June / July • Issue 3 • 2012

THE communiqué

Illinois Occupational Therapy Association

The Transformative Power of the Human-Animal Bond

The Safe Humane Chicago Organization

Kyla Meyers Page

Occupational therapy (OT) is a holistic discipline that promotes health and well- being through engagement in occupations. OT enables individuals to gain or regain the skills necessary to perform meaningful and purposeful activities. Programming by **Safe Humane Chicago** (SHC), a Chicago-based organization dedicated to creating safe and humane communities by inspiring positive relationships between people and animals, helps to do that.

> "Person by person, dog by dog, SHC is changing the way Chicago creates safe and humane communities."

The human-animal bond is a central component of conception and program development for SHC. The programs encourage participants to embrace the power of the human-animal bond and empower individuals to reach vocational, educational and recreational goals.

SHC encompasses three main programs to facilitate positive relationships between people and

...Continued on Page 12

Understanding Sensory-Based Behaviors

Debra J. Denniger-Bryant OTD, OTR/L

All children display negative behaviors at one time or another. It is not uncommon for a two year old to say "No" to a parental request, yank a toy away from a peer, or to have temper tantrums when asked to do something outside of their preference.

Atypical behaviors that require intervention are those behaviors that persist for extended periods of time and interfere with the child's ability to interact appropriately with others (hindering social development) or interfere with their ability to interact appropriately with their environment (hindering learning, safety, or health). These behaviors include, but are not limited to:

- Extreme irritability
- Hitting, biting or other aggressive behaviors
- Inability to transition between activities, environments, or people
- Inability to self calm after being upset
- Difficulties with eating; avoidance of trying new foods
- Difficulties with social interaction; avoidance of eye contact
- Highly active, motor-driven behaviors; unable to sit still
- Inability to pay attention

...Continued on Page 7

In this issue:

- **Student Voice**
  Reflections from the AOTA Conference on Page 6.
- **Sexuality and SCI**
  OT knowledge and comfort about sexuality training for spinal cord injured (SCI) individuals Page 10.
- **Meet the Board**
  Learn about Rachel Dargatz, Director of Advocacy on Page 8.
- **Clinical Spotlight**
  Read about Linda Haworth-O'Brien on Page 9.
- **Pediatrics**
  Read Shauna Henry's reflections on a career in pediatrics on Page 13.

AOTA State Affiliate

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 bimonthly.

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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Don't forget to renew your membership online at **www.ilota.org!**

President's Address

Peggy Nelson

Recruitment and Retention:

You Make All the Difference!

As a volunteer organization, our members and board members are the most important assets. With continual healthcare changes, it is our members' voices that must be heard to advocate for each practice area of our profession. Legislative and reimbursement changes impact each of us in one way or another. It is important to have representation from all practice areas to ensure a comprehensive strategy in our advocacy efforts. One goal of ILOTA is to recruit, engage, and retain practitioners to increase our network strength…because you, our practitioners, and members make all the difference!

We count on you to keep us informed of your needs as a practitioner within the state so we can better serve you. Some options that are currently available to you to ask questions or to share information with the board and other members/practitioners include the list serve, bulletin boards on the website, and the member search function to email others. Stay tuned for additional resources planned for the website this year, such as an update listing of open volunteer positions, Standard Operating Procedures (SOPs) to help with an overview of responsibilities of committee and board members, and orientation resources on how to be involved.

We recognize that as a volunteer organization, any time you spend on activities with the association is a commitment. To increase the value to you as a constituent we appreciate feedback on how to increase the ease in participating in special interest groups, district events, or networking activities. Benefits of involvement include increasing knowledge related to specific practice areas, keeping up to date with issues in your local community, networking with others, and contributing to the profession to make a difference. Additional benefits include continuing education credits for service on a committee, ILOTA sponsored continuing education events, or service as a board member.

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

Peggy Nelson,
President of ILOTA

Legislative Update

Maureen Mulhall

Two Out of Three Aint Bad, Right?

The Illinois General Assembly was in the Spring 2012 Session to address 3 major issues which all relate to the ongoing budget crisis:

1) **Medicaid Reform** - Many members of the legislator worked tirelessly through the spring to develop a reform package to cut $2.7 billion from the state's budget in order to curb growth in the program and bring spending into a range that was more fiscally manageable. At the end of the day, the legislation passed by the General Assembly and signed by the Governor (SB 2840) the $2.7 billion was achieved by a combination of program reductions, eligibility restrictions, rate reductions, and a $1/pack tax increase on tobacco purchases. The initial plan by the Governor included a restriction for occupational therapy that required it to be provided in a home health setting. The final package restricted services to 20 encounters in a year. Other programs were not so lucky, especially Illinois Cares Rx which was eliminated, thus cutting off 180,000 senior and disabled citizens from often life saving prescription assistance.

Also included in SB 2840 was the requirement in long term care that a new resource utililization formula (RUGS) be implemented on January 1, 2014. The RUGS formula has been on the drawing board for a couple of years and is designed to compensate homes based on the acuity of patients. Only time will tell if this formula will actually be implemented in 2014.

Another significant piece of the Medicaid Reform puzzle was SB 3397 which was signed into law along with SB 2840. This bill prohibits the state to put off paying Medicaid bills from one fiscal year into the next fiscal year. This is a budget tactic that has been used far too often in recent years, at the expense of medical providers.

2) **Retired state employee health care** – Retired state employees have enjoyed free health care for decades, meaning they did not pay any premium for very good health insurance. As the number of retired state employees has grown, particularly with repeated early retirement inducements, and retirees living longer, the cost of this benefit was simply not sustainable, nor a good business practice in the eyes of many. The Governor recently signed legislation that will require retirees to pay a premium for their healthcare. Their healthcare benefits remain otherwise unchanged.

…Continued on Page 9

Photo *Opinions*

Why did you decide to pursue a career in pediatrics?

We value our colleagues' opinions and views! In each issue we will ask a different question. Some may be thought provoking and some may be more whimsical, since as OTs we face both serious concerns and opportunities for creativity. We will feature responses and photos from different clinicians or students in each issue. If you have an idea for a question or would like to be considered for a future issue, please contact us.

The Rewards of Compassion

I had the opportunity to complete one of my Fieldwork experiences in pediatrics and loved it. Children make me smile, and I find them truly inspiring! Intervention within this age group is vital and I feel fortunate to be a part of this process. I have been a school-based OT for LADSE for the last 14 years, and have worked with children ages 3-21 across our cooperative with varied strengths and abilities. I have been a part of countless multi-disciplinary teams, including school staff and families. These experiences have helped me to grow as an OT and support children in their role as "student" . Working with children keeps me young at heart. I can honestly say I laugh every day!

