



Faculty Member travels to Honduras to help children

OCCUPATIONAL THERAPIST SHARON RAY IS PROOF that one person can make a difference. Last summer, Ray traveled to Balfate, Honduras as part of a missionary group supported by the Cornerstone Foundation. Ray, and several other health professionals including Boston University faculty members Elsie Vergara and Sue Berger, went to Honduras to provide much needed occupational therapy services to the inhabitants of Balfate and the surrounding villages.

For Ray, who worked mostly with children, the trip was a chance to make a difference in the lives of some truly special boys and girls. "Balfate is located in a very poor area of Honduras," Ray says. "Because it's so poor there is almost no health insurance or access to services. So the children I saw came into the clinic with some serious health issues. Fortunately, some of these problems could be addressed with occupational therapy."

Ray, a faculty member at the Tufts University Boston School of Occupational Therapy, saw children at the Loma De Luz Hospital in Balfate for a two-week period while in Honduras.

"One of the children I worked with, Miguel*, suffered from a variety of ailments," Rays says. "A genetic disorder had left him with a small, misshapen head and an abnormal chest region. It had caused his muscles to tighten, leaving his body tight and constricted. And, on top of this, he had only had milk and bullion cube broth since birth and he cried constantly."

Ray, who also provided evangelical services to her clients while in Honduras, went to work immediately, with the main goal of getting Miguel to eat some solid food. This was an ambitious task since his body was so rigid and tight that the introduction of solid food was problematic. Ray set out to "loosen" Miguel up through special exercises. "I spent an hour trying to relax his muscles. Since my goal was to get him to eat something solid, I wanted to make sure he was as relaxed as possible."

After an hour of therapy, Ray noticed some definite improvements and decided that the time was right to try some food. "I didn't know if I'd see Miguel again, so I figured I'd try to get him to do as much as possible," Ray says. "Once he was relaxed, I gave him some Ritz crackers and he was able to eat them."

While Ray was successful, she did realize that Miguel would need more consistent therapy to continue improving. Unlike many of Ray's clients, who could only visit once for as little as an hour, Miguel was able to visit Loma De Luz several times. This gave Ray an opportunity to educate Miguel's aunt, his primary caregiver, on how to position him and perform a few simple exercises that would help him move and eat better. "I had to be careful about training Miguel's aunt since no one would be supervising her. I didn't want her to try to move his shoulder too aggressively if it was frozen because she might have dislocated it," Ray says. "What I did was concentrate on relaxing the trunk and other simple exercises that she could do that would help relax him but also minimize the chance of injury."

Over the course of five sessions, Ray saw some impressive results. Miguel began to look more relaxed. He was also able to play a bit on a floor mat. He continued to eat, graduating to baby food, and soon his aunt was able to feed Miguel herself.

Ray was able to help children in other ways. For a little girl who had been hit by a truck and paralyzed from the waist down, she was able to locate a wheelchair. For a boy who was suffering from hydrocephalus and had a dire prognosis, she was able to give his mother steps to improve his diet and a specially-designed chair to sit in.

Ray recognizes that her work could only go so far, that there were children she couldn't help and problems larger than a single person. But by helping to improve the lives of the children she did reach, Sharon Ray made a difference.

Just ask Miguel. ■

**to protect the child, some details in this article have been altered.*



BSOT faculty member Sharon Ray working with Miguel.

STUDENT PROFILE:

Jennifer Clark tackles “at risk residents”

BSOT GRADUATE STUDENT Jennifer Clark isn't intimidated easily. It's an attribute that came in handy last summer when she worked at an Easter Seals residential facility in New Hampshire. Clark was responsible for managing the afternoon activities of a unit of ten to fourteen youths. The residents, who were all male and between the ages of 11 and 18, had been sent to the locked facility after committing an assault and/or sexual offense. "I walked in there with the attitude that I could tackle and physically overcome any of the boys," she says. "Even though there is no way I could have done this because they were just so much bigger than I am. But I walked in with that attitude and that's the attitude they saw."

