-hand-foot coordination for carry-over to driving skills.</td>
</tr>
<tr>
<td><strong>Driving Simulator</strong></td>
<td>Simulated driving to allow participants to practice specific driving skills; various driving scenarios applied, playback to discuss errors.</td>
<td>Practice with different drives of varying complexity and environments paired with instructor feedback to improve drivers’ reaction time, hazard detection, and driving performance skills in a safe environment.</td>
</tr>
<tr>
<td><strong>Introduction to Maps</strong></td>
<td>Educated participants on the different components of both online and paper maps.</td>
<td>To increase knowledge and ability to read and use a variety of maps independently.</td>
</tr>
<tr>
<td><strong>Mapping</strong></td>
<td>Mapping skills were taught to increase ability to navigate inside a multi-story building, and around a small campus and city.</td>
<td>To orient self in space and navigate to several destinations within a building, around a small campus, and in a mid-size city.</td>
</tr>
<tr>
<td><strong>Plan a Trip—Washington, DC</strong></td>
<td>Small group work with a facilitator to plan a trip to Washington, DC, without driving or flying to expose participants to a variety of transportation methods available.</td>
<td>To practice finding alternate forms of community mobility. Increase cognitive complexity by requiring use of a budget for the trip (travel methods, food, hotel, and attractions).</td>
</tr>
<tr>
<td><strong>Q&amp;A With Driver With ASD</strong></td>
<td>A young adult driver shared driving experiences, including two accidents, and what he learned from those encounters.</td>
<td>To provide participants with an opportunity to learn from someone who has overcome some of the similar challenges they may face in becoming a licensed driver.</td>
</tr>
<tr>
<td><strong>How to Use a Taxi</strong></td>
<td>Educated participants about how to arrange a ride, get in the taxi, what to do while riding, and how to make payment and exit the taxi.</td>
<td>Educate participants about all components of using a taxi while increasing their confidence in the task of arranging and using this service.</td>
</tr>
<tr>
<td><strong>Navigating to Most Visited Places in the Community</strong></td>
<td>Participants identified frequently visited areas in the community, located these places on a map, and problem solved an efficient way to navigate to each location.</td>
<td>To apply multiple learned skills by selecting common destinations and organize their path of travel in an efficient way.</td>
</tr>
<tr>
<td><strong>Organizing Your Day</strong></td>
<td>Expand on the navigation activity to challenge participants to identify the most efficient methods to effectively complete their daily responsibilities (attending a doctor’s appointment, meeting with a friend, banking, picking up groceries, etc.).</td>
<td>To organize and navigate their path of travel in an efficient way while considering appointment times and hours of operation.</td>
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hazards relevant to driving. As a group, participants identified hazards and discussed why some hazards were missed. Participants were given an opportunity to re-watch the videos to facilitate improvement in performance and further discussion.

Traffic Controls and Road Rules
We exposed the participants to traffic signs, signals, and pavement markings that are commonly encountered in the community, through several activities. Creating a scavenger hunt with 8” x 10” print outs of traffic signs, we had the participants work in small teams to locate the traffic signs that corresponded with their meaning on an activity worksheet. This activity increased knowledge but also incorporated visual scanning and socialization through teamwork. Using our state’s Department of Motor Vehicles (DMV) Driver’s Handbook, we reviewed common traffic signs in a flashcard-style activity. A third activity was to ensure an understanding of traffic signals and pavement markings, discussing scenarios where such signals and markings could be present. We used a DMV website with several free driving permit practice quizzes to assess participants’ understanding and ability to apply acquired knowledge learned through participation in these activities. Practitioners can locate practice tests for their state at http://driving-tests.org.

Modified CarFit
CarFit is a free educational program developed by AARP, AOTA, and AAA for seniors to “check how well their vehicle fits them” and provide education about vehicle safety features (CarFit, 2015). The Bootcamp program professors are CarFit instructors, and the graduate students were trained as CarFit technicians. We conducted a modified CarFit event for the participants using the 12-point checklist to determine the participants’ current level of knowledge and educate them about vehicle operating controls, correctly adjusting seats and mirrors, and overall safety features of vehicles (CarFit, n.d.). Our research team found this to be an effective learning activity, as some participants had little knowledge of the vehicle features, while others had some previous exposure in driver’s education course but had difficulty recalling the information. Additionally, we noted skill transfer from this activity to the driving simulator when participants initiated adjusting the head rest, seat position, seat belt, and steering wheel at the start of each drive, and per reports of participants’ parents during supervised practice drives.

Bus Systems and Planning a Trip
In one session, an overview of the local city bus system was provided, including the bus system’s ride guide and route maps in either a printed copy or online via an iPad. Using the ride guide, we provided instruction on the critical components of riding a bus (e.g., when services are provided; how to read the schedule, locate bus stops, determine costs, and transfer buses). To assess learning of new information, we asked a series of prepared questions, providing opportunity for participants to problem solve and use the bus system documents to determine how they would locate the nearest bus stop location, determine pick-up and drop-off times, and figure out transfers necessary for effective travel.

We expanded this activity in subsequent sessions for one participant based on his personal goals. He was a university freshman and was unfamiliar with the campus bus system. After the initial bus systems session, he took the initiative to try using the campus bus system. However, he conveyed limited and inefficient methods by only exploring one route and relying on a parent for all other rides. Addressing his specific needs, we developed two skill-building activities that required him to identify the most efficient bus routes from his dorm to several locations on and off campus to increase participation in classes, extra-
curricular activities, personal shopping, and off-campus leisure activities. He used the bus system after each of the sessions and reported his success. This particular activity was very meaningful because this student acknowledged that while driving is an occupation he hopes to do in the future, he had no plans to drive while in college and now felt confident to move within and beyond the campus independently.

What Would You Do If...?
To address social and communication challenges, we provided education and practice through role-playing scenarios drivers may encounter. For one scenario, “What would you do if you are pulled over by a police officer?”, we divided the participants into three small groups. In a parking lot, we set up three motor vehicle stations with a valid driver’s license and registration in each vehicle. Each station had a minimum of two facilitators—one to act out the role of a police officer and another to play the role of a driver who had just been pulled over. After a discussion of the appropriate steps based on the state driver handbook, each participant had an opportunity to observe a facilitator role-playing how to interact with the police officer. Then each participant role-played the driver and practiced responding to the police officer. A facilitator provided prompting and encouragement to the participant when necessary (e.g., prompts to turn off the music, put both hands on the steering wheel, make eye contact with the police officer when asked a question). Additional scenarios of “What would you do if ...?” included “…you were in a car accident?” “…neared a railroad crossing when a train was approaching?” “…encountered a funeral procession?” “…got a flat tire?” “…were with an unsafe driver?” and “…saw an emergency vehicle coming?”

Outcomes
In a survey following Bootcamp, the majority of participants and their parents either strongly agreed or agreed that the participants’ ability to identify and respond to traffic rules and regulations, navigate using a map, operate a car, and use a bus route increased by completing the Bootcamp. Two of the participants successfully gained their driver’s license, one participant was consistently and
confidently using the university bus system, one felt confident enough to participate in a formal driver’s education program, and one felt increased confidence and decreased anxiety by participating in the Bootcamp.

Conclusion

Although there are research and programs that address driving evaluation for individuals with HFASD, little or no literature provides these individuals or their parents with information or instruction about how to manage community mobility beyond driving the motor vehicle. Some driver rehabilitation specialists selectively work with individuals with HFASD to learn safe driving and go on to obtain a driver’s license. However, as we all know, driving is only one part of being mobile in the greater community. Teenagers and young adults with HFASD are generally not served by occupational therapy practitioners and may be restricting themselves because they do not know how or do not feel confident enough to move beyond their home or familiar community.

Although our program was designed for teens and young adults with HFASD, these activities can be generalized and applied to other populations, such as those with head injury or other developmental disabilities. Occupational therapy practitioners in all practice settings have the ethical obligation to address driving and community mobility as a valued component of their practice. The activities discussed here can be easily used to address performance skill deficits in driving and community mobility, provide practice with using alternative transportation options, and determine readiness for driving to appropriately refer to a driving rehabilitation specialist for behind-the-wheel training.

