

Tufts-Boston School of Occupational Therapy • The first school of occupational therapy in the country

## Occupational Therapy Offers Meaning, Motivation to Cancer Patients

Two-time breast cancer survivor Ann Marie Turo, OTR/L, has had seven surgeries, including a partial mastectomy, in the past 17 years. Yet, never during her long cancer journey did she receive the benefit of rehabilitation. So as an occupational therapist, Turo took matters into her own hands. “After practically melting down during my reoccurrence of breast cancer in 2002, I asked myself: ‘If I were my own occupational therapist, what would I do for myself?’” Turo recalls.

The answer lay in crafting her own treatment plan, which included occupational therapy, Yoga, Pilates, and later Reiki. A Yoga and Pilates instructor at the time, Turo recognized the healing benefits of these modalities and later became a fully certified Pilates instructor and Reiki master. Today she owns Integrated Mind and Body ([www.integratedmindandbody.com](http://www.integratedmindandbody.com)), a wellness studio in Boston that offers Yoga, Pilates, Reiki, occupational therapy, and holistic rehabilitation for breast cancer survivors. With colleague Naomi Aaronson, MA, OTR/L, CHT, she also runs Integrated



Ann Marie Turo, OTR/L

Rehab and Fitness, a company that educates health professionals about the importance of physical and mental health during breast cancer rehabilitation.

### OTs’ “Tools” Ideal for Cancer

Turo says occupational therapy should be an integral part of cancer rehabilitation—but is sorely missing from most treatment plans. She recalls one distressed client who, five years post cancer treatment, had lost a great deal of range of motion in her upper extremities due to surgery and radiation. The woman had had no rehabilitative services after her cancer treatment, so Turo developed an occupational therapy program that combined Pilates, Yoga, Reiki, Graston technique, and relaxation exercises to help the woman recover in body and mind.

“As occupational therapists, we have so many tools in our box—we not only address everyday function, but also fatigue, stress, pain, psychological and cognitive issues, sleep problems, range of motion, strength and stretching, etc. This is an area in which I think occupational therapists could be doing much

more work,” Turo says.

Michael Roberts, MS, OTR/L ('94), Tufts, new Academic Fieldwork Coordinator (see sidebar), agrees. An occupational therapist who specializes in cancer rehabilitation, Roberts highlights cancer’s insidious ability to affect a range of body parts and organs, including the bones, lungs, spinal cord, and nervous system, as well as its profound effect on a patient’s sense of self. “Occupational therapists are in a unique position to address all of these issues, not just physical dysfunction but also personal identity, role satisfaction, and the meaning of the disease to the patient,” he says.

With 8 million cancer survivors in the United States, occupational therapists can have a huge impact. Although little research has been done about the role of occupational therapy in cancer rehab, a new list serve launched by The American Occupational Therapy Association (AOTA) indicates a growing need within the profession. According to Roberts, this new online group shows that “AOTA members are asking for more discussion about the unique challenges they face working in oncology.”

### Occupational Therapy Supports End-of-Life Care

One of those challenges involves palliative care. According to a 2003 report in *The American Journal of Occupational Therapy*, occupational therapists’ role in end-of-life care illustrates the profession’s focus on a client-centered approach. Occupational therapists “can assist a terminally ill person through his or her final journey by helping a client redefine

CANCER PATIENTS *continued on page 2*



Naomi Aaronson, OTR/L, CHT

## A message from:

### PUBLICATIONS CHAIR MICHELLE MOLLE

FOR MANY YEARS, *BSOT NOTES* HAS BROUGHT YOU FEATURE STORIES AND updates about news related to the Department of Occupational Therapy (fondly known as BSOT for our historic ties to the Boston School of Occupational Therapy) and in the field. In our ongoing efforts to improve communication with our stakeholders, we reached out to our alumni via a survey about the newsletter earlier this fall. We received a remarkable response, and I'd like to thank everyone who replied. I am happy to report to you some of our results.



ELIZABETH OWEN

Overall, survey respondents indicated they were very satisfied with *BSOT Notes*; we are pleased that so many of you are reading the newsletter with interest! The majority liked the content of our stories and quality of the writing and enjoyed hearing about the careers and achievements of professors and classmates. Many commented on how important it is to “feel connected to Tufts” and to “see familiar faces.”