The facility, which is a year-round operation, works to give its residents the necessary skills to survive in the outside world. Many of the youths come from broken homes where abuse, both physical and emotional, is commonplace. Daily living activities like brushing one's teeth, taking regular showers, cooking, and maintaining a home (in this case, a small room where

attention when necessary, and dealing with the occasional violent situation. While there was no full-time occupational therapist in the locked unit where she worked, Clark and her colleagues were given some OT-related training. "The boys needed a lot of time for transitions and rewards/life skills exercises," Clark says. "We were given training to address these needs and provide guidance in the best way possible."

Clark, who received a bachelor's degree in health sciences from Stephens College in May 2002, also applied the principles of interactive reasoning when dealing with the residents. Interactive reasoning, which is an intervention strategy in occupational therapy, focuses on the whole client, from their individual background to how they feel about the direction of their treatment. While Clark was



Jennifer Clark, a current occupational therapy student, hopes to work with at-risk populations in the future.

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the boys live), are stressed with the hope that these learned skills can be applied in the outside world. The facility maintains a rigid structure, with locks on the doors and rules prohibiting residents from entering each other's rooms.

“At first, I was surprised by the structure and how rigid it was,” Clark says. “But in time I got used to it.”

Clark's work consisted of spending time with boys (watching movies, playing board games, etc.), giving them individual

not given specific education in interactive reasoning prior to entering the clinic, she knew enough about it to recognize its importance in the facility setting. When one of the boys became disturbed and violent, Clark would apply interactive reasoning by using therapeutic crisis intervention (TCI), a prevention and intervention model, to understand and deal with the disruptive behavior. On one occasion, one of the residents* became distressed and tried to break a window. He punched the

window and managed to shatter the glass. Since Clark was the only staff member in close proximity to the boy, she was forced to diffuse the situation. “Once the glass was broken, I had to tackle the boy and hold him until help arrived,” Clark says. “The important thing was that once things quieted down I had to treat him as I did before. I'm not sure why he acted out but it could have been many things. He might have been suffering from post-traumatic stress disorder or was having a flashback. In similar situations, it helped to have interactive reasoning and TCI skills.”

While she suffered a few bruises last summer, Clark would like to work with this population in the future. She gained valuable insight from the residents and her peers, and also learned something else. “I don't think anything can prepare you for this type of work,” Clark says. “When it comes down to being good at this job, you need to have a certain something inside. I learned last summer that I have something that not everyone has.” ■

**to protect the resident, some details in this article have been altered.*



Michael J. Steinhauer

Become an Advocate for OT

by Michael J. Steinhauer, B.S., 1976

SINCE GRADUATING IN 1976, I HAVE RUN INTO BSOT graduates at conferences or meetings on a regular basis. It never ceases to amaze me how diverse a population of professionals we have become. I have spoken with BSOT alumni working in various settings and fields and they are proof that the Boston School of Occupational Therapy prepares its graduates to excel in any area of interest the individual possesses.

For me, the path to my own professional fulfillment began in clinical practice and then proceeded to graduate school, where I earned a master's in public health from Northwestern University Medical School in 1981. Recognizing that many of my patients were victims of the same chronic diseases, I found myself thinking about the health of the public, not just of my patients in the OT clinic, with greater frequency around 1979. I decided to take the next step in my career and became the owner/operator of a Medicare certified home health agency, El Dorado Home Health Care, Inc. in 1982.

For the next sixteen years as a home health administrator, I was able to meld my administrative experiences with the OT community. I devised standards of practice and practice guidelines, guest edited AJOTs, established a home and community health special interest section within AOTA, brought total quality management principles and techniques to the OT community in home health, and helped to represent AOTA with the Joint Commission on Accreditation of Healthcare Organizations and with lobbying and advocacy activities on Capitol Hill.

Through all these experiences, I learned first hand the value of a coordinated and strategic advocacy program. OT is only as strong as its members. Only they can provide the necessary resources to make a difference. The more people that can participate with financial contributions and volunteer commitments the better off OT will be.

Following the home health industry crises in the late 1990s, I was fortunate to find the best job possible, one that combines all my professional experiences. When I became the executive director of the Wisconsin Occupational Therapy Association (WOTA) in 1999, I was the first full-time executive director of a state occupational therapy association in the nation who was also a licensed

OT. I performed, and continue to do so, administrative, fiscal, and business duties in running the office, but I also spend 40% of my time in advocacy and lobbying activities at the state capitol. I am a Wisconsin registered lobbyist on behalf of the WOTA. In this role, I rely on my own past clinical experiences and those of other current practitioners in Wisconsin to guide and support me in my discussions with legislators and regulators.