AOTA certification speaks volumes to occupational therapy clients, colleagues, and health care professionals. It is a validation of an occupational therapy practitioner’s dedication to ongoing continuing competence and quality service delivery.

References


Did you know that AOTA has 17 award categories (5 of which are new) in which to recognize the dedication and significant contributions that individuals make to the profession of occupational therapy? These awards are bestowed at the Awards and Recognitions Ceremony at the AOTA Annual Conference & Expo each year to recognize individuals who have demonstrated excellence in practice, leadership, advocacy, education, and research. Award categories are diverse and are intended to recognize a wide range of individuals, from those early in their careers, to individuals who have made sustained contributions over decades of service to the profession.

Nominations for most of the awards and recognitions are made through an online submission process via AOTA’s website, at www.aota.org/education-careers/awards. (The AOTA/AOTF Presidents’ Commendation Award and AOTA’s three writing awards—the Cordelia Myers AJOT Best Article Award, the Jeannette Bair Writer’s Award, and the Special Interest Sections Quarterly Writer’s Award—are awarded through a different process, involving AOTA staff and select volunteer leadership members.) The Volunteer Leadership Development Committee (VLDC) reviews and selects award recipients from the many highly qualified nominations received. All occupational therapy practitioners are encouraged to nominate themselves in addition to others, in categories such as the Roster of Honor, Roster of Fellows, OTA Award of Excellence, and the Terry Brittell OT/OTA Partnership Award. Questions can be directed to the VLDC at awards@aota.org.

Nominations for the 2017 awards will be accepted from August 2 to September 13, 2016, from any Association member in good standing.

On the following two pages is a list and description of Association awards. Further information and instructions on award nominations can also be found at www.aota.org/education-careers/awards.

A Guide to the AOTA Awards

Jessica J. Bolduc and Jaclyn K. Schwartz
Recognizing Excellence

**OT Award of Merit**
The highest Association honor recognizing an occupational therapist, given for demonstrating extensive leadership through sustained and significant contributions to the profession.

**OTA Award of Excellence**
The highest Association honor recognizing an occupational therapy assistant, given for demonstrating extensive leadership through sustained and significant contributions to the profession.

**Eleanor Clarke Slagle Lectureship Award**
Honors a member of the Association who has substantially and innovatively made a lasting contribution to developing the body of knowledge of the profession through research, education, and/or clinical practice.

**Roster of Fellows**
Recognizes occupational therapists who through their knowledge, expertise, leadership, advocacy, and/or guidance have made a significant contribution over time to the profession, with a measured impact on consumers of occupational therapy services and/or members of the Association.

**Roster of Honor**
Recognizes occupational therapy assistants who through their knowledge, expertise, leadership, advocacy, and/or guidance have made a significant contribution over time to the profession, with a measured impact on consumers of occupational therapy services and/or members of the Association.

**Recognition of Achievement**
Recognizes occupational therapy practitioners (occupational therapists and occupational therapy assistants) who have made notable contributions to the profession and its consumers in a focused area of occupational therapy practice.

**Lindy Boggs Award**
Recognizes the significant contributions by an occupational therapy practitioner in promoting occupational therapy in the political arena by increasing recognition of occupational therapy in federal or state legislation, regulations, and/or policies, or by increasing appreciation and understanding of occupational therapy by elected or appointed officials.

**Gary Kielhofner Emerging Leader Award**
Recognizes an occupational therapy practitioner (clinician, educator, or researcher) who has demonstrated emerging leadership and/or extraordinary service early in his or her occupational therapy career and whose efforts and leadership skills have contributed to moving the profession closer to achieving the goals set forth in the Centennial Vision and beyond.

**Outstanding Mentor Award**
Recognizes an occupational therapy practitioner (clinician, educator, or researcher) who has demonstrated outstanding mentoring of a student, colleague, or employee in a sustained partnership in practice, academic, or research contexts, wherein mutual respect, guidance, and knowledge is shared.

**Health Advocate Award**
Expresses the appreciation of the Association for extraordinary contributions of national significance that led to the advancement of health promotion and/or health care. This award is given to an occupational therapy ally who does not have to be an occupational therapy practitioner.

**Terry Brittell OTA/OT Partnership Award**
Recognizes an occupational therapy assistant and occupational therapist who, through collaborative efforts, promote the profession of occupational therapy and exemplify the professional partnership.
Jessica J. Bolduc, Dr. OT, MS, OTR/L, and Jaclyn K. Schwartz, PhD, OTR/L, are members of the Volunteer Leadership Development Committee.

Award for Excellence in the Advancement of Occupational Therapy (formerly called the Certificate of Appreciation)

Expresses the appreciation of the Association for extraordinary contributions to the advancement of occupational therapy.

Emerging and Innovative Practice Award (New)

Recognizes occupational therapy practitioners (clinicians, educators, or researchers) who have developed innovative and/or nontraditional occupational therapy practices for underserved populations or utilized the expertise of occupational therapy in new or visionary ways to achieve significant client outcomes to keep the profession relevant and responsive to the changes occurring in health care.

Outstanding Student Advocate Award (New)

Recognizes one occupational therapy or occupational therapy assistant student or student group that has demonstrated an outstanding commitment to advocacy for the profession and raising awareness of occupational therapy in new and innovative ways.

International Service Award (New)

Recognizes an occupational therapy practitioner who has demonstrated a sustained and outstanding commitment to international service on behalf of individuals in countries benefiting from occupational therapy services, promotes and advances occupational therapy abroad in regard to occupational health and/or occupational justice in underserved countries, and incentivizes the expansion of international relationships and contributions to address global health issues.

Interprofessional Collaboration Award (New)

Recognizes occupational therapy practitioners who demonstrate exemplary interprofessional collaboration in order to provide client-centered care, demonstrate innovation in health professional education, or improve health outcomes through research.

Distinguished Fieldwork Educator Award (New)

Recognizes an occupational therapy practitioner who has demonstrated excellence in clinical education as a fieldwork educator in Level I or Level II fieldwork experiences for occupational therapy or occupational therapy assistant students.

Nominations for the 2017 awards will be accepted from August 2 to September 13, 2016, from any Association member in good standing.
ormalized interprofessional education and practice dates back nearly 50 years with an Institute of Medicine (1972) report, Educating for the Health Team. This report posed such basic questions as why and how we should educate students from different health care professions to work on health care teams and the barriers to doing so. Most would agree that the why has been adequately answered, but answers as to the how and accompanying barriers are less clear.

Despite sharing the same profession, similar challenges exist with regard to intraprofessional education and practice between occupational therapists (OTs) and occupational therapy assistants (OTAs). Since 1958, the Accreditation Council for Occupational Therapy (ACOTE®) has included several academic and fieldwork standards related to the delineation of roles and responsibilities between the OT and OTA (e.g., ACOTE, 2012). Continued emphasis, however, needs to be placed on the intentional exploration of the educa-
tional and practice relationship between the two.

To help fulfill the goals of AOTA's Vision 2025 and create the narratives for a profession that “maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living” (AOTA, 2016), this article will describe collaborative activities in an academic setting to promote both inter- and intraprofessionalism, with the aim of preparing students for professional best practice. Replicating similar activities in clinical fieldwork settings could further add to a student's ability to translate interprofessional and intraprofessional skills into practice.

Interprofessional Narratives
Faculty at Nova Southeastern University’s (NSU’s) College of Health Care Sciences Occupational Therapy Department created four structured, active learning opportunities for multidisciplinary groups of students to facilitate developing mutual respect for all professions along with the collaboration skills of communication and conflict resolution, and problem solving in practice. The following narratives describe the development and implementation of these experiences in hopes of encouraging these practices at other academic and clinical facilities.

The initial event occurred at a health fair, during which students had an opportunity to interact with a culturally and socioeconomically diverse adolescent population. This event was the combined effort of the Physician Assistant, Physical Therapy (PT), and Occupational Therapy (OT) programs to screen students for risk factors associated with diabetes. Supervising faculty clarified roles and discussed the logistics in creating interprofessional teams. During the health fair, all students

Classroom to Clinic
Collaboration for Interprofessional and Intraprofessional Education and Practice

Jerry Coverdale
Sonia Kay
Carol Lambdin-Pattavina

PHOTOGRAPH COURTESY OF NOVA SOUTHEASTERN UNIVERSITY
worked together to conduct wellness screenings, provide health education, and complete diabetes testing. Students benefitted from practicing collaboration and client interaction skills; the adolescents benefitted from early risk identification and receiving digital health literacy information.

