

InsideSARGENT

Boston University College of Health & Rehabilitation Sciences: Sargent College

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Dear Colleagues,

We're very pleased to send you this special issue of *Inside Sargent* highlighting the Department of Occupational Therapy at Boston University Sargent College. This collection of articles from 2007 to 2011 offers a glimpse of our exciting research and educational activities during the past several years. Since 2007, we've hired four new faculty members and launched an exciting distance education post-professional doctor of occupational therapy program—you can read more about that on page 22. The department has also continued its long tradition of excellence in entry-level and post-professional education, with a strong emphasis on evidence- and theory-based practice and clinical reasoning.

Our faculty members are engaged in a wide range of research and scholarship activities, some of which you will read about in this issue. Their work—funded by federal agencies such as the National Institutes of Health, the National Institute for Disability and Rehabilitation Research, and the U.S. Department of Veterans Affairs, as well as private foundations and industry—has made important contributions to knowledge in the field and greatly improved services for people with disabilities.

The high quality of our program and faculty is reflected in the list of recent Slagle lecturers. Of the last five recipients of this award—the highest academic award given by the American Occupational Therapy Association (AOTA)—three have been graduates of our program (two of those alums are also current faculty members).

Many of our students, from undergraduates to doctoral candidates, work in our research labs and contribute to professional publications and presentations. Students have also participated in researching materials for the next edition of *Willard & Spackman's Occupational Therapy*, preparing a position statement for the AOTA, and locating and reviewing evidence for the AOTA Low-Vision project. Members of Pi Theta Epsilon, the national honor society for occupational therapy students, arranged and moderated the sessions of our annual occupational therapy symposium, *Lead the Way*, and prepared and presented a hands-on workshop on new communication technology. These are just a few of the ways that BU Sargent College students begin contributing to the profession even before they complete their professional education.

I hope you enjoy learning more about the Department of Occupational Therapy through this special issue and welcome your thoughts and feedback at wjcoster@bu.edu.

With warm regards,

Wendy Coster
Professor and Department Chair

"THE HIGH QUALITY OF OUR PROGRAM AND FACULTY IS REFLECTED IN THE LIST OF RECENT SLAGLE LECTURERS. OF THE LAST FIVE RECIPIENTS OF THIS AWARD... THREE HAVE BEEN GRADUATES OF OUR PROGRAM."

SPECIAL EDITION **InsideSARGENT**

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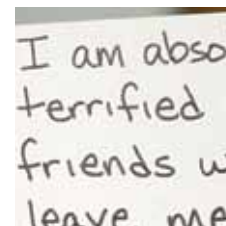
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Out of the Shadows

YOUTH WITH DISABILITIES WANT THE SAME THINGS AS EVERY OTHER TEEN—GREAT GRADES, AN EXCITING JOB, A FUN SOCIAL LIFE—BUT PHYSICAL AND SOCIAL BARRIERS OFTEN BLOCK THE WAY. A NEW PROJECT AIMS TO GIVE THEM THE SKILLS TO DEMAND A BETTER FUTURE.

By Andrew Thurston



Assistant Professor Jessica Kramer is asking teens with disabilities for their help: “They’re the experts,” she says.



Amateur photographer Sammi is planning for life at college. She hopes other youth with disabilities can “Realize that you’re not alone, that it’s OK to be different.”



Zach is big into sports—he’s a whiz with sporting stats and enjoys being “part of the community.”



Musician Katie has often been told there are some things she can’t do. Her response? “I can do anything that any other kid can.”



“Someone at school told me I couldn’t act because of my disability,” says Madeline, “and I felt really sad.” She proved them wrong, attending acting camp and picking up an award.

Advocating for the **Everyday**

Katie unpacks the Beast and lets the tiger-striped guitar rip with a few power chords. Like any other teen, she can’t resist making a little noise and there’s no way her wheelchair is going to stop her.

The high school junior wants to be a musician—at her mom’s insistence she’ll consider a psychology degree, too—and has crafted an inimitable playing style to circumvent the arms and buttons of her wheelchair. Katie holds her chords and notes from above, rather than below: “Your disability is a stupid reason why you shouldn’t be able to do something,” she says.

Katie is one of six youths with disabilities who are building a training program to help their peers recognize and confront the barriers between them and participation in everyday life. The panel is working with Assistant Professor Jessica Kramer.

Navigating the universally tricky transition to adulthood is especially fraught with obstacles for youth with disabilities. Confronted with physical and social barriers, from impassable stairs to bullying, students with disabilities have a school dropout rate twice that of other children and half will leave high school without a diploma. Even if they then find a job—only some 40 percent of those of working age do—they’ll earn thousands less than their peers. Kramer, of BU Sargent College’s Department of Occupational Therapy, says discrimination is a factor, and that many people with disabilities don’t know how to ask for the changes (which they often have a legal right to) that will enable them to join in with school, work, or community activities.

“Teenagers go from being taken care of or protected by professionals and other adults to needing to advocate on their own,” says Kramer, who’s also working on an assessment tool to help track changes and growth in children with autism. “All of a sudden, you, as the person with the disability, have to be able to say, ‘I need access; this is not working for me; this is what I need.’”

Most don’t know where to start. “The medical model of the view of disability is still in existence,” says Youth Transition Specialist Stacy Hart of the Boston Center for Independent Living and a consultant to Kramer’s youth panel, “that model of helping people with disabilities, curing people with disabilities.”

The youths working with Kramer are focusing on changing the environment, not themselves. They meet regularly, mostly in pairs, to discuss, write about, or photograph their experiences and frustrations—the “common things that suck,” says panel member Yishai, like when “PE teachers tell you that scorekeeping or refereeing is participation” or when pessimistic doctors constantly tell him “to be cautious, that I can’t do things.” The group also shares success stories: For Yishai, it’s creating new game rules so he can play alongside his classmates; for Katie, it’s asking her music teacher about a new playing style so she can dream of rock ‘n’ roll fame. These stories, in turn, inspire the games, videos, and other learning activities that will form a curriculum designed to teach other youth with disabilities strategies they can use to help themselves. The strategies could cover anything from how to ask for a modified college room to tips on how to tell a teacher about a bully.

The panel, which includes teens with both physical and cognitive disabilities, is scheduled to finish work on the training program in 2010, with a pilot implementation slated to follow. [Kramer has since received a two-year Noonan Foundation grant to continue her work.]

The youths are considered coinvestigators on the project—unofficially for now—but Kramer admits it took them a few sessions to feel comfortable with the title: “They’re used to taking directions from adults,” she says, “and they hadn’t quite realized how much influence they could have over this project.”

According to Eileen Elias, the former deputy director of the federal Office on Disability, it’s a “paradigm shift” from thinking of youth as research *subjects*: “It’s what people with disabilities are asking for: ‘Do it with us, not without us,’” says BU Sargent College Adjunct Professor of Disability Advocacy Elias [now an adjunct associate professor]. “They know what they need and they know what they don’t need, and they don’t need a professional telling them.”

Kramer is aware that teaching people how to dictate their own care and ask for environmental changes may upset some fellow occupational therapists. “We maintain the idea that we have the expertise,” she admits, but thinks the profession should benefit: “Schools have a shortage of rehabilitation professionals. They also have high caseloads and a very limited amount of time with the youth, so we’re purposely making this a group intervention.”

Occupational therapists, she adds, should think about how they can transmit their knowledge to people with disabilities, “rather than just doing it for them.”

Before starting this project, Kramer and her research assistants, Michelle Mermelstein (‘10) and Sarah Olsen (‘10), reviewed reams of existing data and found that including youth led to consistently better outcomes: “When kids are

“YOUR BODY MIGHT BE A LITTLE BIT DIFFERENT FROM MOST PEOPLE’S, YOUR MIND MIGHT WORK IN A DIFFERENT WAY FROM MOST PEOPLE’S, BUT YOU HAVE THE RIGHT TO ACCESS AND HAVE THE SAME OPPORTUNITIES AS EVERYONE ELSE.”

JESSICA KRAMER

involved in making decisions about the accommodations they get, the accommodations work better,” she says.

And the kids aren’t asking for much. Kramer’s young coinvestigators all want the same things as any teen: a fun social life, the pick of any college, a career as a rock star.

“It’s giving youth the knowledge that they’re not the problem,” says Kramer. “Your body might be a little bit different from *most* people’s, your mind might work in a different way from *most* people’s, but you have the right to access and have the same opportunities as everyone else. Whether or not you choose to take those, that’s up to you.”

