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KURT HUBBARD
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# PANDEMIC, SOCIAL INJUSTICE, COPING AND HOPE

## Living through Layers of Pandemic and Social Injustice: Contextualized through Voices of Coping and Hope, Part I


**Abstract**

Nothing prepares anyone for life's adversities. We are faced with the impact of COVID-19, a pandemic with shameless impunity, resulting in occupational disruption felt by all regardless of age, culture, education or location. As if that was not enough, we now grieve and stand together as occupational therapy practitioners and members of the global community after witnessing the senseless death of George Floyd. The shocking visual record of the incident then triggers memories of injustice towards other members of the African American and other marginalized communities. Layered together, the adversities distract us momentarily. They disrupt the roles, habits and routines to which we have become accustomed, thereby disrupting our engagement in living, being productive, and belonging. They leave emotional scars if we let them linger. At the same time, as an occupational being, I wonder what I can and must do for myself, my family and relations, my profession, and the immediate and global communities where I live. Therefore, I decided that through this two-part article, I will share the enlightenment I gather from the literature, professional organizations, and then contextualize them through lived experiences extracted from my conversations with fellow occupational beings, the social media, and written artifacts available to me from popular and scholarly literature. Part I covers the impact of COVID-19 on occupational engagement and shared ways of living during a pandemic. Part II addresses how the recent death of George Floyd and other African Americans has triggered a global response of grief, anger, and a remembrance of similar events in history, and forging a collective conscience about systemic racism and impetus for social change.



Keywords: pandemic, COVID-19, occupational disruption, occupational engagement, occupational resilience, social justice, systemic racism police brutality, collective conscience *Retrieved 07.10.2020 from*


### Introduction

As we evolved as occupational beings, we developed routines, habits, roles, and rituals that make our lives predictable, manageable, efficient, and enjoyable. They keep us well. For example, our occupation of sleep provides rest and restoration preparing us for the day ahead that is likewise predictable, manageable, efficient, and enjoyable. Our health and wellbeing are predicated on our ability to sustain a balance between those that we need to do, those that we do because we are obliged to, and those that we do simply because we enjoy doing them. These are the perspectives that are most useful for me in living my occupational balance, aware that other individuals will have different focal and global ways by which they achieve their own sense of equilibrium, or their sense of occupational balance (Wagman, Håkansson, & Bjorlund,

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2012). And then, something different can happen – a phone call about an exciting family news, a new baby in the family, or conversely, the departure of a loved one. Regardless of difference, the event creates a disruption which in turn triggers similar responses in our brain that responds to novelty. And for a few minutes, sometimes, hours, we respond with excitement, sadness, or another emotion that provides new opportunities for appropriate (or not) action learning. Not only does our central nervous system thrive on this novelty, it also feeds on the new experiences that move us forward in this world which then can positively impact life expectancy. (Dean, N., 2017; Brunzeck & Duzel, 2006).

However, as mentioned earlier, nothing prepares anyone for life's adversities, especially when the disruption involves a life-threatening phenomenon such as a pandemic, and later layered with social justice issues. We are faced with the impact of COVID-19, a pandemic with shameless impunity. True to its mission of protecting the nation from health, safety and security threats, the Center for Disease Control (CDC) continually provides information about COVID-19 and guides actions to fight the disease, urging everyone to do the same. Unfortunately, for whatever reason, the nation has been divisive and inconsistent in following recommended precautionary measures and premature opening of businesses (and schools) have resulted in record cases in many parts of the country, including Arizona, Florida, North Carolina, and Texas. Additionally, the University of Minnesota Center for Infectious Disease Research and Policy reports that as of the writing of this article, half of the cases detected with COVID-19 have been individuals age 35 and below, compared to the earlier majority of the elderly referred to then the vulnerable population (Soucheray, 2020). The world is also faced with reactions to the death of George Floyd, referred by family and friends as the gentle giant, in the presence of concerned citizens who pleaded with the police to let him go. Immediately, the video went viral across the globe, and triggered not only rallies about the incident, but also recollection of oppression and death from police brutality and racial discrimination. Rightly so, Fernandez & Burch, (2020) summarized George Floyd's life that went from his intent to touch it with his life to the final point when he had to beg authority to allow him to breathe. My intent in this reflective article is not only to share what is available in popular and scholarly literature, but also to contextualize it to the human experience and ways of coping extracted from my observations and own experiences, informal group and/or individual conversations, and postings from social media. Hopefully the information can provide comfort in our collective conscience and provide exemplars for coping and living filled with occupational disruption and imbalance. The first article focuses on COVID-19, and the second one focuses on social and occupational justice. It is the least I can do as an individual occupational being.

### Approach to Harvesting Information

The approach I used to collect materials for this article needed to be consistent with the purpose of the article, which is to contextualize constructs from scholarly articles surrounding COVID-19 and social injustice. Contextualization lends to attaching authentic, ideal and full meaning to the human experience through exemplars found in its larger, yet intimate settings and backgrounds (Miller & Dingwall, 1997). Gathering these exemplars involved collecting scholarly or popular publications related to COVID-19 and systemic racism and connecting them with past interactions and shared information from Zoom or face-to-face video interactions in classrooms, social events, family gatherings, meals with friends. This combination of published and observed exemplars provided me with the opportunity to track shared experiences and

# PANDEMIC, SOCIAL INJUSTICE, COPING AND HOPE

trace the evolution of a collective conscience, which then provided the essential substantiation and methodological dimension for contributing to occupational science literature (Miller & Dingwall, 1997). This allows for a common or alternative, albeit creative way of engaging in living during a pandemic and social injustice, sprinkled with messages and strategies of hope and resilience.

### Informed Guidance for Action

#### The Centers for Disease Control and Prevention (CDC)

Since the beginning of 2020, the US Department of Health and Human Services, through its Centers for Disease Control and Prevention (CDC) has been providing updates and guidance to blend objective science and popular consumption of information to nurture public health. Schuchar (2020) summarized the detection of the initial cases of the novel coronavirus disease 2019 later called COVID-19. Consistent with the CDC mission Schuchar's report tracked the geographic spread of the pandemic from Wuhan, China, not only in the US but also in other parts of the world. Schuchar also reported other factors that contributed to the rapid initiation and acceleration of infection including travel, events and gatherings, workplaces and other settings such as skilled nursing and long-term care facilities, and hospitals. Today, we see COVID-19 as an emerging, rapidly evolving situation from initial, and cryptic detection and spread in Seattle before any active monitoring of behaviors and preventive measures could be gathered to guide future directions (Bedford, Greninger, Roychoudhury, et al, 2020).