The second event was a pediatric-focused interprofessional event that brought OT, PT, and speech-language pathology (SLP) students together. The faculty of the three programs focused on the necessity for pediatric therapists to work collaboratively to provide integrated, family-centered care that maximizes patient outcomes. During the 3-hour session, students were introduced to components of collaboration and then worked on a variety of case studies in interprofessional teams. This event culminated in a discussion about the similarities and differences of the role and focus of each profession in providing effective, family-centered care and the importance of respectful and open communication.

The third event focused on the collaboration of OT and PT students in adult acute care. Faculty created a cardiac simulation lab for students, utilizing a simulated hospital room in a nursing lab. Teams of OT and PT students explored cardiac-based cases; each team was required to develop a treatment plan that delineated the role of each profession. Groups implemented the interventions on their “client” (a student) within the simulated rooms. Blood pressure, heart rate, and O2 saturation rates were manipulated on a projected screen to replicate the possible changes a client might experience. Students were required to modify their interventions in response to the changing vital signs. Survey results revealed that the activity had facilitated a clearer understanding of the scope of practice and the role of each discipline and had solidified ideas of interprofessional collaboration. Again, students discovered that clear communication was the key to effective intervention.

### Intraprofessional Narrative

The final event was an intraprofessional event that brought NSU’s OT and Keiser University’s OTA students together. This event was collaboratively planned and implemented by program faculty. Refreshments provided an initial opportunity for informal conversation. Educational ice breakers started the collaborative work as OT/OTA teams were created to develop goals and interventions for a diverse mixture of client cases across the continuum of care. The activity facilitated active student engagement, lively discussion, and the discovery that working intraprofessionally was perceived to be less complicated than the previous interprofessional sessions. One OT student commented, “It was really nice being on the same page as our team members in comparison to working with PT the other day... We didn't need to explain ourselves because we were on the same page.”

The relationship between the OTA and OT is symbiotic; each depends on the other to ensure good client care. Sometimes professional hierarchy or fear can limit positive interactions between OTs and OTAs, but the results of this effort far exceeded the expectations of both faculty and students.

As one student said, “It’s nice to be able to hear what they (OTA) need from us (OT) because we do need to work together; we need to not let titles get in the way because ideas will be brought to the table from both sides.” On the value of all contributions, another student noted, “In the mental health group, we talked about the recovery model, which not everyone knew about, and the OTAs brought up some assessments that we hadn’t been exposed to. There wasn’t a divide; there was no difference between OT and OTA.”

OTA students reflected on their increased confidence, saying, “I was intimidated coming here, but we found that we have the same goals,” and, “I came in with nervousness, but I’m leaving with satisfaction.”

The students also reflected on the need for clear communication: “Communication is really important. We found that we [OT] were writing goals that were too specific, and we were tying their
The biggest lesson learned was that all obstacles can be overcome with program and faculty commitment, effective communication, and pre-planning.

Lessons Learned
The importance of interprofessional and intraprofessional practice is generally accepted by most professions, but implementing these sessions presented challenges, including planning time, scheduling, and perceptions of professional territory and space. The biggest lesson learned was that all obstacles can be overcome with program and faculty commitment, effective communication, and pre-planning. Pre-planning was a key component in providing the necessary time for faculty collaboration in developing goals, objectives, and activities, which in turn increased faculty buy-in for the events.

Building rapport and trust was also an important feature of these sessions. Intentional student selection, scheduling, and neutral location were designed to ensure that students were comfortable sharing in this experience. Setting the stage (i.e., allowing time for delineating roles and time for students to get to know each other) was imperative. Refreshments and non-threatening warm-up activities allowed students to connect on a human level, not just a professional level. It was discovered that these types of events can enhance students’ understanding of each other as well as the skills necessary for interprofessional practice.

Modifying for Clinical Settings
The issues surrounding inter- and intraprofessionalism are the same in both academic institutions and clinical settings: time, attitude, and territorialism. It behooves occupational therapy practitioners in clinical practice to foster the development of inter- and intraprofessionalism in students who are completing their professional training. Changes in health care delivery will mandate that health care professionals work together collaboratively for positive client outcomes. The activities described could naturally occur in clinical settings if clinicians are intentional in creating these opportunities. Examples of activities developed for a clinical setting with fieldwork students might include inter- or intraprofessional student-conducted journal clubs, case studies, and in-service education.

Conclusion
Inter- and intraprofessional collaboration serves as a cornerstone of improved health outcomes for all clients, communities, and populations. Despite any real or imagined challenges to creating both inter- and intraprofessional educational opportunities, the perceived benefits by both students and faculty were numerous and the challenges were surmountable. Students and faculty valued the experiences of learning with and about different professions as well as bridging the gap within their own profession. Collaborative events such as these embedded in both clinical and academic programs aid the profession’s efforts to develop best practices. It is hoped that by describing the strengths and challenges of these events, others will move forward in this direction as well.

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References

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Working in Nicaragua
Short-Term Medical Missions, Long-Term Benefits

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As part of the Doctor of Occupational Therapy Program at Concordia University Wisconsin, we recently had the opportunity to participate in a 1-week medical mission trip to the Circle of Empowerment in Apsonitillo, Nicaragua. There, we provided occupational therapy services to impoverished individuals in rural areas who have limited access to medical care and would otherwise not receive therapeutic services. Concordia faculty and students have provided occupational therapy and physical therapy to this region for more than 5 years, with three to four visits annually. Nicaragua is the largest and poorest country in Central America, with a population of approximately 6.2 million (Country Meters, n.d.; Sequeira et al., 2011). The majority of the economically active population does not have health insurance, and public health care centers in rural areas are able only to treat simple illnesses and minor injuries. Free health care is the only option for most Nicaraguans, who often must travel great distances and wait in long lines to be seen by a health care professional.

While in Nicaragua, we provided occupational therapy services to children and adults with conditions ranging from cerebral palsy to traumatic brain injury. With limited resources available in their community, these children and adults live with physical impairments, which decrease their ability to participate in valued occupations. There is no federal support to assist with daily needs; when an adult is injured, the economic impact on the family is devastating and often leads to the fracture of the family unit. The physical environment is also a barrier to independence for individuals with disabilities. Most of the homes have dirt floors, walls made of tarps, and roofs of tin or thatch. The terrain is rough and accessibility is poor. Governmental infrastructure is limited, leading to scarcity in paved roads, sewer systems, indoor plumbing, and running water. Meal preparation is completed over wood fires and water is physically carried in buckets from wells that are, at times, a great distance from the home. The daily tasks of life, such as cooking, doing laundry, travelling to work or school, and child care, are time consuming and physically demanding. The nearest hospital is many miles away and has limited resources. For example, the hospital just recently installed indoor plumbing and even basic equipment, like an ultrasound machine, is not available. The Nicaraguans we spent time with would have to walk miles carrying their sick children to access even these limited resources. As a result, our return to this community to continue to provide therapy services was warmly welcomed.

Benefits of Therapy
Considering these limiting factors, one may ask whether 3 or 4 weeks of therapy a year can make a measurable difference in the lives of these individuals. It can. A case example of the impact of even limited therapy treatment interventions can be seen in M. O., who was a 30-year-old father of three...
and a fisherman. He had had a motorcycle accident resulting in a traumatic brain injury, with right side hemiparesis and expressive aphasia. He was first seen in May 2015 by a previous occupational therapy/physical therapy team from Concordia, 7 months after his accident. He required maximum assistance with activities of daily living, including bathing, dressing, and grooming. His ambulation was limited, and his right upper extremity (UE) was showing signs of early flexor contractures. M. O. expressed that he wanted to take care of himself and was instructed in adaptive dressing, bathing, and grooming techniques. A resting hand orthosis was fabricated and instructions for use and UE range of motion activities were provided. At a follow-up visit, in August 2015, he was provided with parallel bars made of tree limbs, cement, and duct tape. When we met M. O. 5 months later, he was independent with dressing, bathing, and grooming. He did struggle with tying his shoes, and elastic shoelaces were provided. He continued to have limited functional use of his right UE, but no contractures were noted. He was provided with upgraded techniques to facilitate use of the right UE. He was able to manipulate uneven terrain independently and excitedly demonstrated what exercises he performed on his parallel bars. He beamed with pride. Our interpreter exclaimed to us, “This is why you come here! He would not have known he could do these things if you had not told him he could!” In fewer than five therapy visits over 15 months, M. O. improved his independence and continued to work hard in an attempt to return to some form of employment. This was a life-changing event for M. O. and for us. He taught us what even a small amount of education can do to change a life.