Michelle Mannix-Richards OTR/L

LADSE, LaGrange Area Department of Special Education

Sharing Life Lessons

Terese Klinger, OTR/L

When I was in graduate school the last population I thought I'd want to work with was peds! I had two kids of my own and several nieces and nephews that I spent time with regularly. Why would I want to work with kids??!!! As it turns out (8 years later) that's all I've been doing, aside from occasional PRN work in a skilled nursing facility. Working with kids is both challenging and humbling. There is never a dull moment! You'd like to believe that it's you making a difference but realistically it is a combination of developmental growth, family support, and the services we provide. I actually love when parents are so grateful for the work that we do and I can tell them that it is their child, with their support and follow-through, that really did the work.

I am going on my sixth year working in the schools (clinic-based early intervention prior to that) and it is the perfect job for me. The hours are great and I have the option of working over breaks and in the summer. When I do decide to work over breaks I work in a skilled nursing facility to "get my fix" of another population that I enjoy working with and also to keep up my skills in other areas (I'm a firm believer in versatility and keeping my options open). When I decide not to work over breaks I'm hanging with my grandkids, enjoying country living, and hanging around the horse world!!

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

Photo Opinion: What do you enjoy most about working with assistive technology?

Joy M. Hyzny, MS, OTR/L

Sharing Life Lessons

As an occupational therapist I realize that assistive technology is a tool just like other treatment modalities. Although technology can "wow" many of us, it can be viewed as an undesirable intrusion of one's customary way of performing a task. The more that I work with people of diverse backgrounds, I continuously learn that the technology will only be an instrumental tool if our clients view it as something that enhances their participation or performance. There are many variables that impact if a client incorporates a tool into daily activities. Technology can be an awesome tool, but finding the right match is critical. The best part of working with assistive technology is when I identify a match that the individual integrates into daily life. It's a good fit when those I work with say, "Wow, that's cool . . . look what I can do!" It is empowerment at its best!

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Student Voice

Reflections
From the 2012 AOTA conference

By Rebecca Yelle, Nathan Hebda, & Brittany Diasio
Occupational Therapy Students,
Midwestern University

April is an exciting time of year for the American Occupational Therapy Association. It is a time when practitioners from around the country come together to share research, the latest tools, and socialize with old and new friends at the annual conference. The 2012 conference was held in Indianapolis, Indiana, a relatively short drive from our university in Downers Grove, Illinois. As first year students at Midwestern University, we were eager to discover all that the conference had to offer. It would prove to be a highly informative and inspiring event.

Conference was kicked off with the welcoming ceremonies. A dueling piano band played to get the crowd revved up and ready for all of the great learning opportunities that would be in-store for the conference participants. The keynote speaker was Joseph Coughlin, director of the Massachusetts Institute of Technology Agelab. He spoke to the importance of our field and the innovation of technology. His message really emphasized that occupational therapy is the key to living long lives to the fullest when combined with the future of innovation, an important concept for future practitioners. The conference theme of science, innovation, and evidence was in full swing.

The opportunity to connect with students and practitioners from around the country was one of the most enriching parts of conference. At the expo especially, we had many chances to meet and speak with clinicians, researchers and leaders in our field. Every booth was a chance to learn from people of different backgrounds about new methods of practice and practice settings. Speaking to other students about what they were learning was equally edifying. This sharing of ideas further demonstrated how dynamic and far-reaching occupational therapy is and inspired our own thoughts on how we will use it to help enhance the lives of our future clients.

The conference sessions offered an opportunity to be immersed in the current pool of research and experience of occupational therapy practitioners. The variety of session and workshop topics spoke to the vast and varied practice areas of today's current occupational therapist. Evidence based approaches to rehabilitation were foundational and ranged in areas from the occupational therapist role in hand transplantation, pediatric practice, and research related to sexuality and spinal cord injury.

One session that stood out to us was the plenary session. It was presented by Colonel Robinette J. Amaker and included Tammy Duckworth and Jessica Lynch as guest speakers. They focused on developments in behavioral health, mild TBI, amputee rehabilitation, polytrauma, and the new concussion care centers in Afghanistan. It was motivating as students to see our education aligned with the centennial

…Continued on Page 7

Student Voice

If you would like to be featured in Student Voice or know someone who would, please contact LaVonne St. Amand at lstama@midwestern.edu

Sensory-Based Behaviors (continued from page 1)

Debra J. Denniger-Bryant OTD, OTR/L

Sensory Modulation/Regulatory Disorders

Sensory modulation refers to the brain's regulation of neural messages, facilitating or inhibiting responses to sensory stimuli as required for particular situations. When modulation is intact, the nervous system responds to some stimuli while ignoring other stimuli. This action enables the individual to generate an appropriate adaptive response to stimulation. Most of us are able to generate a response to sensory stimuli that is graded in relation to the importance of incoming sensations.

Our highly sensitive central nervous system easily balances what is important, or not important, to attend to. However, children with sensory modulation disorders often lack the ability to adapt or modulate their behavior appropriately to environmental demands and either over-respond or under-respond to the sensory stimuli present.

Sensory Modulation in Our Own Lives

Every moment, we are constantly changing and adapting to the ever-changing sensory environment. Depending on the importance of the stimuli that is present, you "tune-in" or "tune out."

For example, most of you, while sitting at the computer, block out the humming noise that may be present as a computer is running. You are able to block out this extraneous sensory stimuli, therefore having more availability to attend to other important tasks such as reading your e-mail or completing your work.

If suddenly your computer began making a grinding noise, much different from its usual humming noise, you would notice the novelty of the noise and divert your attention away from your work, at least for a while. Our highly sensitive central nervous system is able to easily balance what is important to attend to and what is not.

High Neurological Threshold

Some children have decreased sensory awareness. These children need additional sensory input to register, or be aware of, what other children perceive normally. They are often accused of not paying attention, or they may need to participate in additional sensory seeking behaviors, such as moving, running or fidgeting, to maintain a normal central nervous system state of arousal. These children have a "high neurological threshold."

Low Neurological Threshold

At the other extreme, some children have an inability to appropriately inhibit irrelevant sensory stimuli (the computer humming). Children who display an inability to adequately filter out extraneous sensory stimuli may be over-responsive to sensory input. These children over-react to sensory stimuli and are overly sensitive to certain sensations. In extreme cases, ordinary sensory stimuli may be perceived as painful or frightening. These children are over-responsive to sensory input or have a "low neurological threshold."