#### The World Health Organization (WHO)

The World Health Organization (WHO) declared the outbreak of COVID-19 as a disease of emergency proportions and international concern that came with a risk of a worldwide spread in January 2020 and classified it as a pandemic three months later in March. Joining the rest of the public health authorities around the world, WHO took steps not only to contain the pandemic, but also to address the stress that results typically from a pandemic by developing considerations for action developing messages that support mental and psychosocial responses in different target groups during the outbreak. The target groups comprised the general population, healthcare professionals, team leaders or manages in healthcare facilities, people who care for children, vulnerable populations and their care providers, and people in isolation by choice or because they themselves are infected with the virus (World Health Organization, 2020).

#### The American Occupational Therapy Association (AOTA) and the Accreditation Council for Occupational Therapy Education (ACOTE®)

The response to crisis of the occupational therapy profession goes back to its inception while serving soldiers returning from World War I (Peters & Reed, 2006). This responsiveness has continued to this day as the world faces diseases emanating from natural disasters, war, terroristic attacks and now COVID-19. With the recent entrée of corona virus 2019, the American Occupational Therapy Association expressed its advisory opinion through its Ethics Commission so that practitioners could negotiate the escalating moral distress related to the dilemma they face in providing care versus protecting their health or that of their loved ones (AOTA, 2020b).

With challenges faced by occupational therapy educational programs, the Accreditation Council of Occupational Therapy Education (ACOTE®) has responded with a continual watch on the pandemic, while providing flexibility for occupational therapy and occupational therapy assistant programs to implement essential changes in delivering their curriculum. It is after all, important to maintain the authority of the ACOTE® as the accrediting agency, which in turn results in protecting the quality of educational programs where the bottom line as stated in its preamble is the protection of students and the consumer public (ACOTE®, 2020). It also recognizes the US Department of Education's release of a broad approval to use distance education, adjustments made without requesting for prior ACOTE® approval is only temporarily effective, and only effective during the pandemic. Once the pandemi is over, the temporary authorization will be lifted, and any program that opts to continue using the distance education model, if that is not their primary mode of delivery, will have to seek ACOTE® approval before continuing.

#### The World Federation of Occupational Therapists (WFOT)

The WFOT has been a stalwart of readiness for disaster preparedness, addressing any issue that poses a threat to living, maintaining health and wellbeing of individuals and populations around the

globe. Shortly after the WHO announced SARS-COV-2, also referred to as novel coronavirus 2019 or COVID-19, the WFOT published its public statement on occupational therapy's response to the pandemic. It restated to the world public what the word "occupation" meant to include those that humans have to do, choose to do, and are required to do in order to occupy their time and place as occupational beings (WFOT, 2020). In its public statement the world federation also reiterated the construct of occupational justice to be a human right so that individuals and populations can continue to engage in occupations so that they can survive and find meaning in their journey towards their and their community's wellbeing. Within this statement was the implication of responding ethically to the needs of the community as occupational therapy professionals to provide access by consumers to our services so they can continue engaging in necessary and chosen occupations as optimally as possible. This ethical responsibility includes the traditional manner by which occupational therapy looks like. It also provides opportunities occupational therapists to participate differently in disaster disasters such as hurricanes or earthquakes but in this case, a pandemic related to a deadly virus. For example, an occupational therapist in Richmond, VA who joined a group called RVA Masks 4 Health and continued to make masks using her 3-D printer. In doing so, she was able to create adaptive protective technology and continue her role as an occupational therapist while she was teleworking to the schoolchildren who were homebound (McKee, 2020). But there are many other situations that globally, occupational therapists can hop out of their traditional roles, and into serving people affected by COVID-19, including those who are quarantined, and those who isolated in a hospital or another setting with active COVID-19 using face-to-face or telehealth modalities.

**Roles, Routines, Habits, Rituals and Traditions**

As of the writing of this article, the fourth edition of the Occupational Therapy Framework (OTPF 4th Edition) is in publication. In its early iterations, it began as the Uniform Terminology for Occupational Therapy (1979). It has continued to guide occupational therapy practice is now referred to as the OTPF 4th edition or simply OPTF 4. Periodic revisions project a dynamic profession that flexes with the times for best practice (AOTA 2020a). The proposed revision shows an increased recognition to address individuals but also groups and populations in the entire document. The proposed document identifies the foundations of occupational therapy in its contribution to practitioner success, including a mention of the important role of occupational science (OS) in the practice of occupational therapy, and the inclusion throughout the document of OS concepts such as occupational justice, marginalization, deprivation, identity, satisfaction, engagement, and performance, among others. This is a significant and necessary recognition of synergistic relationship between science and practice (Carrasco, 2019).

The draft also includes clarification of terminology and revisions to be consistent with the WHO taxonomy from the International Classification of Functioning (ICF). Among clarifications include definitions of occupation and activity, sexual activity, and some client factors such as interoception, as well as preparatory methods and outcomes. Like other revisions, those in the Performance Patterns OPTF 4 section provide substantiation and clarification of occupational roles, routines, habits and rituals. It provides guidance for the practitioner in understanding why human beings do what they do while performing their daily occupations whether considered healthy or not.

During times of challenge such as during a pandemic, roles, habits, routines and rituals can be disrupted. Recognizing the importance of routines and habits to life balance and satisfaction, the Substance Abuse and Mental Health Service Agency (SAMHSA) published a guide to recognizing the disruption and a guide to wellness that any individual can utilize during the pandemic (SAMHSA, 2020). A summary of the guide is included in a later section of this article. To some, occupational therapy practitioners already have educational and experiential skills to navigate the pandemic, but also in helping those who need assistance in reconstructing or adapting their life after occupational disruption (Hammell, 2020). Disruptions experienced by students, healthcare providers, businesses, educational institutions have flooded social media and personal conversations or meetings (DWNews, 2020, Carrasco, 2020b). The next section will provide some useful strategies that can be helpful in navigating professional and personal engagement in living in the midst of a pandemic.