Another example of the impact of short-term, yet consistent care in Nicaragua is M. T., who was a 10-year-old boy with ataxic cerebral palsy. He has extraneous movements affected his daily life. During our initial screening, it was discovered that with the application of 1.5-pound weights, he was able to stabilize his arms, and his ability to write and use scissors increased. Using our adaptive and creative occupational therapy skills, we made him wrist weights by filling plastic bags with sand from the beach and sewing fabric from an airplane blanket around them. We followed up at his home to provide these wrist weights, as well as hand-crafted laminated writing sheets to help him learn to write his name and numbers. He smiled with gratitude and diligently did his “homework.”

Gaining Cultural Insight

In addition to the impact on clients we served in this community, this service trip benefited each of us as individuals and therapists. Throughout this trip, we were able to work closely with resilient and resourceful Nicaraguan people and learn to be more culturally competent therapists. The people of Nicaragua openly and warmly welcomed us into their homes and lives, thereby allowing us to gain a small amount of insight into what life is like for them. In addition to the knowledge and skills we brought as occupational therapists, this trip also required personal reflection and the pursuit of global understanding. International collaboration requires awareness of both our own and our host countries’ values and beliefs, including cultural sensitivity and the perception of health and sickness, as well as the influence of gender, ethnic background, language, religious views, political views, and family and community structures. We returned home feeling more humble, appreciative, encouraged, and eager to plan our next mission.

Short-term mission trips can make an impact on individuals and communities that may never have received occupational therapy services. Providing rehabilitation and teaching new techniques are just a few examples of how occupational therapy practitioners can touch the world. Short-term medical mission trips provide therapists of all ages, levels of experience, and backgrounds an opportunity to broaden their understanding of occupational therapy and cultural competence and to experience service in a fashion that is often very different than “home.”

References


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leadership is commonly understood to encompass the power or ability to lead others. A leadership style, therefore, is how an individual uses his or her leadership skills to provide direction and motivate others. Are you a charismatic leader, a coach, or a pace setter? Definitions for leadership styles and the qualities they exemplify are plentiful, but most agree on this: The strength of any one leadership style is defined by the individual using it.

As educators, clinicians, students, mentors, and leaders, we often serve in positions of leadership in each role we adopt. As Peloquin (2007) reflected, “We are pathfinders. We enable occupations that heal. We co-create daily lives. We reach for hearts as well as hands. We are artists and scientists at once” (p. 475).

In doing so, we lead from values and beliefs. These values are visible in all aspects of professional life, social interactions, client advocacy, leadership, and service. We all have an optimal opportunity to empower the profession through communal values, individualistic strengths, and a shared vision to build trust among ourselves and others to move forward and serve.

Core Values and Their Role in Leadership
Core values are defined as “an individual’s most important values, which drive life decisions and determine the when, how, and to what degree a person acts” (Lee & King, 2001, p. 58). They are the underlying thoughts that stimulate human behavior, helping distinguish right from wrong. Values are “thought to determine the choices people make in the aspect of [one’s life] which give them meaning” (Alexander, 2006, p. 17). They emanate from national or regional culture, social institutions, family and childhood experiences, conflicts, major life changes, personal relationships, and codes of conduct, among myriad other influences.

Being able to recognize, verbalize, and implement values provides “a sound base for decisions regarding when individuals want to be leaders, how to act as a leader, and to what degree they want to lead” (Alexander, 2006, p. 32). When not clear, we often experience incompatible and influential responses to circumstances that directly or even indirectly conflict with our values. Core values serve as blueprints for making decisions and resolving conflicts. They affect decision making not only at the personal level, but also at the organizational level. Core values of leaders play a pivotal role in establishing interpersonal and organizational trust.
“When making tough decisions, I reflect on my core values to strengthen my confidence and support my position.”

Core Values in Practice
Harry Kraemer (2007), a Northwestern University management professor and author, states, “If you don’t know yourself, how can you lead yourself? If you can’t lead yourself, how can you lead others?” AOTA recognizes the importance of determining your core values, whether you’re emerging or established as a leader in the profession. This is why a core values exploration exercise is performed as part of the Emerging Leaders Development Program. When leaders are able to clearly articulate their core values, things start to become very clear; these values become a guidepost for personal and professional decisions. This enables us to lead from the inside out and become more effective, intuitive leaders.

Understanding that core values provide a better understanding of personal and professional insight can be a powerful tool in recognizing your potential and guiding you to effective leadership. Jaclyn K. Schwartz, PhD, OTR/L, is a past participant of the 2011 cohort of the Emerging Leaders Development Program and is now an assistant professor at Florida International University’s Department of Occupational Therapy, in Miami. Schwartz stated that she was an initial skeptic of the process of defining her values: “Core values are something that businesses do, not people. After the process, however, I thought it was really valuable.” She says her core values have influenced every decision, from choosing the right fit for employment, to determining the focus for her research, to knowing which projects to say “no” to, and even to making a lifestyle switch: becoming vegetarian.

Becky Piazza, MS, OTR/L, is the clinical coordinator of UF Health Shands Rehab Hospital in Gainesville, Florida, and a member of the 2013 cohort of AOTA’s Leadership Development Program for Managers. Reflecting on the core values exercise, Piazza comes full circle by tying it back to the roots of the profession, saying, “It was as if I were completing an occupational profile on myself, identifying my various roles and reflecting on the person I wanted to be and the person I actually was.”

Piazza says she now uses the exercise with her clinical staff and fieldwork students, and that she has incorporated it into parenting her two children. When asked how her core values of family, faith, and security contribute to her experiences now, she explains, “The core values identification exercise plays a role in every decision I make,” including how to achieve that sometimes elusive work-life balance by knowing which projects to take on and which to turn down.

“When I do things that align with my core values, I sparkle,” she says. “I prefer to spend most of my time sparkling.”

Exploring values can have a clarifying effect at any stage in your leadership journey. As an emerging leader in occupational therapy, having a solid base from which to draw your inspiration and influence as an effective leader is extremely valuable.

Midge Hobbs, MA, OTR/L, part of the first cohort of Emerging Leaders in 2010, says, “Defining my core values allowed me to more confidently move out of the starting gate and begin my leadership journey. Having this definition was like downloading a new personal navigation app.”

David McGuire, OTR/L, another participant of the 2013 cohort of the Emerging Leaders Development Program, found the exercise to be so valuable that he encouraged the occupational therapy staff at his Level II fieldwork site to complete it. McGuire, now president of the Tennessee Occupational Therapy Association, states the continued importance of going back to the core values, as he expresses that “they are part of my makeup, and there is no doubt that I use them in my everyday practice and leadership.”

Cory Hoffman, OTR/L, RAC-CT, CAPS, is the vice president of Operations at Solaris Rehab and an alumnus of the 2014 cohort of the AOTA Leadership Development Program for Managers. Cory says that identifying core values provided a strong foundation from which to grow, stating, “When making tough decisions, I reflect on my core values to strengthen my confidence and support my position.”

Adapting to Challenges
With this strong foundation in place, leaders are able to adapt as needed to personal and professional challenges, and employ the leadership styles that best suit each situation. Hobbs expresses the importance of defining your core values: “Your life is your message. Your core values are an expression of who you are and why you lead.”

Any core values exercise will likely get you to a place of greater clarity, stronger foundation, and more effective leadership, but be warned: It is not a comfortable or easy process. The exercise requires you to look inward and reflect on what is truly most important, not what you think should be most important. If honest introspection and intention are applied, the core values exercise may lead you to a greater path than imagined. If you want to lead with a little more sparkle, try starting from the inside out with an exercise in values.

