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The Scroll & Pen



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Newsletter of Pi Theta Epsilon, The National Honor Society of Occupational Therapy

Volume 17, Number 1

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President's Message

Greetings from the Executive Committee!

PTE's 17th Annual Business Meeting at AOTA's 87th Annual Conference & Exposition was incredible! We more than doubled the number of chapters in attendance the previous year, from twelve to twenty-six. I personally want to thank each chapter for attending: Delta, Eta, Kappa, Xi, Omicron, Phi, Chi, Psi, Alpha Theta, Alpha Nu, Alpha Omicron, Alpha Psi, Beta Theta, Beta Mu, Beta Xi, Beta Omicron, Beta Pi, Beta Sigma, Beta Tau, Beta Psi, Gamma Delta, Gamma Epsilon, Gamma Zeta, Gamma Theta, Gamma Iota, and Gamma Kappa.

The high number of chapters and members in attendance led to great group discussion about the value and the growth of PTE locally and nationally. The dynamic dialogue resulted in the following:

- *Scroll & Pen* has a new column, Fieldwork Forum.
- Chapters shared information on the fantastic projects they have been working on in schools and communities. (For summaries, see Chapter News.)

In addition, the feedback that we received from the group discussion questions at the business meeting was invaluable. Concerns emerged about (1) communication between chapters and the national office, (2) the cost of dues, and (3) interaction with PTE alumni. In response to these concerns, first, the Executive Committee is committed to improving communication through various means, including sending out Friendly Reminders via e-mail; maintaining the PTE website, www.pithetaepsilon.org, which contains timely information and important forms; developing brochures for chapters; and making *Scroll & Pen* available online.

Second, the Executive Committee researched organizational dues via the Association of College Honor Societies (ACHS), of which PTE is a member. It discovered that PTE's dues are one of the lowest among collegiate honor societies. We are committed to offering all our members and chapters a valuable and dedicated professional honor society. If you have additional concerns, please contact Jessica Halterman, PTE national coordinator, at jhalterman@aol.com.

Third, for as long as I have been a member of the Executive Committee, one of PTE's long-term goals has been to increase interaction with PTE alumni. Soon we will have the capability to develop a database that will allow us to capture PTE student and alumni information more effectively.

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Chapter News

PTE thanks the following chapters for their participation in the 17th Annual Business Meeting in St. Louis and for their sharing of their wonderful activities, summarized below (if information was available). Keep up the outstanding efforts! Many of you are engaging in similar activities and efforts. You may be interested in contacting one another for more information and ideas.

Delta, Texas Woman's University—Reviewed the possibilities of starting a scholarship for occupational therapy students

Eta, Wayne State University—Increased communication
Kappa, University of North Dakota—Sponsored the "St. Jude's Up Till Dawn" Backpack Awareness Program

Xi, Washington University School of Medicine—Raised funds for a scholarship and sponsored a community service program for children who are immigrants

Omicron, Sargent College—Sponsored a symposium

Phi, Virginia Commonwealth University—Promoted public awareness through Rebuilding Together by adopting homes in Richmond

Chi, Quinnipiac College—N/A

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- Psi, College Misericordia—Promoted occupational therapy on campus
- Alpha Theta, Medical University of South Carolina—N/A
- Alpha Nu, St. Ambrose University—Held a student conference and offered continuing education in Dean’s Mid West
- Alpha Omicron, University of Toledo Health Science Campus—Sponsored a guest lecturer on writing
- Alpha Psi, University of New England—N/A
- Beta Theta, Duquesne University—Sponsored a guest speaker symposium, “Rebuilding Together,” and raised \$3,500 to sponsor a house (see below)
- Beta Mu, Florida A&M University—Conducted research on pediatric needs in the occupational therapy community
- Beta Xi, Brenau University—Revised its bylaws and developed scholarship ideas for occupational therapy students
- Beta Omicron, Louisiana State University—Supported mental health awareness after Hurricane Katrina
- Beta Pi, University of Mary—Created a DVD to promote occupational therapy
- Beta Sigma, Shenandoah University—Drafted a quick-reference sheet for occupational therapy fieldwork and sponsored a speaker at the annual conference of the Virginia Occupational Therapy Association
- Beta Tau, University of Pittsburgh—N/A
- Beta Psi, State University of New York at Stony Brook—N/A
- continued on page 3

The U.S. Army’s Influence on Occupational Therapy

Kate Flowers, MOT, OTR

Occupational therapy and the U.S. Army have been intertwined since World War I. The field of occupational therapy was established in the United States about 160 years ago. Several of the field’s pioneers (e.g., Mary Reilly and Wilma West) practiced in the Army. Each war or conflict involving the U.S. Army has caused the field of occupational therapy to expand because of an influx of new injuries, advances in technology, and higher rates of soldier survival. Today, 83 occupational therapists are active in the U.S. Army.

At AOTA’s 87th Annual Conference & Exposition in St. Louis in April 2007, PTE sponsored a workshop entitled “Occupational Therapy and the U.S. Army: Where We Come From, How We Got Here, and Where We Are Going.” The purpose of the workshop was to review the history of occupational therapy and mental health in relation to the rehabilitation of U.S. Army personnel since World War I. Workshop speakers were knowledgeable about the progressive nature of the Army’s rehabilitation programs and the challenges presented to Department of Veterans Affairs medical personnel. Speakers were active-duty Army personnel, or personnel from the Department of Veterans Affairs.