We also received many excellent content suggestions. Our cover story on the role of occupational therapy in cancer treatment and rehabilitation provides this issue's focus. We will continue to draw from the many interesting story ideas we received, so be sure to look for your suggestions in future issues.

Many of you asked for a more readable, appealing layout—and to this we have responded with enthusiasm. We hope you enjoy the new full-color design and larger type size in this issue.

We are excited to report that, in response to the many requests we received, *BSOT Notes* is going electronic! We plan to have our e-version ready for our next issue (Summer, 2009). If you would like to receive future issues of *BSOT Notes* via email, please contact me at [michelle.molle@tufts.edu](mailto:michelle.molle@tufts.edu).

Thank you again to our alumni who responded to our survey. We appreciate your feedback. We encourage our audience to send us your suggestions. Alumni, let us know if you would like us to feature you! If you have a story you'd like told or an occupational therapy topic you'd like to read about, please let us know. We welcome your ideas and enjoy hearing from you.

Happy 2009!

Michelle Molle  
Publications Chair & Department Administrator

**CANCER PATIENTS** *continued from page 1*  
life roles, achieve relaxation, conserve energy, manage pain and anxiety, and ...be comfortable through proper positioning and mobility....An occupational therapist is committed to making a positive difference in clients' lives...even in the face of impending death.”<sup>1</sup>

For example, Roberts recalls one patient who, near the end of her life, had only one goal—to be able to manage her own toileting needs. “She was the matri-

arch of her family. She didn't want her children to have to take care of her in the bathroom,” he says. Roberts was able to help the patient toilet herself, thus providing her with dignity and healing at the end of her life.

Yet, palliative care can be particularly daunting for occupational therapists, who are often trained to help patients “make progress,” according to Midge Hobbs, MA, OTR/L ('05). Hobbs, who works with cancer patients at New Eng-

land Sinai Hospital, says the mindset in oncology is different. “When I am with a patient, the focus is much less on getting better and more on the recognition that every moment is precious. There is an unspoken awareness that you are walking with someone through the final chapter of his or her life.”

Hobbs also emphasizes the challenges of realistic goal-setting. “Patients often come into rehab with grand, unattainable goals in the face of a terminal illness. It can take all of our compassion and narrative reasoning skills as occupational therapists to help them feel heard and validated, while also developing an appropriate and reasonable treatment plan,” she explains.

Hobbs says her own experience at New England Sinai illustrates the extremes of palliative care. Recently, she helped arrange hospice for a terminally ill woman who wanted to die at home with her family around her. She describes the patient as “gracious, grateful, and accepting. Within the sadness of that moment, there was incredible grace.” On the same day, Hobbs also worked with a family in denial about their loved one's terminal condition. “They were very angry at me and at her. My patient was very worried about disappointing them.”

“These two incidents were the ‘book-ends’ of my day and sum up what it's like,” Hobbs explains. “Working in oncology can be the most rewarding—and also the most challenging—work there is.”

### Cancer Survivors Gain Survival Skills, Quality of Life from OT

Fortunately, occupational therapists not only deal with end-of-life issues in oncology; they also play a valuable role in helping survivors live better. As Michael Roberts points out, “a cancer diagnosis no longer means that family members necessarily don their black clothes and hover around the deathbed. Rather, we now often view cancer as a chronic disease that can be managed, like multiple sclerosis or diabetes. For the patient, this means managing survival skills over many years”—a role, he

## NEW ACADEMIC FIELDWORK COORDINATOR MICHAEL ROBERTS, MS, OTR/L

Tufts alumnus Michael Roberts, MS, OTR/L ('94), has returned to his roots as Tufts' new Academic Fieldwork Coordinator. A specialist in cancer rehabilitation, Roberts has worked in academia, physical medicine, and long-term acute care since earning his Masters in 1994. He has been a clinical specialist and staff therapist in oncology at various Boston hospitals and taught full-time in the occupational therapy department of the University of New England. He has also been a part-time lecturer in oncology rehabilitation, neuroanatomy, and kinesiology at Tufts. Roberts has presented widely on the topic of occupational therapy and oncology rehabilitation.