References

For More Information
AOTA Emerging Leaders Development Program
www.aota.org/Advance-Career/ELDP
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OCTOBER

Sioux Falls, SD Oct. 1–2
EVA & Intervention for Visual Processing Deficits in Adult Acquired Brain Injury Part I Faculty: Mary Warren PhD, OTR/L, SCLV, FAOTA. This updated course has the latest evidence based research. Participants learn a practical, functional reimbursable approach to evaluation, intervention and documentation of visual processing deficits in adult with acquired brain injury from CVA and TBI. Topics include hemianopsia, visual neglect, eye movement disorders, and reduced acuity. Also in Kansas City, Mo, November 5–6 and Wilmington, NC, March 11–12, 2017. Contact: www.visabilities.com or (888) 752-4364.

Dobbs Ferry, NY OCT. 14–15
Optimizing Executive Function: Strategy Based Intervention in Children and Adults. This course will provide in-depth information on treatment of cognitive dysfunction across the lifespan, with a focus on executive function impairments. Case applications of intervention principles across different ages and populations will be discussed. Instructors: Joan Foggia and Bill Obermeyer. Contact: Mercy

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An OT who recently finished the course said:
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Instructor: Dr. Anne Dickerson,
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Online Course
Cancer Series - Module 1: Impact of Psychosocial Aspects of Cancer on Occupational Engagement by Kathleen Lyons, ScD, OTR, Author; and Claudine Campbell, MOT, OTR, CLT and Laura Munoz, MOT, OTR, CHC, Series Editors. This module, the first in AOTA’s Cancer Series, addresses three psychosocial challenges (distress, depression, and anxiety) and three psychosocial opportunities (lifestyle changes, spiritual growth, and life completion) that may occur within the context of cancer. Earn 15 CEU (NBCOT 1.88 PDUs/1.5 contact hours).

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Online Course
Cancer Series - Module 2: Lymphedema and Breast Cancer for OT Practitioners by Claudine Campbell, MOT, OTR, CLT and Series Editors: Claudine Campbell, MOT, OTR, CLT & Laura Munoz, MOT, OTR, CHC. This module, the second one in the AOTA Cancer Series, explores the differences between primary and secondary lymphedema, and the 5 stages of lymphedema. The module examines the causes and symptoms of secondary lymphedema, specifically breast cancer related lymphedema. Methods for measuring the severity of lymphedema are addressed, together with OT intervention strategies for meeting the physiological, psychological, and emotional challenges associated with breast cancer related lymphedema. Finally, a case example walks the learner through an OT evaluation and recommended interventions for a client with breast cancer related lymphedema. Earn 15 CEU (NBCOT 1.88 PDUs/1.5 contact hours).


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Special Interest Topic #1: Models of Practice for Increasing Self-Awareness by Caitlin Synovec, OTR/L; Courtney Dauwalder, OTD, OTR/L, MFA; and Christine Berg, PhD, OTR/L, FAOTA. Earn 1 AOTA CEU (1.25 NBCOT PDUs/1 contact hour).


Special Interest Topic #2: Intervention Models for School Age Youth by Sarah A. Schoen, PhD, OTR/L; Lucy Jane Miller, PhD, OTR/L; Shannon Hampton; Meira L. Orentlicher, PhD, OTR/L; Dottie Handley-More, MS, OTR/L; Rachel Ehrenberg; Maika Frankel; and Leah Markowitz. Earn 1 AOTA CEU (1.25 NBCOT PDUs/1 contact hour).


Special Interest Topic #3: Enhancing Quality of Life for Older Adults by Cristina Michatti, OTR/L; Joanne Galagher Worthley, EdD, OTR/L, CAPS; Laura Carson-Parker, OTR/L; and Sharon Nichols, CTRS/L. Order #CESIT03 AOTA Members: $24.99. Nonmembers: $29.99. http://store.aota.org

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Special Interest Topic #5: Enhancing Wellness in Children Through Sensory Based Approaches by Angela Hanscom, MOT, OTR/L; Sarah A. Schoen, PhD, OTR/L; and Tracy Munson Stackhouse, MA, OTR. Earn 1 AOTA CEU (1.25 NBCOT PDUs/1 contact hour).


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Authentic Leadership in Occupational Therapy

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This CE Article was developed in collaboration with AOTA’s Administration & Management Special Interest Section.

ABSTRACT
Management and leadership are topics that many clinicians believe to be the same; however, distinct differences exist between them. Just as there are many different approaches to management, there are also many different approaches to leadership. Authentic leadership is an approach that is particularly applicable to the profession of occupational therapy. Authentic leadership skills can be developed over time by focusing primarily on building self-awareness, so that the leader can behave in ways that are genuine and honest. Occupational therapy practitioners who use authentic leadership skills can lead employees, colleagues, and even clients to excellent outcomes. Authentic leadership and authentic occupational therapy practice are the perfect partners for today’s ever-challenging health care environment.

LEARNING OBJECTIVES
After reading this article, you should be able to:
1. Distinguish the differences between leaders and managers
2. Identify the characteristics of authentic leadership
3. Identify strategies to develop authentic leadership skills for use with a variety of followers
4. Recognize the components of authentic occupational therapy

INTRODUCTION
In her 2016 Inaugural Presidential Address, Amy J. Lamb, OTD, OT/L, FAOTA, discussed the power of authenticity. She reminded listeners that there is power in the way occupational therapy practitioners facilitate engagement in everyday living for our clients by using an authentic occupational therapy approach. Lamb (2016) ended her address with a challenge to all occupational therapy practitioners to “See the opportunity; be authentic; lead the change” (43:32). Authenticity is indeed a powerful concept that expands beyond the daily practice of occupational therapy. Authentic leadership is an evidence-based approach that can enable us to effectively serve as leaders to our clients, colleagues, employees, organizations, and communities.

MANAGEMENT VERSUS LEADERSHIP
Before delving into a specific leadership approach, it is important to first examine the distinction between management and leadership. These two terms are often used synonymously, but most leadership experts agree that the concepts are quite different. Perhaps the most well-known description of management versus leadership is attributed to Bennis and Nanus (1985): “Managers are people who do things right and leaders are people who do the right thing” (p. 221). This is not to say that leaders cannot do things right and managers cannot do the right thing. The distinction lies with the purpose and aim.

Leaders focus on the big picture—envisioning the future and developing a strategic path to successful outcomes. Establishing a shared vision is a critical job of a leader (Kouzes & Posner, 2012). A vision cannot be the leader’s alone; he or she must garner the support of his or her followers by inspiring them to share in the same vision of future possibilities. In his book The One Thing You Need to Know, Marcus Buckingham (2005) defined the primary role of a leader as maintaining focus on a positive future and inspiring employees to share the vision that things will be better in the future if they all work together. Buckingham believes that leaders are future oriented and optimistic—always certain that better things will come. To achieve the shared vision, a leader must match people with the roles that best suit their talents and skills, while empowering them to be the best they can be. Leadership also involves the process of leading change (Kotter, 2013). The role of the leader during any process of change is to provide support, encouragement, and a focus on the goal. Additionally, leadership is about influence—inspiring others to join together to achieve a common goal (Maxwell, 2007).

Managers focus on the day-to-day activities that are necessary for the job at hand. They tend to be task oriented and experts at creating and managing the systems and processes needed to accomplish organizational goals. Kotter (2013) described management as “a set of well-known processes, like planning, budgeting, structuring jobs, staffing jobs, measuring performance, and problem solving.” Algahtani (2014) composed a list of characteristics of managers from the viewpoints of well-known management experts. This list included items such as, “focus on system and structure; short-range perspective; rules; administers; controlling, problem solving; produces order, consistency, and predictability; setting timetables; and executes plans” (p. 78). Whereas Buckingham (2005) identified the primary job of a leader as inspiring followers to join together behind an optimistic vision of the
future, he defined the primary job of a manager as identifying the distinct talents of one's employees and finding ways of using those talents to increase job performance. The focus of management is not on self-actualization or personal fulfillment of the employees by matching them with a job that suits their talents (a leader’s goal); rather, it is on the ultimate outcome of organizational performance.