**Action Plan, Recommendations**

This section provides strategies available from selected sources or shared by colleagues and students. Hopefully, they will be applicable and helpful to navigate professional and personal engagement in living during a pandemic. As mentioned in an earlier section, Hammell (2020) recognized the advantage occupational therapists from their

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professional training that arms them with skills needed to respond to the demands of a global pandemic. Supplemented by the experience derived from witnessing and helping clients in reconstructing their occupational disruption after a life altering event, while supported by evidence derived from the literature, occupational therapists can act on their strong belief in the power of doing. This is based on the core of belief in occupation passed on from generation to generation of occupational therapy professionals since its inception over 100 years ago. In its response to the pandemic, AOTA (2020c) published decision guides and case samples for practitioners and administrators in solving problems and surmounting challenges of delivering quality care in a safe, healthy environment for everyone. Conversations with graduate student cohorts shared common themes of disruption in their occupation as future health care workers accompanied by shared experiences of emotional support and common strategies in striking a livable balance in an otherwise altered life student routines and habits (Carrasco, 2020). Life for the quarantined students included feelings of isolation, loss of sense of time and accomplishment, so that days seemed to blend into each other. On the other hand, the shared experiences included feelings of appreciation of support provided, as well as the inner strength required to respond adaptively to changes over which admittedly, they did not have any control

SAMHSA (2020) promoted the concept of life balance as essential in maintaining wellness, recognizing that similar to the occupational science construct of occupational balance, its meaning and contribution to a life balance is influenced by individual differences, culture, situations, and several other variables. This is also consistent with the meaning of "occupation" put forward by the WFOT that is inclusive of those that humans have to do, choose to do, and are required to do in order to occupy their time and place as occupational beings (WFOT (2020). SAMHSA's message is for occupational therapists and the public to recognize that as health professionals we need to re-balance ourselves from time to time, and to give ourselves permission to take the control of our routines, habits in order to preserve the roles and rituals that we have become accustomed in order to stay healthy and maintain human and non-human relationships as well as communities and populations. The step-by-step guide to wellness and to create a healthier life from SAMHSA includes recognition of the following: embracing or providing support from/to others; respecting our self-defined routines and habits as a metric in performing our roles and routines in our milieu; find time to new and already used wellness practices such as meditation, mindfulness activities, video or audio visits, among other; seek out new meaningful engagements such as a virtual cooking club, weekly family Facetime visits, Zoom cocktail parties, etc.; implement a rest and restoration protocol that includes sleep hygiene; design a new or a novel physical wellness plan; take an active part in preparing healthy food, including a visit to USDA's Choose My Plate or Food Pyramid; if a smoker, try out tools to help reduce or altogether quit smoking. These are just some of the SAMHSA recommendations to maintain wellness during the pandemic. Find more information here.

**Summary & Reflection**

This is the first in a series of two articles on engaging in living amidst the COVID-19 pandemic and systemic racism. I used a methodology of collecting materials that is consistent with the purpose of the article, which is to contextualize constructs from scholarly articles surrounding COVID-19 and social injustice. By including a contextualization component, I strived to attach authentic, ideal and full meaning to the human experience by pulling from shared human experiences found in the larger, yet intimate settings and backgrounds from the lives of students, health care workers, scholars and educators. (Miller & Dingwall, 1997; Mckee, 2020; and Carrasco, 2020). This allowed for a common or alternative, albeit creative way of engaging in living during a pandemic and social injustice, sprinkled with messages and strategies of hope and resilience.

The second article in the series will use a similar methodology of contextualization.

Hopefully, the two articles will provide a way of using information from scholarly and popular sources in carving adaptation strategies in navigating new challenges that surround pandemic survival and open tough conversations about systemic racism. Maybe, the conversations will translate initial responses of grief and anger to forge a collective conscience about systemic racism and impetus for social change.

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Kurt K. Hubbard
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Editor, FOTA FOCUS Newsletter

# FROM THE EDITOR'S DESK

Welcome to this edition of FOCUS.

Living in these unprecedented times has disrupted every facet of our lives. And that disruption will only grow in the coming weeks, months, and possibly well into the winter. Even with the unexpected turmoil, it has been an absolutely amazing experience to hear from many of you these past few months. Having so many of my OT friends to receive emails, messages on social media, phone calls, and even handwritten letters have been incredibly humbling and inspiring. I am thankful to be part of FOTA and to be part of the OT Profession. As the COVID 19 situation unfolds we need to continue to adapt. As Occupational Therapy Practitioners, we are specifically trained to do just that, adapt. We are a resilient group, operating on the front lines of interventions, as well as behind the scenes in an operational capacity. We all have had to adapt our approach to practice and living to share our knowledge and resources with others. More than ever, as we come to face the long term issues of COVID 19, I hope you are all taking time to care for yourself and your loved ones. Together, we will make it through this crisis.

Be well,
Kurt

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# MESSAGE FROM THE PRESIDENT


Douglene Jackson
PhD, OTR/L, LMT, ATP, BCTS
FOTA President

These are unprecedented times that we are living in, as we continue to face a pandemic and social injustices that are pervasive throughout society. As an association, FOTA is here to support our profession by reaching out to occupational therapy practitioners and the community to meet their needs. There have been various meetings, sessions, resources, and initiatives orchestrated by the team of volunteers and our lobbyists to keep everyone abreast of changes and equip you with the tools to navigate these times.

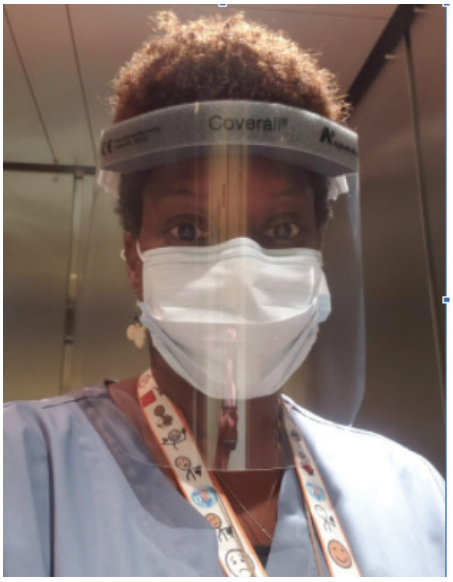
FOTA has been leveraging technology, relationships, and other partnerships to keep everyone connected and equipped with support and information. As the COVID-19 pandemic continues, we have provided resources, activities, and opportunities for practitioners to come together while staying safe and informed. During the month of April in celebration of our profession, FOTA Connect was launched to provide a way for practitioners to communicate, network, and be informed on practice issues. We held 5 consecutive weeks of livestream sessions, with members receiving


free continuing education, on the following topics: Telehealth, Entrepreneurship, Advocacy, Leadership, and Financial Planning. Additionally, in light of recent awareness brought to social injustices and racism, FOTA hosted a Listen, Learn, and Lead: Be the Change session, which was an intimate conversation attended by students and practitioners. We will continue to provide such opportunities as a member benefit and seek your assistance to volunteer, join in, and support such initiatives.