Katie has made her choice and it involves a tiger-striped guitar—she’s going to make as much noise as possible. Another typical teen ready to ignore sensible parental suggestions for as long as she can.

This article was originally published in the 2010–2011 edition of BU Sargent College’s annual publication, Inside Sargent.

AUTISM DOESN'T JUST IMPACT FAMILIES DURING CHILDHOOD. FINALLY, SOMETHING IS BEING DONE TO HELP THEM PREPARE FOR A LIFETIME OF CARING.

By Sheryl Flatow

Families & Autism



“What will happen when my parents are gone?”

That question begins to haunt many teenage siblings of individuals with autism spectrum disorders (ASDs). Caring for a person with autism is often a lifetime proposition, but, until recently, little attention was paid to the effect that ASDs have on the family unit.

Leading that shift has been Gael Orsmond, associate professor in the Department of Occupational Therapy. A developmental and clinical psychologist, she’s co-director and coinvestigator of a large-scale longitudinal study, funded by the National Institute on Aging, that examines the long-term impact of caregiving on family members and explores how autism evolves from adolescence to adulthood.

“Do they get better?” says Orsmond. “Are there other conditions that occur? When we began this study, nobody had looked at what happens to people with autism in adulthood, and how family members adapt over time. The focus had always been on childhood.”

The study was launched in 1999 in partnership with the University of Wisconsin-Madison and has observed 405 families divided between Massachusetts and Wisconsin. When the project began, the age range of those with autism was 10 to 53 years old; roughly two-thirds were adolescents and young adults. “It was harder to find adults than we anticipated,” says Orsmond. “They’re out there, but some of them were never properly diagnosed.”

Every 18 months, comprehensive in-home interviews have been conducted with the primary caregiver, almost always the mother. “The interview focuses on the symptoms of the son or daughter with autism, so that we can track the disorder over time,” says Orsmond. The study seeks to determine whether there are discernable changes: in eye contact, the ability to have a conversation, social impairment, repetitive behaviors. “The mother also completes a set of questionnaires ahead of time,” she says, “which mostly address her well-being.”

Orsmond received an additional grant from the National Institute of Child Health and Human Development to collect data from siblings between the ages of 12 and 18, to see how well they cope with their family situation.

“I wanted to focus on adolescence because it’s such a crucial time for well-being,” she says. “It’s a given that a person with a disability can create stress within a family. But research shows that when a child has autism, other family members are more likely than the general population to show mild, sub-threshold impairments. They might have social difficulties that couldn’t be diagnosed as autism: somebody who has difficulty making friends, for instance, or who has hobbies that are really intense. So I wanted to look at whether siblings were having problems, and whether those problems were due to the environment, or a genetic component, or perhaps a combination.”

Research revealed that siblings who are most likely to have depressive symptoms are those with these sub-threshold symptoms combined with environmental stress, such as

recurring disruptive behavior from the child with autism. “It took those two things together to impact siblings,” she says. “It wasn’t just one or the other.”

The findings provide some encouraging news to families. The rates of nonclinical depression in siblings of individuals with autism are no worse than in those of typical adolescents in the general population. And although many siblings point out that their parents spend a good deal less time with them because their brother or sister requires so much attention, they express little resentment as adults. One respondent said, “It taught us tolerance and unconditional love and selflessness to see how our parents cared for our brother.” Another commented, “It has probably brought us all closer together.”

And people with autism do show some improvement as they mature. “Symptoms tend to decrease in their severity

“I WANTED TO FOCUS ON ADOLESCENCE BECAUSE IT’S SUCH A CRUCIAL TIME FOR WELL-BEING... RESEARCH SHOWS THAT WHEN A CHILD HAS AUTISM, OTHER FAMILY MEMBERS ARE MORE LIKELY THAN THE GENERAL POPULATION TO SHOW MILD, SUB-THRESHOLD IMPAIRMENTS.”

Gael Orsmond



over time, especially the repetitive behaviors that are most stressful to families,” says Orsmond. But the ability to make friends remains elusive.

Orsmond hopes that the findings of the principal study, which is funded through 2012, will help families of individuals with autism understand what to expect over time. “We share some of our findings with them every six months,” she says. But Orsmond would like the research to have an even wider impact.

“We hope to see an improvement in services and support as we get our data out there. We publish a lot in scholarly journals, and we also try to get this information to the people who have the power to make changes. Unfortunately, in this economic climate where services are being cut, that is not happening now. But it is very much one of our goals. Families need so much support. Siblings want information. We hear things like, ‘How do I talk with my family about future planning?’, ‘What should I expect when my parents are gone?’, ‘I don’t know how to work with services.’ So part of our job is raising issues, and figuring out what kinds of intervention or support or services there are. There is still so much to learn.”

This article was originally published in the 2009–2010 edition of Inside Sargent.

Communication Breakdown

and the Health Care Gap

By Andrew Thurston



Photo: Fotolia

MANY KIDS FACE AN UPHILL BATTLE WITH ASTHMA. COULD BETTER COMMUNICATION HELP THEM WIN THE FIGHT?

Sheila is 46 and facing a 51A Care and Protection Report—child abuse charges. Her four kids all have severe chronic asthma, but Sheila refuses to follow their doctor's repeated medication advice, ignoring preventative measures in favor of rescue inhalers. The children wheeze, they miss school, they often wind up in the ER, but when ten-year-old John overdoses on his rescue medication and his heart rate tips the scale, the Department of Children and Families steps in and hits Sheila with the 51A.

Clinical Professor of Occupational Therapy Ellen Cohn cuts away from Sheila's story: "That's one framing of this particular patient's scenario," says Cohn. Now it's time for another: Why did the doctor keep giving advice without delving into Sheila's life outside of the clinic?

Cohn is helping to finish up two studies on how patients and doctors talk to each other, and believes a communication breakdown could be spurring our nation's yawning health care gap. The disparities are stark and, as African Americans, Sheila's kids aren't alone in fighting an unfair battle when it comes to managing their asthma: 44 percent of Hispanic and 34 percent of black children underuse their asthma controller medication; in white children that figure stands at 22 percent.

Along with other researchers from schools of public health, medicine, and health science, Cohn looked at veterans with hypertension and parents of children with asthma. Their two studies included interviews with patients and doctors, and recorded clinical consultations; the asthma project also finished with a nationwide telephone survey of parental attitudes.

For a flavor of what they uncovered, here's another take on that 51A:

Sheila is 46 and lives in a rough part of town; she's out of work and fiercely protective of the two teenagers and younger twins she's raising on her own. After a recent killing in the neighborhood, she keeps a close eye on her kids as they play outside. She hates the toll asthma takes on her children's lives but says she knows what makes them comfortable and is ever vigilant with rescue medications. Sheila doesn't believe the preventative medications help her kids, as their asthma symptoms come and go.

"Here's one presentation of a mother who's protective and caring," says Cohn, whose research colleagues interviewed Sheila and her doctor, "versus the other perspective where she's considered abusive.

"IT'S NOT JUST ABOUT ACCESS TO CARE. WE'RE TRYING TO UNDERSTAND PEOPLE'S PERCEPTIONS OF ILLNESS AND HOW THAT MIGHT BE DIFFERENT FROM PRACTITIONERS'.... WE HAVE TO ADDRESS THE SCIENCE OF THE DISEASE, BUT WE ALSO HAVE TO ADDRESS THE SOCIAL SITUATION AND CONTEXT."

ELLEN COHN



"By understanding her daily routines and behaviors, we had a different understanding of who she is. That understanding shifts the task in the clinical encounter—it's not about educating Sheila about the need for asthma medication, rather it's about trying to understand her worldview and coming to a collaborative understanding of how she can give her children the appropriate medication in the context of her life."

Cohn and her colleagues discovered that doctors are trying to impart biomedical knowledge and recommendations without taking into account everything else that's going on in their patients' lives. Cohn refers to "explanatory models" and "daily lived experiences"—occupational therapist—speak for the things that make us tick, from what we think about illness to our cultural values and day-to-day routines and activities.

According to Cohn, the researchers noticed that patients generally fall into one of a handful of explanatory models when it comes to understanding asthma. One of the most common is the chronic model: they realize the condition isn't going away and are more likely to accept that a medication regimen will help them, or their child. Another is called intermittent: they believe asthma, like its symptoms, comes and goes, and—like Sheila—concentrate on rescue, rather than preventative medications. If doctors can pinpoint a patient's explanatory model—as well as the daily routines that influence how and when a patient takes medication—they should be able to reduce medication underuse and improve patient health. A tough task with appointments that are over in a flash.