Major Teresa Bringer, PhD, OTR/L, CHT, moderated the workshop, which included a panel consisting of Lieutenant Melissa Wilde Jones, PhD, OTR/L, Captain Sarah Mitsch, OTR/L, and Captain Kathleen Yancosek, MS, OTR/L, CHT. All the speakers served on active duty during recent and current conflicts, and they shared their firsthand experiences.

U.S. Army Heritage

Jones presented a unique history of the U.S. Army and the profession of occupational therapy. Over the past two centuries, occupational therapists have worked to meet the needs of the American soldier. As new practices have been implemented during wartime and continued during peacetime, the field of OT has expanded.

Some of occupational therapy’s roots are in the use of reconstruction aides during World War I. The U.S. Army developed the Reconstruction Program with the goal of “rebuild[ing] bodies.” This program promoted the therapeutic use of activity, prevention of hospitalizations, and use of reconstruction aides. During World War I,

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the first group of female reconstruction aides was sent to La Fauche, France, to treat soldiers with war neuroses (combat stress). At that time, on average, only 2 reconstruction aides were available for every 250 soldier patients. The surgeon general called for more reconstruction aides, thereby prompting the creation of emergency training programs. Teacher's College at Columbia University (New York) and Simmons College (Boston) were the first schools to provide educational programs for reconstruction aides. Most of the aides were teachers by trade because teachers had more education and experience than other candidates. The focus of the curriculum was provision of mental and manual work for injured soldiers.

Five permanent Army general hospitals were established during World War II. Development of physical medicine and rehabilitation occurred during this era. Occupational therapists who worked for the U.S. Army at this time were civilian employees, not military personnel. Following the war in 1947, occupational therapists achieved military status.

Dr. Sterling Bunnell created hand surgery centers in Army hospitals. The first hand surgery center was established at Valley Foye General Hospital. Because of those hand surgery centers, the practice of hand therapy was born.

The Vietnam War left more than 10,000 soldiers with amputations due to gorilla warfare, booby traps, and land mines. There was 1 occupational therapist in Vietnam serving a 3,000-bed front-line Army hospital, and 7 occupational therapists in Japan. During this war, occupational therapists practiced in the areas of hand surgery/therapy and amputee training, and they served as physician extenders for neuromusculoskeletal complaints.

During peacetime, occupational therapists helped soldiers become combat ready. Physical fitness training programs were established, along with combat stress control units and occupational therapy research positions. Combat stress control teams were first deployed during Operation Desert Storm. These teams provided treatment near the front lines and assisted soldiers in returning to duty, decreasing their time away from the battlefield. Occupational therapy during wartime was defined during Desert Storm.

Today occupational therapy is one of four medical specialties in the Army Medical Specialist Corps (the others being physical therapy, dietetics, and the physician assistant profession). Occupational therapists work in a variety of practice areas, most notably in adult rehabilitation. They play a critical role in combat in the evaluation and treatment of people who are casualties of combat stress, and in the prevention of posttraumatic stress disorder. Occupational therapy contributes to the wellness and the fitness of the soldier-athlete through preventive medicine and ergonomic programs. Army occupational therapists are assigned to combat stress control units (mental health), rehabilitation, and hand therapy. They also perform other jobs, such as recruiter, commander, researcher, and educator. The U.S. Army is leading the way in education, clinical treatment, research, and ergonomics.

Occupational Therapy in a Combat Zone

During the current critical times in Iraq and Afghanistan, occupational therapists are playing major roles in implementing the

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—Chapter News, from page 2

Gamma Delta, Gannon University—Prepared care packages for occupational therapy students taking final exams

Gamma Epsilon, University of South Alabama—N/A

Gamma Zeta, University of Findlay—Revised chapter policy and procedures

Gamma Theta, Maryville University—Joined with the Healthy Hands Health Care Alliance

Gamma Iota, University of Central Arkansas—Participated in continuing education for fieldwork educators

Gamma Kappa, Governors State University—N/A

Beta Theta Chapter

On April 28, 2007, student members of Beta Theta Chapter, Duquesne University (Pittsburgh), and faculty members of the Duquesne University Occupational Therapy Department joined with a crew of Rebuilding Together volunteers to repair and improve the home of a Pittsburgh woman. This project was part of the nationally known Rebuilding Day, which is designated each year as the last Saturday in April. Through the help of friends, family, and community members, the students met their fund-raising goal of \$3,500 to sponsor the home's rehabilitation. For eight hours, the students, faculty, and volunteers painted, planted, cut back, cleaned, moved, hauled, and washed in order to make their sponsored home warm, dry, and refreshed.

Karen Henry McCahan, chapter president, was instrumental in leading the fund-

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raising activities through letter and phone solicitation efforts. She collaborated with the Student Occupational Therapy Association chapter to collect the funds.

Patricia Crist, chairperson of the Department of Occupational Therapy, along with the department faculty and staff, wholeheartedly supported the students' efforts, believing that Rebuilding Together supported the department's vision: "to create serving, doing, questioning, leading occupational therapists as practice-scholars."

