

THE communiqué

Illinois Occupational Therapy Association

Carrie L. Nutter, MS, OTR/L

Hooves, Paws, Claws and Wings Animals in the Military

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Occupational therapy's roots were implanted during World War I and as therapists we have helped many war veterans over the years. Many of the war heroes are actually animals.

Horses, dogs, cats and birds are some of the animals that have played a major role in the military efforts during various wars and found a place in the hearts of both soldiers and civilians.

Although "War Horse" is a fictional movie, its plot does resurrect some compilations of events that did occur throughout the United States and Europe. Horses and mules in the military during this time period (World War I) were used to pull heavy artillery as vehicles were still considered unreliable at this time.

In honor of Veterans Day and those who have served, currently serve and/or will serve our country - and to acknowledge those who help - please enjoy learning about some of the programs that help veterans.

Although food was scarce, the needs of the horses were a priority and many equine handlers themselves went into fields to beat oats and corn for food. Those in need of rest and relaxation were sent to Convalescent Home Depots where they could enjoy the peace and quiet of a grassy field and good food and water for brief spells. The Veterinary Corps provided

care to the horses and mules. A chief horse master was assigned to every unit and these individuals gave expert advice to the troops regarding care of the horses.

Unfortunately, many horses and mules lost their lives in the war and after the war.

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W Warriors and Wolves

Veterans often return from combat not certain of their role in society. This is no less valid for the most recent conflicts in Iraq and Afghanistan where – for the first time in US history – our men and women in the Armed Forces were seeing upwards of five tours to the Middle East. One reason for this is that – also for the first time – veterans have been facing the highest unemployment rates ever seen. Our combat veterans are re-



Lorin Lindner, PhD

turning with an extraordinary incidence of posttraumatic stress disorders, complex stress disorders, and traumatic brain injuries. Often this impedes their ability to find work.

But at the Lockwood Animal Rescue Center's (LARC) Warrior and Wolves

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ILOTA Board

The Illinois Occupational Therapy Association of Illinois is the official representation of the OT professionals in the State of Illinois.

ILOTA acknowledges and promotes professional excellence through a proactive, organized collaboration with OT personnel, the health care community, governmental agencies and consumers.

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The Communiqué

The mission of the Communiqué is to inform Illinois Occupational Therapy Association (ILOTA) members of current issues, trends and events affecting the practice of Occupational Therapy. The ILOTA publishes this newsletter quarterly.

ILOTA does not sanction or promote one philosophy, procedure, or technique over another. Unless otherwise stated, the material published does not receive the endorsement or reflect the official position of the ILOTA. The Illinois Occupational Therapy Association hereby disclaims any liability or responsibility for the accuracy of material accepted for publication and techniques described.

Deadlines and Information

Articles and ads must be submitted by the last day of the month prior to the month of publication. Contact the ILOTA office for more information and advertising submission forms:

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Full page	\$100	Half page	\$ 60
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Don't forget to renew your membership online at
www.ilota.org!

President's Address: Redefining the Future



This year's annual ILOTA conference was another great success with over 300 attendees from all over the state. Despite having a fire in the original hotel planned for conference three weeks before the event, the conference team overcame huge hurdles to create a seamless experience for our attendees and vendors at a new location—the Peoria Civic Center. Many thanks to Anne Kiraly-Alvarez, Jennifer Dang, Janet Adcox, and the ILOTA Executive Board for countless hours of planning to ensure everything fell into place.

"Obstacles don't have to stop you. If you run into a wall, don't turn around and give up. Figure out how to climb it, go through it, or work around it." ~Michael Jordan

Our theme "Coloring Outside the Lines... Redefining Practice" was brought to light with our keynote address by Dan Brown, Senior Policy Analyst from AOTA. He shared insight into future opportunities for occupational therapy practitioners with the Affordable Care Act, including occupational therapy presence in primary care, enhanced focus on occupational therapy in non-traditional

settings such as community reintegration, and the growing importance of occupational therapy involvement in mental health. This is right in line with the goals of our updated practice act that will go into effect in 2014 to guide us into the next ten years.

Another highlight of the conference was the discussion around the occupational therapy rules within Illinois. The rules are currently being reviewed for approval in 2014 as well to ensure the current language supports updates to educational requirements, accuracy of modality expectations within the state, and addition of components to incorporate utilization of technology in practice as appropriate. We continue to welcome feedback from practitioners across the state on these important topics. Feel free to contact us at office@ilota.org if you are interested in being involved.

We also announced our newly elected board members. Congratulations and welcome to our newest Executive Board Members:

Lisa Mahaffey, President Elect

Kylene Canham, Director of Membership

Robin Jones, Director of Advocacy

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Legislative Update: Change is Coming

Sometimes it seems that the only constant in life is change. I realize that is a cliché', and yet it seems appropriate with the current state of health care. In the case of occupational therapy, HB 2996, the bill that extends the Occupational Therapy Licensing Act for 10 more years, has many changes in it beginning with the very definition of occupational therapy. The changes in the Act are designed to respond to changes in health care delivery as a result of the Affordable Care Act. And of course once the ACA begins to be implemented in 2014 we will really begin to notice changes – changes in who gets care, how much care is delivered and who pays for the care. In Illinois we will also experience the expansion of Medicaid to new populations as well as the continuing change of converting more Medicaid clients to managed care.