LEADERSHIP TYPES
Leadership is a complex topic that comes in a variety of shapes and forms. When most people think about leadership, they think of titled roles. In other words, someone becomes a leader when he or she is assigned a role within an organizational hierarchy in which he or she has direct subordinates. This title may be lead clinician, rehab manager, program director, department chairperson, vice president, dean, and the like. This type of leadership is known as assigned leadership (Northouse, 2013). However, it is important to note that merely holding the title does not make one a true leader; the intentions and actions of the person holding the role determine true leadership.

Another form of leadership is emergent leadership. A leader who is practicing emergent leadership is someone who has influence over others, yet has no official titled role (Northouse, 2013). Rather, the leader emerges from within the team. Experts point to social networking theories as frameworks for the development of emergent leadership. Balkundi and Kilduff (2006) identified the social structure of an organization as either a facilitator or a barrier to emergent leadership. It is the pattern of relationships and engagement among team members that determines the social network within an organization (Balkundi & Kilduff, 2006). Other research points to the expression of emotion as an antecedent of emergent leadership. Melwani, Meuller, and Overbeck (2012) found that individuals who expressed emotions of contempt, compassion, and admiration were more likely to be viewed as leaders despite not being assigned to formal leadership positions. Although emergent leaders may not have any official authority, they often serve as opinion leaders, mentors, and problem solvers who have significant influence over the team.

Shared leadership has gained prominence in recent years. It is defined as “an emergent property of a group where leadership functions are distributed among group members” (Drescher, Korsgaard, Welpe, Picot, & Wigand, 2014, p. 2). This concept removes total power from one individual at the top of a company and distributes leadership among two or more members of the organization. The purpose of shared leadership is to increase the participation of other members of the organizational team. Research shows that shared leadership has many positive outcomes. A study conducted by Drescher et al. (2014) found that when leadership is dispersed, there is a greater sense of trust within the organization. Furthermore, as trust and shared leadership increase, greater organizational performance is realized.

With the prevalence of technology in today’s employment environment, virtual leadership is becoming more common (Holland, Malvey, & Fottler, 2009). Virtual leaders have the same general responsibilities as leaders in a face-to-face setting. For example, they still must have a vision and inspire followers to share in executing that vision; they just do so through a technological medium (Malhotra, Majchrzak, & Rosen, 2007). Whether leading by phone, email, or videoconferencing, there are certain qualities that successful virtual leaders must possess. Research shows that a virtual leader needs to “be a relationship builder; be a facilitator of social and work processes; be a care taker; be a communication designer; [and] align group structure, technology, and task environment” (Caulat, 2006, p. 10).

Although there is a variety of leadership types, there is also a variety of followers. Consider for a moment that the essential component of leadership is the ability to influence others. It stands to reason, then, that the essential component of “followership” is the willingness to be influenced by someone else. The truth of the matter is that without followers, leadership is not possible. Just as leadership can be determined through either an assigned position or through emergence without a titled role, followership can be determined based on a position within a hierarchical format or through a relational process with others (Malakyan, 2014; Uhl-Bien, Riggio, Lowe, & Carsten, 2014).

When considering leadership, an official and authoritative role between a supervisor and an employee may come to mind, as in the case of assigned leadership. However, the emergent leader often leads colleagues. For example, picture a therapist who has recently attended a continuing education course on a new treatment technique. He or she may lead the way toward other clinicians adopting this new technique within their own practices. Clinicians are also leaders as they guide their clients throughout the phases of habilitation or rehabilitation. Occupational therapy practitioners help clients visualize their occupational potential and inspire those clients to assist with executing the intervention plan to meet their desired outcomes.

AUTHENTIC LEADERSHIP THEORY
Authentic leadership is particularly suited for occupational therapy practitioners. In comparison with other evidence-based leadership theories, such as servant leadership, transformational leadership, or leader-member exchange, authentic leadership is a relatively new concept. Corporate crises and scandals in the late 1990s and early 2000s resulted in example after example of poor leaders who were not trusted or respected by their followers. As a result, employees began to seek leaders who were honest, genuine, and trustworthy (Northouse, 2013). Thus, authentic leadership theory was born.

Merriam-Webster defines authenticity as “true to one's own personality, spirit, or character” (“Authenticity,” n.d.). So often in leadership, the first thought is about how the leader works to
elicit certain behavior from the followers. The beauty of authen-
tic leadership is that this task is accomplished through the lead-
er’s ability to be absolutely true to him- or herself in the process.
The authentic leader behaves in ways that align personal beliefs,
convictions, needs, and feelings (Gardner, Cogliser, Davis, &
Dickens, 2011). Authentic leaders’ actions are genuine and sin-
cere, and their body language and expressions reflect their true
thoughts (Ladkin & Taylor, 2010).

Definitions of authentic leadership are written from several
different perspectives, including the intrapersonal, interpersonal,
and developmental perspective (Northouse, 2013). The intraperson-
al perspective focuses primarily on the traits, qualities, and
thought processes of the leader. A particular emphasis is placed
on the leader’s self-knowledge, self-regulation, and self-concept.
The interpersonal perspective focuses on the interactions and
relationships between the leader and the followers (Northouse,
2013). As the leader expresses authentic behavior, the followers
begin to reciprocate. As authentic leadership is exhibited, fol-
lowers “come to know and accept themselves and self-regulate
their behavior to achieve goals that are, in part, derived from
and congruent with those of the leader” (Avolio & Gardner,
2005, p. 326). The developmental perspective focuses on the
fact that authentic leadership can be developed over time and
does not have to be an innate trait or skill (Northouse, 2013).
Such development takes place through self-awareness and
self-regulation that evolve over time as a result of the lead-
er’s personal experiences (Gardner, Avolio, Luthans, May, &
Walumbwa, 2005).

There are four primary components of authentic leadership:
self-awareness, internalized moral perspective, balanced processing,
and relational transparency (Northouse, 2013). Self-awareness
involves deep examination of one’s values, identity, emotions,
and motives/goals (Gardner et al., 2005). Such reflection,
even in relation to life experiences, can provide insight into
one’s true self. Developing self-awareness is not a simple task;
rather, it is a process that occurs over time (Avolio & Gardner,
2005). Having an internalized moral perspective is the ability
to act based on one’s personal beliefs and ethics without being
influenced by others (Northouse, 2013). Balanced processing is
the ability to remain open minded and consider other points of
view without bias (Northouse, 2013). Lastly, relational transpar-
ency means being able to fully acknowledge one’s own perspective,
while exploring the perspectives of others with openness
and honesty (Wong & Laschinger, 2013).

Authentic followership must also be recognized as a com-
ponent of authentic leadership. Authentic followership is the
process of behaving according to one’s true self while openly
considering the perspectives of others, thereby developing a
sense of “autonomous motivation” (Leroy, Anseel, Gardner,
found that authentic leadership and authentic followership
were closely linked. Authentic followers were more likely to feel
that their job performance reflected their true selves and felt
that their basic needs were met when led by authentic leaders.
This type of relationship between leaders and followers who all
behave authentically can lead to stronger relationships, which in
turn lead to improved outcomes and goal attainment (Uhl-Bien
et al., 2014).

Research shows that authentic leadership does indeed
lead to successful outcomes. Laschinger, Wong, and Grau
(2012) found through a cross-sectional survey of 342 newly
graduated nurses that authentic leadership reduced bullying
in the workplace, which decreased emotional exhaustion.
In turn, this led to improved job satisfaction and reduced
turnover. Wang, Sui, Luthans, Wang, and Wu (2014) found
that authentic leadership had a positive influence on follower
performance, especially for followers who demonstrate lower
levels of hope, efficacy, resiliency, and optimism (psycho-
logical capital). This finding can be especially helpful for
occupational therapy practitioners when working with clients
experiencing mental illness or who are struggling with the
consequences of a new diagnosis or disability. Authentic
leadership has also been proven to increase follower trust
and engagement (Gardner et al., 2005)—a finding that is of
benefit to all leaders, regardless of whether their followers are
employees, colleagues, or clients.