FOTA is a volunteer organization and we need your continued support as we continue to advocate for and support our profession throughout these times. This is made possible through the continued membership of students and practitioners, as well as those who volunteer their time and talent to our state association. We look forward to continuing to support you and welcome your comments and service.

Regards,

Douglene Jackson
PhD, OTR/L, LMT, ATP, BCTS
FOTA President



# COVID-19 AND THE IMPACT ON OT AND OTA FIELDWORK

Kim Dudzinsk MS, OTR/L
Angela Sampson OTR/L

This is an unprecedented time in healthcare. The COVID-19 pandemic has changed the world for all healthcare practitioners, including occupational therapists and occupational therapy assistants. Across the country, many skilled nursing facilities and hospitals are limiting their participation in occupational therapy student fieldwork rotations, as they seek to limit possible exposure of the COVID-19 virus to their patients. Outpatient clinics are experiencing a decrease in productivity as patients cancel their therapy sessions due to mandated stay-at-home orders. Pediatric clinics are turning to a model of telehealth, as schools are closed down and family schedules are up in the air. As fieldwork coordinators across the country scramble to find facilities willing to work with students in the middle of this pandemic, many students worry they may not be able to fulfill their graduation requirements with the limited number of fieldwork opportunities currently available.

Once this pandemic passes, there will be a surplus of occupational therapy students ready to jump in and volunteer to help so they can meet their fieldwork requirements. Current federal mandates have allowed for changes in the didactic portion of academic programs, such as transitioning to online teaching methods, but clinical fieldwork education has not been modified or shortened. Students are still required to complete a minimum of 16 weeks (OTA) or 24 weeks (OT) of clinical rotations in two different fieldwork settings.

Some OT practitioners may feel that supporting student fieldwork while trying to recover from a pandemic may not be a high priority. However, practitioners should recognize that the need to support student education will still be present. Once the COVID-19 virus pandemic comes to a close, it is imperative that occupational therapists join together as a community and support the future of the profession. Having OT students present and assisting with the rebuilding process as clinics start to re-open their fieldwork programs will benefit both practitioners and students alike. Students can be engaged in program re-development projects and keep practitioners up-to-date with current and new practice, especially in technology-driven areas such as telehealth models. Many clinical fieldwork educators have reported that having students in their facilities brings positive energy and enthusiasm to the workplace environment, which may be needed after this stressful and chaotic time. In addition, students provide a helpful extra set of hands as practitioners handle busier than normal caseloads in their attempt to get patients caught up on therapy sessions that may have been missed during the pandemic. Practitioners should also keep in mind that supervising students enables them to receive free continuing competency units that can be applied towards their licensure and certifications; an especially important benefit right now, as the AOTA conference and many other continuing education opportunities have been cancelled. Most importantly, supervising students is intrinsically rewarding. Clinical fieldwork educators will enjoy a feeling of satisfaction in giving back to the profession and shaping the future of occupational therapy, which happens to be especially important during a challenging time such as this.

Are you ready for the challenge of supporting student fieldwork after this pandemic passes? If so, contact the academic fieldwork coordinators at your local universities to see how you can support their fieldwork programs.

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# TREATING ACROSS THE LIFE SPAN THROUGH 36 YEARS OF PRACTICE:

## EMBRACING CHALLENGES, ENHANCING LIVES 2020

**FOTA Practitioner Spotlight:**

Nancy Marin OTR/L, C-NDT, IYT

"What is your conceptual model of OT?" I will never forget this first question by the dean of OT upon entering into OT school. I believe my answer at the time was "Helping individuals function as independently as possible regardless of disability." I almost failed my first semester, crying over having to learn and remember 52 origins and insertions in neuroanatomy to understanding physics from my professor whose primary language was Chinese.

Thirty six years later, after working in a variety of settings to include nursing and rehab center, school system, private outpatient clinic to owner of a small private practice, who would have ever imagined that this 'ol' time therapist would be providing Telehealth services, learning and understanding the lingo, technology, screen sharing, various platforms, and understanding the laws and regulations for insurances and what is or isn't a HIPPA compliant platform. My mind continues to race, but as a seasoned therapist, an OT all the way down through to my very core, I'm working hard to keep a balance of work, play and rest. I share what knowledge I think I have with others so we can remain healthy and whole.

One of my favorite shows WAY back in the day was the Jetsons. I feel as if I am now the main character in this cartoon (except without Elroy), only now living this is in real time. Who would have ever imagined thirty six years later in my career, that I would be treating children of all ages and disabilities through a computer? After these past three weeks, I am getting into some kind of routine. I am teaching yoga to adults through Zoom, helping my 91 year old mother stretch and keep her brain active through Alexa, and a variety of therapeutic activities to my clients through a HIPPA compliant platform. I am reflecting on my past life as an OT to what is now the new norm of treating. However, as a certified NDT therapist, who is used to handling and facilitation of babies, toddlers, children and teens to adult CVA's, I am having to figure out how to be creative (although I have to believe I've been a fairly creative OT) and let me tell you, it's exhausting.

Emotionally and spiritually, my heart is aching for every single citizen. Missing out on major milestones, life's events, graduations, weddings, travel, conferences, seeing grandchildren be born and celebration of birthdays. For our senior citizens who are isolated in nursing homes and ALF's. For all staff members who are trying to stay afloat and care for our seniors including my own 91 year old mother who I cannot see, other than through a small little box named 'Alexa'; which in my mother's own words is our life line!!! For the grocery store workers, truck drivers and sanitation workers. My prayers are incessant for those that are suffering from this horrible virus, for the physicians, nurses and other essential workers who care for them and us, while putting their own life at risk.

For all of us therapists who are trying to maintain some kind of normalcy for our families we serve, who are barely surviving with home

who are barely surviving with home schooling, on line learning, running their own business or trying to keep their job in some way, shape or form. To be able to pay their bills and still manage to sit there with their child while I guide them to do therapy.