The organization responsible for Rebuilding Day each year is Rebuilding Together, which was founded in Washington, D.C., in 1988 and currently serves 1,890 communities. Rebuilding Together Pittsburgh has in recent years begun to incorporate occupational therapists into the home assessment process. Because of this, adaptive equipment has been secured for people in need of it, and home modifications can be completed as part of the efforts on Rebuilding Day to ensure the everyday safety of homeowners.—*Patricia Crist, faculty adviser*

Beta Sigma Chapter

The Beta Sigma Chapter, Shenandoah University (Winchester, VA), is in full swing with a new group for the 2007–8 school year. Our first project involved hosting a group of allied health profession students from the Tamano Institute of Health and Human Services, Okayama, Japan. Our members had a chance to spend a morning with the

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Fieldwork Forum

Kelly Fleming, MSOT, OTR/L

For the past two years, PTE has organized a roundtable discussion at its annual business meeting. Both years a theme has emerged that members would like better communication among chapters and more opportunities to share information about chapter events, fieldwork opportunities, and potential research endeavors. Further, members said that they would like to learn more about the role of occupational therapy in various settings and to explore various settings in which fieldwork placements are available. This new column aims to fulfill that need.

Each semester, thousands of occupational therapy students leave their college campus for their first chance to show off their skills in a Level II fieldwork placement. Many students are apprehensive and nervous about what to expect. This column will provide insight into the expectations of various settings. We invite all members to provide a detailed description of their fieldwork experiences based on the guidelines that follow. Each issue of *Scroll & Pen* will include members' submissions along with contact information for the highlighted sites, if provided. Further, each issue will highlight a nontraditional fieldwork site and provide information for establishing a potential fieldwork relationship with the site (the location of the site, contact information, fieldwork requirements, etc.)

Guidelines for Submissions to Fieldwork Forum

Provide the name of the fieldwork site and its address, if permitted.

Provide the name of and contact information for the person responsible for setting up fieldwork placements at this site, if permitted.

Identify the type of setting (hospital, inpatient rehabilitation facility, outpatient rehabilitation facility, mental health facility, school system, etc.)

Describe the typical client population (age range, common diagnoses, etc.)

Describe the types of assessments/evaluations typically used in the setting.

Describe a typical day. Be sure to include information about the daily duties of a fieldwork student and the documentation requirements of the site.

Describe any preparation required of students before starting the fieldwork placement.

Describe your most rewarding experience while at the fieldwork site.

Describe your most challenging experience while at the fieldwork site.

Provide any other information that may be beneficial to a potential fieldwork student.

Remember that the name of the site and/or the educator's contact information cannot be included unless prior permission is obtained. Also remember that the purpose of this column is to highlight potential sites for fieldwork students, not to elaborate on personal conflicts with fieldwork educators.

E-mail submissions to Kelly Fleming at flemingkl@gmail.com.

Spotlight on a Fieldwork Opportunity

American Occupational Therapy Association

4720 Montgomery Lane, P.O. Box 31220

Bethesda, MD 20824-1220

(301) 652-2682 • www.aota.org

Who may apply?

Any occupational therapy student who is a member of AOTA and who has completed or is scheduled to complete 24 weeks of practice-based fieldwork may apply. A fieldwork placement at AOTA may not meet the 24-week fieldwork requirement; however, it may fulfill any additional fieldwork requirements.

How long does the fieldwork placement last?

The placement lasts 6–12 weeks.

What would a fieldwork student's duties include?

Students may be involved in national projects and activities in the following areas:

- Practice activities (e.g., evidence-based practice, outcome-related activities, multicultural activities, relationships with external agencies, Association standards, and ethics)
- Professional development (e.g., board certification and specialty certification, Annual Conference & Exposition planning, and continuing education development)
- Federal and state policy activities (e.g., legislation, regulation, and advocacy)
- Reimbursement and regulatory policy activities (e.g., review and analysis of payment systems, and assistance in member education)

How do I apply?

For an application packet, interested candidates should contact AOTA's Education Department via e-mail at educate@aota.org. A fieldwork agreement will be established between the student's academic program and AOTA before the student starts fieldwork.

- Once the candidate receives the application, he or she completes it, selecting a first and second preference for placement among the selections and indicating the desired time frame for the placement.
- Two reference letters from academic or clinical instructors are to be included with the application.
- The student writes and submits an essay describing his or her interests; a description of prior (or anticipated) fieldwork experiences; information about related projects or activities; and the rationale for requesting an AOTA fieldwork experience, as well as expectations and objectives for the experience.
- The potential supervisors will review the application and essay. A telephone interview will be scheduled.
- A letter of acceptance or denial will be sent to the student and his or her academic fieldwork coordinator. If the student is accepted, the notification will include confirmation of dates, information about AOTA work policies, and instructions for the first day. On receipt of this packet, the student should contact his or her designated contact person to discuss objectives and expectations.

(Information for this article was obtained from AOTA's website.)

—Chapter News, from page 4

visiting group in our cadaver lab in order to share our anatomy experience and to communicate the importance of hands-on learning to our occupational therapy curriculum. It was a great chance for both cultures to communicate in the universal language of human science.