"The practitioner in a very, very short time has to figure out if this person is able to follow through with the recommended procedure," says Cohn.

The research team concluded that addressing those explanatory models could narrow some of the ethnic and socioeconomic health care disparities. However, Barbara Bokhour, a coinvestigator and associate professor of health policy & management at BU School of Public Health, warns against pigeonholing people based on race.

"It's less to do with saying, 'OK, African Americans think X or Latinos think Y,' as it is finding ways for providers to access that information from everybody, and know that their belief system, their experience of illness, plays into what they do."

Bokhour adds that when the researchers listened in on patient and doctor interactions, they often heard "providers miss opportunities to address what are considered patient-centered aspects of care." That opportunity could be something as simple as asking patients why they skipped their medication.

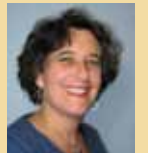
It's an aspect of the health care journey that may've been overlooked if the research team hadn't taken the unusual step of inviting an occupational therapist on board: "A lot of what we know about health disparities comes from studies that use quantitative, epidemiological approaches, so we look more at trends, at health outcomes, rather than the subjective experience with these health disparities," says Dharma Cortes, another of the investigators and an instructor at Cambridge Health Alliance and Harvard School of Medicine.

Next up for the research team, says Cohn, is likely to be "an intervention study to look at the ways in which we might train practitioners differently to consider some of these daily lived experiences and how they might do that in the context of the constraints of the health care system."

For Sheila, that should mean a doctor she can work with and a torn-up 51A; for her son John, it could be the start of a childhood full of running.

"My goal is that there are support staff who can get more in depth into issues of daily lived experiences and explanatory models [and address] those kinds of issues that are so important to patients in managing their chronic illness."

Barbara Bokhour



"Good or bad health does not happen in isolation; it's embedded in the daily experiences, in the social context in which people live.... More and more, we're looking at, 'what are the public health policies in place in our society that are making people sick?'"

Dharma Cortes



This article was originally published in the 2009–2010 edition of Inside Sargent.



Ellen Cohn is also bringing her perspective on daily lived experiences to studies of veterans with hypertension. Read the latest at <http://people.bu.edu/ecohn>.

A Yardstick for Progress

WENDY COSTER'S MEASUREMENT TOOLS HELP CHILDREN WITH DISABILITIES PERFORM EVERYDAY TASKS.

By Judy Rakowsky



Wendy Coster (left), professor and chair of the Department of Occupational Therapy at BU Sargent College, has developed the gold standard for measuring a child's performance of daily life skills. Parents participate in focus groups and are asked to fill out surveys to help Coster's research.

Wendy Coster knows the value of a yardstick. In 1992, she helped revolutionize the world of occupational and physical therapy with what is considered the gold standard for measuring how well children with disabilities or impairments perform daily life skills, and she has soared from there.

In the 1980s, Coster—who chairs the Department of Occupational Therapy—saw the need for good instruments to measure performance of critical activities of daily living, ones that would produce consistent scores no matter who interviewed the parents or whether that child was having a bad day.

But when Coster teamed up with Steve Haley, a physical therapist now at BU School of Public Health, there was a “Catch-22” operating in grant funding.

“Everyone wanted you to use good measures if you were going to run a clinical research trial, but they didn’t want to give you any money to develop the measures,” says Coster, a professor of occupational therapy. “They just didn’t get it.”

At that time, whether a child was developmentally disabled or suffered an injury or illness, there was no way to measure how well he or she performed basic life skills, such as dressing, teeth-brushing, getting to school, or eating family meals. The only yardsticks were IQ tests, which measure cognitive skills but not whether a child could process an instruction.

A major achievement of the Pediatric Evaluation of Disability Inventory (PEDI) is the way it is calibrated to show small increments of progress. It also does not limit the method a child uses to accomplish a task, a criticism that the disability community had leveled against previous assessments.

“We don’t ask what method they use to get their shirt on or tie a shoe, we just ask, ‘Whatever method they use, can they get it done?’” says Coster.

After the PEDI was published, it quickly became not only nationally recognized, it was translated into 10 languages, including Chinese and Hebrew. It is now the standard for research and clinical practice, providing a measure of functional progress and guiding therapies ranging from pharmaceutical to behavioral.

“Once the measure was available, I could see how it changed the field,” she says. “It really did make a difference.”

Coster has made such a difference, not only with the PEDI but with her entire body of work, that she was awarded the 2008 Eleanor Clarke Slagle Lectureship, the profession’s highest academic honor and also the top honor given by the American Occupational Therapy Association.

Coster’s work is credited for its creative contribution to the profession’s body of knowledge. “Coster is an exemplary faculty member and tremendous asset to BU Sargent College,”

says Gloria Waters, dean of the College. “She is truly a gifted teacher, researcher, and administrator.”

From the PEDI, Coster went on to develop another groundbreaking instrument, the School Function Assessment, which measures how well a student with a disability manages in a school environment, from getting in and out of a chair to interacting with peers. The instrument works like a detective for obstacles to success. For instance, if a student with mobility problems cannot arrive at art class until the rest of the class is launched on the project, this student may have limited time to complete it, resulting in not only performing poorly in art but in frustrations that might cascade to other areas. Without proper detection and intervention, larger problems might develop.

“It could start with a mobility problem but it becomes a much larger problem,” says Coster, who published her research on the assessment in 1998 after three rounds of data collection.

The School Function Assessment has also been acclaimed internationally, translated into Icelandic, Chinese, and Hebrew, and is used for research in Israel.

Coster’s next undertaking is to develop a measure to describe the participation of children and youth with diverse disabilities—including physical and learning disabilities, autism, and behavioral disorders—in important community and home activities. The goal is to create an instrument that can capture the extent to

which children with disabilities are engaged in culturally meaningful activities and events such as family meals, religious services, community outings, and organized groups, which is more challenging than the clear-cut tasks measured in the PEDI. A parallel scale will measure factors that facilitate or create barriers to participation. The three-year project is supported by a grant from the National Institute on Disability and Rehabilitation Research.

“If it weren’t challenging, it probably wouldn’t be interesting,” Coster says. “You have to define what you’re asking clearly enough to get decent data that are also clinically useful.”

Meanwhile, Coster and Haley have another grant to revise and refine the PEDI, which comes in a climate of greater support in the funding world for ways to standardize measures of function—the National Institutes of Health has been increasingly inclined to spend money on projects to ensure research results can be compared, Coster says. Now, grant providers see the wisdom of developing yardsticks.

As she refines the PEDI, Coster sees how far her research and the field have come. “I wish I’d known then what I know now,” she says. “But as we learn more, we’ll get better and better at designing the measures for what we really want to know.”

This article was originally published in the 2008–2009 edition of Inside Sargent.

A New Home: Using Research to Better Lives



AN EMPOWERMENT PROGRAM FOR THE HOMELESS HAS SHOWN HOW TO HELP PEOPLE BUILD STABLE LIVES OFF THE STREETS.

By Judy Rakowsky

In a Chicago YMCA, 86 once-homeless people are enjoying a stable life off the streets and out of the shelters, as they pay rent, keep house, and build community.

The 86 were part of an occupational therapy study that imparted life skills through empowerment and practical training, including experiences such as opening a bank account and joining a crime-watch group.

“The results show promise beyond curbing evictions,” says Christine Helfrich, an assistant professor of occupational therapy. “Our overall observations are that people’s life skills are definitely improving and eviction rates are decreasing.”

Federal efforts to combat homelessness have focused on moving people into permanent homes. The moves are important, but without preparation they often prove unsuccessful because clients need to refresh rusty skills and build new ones to adapt. Helfrich’s study tackled the challenges that emerge in the housing transition for people with a history of homelessness and sometimes mental illness, substance abuse, domestic abuse, and other trauma.

It was unique because it tapped historically homeless clients from its design and included them in focus

groups where they were consulted on the biggest obstacles in adjusting to independent residential life after being homeless.

Funded by a \$450,000 grant from the National Institute of Disability and Rehabilitation Research, the study was a demonstration of cost-effectiveness, especially when considering the cost of these services versus a shelter, hospital, or other treatment. Helfrich started it as a faculty member at the University of Illinois at Chicago, and when the time came to complete her research, she brought the grant with her to BU Sargent College.