DEVELOPING AUTHENTIC LEADERSHIP SKILLS
One does not have to be born a leader; leadership skills can be
developed. Yet leadership development is a process that takes
time and conscious effort (Maxwell, 2007). Because self-aware-
ness is a key component of authentic leadership, embarking
on a process of self-discovery is a good way to begin. This is not
always comfortable—be prepared to uncover some feelings,
biases, values, or beliefs that you may not have realized you
have. An easy way to begin this process is through a personality
test. Examples include the Myers-Briggs Type Indicator, The
Big Five Project Personality Test, Hartman’s Personality Profile,
or any of the myriad free tests found through a simple Internet
search. These tests may provide you with insight into your com-
munication style, relationships, thought processing patterns,
and values.

Another strategy for developing self-awareness is through
reflection. Reflection requires examining a past experience in
detail through a process of deep introspection (Ash & Clayton,
2004). As you do so, you must seek to identify thoughts and
feelings, lessons learned, benefits gained, or other personal
meaning that can be gleaned from the experience. Reflection
is not easy for many people. For some, it is difficult to make
the distinction between retelling simple facts related to an
experience (not reflection) versus identifying the deep, intro-
spective, personal meaning that an experience holds (reflec-
tion). Reflecting can also bring up unexpected, uncomfortable
emotions. A good way to practice reflection skills is to keep a
diary or journal. Take the time to recount your events for the
day, with a specific focus on what the event made you feel,
think, and do. Consider whether you learned a lesson from the event, or whether you would change your actions if you were to experience the same event again. By perfecting the skill of reflection, you can gain an understanding of your inner being—your morals, values, beliefs, emotions, and thought processes, which will lead to self-awareness and an internalized moral perspective.

As mentioned previously, those who rely on an internalized moral perspective are able to stand firm on their own values and beliefs without allowing the influence of others to sway their opinions and behaviors. Although values and beliefs are often formed through developmental experiences dating back to childhood, it is possible to continue to gain clarity and further develop one’s moral perspective as an adult (Hinojosa, McCauley, Randolph-Seng, & Gardner, 2014). Kouzes and Posner (2012) believe that “you can be authentic only when you lead according to the principles that matter most to you” (p. 46). The first step is to clarify your values and become comfortable with the fact that not everyone else will share them. However, as an authentic leader, you can develop the ability to identify the values that you do share with your followers to improve your credibility and authenticity (Kouzes & Posner, 2012).

Learning to be open minded and willing to consider others’ perspectives may also be a challenge for some—especially those who already have a good sense of their own perspectives. However, an authentic leader’s ability to use balanced processing depends on the ability to seek input from and consider the perspectives of others when making decisions (Wong & Laschinger, 2013). Ilies, Morgeson, and Nahrgang (2005) asserted that when leaders spend time understanding others’ perspectives, a greater sense of wellbeing is achieved by both the leaders and the followers. Perspective-taking is a term that is commonly used within the context of conflict management. However, this principle also applies to the process of developing the ability to view others’ perspectives openly, in an unbiased way, for authentic leadership. Perspective-taking is just as it sounds—it means taking the time to consider the other person’s point of view in an objective manner (Runde & Flanagan, 2013). When groups of individuals have a high level of variety within their approaches, perspective-taking can lead to new insights, and therefore the development of more creative solutions for tasks at hand (Hoever, van Knippenberg, van Ginkel, & Barkema, 2012). The more one learns about other people and their perspectives, the more positive the relationships between both parties (Gehlbach et al., 2015). After learning about the perspectives of others, you must then consider them in an unbiased manner. Author Steven Sample (2003) calls this concept thinking gray. This is the ability to consider situations not as having only two sides (black or white), but as having many other possibilities (shades of gray). Sample advises readers that when making decisions, do not do so hastily—wait until all sides have been considered, and all “shades of gray” have been identified.

Relational transparency is another skill that authentic leaders need to develop. This skill requires the leader to be open and honest in communications and actions with others, which in turn encourages others to feel more comfortable sharing suggestions, concerns, and ideas (Wong & Laschinger, 2013). It allows the leader to act within the boundaries of his or her values, thus communicating and behaving in a genuine manner that reflects full authenticity (Hinojosa et al., 2014). Learning to be transparent involves developing assertive communication skills. A simple way to practice communicating assertively is to use a “three-part I statement” (Hillview Psychology, 2016). This way of communicating entails filling in the blanks: “I feel ___ when you __, and I would like __.” This communication method allows one to stand firmly on personal values, while clearly posing a request or solution to an issue. It also prevents a situation from becoming emotionally charged, so that both parties feel comfortable communicating equally and honestly.

AUTHENTIC OCCUPATIONAL THERAPY

Just as authentic leadership involves staying true to yourself as you are leading others, authentic occupational therapy means staying true to the core concepts of the profession as you are addressing your clients’ needs. In her timeless Eleanor Clarke Slagle Lecture, Elizabeth June Yerxa, OTR (1967), spoke on this concept of authentic occupational therapy. Yerxa described the overarching purpose of occupational therapy as a process through which clients choose to complete meaningful, personal activities to gain a clear sense of their abilities within their physical context to thus enable function. This basic definition of authentic occupational therapy has not changed over the last 5 decades.

Yerxa (1967) stressed the importance of choice in the client’s intervention. Today, our profession labels this choice as client centeredness. The American Occupational Therapy Association’s (AOTA’s; 2014) Occupational Therapy Practice Framework: Domain and Process, 3rd Edition (Framework) includes client centeredness as a key component of the process of occupational therapy. According to the Framework (2014), “Occupational therapy practitioners develop a collaborative relationship with clients in order to understand their experiences and desires for intervention…. The collaborative approach, which is used throughout the process, honors the contributions of the client and the occupational therapy practitioner” (p. S12). This client centeredness is also delineated within the Standards of Practice for Occupational Therapy (AOTA, 2015b):

An occupational therapist, in collaboration with the client, evaluates the client’s ability to participate in daily life tasks, roles, and responsibilities by considering the client’s history, goals, capacities, and needs; analysis of task components; the activities and occupations the client wants and needs to perform; and the environments and context in which these activities and occupations occur. (p. 3)
Research shows that actively engaging clients in the therapeutic decision-making process results in greater satisfaction with occupational performance levels, higher satisfaction with therapy goals, and a higher sense of autonomy (Holliday, Cano, Freeman, & Playford, 2007; Phipps & Richardson, 2007). For occupational therapy to be authentic, therapists must use their specialized knowledge and skills to enable clients to participate throughout the entire process by helping establish goals, selecting intervention strategies, and assessing performance (AOTA, 2014; Yerxa, 1967).

Another key to authentic occupational therapy according to Yerxa (1967), is “self-initiated, purposeful activity” (p. 109). Yerxa offered a reminder that this type of activity has dual meaning—it is meaningful to the occupational therapist as a treatment modality, and it also holds personal meaning to the client. The Framework includes the concept of completing meaningful, purposeful activities as being antecedents to participating in occupation. Research shows that engaging in meaningful, purposeful activities during the occupational therapy process results in improved physical performance outcomes, increased likelihood of returning to performance of desired occupations, and a greater sense of well-being (Earley, Herlache, & Skelton, 2010; Melchert-McKearnan, Deitz, Engel, & White, 2000; Rudman, Cook, & Polajko, 1997).

According to AOTA (2015a), “Occupational therapy’s distinct value is to improve health and quality of life through facilitating participation and engagement in occupations, the meaningful, necessary, and familiar activities of everyday life. Occupational therapy is client centered, achieves positive outcomes, and is cost effective.” This statement reflects the underlying meaning and goals of true occupational therapy. Practicing authentic occupational therapy is the demonstration of the profession’s distinct value.

**AUTHENTIC LEADERSHIP IN THE CLINIC**

Authentic leadership in the occupational therapy clinic draws on the tenets of both authentic leadership and authentic occupational therapy. Whether you are leading employees or leading clients, the principles remain the same. First, you must know yourself on the deepest level—your deepest level. Next, you must know your followers on the deepest level possible. If you are leading colleagues or employees, take the time to get to know them. Learn what their professional goals are, what motivates them, how they truly feel about current issues that affect the department, and what leadership style they prefer and what they desire in a supervisor. This is a great opportunity for you to facilitate exercises that will help you and your followers learn more about yourselves and each other. For example, administering simple personality tests with your team is a good way to learn more about each other’s communication styles and preferences. Many free assessments available on the Internet can be used as team-building activities. Performance evaluations and regularly scheduled individual meetings are also ways to learn more about your followers’ dreams, goals, and professional ambitions. During these sessions, it is also a good idea to seek input regarding your own performance—ask the followers if they believe that you are providing the right amount of support and guidance for their needs.