Yet more changes are on the horizon with something called the 1115 Waiver. This is a new initiative of Governor Quinn and will impact several state agencies. Within the Department of Human Services, the divisions of Developmental Disabilities, Mental Health, Alcohol and Substance Abuse and Rehabilitation Services are involved. The Departments of Aging and Healthcare and Family Services are also engaged in this waiver proposal. The Governor is proposing to combine several

individual waivers in hopes of reconciling service gaps across the waivers and to unify service definitions in order to meet the needs of multiple populations. The waivers included in this proposal are:

Children and Young Adults with Developmental Disabilities Support Waiver (DHS-DDD)

Children and Young Adults with Developmental Disabilities Residential Waiver (DHS-DDD)

Children that are Technology Dependent/Medically Fragile (UIC)

Persons with Disabilities (DHS-DRS)

Persons with Brain Injuries (DHS-DRS)

Adults with Developmental Disabilities (DHS-DDD)

Persons who are Elderly (DOA)

Persons with HIV or AIDS (DHS-DRS)

Supportive Living Facilities (HFS-BLTC)

Maureen Mulhall
ILOTA Lobbyist



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Why I help people: The animal perspective

This issue, we are doing our photo opinion column a bit differently. We feature animals who inspire others by educating, advocating and promoting the healing power of the human-animal bond.



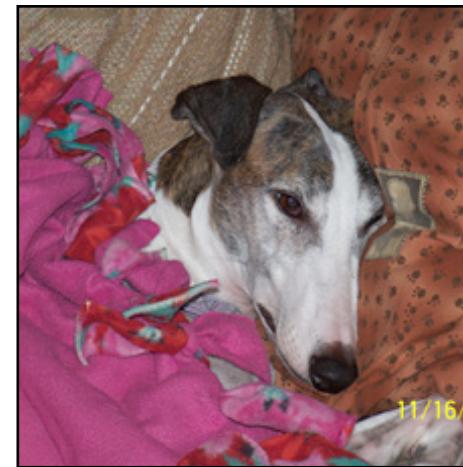
Dr. Jake

Bringing happiness to others

Hi. My name is Dr. Jake. I am a very energetic 9 yr. old retired racing Greyhound. I live in North Riverside with my "Sister" Ellie Mae Bones. We love our family very much; we especially love when we go in the car to various K-9 events. I think our favorite is when we go to Mays Lake for our Therapy visits. We love it because we know that we have brought some happiness into the lives of some humans who need a little TLC from us. Additionally I am a retired K-9 blood donor. I am very proud of the fact that my blood was used to save the lives of some of my fellow K-9's. My sister Ellie still donates blood and Mom and Dad let me come along for moral support for Ellie, and I also get a treat there as well which is nice.

The jolly retiree

My name is Ellie Mae Bones I live in North Riverside IL. with my "Pack Brother" Dr. Jake. Since I left the race game, I have had a very active RETIREMENT. My mom and dad take Jake and me to help find homes for retiring Greyhounds at something they call a Meet and Greet. For us, it is just a chance for humans to lavish us with attention, which we really love. I also go to a veterinary clinic in the city where I donate blood to help other dogs who are sick get better again. But my favorite thing is to go to Mays Lake in Oak Brook for what my mom calls a Pet Therapy visit. Mays Lake is a big home for retired humans, and they sure are glad to see me. They seem to like my brother Jake too, which puzzles me since I am clearly the star. I liked my life at the track but I LOVE my RETIRED Life now!



Ellie Mae Bones

Student Voice

If you would like to be featured in a Research Update or know someone who would, please contact Carrie Nutter at codycheq@aol.com

Why I help people: The animal perspective

This issue, we are doing our photo opinion column a bit differently. We feature animals who inspire others by educating, advocating and promoting the healing power of the human-animal bond.

Photo
Opinions



TigerLily

Making healing fun

Hi. I am TigerLily. I believe in second chances. I think you are never too old or scarred to love again. I started out as an unwanted street underdog, but I have come full circle, showing complete love & forgiveness for all humans - especially those people with special needs who others tend to treat as underdogs as well.

Making healing fun

Hi. I'm Simon and I participate in the hippotherapy and therapeutic riding programs at Freedom Woods Equestrian Center in Morton Grove, Illinois. I enjoy helping children, adolescents and adults reach their goals. I help promote the human-animal bond and am happy to report that during sessions with me (and with my equine buddies) the participants forget they are in therapy as they are having so much fun!



Simon
Freedom Woods Equestrian Center

Photo Opinions

If you would like to be featured in Photo Opinions or know someone who would, please contact Carrie Nutter at codycheq@aol.com

Warriors and Wolves *(continued from page 1)*

program we understand veterans' needs and we are flexible with their schedules so that they don't miss their medical ap-



Chompers and Nala

rior, if I should look for work or just go back to the military. I'm not sure where I belong."

One of the unique healing mechanisms of the Warriors and Wolves program at LARC is that the animals are experiencing a similar dilemma – they "get" each other. All of the wolves were once pets relinquished because their "owners" could not maintain them in a home setting. These animals are not sure if they are wild creatures or

house pets. They want to be with humans but they are not dogs and they do not want to be told what to do. Our veterans make a connection with them not only because they relate to each other due to this "personality split" but also because it gives the veteran another chance to save a living being – many



of these animals would have been destroyed if they hadn't been rescued by our vets. In this therapeutic work environ-

ment, the veterans and the wolves help heal each other to heal.

The Warriors and Wolves program has seen many veterans transitioning back to society after gaining the confidence and job skills they need to secure full-time employment at veterinary hospitals, humane societies, and boarding facilities. Many have reunited with their families and have become husbands and fathers again.