Most importantly, I have tried to demonstrate through example that OTs and OTAs can make excellent lobbyists. I have had the opportunity to speak publicly about the necessary skills and competencies a therapist must possess to be a successful OT advocate (see sidebar for how you can be an advocate for occupational therapy).

Over the past three years, the WOTA has introduced or supported numerous pieces of legislation and regulations that have made the practice of OT in Wisconsin easier and our visibility greater. Our efforts helped lead to occupational therapy becoming a licensed profession in Wisconsin in 2001. We have led the campaign to effectively eliminate prior authorizations for some services under Wisconsin Medicaid. Similarly under Wisconsin Medicaid, OT assistants may now work under general supervision rather than the much more restrictive direct supervision requirement, so more OTAs can now serve Medicaid beneficiaries with less oversight. We are now working on scope of practice language and I believe that there is universal agreement that by putting together the resources necessary to hire a full-time Executive Director/OT, the OT community in Wisconsin has improved tremendously and will continue to do so.

Any OT state association can achieve what Wisconsin has and all BSOT graduates can represent their profession regardless of setting or role. I believe that my OT degree has provided me with a myriad of skills to not only practice occupational therapy, as defined by each state, but to effectively engage the health care industry on behalf of the profession. ■

Steinhauer's steps to becoming an advocate for OT:

- **Recognize your duty to your profession and professional associations**
- **Create a professional presence**
- **Polish communication skills (oral and written)**
- **Organize a lobbying strategy**
- **Possess the ability to negotiate and appear reasonable**
- **Role play how to talk with legislators and regulators**
- **Understand how a bill becomes law**
- **Understand the structure and processes of state government**
- **Establish objectives and goals**
- **Strategically use grass roots constituents**
- **Build coalitions in both the professional and consumer communities**
- **Network with the AOTA's State Policy Department**
- **Maintain a full lobbying program (legislative day, legislative breakfasts, tours of clinics and facilities, attend campaign fund raisers, make capitol visits, invite legislators to your conferences, etc.)**

Michael J. Steinhauer is the executive director of the Wisconsin Occupational Therapy Association in Madison, WI. He can be reached at wota@execpc.com.

Class Notes

The following Class Notes are a sampling of what BSOT has on their new web site at <http://ase.tufts.edu/bsot/alumni/main.asp>. We encourage you to visit the alumni page and let us know what you have been doing both personally and professionally. You can submit this information through our new class forums.

INA ASHER, B.S., 1971, received certification in case management in 2001. She is currently providing case management services for individuals with catastrophic injuries.

SUSAN BACHNER, B.S., 1965, runs Susan Bachner Consulting, LLC, a company that provides evaluations and consultation services in home modifications and products to promote safety, comfort, and accessibility for persons experiencing difficulty with their activities of daily living. Bachner, who is also a certified environmental access consultant, has been recognized by the AOTA for her clinical excellence and has been featured in the AOTA's *Home & Community Health*, *Chevy Chaser Magazine*, and *New Home Quarterly*.

LESLIE BARUCH, B.S., 1983, is the co-director of the Central Virginia Burn Camp, a summer residential camp in Central Virginia for children who have been burned. The camp was featured in a *Richmond Times Dispatch* article last June. Baruch currently works full-time as an occupational therapist in burn care at the University of Virginia Health System in Charlottesville, VA.

LOUISE BESCH, B.S., 1954, worked with cerebral palsy patients, had children, and then proceeded to work in special education for 15 years for BOCES in Albany, New York, before retiring in 1997. Besch is now applying her knowledge to her healthy, thriving grandchildren while pursuing various hobbies.

LAURA CLUBOK, M.S., 1999, runs a private practice from her home and is working with kindergarten students on pre-writing. Clubok also wrote a chapter in the book, *Ordinary Miracles: True Stories About Overcoming Obstacles and Surviving Catastrophes* (Slack Publishing).