I am just a mother of 2 grown children, a grandmother to 2 beautiful grandsons, an aunt, a great aunt, a sister, a daughter, a wife and friend to many. I feel that my life as a pediatric OT has come full circle, allowing me to truly treat across the life span.

*Nancy Marin, OTR/L, C-NDT, IYT, a graduate of FIU, is a pediatric OT with over 36 years'experience is originally from South Florida with a career spanning from senior rehab, to school system and pediatric outpatient center (Pediatric Therapy Associates in Plantation) where she developed a strong foundation and love of NDT (from great mentors).*

*Nancy relocated in 2001 when she began a private pediatric practice, Occuplay, Inc. in Ponte Vedra Beach Florida. Nancy is certified in NDT, Baby treatment, Integrative Yoga Therapy and The Listening Program-with Bone Conduction and teaches an Adaptive Yoga/ NDT course extensively through the United States with Ciao Seminars. Nancy incorporates evidence based practice utilizing NDT, Yoga and other holistic approaches both within the clinic and natural environment settings. She is passionate about individuals with neurological differences and always 'Presumes Competence' with each and every individual she works with. In addition to her full time pediatric practice, Nancy teaches adult yoga class and see's the 'Oh-mazing' benefits across the life span.*

## CONFERENCE VOLUNTEERS

**If you are interested in volunteering your time at FOTA20 we can use your help. We need Zoom room monitors & more.**

**Please email our FOTA20 volunteer coordinator Vicki Case at Vicki.Case@adu.edu**

# FIELDWORK EXPERIENCE:

Kelsey Obando,
Florida International University Student

Feelings of excitement, happiness and nervousness raced through my body as I learned that I had been assigned to complete my level I occupational therapy fieldwork experience in a hospital setting in Nassau, Bahamas. I was enthusiastic to step out of my comfort zone and go to another country for four weeks, albeit also a little bit nervous because I was stepping into a different culture and place, I had never been to. I did not know what to expect. Nevertheless, I was ready to embrace the challenges and face my fears.

From the first day of fieldwork, I felt welcomed by the staff and my fieldwork educators. Everyone I encountered, whether a patient, a clinician, a nurse, or someone walking down the street, would greet me with a smile. I learned quickly that it is part of the Bahamian culture to greet everyone, something that is not common in my culture, where we are taught to be polite, but not to talk to strangers. At first, I found it odd, but I just went along with it because I did not want to offend anyone. Eventually, I got used to it and it became natural to greet anyone who passed me in the hallways or on the street.

Bahamians are immensely proud of their heritage, their way of life, and each other. The patients and staff were also very interested in my Miamian and my Hispanic roots. The culture in the rehabilitation department was diverse; it was highly organized and everyone helped each other. In the lunchroom, everyone sat together and shared conversation. There was no separation of the different disciplines, students, or volunteers. The clinicians had a comfortable and safe environment to voice their opinions. I liked that every team meeting kicked off the day with a positive, motivational quote.


Throughout the four weeks at the facility, I observed treatment sessions and had the opportunity to lead a few sessions with supervision. The outpatient department was my home assignment, but I assisted and observed treatment sessions in the intensive care, acute care, and inpatient units.

An everlasting memory took place in the wound care unit when treating a patient who sustained a third degree burn in his left upper extremity. My first day was also his first day of treatment. At first, it was challenging to see his wounds and listen to him yell, tense-up, and contort his body every time we had to passively range his digits. However, it was invaluable to witness his progress. During the treatment sessions, I used my therapeutic use of self and spoke to the patient to distract him from the pain in his left hand. I also cue him to breathe and provided tactile cueing to correct his posture or any compensation in his shoulder or back muscles during the exercises. At the end of my four weeks, it was rewarding to see his progress. He was able to grab large objects and tolerate active flexion of the digits with passive extension without yelling or compensating. He was grateful and appreciative for my help as he realized that my cues made a difference to help him complete the exercises.

Last, I was lucky enough to be in the Bahamas to experience the celebration of their Independence Day. They had parades, festivals, and activities throughout the island almost every weekend. I experienced their rich island culture, lively music, indigenous dances, and delicious food. It reflected the beauty of the island.

Overall, my experience truly exceeded my expectations. I am grateful to have had such knowledgeable and experienced fieldwork educators to guide me through the process. I enhanced my educational pursuits, connected with staff, and made treasured memories I will never forget.

# Manualization of Occupational Therapy Interventions: A Crucial but Overlooked Step in Building Evidence

Annemarie Connor PhD, OTR/L
FOTA Research SIS Co-Chair

Sarah Fabrizi PhD, OTR/L
FOTA Research SIS Co-Chair

Manualization of an intervention is an essential component in the implementation of research studies. When collaborating on research teams, manualization gives a template to check for fidelity and thus determine if the intervention is carried out in the way in which it was intended by the program developers. Murphy and Gutman (2012) have outlined essential elements in intervention fidelity that are often absent from study descriptions. For example, within the intervention manual researchers should describe the intervention design to include the number, length, and frequency of intervention sessions. The researchers should explain both the theoretical framework and any clinical guidelines that provided the foundation for the intervention. The manual must also define the "active ingredients" or elements of the intervention proven to be responsible for changes in specific outcomes, often quite complex in intervention research. Careful consideration must be given to the training of individuals who will be implementing the study's procedures. Implementation training is not only outlined in the manual, but the manual content can also be used for training purposes. Written/electronic intervention manuals can be an important tool to assist in fidelity as they provide a means to articulate the distinct differences of the intervention and ensure outcomes are replicated.

As an example of not only the clinical and research utility of manualization, but also the training benefits of manualization, we offer an example of a manualized, evidence-based group intervention for adolescents and young adults with autism. The Assistive Soft Skills & Employment Training program (ASSET) was developed by a group of interdisciplinary researchers from the fields of occupational therapy, rehabilitation counseling, and special education to address the need for improved employment outcomes among young adults with autism (Sung et al., 2018; Connor et al., 2019). ASSET is a group intervention consisting of 13 sessions guided by a facilitator manual, associated PowerPoints, and participant handout book. The ASSET group curriculum was developed, tested, and refined through a dissertation (Connor, 2017) and feasibility study (Sung et al., 2018) in which a sample of 17 young adults with autism and without intellectual disability participated in an 8-week, preliminary version of the program.