Co-founders

of the program, psychologist Lorin Lindner, PhD and her combat veteran husband Matthew Simmons, hire as many veterans as they can afford to hire. Grants have been provided by the Disabled American Veterans Charitable Services Trust and the Mary Jo and Hank Greenberg Animal Welfare Foundation, but with more funds more veterans can have a chance in this unusual blending of mutual healing. •



Nala kisses Matt



Lorin and Harmony

For more information:

www.lockwoodarc.org
www.warriorsandwolves.org

Save the date!

2014 ILOTA Annual Conference
October 23-25
Hilton Lisle/Naperville

Animals in the Military *(continued from page 1)*

Although some were brought back to the states, sadly some were left to a life of labor in a foreign land. A famous Canadian horse in World War I was Morning Glory. She went to war with her guardian Lt.-Col. George Harold Baker, and although human and horse were separated during the war, they were reunited in 1918 when a friend of Lt.-Col. Baker's bought and returned Morning Glory back to Quebec to her guardian. Another famous horse in battle was Comanche. He was the only survivor of The Battle of Little Bighorn.

One of the most famous war dogs is Stubby, a pit bull breed. Stubby showed up at Yale Field in Connecticut where soldiers were training and made friends with Corporal Robert Conroy. When Conroy was deployed to fight in France, Stubby went along. He served the infantry in France in trenches for 18 months. He was able to detect sound and

smell from an incredible distance and able to locate and comfort wounded soldiers, separated from the group. On one occasion he captured a German spy in the Argonne. He provided morale-lifting visits to soldiers. After the war, he marched in parades, met US presidents, was named the official mascot of the Georgetown Hoyas, and made a lifetime member

of the American Legion, the Red Cross and the YMCA. Sadly, Stubby passed away in 1926 at age 9 or 10. His body is on display at The Price of Freedom: Americans at War Exhibit at the Smithsonian.

Dogs had actually been used in the military previous to the First World War and continue to be used to this day. Canines were in the Civil War as companions to soldiers. During the Spanish-American War Jack Brutus was the mascot of Company K and a famous dog during that time period. Sadly, Jack Brutus died of spinal difficulties in 1898. During the Civil War Sallie, a brindle Staffordshire terrier, watched over many soldiers' bodies. In 1865 she was unfortunately shot by a mullet and killed instantly. Years later survivors of the war built a monument of a sleeping dog that looked like her to honor her.

During World War I Rags, a cairn terrier was the mascot of the 1st Infantry Division. She was found by Private James Donovan when he had overstayed his leave in Montmore and was spotted by a police officer and Donovan accidentally



Morning Glory



Stubby

tripped over her; this individual was a quick thinker and responded that he was on a special mission to locate the division's mascot who had disappeared. His story was believed and The stray quickly was welcomed into the military. In 1918 Rags was blinded and gassed but survived when his handler did not and was adopted by an ex-military major for civilian life.

The movie and tv show, "Rin Tin Tin" is based on a German Shepherd puppy, found in Lorraine, France on September 15, 1918 by Captain Lee Duncan. After the war Duncan developed "Rinty" into the first animal actor to achieve wide public acclaim.

During World War II, Fido became famous. In November of 1941 a brick worker on his way home from work in Florence, Italy found the dog lying injured in a roadside ditch. After nursed back to health, Fido followed his rescuer Carlo Soriani to the bus stop daily and watched him board for work. Fido returned to the bus stop every day to greet his guardian when he returned from after work too. Even after his guardian's death, Fido was faithful and for fourteen years returned to the bus stop. Fido came to symbolize loyalty which may explain why the name was very popular for dogs. He passed away on June 8, 1958 (Other dogs famous for showing loyalty to one person include Hachiko, Shep and Greyfairs Bobby).

Other famous dogs during World War II include General Patton's dog, Willie, Chips, the hero of the K-9 Corps and Smoky, the Yorkie Doodle Dandy. Willie, an English Bull Terrier, had his own dog tags. His statue resides in the General Patton Memorial Museum.

Chips, a German Shepherd -Collie-Husky mix helped capture 14 enemy soldiers in Sicily. After seven months home he sadly died from wounds. Smoky, a Yorkshire terrier was found in a foxhole in New Guinea in the jungle. She persevered through 18 months of combat. At one time when a taxistrip had to be crossed by a communication cable which required that a culvert be dug up, she helped by pulling string with wires attached through eight inches of pipe under the runway. Animal Planet considered her to be the first official documented therapy dog for her work at the 233rd Infantry Hospital in New Guinea. She lived until 1957.

Vietnam dog heroes include Kaiser, of Company D, the first Marine Scout Dog



Smoky

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My Path as an Occupational Therapy Student and Fellow

Alejandra Villanueva, OTS
University of Illinois
at Chicago (UIC)

As a second year student completing a Masters in the occupational therapy program at the University of Illinois at Chicago (UIC), I am an active member of the Urban Allied Health Academy (UAHA). UAHA is a program through the College of Applied Health Sciences with the mission to provide health care students the opportunity to gain experience in an urban diverse environment and learn about cultural differences and health disparities. As a fellow I completed 40 volunteer hours, prepared a project for the facility where I volunteered, and also attended 3 lectures, seminars, or films per semester with a focus on health disparities, cultural differences, or social justice.

Through UAHA, I have the opportunity to volunteer at Gigi's Playhouse in Chicago, which is a non-profit organization that provides free services for children with Down syndrome and their caregivers from diverse backgrounds. As a volunteer, I have been a part of the open play program, a math tutor, and participated in the Disability Pride Parade. I have been able to learn how to apply my classroom knowledge through my volunteer experience by using my therapeutic use of self, cultural awareness, being client centered, administrating an assessment, and using developmental milestones and volition to prepare my lesson plan for the day with collaboration from caregivers.