DR. HELEN COHEN, B.S., 1976, helped develop a video piece for the Baylor College of Medicine's Office of Public Affairs about treatments for benign paroxysmal positional vertigo—a common inner ear disorder that causes vertigo (dizziness). The video was picked up by several news stations and was played on some of the flights on Continental Airlines. It was related to her research on rehabilitation treatments for vertigo.

GINNY COOK, B.S., 1952, reports that the BSOT class of '52 had a 50th reunion celebration from

September 27 to 29 on Matinicus Island "the last place between Maine & Spain" at the vacation resort of Lee Webber Cox. Several members of the class of '52 attended the event which brought together alumni from all over the U.S.

DR. DENISE DECOSTER, B.S., 1974, has co-authored *The Handbook of Augmentative And Alternative Communication* (San Diego, Singular Publishing). The book focuses on AAC strategies and is widely used by professionals and universities that teach courses on AAC.

SHERRY FENTON B.S., 1987, is currently serving as vice chairman of the AOTA Committee of State Association Presidents and participated in a session titled: "Making the Connection MAOT/AOTA" at the annual Massachusetts Association for Occupational Therapy's conference on November 15, 2002.

PAM FORMOSA, M.A., 1989, is currently operating her own private practice, Pathways to Learning, which serves children and adolescents who are struggling with attention and learning difficulties. Her goal is to enhance children's self-esteem and potential for learning through the use of playful movement and activities.

PAMELA HASTINGS, B.S., 1969, is working with a group of varied health care professionals on a volunteer basis to develop a palliative care program in Columbia County, NY. She is also pursuing her OT ideals of personal fulfillment by teaching and writing about doll making.

TARA HENGEVELD, B.S., 1973, collaborated on an article that appeared in the October 14 edition of *OT Practice*. The article, titled: "Harry Potter: Occupational Therapy's New Magic Wand," grew out of a poster that Hengeveld and her colleagues presented at the AOTA Conference in Miami last year.

CARYN JOHNSON, B.S., 1978, co-published two books last year, *The Occupational Therapy Examination Review Guide* and *The COTA Examination Review Guide* (FA Davis). Johnson co-authored both these books with Arlene Lorch and Tina DeAngelis.

GRACE LEBOW, B.S., 1952, heads a private agency, Aging Network Services, with Barbara Kane. The agency provides needed services to

older people and their family members as care managers in the Washington, DC area. You can learn more about the agency by going to www.agingnets.com. In 1999, Lebow, her husband, and Kane published a book *Coping with Your Difficult Older Parent: A Guide for Stressed-Out Children* (Avon Books).

MARY MALONE, M.S., 1993, is currently serving as president of the MAOT and presided over the annual Massachusetts Association for Occupational Therapy's conference.

ELISA RENEE MARKS, M.S., 1996, is currently serving on the AOTPAAC Board of Directors.

LYNN MOORE, B.S., 1975, is an epidemiologist at the Boston University School of Medicine and an associate professor of medicine as well as deputy director of preventive medicine and epidemiology for the Department of Medicine. Her work over the past few years has focused on the following areas: causes and consequences of obesity and diabetes, prevention of birth defects, and how unhealthy behaviors develop during childhood. She received an award of excellence last year for a scientific publication in the journal *Epidemiology*.

CAROL POTTER, B.S., 1975, was board certified in geriatric occupational therapy by the American Occupational Therapy Association's Specialty Certification Board in May 2002.

DIANE WALKER, M.S., 1996, presented a poster at the annual Massachusetts Association for Occupational Therapy's conference and participated in a session titled: "School System Special Group Project." Walker is also the co-author, with Kathleen McCormack, of *The Weighted Blanket: An Essential Nutrient in a Sensory Diet*.

INGEGERD WIKSTRÖM, B.S., 1969, has sent an article to the *Australian Journal of Occupational Therapy* which focuses on leisure activities. Wikström is currently working on a literary review about leisure from a more theoretical point of view and is also pursuing a Ph.D.

JUDI ZAZULA, M.S., 1982, is the executive director of Helping Hands, a nonprofit organization dedicated to improving the quality of life for quadriplegic individuals by training capuchin monkeys to assist them with daily activities. The work of Zazula, and Dr. M.J. Williard, a behavioral psychologist who came up with the idea of using monkeys as helpers, was profiled on *60 Minutes II* last summer. The piece originally aired in 1981.