The study has been so successful that Helfrich is seeking additional funding for a large nationwide study that would broaden the program to other settings—such as a group home, a day program, or a shelter—to further demonstrate its effectiveness. [Helfrich has since won that additional funding and a further grant to continue her work in Boston.]

“People need the skills to stay in housing,” she says. “And this would help not only the people who are homeless, it would help the staff working in shelters and other settings improve their track record of placements, which helps encourage more landlords to accept people.”

The study also exceeded expectations for the retention of the participants—Emergency Housing Program participants from Northwestern Memorial Hospital or single-room occupancy residents of the Lawson House YMCA.

“No one had really done a study like this,” Helfrich says. “We thought we’d lose a lot more people by attrition and we were really interested in looking at feasibility issues.”

At the beginning, each client was thoroughly assessed for four to six hours on cognitive and motor function, substance abuse, trauma history, and readiness to change, Helfrich says. Then, clients each received a manual with the material to be covered in classes on money management, nutrition, community safety, cleanliness, and how to take care of themselves and their rooms.

The life skills that were shared in the groups, however, came from group members themselves, who were considered experts based on their own experiences transitioning from homelessness. That method of instruction, based on social learning theory, was found to be more effective than having the therapist or another authority figure serve as the expert instructor, says Helfrich.



Assistant Professor Christine Helfrich works to give people the skills to stay in housing.

The classes covered practical information, such as how to eat on modest means. A group member, for example, pointed out the locations of soup kitchens and food pantries and detailed their practices, such as the three dozen eggs that one place gives to a single client, says Helfrich.

Groups also went to a local bank that agreed to let the clients open accounts with no fees. When homeless, the clients had prior bad experiences with banks and were wary of entering, but a bank official welcomed them, walked them through procedures, and some of them even signed up for direct deposit and other stabilizing programs.

The study also sought to create a positive experience with police, but no one showed up when they were supposed to go to a police station. So, they tried a neighborhood police beat meeting. At first, the clients were too intimidated to speak at the meeting in the YMCA’s upscale neighborhood, but after they saw that neighbors shared an interest in reducing drug dealing and street crime, they chimed in. Soon, the clients were supplying valuable information to police, who stepped up patrols to good effect.

Throughout the study, participants had individual meetings with researchers to reevaluate the study and their progress; they also met three and six

months after the study. Researchers later analyzed the results and the roles that mental illness diagnoses, history of homelessness, trauma, and abuse played in how well participants fared in the study.

At the end, certificates were presented to those who completed the study, and many bought frames and hung the diplomas in their own rooms.

“They really wanted something to show for what they accomplished,” says Helfrich. “They took a lot of pride in completing it.”

This article was originally published in the 2008–2009 edition of Inside Sargent.

Discovering How Students Use Notebook Computers

AS MORE STUDENTS REPLACE DESKTOP COMPUTERS WITH MOBILE LAPTOPS, OCCUPATIONAL THERAPISTS ARE TRYING TO MAKE SURE THEY DON'T THROW ERGONOMICS OUT, TOO.

By Pamela Sarian



Karen Jacobs (left).



Although notebook computers are not ergonomically designed for everyday use, they account for 25 percent of total computer use today [2007] and students are increasingly arriving on college campuses with them in tow. [As of 2010, 70 percent of 18- to 29-year-olds owned a laptop.]

In the spring of 2007, Karen Jacobs spent many of her evenings in the “homes” of Boston University students as she researched their use of notebook computers.

Funded by the Office Ergonomics Research Committee (OERC), this study aims to learn how students use notebook computers, and to develop effective intervention strategies for proper ergonomic computing.

“We want to help students work comfortably no matter what environment they’re in,” explains Jacobs, a clinical professor of occupational therapy. “Since students are living in furnished dorms, we are encouraging them to apply evidence-based ergonomic principles to arrange their workstations; to take frequent breaks; and to change and vary their postures often when working on the computer.”

Jacobs and her research assistants recruited nearly 300 students living in Warren Towers, one of the largest student residences on BU’s Charles River Campus. Since the dorm is comprised of three towers, she used each to represent a separate entity—one control group and two experimental groups named A, B, and C towers, respectively.

To begin the study, students filled out a questionnaire about their personal computer use, answered a quiz about

their knowledge of ergonomics, and had body measurements taken for comparison purposes. Students living in the A tower were instructed to continue using their notebook computers without change, while students living in the B tower received a mouse, keyboard, and notebook computer riser to use throughout the duration of the study. Those living in the C tower received a mouse, keyboard, and notebook riser as well, but also received a mouse pad with ergonomic strategies for using a notebook computer and ergonomic training. Those in the C tower also had to set goals, report back on them, and set new ones throughout the study. All computers were equipped with software to collect data measuring how students were using their computers; it recorded keystrokes, mouse path length, typing speed, and breaks taken. At the end of the study, every student had to fill out the personal computer use survey and ergonomic questionnaire again.

While Jacobs is just beginning to analyze the data collected, preliminary results suggest that students are spending four to six hours per day on the computer and report musculoskeletal discomfort. At the beginning of the study, 58–78 percent reported such discomfort; however, there was a significant reduction for students living in towers B and C.

“This is a great start to generating awareness and appreciation for ergonomics,” says Jacobs.

This article was originally published in the 2007–2008 edition of Inside Sargent.

How to Tame Tantrums

The playdate might not happen after all. The car fills with shrieks as the unwilling toddler acrobatically arches away from the car seat. For a parent whose child has been diagnosed with a disability—any parent for that matter—it can be hard to work out what to do next.

Enter the occupational therapist. They can work with a parent to help manage the situation by suggesting a cornucopia of strategies—things to say and do that help a child resolve or avoid a tantrum, among other things. But it’s hard for therapists to know for sure what’s working when, and why. Without any solid benchmarks for expected behavior in specific situations, professionals can’t measure the impact of their strategies against anything. Before she joined BU Sargent College for doctoral studies in the Rehabilitation Sciences program, Mary Khetani (’10) was working as an occupational therapist and struggling to gauge her impact on clients; her attempt to solve the problem could change practice—and improve parental strategies—nationally.

Khetani, now a newly minted doctor of science, began her work at Sargent with a close-up look at children who are supported by Part C early intervention: state-delivered services for families with kids aged 0 to 3 who’ve been diagnosed with, or are at risk for, disabilities or developmental delays. Her dissertation research involved reviewing information that researchers had gathered in a 10-year, 2,000-family national survey; she also conducted her own in-depth

A DOCTORAL STUDENT’S RESEARCH BREAKTHROUGH COULD HELP THERAPISTS BETTER MEASURE THEIR IMPACT.

By Annie Laurie Sánchez



Mary Khetani.

interviews with a small number of Boston-area families.

The process Khetani chose for those interviews surprised her with a breakthrough. When she started meeting families, they weren’t sure how to interpret the standard, broad questions researchers typically ask. “You’re not talking in the framework they’re used to,” says Professor Wendy Coster, chair of the Department of Occupational Therapy and Khetani’s advisor. “Researchers think about models and theories, but that’s not how parents think about their kids.”

So Khetani, who became interested in occupational therapy as an undergraduate working at a summer camp for kids with disabilities, developed new language that parents could relate to. She stopped asking theory-based questions about family satisfaction—“Describe for me how your child functions on a typical day”—and started asking upbeat, activity-specific questions, such as, “Tell me how you can tell when things are going great while on a playdate with your child—what are you doing and what is your child doing?” She got results.

Khetani’s revised approach helped her spot specific patterns of children’s—and parents’—behavior during certain activities or under particular conditions. Her findings could provide a benchmark for therapists to determine which strategies are (or aren’t) likely to work and when, such as when a parent’s touch and tone, interactive toys, or sing-along music will result in a car trip ringing with giggles—or wails. Successful strategies mean more children developing toward their potential, more families leading fuller lives, and more successful playdates all around.

Her doctorate awarded, Khetani plans to continue her research. Armed with family-friendly questions and newly discovered patterns of behavior, she hopes to develop easy-to-use benchmarks so that therapists across the country can measure the impact of their strategies—and help more parents tame tantrums.

This article was originally published in the 2010–2011 edition of Inside Sargent.