I have completed 40 volunteer hours by mainly tutoring a 5-year-old boy with Down



syndrome once a week for the spring and summer math tutoring session. Through the tutoring sessions I learned the importance of collaborating with a family member, as the child's mother was able to provide me with many tips to increase his attention span, such as using a visual schedule and incorporating Mickey Mouse into every lesson plan. I also learned the value of being client centered and using an occupation based model to increase participation and motivation from my 5-year-old client.

In the tutoring sessions we practice math skills, such as number recognition, learning shapes, and counting. We also practice other skills such as increasing his attention span and fine motor by counting with pegs and Numericons. Overall I have seen improvements in his math skills, an increased attention span, and improved fine motor skills. As our final tutoring day approaches I am working on my final project of creating a binder of visuals aids for tutors at Gigi's playhouse to create a custom visual schedule for their client.

I believe the UAHA program is unique in allowing fellows the opportunity to incorporate classroom knowledge into practice. I have gained experience in working with children with Down syndrome and have learned about several issues affecting our healthcare system through lectures and seminars. Through UAHA I have been able to spread awareness of the value and importance of occupational therapy by working with other volunteers, staff, and caregivers.

President's Address (continued from page 3)

Additionally, in order to continue to serve the practitioners throughout Illinois, we continue to recruit volunteers to help us achieve our organizational goals. We hosted our first ever ILOTA orientation program on February 16, 2013 at the Rehab Institute of Chicago for current and incoming board/committee members. We repeated this orientation program at our state conference to provide ongoing support for members interested in serving in a committee or board position. As you reflect on your profession for the year,

please consider how you can work with us to strengthen our organization throughout the state.

Visit our website today at www.ilota.org, or contact us at office@ilota.org for additional resources, an up to date listing of opportunities related to open positions on the ILOTA board, or ideas about how you can participate in the association. You make all the difference!

Peggy Nelson, President of ILOTA

Animals in the Military *(continued from page 7)*

killed in action in the Republic of Vietnam; Kelly, a dedicated member of the 173rd Airborne Brigade, 39th Scout Dog Platoon; and Nemo, who despite his injuries including losing an eye in the line of duty, is credited for saving his handler's life. Nemo was returned to the states as the first sentry dog officially retired from active service. He passed away from natural causes in 1972. In 2004 an Iraqi born German Shepherd named Fluffy was rehabilitated and trained by a US soldier and allowed to come home with him to retire. In 2007 Lex, a German Shepherd was discharged from service after her handler Corporal Dustin Lee passed away. Lex was so faithful and refused to leave her handler even when medics were providing treatment. Sirius was the only dog to lose his life in the search and rescue work following the 911 terrorist attacks. Sirius was interred at the Hartsdale Pet Cemetery in conjunction with the 2002 War Dog Memorial Celebration.

Cats also played a role during wartimes. Sam, a black and white tuxedo feline served on the Bismarck, a German ship and was one of only 116 (115 humans and one feline) survivors. He was found floating on a board by a British ship and provided his new crew of the Cossack with morale support. Sam survived an explosion that occurred on that ship and was transferred to the Royal. In 1941 the Royal sunk but "Unsinkable Sam", as he was called, was rescued.

He was called Unsinkable Sam as he survived destruction of three major vessels. Sam's military career ended but he lived happily until 1951.

Pooli was born in 1944 at Pearl Harbor. When the battle station would sound its sirens, Pooli would curl up and hide in mail sacks. Pooli provided the soldiers with unconditional love.

The favor was returned when an around the clock guard was provided for this beloved tabby after one soldier, anxious and impatient for his home voyage, contemplated tossing her overboard for fear of quarantine when heading home for San Francisco. Happily, she docked with the other soldiers without incident. She had a uniform made for her with three service ribbons and four battle stars. She proudly wore this on occasion when posing for photos and articles, including one in 1959 in the LA Times, chronicling her 15th birthday, until she passed away as a teenager. Simon was a famous cat who protected military food from rats during the Chinese Civil war in 1949.

Pigeons have played an important part in the history of war; they were used as military messengers due to their homing ability, speed and flying altitude. Cher Ami was one of the pigeons used to deliver messages in a small depression in the Forest of Argonne behind German enemy lines in October of 1918. The soldiers ran out of food and ammunition and were at a strong disadvantage as they were attacked by grenades, flame throwers and waves of sniper

fire for four days. In addition, they were also receiving fire from the allied troops who did not realize they were there and that they were actually shooting at their own group. A series of messenger pigeons were released; unfortunately two pigeons were shot and killed immediately but Cher Ami escaped. At one point he was shot in the chest and fell to the ground but he regained flight and made it back to his division headquarters. Cher Ami delivered a note indicating that the soldier's own artillery and allied forces were inadvertently shooting at them so the message enabled the division to relay a message to the troops to stop firing. This saved hundreds of lives. Although Cher Ami was blinded in one eye and one of his legs was held on by a tendon only, army medics worked to save his life. He survived but lost a leg. He was fitted with an orthotic (carved wooden leg). He became the mascot of the US Department of Service until his death on June 13, 1919, from the wounds he received in battle. His body was mounted by a taxidermist and enshrined in the Smithsonian Institution. Kaiser was a famous pigeon and the only one to serve in both world wars. He lived to age 33. Other famous pigeons include Commando, Paddy, William of Orange and Mary of Exeter.

Besides affection and informal gratitude, formal ways have been implemented to thank animals for service. The Dickin Medal, the highest war honor, was begun during World War II. This honor has been bestowed upon three horses, one cat, 18 dogs and 32 pigeons. There is now a memorial for war animals and many cities are raising funds to erect their own memorial tributes to the animal war heroes.