As Academic Fieldwork Coordinator, Roberts will guide students in professional development, helping them to "make the transition from academia to the real world." He hopes to prepare them to become outstanding occupational therapists who approach their profession with a gener-



ELIZABETH OWEN

alist's perspective. "With the changing nature of the economy and the health-care system, it is critical for our graduates to be able to work anywhere in the country—anywhere in the world—with any population," he says.

Roberts is also teaching the management course and practicum elective

and says he is thrilled to be back at Tufts. "After working for years in the clinical realm, I am excited to be able to use that experience to really engage students in the process of applying what they've learned and preparing for their future," he says.

points out, that is perfectly suited for occupational therapists.

For example, an occupational therapist might initially help a breast cancer patient recover physically from surgery, but later support her concerns about her appearance, sexual identity, and role within the family. If the patient has a recurrence 10 or 15 years later, that same therapist might address the patient's more acute physical condition. Regardless of a survivor's needs at any given time, occupational therapists are trained to help a person restore his or her quality of life. "Our goal is to tap into a person's survival skills—to help him or her discover what's meaningful," Roberts says.

According to Turo, this quest for meaning is particularly relevant to breast cancer survivors, many of whom are the caretakers in their families. "As women, we give and give, and never take. But as cancer patients, we need to ask for help from our friends, from our spouses, from our children. Occupational therapists are needed to help patients understand and cope with this changing familial role," she says.

Breast cancer patients often face sex-

ual identity crises as well. In a 2007 article in *ADVANCE for Occupational Therapy Practitioners*, Turo's business partner Naomi Aaronson, writes, "Mastectomies can be psychologically devastating since the breast is part of a woman's sexual identity; loss of it causes conflicts with body image and sense of self."<sup>2</sup> Occupational therapists, she says, offer a holistic perspective that is ideal for addressing both the physical and emotional scars that cancer leaves in its wake. "I believe the occupational therapy profession can contribute greatly to the treatment of cancer survivors,"<sup>3</sup> Aaronson adds.

Midge Hobbs also points out that occupational therapists are often the most suited—and the most likely—to hear patients' intimate goals and feelings. "Patients often share things during the course of an occupational therapy session that they won't tell anyone else. That puts us in the position of helping the patient to feel heard and validated and to make sense of his or her life story. We can then help the patient create the next chapter in his/her life," Hobbs says.

Roberts agrees. To him, occupational therapy's focus on restoring meaning

and quality of life for cancer patients is probably the most significant role the profession can play. "Occupational therapists look at the activities that are important to getting that person back to his or her life. We do not just ask: 'What does the person need to do to get physically stronger?' but rather 'What are the tasks that will be motivating and meaningful to this patient?'" he says.

Providing clients with motivation and quality of life is invaluable and takes into account what Roberts refers to as the "existential component" of cancer treatment. "We can not directly correlate motivation and meaning with longer periods of survival," he contends, "but my thinking is this: If you can pack more meaning into the survival time a patient has, then that survival becomes more meaningful. How powerful is that?" **OT**

<sup>1</sup>Prochnau, C., Liu, L., & Boman, J. (2003). Personal-professional connections in palliative care occupational therapy. *American Journal of Occupational Therapy*, 57, 196-204.

<sup>2</sup>Aaronson, Naomi. (2007) OT in Cancer Rehabilitation. *ADVANCE for Occupational Therapy Practitioners*. 23, 42.

<sup>3</sup>Ibid.

## Catching up with...

### Twyla Fink, OTS

Twyla Fink's path to occupational therapy began with her grandmother. "I had a very close relationship with her, which helped me realize the importance of staying connected to older adults. That helped me find my way to OT," the second-year student says.

Fink had been crunching numbers in a consulting firm for five years when she started volunteering at an assisted living facility. She loved working with the residents there and began to reassess her career path. "I felt that this was what I should be doing for eight hours a day," she recalls. After doing some personality and career assessment, Fink landed upon occupational therapy as the ideal profession for her. She started in Tufts' Masters program in January, 2008, a decision she says has been life-altering.

Fink's strong academic record and immersion in research and service reveal her deep commitment to the profession. "It was a 'big deal' to make the move to a new career, and I take school very seriously," she says; in spring, 2008, Fink won Tufts' Joy Ann Sambur Greisen scholarship, which awards academic performance and achievement in the profession. She also assists Dr. Linda Tickle-Degnen with Parkinson's disease research in Tufts' Health Quality of Life Laboratory (HQLL).