Children with low neurological thresholds use both active and passive self regulation strategies. They can appear both over-responsive and under-responsive to sensory stimuli. They can appear irritable, fussy or upset by stimuli that go unnoticed by other children. These children can appear unresponsive to sensory stimuli, as the central nervous system attempts to protect itself from additional sensory input that it may not be able to handle. The behaviors displayed appear inconsistent as the nervous system attempts to respond to stimuli, while at the same time attempting to protect itself from stimuli by reducing input. As a result these children tend to be fussy and require a great deal of structure.

Most of us at one time or another have experienced a headache or illness. You have probably realized that during these times, your ability to handle normally occurring sensory stimuli, such as background noise or bright light, is considerably reduced. This is what a child with a low neurological threshold experiences on a continual basis.

It Was Sensory, Now It's Just Behavior!

Some children display extreme acting-out behaviors that may have been due to a sensory modulation disorder at one

…Continued on Page 8

Student Voice: 2012 AOTA conference (continued from page 6)

vision and infused into real practice, making a real difference in the lives of extraordinary people.

Much of the research at conference was presented through poster presentations. Viewing the research posters and speaking with the scholars who presented them bolstered the importance of contributing to the body of occupational therapy knowledge through scientific inquiry. This was valuable practice because all second year students at Midwestern complete their own research projects as part of the curriculum.

The vast array of opportunities to experience at the annual AOTA conference are endless. Networking with professionals from around the country, expanding our knowledge on current research, and dancing in the aisles at the welcome ceremony made us more eager to become occupational therapy practitioners and proud to be a part of the profession. We are excited for next year's conference and continued involvement in occupational therapy associations. •

Meet the Board: Rachel Dargatz, Director of Advocacy

When did you join the state association?
I joined the ILOTA about a year ago after I graduated from OT school and knew I was moving back to Illinois.

What motivated you to participate on the board?
I have had an interest in advocacy since I went to OT school and learned about a lot of our missed opportunities as occupational therapy practitioners. When I joined ILOTA, I indicated that I was looking to get involved and that advocacy was one of my interests. I received a phone call from the nominations committee, and I felt that my experience as an intern in AOTA's Federal Affairs Department would serve me well in this new role.

What would you like to see happen during your time in office?
I would like to increase networking, participation, and awareness of each individual practitioner's/student's role in advocacy. I would like to create a network of students and practitioners with expertise in their practice area. None of us can work in all areas of practice or pretend to know about the intricacies of each practice area, which is why I would like to increase our network of practitioners by practice area, so that when an advocacy opportunity arises, I can reach out to you for input. I would also like to increase each individual's awareness of the role he/she plays in advocacy. Advocacy power is increased when our numbers are increased.

What is your vision for the ILOTA?
I would like to see our membership increase on the books, but also in involvement. My vision is a very active membership that seeks opportunities and is provided with opportunities to be involved, active, and yet not overwhelmed. We are as strong as our membership, and membership is not just about carrying a card, but also about belonging and having a place to go, serve, and benefit as a group.

How do you see the role of the members who are not officials?
From my particular role, I see our members, whether officials or not, as resources. Currently there is a bill before the State legislature regarding possible changes to early intervention. I am not an E.I. practitioner, and I need connections to members who are who can advise our board and me especially on what this impact will be and how we can ensure that OT is recognized, included, and protected.

What do you think each of us could do to increase membership and participation?
We all need to take the opportunity to reach out to our fellow practitioners/students around us and encourage them. Many times we see a membership fee as a barrier, but many employers reimburse membership dues as a benefit to company employment. Seek out this reimbursement and remove as many barriers as possible to hesitant co-workers or other students. I've downloaded and provided the forms to my co-workers and even the expense reports for reimbursement because my company does reimburse membership. Many times though, it just takes the conversation to start the ball rolling.

Sensory-Based Behaviors *(continued from page 7)*

time, but now it just appears as if the child is deliberately misbehaving. This is because many behaviors develop into bad habits long before the sensory issues themselves are resolved.

Any habit that has been repeated time and again can become firmly established and comfortable. It becomes their mode of operand or "MO". The behavior becomes a bad habit that is an "instinctive response" that happens automatically, without thought. Therefore, even though the initial cause of the behavior (in this case, a sensory modulation deficit) may be resolved, the behavior persists just like an old habit that is difficult to change. In these situations, a sensory approach alone will likely not be effective. Behavioral approaches such as structure, limit setting or behavioral modification will likely be needed to break negative habit patterns.

Not All Negative Behaviors are Sensory-Based
Many behaviors can appear sensory based but, the fact of the matter is, there can be many reasons that negative behaviors occur. Undiagnosed medical conditions such as allergies, asthma, or gastrointestinal difficulties can result in associated central nervous system stress, which in turn, can result in irritability, reduced attention and/or hyperactivity. Many medications can have side effects of hyperactivity and lethargy. Neuro-chemical imbalances and socio-economic factors also have obvious impacts on behavior and need to be considered or ruled-out as influencing factors of unwanted behavior.

Summing It Up
Young children with sensory-based modulation disorders may have a true inability to control their behavioral responses, and they need the understanding of caring adults to adjust and adapt their environment until adequate coping mechanisms are developed. If the presenting negative behavior is a result of a sensory modulation disorder, adaptation of the environment along with participation in daily activities designed to meet the child's sensory needs will result in a reduction of the negative behavior.

References available upon request

Clinical Spotlight: Linda Haworth-O'Brien The Comprehensive Group

I received my Bachelor's Degree from University of Illinois in Champaign-Urbana in 1986. My undergraduate degree is in Community Health Education. I attended Rush University and received my Master's degree in Occupational Therapy in 1988. I have been an occupational therapist for 24 years. I have worked in many different practice arenas of occupational therapy, including acute care, rehabilitation, out-patient, home health, contract and the schools. I have worked in the school system for the majority of my career. I have also worked in different levels of occupational therapy including staff therapist, senior therapist, manager / supervisor and director of a pediatric service line. I have mentored many therapists and have been a clinical instructor for both Level I and II Fieldwork students.

As I reflect back on how I found out about the profession of occupational therapy, I was fortunate to have a career counselor at my high school that helped guide me. I was interested in a health profession and my counselor exposed me to speech, physical and occupational therapy. I read about the differences and then arranged to observe the three different therapies. It was when I observed the occupational therapist, that I knew it was the right profession for me.