Learning While Helping Others

By Monica Lester

Occupational therapy helps people participate to their fullest potential in daily life, but many people are unaware of its benefits. Clinical Professor Karen Jacobs worked with State Representative Louis Kafka to sponsor an April 2007 occupational therapy day to educate legislators at the Massachusetts State House.

Jacobs recruited her graduate students to demonstrate the profession’s role in six areas, from mental health to produc-

tive aging. Thirteen teams developed interactive displays and hands-on educational experiences.

Roxanne Chess’s (’09) team enticed visitors to its booth with cookies. The catch? Visitors could only indulge if they were willing to spread icing on the cookie with a non-dominant hand. Once visitors were busy icing baked goods, the education began.

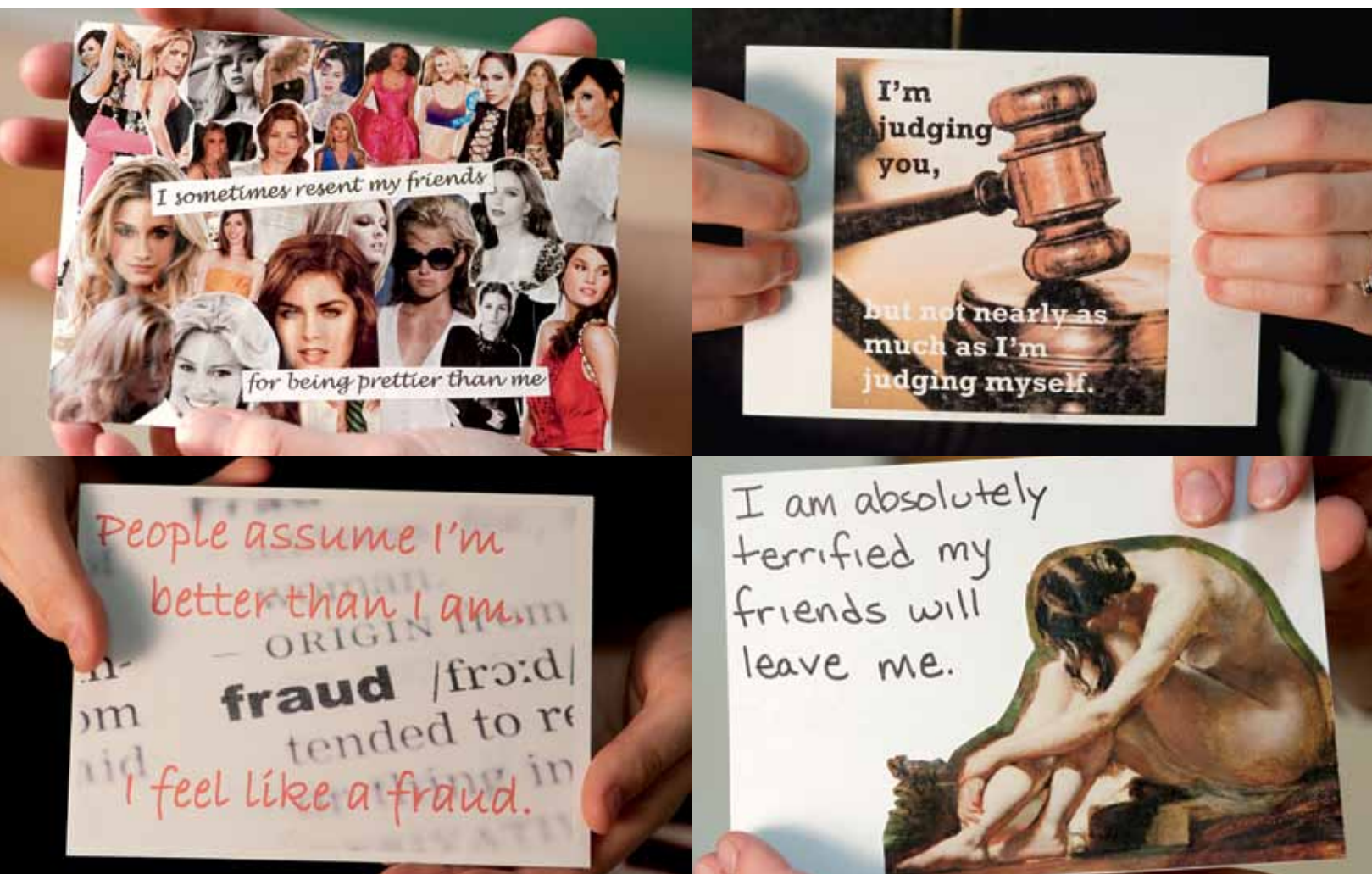
“Many people did not realize the lack of services and equal opportunity individuals face in Massachusetts,” says Chess. “A number of state representatives came back to our table with additional questions.”

This is an extract from an article that was originally published in the 2008–2009 edition of Inside Sargent.

NEARLY ONE-FIFTH OF UNDERGRADUATES HAVE CONSIDERED SUICIDE, BUT MANY DON'T KNOW WHERE TO TURN FOR HELP. BU'S SUICIDE PREVENTION PROGRAM TRAINS THEIR PEERS TO SPOT THE DANGER SIGNALS.

By Jennifer Burke

Helping Students **in Distress**



Two-thirds of students battling depression turn to their peers for help. The "BU Secret" campaign aimed to raise awareness of mental health issues on campus.

The students let go of their deepest secrets in a very public way, their innermost thoughts emblazoned on gaudily decorated postcards and pinned to campus bulletin boards. "I am absolutely terrified my friends will leave me," admitted one. "I feel like a fraud," said another.

Along with nearly 1,000 others, they were taking part in BU Secret, a project sponsored by the student mental health advocacy group Active Minds. The group distributed blank postcards, which included information about where to find counseling on campus, to all students, asking them to write a never-before-revealed message and return the card—all with the promise of anonymity.

Unfortunately, worrisome numbers of college students let their secrets fester. It's a problem compounded at many schools, particularly larger ones, because students don't always know where to get help, says Adjunct Assistant Professor Dori Hutchinson, an advisor to Active Minds. Hutchinson is a coinvestigator for the BU Suicide Prevention Program, a federally funded research grant to raise awareness about mental health issues and train students to help their peers.

While suicide is thankfully rare at BU, there are more students using support services. "And that really echoes what is happening around the country at other colleges, which is why there is this funding," explains Hutchinson [now a clinical associate professor]. The reason for the increase? Hutchinson, who is also director of services for BU Sargent College's Center for Psychiatric Rehabilitation, believes that students are experiencing greater stress in a variety of forms. Certain groups are particularly vulnerable: international students, minority students, athletes, gay/lesbian/bisexual/transgender students, and members of sororities and fraternities.

"When stress isn't attended to, people reach a point where they feel that suicide is an option. We want to shift the culture here so that people don't ever reach that point," Hutchinson says. It's why she advocates that mental health promotion play a key role in the prevention of suicide: "There's a lot of stigma; there's a lot of discrimination and prejudice around seeking help when you're in trouble on campus. It's seen as a weakness," she says. But with suicide being the second leading cause of death among college students, this is a problem that cannot be ignored; Hutchinson adds that according to the Suicide Prevention Resource Center 15 percent of graduate and 18 percent of undergraduate students have seriously considered attempting suicide in their lifetimes.

By offering education and promotional campaigns and opening up communication among mental health services, substance abuse services, faculty, staff, students, and families, the Suicide Prevention Program hopes to target those student groups believed to be at higher risk. The University's many care providers launched a frank new website, www.bu.edu/mentalhealth, in 2010, which includes videos of students discussing how they have struggled with anxiety, self-harm, sleep disorders, and other issues. Their common message? "I got help." The site provides a much-needed resource to parents, who are often unsure of what steps to take when they suspect their children are distressed.



"WHAT WE PROPOSED WAS TO HELP STUDENTS DO WHAT THEY'RE ALREADY DOING, BUT TO DO IT BETTER—WHICH IS TO LISTEN REALLY WELL WITH EMPATHY AND THEN HELP THEIR PEERS SEEK SUPPORT ON CAMPUS."
DORI HUTCHINSON

But those who can be most valuable to students in distress are their peers. "We know from the national data that kids don't seek services, they seek each other," says Hutchinson. She points to national figures that show 44 percent of college students have felt so depressed during the academic year that they found it difficult to function. Of those students, two-thirds approached their friends for help—not adults or on-campus resources. These students, therefore, need to be armed with the appropriate skills.