To promote awareness of human anatomy and its effects on meaningful occupations, we are hosting an educational field trip to the Bodies Exhibition in Rosslyn, VA, on September 6. Participants will be students and faculty interested in viewing this exhibit, which is sure to promote further discussion of health and disease and their effects on occupations.—
Sarah E. Mugford

PTE's Certificate of Distinction

The PTE Certificate of Distinction has been established to recognize PTE chapters for their commitment and dedication to the mission and vision of PTE. The certificate may be given to one or more chapters for their efforts to promote occupational therapy within the profession and/or their community—for example, by sponsoring workshops at state and regional conferences, adapting the National PTE-sponsored workshop for a local event, or promoting and sponsoring research symposiums. The certificate may be awarded throughout the year. Chapters that submit their event to *Scroll & Pen* for Chapter News will be considered for the certificate. The write-up should include the purpose of the event or activity, how it promoted the advancement of occupational therapy, and the outcome of the event.

“Trust Your Mentors, Pursue Your Dreams”:

An Interview with the 2006 First Research Award Winner

Marcie Sandeen, MOTS

The most recent winner of PTE’s Mary J. Bridle First Research Award is Lauren Franklin. A practicing occupational therapist since 1999, Franklin has always enjoyed working with children and has done so in many different settings since receiving her undergraduate degree from the University of Wisconsin, in Madison. In 2006 she earned her Master of Science in rehabilitation medicine (with an occupational pathway) from the University of Washington (Seattle). Franklin currently owns, manages, and practices in her own pediatric clinic.

Franklin first became interested in occupational therapy after her father suffered a heart attack while she was in college. She saw him work with a number of great occupational therapists during his stay in the hospital. In the course of his recovery, she had the opportunity to job-shadow one of her father’s occupational therapists and found that to be a worthwhile experience. Her college roommate had been considering occupational therapy too, so after this experience, they discussed the field further. With more volunteering, research, and thought, Franklin chose to become an occupational therapist.

Before studying for her master’s degree, Franklin was employed in occupational therapy for a few years. During this time she had the opportunity to work with children with Fetal Alcohol Spectrum Disorders (FASD). Many times these children

were disciplined using a behavioral approach. She found the approach not to be useful with the children. Her observations inspired her to try to provide further knowledge on how occupational therapists can help children with FASD.

The study for which Franklin won the Mary J. Bridle First Research Award examined the relationship between sensory processing and behaviors in children with FASD. The participants were 44 children between ages five and ten. To obtain data, Franklin used the Short Sensory Profile and the Child Behavior Checklist. She assessed and compared the results using retrospective data analysis.

The results showed that many of the children had deficits in sensory processing and problem behaviors as measured by the two instruments and that the correlation between the two instruments was significant. Evidence was present that children with FASD demonstrate problem behaviors and impairments in sensory processing. The sensory processing deficits co-occurred with problem behaviors at a high rate. The results suggest that sensory processing affects these children’s ability to respond to their environments.

While conducting her research, Franklin received help from three mentors, Jean Deitz, PhD, OTR/L, FAOTA, Susan Astley, PhD, and Tracy Jirikowic, PhD, OTR/L, all of whom work at the University of Washington. They encouraged her to conduct the re-

search and helped her through the research process. Franklin thinks that anyone who is planning to do research should have a mentor. There are many technical aspects to conducting research, she explains, so it is important to have professionals help you.

Franklin says that the most valuable thing she took away from her research was a sense of accomplishment and fulfillment. She also thought that it was rewarding to be recognized by the profession and to receive the Mary J. Bridle First Research Award.

Franklin reports that an article on her research has been approved for publication in the spring 2008 issue of the *American Journal of Occupational Therapy*.

Asked if she had advice for students undertaking research for the first time, she said, “Trust your mentors throughout the journey. Their expertise, knowledge, and previous research experiences will guide you on a long, challenging path.”

Queried if she had any further advice for students, she replied, “Pursue your dreams.” She had made a commitment to herself to earn a Master of Science, and she hoped to own her own practice. She was able to accomplish both dreams. She believes that creating and following dreams allows people to be professionals and individuals.

Franklin thinks that occupational therapists need to continue to advocate for the services they provide and to share stories about the impact they have on their clients’ lives. By doing this, she hopes, they will help more people know about and understand occupational therapy services.

Mary J. Bridle First Research Award

Applications must be received at the national office of Pi Theta Epsilon on or before October 15, 2007. Five (5) copies must be submitted. A curriculum vitae for each author must be provided with each copy of the manuscript.

The letter accompanying the manuscript should make definitive statements regarding each of the following:

1. *State when* the study was initiated and *how* it was related to the author's educational program at the time (e.g., "The manuscript was a required clinical research project during fieldwork," or "The manuscript was a term paper required for the course in Research").
2. *Identify* any faculty members in your program who have assisted you in any way with the study, for purposes of ensuring no conflict of interest in the review process.
3. *Verify* (as appropriate) review and approval granted by an Institutional Review Board (IRB), if relevant to the study. Please note that scholarly papers, such as literature-based studies, *are* acceptable for submission for this award, in which case IRB approval does not apply.
4. *Indicate* whether or not the manuscript has been submitted and/or accepted for publication. (*Note:* Research manuscripts previously published or in the process of publication are *not* eligible for this award.)
5. *State* that no student member of the research team has been the recipient of any prior research award.

The manuscript shall not identify either the student or the educational program with which he or she is associated. Such information shall be provided on a cover sheet, clipped but not stapled to the original copy of the manuscript. The other four copies of the manuscript shall have no such identifying information. It is the applicant's responsibility to see that all identifying materials have been removed; failure to do so shall disqualify the manuscript, and it will not be sent for review.