In the summer of 2008, Fink's work in the HQLL led her to be involved with pilot groups at Jewish Family and Children's Service (JF&CS) in Waltham, Mass. There, she helped run groups as part of the center's program for individuals with Parkinson's, overseen by Nancy Mazonson, MS, OTR/L. Fink is also working with Tickle-Degnen to develop a social group for men with Parkinson's disease; they are studying gender roles and chronic illness. "Research in the area of gender identity and chronic illness is growing, and I hope my contributions to this work will provide new directions for research," she says.



Fink's experience with Parkinson's patients in the lab, in the field, and as a personal care assistant to an elderly gentleman with the disease has solidified her interest in working with older adults with chronic illness. "After working personally with Parkinson's patients, I have a clear picture of what it's like for clients living with chronic illness. Without this exposure to Parkinson's disease, I don't know if I'd have realized the value occupational therapy brings to chronic illness treatment," she says.

Fink believes occupational therapy will play an increasingly important role in elder and chronic care. "With our aging population, the focus of rehabilitation is beginning to shift from acute care to long-term care because people are living longer with chronic conditions like Parkinson's," Fink says.

"These long-term issues are very complex and include a psycho-social component that involves both the client's needs and that of his or her family. Occupational therapy is unique in its ability to address the *whole* picture—the *whole* client. I believe there is a persistent and growing need for occupational therapy in this arena," she says. **OT**

### Paul Leavis, PhD

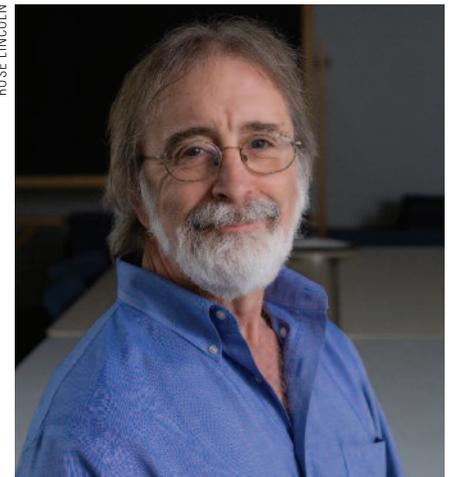
Paul Leavis, PhD, has been teaching at Tufts perhaps longer than any other faculty at the Department of Occupational Therapy. A 1971 doctoral graduate of the Tufts Graduate School of Arts and Sciences (in physiology), Leavis

began teaching physiology at Tufts in 1972—and has been at his alma mater ever since. He lectures on the Medford campus two days a week and is also an associate professor of physiology at both the Tufts School of Medicine and the Friedman School of Nutrition Science and Policy; he is also course director of physiology at the Tufts School of Dental Medicine.

All of these commitments stack up on top of Leavis's "day job"—as a senior scientist at the Boston Biomedical Research Institute (BBRI). A not-for-profit institution in Watertown, Mass., BBRI conducts basic biomedical research used to promote the understanding, treatment, and prevention of human disease.

Leavis is conducting some exciting cancer research at BBRI. Working with a

ROSE LINCOLN



potent hormone called leptin, which normally stimulates blood vessel and cell growth, Leavis and colleagues are studying ways in which leptin may be involved in proliferating cancer cells. His research involves the creation of a peptide that can block leptin, essentially "turning off" its effects and potentially slowing or stopping the growth of cancer cells. Although it may be a while before leptin-inhibiting drugs are being used to treat cancer, Leavis calls this research "very promising. I read the literature every day and there is a great deal that implicates the role leptin plays in many diseases—blood cancer, diabetes, and others. It would be awfully nice if the work I'm doing could lead to more effective treatments," he says. **OT**

## Meredith Beaton-Starr

**A** lumna Meredith Beaton-Starr ('86; '97) has a “dream job.” A part-time occupational therapist at the Osher Center for Complementary and Integrative Medicine at Brigham and Women’s Hospital in Boston, Beaton-Starr combines her occupational therapy training with an interest in wellness education to treat patients suffering from chronic pain.