As part of the Suicide Prevention Program, Hutchinson launched a program to train students how best to respond to a friend in need. Student Support Network training began in 2010 with two pilot groups of a dozen students who took part in 6 one-hour training sessions.

"We're helping students do what they're already doing, but to do it better—which is to listen really well with empathy and then help their peers seek support on campus," Hutchinson says. "We're not training them to be care providers or health ambassadors; we're training them to be good listeners and good referrers."

"I think one of the biggest parts of the training is to get kids to avoid doing what seems natural, which is to try to fix the problem right away or diminish it," says Director of Development at the Center for Psychiatric Rehabilitation Larry Kohn, one of the network's trainers.

The students were nominated by faculty based on their demonstrated willingness to help others—students whom Kohn describes as being leaders in character. Julia Bantimba ('11) was one of them: "We were all able to open up a lot about our own lives and learn from one another," she says. "We found that we tended to quickly offer solutions like, 'If I were you, I would...' We learned to just listen and let the person talk."

The training has since been offered to students from across BU. The aim is to ensure that students no longer have to suffer in silence and can develop into healthy, resilient adults.

The BU Suicide Prevention Program received a Garrett Lee Smith Campus Suicide Prevention Program grant from the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health & Human Services. The Center for Psychiatric Rehabilitation is affiliated with Sargent's Department of Occupational Therapy.

Additional reporting contributed by Susan Seligson.

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COOKING LESSONS FOR PATIENTS WITH BRAIN INJURIES. AFTER-SCHOOL PROGRAMS THAT HELP TEENS CONNECT WITH SOCIETY. STUDENTS ARE FINDING FUN, INSPIRING, AND PRACTICAL WAYS TO GIVE BACK.

By Sheryl Flatow

Giving Back to Boston



Vanessa Lau (left) and Jennifer Grasso taught real-life skills, from laundry to cooking, to people with brain injuries.

It sounds like a typical conversation between friends. “I had a really bad day today,” says one girl. “What happened? Can you tell me about it?” responds the other.

But there was nothing ordinary about this particular exchange. It took place at TILL (Toward Independent Living and Learning) TRASE, an after-school program in Boston’s Hyde Park neighborhood for adolescents with developmental disabilities. The young woman showing concern had a history of behavioral challenges, including an unwillingness to participate with others. The fact that she reached out to another person “is just one example of how we saw an improvement in members of our group,” says Carolyn Rosca (’09, ’11), who, along with Danielle Angueira (’11), planned and ran a group designed to facilitate social interaction in high-functioning young people ranging in age from 12 to 21.

This encouraging moment is one indication of the impact that BU Sargent College’s occupational therapy students are having through the Group Leadership Experience (GLE) program. During their final semester, students team up, usually in pairs, to co-lead a weekly occupational therapy group in a community setting. It’s an opportunity to implement all they’ve learned in the master’s program. “We had 47 students in 23 settings during spring 2010,” says Clinical Professor Ellen Cohn. “It’s a capstone experience for them. The students develop a tremendous sense of competence and self-efficacy because they see that they can design an intervention and lead a group.”

The 2010 cohort worked with people of all ages, in groups ranging in size from two to 15, in a variety of locations and programs. Two students led a group for adolescents with an autism spectrum disorder, facilitating social interaction while exploring the Museum of Science, Boston. Another pair volunteered at Let’s Get Movin’, an after-school program in East Boston, where they worked with 8- to 10-year-olds at risk for obesity. At an inpatient rehabilitation center, students used a combination of sports and trivia questions to address the physical and cognitive needs of adults who had experienced a stroke.

“The clients who participate in these groups greatly benefit from them,” says Cohn. “They are able to make some changes in the way they structure their daily lives. The agencies benefit as well, because the students are providing a very structured group experience. It’s theory-driven and evidence-based. The supervisors receive a copy of their group protocols, and the community agencies can, and sometimes do, replicate the protocol to run the group themselves.”

At TILL TRASE, Rosca and Angueira worked with up to eight adolescents with a variety of disorders and conditions, including Down syndrome, autism, and psychosocial difficulties. They made the decision to focus on social interaction skills, and each week focused on a specific function, such as maintaining eye contact, initiating conversation, and teamwork. “We used cooking as our theme,” says Rosca. “We decided to do healthy snack preparations, because a lot of them also have weight problems. As they were learning cooking skills, they were also learning social interaction skills.”



“THE STUDENTS ARE TEACHING REAL-LIFE SKILLS, THINGS THESE CLIENTS NEED TO BE DOING FOR THEMSELVES EVERY DAY.”

ARIEL ZWELLING

Rosca says she was learning, too. “Our biggest challenge was being able to appropriately respond to the students without being condescending,” she says. “Eventually, I realized that you just talk with them, so I learned how to interact with them on an age-appropriate level.

“Danielle and I did not know what their diagnoses were when we started—that turned out to be a good thing, because we didn’t have any preconceived notions. We got to know them on an ability level, rather than from a piece of paper. That was a very valuable lesson.”

Vanessa Lau (’09, ’11) and Jennifer Grasso (’09, ’11) also devised a cooking theme for their group, but for a different population and with a different purpose. They volunteered at Community Rehab Care (CRC) in Quincy, Massachusetts, an outpatient clinic for people who’ve sustained brain injuries. Lau and Grasso ran an open group, usually with three or four adults attending each week. “They were at different levels,” says Lau, “so Jen and I had to plan a lot to figure out how to challenge those with a higher cognitive capacity and those with a more severe impairment.”

Their cooking sessions encompassed everything from money management and grocery shopping to planning and making a meal. “Planning is something that this population has trouble doing,” says Lau.

CRC Supervisor Ariel Zwelling (’09) says that GLE students play an important role at her facility. “The students are teaching real-life skills, things these clients need to be doing for themselves every day,” she says. “So it has an impact. And the students get so much out of it, too. I think Vanessa and Jennifer both grew in terms of confidence.”

Cohn says that one of the great joys of seeing the students run a group is watching them blossom in perhaps unexpected ways. “Sometimes students who may not be the strongest in the academic environment shine in front of a group. They have great interpersonal skills, or they’re very in tune to clients. There’s always this serendipitous learning that emerges from the situation of practice.”

This article was originally published in the 2010–2011 edition of Inside Sargent.

THE CENTER FOR PSYCHIATRIC REHABILITATION'S PROGRESSIVE APPROACH TO MENTAL ILLNESS GIVES SHARON PRITCHETT—AND OTHERS LIKE HER—THE COURAGE TO STEP INTO THE LIGHT.

By Corinne Steinbrenner

Out of the Shadows



Sharon Pritchett sits in a conference room at BU Sargent College's Center for Psychiatric Rehabilitation and speaks in a slow but steady voice. "When I first came here, I was a shadow person," she says. "I was so quiet; I was afraid of everything. But as you can see," she continues, breaking into a laugh and a broad smile, "I'm not a shadow person anymore."

For decades, Pritchett has struggled with severe depression and post-traumatic stress disorder. Despite a college education, she hasn't held a steady job since 1986. She enrolled in graduate school in 2000, but she couldn't stay focused and soon dropped out.

After several years of taking classes through the Center for Psychiatric

Rehabilitation's Recovery Education Program, Pritchett is making plans to return to graduate school. She's even teaching a course at the center once a week. Her mental health is much improved—"I'm *present* most of the time now," she says—and she's physically healthier too. Pritchett attributes all of these improvements to the Recovery Education Program.

Launched in 1999 to bring together many existing smaller programs, the Recovery Education Program serves approximately 170 people with severe mental illness at the Center for Psychiatric Rehabilitation on the west end of BU's Charles River Campus. The program is modeled on

a typical adult education program, offering its students (you won't hear anyone use the word "patient" here) classes in topics ranging from stress management and tai chi to computer and employment skills—all with the goal of improving participants' overall wellness and supporting their recovery. Evidence, both statistical and anecdotal, suggests the program boosts participants' sense of empowerment, self-esteem, and overall mental health. The program is just one of several services the center offers for people with severe mental illness; it also conducts rehabilitation-related research and provides training for mental health specialists worldwide.

FEELING WELCOME

Over the years, Pritchett has taken nearly every class the Recovery Education Program offers. She attributes the vast improvements in her mental health to the knowledge she's gained in the courses and to the sense of community she feels at the center.