Purpose

The purpose of the award is to foster scholarship and first research efforts within the occupational therapy community. The cash value of the award is \$250. The award will be available annually but will be awarded only when manuscripts of sufficient caliber are submitted.

Eligibility

1. Competition is open to occupational therapy students, occupational therapy practitioners, or teams.
2. The research *must* have been initiated while the principal investigator was enrolled as a student in a professional program or postprofessional program in occupational therapy (e.g., in an entry-level bachelor's or master's program, or in a postprofessional master's or doctoral program in occupational therapy).
3. Although team members may represent other disciplines, the primary author must be an occupational therapist or an occupational therapy student.
4. Applicants *need not* be members of Pi Theta Epsilon.
5. *No* student member of the research team may have been the recipient of any prior research award.
6. Preference will be given to students from schools who have not been awarded the Mary J. Bridle Award previously.

Criteria for the Research Manuscript

Research *must*—

1. Have been initiated while the primary author was an occupational therapy student *and* be submitted for the Mary J. Bridle Award *within three years* of graduation.
2. *Not* have been published before or submitted for publication at the time of submission for the Mary J. Bridle Award by the applicant.
3. Add to the body of knowledge of occupational therapy.
4. Clearly demonstrate significance to the field of occupational therapy.
5. Present a logical development of the rationale for the study and for the specific research question.
6. Demonstrate methodologically correct form for the research question(s) asked by the study (not applicable to scholarly studies).
7. Be clearly written in manuscript form, using APA style suitable for a professional journal.

Terms—Terms of the award require that the manuscript be submitted for publication.

Presentation—The award will be presented at the next annual meeting of Pi Theta Epsilon, held in conjunction with the AOTA Annual Conference & Exposition.

Revised 1/06

Reader's Corner

More on Social Justice

Mary Binderman, MLS

Before gathering readings on a subject for this column, my habit is to ask one of the PTE leaders what the topic of the PTE-sponsored program at the AOTA Annual Conference & Exposition is. In doing so this year, I learned that next spring the group is continuing its examination and discussion of social justice. Two previous Reader's Corner columns dealt with aspects of this broad issue: "The OT Practitioner: Political and Social Activist" in 2004 and "... Justice for All" in 2005.

In thinking about how not to recycle the resources from either of my earlier ruminations, I became more aware of the myriad issues people read about in newspapers or hear about via televised news, that lead to social injustices for individuals and groups: poverty, racism, ethnicity, sexism, religious differences, environmental disasters, and war. Other issues are disparities in physical or developmental capabilities of individuals and in access to education, health care, a living wage, and, in the 21st century, technology.

It is overwhelming to think about what social justice is and what you or I can do to bring it about. Given that one of the purposes of this column is to provide readings that allow you to pursue an idea that captures your interest, I decided to retrieve recent articles (2006 and 2007) from OT SEARCH that concern an aspect of social justice. I have not included the entire abstract but have excerpted the meat from it. In a

few cases, no abstract is available, so only the citation appears. I have given a source for online retrieval of most of these citations, though doing so may require a subscription to the publication or a membership in the organization.

Health Disparity

Braveman, B. (2006). AOTA's statement on health disparities. *American Journal of Occupational Therapy*, 60, 679. Retrieved August 2, 2007, from <http://www1.aota.org/ajot/abstract.asp?IVol=60&INum=6&ArtID=11&Date=Nov/Dec%202006>

Flowers, K. (2006, September 4). Empowering clients to participate: A report of AOTA's workshop on health disparities and social justice. *Advance for Occupational Therapy Practitioners*, 22, 64-65. Retrieved August 2, 2007, from http://occupational-therapy.advanceweb.com/common/EditorialSearch/AVviewer.aspx?AN=OT_06sep4_otp64.html&AD=09-04-2006

Ford, K., Waring, L., & Boggis, T. (2007, March 19). Living on the edge: The hidden voices of health disparities. *OT Practice*, 12, 17-22.

Homelessness

Petrenchik, T. (2006). Homelessness: Perspectives, misconceptions, and considerations for occupational therapy. *Occupational Therapy in Health Care*, 20(3/4), 9-30. Retrieved August 2, 2007, from <http://www.haworthpress.com/store/product.asp?sid=X5A5XAQBKGB48G0G204VJ3D6578R98G5&sku=J003&detail=TOCList#TOCList>

"Like poverty, the problem of homelessness has been with us to varying degrees since the founding of our nation. Attempts to explain

homelessness have an equally long history . . . The objectives of this paper are to present a unifying taxonomy of prominent perspectives on homelessness, and to illustrate how various perspectives lead to particular characterizations of persons who become homeless."

VanLeit, B., Starrett, R., & Crowe, T. K. (2006). Occupational concerns of women who are homeless and have children: An occupational justice critique. *Occupational Therapy in Health Care*, 20(3/4), 47-62. Retrieved August 2, 2007, from <http://www.haworthpress.com/store/product.asp?sid=X5A5X AQBKGB48G0G204VJ3D6578R98G5&sku=J003&detail=TOCList#TOCList>

"The purpose of this exploratory study was to describe the occupational goals and concerns of women who are homeless with children. Twenty-seven women with children living in homeless shelters completed interviews using the Canadian Occupational Performance Measure (COPM) . . . The most common occupational issues identified by participants concerned finances, employment, education, transportation, housing, time for self, personal appearance, home management, and parenting. Analysis of identified occupational concerns suggests that the homeless women with children experienced a range of institutional and social barriers to occupational participation: essentially a form of occupational injustice."