Working in the school system has been very rewarding for me on so many different levels. First and foremost, working with the children is the best part of my job. It is so amazing when you can help a student be successful. We as OTs, think holistically and are always looking at modifying, adapting and optimizing a child's level of independent functioning. It is also very important to collaborate with teachers, other team members as well as parents/families. As an OT in the schools, I am always very excited about educating others about how we think as OTs. Our high skill level for activity analysis, our creative problem solving ability, our keen ability for using our therapeutic use of self, and our knowledge about sensory processing skills all help us to be effective clinicians.

I have always advocated for us as school therapists because we have many challenges working within an educational framework. We are a related service supporting academia and we have to be very creative with our treatment planning both within the classroom environment, as well as, outside of the classroom. We typically do not have access to a lot of equipment and materials which requires us to be very creative and resourceful. As more and more of our children with special needs are attending their home schools, we have to travel from school to school as itinerant therapists, lugging our therapy bags and finding spaces to work in. We also have to be able to work with many different individuals which ranges from the principal to the custodians.

I believe that the profession of occupational therapy will always be a strong and important service to our society. We as OTs need to be sure to continue to advocate for our profession and educate the public on how pivotal of a role we play in all aspects of life from neonatology to geriatrics. We need to support more evidenced based practice and research to continue to substantiate how effective our occupational therapy services are.

I think as occupational therapists we are fortunate to be in a profession where there are many job opportunities and a variety of practice arenas to work in. I think we have to continue to prove what an amazing profession we are in: a profession that I am honored to be part of! •

Legislative Update *(continued from page 3)*

3) **Public employee pension reform** – Again, legislators spent countless hours struggling with the right fix to this problem. Up until the final hours of session at the end of May it appeared that a deal was in the works. As reported throughout the news, negotiations broke down on the issue of transferring pension payments for teachers from the state to local government.

Only Chicago Public School pensions are paid by local taxpayers. Downstate and suburban pensions are paid by the state (taxpayers). Speaker Madigan is arguing for parity on this issue but so far the Republican leadership has given this approach thumbs down. It appears as though this will be the subject of a long, hot summer of negotiations.

The Future – All state representatives and senators are up for election on November 6. If you haven't already encountered your own candidates on the campaign trail expect to hear from them soon. If someone is asking for your vote on election day take a moment to find out where they are on issues important to you, be it access to care, property taxes (which would be increased if the teachers' pension transfer occurs), funding for healthcare, etc. Vet out candidates when you have the opportunity so that you can make a more informed decision.

The General Assembly returns to Springfield for veto session after Thanksgiving. They are scheduled to be in for two weeks to take action on the Governor's vetoes. But anything can go during veto session if there is a will to get things done. Stay tuned.

Research Update

Sexuality with spinal cord injury: An overlooked ADL?

Marissa Dastice, MOT, OTR/L
Marianjoy Rehabilitation Hospital
Wheaton, IL

Introduction

Sexuality is an integral part of human nature and is often overlooked in rehabilitative settings. According to the Occupational Therapy Practice Framework, engaging in activities that result in sexual satisfaction is an activity of daily living, and therefore, it is within our role to discuss it with our clients. Additionally, occupational therapy has a holistic and client-centered approach, and therefore needs to encompass and treat all parts of person as a whole, including a person's sexuality. Recent literature regarding sexuality and occupational therapy domain reveals that OTs are considering sexuality part of their domain but are not formally delivering sexuality rehabilitation services (McAlonan, 1996)

Abramson and colleagues (2008) noted that restoration of sexual function is a top priority for many individuals following spinal cord injury. However, there is a lack of opportunity for sexual rehabilitation services. Numerous programs exist on bowel and bladder management following SCI, yet the area of sexuality is lacking. Abramson and colleagues (2008) also noted even though this service is rated highly amongst people with SCI, it remains to be an area least likely to be addressed in the person's lengthy rehabilitation process.

The purpose of this study was to examine occupational therapists' (OT's) knowledge and comfort about sexuality training for spinal cord injured (SCI) individuals and whether or not they were formally educated on such topics. Additionally, spinal cord injured persons' overall satisfaction with sexuality rehabilitation services received, including but not limited to, likes, dislikes and suggested improvements for service delivery were examined.

Methods

Brief questionnaires were chosen as the method for obtaining quantitative data from occupational therapists with experience working with individuals with spinal cord injury (n=32). Kendall et al. (2003) developed a single measurement questionnaire termed the Knowledge, Comfort, Approach and Attitudes towards Sexuality Scale (KCAASS) to assess the training needs of staff in rehabilitative settings. This single measurement questionnaire has been previously validated to show high levels of internal consistency across the four domains. For the purpose of this study, participants were asked to complete only the knowledge and comfort subscales to capture the researchers' interests. Additionally, a qualitative component was then added to the survey asking participants to identify their three priorities in providing sexuality rehabilitation to clients with SCI.

To obtain quantitative data, a researcher based survey for males with cervical to lumbar spinal cord injuries (n=53) was developed based on the literature review. The survey was divided into three different sections. The first section consisted of questions focused on demographic information. The second section had 16 statements that asked the participant to indicate using a 4-point Likert (1 indicates strongly disagree and 5 indicates strongly agree) their level of agreement regarding their opinions about their sexuality rehabilitation services. One qualitative question was added to this section to ask participants to indicate their top three concerns regarding sexuality and SCI. The third section of this survey consisted of 9 statements about the participants' satisfaction with the sexuality rehabilitation services they received. Participants were asked to rate their level of agreement regarding their experience with sexuality rehabilitation services using a 4-point Likert scale (1 indicates strongly disagree and 4 indicates strongly agree).

To give further insight on sexuality issues of individuals with SCI, a focus group (n=7 males with cervical to lumbar spinal cord injuries) was conducted to enhance qualitative findings with that of lived experiences. Ten qualitative questions were developed based on issues that were raised in the literature review. The focus group was conducted with semi-structured interview guide, audio taped and then transcribed.

Descriptive statistics were done to compare the surveys. The focus group data, as well as the open-ended questions from the surveys, and the discussion forums were coded using open and axial coding methods.

…Continued on Page 11

Student Voice

If you would like to be featured in Student Voice or know someone who would, please contact LaVonne St. Amand at lstama@midwestern.edu

Sexuality with a spinal cord injury (continued from page 10)

Results

Occupational therapist participants indicated lower levels of knowledge (some to none) on items related to topics listed below in chart.