The Osher Center, one of the first of its kind in the country, incorporates complementary treatments, including meditation, psychology, acupuncture, craniosacral therapy, chiropractic treatment, and massage, into rehabilitation medicine to enhance patients’ ability to heal and maintain good health. Patients at the Center include cancer survivors, accident victims, headache sufferers, and those with chronic pain. According to Beaton-Starr, the Center provides an interdisciplinary approach to care that incorporates a variety of therapies—from herbal supplements and nutrition counseling to stress reduction and wellness coaching. As the only occupational therapist on staff, Beaton-Starr helps chronic pain patients develop effective prevention strategies and educates them in body mechanics, ergonomics, and home management skills.

“Although this is not a ‘traditional’ setting for occupational therapy, I find that a holistic occupational therapy approach is very effective for these patients. I provide counseling and education to patients and teach them how to pace themselves, how to best manage their time, and how to adapt their environments to maximize their success at home and at work,” she says.

Beaton-Starr’s primary focus is on wellness—helping patients get healthy and stay healthy through both physical

and mental strategies. “I believe in mindfulness and mind-body medicine,” she says. “Patients often feel limited by pain and by stress. In their appointments, I often help them problem-solve about anything that restricts their ability to be well.”

This wellness coaching comes naturally to Beaton-Starr, who has been interested in the mind-body connection since her graduate-student days at Tufts. After graduating from BSOT in 1986, she worked first in an acute inpatient setting and then in outpatient rehabilitation management for nearly six years before returning to Tufts for her Masters. “In rehab management, I started to lose sight of why I wanted to be an occupational therapist; that’s why I came back to Tufts,” she says.

During graduate school, Beaton-Starr ran a wellness group for adolescents with cancer at the Dana-Farber Cancer Institute in Boston; this experience developed her growing interest in how wellness education helps patients heal physically, mentally, and emotionally. Later, in 2003, she worked on an NIH-funded study on pain management with 20 professionals from a range of backgrounds; from that research, the idea for the Osher Center was born.

“We realized that a multidisciplinary, integrative approach to managing pain could help patients heal in a way that traditional therapies didn’t,” she says.

Beaton-Starr’s concern for healing and wellness permeates her personal life as well. As the wife of Billy Starr, founder and executive director of the Pan-Mass Challenge (PMC), she devotes much of her time and energy to the annual bike-a-thon, which raises more money for cancer research and treatment than any other athletic fundraiser in the country. Beaton-Starr acts as a liaison to Dana-



Farber, the recipient of the PMC’s fundraising dollars, by providing stewardship, planning events, and managing the “Pedal Partner” program, which matches patients at the hospital with rider teams.

Beaton-Starr says the occupational therapy education she received at Tufts prepared her well for a life of giving back. “My years at Tufts instilled in me a sense of wanting to make a difference in the world. Whether that is through working with patients or fundraising for cancer research, I feel lucky that this is how I get to spend my time. The legacy we hope to pass on to our children is for them to find their own meaningful way to make the world a better place. I think the Tufts occupational therapy program leads the way in this regard,” she says.

In addition to working with patients and raising money for cancer research, Beaton-Starr is also raising two future Jumbos—daughters Hannah, age 11, and Sophia, age 8. She also teaches creative movement to preschool children, which allows her to pursue her lifelong passion for dance. **OT**

# Student Accomplishments

## STUDENTS LEND HANDS, MINDS, AND HEARTS TO THE COMMUNITY

**Ashley Blackington** joined thousands of walkers on Sunday, September 21 for the Boston Marathon Jimmy Fund Walk, which raises millions of dollars for cancer research and care. Ashley walked in honor of her grandmother, a 75-year-old cancer survivor who has been in remission for six years.

Blackington calls the walk an “amazing experience”—one full of people who have either survived or been touched by cancer and who are “so appreciative of your walking for them,” she says. She believes that her participation in the Jimmy Fund walk is closely connected to her future as an occupational therapist. “In my classes this semester, we have been talking a great deal about empathy, and this walk reminded me that patients are people. That is a very important part of occupational therapy training,” she says.

**Pamela Woolfrey** participated in Autism Speaks’ Walk Now for Autism on Sunday, October 19th, held at Suffolk Downs racetrack in East Boston as a member of one of 600 walking teams. The Autism Speaks walk raised \$1 million for autism research and services.

The Student Occupational Therapy Association (SOTA) club was also active in community service projects this fall. On October 5th, SOTA students participated in Tufts Community Day, an annual event sponsored by the university and Medford and Somerville that brings together local families, students, and faculty for a fun-filled day of community building. SOTA students promoted occupational therapy and backpack safety, providing information for parents, activities for children, and a raffle to win a rolling backpack filled with school supplies.