Immigrants/Minorities

Kirsh, B., Trentham, B., & Cole, S. (2006). Diversity in occupational therapy: Experiences of consumers who identify themselves as minority group members. *Australian Occupational Therapy Journal*, 53, 302-313. Retrieved August

2, 2007, from <http://www.blackwell-synergy.com/loi/AOT>
“The occupational therapy profession is in need of self-examination in view of the extent to which culturally constructed meanings of occupation guide its work within an increasingly diverse practice environment. Semistructured interviews were completed with 14 individuals who defined themselves as minority group members . . . Five themes emerged: the importance of social location, the need for safety and acceptance, avoiding omissions, understanding differences in occupation, and the face of discrimination.”

Nayar, S., Hocking, C., & Wilson, J. (2007). An occupational perspective of migrant mental health: Indian women's adjustment to living in New Zealand. *British Journal of Occupational Therapy*, 70, 16–23. Retrieved August 2, 2007, from <http://www.ingentaconnect.com/content/cot/bjot/2007/00000070/00000001>

“Immigration may be more distressing than anticipated, disrupting occupations and threatening health and wellbeing. In New Zealand, increasing numbers of new immigrants are reported to be accessing mental health services. This article reports the findings of a small-scale qualitative study into the things that Indian women . . . do in their everyday lives as they endeavour to settle into New Zealand society.”

Occupational Justice or Deprivation

Gupta, J., & Walloch, C. (2006, August 28). Process of infusing social justice into the Practice Framework: A case study. *OT Practice*, 11, CE1–CE8.
“The dynamic and ever-changing health care environment requires occupational therapy practitioners to examine how the profession's

philosophy, values, and beliefs are incorporated into . . . everyday practice. Occupational therapy is based on the premise that people live healthy lives and experience well-being through participation in meaningful occupations . . . However, some clients experience social barriers to occupational participation . . . As a matter of social justice, practitioners are obligated to identify and eliminate these obstacles to enable their clients to participate fully in their social roles . . . The case study within this article illustrates a decision-making process that blends justice perspectives into the Framework process model.”

Hasselkus, B. R. (2006). The 2006 Eleanor Clarke Slagle Lecture: The world of everyday occupation: Real people, real lives. *American Journal of Occupational Therapy*, 60, 627–640. Retrieved August 3, 2007, from <http://www1.aota.org/ajot/abstract.asp?IVol=60&INum=6&ArtID=4&Date=Nov/Dec%202006>

“Everyday occupation is a primary means by which we organize the worlds in which we live. The phenomenological experiences of day-to-day life build meaning and community in our lives; yet everyday occupation is often seen but unnoticed. Cultural tendencies and invisible social forces contribute to the obscurity of the everyday and, in severe situations, to occupational deprivation. The purpose of this Slagle lecture is to raise awareness of the complexity and delicate layerings of everyday occupation, its theoretical and conceptual underpinnings, the consequences of severe occupational constraints to health and well-being, and the essential relevance of everyday occupation to occupational therapy and occupational science.”

Lopez, A. (2006, October 23). Occupational advocacy and

therapeutic justice for the older driver. *OT Practice*, 11, CE1–CE8.

“Occupational therapy practitioners are in the midst of a socio-political movement. In the coming years, older Americans will represent a significant percentage of the voting population and occupational therapy clientele . . . The occupation of driving is contextually multidimensional. It spans cultural, societal, political, and legal contexts. The legal context often is not addressed in the occupational therapy literature. Developing an appreciation for the therapeutic nature of both occupational therapy and legal professionals is vital to promoting health and justice. Our practice must transcend current models of practice. Through advocacy, prevention, and health promotion, occupational therapy practitioners and legal professionals can preserve or restore a senior's independence in community mobility.”

Mernar, T. J. (2006). Occupation, stress, and biomarkers: Measuring the impact of occupational injustice. *Journal of Occupational Science*, 13, 209–213. Retrieved August 3, 2007, from <http://www.jos.edu.au/article.asp?id=248>

“When individuals experience stress due to occupational injustice, neuro-physiological reactions ensue and health states are challenged. Acute and chronic exposure to specific stress hormones and neurotransmitters affect individual occupational capabilities and subsequent occupational trajectories. This article examines the links between health and the human physiologic stress responses to occupation.”

O'Sullivan, G., & Hocking, C. (2006). Positive ageing in residential care. *New Zealand Journal of Occupational Therapy*, 53, 17–23.

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“Evidence shows that participation in occupations promoting physical activity, social stimulation, and a sense of identity, slow[s] age-related decline and enhance[s] functional capacity . . . The authors propose that given purposeful occupations older people in residential care homes could live each day with a sense of dignity and satisfaction. Instead, many people in care experience a level of occupational deprivation that undermines personal health and well-being. This situation is described as neglect. It can arise from social attitudes, inadequate funding and inappropriate systems of care.”