"Mental illness, if anything, is a disease of isolation and loneliness," says Larry Kohn ('85), a longtime member of the center's staff. "There's no greater byproduct of the illness than the sense that there's not really a place in the world for you, and so we try to counter that by offering a place where people feel welcome."

Another hurdle for people with mental illness, says Director of Development Kohn, is that their disease often becomes their identity. "You'll hear people say, 'I'm schizophrenic' or 'I'm a manic depressive.' It's like hearing someone say, 'I'm a kidney disease.' People don't say that." The Recovery Education Program gives people with mental illness a chance to try out a new identity—that of a student. "People come to class, there's an instructor, there's a syllabus. It's a model that we've used for 25 years: rehabilitation through education."

A DIFFERENT STYLE

This emphasis on education is one of many things that make the Center for Psychiatric Rehabilitation different from—and more successful than—most mental health centers. Another difference, says Senior Training Associate Cheryl Gagne ('90, '05), who teaches several courses in the Recovery Education Program, is the luxury the center's staff has to give students time to improve. Pritchett, for example, often arrived late or missed classes when she first enrolled at the center, but Gagne didn't reprimand her. "I had a sense that I shouldn't push," Gagne says, "but just gave her the message that she was very welcome and I really wanted her to participate." With time and encouragement, Pritchett blossomed into a model student. "I know a lot of mental health programs don't get paid if someone doesn't show up—you can't bill for them, so they have to be there," Gagne says.

"YOU'LL HEAR PEOPLE SAY, 'I'M SCHIZOPHRENIC' OR 'I'M A MANIC DEPRESSIVE.' IT'S LIKE HEARING SOMEONE SAY, 'I'M A KIDNEY DISEASE.' PEOPLE DON'T SAY THAT."

LARRY KOHN



Dori Hutchinson and Larry Kohn

"IT ALWAYS SOUNDS SIMPLISTIC WHEN YOU SAY IT—THAT PEOPLE WITH MENTAL ILLNESS ARE PEOPLE, BUT SOCIETY DOESN'T TREAT THEM LIKE PEOPLE. MEDICINE OFTEN DOESN'T TREAT THEM LIKE PEOPLE."

DORI HUTCHINSON

But thanks to generous donors who fund the center's services, she doesn't feel that pressure. "And that's been helpful to a lot of students. For people like Sharon—and there are probably dozens of others—if we had to rush them in, we'd probably have lost them."

Another difference is the lack of rigid boundaries between students and staff. "In other places, there's this hierarchy," Pritchett says of her experiences with traditional mental health services, "and that doesn't happen here." Dori Hutchinson ('85, '96), director of services at the center and BU Sargent

College adjunct assistant professor [now a clinical associate professor], says her staff makes a conscious effort to reduce the gap that usually exists between people with mental illness and their therapists. Staff members often invite students to call them after hours or join them for a lunchtime workout. "People are trained to keep this professional distance," she says. "We don't let go of our professional boundaries, but we narrow that distance."

Perhaps the greatest difference between the center and more traditional mental health programs is the goal shared by every member of the center's staff: to treat people with mental illness as people. "It always sounds simplistic when you say it—that people with mental illness are *people*," Hutchinson says, "but society doesn't treat them like people. Medicine often doesn't treat them like people. They're treated as damaged. They're treated as diagnoses."

Not being labeled "a person with PTSD" and assigned to the "PTSD group," but instead being offered a list of available courses and allowed to build her own class schedule has been life-changing for Pritchett. "I can't think of a word to describe it," she says of being trusted to guide her own recovery. "The only word I can think of is 'affirming.' Yeah, that's it—it's affirming to be looked at as an individual."

Being a student at the center has been such a positive experience for Pritchett that she's decided it's time to give someone else the same opportunity. She's aware there's a waiting list to enroll in the Recovery Education Program, she says, so at the beginning of the semester, she gave up her slot to make room for a new student—someone else who's ready to be more than a shadow.

The Center for Psychiatric Rehabilitation is affiliated with Sargent's Department of Occupational Therapy.

This article was originally published in the 2010 edition of BU Sargent College's publication for alumni and friends, Impact.

An Insight into Interdisciplinary Care

By Jennifer Burke



The mother of a child with autism sits in a BU Sargent College lecture hall before an audience of graduate students. She has come to tell her family's story and give students an honest look at how autism can impact a family. She tells them she wants to be a parent and not a therapist; she simply wants her family to live their lives.

After her presentation, a panel of faculty members from the College's programs in speech-language, occupational therapy, physical therapy, and nutrition assesses the case and recommends various treatment approaches.

This special event, Interdisciplinary Grand Rounds, is offered to graduate students once a semester and mirrors the "rounds" that commonly take place at hospitals.

The concept was developed by Elizabeth Gavett, clinical associate professor in the Department of Speech, Language & Hearing Sciences, and Ellen Cohn, clinical professor in the Department of Occupational Therapy. They'd found that students—so immersed in their individual studies—were not interacting with their peers in other fields.

"We're preparing these professionals to work in health care environments," says Cohn, "and most health care environments are interdisciplinary."

In clinical care, teams of specialists work together, and the rounds give practitioners-in-training a chance to learn what other specialists bring to the table.

"So often in students' early preparation they learn a lot of theory in class, and it's wonderful for them to see patients and connect the theory to what they're going to be practicing," says Gavett.

Since the rounds began in 2007, students have seen patients with a range of illnesses, from aphasia to traumatic brain injuries. According to Gavett, the most memorable was a 62-year-old man with Parkinson's disease who not only showed "that the patient is the expert of his condition and an essential part of the interdisciplinary team," but was also the first patient to take part in the rounds, proving just how powerful such a class can be.

BU Opens First-in-Nation Parkinson's Resource Center

By Erica Lieberman



Terry Ellis (right) wants to put exercise at the center of Parkinson's disease care.

The American Parkinson Disease Association (APDA) and BU Sargent College have established the country's first national resource center for people with Parkinson's disease. Funded by the national APDA and its Massachusetts chapter, the National Resource Center for the Rehabilitation of People with Parkinson's Disease includes a toll-free exercise advice helpline for patients, caregivers, and health care professionals.

Helpline calls, which already average 100 every month, are answered by licensed physical therapists at BU Sargent College's Center for Neurorehabilitation. Callers can receive basic information, request a free APDA exercise handbook, and get referrals to board-certified physical therapists in their communities.

The center's director is Terry Ellis, a leader in neurological physical therapy research and clinical associate professor in the Department of Physical Therapy & Athletic Training at Sargent College. "Exercise is now seen as medicine," says Ellis. "Soon it may be shown to slow the progression of Parkinson's disease in humans as it does in animals. But there's no need to wait—we already know it improves patients' quality of life."

The center's toll-free helpline number is 1-888-606-1688.

Events at Sargent

By Erica Lieberman

A FAMILY VIEW OF REHABILITATION

Neurological damage can devastate a whole family, not just the patient. Acclaimed author Lee Woodruff has seen the impact firsthand—her husband, ABC News reporter Bob Woodruff, suffered a traumatic brain injury after being wounded by a roadside bomb in Iraq in 2006. Together, the couple chronicled the grueling recovery process in their 2007 bestseller, *In an Instant: A Family's Journey of Love and Healing*.

Presenting the second annual Meredith E. Drench Lecture in 2010, Woodruff focused on the critical roles her family played and the rehabilitation professionals who inspired them. "I honor you," she told the BU Sargent College audience. "You are really where the rubber meets the road in this journey." In her talk, *Life Changes in an Instant: A Caregiver's Journey*, Woodruff predicted exciting changes in the field of neurorehabilitation in the next 20 years.

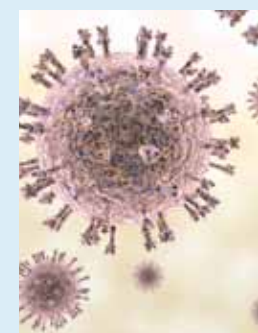
You can watch Woodruff talk about her family's journey at www.bu.edu/sargent/features/woodruff.

LESSONS LEARNED DURING A PANDEMIC

Richard Besser was named Acting Director of the Centers for Disease Control and Prevention (CDC) in early 2009, less than three months before the H1N1 flu virus hit U.S. shores. With the Obama administration still in transition, Besser led America's premier public health agency through its first pandemic in decades.