Topic	Average
Sexual preference	53.1%
Assistive devices & medications for achieving erections	59.3%
Dating and courtship	59.3%
Professional issues	59.3%
Teenage sexuality	71.9%
Counseling	75%
Fertility	75%

Adequate to excellent knowledge was reported most frequently in: positioning (93.7%), sexual identity (74%), sexual anatomy and physiology (71.9%), inappropriate behaviors (62.5%), and communication (59.3%),

For each of the 14 questions listed in the Knowledge subscale, OT participants were asked to rate on a dichotomous scale (Yes/No) whether they received formal education to deal with the topic. Overall, more than half of OT participants felt they received formal education to deal with only two topics, sexual anatomy and physiology (65.5%) and managing inappropriate behaviors (51.6%).

Overall, majority of occupational therapists (50% or more) indicated no discomfort in 12 out of 19 scenarios provided in the comfort subscale of the KCAASS. However, majority of OTs rated some type of discomfort (some, medium, to high) with the following scenarios listed below. In addition, OTs indicated of the 19 scenarios provided, majority (53.1%) were formally educated on only one scenario which was "Male patient with tetraplegia asks, 'can I still have sex?'"

Scenarios	Average
Patient asks, "Will my partner still be turned on?"	50%
Male patient asks, "Will I ever be able to have an erection?"	50%
Male patient with tetraplegia says "I tried sex but I feel like a lump of meat."	53.1%
Patient says, "I want to have sex but my partner has lost interest—what should I do?"	59.3%
Patient says "How do I please my partner when I can't touch him/her?"	59.3%
A patient bursts into tears in the shower and says "I am not a man anymore"	65.6%
Patient asks "I've never had sex before-- what will it be like?"	65.6%

OT participants were asked to indicate their top three training needs in relation to providing sexuality rehabilitation services to individuals with SCI. The most frequently identified needs were in the areas of positioning/ adaptive techniques and equipment, resources, counseling, fertility, psychosocial issues, and bowel/bladder management.

Overall, individuals with SCI were in disagreement with the following experiences related to sexuality rehabilitation services: the type of care needed was available from their therapist; satisfaction with services received; and the care received helped them deal wit their sexual concerns. More importantly, the majority of the SCI participants (52.9%) were in agreement that the care they received did not satisfy their sexuality needs.

Individuals with SCI were in agreement that their therapists did the following: explained things in a language they could understand and explained different treatment choices to target their needs. However, the majority were in disagreement that their therapists did the following: provided opportunities to educate their partner, decided with the therapist what will help them with their sexual needs, and suggested ways of dealing with their sexuality problem(s).

With regard to questions related to therapist knowledge, individuals with SCI were in agreement that their therapists had an understanding of sexuality problems concerning their injury and knew about sexuality and SCI. However, the majority were in disagreement that their therapists helped them understand potential problems with sexuality.

Individuals with SCI were asked to indicate their top 3 concerns regarding sexuality. The most frequently identified concerns were erectile dysfunction, ability to orgasm, lack of sensation, and potential and existing partner acquisition/ communication.

Discussion

OTs rated a low level of knowledge on methods of counseling, and identified this as a need for improvement. They may not have the necessary tools available to them to provide adequate services, resulting in dissatisfaction of consumers. There are few assessment tools that capture individual sexuality needs following SCI making guided practice a challenge.

There is a discrepancy between OT's perceived overall knowledge and the knowledge SCI clients felt their therapists had. This could be due to the client's dissatisfaction with how the information was presented. This may indicate that OTs need better access to resources to provide individualized care. There is a lack of formal education, and many OTs received education as on the job training or from co-workers. Most OTs expressed discomfort dealing with sexual issues, which may be a result of lack of education & experience.

The majority of participants with SCI felt that they did not receive care that addressed their sexuality needs. The focus group and online forum discussions support this idea.

…Continued on Page 13

Human-Animal Bond (continued from page 1)

animals: Youth Leaders, Lifetime Bonds and Collaborative Justice.

Youth Leaders

The SHC Youth Leaders program certifies high school students as Safe Humane presenters, teaching peers and younger children about the humane treatment of companion animals, why animal abuse of any kind is bad, and how to be safe around dogs.

"The Youth Leaders program has had a huge impact on me as an individual," says Keli, an SHC Youth Leader for four years who will be starting her second year of college. "Not only have I learned a great deal from our presentations, but I have also seen the importance of my interactions with students during my four years in high school."

Youth Leaders are responsible for spreading compassionate messages throughout the city, in neighborhoods most affected by violent crime and vulnerable to dog fighting and other forms of animal abuse. For Keli, those messages are very effective in creating change: "At first, the experience was shocking, as I realized just how often these students were exposed to violence in their communities. But the changes I see in the students, even immediately after our presentation, are phenomenal. Students have raised their hands and told me that I've convinced them to never hit a dog again, which is so powerful to hear. The Youth Leaders have also received hundreds of 'thank you' letters from students who promise to treat animals and humans with respect. I can really see how Safe Humane Chicago is improving Chicago communities, and that is the key to why this experience is so motivating."

Keli is one of many high school students who will forever be an agent for change as a result of the Youth Leader program. She says, "These positive experiences inspire me to continue to work towards the goal of safe and humane Chicago communities."

Lifetime Bonds

Lifetime Bonds introduces young men detained at the Illinois Youth Center to positive, relationship-based training, working with approved SHC dogs and their handlers and facilitators before working with shelter dogs for socializing, building good relationships, making them more adoptable and ultimately learning to build positive relationships in all aspects of their lives. The power of the human-animal bond works wonders with the incarcerated teens, who often start the session with a straight face, too shut down to participate, care or connect. Somewhere along the way, each boy starts to let go of his tough facade as the dogs work their canine magic.

If there's any doubt on the transformation that occurs among the youth, many of whom undoubtedly have been desensitized to violence toward animals and people, a portion of a poem one boy, Julian, recently wrote elucidates his new feelings for dogs:

Keep my dog with me
I call him my best friend

Used to didn't know
But then I learned a good lesson

People seem to think
A lot of dogs are just mean

But they just want to do what you say
And be a part of your team

Got a new addition
So I have to build a dog house

Man I love these dudes
For the dogs I go all out

While youth participants learn to empathize and connect with dogs, they also develop skills for future employment with animals. Each boy has an opportunity to intern with SHC upon his release into the community and as Julian put it, "go all out" for the dogs.