The bond between humans and animals is strong. The above are just a few of the wonderful stories of animals who risked their own lives to help humans. This proves that no matter the species involved, teamwork rules and the bond prevails. •

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Cher Ami



Pooli

Clinical Spotlight

I am Brad Egan, OTD, MA, OTR/L, Assistant Professor of Occupational Therapy at Midwestern University. In addition, I provide consultation to Alexian Brothers Housing and Health Alliance, Thresholds, and Erin Anderson & Associates, LLC. I have recently become the editor of AOTA's MHSIS Quarterly.

After graduating from Creighton University in 2002 I started working in SNFs (Skilled Nursing Facility) in Chicago and nearby suburbs. I became a rehab manager quickly at the end of my first year of practice and eventually managed several rehab departments on the Northside of Chicago. Next, I began working at Alexian Brothers Bonaventure House, a transitional living facility for homeless individuals living with HIV and substance use disorders. My enjoyment and pleasure with students lead me to supervise over 30 Level II fieldwork students at Bonaventure House.

My current work primarily involves teaching, administration, leadership, and program development coursework and supervising students during their Level I psychosocial fieldwork at Thresholds. In that role, I have the privilege of collaborating with an Assertive Community Treatment (ACT) team that is providing services to individuals with a mental illness who have moved out of the nursing homes and back into the community. Once a week, an OT student and I visit members in their apartments and provide opportunities to practice IADL, leisure, and social participation occupations.

I found occupational therapy somewhat serendipitously. Honestly, I had not heard of it before my mother, a rehab nurse, told me that I reminded her of the therapists she worked with. After shadowing an OTR in Columbia, South Carolina, I knew that I wanted to be a part of this profession. I was impressed by his creativity and positivity and saw firsthand how much his clients were benefitting from doing everyday tasks.

My interest in working in community-based practice started after a Level I fieldwork in a community center in Omaha. I owe a lot to Amy Lamb, OTD, OTR/L, my clinical instructor, who helped me understand the extent to which psychosocial barriers can

Brad Egan, OTD, MA, OTR/L
Assistant Professor of OT
Midwestern University

interfere with occupational performance and the therapeutic value of client narratives. My passion for working in the community was fueled even more in my doctoral fieldwork at PFLAG-Denver.

It is a privilege to be an occupational therapist and having a role in training future occupational therapists is very rewarding to me. It is particularly satisfying to hear from past students who are now enjoying their careers. Teaching also comes with many challenges. It has been humbling to experience the difference between practicing OT and teaching OT. With

hopes of being a more effective educator and gaining a better understanding of how people learn, I decided to pursue a PhD in Education. I hope to be done in early 2015. In addition, I am completing my CADC (Certified Alcohol and Other Drug Abuse Counselor) and plan on applying for AOTA's Board Certification in Mental Health.

Our ability to remain a strong and important service will be determined by our ability to hold tight to our bread and butter—occupation. We have to do more than just talk about occupations—we have to treat with occupations. This is my wish for all practitioners in all settings. Moreover, I think that OTs have to keep their focus on why we do versus what we do and how we do. External audiences will have no trouble recognizing the value of occupational therapy services if we concentrate on sharing our belief that all persons have the right to be engaged in life. Too often, however, we focus the message on what we do and how we do it and risk being compared to other professions.

Both of my brothers are currently studying occupational therapy and will be graduating in a year. I tell them regularly that it is crucial for them to realize we provide a very skilled service. Before we can expect others to value OT, we have to make sure that we assign adequate value to our services. It was very disheartening in my role as a manager to see so many OTs who did not advocate for many of the same benefits that their allied health colleagues negotiated. We need to be strong advocates for ourselves and our profession if we desire and expect others to see the importance of what we contribute. •

Clinical Spotlight

If you would like to be featured in Clinical Spotlight or know someone who would, please contact Carrie Nutter at codycheq@aol.com



On behalf of the Illinois Occupational Therapy Association and your Communique team:



Research on School Transitions

Erika Muether BS, OTDS
Student of Occupational Therapy
Belmont University

I am in my second year of OT school at Belmont University and in our last semester of the third year we have a residency project. I am interested in **school-based transitions**.

My research idea is to gather information from school-based OTs on their current level of knowledge in post-secondary transitions. I wanted to conduct interviews with OTs in Illinois in order to gain an understanding of what is already being done. I am still in the process of putting together the project but I wanted to create some sort of resource for transitions from secondary to adulthood.

Request for feedback and interest: I am open to suggestions and any help would be greatly appreciated. If you feel that your school district would benefit from something similar to this, please let me know. Research will begin in January of 2015. Contact: Erika.muether@pop.belmont.edu.

Legislative Address *(continued from page 3)*

One of the topics currently being discussed as a part of the 1115 Waiver is behavioral health. The goal is to create and integrate a behavioral health program that provides appropriate preventive, transitional and crisis services to meet the unique needs of multiple populations in various settings. The Governor has a commitment to strengthening the Home and Community Based Services waiver system. Part of vision of the 1115 Waiver is to increase flexibility and choice for the clients and to support the development and expansion of community based options, while at the same time reducing the waiting lists for waiver services.

In addition to addressing Home and Community Based Services, the 1115 Waiver is designed to also address population health. The plan is to invest in prevention and wellness focused strategies such as tobacco cessation, diabetes and asthma self management and fall prevention. The 1115 Waiver is also expected to address

workforce issues. The plan calls for a reinstatement of the State Loan Repayment program, creation of more primary care providers especially in underserved areas and the creation of more providers trained in team-based, patient-centered care.