According to SOTA member **Alicia Zeh-Dean**, the event was a “big hit. The kids really enjoyed it and learned a lot about taking care of their bodies by understanding how to wear their backpacks correctly.”



Nicole White, OTS, and Melinda Morgrage, OTS, at Community Day.



SOTA students also responded to a need presented by alumna **Katie Carda**, MS, OTR/L ('07) from the Cape Ann (Massachusetts) Early Intervention program. The program asked for holiday gifts for the population it serves, and the response from SOTA students was phenomenal. At the Department of Occupational Therapy, SOTA put up a “giving tree”—a paper tree with “leaves” indicating gift requests for infants through adults, including gift cards to grocery stores, books, and toys. Students, staff, and faculty joined together to purchase all of the requests on the tree, and SOTA is looking into adding more “leaves.”

Zeh-Dean is very pleased with her fellow students’ participation in the giving tree project. “We had a great response. I am very excited that Tufts students are so enthusiastically rising to the challenge of helping families in need.”



COURTESY OF LYNDIA FONG

Lynda Fong does Katrina recovery work in Louisiana.

In June, Pam Williams ('08) Oxford Brooks Casson Trust Scholar and Lynda Fong spent two weeks in Lake Charles, Louisiana, with Rebuilding Together, helping to repair the homes and lives of victims of Hurricane Katrina. They worked with more than 20 other volunteers from all over the country to repair two houses destroyed by the 2005 storm. Fong says she scraped, painted, lugged debris, and demolished a ruined barn in scorching heat, but has never done anything more fulfilling.

"The most rewarding part of this work was the camaraderie we felt with one another and with the people we were helping. One woman burst into tears when she saw how we had fixed up her house. It was a very enriching experience," she says.

For Fong, the recovery work in Louisiana underscored the importance of occupational therapy. "In school, we talk a lot about the significance of occupation in every aspect of life. When disaster hits, and everything is out of whack—job, education, healthcare—it becomes so important for people to find purposeful 'work' in order for life to be meaningful again. Occupational therapists are skilled at helping victims move forward," she says.

## Faculty Accomplishments

Faculty from the Department of Occupational Therapy continue to be leaders in the field of occupational therapy scholarship. Recent accomplishments include:

### Publications

**Bedell, G.** (2008). Balancing health, work, and daily life: Design and evaluation of a pilot intervention for persons with HIV/AIDS. *Work: A Journal of Prevention, Assessment and Rehabilitation, 31*, 131-144.

**Bedell, G.** (2008). Functional outcomes of school-age children with acquired brain injuries at discharge from inpatient rehabilitation. *Brain Injury, 22*, 313-324.

**Bedell, G. & Coster, W.** (2008). Measuring participation of school-age children with traumatic brain injuries: Considerations and approaches. *Journal of Head Trauma Rehabilitation, 23*, 220-229.

Co-editor with Roberta DePompei, PhD, SLP/A for the July/August 2008 *Journal of Head Trauma Rehabilitation*, which included:

DePompei, R. & **Bedell, G.** (2008). Special issue: Children and adolescents with traumatic brain injury: Assessment, intervention and outcomes. *Journal of Head Trauma Rehabilitation, 4* (23), 191-270.

DePompei, R. & **Bedell, G.** (2008). Making a difference for children and adolescents with traumatic brain injury. *Journal of Head Trauma Rehabilitation, 4*, 191-196.

DePompei, R., Ashley, M., **Bedell, G.**, Lash, M., Dise-Lewis, J., Glang, A., Gordon, W., Todis, B., Tyler, J., & Savage, R. (2008). Executive summary: A call to action for children and adolescents with traumatic brain injury: Funding public policy, research and services. *Journal of Head Trauma Rehabilitation, 4*, 193-196.

DePompei, R., Ashley, M., **Bedell, G.**, Lash, M., Dise-Lewis, J., Glang, A., Gordon, W., Todis, B., Tyler, J., & Savage, R. (Winter, 2008). Executive summary: A call to action for children and adolescents with traumatic brain injury: Funding public policy, research and services. *TBI Challenge*.