Collaborative Justice

In order to effect systemic change through the legal and justice system, Safe Humane Chicago offers Collaborative Justice programming, including Court Advocacy, Court Case Dogs support and criminal justice training. Volunteer Court Advocates follow and report on court cases involving animal abuse of all kinds and advocate for the victimized animals and people. Court Case Dogs, abused animals from such court cases, are socialized, trained and exercised by volunteers and placed in good homes by rescue partners.

Veteran Court Advocate Barbara describes her experience representing animal victims in court, "Court Advocacy has shown me how cruel, uncaring and indifferent humans can be to the plight of animals, those creatures with no voice but ours. There's some quote to the effect: 'If not me, who? If not now, when?' It makes me aware of how important it is for us to be there for those helpless, innocent animals with only us as their advocates. I've been able to see how much more important our role has become, how much better informed the public is becoming and how the media is highlighting

…Continued on Page 15

A Reflection on Pediatrics

Shauna Henry MOT, OTR/L, Clinic Director and OT
The Pediatric Place, Crystal Lake Illinois

We have a quote hanging on the message board in our clinic that reads "it takes a village to raise a child." As of late, I have found myself often sharing this with parents and caregivers more and more. My hope in quoting these words, is that they may find comfort in knowing that they are doing everything they can to facilitate their child's growth and development and that it truly takes a team to support their efforts.

As I reflect on my role in the "village" as their child's occupational therapist I realize I am often a cheerleader, a coach and an advocate. It is my job to understand, educate, and teach the child and family activities and strategies to improve positive and active engagement in their everyday lives. I often feel there is a dance of sorts we, as peds therapists do to find the right balance between the expectations we place on a child and their current level of functioning. It takes both skilled training and learning through the moments spent with a child, as well as true reflecting on the parental report to meet the child and family where they are and guide them towards collaborative goals. True support for the families I serve often means respecting their beliefs, hope and dreams for their children while being honest in discussing their child's functional performance and making appropriate recommendations to facilitate progress.

To get this dance just right, I often find myself conversing with other professionals with various levels of expertise. This is where that sense of "village" comes into play again. The children who receive my services often spend time with many physicians, therapists, behavior specialists, social workers, and teachers, among others. To truly provide the best occupational therapy service and understand the child's abilities, I must reflect on their medical, developmental, sensory, mental, social and cognitive abilities. It is essential to understand how all of these abilities impact their functional performance with everyday tasks. Open communication between the team allows us to share learned strategies and strengthens the guidance around "raising" the child. I also strongly believe in a collaborative approach within the clinic environment. A co-treatment between occupational therapy, speech therapy and/or physical therapy for a child who receives these services allows us to facilitate the child's needs with several approaches simultaneously. The children are most often motivated by this approach and the parents enjoy this collaboration to meet schedule demands and see the whole picture come together.

As clinic director, I am often seeking out opportunities to broaden program development to meet the needs of our community's children. I encourage our staff to stay current and reflect on researched treatment techniques and strategies to provide the best services available to the children we work with. My professional toolbox includes special interests and continuing education in sensory processing disorder, autism spectrum disorder, visual perceptual development, and social thinking.

I am very thankful for the families who have included me in "raising" their child. I am thankful for a great group of professionals within my community, as well as my colleagues here at The Pediatric Place in Crystal Lake and across the Physiotherapy Associates family in the Chicagoland and nationwide. I couldn't be more proud of the profession of occupational therapy and the opportunities we have in pediatrics to make an impact on children's lives and support families in their ongoing efforts to help their children reach full potentials as they grow through the years. •

Sexuality with a spinal cord injury *(continued from page 11)*

They suggested that a therapist cannot be an erotic partner; therefore eroticism cannot fully be learned. Needs identified by the focus group were positioning, open communication with partner(s), confirmation of sexual ability, as well as the uniqueness of each injury.

Interpretation and Implications

In order to improve sexuality rehabilitation services, formal education should address sexuality. Therapists could benefit from education on various methods to establish open communication with clients about their sexuality concerns. As suggested by the focus group and online forum, professionals working with clients with SCI should consider co-facilitating support groups and implementing peer mentors.

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About the Author

Marissa Dastice, MOT, OTR/L, was a graduate student at the time of this study at Midwestern University, Downers Grove, IL. Other graduate students at the time that assisted with this study include Megan Griffey, MOT, OTR/L and Alex Murzanski, MOT, OTR/L. Emily K. Simpson, MS, OTR/L, assistant professor at Midwestern University, acted as the research advisor during the time of this study.

Shea's Footsteps

Patty O'Machel

Shea, my little girl at seven years old, suffers from Spastic Dyplegia Cerebral Palsy. Born healthy and chubby, a few days late and perfect, Shea contracted the Whooping Cough at 3 weeks old. The coughing spasm left her turning blue, and as a result she lost enough oxygen to cause her disability. She cannot walk or stand independently, and uses a K-Reverse Walker to ambulate.

Occupational Therapy (OT) has been part of Shea's, life since she was just over a year old. Every week, without fail, she has done OT, focusing on her small motor skills in an effort to manage the spasticity in her body and improve her alignment.

At the age of one, Shea had issues as her small and large motor skills seemed to mesh and she needed help with just about everything. It was important to stretch and loosen her muscles all over, in order to even focus on her upper body and mechanics. She has low tone in her upper extremities, and needed to work on breath support, and high tone in her lower body and right arm. While she needed therapy to focus everywhere, she never needed any help smiling as being happy is her best quality.

Shea tries to walk, and she tries to stand, and works harder than any person I have ever known. And through it all, she has an ear to ear smile. When you walk into the therapy center, you generally hear her giggles ringing through the hallways.

Shea always dreamed of going to Disney World to see the princesses. As a family of five, this is something we could never have provided for our daughter. In September of 2011, Shea's dream was answered by the Sunshine Foundation, a national non-profit organization that answers the dreams of children who are chronically ill, seriously ill, physically challenged and abused. This is a wonderful organization that has been helping children since 1976 that come from families that cannot fulfill their requests due to the financial strain that the child's illness may cause.

The Sunshine Foundation Dream Village was magical and serene, and our beautiful little cottage was completely handicap accessible for Shea. We stayed in the Snow White Cottage, which came complete with a tiny little door for the seven dwarfs, which my kids loved to climb through to their bedroom.

While our kids loved the plane ride, raced through the various parks, and went on all the rides, their favorite part of the trip was the handicapped accessible pool at the Sunshine Village. My husband and I joked that we could have spent the whole time next to that pool and they would have been happy.