If you are leading clients, complete a thorough occupational profile as part of every plan of care (AOTA, 2014). Ask clients to share their story with you. Find out who they were before their injury or illness, ask them about their favorite occupations, find out why they do what they do, and ask them about their goals for therapy. This client-centered approach is aligned with the guidelines in the Framework (AOTA, 2014) and has been shown to lead to improved client outcomes (Case-Smith, 2003; Phipps & Richardson, 2007).

Having the answers to these questions will allow the authentic leader to frame solutions to challenges in a way that is optimistic, achievable, inspirational, honest, collaborative, and meaningful to all involved parties. In today’s health care environment, clinicians face many operational challenges that may require them to work differently than they have in the past. Productivity standards have increased, regulations regarding treatment modalities have changed, and staffing levels may have shifted. Rather than using a management-only approach that would include setting limits and expectations, budgeting, and scheduling, an authentic leadership approach may be used. An authentic leader, having strong and trusting relationships with his or her team, operates with openness, honesty, and transparency. He or she frames the challenges in a way that inspires the team to work together to achieve expectations. For example, by focusing on delivering high-quality, client-centered, and occupation-based interventions (authentic occupational therapy), the leader shows the team that achieving excellent client outcomes will lead to operational outcomes. The authentic occupational therapy leader motivates employees by tapping into the employees’ inner desires, morals, emotions, and goals. Doing so will also strengthen the level of relational transparency, which is a central aspect of authentic leadership.

Perspective-taking is an important skill, whether leading employees, colleagues, or clients, especially when diversity among viewpoints and ideas exists (Hoever et al., 2012). When leading employees or colleagues, take the time to engage them in important decisions. Seek input from all members of the team, ask for ideas that may serve as solutions to current challenges, and take the time to learn what your team members feel are the barriers to goal achievement. Not only does this help them feel like valued members of the team, but it also may lead to a new strategy or solution that you have not yet considered. The key to this process being successful is to truly be open minded and unbiased as you listen to other perspectives. This process of perspective-taking translates to leading clients
as well. Taking the time to seek their opinions on their occupational performance, progress toward goals, long-term plans, and emotions may provide you with insight that will not only build a stronger therapeutic relationship between you, but will also demonstrate your authentic sense of caring.

Occupational therapy practitioners understand the importance of the therapeutic use of self (Taylor, Lee, Kiellhofner, & Ketkar, 2009). It is a primary part of the process of occupational therapy, in which clinicians use aspects of their personality, empathy, clinical reasoning, and communication skills to develop a therapeutic bond that will elicit meaningful engagement with the client (AOTA, 2014). Therapeutic use of self does not mean drastically altering one’s personality and communication style to fit followers’ needs. Rather, when one possesses a high level of self-awareness and a high level of awareness of the followers’ inner self, those aspects can be combined to build rapport and relationships that will inspire action. Using an authentic leadership approach, clinicians can use the therapeutic use of self to establish visions for the future and facilitate goal achievement with both clients and employee followers.

CONCLUSION

Management and leadership are often used interchangeably, yet significant differences exist. Leaders are future-oriented visionaries who inspire followers to achieve outcomes, whereas managers are task-oriented, systems experts who rely on processes such as planning and budgeting to achieve goals. There are a variety of leadership styles and approaches, but authentic leadership blends perfectly with the profession of occupational therapy. Authentic leadership theory describes concepts that allow a leader to be genuine, honest, and true to his or own convictions, feelings, and morals. In so doing, trusting relationships are built with followers that lead to a shared vision of a better future. Occupational therapy is not simply a job; occupational therapy practitioners truly care for the clients they serve. Practitioners value the importance of getting to know their clients and discovering their inner motivations and desires—this is authentic occupational therapy practice. Authentic leaders see their followers not simply as human resources or as impersonal objects in need of assistance, but as human beings, each with their own distinct needs, desires, and values. Using authentic leadership skills will enable each occupational therapy practitioner to take action to be a leader of change that Lamb (2016) encouraged when she said, “See the occupational therapy practitioner to take action to be a leader of and values. Using authentic leadership skills will enable each but as human beings, each with their own distinct needs, desires, as human resources or as impersonal objects in need of assistance, therapy practice. Authentic leaders see their followers not simply inner motivations and desires—this is authentic occupational therapy is not simply a job; occupational therapy practitioners ers that lead to a shared vision of a better future. Occupational significant differences exist. Leaders are future-oriented visionar-site of a rehabilitation unit. American Journal of Occupational Therapy, 68, S1–S51. http://dx.doi.org/10.5014/ajot.2014.682005

REFERENCES


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A. To get pricing information and to register to take the exam online for the article Authentic Leadership in Occupational Therapy, go to www.aota.org/cea, or call toll-free 877-404-2682.

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Final Exam

Article Code CEA0716

AUTHENTIC LEADERSHIP IN OCCUPATIONAL THERAPY

July 25, 2016

To receive CE credit, exam must be completed by June 31, 2018.

Learning Level: Intermediate

Target Audience: Occupational Therapists and Occupational Therapy Assistants

Content Focus: Category 3: Professional Issues—Contemporary Issues and Trends

1. Which of the following describes a leader?
   
   A. Is task oriented
   B. Creates a vision and inspires others to execute the vision
   C. Focuses on budgeting and planning
   D. Has a short-range perspective


2. According to this article, leaders:
   A. Should be appointed to a titled position
   B. Must have a large group of followers to be considered true leaders
   C. Always lead in a face-to-face context
   D. May not have official authority but may serve as opinion leaders, mentors, or problem solvers

3. Authentic leaders engage with followers by being:
   A. True to themselves and confident in their own values, identity, emotions, and motives/goals
   B. Secretive and deceptive
   C. Reliant on a transaction, such as an award, in exchange for completing a task
   D. Focused primarily on serving the needs of their followers, often at the expense of their own needs

4. The four primary components of authentic leadership include all of the following except:
   A. Relational transparency
   B. Self-awareness
   C. Conflict competence
   D. Internalized moral perspective

5. Research has proven that authentic leadership:
   A. Decreases emotional exhaustion and increases job satisfaction of followers
   B. Increases bullying in the workplace
   C. Is the single most successful leadership approach
   D. Decreases follower trust

6. Leadership skills cannot be developed; one is either born a leader or not.
   A. True
   B. False

7. Developing authentic leadership skills requires:
   A. Time and effort spent on introspection
   B. Daily meetings with your boss
   C. A minimum of two continuing education courses per year
   D. Nothing. You are either an authentic leader or you are a manager.

8. Which of the following is a strategy that can be used to develop self-awareness?
   A. Retelling the facts regarding past experiences
   B. Learning to keep your thoughts and feelings to yourself
   C. Keeping a diary or a journal
   D. Participating in a craft group

9. Which of the following is a strategy that can be used to develop self-awareness?
   A. Reinvention
   B. Reflection
   C. Connection
   D. Dissent

10. Which of the following is a strategy for developing the ability to consider the perspectives of others in a non-biased manner?
    A. Taking a management class
    B. None. As a leader, other perspectives are not as important as that of the leader.
    C. Thinking in black and white terms
    D. Thinking gray

11. Authentic occupational therapy includes all of the following except:
    A. Providing client-centered practice
    B. Using meaningful, purposeful activities to elicit occupational performance
    C. Setting goals for the client
    D. Understanding the client’s needs, desires, and motivations

12. Which of the following statements does not reflect authentic leadership in occupational therapy?
    A. Being true to one’s own perspectives and the perspectives of others results in greater relational transparency.
    B. Authentic leadership demonstrates that the leader values the followers as human beings and not as simply human resources.
    C. Authentic leadership occurs only when authority is bestowed on the leader from a titled position.
    D. Authentic leadership involves learning about the client through an occupational profile to lead him or her through the process of rehabilitation.