BSOT hosts alumni reception at AOTA conference

THE BOSTON SCHOOL OF OCCUPATIONAL THERAPY held a reception for alumni and associates at the American Occupational Therapy Association's (AOTA) Conference last May. The event, which was held at the Fontainebleau Hilton, was a chance for alumni to visit with friends and colleagues, renew old acquaintances, meet fellow BSOT graduates, and forge new relationships.

The event opened up with a short welcome from Department Chair Sharan Schwartzberg, followed by lively discussions among small groups in which alumni and current students shared and reflected upon their own experiences. The topics touched on a variety of themes ranging from health care problems in Argentina to home accessibility and handyman adaptation plans.

There are plans in the works to host another alumni reception at the next AOTA Conference in Washington, D.C., June 6-9, 2003. If you are interested in hearing more about this event, please call 617-627-5960 or e-mail mary.barnes@tufts.edu. ■



MARY BARNES

Top: Stacey Desmaris, Lauren Manning, Heather Edgar, Jillian Troxler, and Lisa Marnell.
Bottom: Beth Jackson, Joe Blandini, and Helen Smith.

MESSAGE FROM THE CHAIR

Expanding our borders

OUR ALUMNI, FACULTY, STAFF, AND students have traveled long distances, over land and sea, to help clients realize their potential. Their travels have taken them from the poverty-stricken streets of Honduras to the endless highways of the United States. They have testified before state assemblies and have studied overseas as members of the BSOT study abroad program. With each place our alumni, faculty, staff, and students visit, whether it's a few miles away or thousands, they are helping to promote possibility every step of the way.

As part of this effort, we are proud to announce that we have expanded our study abroad program to include the Karolinska Institute in Stockholm, Sweden. This exchange program gives BSOT students the chance to study occupational therapy at Sweden's only university with an exclusive focus on medicine. The Karolinska Institute joins our other international exchange programs, located in Scotland and England respectively, and has helped transform BSOT into a truly international program.

On the communications front, we have completed our new web site, which can be found at <http://ase.tufts.edu/bsot/>. The site will give us an opportunity to communicate more effectively with our alumni and give potential students an easy, user-friendly means to learn about one of the top occupational therapy programs in the country. We also encourage you to check out our new alumni page at <http://ase.tufts.edu/bsot/alumni/main.asp>. Along with programmatic news and articles written by our alumni, this site also contains our innovative class forums, the first ever means for BSOT alumni to share information with each other online.

These are exciting times for BSOT. We have stretched our borders and will continue to build upon our strong foundation. If you are interested in contributing to this effort by writing an article for our alumni web page or being involved in other alumni efforts, please contact us at 617-627-5960 or e-mail mary.barnes@tufts.edu.

Thank you for your support.



Sharan Schwartzberg, Ed.D., OTR, FAOTA professor and chair, Boston School of Occupational Therapy

MARK MORELLI

Click here! We have completed our new web site, which can be found at <http://ase.tufts.edu/bsot>.

Learn more about one of the top occupational therapy programs in the country.

BSOT Seeks Full-Time Assistant Professor

THE BOSTON SCHOOL OF OCCUPATIONAL THERAPY HAS AN OPENING for a full-time, assistant professor, tenure track position to teach, advise, and conduct research in the occupational therapy graduate program starting September 2003. Applicant must be an occupational therapist, hold a doctoral degree, and have successful college teaching experience at the master's level. The chosen candidate will participate in developing a doctoral program and will be responsible for developing externally-funded research. A minimum of three years clinical experience is required, plus familiarity with public health issues as they relate to occupational therapy and ability to use clinical reasoning as a teaching framework.

Screening of applicants is ongoing and will continue until the position is filled. Send letter of interest, CV, and three references to Dr. Diana Bailey, Boston School of Occupational Therapy, Tufts University, Medford, MA 02155. Tufts is an Affirmative Action/Equal Opportunity employer. We are committed to increasing the diversity of our faculty. Members of under-represented groups are encouraged to apply.

BSOT NOTES

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BSOT Notes is the alumni newsletter
for the Boston School of
Occupational Therapy.

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 robert.bochnak@tufts.edu

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