The pool has a zero depth path leading into the larger pool. The "path" is about 6 feet wide with a graduation depth. Shea wandered out, supported by my husband or myself, into the path area. That's when she made her big discovery. She was able to walk from one side of the pool to the other, across the six foot divide. Not swim, or float, but actually take steps and walk through water. You have never seen a child more joyous than Shea at that moment when she could take a few unassisted steps, fully supporting her weight for the very first time.

While some children with Cerebral Palsy have cognitive delays or other disabilities, Shea does not. Other than her inability to stand or walk, she is a very typical seven year old child. Being able to take steps and stand tall "like all of her friends" is a feeling that cannot be measured. Seeing Shea take those few steps made all of the time spent at numerous therapy and medical appointments worth it, especially when you see your child do something amazing even though to some it is just a few simple steps back and forth across a pool.

The Sunshine Foundation may have granted Shea her wish to see the princesses, and to experience a Disney vacation that memories are made of; however, what they gave my daughter in the end is so much more memorable. Something immeasurable and something she can continue to be proud of. A feeling and sense of accomplishment and independence that is priceless for a child with CP. Shea has found her steps, and that is the biggest and best memory of all. In our five days at the Sunshine Foundation's Dream Village I think Shea may have worn her own path underneath that water. Her footsteps will be there forever.

For more information or to refer a child (from anywhere in the US) to the Sunshine Foundation, please go to **http://www.sunshinefoundation.org/refer.html** or call (800)767-1976. •

**Shea has done Occupational Therapy with Julie Conway of Progressive Pediatrics in Northbrook, Illinois for 6 years. Having an OT that you know, trust, and love as a friend has made all of the difference in my daughter's life.

About the Author

Patty O'Machel is the mother of three children and lives outside of Chicago. She works as an advocate for children with disabilities and immunization campaigns focused on pertussis. She blogs on her experiences raising a child with a physical disability at http://www.chicagonow.com/parenting-outside-the-lines

Nominate a fellow OT!

It's the time of year to recognize your fellow occupational therapy practitioner. Award nominations are due by July 31st. Awards can be submitted on-line this year! Click here for the **Award Nomination Form**

If you prefer to have a paper form sent to you, please e-mail the office at **office@ilota.org**

Human-Animal Bond *(continued from page 12)*

animal abuse issues more than ever."

So, what happens to the animals who are associated with court cases? Before January of 2010, most were euthanized at the end of the court cases. But since Safe Humane Chicago's Court Case Dog program was founded in partnership with Best Friends Animal Society and Chicago Animal Care and Control (CACC), more than 200 animal victims have been saved, more than 150 adopted and the remainder are in rescues or foster homes.

These animals are relinquished, either voluntarily or by court order, by defendant owners or guardians charged with animal abuse or neglect. By working with dog trainers, volunteers, rescue groups, animal welfare groups, foster homes, adopters and donors, and after receiving socialization, training and canine-appropriate enrichment, these canine victims have the chance to find loving homes .

"He is the most loving dog," say Carolynn and Kristian, owners of a red American Pit Bull Terrier named Theodore Wiggleton (Teddy).

Teddy's personality is all the more amazing considering his past. Teddy was taken to CACC when he was only three or four months old. His owner had been charged with neglect and he was impounded as "evidence" in the trial.

Teddy was found in a basement in a wire kennel with no bottom, and he was severely underweight. His pads were torn and had sores all over them. Teddy had to stay at CACC for months until his owner was finally convicted and he relinquished ownership. Teddy (then Pumpkin) became part of the Safe Humane Court Case Dog program and was able to get out of his kennel for fresh air and exercise, socialization and training.

Carolynn and Kristian decided to foster and, just a month later, decided he wasn't going anywhere. He would become a permanent member of their household. They named him Teddy because he is such a Teddy Bear.

Despite his rough start in life, it didn't take long for Teddy to become the perfect family dog and friend to the couple's three girls. "If he sees one of the girls walk by, he will roll over on his tummy so they will rub his belly," says Carolynn. "He just lights up when any of us walk in the room and his tail starts thumping the ground."

Teddy has also changed perceptions about pit-bull-looking dogs. "We've had many people think that we were crazy for bringing a pit bull into the house with three children, but then they meet him and realize what a gentle soul he really is," says Kristian. "Teddy's been the pit bull ambassador on our block."

Person by person, dog by dog, SHC is changing the way Chicago creates safe and humane communities. It comes down to treating animals and each other with respect and compassion. What else is there?

Safe Humane Chicago works throughout the community to help people and animals develop positive relationships is all elements of their lives. If you would like to learn more about safe Humane Chicago, please visit our website: **www.safehumanechicago.org** or e-mail **getconnected@safehumane.org.** •

2012 Conference News

Dates: November 8th, 9th and 10th
Location: Lisle/Naperville
Registration opens **August 2012**

As we look forward to 2012, we take time to consider the feedback we received in 2011. Our conference is only as strong as the presentations we receive and the satisfaction of our attendees. We need you to help ensure we have a successful conference again in 2012. Our members provided great feedback including a wish list of topics.

If you are interested in presenting on any of the following areas, please contact the office at **office@ilota.org**

- Mental health
- Geriatrics
- Acute care hospital
- Feeding for pediatrics
- Creating sensory diets for school
- Low Vision
- Brain injury
- Preparing for career transition for older therapists
- Comprehensive advocacy
- Stroke Rehabilitation
- E-stim
- CIMT Training (advanced)
- Intro to splinting
- Advanced splinting
- More research presentation
- A track for administration/leadership
- Early intervention
- Additional workshops
- Movement: dance, yoga, Pilates, etc.
- Horticulture and gardening
- Animal assisted and hippotherapy
- Creative therapy: art, music, creative writing, journals, drama, etc
- Aquatic therapy
- Therapy ball
- A comprehensive review of the role of occupational therapists in the school system vs rehabilitation or acute care.

The Children's Voices

Carrie L. Nutter, MS, OTR/L

Since we are focusing on pediatrics in this issue, we thought it would be nice to hear quotes from the children and adolescents. Here are responses of a variety of students when asked about their participation in occupational therapy at school.

What is occupational therapy (OT)?