Using mixed-methods, intervention researchers used pre- and post-intervention surveys and interviews to assess program feasibility, user acceptability, practicality, and preliminary efficacy. Recruiting a sample of 17 young adults with autism is challenging, and effectively delivering the intervention could not be achieved in one large group. Thus, four intervention groups, with a range of 4-6 members per group, were run over a period of two years. Results indicated significant improvements in work-related social skills knowledge, social functioning, and social/empathy self-efficacy.

Weekly feedback from group participants and facilitators was used to refine and extend the intervention content and approach to an expanded 13-week training program. The intervention manual allowed for guidance during each of the four deliveries of ASSET. The manual provided the researchers assurance of fidelity during treatment implementation. Adherence to the treatment protocol through manualization provided a consistency that supported pooling of results for analysis. Moreover, the manual made it possible to train multiple co-facilitators to deliver the intervention, thereby decreasing researcher burden. Manualization was also instrumental in a follow-up study (Connor et al., 2019) in which we expanded the sample (n=26), delivered two additional group interventions, and examined psychological wellness in addition to social functioning and self-efficacy. Results indicated significant improvements in all previous outcomes with the addition of significant declines in anxiety and a trend toward decreasing depression.

Currently, our team is investigating the efficacy of having occupational therapy graduate students deliver ASSET as both a research and practicum experience. Once again, manualization was key. The manual not only ensures treatment fidelity, but is also used as a training manual for the students. Specific content in the intervention manual, including the PowerPoints, curriculum, and pre-planned activities, provide the students with structure and a place to start as they develop therapeutic use of self and group facilitation skills. In alignment with suggestions in the literature, students were also encouraged to flex and extend the curriculum (Blanche et al., 2011) to meet the needs of their particular groups. In addition, the journaling and note writing that students completed for fieldwork became another data source for the research. From a faculty perspective, the ability to serve as both research mentor and clinical instructor aided in the direct observation of fidelity along with the ability to assess the appropriateness of the manualized intervention as a training curriculum for students. Finally, use of the manualized ASSET curriculum ensured that students experienced how theory guides practice as they learned to measure outcomes and design activities targeting the key constructs of Social Cognitive Career Theory (Lent & Brown, 1996), the guiding theory underlying ASSET.

Noting that intervention manuals are not commonly used in occupational therapy, and recognizing that manualization is a necessary first step in designing research that can lead to the highest level of evidence (Blanche et al., 2011), we encourage researchers, students, and clinicians to collaborate on manualizing and testing occupation-based intervention programs. By beginning with manualization, and using a developmental iterative design to test the program, we have been able to validate and extend the ASSET program. In addition, we have used the manual as a training resource for our students, and are currently examining ASSET's utility among other populations, including adolescents with substance use disorder. Perhaps, most notably, manualization makes it possible for us to conduct a future randomized controlled trial, the gold standard of intervention research, providing the highest level of evidence. We offer ASSET as an example of a fruitful collaboration between researchers, clinicians, and students in order to meet a need for evidence-based, replicable and extendable occupational therapy interventions.

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# MAKE YOUR COVID-19 COMMUNICATIONS TO STAFF MORE EFFECTIVE

Michael Steinhauer OTR, MPH, FAOTA
FOTA SIS Administration & Management Chair
*(Modified from Matt Cornner, Managing Director, Talent Development Solutions, Advisory.com)*

The rapidly evolving COVID-19 epidemic presents clinical leaders with an unprecedented challenge - leading teams through a crisis with unknown scope and no clear end in sight. Exercising the management practice of leading by emotional intelligence will require fierce orientation to purpose, self-awareness, self-regulations, empathy, and compassion. Emotional intelligence allows us to manage the human and emotional complexity of a moment like this. Here are a few tips for administrators and managers to help navigate the clinical environment:

1. Position yourself to decide, not react by orienting to a clear purpose.

   It all starts with purpose, whereby health care leaders primary purpose should be health and safety for all involved (patients, family, clinical and non-clinical staff, etc.). But leaders must also maintain the financial health of their organizations or departments, under extraordinary pressures often in tension with one another. Leaders must position themselves to be deeply aware of what matters most at any given moment and in any given decision. The best leaders are relentlessly oriented to purpose.
2. Don't get emotionally hijacked – practice self-awareness and self-regulation
   After orienting to purpose, leaders recognize the rapidly evolving and complex circumstances that can emotionally overwhelm, or "hijack," even high performing leaders. The best leaders operate with a level of consciousness that allows them to notice those outsized feelings before they erupt into unproductive reactions. On the job decisions throughout the day can trigger an unproductive reactions. Good leaders check in with themselves frequently, even just 60 seconds between meetings, to take a beat and close their eyes to notice how they are feeling. You can use a label and learn exercise to monitor oneself. Research shows that when you can label your emotional reactions (fear, anger, frustration), that naming them starts to dis-engage the emotional brain (the amygdala), and re-engage the logical brain (pre-frontal cortex), which allows for greater calm in the moment. Then learn what those feelings are telling yourself about the situation. Your reaction is data and can be used to better navigate the moment. Processing your own emotions allows you to stay grounded and continue to be an effective leader.
3. Tap into your community of friends, peers, and colleagues for support

   Leadership can be isolating. You must lead but maintain calm. Concurrently you are not an island and effective leaders know to turn to their trusted community outside of work and with trusted peers at work. Emotional moments and difficult decisions may require a leader to send and receive support. The processing of feelings can be cathartic and validate the challenges that one is facing. A place to vent emotions is frequently necessary. Then pivot back to your purpose so you can continue to remain present and engaged in your organization or department's ongoing challenges.
4. Be the Chief Empathy Officer and let staff know they are genuinely cared for

With every communication, large and small, ask the question: Am I leaving this person/team/staff feeling genuinely valued and cared for? Notice if there is a provider or staff member that is being disproportionally impacted by the epidemic: as more people are infected, hospitalized, as PPE and care capacity are overwhelmed, as the economy deteriorates and peoples' spouses or loved ones start losing jobs. It is often hard to know exactly what to say, everyone in the organization is trying to get by. Start with something very simple, "You are important to me and this organization and to what we are trying to accomplish. How are you feeling right now?"

Leadership challenges rarely look like they do today with the COVIT-19 clinical practice environment, impacting on all treatment settings. Leadership requires a re-tooling of best practices to meet the needs of an ill-stricken community and the health care workers who support them. Adopting emotionally intelligent management practices will help leaders be successful in keeping staff motivated and directed.