The 1115 Waiver proposal is still in the fairly early stage of development, although there is a rather aggressive time table for it. The Governor hopes to have a proposal ready to send to CMS in January or February. Once CMS receives it negotiations with the State will begin and could continue for several months. At this time it is hard to guess if the 1115 Waiver will be approved in time for implementation during the next state fiscal year (July 1, 2014 – June 30, 2015). It is safe to say though, that if this waiver is approved it will change service delivery for these populations for years to come.

Federal Law States Quality Mental Health Includes Occupational Therapy

This article originally appeared on the American Occupational Therapy Association's website on 11/4/2013. It has been reprinted here with permission from AOTA.

Occupational therapy had an advocacy victory when it was included in new federal regulation as a mental health service that should be a part of quality community mental health. In late October, the Centers for Medicare & Medicaid Services (CMS) released their final conditions of participation for community mental health centers providing Medicare partial hospitalization services. The rule included occupational therapy as a service that must be available in these participating community mental health centers. Nationwide, nearly 100 community health centers participate in Medicare partial hospitalization.

"Our understanding is that this could be bigger than just Medicare partial hospitalization," says Heather Parsons, AOTA's director of legislative advocacy. "It's the first time in decades that the federal government has defined what quality community mental health should look like, and occupational therapy is included."

Prior to the rule, there was limited federal guidance for community mental health centers participating in the Medicare partial hospitalization programs, and licensing requirements were left up to state regulations. Some states did not have regulations for these types of facilities in place, which the Office of the Inspector General concluded had

resulted in some fraudulent practices. CMS decided to develop a core set of health and safety requirements for all community mental health centers receiving Medicare funding.

"It's ultimately based on individualized client needs, but the rule says that community mental health centers should evaluate whether a client needs to receive occupational therapy," says Parsons. "For community mental health centers to qualify to participate, they have to provide occupational therapy services."

In fact, community mental health centers should be providing occupational therapy to all clients, not just Medicare beneficiaries. When the draft rule was first released, the American Occupational Therapy Association wrote a letter to CMS supporting the inclusion of occupational therapy.

"This is a victory because federal regulations now says that providing occupational therapy is what quality mental health looks like," says Parsons.

"As policymakers continue to define quality mental health, this rule could be the guideline that is used going forward."

Do you work as an occupational therapy practitioner in a community mental health center? AOTA would like to hear from you—email AOTA's Federal Affairs Division at fad@aota.org.

See more at:

<http://www.aota.org/Advocacy-Policy/Federal-Reg-Affairs/News/2013/Community-MH-Centers.aspx#sthash.yEnRcI1i.dpuf>

Jennifer Matern OTR/L

Notes from the field: Anxiety

Anxiety is often an impairment that affects performance in both the pediatric and adult OT population. I often work with children who have sensory processing disorder, but the most apparent impairment is anxiety.

Anxiety can come from a neurological response but it is often psychologically based. I try to address what the underlying root of anxiety is and then come up with practical solutions for families to address the anxiety. These solutions often are sensory strategies that help calm the nervous system. Both parents and kids benefit from these solutions.

ILOTA 2013 Conference Review



This year was the first time ILOTA has hosted a conference in Peoria, IL. Despite a fire at the original conference location three weeks before conference, the 2013 conference was a huge success!

Over 320 attendees registered for conference, which included over 35 workshops and short courses, a poster session, SIS roundtable discussions, and a keynote address by Dan Brown, AOTA's Senior State Policy Analyst.

This year also featured the 11th Annual Illinois Commission on Education Fieldwork Institute, which was co-sponsored by the Chicago Area Council of Occupational Therapy Directors and the Illinois Academic Fieldwork Coordinators Consortium.

Attendees also supported the IOTPAC at a wine tasting event and students had the opportunity to meet up at the student networking dinner. Overall, occupational therapy practitioners, educators, and students had positive feedback about this year's conference!



We also celebrated our award-winners:

Bev Myers, OT of the Year
Ruth Bixby, Award of Merit

Thank you to everyone who attended conference and thanks to everyone listed below on who were a part of the conference committee!



ILOTA Conference Committee

Conference Chair – Anne Kiraly-Alvarez

Conference Co-Chair – Janet Adcox

Exhibitor Chair – Lisa Castle

Registration Chair – Kathy Preissner

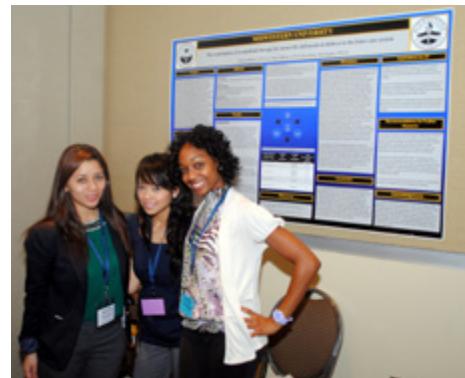
Silent Auction Coordinator – Mary Bettlach

Student Event Coordinator – Mary McCollum

Proposal Reviewers – Janet Adcox; De Dickerson; Timothy Dionne; Clare Giuffrida; M. Bill Hellyer; Joy Hyzny; Lisa Mahaffey; Lauren Milton; Kathy Preissner; Moira Priven; Nancy Richman; Divya Sood; & Marie-Claude Touchette

We'd also like to thank the ILOTA Office Manager, Jennifer Dang, for all of her hard work to make this conference a success. Many thanks also go to the ILOTA Executive Board, the on-site conference volunteers, and the staff at the Peoria Civic Center, Holiday Inn & Suites, and the Four Points by Sheraton.