Rudman, D. L. (2006). Positive aging and its implications for occupational possibilities in later life. *Canadian Journal of Occupational Therapy*, 73, 188–192. Retrieved August 3, 2007, from <http://www.caot.ca/default.asp?pageid=1513>

“There is a growing emphasis in academic, policy and popular literature within Western societies on positive discourses of aging. Although such discourses appear to be consistent with central beliefs of occupational therapy, particularly with respect to the health-promoting potential of occupation, critical social gerontologists are raising concerns about how such discourses are being shaped in relation to consumer culture and the rise of neoliberalism. Literature examining the emergence and evolution of positive aging discourses was reviewed and reflected upon using an occupational perspective. Positive aging discourses are being shaped in ways that limit occupational possibilities and promote occupational injustices.”

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In support of our commitment to promoting occupational therapy and scholarly work, PTE sponsored a workshop entitled “Occupational Therapy and the U.S. Army: Where We Come From, How We Got Here, and Where We Are Going,” at AOTA's 87th Annual Conference & Exposition. The workshop presenters took the audience on a journey through some of our professional history, describing the daily application of occupational therapy from the battlefield to rehabilitation. We were deeply moved by the presenters' stories and experiences.

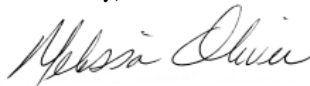
At the AOTA/AOTF Awards Ceremony, we presented the Mary J. Bridle First Research Award to Laureen Franklin (see page 6). Also, at our business meeting, we presented the President's Award to Omicron Chapter for its Lead the Way project.

On a personal note, I want to thank Kirsten Brandt, outgoing secretary, for her commitment to and work with PTE. We greatly appreciate everything she has done with the national office, and we look forward to her contributions to occupational therapy in the future.

Also, I want to welcome Marcie Sandeen, incoming secretary. We look forward to working with her over the next year.

I continue to welcome any and all feedback from your chapter, as well as your active participation in your chapter and your active involvement with the national office. I challenge you and your chapter to continue promoting the mission of PTE through research and scholarly work. Further, I encourage you to submit your research for the Mary J. Bridle Award and your chapter's scholarly project for the President's Award. Let us know what your chapter is doing by submitting an article for Chapter News in *Scroll & Pen*, and visit our website (www.pithetaepsilon.org) for updated PTE news, Friendly Reminders, and recent issues of *Scroll & Pen*.

Sincerely,



Melissa Oliver, MS, OTR/L

policy that injured soldiers should be helped to think of themselves as having the option to return to active duty. This requires a holistic approach to rehabilitation and the integration of psychosocial principles throughout the practice of occupational therapy.

Mitsch spoke from the perspective of a freshly returned military officer and gave vivid descriptions of the everyday life of a soldier inside and outside “the wire” (the line of fire) in Iraq. “No orthopedic patient comes in a psychosocial vacuum,” Mitsch said. In other words, no soldier escapes the mental challenges of his or her very physical job.

Mitsch is a member of the Combat Stress Control (CTS) Team in Iraq. The mission of a CTS unit is to provide combat and operational stress control, and prevention and management support to soldiers and units, with the goal of keeping soldiers on the battlefield.

Combat stress is the sum of all physical, psychological, emotional, behavioral, and spiritual stresses due to daily or extended combat and support operations. Various demands on a soldier can lead to stress. Some of the potential stressors are extended exposure, blasts from IEDs (improvised explosive devices), the death of comrades, injuries, fatigue, home-front and family issues, chain-of-command and unit-hierarchy issues, and personal expectations. There are several influences on and challenges to the mission of the CTS team: a fluid and dynamic battlefield, deployment cycles, chain of command's philosophy, rules of engagement, communication, media, location, and transportation.

The CTS Team is a part of the Multidisciplinary Behavioral Health Unit. Within the CTS Team, there are two programs: the Prevention Team and the Fitness Team. The Prevention Team provides services 24/7 to soldiers with any facet of combat stress. The Fitness Team is a life-skills health program. Occupational therapists provide classes for soldiers in the fitness program. The classes focus on job expectations and self-assessment. At the end of the classes, participants play a game called OT Jeopardy, which addresses ways in which deployment experiences change a person.

Army occupational therapists in Iraq also serve in the Combat Support Hospital. They provide traumatic event management, prevention through classes, and walk-about to check on the morale of soldiers. Some of the psychosocial issues that soldiers in the Combat Support Hospital face are loss of function, removal from primary roles and missions, and increased stress or demands. Mitsch emphasized the importance of always asking the soldier how things are going, to address secondary or tertiary issues.

Army occupational therapists serving in Iraq also practice in the Iraqi Clinic, where Iraqi soldiers, police, and civilians are treated. The clinic provides inpatient and outpatient services and treatment of children. The therapist faces the daily challenges of multiple language barriers (necessitating the presence of interpreters during treatment), religious issues, ethnic differences, cultural considerations related to female therapists, and ethical issues.

Mitsch described the Army occupational therapist's secret mission as engaging military personnel in meaningful activities. Her team has involved soldiers in rooftop baking using a solar oven, birthday celebrations, contests in piñata decoration (requiring them to find materials on the base), barbecues, holiday/special celebrations, costumes and dress-up for humor, guitar playing, and firing of weapons to update skills.

Occupational Therapy at Walter Reed Army Medical Center

As in previous wars and moreso in the current war, in which survivability with greater disability is evident, occupational therapy has collaborated with other services to meet the demand. Wounded warriors come home disfigured, disabled, frustrated, handicapped, and lonely. Army occupational therapists bridge the barriers created by such conditions by understanding that the clients are not only patients but also servicemen and servicewomen.