Now an ABC News medical editor, Besser was the guest speaker at the eleventh annual Dudley Allen Sargent Lecture. His talk, *Pandemics, Public Health, and Political Transition*, touched on several aspects of the crisis, from communication strategy to the interplay of science and policy in decision-making. On a key question of public health priorities—whether to focus on low-probability disasters or urgent, ongoing health issues—Besser said the pandemic clearly demonstrated the need to do both.

You can watch Besser give his take on the U.S. response to H1N1 at www.bu.edu/sargent/besser.



APHASIA RESOURCE CENTER TURNS 20

More than one million Americans live with aphasia, an acquired, still incurable communication disorder caused by damage to language zones in the brain. Boston-area residents and families living with aphasia have found clinical treatment, education, and support for the past 20 years at the Aphasia Resource Center at BU Sargent College.

Founded in 1990 by speech-language pathologist Jerome Kaplan, the center now welcomes up to one hundred guests to its monthly meetings, while classes and conversation groups draw up to fifty people every week.

The center offers an excellent training environment for Sargent College students and has also committed to ambitious research goals. Staff members aspire to make the center the nation's preeminent aphasia clinical research and rehabilitation resource.

At an event to mark the center's anniversary, aphasia survivors presented a reading of *Voices of Aphasia*, a play about the impact of aphasia from a caregiver's perspective written by center cofounder Judy Blatt.

FILMMAKER BRINGS PARKINSON'S DISEASE INTO FOCUS

Few people have done more to increase awareness of Parkinson's disease than PBS *Frontline* correspondent Dave Iverson. His 2009 documentary, *My Father, My Brother, and Me*, explored the medical research and political debate surrounding a disease that has affected several of his family members, including himself.

The Center for Neurorehabilitation invited the long-time writer, producer, and director to speak at Sargent College to mark Parkinson's Disease Awareness Month and the launch of the new national resource center (see p. 20) at BU.

You can watch Iverson's talk, *Frontline Feedback: A Filmmaker and Patient's Perspective*, at www.bu.edu/sargent/features/iverson.

Online Doctorate Goes Global

By Andrew Clark

BU Sargent College's online post-professional program in occupational therapy continues to grow in popularity, giving busy professionals the chance to advance their careers to the next level. Launched in 2007, the program offers a Master of Science degree and a doctorate in occupational therapy.

"It allows professionals to develop knowledge and skills without having to move geographically," says Clinical Professor Karen Jacobs, who directs the program. "Studying online also helps students as they try to balance their work and family lives."

Students log on from all over the globe, but still have the opportunity to learn in a synchronized fashion, as Jacobs hosts meetings via webcam to simulate a classroom setting. Once a student matriculates, they're paired with a faculty member who has interests relating directly to that student's focus.

According to Jacobs, graduates have enjoyed great professional success; one went from teaching at a university to becoming a program director and two others were hired as college faculty members.

"We've had great feedback from our graduates so far," says Jacobs. "These are individuals who have a lot of knowledge and skills, and this program is really helping them advance in their professional lives."



In Brief

STUDENTS PUSH OVERSEAS OPPORTUNITIES



Photos courtesy of Ellen Cohn

A recent trip took Sargent students, professors, and alumni to Ecuador.

Students in the occupational therapy master's program have launched a monthly brown-bag lunch to discuss international health care and community service. A recent trip to Ecuador was among the first experiences shared as a brown-bag lunch topic. Students traveled to the country to meet with local health care practitioners and explore the roles of health disparities, marginalization, poverty, and environmental conditions in influencing health. They also worked in non-profit agencies serving people with disabilities.

PROFESSOR SERVES STATE BOARD

Clinical Associate Professor Nancy Lowenstein is serving as vice chair of the Massachusetts Board of Registration in Allied Health Professions, which evaluates licensure applications from health care professionals.



TAKING SARGENT EXPERTISE TO CHILE

Six BU Sargent College faculty members presented at the World Federation of Occupational Therapists Congress in Chile in May of 2010.



Assistant Professor Jessica Kramer shared her latest research with colleagues from around the world at a gathering in Chile.



Photo courtesy of Sargent College



Jennifer Grasso (left) and Vanessa Lau.

COMMUNITY CONTRIBUTIONS

Every year, students contribute to local clinical service programs. In 2010, Amy Alaniz ('12) and Sarah Stultz ('12) helped run a parenting program and CogniFit (a brain training program) for people with multiple sclerosis. Vanessa Lau ('09, '11), Sharon Goodwin ('11), Jenna Petrigno ('11), and Jennifer Grasso ('09, '11) developed and led a workshop for older adults in Boston, while students in the Skills for Occupation-Based Practice course administered occupational therapy screening for 25 children at the BU preschool.

IMPROVING MUSEUM ACCESS

Clinical Professor Ellen Cohn and Associate Professor Gael Orsmond are collaborating with the Museum of Science, Boston, to help make the museum more accessible for children with autism spectrum disorders and their families.



Photo courtesy of Museum of Science

Faculty List

William Anthony Professor

Susan Berger Clinical Assistant Professor

Ellen S. Cohn Clinical Professor

Wendy Coster Professor and Chair

Mary Evenson Clinical Associate Professor

Marianne Farkas Clinical Professor

Cheryl Gagne Clinical Assistant Professor

Simone Gill Assistant Professor

Christine Helfrich Assistant Professor

Norman Hursh Research Associate Professor

Dori Hutchinson Clinical Associate Professor

Karen Jacobs Clinical Professor

Jessica Kramer Assistant Professor

Nancy Lowenstein Clinical Associate Professor

Naomi Moran Clinical Instructor

Gael Orsmond Associate Professor

E. Sally Rogers Research Associate Professor

Zlatka Russinova Research Associate Professor

Anne Sullivan-Soydan Clinical Assistant Professor



Grant Awards

BU SARGENT COLLEGE'S DEPARTMENT OF OCCUPATIONAL THERAPY AND AFFILIATED CENTER FOR PSYCHIATRIC REHABILITATION RECEIVED \$1,790,701 IN RESEARCH FUNDING BETWEEN JULY 2010 AND JUNE 2011. HERE'S A SAMPLE OF SOME OF THE PROJECTS AND THE AGENCIES SUPPORTING THEM.

Principal Investigator(s)	Title of Project	Agency
Wendy Coster, Professor and Chair	Computer Adaptive Testing of Adaptive Behavior of Children and Youth with Autism Spectrum Disorders	National Institutes of Health (NIH)/ National Institute of Child Health & Human Development (NICHD)
	Development of Measures of Participation and Environment for Children with Disabilities	U.S. Department of Education (DoE)/ National Institute on Disability and Rehabilitation Research (NIDRR)
Marianne Farkas, Clinical Professor	Innovative Knowledge Dissemination and Utilization for Disability and Professional Organization and Stakeholders	DoE/NIDRR
	Research and Training Center on Disabilities in Rural Communities	DoE/NIDRR
Marianne Farkas, Clinical Professor, and E. Sally Rogers, Research Associate Professor	Improved Employment Outcomes for Individuals with Psychiatric Disabilities	DoE/NIDRR
Christine Helfrich, Assistant Professor	Life Skills: Transitioning from Homelessness and Isolation to Housing Stability and Community Integration	DoE/NIDRR
Norman Hursh, Research Associate Professor	The Boston Connects Model of Student Support: Expanding Technical Assistance & Evaluation	Mathile Family Foundation
Dori Hutchinson, Clinical Associate Professor and Director of Services, Center for Psychiatric Rehabilitation, and Margaret Ross, Director, Behavioral Medicine, Student Health Services	Boston University Suicide Prevention Program	Substance Abuse and Mental Health Services Administration
Jessica Kramer, Assistant Professor	Giving Youth a Voice: A Collaborative Evaluation of the Effectiveness and Feasibility of a Novel Environmental Modification Training for Youth with Disabilities	Noonan Memorial Research Foundation
Gael Orsmond, Associate Professor	Impact of Parenting Adolescents and Adults with Autism	NIH
E. Sally Rogers, Research Associate Professor	Instrument to Measure Recovery in Promoting Competence Among Spanish Speaking Mental Health Providers	DoE/NIDRR
Zlatka Russinova, Research Associate Professor	Advanced Research Training Program in Psychiatric Rehabilitation	DoE/NIDRR



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Get in Touch

If you'd like to learn more about occupational therapy at BU Sargent College, we'd like to hear from you. To speak with a professor or student, make an appointment to visit the campus, or find out more about degree programs, financial aid, and degree requirements, please contact us:

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