"I think it's helping people calm themselves." Antonio, age 8

"It helps me learn." Noel, age 9

"It helps me write better and to stay focused." Kevin, age 11

"OT is to work." Paul, age 8

"Play, work" Jeremiah, age 8

'Learning" Jaylen, age 8

"I think it's about writing and doing activities." David, age 9

"It's about writing." Jaden, age 9

"Work" Elijah, age 9

"Writing, cutting and playing games" Noah, age 8

"Learning about doing writing and cutting" Hector, age 9

"It helps with writing and cutting and other stuff." Elijah, age 12

"It is about writing and achieving your writing goal. I used to write like I was in second grade and now I write beautiful." Izaiah, age 11

What is your favorite part of Occupational Therapy?

"Cut, color and to glue" Melissa, age 5

"Making things" Tiana, age 6

"I like cars." Ronan, age 3

"Tracing name (gestured to paper with tracing of name)" Luis, age 4

"Coloring (gestured to coloring page)" Karla, age 6

"Trampoline (gestured to trampoline) " Christopher, age 7

"It's fun" Benjy, age 9

"The scooter board" Maddux, age 7

"I like the mini-trampoline." David, age 8

"Drawing" Dennis, age 8

"Cutting" Adonis, age 7

"Drawing" David, age 10

"Drawing" Jeremiah, age 10

"Cutting" Papachi, age 10

"Writing (using picture cards)" Ellie, age 7

"Writing" Casey, age 7

"The trampoline" Mariah, age 4

"Can I go on the trampoline?" Mikkel, age 5

" I like this (pointed to shaving cream)" Osvaldo, age 4

"I like to jump" Kevin, age 5

"I draw." Clementina, age 5

"I liked writing my name." Luis, age 4

"I like cutting." Nathan, age 5

"When I cut out the animals (animal shapes)" Nicky, age 7

"I like the birthday pencils." Ulises, age 8

"I liked the bee (making bee artwork)," Kahlil, age 7

(Gestured game he liked -'"Tossing coins in hat for St. Patrick's Day") Sean, age 8

"Planting and making a bee" Xavier, age 9

"Ladybug and shaving cream" Gilberto, age 8

...Continued on Page 17

Children's Voices *(continued from page 16)*

What is your favorite part of Occupational Therapy? (continued)

"I liked the gold coin game." Jeremiah, age 8

(Student manipulated a sensory toy in the shape of letter "P") Juan, age 9

(Student grabbed a picture exchange card) Elias, age 8

"Stickers" Bryan, age 10

"Write" Abniris, age 6

"It's fun and I can see my friends." Isaamar, age 6

"Using my hands with shaving cream and playing games" Noel , age 9

"I like to practice doing my name. Abniris, age 6

"Doing writing and seeing my friends" Isaamar, age 6

"I like to make stuff for my family." Kevin, age 11

"Make butterflies and animals" Leke, age 12

"Games and having fun" Jaylen, age 9

"Writing" Jaden, age 9

"Cutting and games", Jacob, age 9

"Practicing my writing" David, age 9

"A lot. Making the bee", Daniel, age 7

"Games" Daniel, age 7

"Making things like the ladybug" Clarissa, age 7

"The bumble bee" Levon, age 6

"Writing, cutting and playing games" Noah, age 8

"Learning about doing writing and cutting" Hector, age 9

"Games and writing", Izaiah, age 11

"I like the same-games and writing", Elijah, age 12

"I like the Ipad and device (word processing device)" Hector, age 13

How does OT/ this class help you?

"Drawing words" Tiana, age 6

"This year it's helped me with calming myself. The wall and chair pushups have helped." Antonio, age 8

"I worked on my writing." Marshawn, age 10

"Building bumble bees and write neater" Jeremiah, age 10

"It was good" Paul, age 8

"Writing" Kahlil, age 7

"Cutting" Gilberto, age 8

"I need to learn to draw a butterfly." Josue, age 7

"Writing", Victor, age 12

"My letters" Leke, age 12

"With writing" David, age 9

"Journaling" Jaylen, age 8

"Writing" Jacob, age 9

"It helps with your hands" Elijah, age 12

"It helps with writing", Izaiah, age 11

The following students participated by using picture cards as visual supports:

"Write for school"-Casey, age 7

"Button"-Ellie, age 7

"Puzzles" Moises, age 6

"Write for school" Dennis, age 8

"Share my thoughts and feelings" Jeremiah, age 10

"Share my thoughts and feelings" Dennis, age 8

"Put on clothes" Papachi, age 10

"Writing" David, age 10 •

ILOTA
MEMBERSHIP APPLICATION

Please return membership form to:

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Lisle, IL 60532
E-Mail: Office@ilota.org
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☐ Yes ☐ No
AOTA #: _____
Expiration Date: _____

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CURRENT ILOTA MEMBER (CIRCLE ONE) YES NO
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Title:

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State: Zip:

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EMPLOYER/SCHOOL NAME: (PLEASE PRINT)

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☐ **Yes** ☐ **No** I permit use of my name in the membership directory.

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DUES:

AOTA MEMBER:	NON AOTA MEMBER
☐ OT: $70.00	☐ OT: $75.00
☐ OTA: $50.00	☐ OTA: $55.00
☐ Student: $20.00	☐ Student: $25.00

School: _____

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☐ OT: $30.00 ☐ OTA: $30.00

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- ☐ OT $48.00*
- ☐ OTA $32.00*
- ☐ Student $20.00*

State: Member # Exp:

School:

CONTRIBUTIONS

ILOTA Research Fund: $_____
ILOTA Scholarship Fund: $_____

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PAYMENT INFORMATION

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Check/Money Order #:

☐ Visa ☐ MasterCard

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Welcome and Thank You

Welcome to new board members:

Joel Bove — Website Coordinator
Moira Priven — Website Committee
Kylene Canhem — transitioned from CE Approval Coordinator to Public Policy Coordinator
Katie Polo and Mark Kovic — CE Approval Coordinators
Ashley Stoffel — Archives Committee

Thank you for your service:

The following members have served on the ILOTA board and we appreciate their time and commitment invested!

Patricia Heath — Bylaws
Erika Erich — Activation Coordinator
Laurie Connelly — CE Approval Coordinator
Chris Jasch — Website Set Up
Kay McGee — Newsletter Committee

Submit Articles to the Communiqué

We want your articles!

Each issue of the Communique 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 and Research
April/May: Gerontology, Home Health, and Low Vision
June/July: Pediatrics and Assistive Technologies
Aug/Sept: Physical Disabilities, Hand Therapy, Driving Rehabilitation
Oct/Nov/Dec: Mental Health and Work Hardening

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 Communique 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 **August 15**!

SUBMIT ARTICLES TO: codycheq@aol.com
The Communiqué editorial committee reserves the right to edit any material submitted.