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# Social Disengagement and Isolation During a Global Pandemic: Occupational Therapy Strategies for You and Your Client

Anjali K. Parti, OTD, OTR/L Mental Health Special Interest Section FOTA

As you are all aware, the United States along with the global community is experiencing a period of social isolation, disengagement, social distancing, heightened public health precautions, and an overall sense of change in 'normal' due to a novel strain of the Coronavirus, COVID-19. Several countries are experiencing new social realities and limitations in order to prevent retrieving or spreading the virus. All Americans are encouraged to self-quarantine and limit exposure to gatherings or environments of a quantity of 10 or less people and implement 6-foot distance between one another. In short, Americans are discouraged from leaving their homes if possible. This is a significant societal shift which can yield many challenges to routine, personal and professional growth, emotional regulation, wellness, mental health, coping strategies stemming from a general feeling of 'cabin fever'.

Related conditions leading to social isolation such as depression and anxiety yield the equivalent of smoking 15 cigarettes per day (Holt-Lunstad, 2015). Social isolation among older adults is associated with an estimated $6.7 billion in additional Medicare spending annually. Americans will likely experience increased social isolation and loneliness in combatting this pandemic. Fourth-three percent of adults age 60 or older in the U.S. reported feeling lonely (Tan, 2020). We have heard of some good strategies from our Psychology colleagues, here are some tangible OT driven suggestions for yourself and your homebound clients:

Create a routine — Change out of your pajamas, shower and make a to-do of all the things you want to achieve each day to create a sense of normality and productivity.

- Use the COPM or Occupational Profile (www.aota.org) in your treatment sessions
- What are ADL/IADL that are limited or impacted?
- Create a vision board or routine schedule
- Identify caregivers that can assist the client with ADL/IADL difficulties specifically if they already reside in the same home

Break up your day — Find tasks to break up your day and, where possible, change your environment for different activities.

- Incorporate leisure activities and incorporate these preferred activities in between the more routine ADL (painting, gardening, cooking, organizing, sewing, scrapbooking, etc.)
- Meaningful activities- for the older client encourage reminiscing through photo albums as a cognitive exercise, recall skills, storytelling, creating a family tree, etc.

Take care of your body

- Home workout routines are plentiful these days
  - » Virtual exercise classes
  - » Yoga , dance, Pilates, HIIT, workout apps
  - » Exercise equipment (treadmill, stationary bike, arm weights)
  - » Create a workout routine and stick to it!
  - » Avoid scrolling on social media or watching the news before bedtime
  - » Eat well and use the extra time to meal plan and freeze food
  - » Get plenty of sleep

Stay connected

- ‘GrandPad’ IPad for the Geriatric Population can be located at https://www.grandpad.net
- Video Conferencing
- Book Clubs
- Write Letters
- Video Game Night
- Phone calls, social media, texts, and preferred technology and entertainment

Limit media intake

- Protect your mind and what you allow it to absorb
- Daily scrolling on social media may not be as ‘mindless’ as we think
- Scrolling in the morning while in bed- what tone can that set for the day?

In conclusion, Occupational Therapy practitioners are already well equipped identify signs and symptoms of distress, depression, and anxiety and we have the tools to practice psychosocial approaches in our interventions. It is our call to monitor ourselves and our clients during all global health concerns and try to be instrumental in preventing a mental health crisis.

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# PRACTICE STANDING COMMITTEE UPDATE

Ricardo C. Carrásco PhD, OTR/L, FAOTA,
Occupational Therapy Program,
Nova Southeastern University
FOTA SIS PSC Chair

The Practice Standing Committee (PSC) is one FOTA's committees. The PSC coordinator along with other voting chairs and coordinators work in conjunction with FOTA officers to implement goals stated in their job responsibilities and the current strategic plan. The PSC comprises the PSC Coordinator and 14 special interest sections (SIS), namely (in alpha order): Developmental Disabilities, Education, Fieldwork (and recently, Capstone), Education, Gerontology, Health Promotion and Wellness, Mental Health, Occupational Science, Physical Dysfunction, Research, School Systems, Sensory Integration, Technology, Administration and Management, and Work Programs. Each SIS has its own Chair with specific roles and responsibilities and reports to the PSC Coordinator. Allow me to thank and say goodbye to departing and welcome incoming Chairs.

**Becky Piazza**, OTD, MS, OTR/L, BCPR

Chair, Fieldwork and Capstone Education Special Interest Section

Fieldwork and Capstone Education SIS: Goodbye Linda Struckmeyer, PhD, OTR/L, and welcome Becky Piazza, OTD, MS, OTR/L, BCPR. Dr. Piazza is the Academic Fieldwork Coordinator at the University of St. Augustine. She has a Doctor of Occupational Therapy clinical doctorate from Chatham University, MS in Occupational Therapy from San Jose State University, and a BS in Occupational Therapy from the University of Floriday. Her research interests include occupational identity and social participation post-concussion; adolescent mental health; and post-acute stroke outcomes for clients and caregivers; fieldwork education (specifically clinical identity and continuing competency development for fieldwork educators). Her areas of expertise include inpatient rehabilitation; brain injury; stroke rehabilitation; and amputee rehabilitation.

**Mirtha M. Whaley**, PhD, MPH, OTR/L

Co-Chair, Mental Health Special Interest Section

Mental Health SIS: Welcome back Mirtha M. Whaley, PhD, MPH, OTR/L. Dr. Whaley retired from Nova Southeastern University and served as Mental Health SIS Chair until 2019. She has been invited back. Dr. Whaley has a Doctor of Philosophy research doctorate from the University of South Florida (USF) majoring in Behavioral Health. She has a Mater of Public Health, also from USF, majoring in Community and Family Health Education. Dr. Whaley has a Baccalaureate degree in Occupational Therapy. Prior to her retirement, Dr. Whaley engaged in occupational therapy for over 50 years, in mental health, geriatrics and other areas of the profession. She was involved in developing programs in mental health and social justice programs and instrumental in designing and creating the University of South Florida (USF) Occupational Therapy fall prevention specialization. At NSU Tampa Bay Regional Campus, she was one of the

founding faculty members of its OTD program and taught and conducted research in mental health, hybrid (blended education) social justice and other relevant cutting-edge occupational therapy and occupation science topics. She has written chapters and journal articles and presented in various state, regional, national and international venues. As an educator, she is well respected and widely remembered by former students to be a compassionate mentor with a good sense of humor bringing information to the level that students understand and remember. Dr. Whaley is returning to to co-chair the Mental Health SIS with Dr. Anjali Parti.