Finally, save the date for the 2014 ILOTA Annual Conference which will be held October 23-25 at the Hilton Lisle/Naperville. Hope to see you there!



Hamdard Center

As students from Rush University, we had the opportunity to complete our third Level 1 fieldwork at Hamdard Center in Chicago.

Hamdard Center is a multilingual, multicultural, social and health service agency in the heart of Chicago's north side neighborhood of Rogers Park. The center provides a variety of programs to immigrants in the community, specifically Bosnian, Middle-Eastern and South Asian. The programming includes the adult day services for seniors program, which provides the opportunity for older adults to gather in an environment that reminds them of home. They enjoy one another's company, celebrate holidays they would back home, and are transported to and from the center. They are served typical ethnic dishes for lunch and watch TV from their country of origin as well as are provided basic medical checkups including blood pressure and blood sugar readings by a registered nurse.

As students we were able to run groups for the clients at the Hamdard Center, which primarily focused on increasing upper extremity strength. Without

many resources, we needed to be creative in designing groups that would benefit these seniors as well as provide a fun time for them that they didn't view as "work". We implemented groups involving seated upper extremity exercises, chair yoga, soup-can weight groups as

well as various other fine motor focused groups. While some clients would simply refuse, others became regulars that would actually schedule their visits to Hamdard around our groups. With sometimes two translators (Bosnian and Hindi) in the same group, different music interests and cultural norms, it often made for a very interesting and dynamic group session.

In addition to these structured groups,

We as OT's need to infuse ourselves within these community centers

we had downtime to complete occupational profiles with the seniors. We found out about their lives, many of whom traveled from all over the city to reach Hamdard Center. Former doctors, diplomats and housewives shared their background, occupations, and goals with us. We also were able to implement quantitative assessments such as the Timed Up and Go (TUG) assessment for fall risk in older adults. This measure allowed us to collect pre and post results before and after the implementation of our groups.

In addition to the TUG, we performed pre and post tests of grip and pinch. The clients were excited to be introduced to these new assessments and were eager to learn ways to become stronger. This data can be used to validate the effectiveness of OT services at Hamdard Center.

During our time at Hamdard Center we encountered a variety of cultural phenomenon that we wouldn't have encountered elsewhere: middle eastern men praying in the computer lab, dances being taught for the holiday of Diwali, traditional washing of hands and feet at prayer time in the Hindu culture, and men being accustomed to playing chess day in and day out, just to name a few.

This fieldwork placement taught us to be resourceful, patient, forward, culturally aware, and flexible. We were challenged to work with clients whom often spoke little to no English, had never done exercise or knew of OT, and were new to the idea of participating in groups with others. The prospect of bringing OT to this population has a bright future.

We as OT's need to infuse ourselves within these community centers, as it is the perfect opportunity for OT to become involved. With a centennial vision of becoming a "globally connected and diverse workforce", this fieldwork allows Rush OT students to work toward that vision. •

Gina La Ruffa & Hali Bednarz
Rush University



Student Voice

If you would like to be featured in Student Voice or know someone who would, please contact Carrie Nutter at codycheq@aol.com

ILOTA is proud to present our next continuing education opportunity:

Physical Agent Modalities

Modalities 2 Day Course
with Susanne Higgins and Dana Lingle
Physical Agent Modalities
Meets IDFPR Modalities Requirements

January 25 & 26, 2014
Loyola University Medical Center
15 Contact hours
ILOTA Members: \$325
****Non Members \$425**

Course Description

Incorporating thermal and electrical modalities as an adjunct to a treatment plan can enhance patient outcomes. This comprehensive course will emphasize the application and theory behind the use of both thermal and electrical modalities as they apply to a variety of patient diagnoses. The course will be based on current evidence and will develop critical thinking skills to enable practitioners to select and use thermal and electrical modalities as they apply to current practice.

Topics covered are: principles and methods of application for a variety of superficial heat and cold modalities, Ultrasound, and Electrical modalities: Transcutaneous Electrical Nerve Stimulation (TENS), Iontophoresis, Neuromuscular Electrical Stimulation (NMES), and High Volt Pulsed Stimulation, and Biofeedback. It will include evaluation principles, indications, precautions and contraindications, with a brief review of upper quarter anatomy pertaining to the use of physical agent modalities. Ethics, documentation and economics of physical agent modalities will be discussed.

Through lecture, demonstration, considerable lab practice, and numerous case studies participants will be able to apply the information learned and skills practiced directly to their practice settings.

This course will provide 15 hours of didactic training and laboratory experience necessary to meet the standards of the state of Illinois Occupational Therapy Practice Act. for use of physical agent modalities.

January 25th **8:00-5:00**

Introductions & Course Overview

- Upper Quarter Anatomy Review
- Evaluation Principles & Documentation Pertinent to Physical Agent Modalities
- Principles of Electrical Stimulation
- Neuromuscular Electrical Stimulation (NMES)
 - **Laboratory: Introduction to E-Stim. & electrode placement; NMES
- Transcutaneous Electrical Nerve Stimulation (TENS) & Interferential (IFC)
- High Volt Pulsed Current (HVPC)
 - **Laboratory: practice TENS, IFC, and HVPC
- Iontophoresis (IO)
 - **Laboratory: Iontophoresis
- Questions and Wrap-Up

January 26th **8:00-4:00**

Electrical Stimulation Case Studies and Laboratory Practice in Small Groups followed by Discussion

Superficial Thermal Agents

- Heat Modalities
 - **Application: Moist Heat Packs, Fluidotherapy, Paraffin Wax
- Cold Modalities & Hydrotherapy
 - **Application: Cold Pack, Ice Massage, Hydrotherapy, Contrast Bath
 - **Laboratory: Thermal Agents

Deep Thermal Agents

- Ultrasound
 - **Laboratory: Ultrasound
- Case Studies in small groups followed by discussion
- Questions, post-test, turn in Course Evaluation

Class size is limited. Register today!