Army occupational therapists at Walter Reed Army Medical Center treat veterans with any combination of orthopedic

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—Reader's Corner, from page 10

Physical Disability

Rudman, D. L., Hebert, D., & Reid, D. (2006). Living in a restricted occupational world: The occupational experiences of stroke survivors who are wheelchair users and their caregivers. *Canadian Journal of Occupational Therapy, 73*, 141–152. Retrieved August 3, 2007, from <http://www.caot.ca/default.asp?pageid=1513>

“In order to meet the responsibilities of understanding and enabling occupation, occupational scientists and therapists must conduct research . . . framed within an occupational perspective . . . Inductive analysis of data collected via in-depth interviews resulted in two major themes related to occupation, specifically: living in a restricted occupational world and challenges to participation in occupation. These results highlight the overall experience labeled occupation by default, and the intricate interconnections or spill-over effect between the occupations of stroke survivors and caregivers.”

Sexism

Bergan-Gander, R. G., & von Kürthy, H. (2006). Sexual orientation and occupation: Gay men and women's lived experiences of occupational participation. *British Journal of Occupational Therapy, 69*, 402–408. Retrieved August 3, 2007, from <http://www.ingentaconnect.com/content/cot/bjot/2006/00000069/00000009>

“The researcher's personal experience, combined with the identification of the occupational therapy profession's past and present lack of attention to the issue of sexual orientation, stimulated the decision to undertake this research . . . This

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research generated five themes, which provided insight into how sexual orientation can affect the occupations and the environment that a person chooses to engage in through heterosexism and fear of discrimination, prejudice and even physical attack. In turn, this influenced where and to whom people 'came out' and where and with whom people socialised, and possibly prevented them from engaging in occupations that they might either wish or feel they biologically need to do. This could lead to increased stress, depression, reduced support and occupational deprivation and alienation (Wilcock 1998), which may have a further impact on occupational participation."

Social Class

Beagan, B. L. (2007). Experiences of social class: Learning from occupational therapy students. *Canadian Journal of Occupational Therapy, 74*, 125–133. Retrieved August 4, 2007, from <http://www.caot.ca/default.asp?pageid=2118>

"Despite the potential in occupational therapy models, there has been little investigation of the ways social class may affect occupations or occupational therapy. This paper explores the occupational impacts of poverty. Essays by 17 occupational therapy students, who identify as lower class, were coded and analyzed inductively . . . Class is not only about money, but also having the right norms, values, and experiences to fit easily in middle-class society. Educational and health care institutions epitomize middle-class assumptions. The experiences of these students may help therapists to examine where they unwittingly enact middle-class norms in practice."

injuries, burns, traumatic brain injuries, posttraumatic stress disorder, and amputations. Survival ratios of 16 wounded in action for every 1 killed in action, increased interest, new technology and equipment, and a wider research base have contributed to the number of soldiers returning home from the Iraq and Afghanistan wars.

Occupational therapists in the Army can earn special credentialing as physician extenders for evaluation and treatment of injuries and conditions of the upper extremity. Recently during the Iraq war, Army occupational therapists advanced the standards of practice for the treatment of upper-extremity amputees and complex orthopedic trauma. Many of the orthopedic injuries are coupled with "polytrauma" injuries. At times a mild traumatic brain injury of an orthopedic patient will go unnoticed until the veteran is receiving rehabilitation for other injuries stateside. Other psychosocial issues that arise once a veteran is in rehabilitation stateside are survivor's guilt or grief and posttraumatic stress disorder.

Yancosek is employed at Walter Reed in an amputee rehabilitation program called Promoting Amputee Life Skills. The program works with veterans on handwriting-dominance change, pain management, and prosthesis training. Occupational therapy is embedded in all stages of amputation rehabilitation. Yancosek described a social phenomenon at Walter Reed among veterans who have amputations, called "joint envy." For example, an above-the-elbow amputee wishes for the elbow joint that a below-the-elbow amputee has, and the increase of function that comes with it. During rehabilitation, veterans have a tendency to find comradeship based on their level of amputation.

Walter Reed provides the latest technology and researched treatments to its veteran patients. Army occupational therapists participate in implementing creative programming such as art groups, community reintegration outings, scrapbooking groups, adaptive sports (hunting, fishing, skiing, etc.), and pet therapy. Yancosek states, "Occupational therapy life skills are educated, practiced, practiced, encouraged, and educated."

Conclusion

During war there often are unprecedented advances in medicine. For example, during World War II, the development and widespread use of antibiotics and improvements in microsurgery techniques produced significant advances in treatment of soldiers with severely injured arms and hands. Many rehabilitation strategies for treating these kinds of injuries came from Army occupational therapy practice. Says Yancosek, "The U.S. Army has a responsibility to educate nonmilitary occupational therapists about the work that is currently being done to rehabilitate the severely wounded."

The use of occupational therapists to treat survivors of mass casualties started with Army occupational therapists treating casualties of combat stress. The importance of understanding the multiple traumas so frequently experienced during the present conflicts, confirms basic occupational therapy philosophy, which integrates psychosocial, biological, and sociocultural principles. Says Jones, "The profession of occupational therapy can look to the Army to see where important practice trends are being established."