**Sarikas, S.** (2009). *Laboratory Investigations In Anatomy & Physiology, 2nd ed.* Pearson Benjamin Cummings: Old Tappan, NJ.

**Schwartzberg, S. L.** (2009). Group skills for practice in occupational therapy. (pp. 175-189). In E. Duncan (Ed.), *Skills for Practice in Occupational Therapy*. London: Elsevier.

**Tickle-Degnen, L.** (2008). Communicating evidence to clients, managers, and funders. In Law, M. and MacDermid, J. (Eds.). *Evidence-based Rehabilitation: A Guide to Practice, 2nd ed.* (pp. 265-297). Slack Inc.: Thorofare, NJ.

### Presentations

**Bedell, G.** (October, 2008). *The child and adolescent scale of participation: Further psychometric testing.* (Scientific paper). North American Brain Injury Society (NABIS) Sixth Annual Conference on Brain Injury. New Orleans, LA.

Bunch, J., Hollenbeck, J., & **Ray, S.** Partnership for the Advancement of School Service providers (PASS). (November 2008). *Designing interventions for school success.* SPD Foundation 7th International Symposium Sensory Processing Disorder: Advanced Research and Innovative Practice. Boston, MA.

Hemmesch, A., **Tickle-Degnen, L.**, & Zebrowitz, L. (November, 2008). *Older adults' reactivity to facial masking when forming first impressions of individuals with Parkinson's disease.* Gerontological Society of America Annual Meeting, National Harbor, MD.

Hollenbeck, J., **Ray, S. A.**, & Bunch, J. Partnership for the Advancement of School Service providers (PASS). (July–November 2008). *Strategies for students with sensory integration dysfunction in an inclusive classroom.* Massachusetts Department of Education sponsored training institute given by PASS in collaboration with Eunice K. Shriver Center, Waltham, MA.

FACULTY ACCOMPLISHMENTS *continued on page 8*

# STAY TUNED

 for upcoming information on the April AOTA CONFERENCE RECEPTION EVENT in Houston, TX. Details will be posted at: <http://ase.tufts.edu/bsot>

## Tufts-BSOT Notes

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### We'd like to hear from you.

If there are comments you would like to make, issues you would like to see covered, an article you would like to contribute, or if there is a fellow alumnus/a you would like to see interviewed for a future article, please contact us at the address above or e-mail [BSOTNotes@tufts.edu](mailto:BSOTNotes@tufts.edu).

## FACULTY ACCOMPLISHMENTS *continued from page 7*

**Ray, S. A.,** Hollenbeck, J., & Bunch, J. Partnership for the Advancement of School Service providers (PASS). (June- October 2008). *Occupational therapy in educational settings*. Massachusetts Department of Education sponsored training institute given by PASS in collaboration with Tufts University, Department of Occupational Therapy. Medford, MA.

**Ray, S. A. &** Hollenbeck, J. Partnership for the Advancement of School Service Providers (PASS). (November 2008). *Designing interventions for students with sensory processing disorders in the school setting*. Workshop sponsored by the CASE, EDCO, and LABBB Collaboratives' Professional Development Programs. Waltham, MA.

**Ray, S. A.** (October 2008). *Empowering occupational therapists in school practice*. Boston Public Schools. Dorchester, MA.

**Schwartzberg, S. L.** (October, 2008). *Examining group intervention outcomes in an acute psychiatric inpatient unit*. Research Colloquium, University of Illinois at Chicago, College of Health and Human Development Sciences, Chicago, IL.

**Schwartzberg, S. L.** (October, 2008). *The functional group model (FGM): Demonstration group and discussion*. University of Illinois at Chicago, College of Health and Human Development Sciences, Occupational Therapy Department, Chicago, IL.

**Schwartzberg, S. L.** (October, 2008). *Inpatient group therapy program outcomes study: Implications for geriatric inpatient groups*. Psychiatric Department Grand Rounds, Lawrence Memorial Hospital, Medford MA.

**Schwartzberg, S. L. & Barnes, M. A.** (June, 2008). *When traditional models of group treatment just aren't realistic: Creative approaches to group leadership*. Northeast Society for Group Psychotherapy Annual Meeting, Wellesley, MA.

### Awards

**Schwartzberg, S. L.** Faculty Research Award, Arts & Sciences. Faculty Research Fund Award. Group Program Outcome Study, October, 2008.



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