Click here for the [on-line registration form](#).

Registration ends Jan 22, 2013!

ILOTA MEMBERSHIP APPLICATION



**Please return membership
form to:**

Illinois Occupational Therapy Association, Inc.
P.O. Box 4520
Lisle, IL 60532
E-Mail: Office@ilota.org
Fax: (866) 459-4099
Questions? Call us at: (708) 452-7640

MEMBER OF AOTA?

Yes No

AOTA #:

Expiration Date:

FULL NAME & TITLE:

CURRENT ILOTA MEMBER (CIRCLE ONE) YES No
ILOTA MEMBERSHIP NUMBER IF APPLICABLE: _____

Last Name: First: Initial: Maiden:
Title:
Home Address: Street: Apt. /Suite: City:
State: Zip:
Phone: Email:

EMPLOYER/SCHOOL NAME: (PLEASE PRINT)

Address: Street: Apt. /Suite: City:
State: Zip:
Work Phone: Work Fax:
Work Email:

PREFERRED MAILING ADDRESS: **HOME** **WORK**

Special Contact Instructions:

Please check Yes or No for the following:

Yes **No** I permit ILOTA to share my email address with other ILOTA members.
 Yes **No** I permit use of my name in the membership directory.

**CURRENT AREA OF PRACTICE AND SPECIAL INTEREST SECTION:
(CHECK ALL THAT APPLY)**

Administration Physical Disabilities
 Assistive Technology Work Programs
 Education
 Gerontology
 Home Health
 Mental Health
 Other: _____

Pediatrics: Clinical/Out-Patient
 Schools

I AM INTERESTED IN VOLUNTEERING FOR:

<input type="checkbox"/> Membership	<input type="checkbox"/> General	<input type="checkbox"/> Hold Office
<input type="checkbox"/> My District	<input type="checkbox"/> Licensure	<input type="checkbox"/> Conference
<input type="checkbox"/> By-Laws	<input type="checkbox"/> Continuing Ed	<input type="checkbox"/> Advocacy
<input type="checkbox"/> Communiqué	<input type="checkbox"/> Public Affairs	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Archives	<input type="checkbox"/> Legislative	

DUES:

AOTA MEMBER:	NON AOTA MEMBER
<input type="checkbox"/> OT: \$70.00	<input type="checkbox"/> OT: \$75.00
<input type="checkbox"/> OTA: \$50.00	<input type="checkbox"/> OTA: \$55.00
<input type="checkbox"/> Student: \$20.00	<input type="checkbox"/> Student: \$25.00

School: _____

65+ / Retired/ Disability

OT: \$30.00 OTA: \$30.00

Associate Member

\$75.00

Corporate Member

\$130.00

Sustaining Member

\$75.00

Total Dues: \$ _____

2ND STATE MEMBERSHIP ONLY

OT \$48.00*
 OTA \$32.00*
 Student \$20.00*

State: Member # Exp: _____

School: _____

CONTRIBUTIONS

ILOTA Research Fund: \$ _____
ILOTA Scholarship Fund: \$ _____
ILOTPAC (Political Action): \$ _____

PAYMENT INFORMATION

Total-Dues/Contributions: \$ _____

Check/Money Order #:

Visa MasterCard

Credit Card #:

Expiration Date:

Signature:

We want you!

Enjoy writing?
Passionate about proofreading?
Like suggesting and learning about new and innovative topics?

Please consider joining the Communiqué.

We are looking for individuals who are interested in helping with the Communiqué newsletter. Tasks can include suggesting ideas for topics, connecting potential authors with ILOTA, soliciting articles, proofing issues and writing articles. Let us know your ideas!

If you can't commit to being on the committee, please consider sharing your knowledge by submitting an article to the Communiqué. We are interested in both traditional and alternative topics.

Submit Articles to the Communiqué

We want your articles!

Each issue of the Communiqué seeks to highlight areas of Occupational Therapy Practice. We appreciate our readers' wide-ranging experiences. Each issue features a different theme:

Jan/ Feb/March: Education, Research, Pediatrics

April/May/June: Gerontology, Home Health, Low Vision

July/Aug/Sept: Physical Disabilities, Hand Therapy, Driving Rehabilitation, Assistive Technology

Oct/Nov/Dec: Mental Health, Work Hardening, Ergonomics

Do you have an article that does not fit the themes already listed? **Send it.** We welcome articles from diverse and novel perspectives.

Article Guidelines:

- Articles should contain title, introduction, body, summary, and references when appropriate.
- Theme articles might include photos and/or graphics.
- Articles should be approximately 300-1000 words.
- Authors are requested to submit a professional biography, maximum 35 words.
- Passport type photos are recommended for author photo.
- All work should be original work. If work submitted is not original, one must have written permission from the original author to place specific item in Communiqué publication. Please use quotes when quoting others and give credit to original authors.
- Please give credit to individuals who collaborated to complete article (e.g.- those helping with research, providing background information, helping write article,etc.).
- For the next issue, articles should be submitted by **February 15!**

SUBMIT ARTICLES TO: codycheq@aol.com

The Communiqué editorial committee reserves the right to edit any material submitted.