**Barbara Ingram-Rice,** OT, LMT, CLT

Co-Chair, Health Promotions & Wellness Special Interest Section

Health Promotions & Wellness SIS: Barbara Ingram-Rice returns to the FOTA leadership team having served in several roles in the past, including association President. She brings with her over 30 decades of occupational therapy experience in various capacities as staff, coordinator, educator, and mandatory continuing education provider. She provides health promotion and wellness services through the private practice agency that she founded, Healthways for Life, which includes occupational and massage therapies, consultation, products to promote healthy lifestyle and self-care independence, Tai Chi education, and health coaching. While FOTA President, she also was active in the Council of State Association Presidents (CSAP) and participated and led many commissions from the national association or AOTA. Due to her several volunteer work, Barbara has received many awards including the David D. Clark OT Award of Excellence. This award honors longstanding and significant contributions to the advancement of occupational therapy and FOTA in Florida. This award recognizes occupational therapists who exemplify the highest level of skills and knowledge that benefits the profession in Florida. Barbara also received the Louise Sampson Leadership Award which is the highest honor bestowed to an occupational therapist in Florida. This award acknowledges a practitioner who has developed his/her leadership capacity to serve the profession, FOTA, or the community; and whose leadership skills have contributed to supporting FOTA's mission. Barbara has published and presented in many venues and has mentored many occupational therapists through the association or her appointment at the State College of Florida.

**Lawrence Faulkner,** PhD, OTL

Co-Chair, Health Promotions & Wellness Special Interest Section

Health Promotions & Wellness SIS: Welcome to Dr. Laurence Faulkner and thank you for assuming the position of Co-Chair, of the Health Promotions and Wellness Special Interest Section. Dr. Faulkner comes with an international background. He has a BS in Occupational Therapy from the University of Texas San Antonio, MSc in Biomedical Engineering from the United Kingdom, and a PhD from the University of Pittsburgh Rehabilitation programs. Currently, he is the founding director of development for Six Degree of Freedom Entertainment and Educational Services (6dEEdS) – a motion picture capture and animation endeavor providing 360-degree views of interpersonal situations. He has conducted studies that look at falls and balance as they relate to quality of life and sphere of mobility in Hong Kong, and among elders in terms of aging in the community. His research interests and clinical practice arc from adult through older adult interventions including assistive technologies, posture and balance with motion analysis and kinesthetic awareness, and community accessibility with an overall focus on aging in community, occupational performance and quality of life. He has been an occupational therapy education administrator and has served as faculty positions at universities in Florida, Pennsylvania, Tennessee, Texas and Hong Kong. He has served as editor for health care journals, presented and published in refereed venues. Dr. Faulkner holds several certifications including aging in place, CarFit, Tai Chi, and has served as dissertation and capstone chair or committee member.

# CHILDREN AND COVID-19

Kimberly McKinney MOT, MPT, tDPT, PHC
FOTA S*IS Early Intervention/School Systems Chair*
*H2 Health at Georgia-Pacific Palatka*

The news about the coronavirus is everywhere, but what effect is it having on kids? According to a new study from China's Shenzhen province (led by scientists from the Johns Hopkins Bloomberg School of Public Health and the Shenzhen Center for Disease Control and Prevention) believes that although children do contract COVID-19 they do not get sick as quickly as adults. This is believed to be due to children having healthier lungs (from not smoking or fewer years of exposure to pollution) (Pappas, 2020).

According to the Center for Disease Control, at this time children have already tested positive for having COVID-19. These symptoms are similar to those seen in adults (fever, runny nose, cough, vomiting, and/or diarrhea), but the symptoms are milder (CDC.gov, 2020). If COVID-19 is affecting less children, and those who do test positive have mild symptoms, why close schools statewide? The answer according to an epidemiologist at Temple University College of Public Health, Krys Johnson, is that it has nothing to do with preventing the spread of coronavirus amongst students. The problem is that children are great carriers of germs, bacteria, and viruses. The reason to close schools is to prevent the transmission of the virus amongst children and then to parents, grandparents, teachers, and other adult staff members (Rettner, 2020).

## Talking to Kids

It is important to remember that children look to adults for guidance on how to deal with a stressful situation. They may be confused or worry about themselves, family, or friends. There is also the uncertainty of what the future holds. The best way to talk to children is in a way that is honest, accurate, minimizes anxiety or fear, and is age appropriate (CDC.gov, 2020).

According to the CDC, some of the best principles to use are:

- Remain calm and reassuring
- Make yourself available to listen and talk to
- Avoid language that might blame others and lead to stigma
- Pay attention to what children see or hear on television, radio, or online
- Provide information that is honest and accurate
- Teach children everyday actions to reduce the spread of germs

It is important to note that for some children the school setting is their 'safe place'. Being away from school and the uncertainty of our situation can be stressful. Children deal with stress in many different ways. According to UNICEF (2020), common responses include having difficulty with sleeping, bedwetting, having pain in the stomach or head, and being anxious, withdrawn, angry, clingy or afraid to be left alone. Children need to feel like someone is listening to their concerns and they are in a safe place. A suggestion to parents/guardians of helping would be to empower children to keep them, and everyone they come in contact, with safe. The number one way of implementing this would be with proper hygiene and handwashing.


## Information to Share with Kids

While the information that should be shared with children can vary based on age, there is some information that should be shared with all. An important point to stress is that COVID-19 is contagious. There are no cures or vaccinations at this time, but prevention is the best answer. The main way to prevent the spread of the virus is through thorough handwashing. When handwashing is properly taught, it can help to could protect 1 out of every 3 children from getting sick with diarrhea, and 1 out of 5 children from obtaining respiratory infections (CDC.gov, 2020). Teaching handwashing skills is crucial. The CDC provides a variety of downloadable posters.

## Information to Share with Parents/Guardians

At this point, all schools within Florida will be open with some type of restriction due to COVID. Information will need to be sent home for students to be able to continue with, or maintain, their skills. Now is the

perfect time to look at what the basic skills are that a student has challenges with. As occupational therapists, we are well suited for task analysis. This is a time when it will be best utilized. When finding activities that will benefit our students, we need to find activities that are on the level of the student. The opportunity is perfect for being able to provide feedback to parents and guardians of what their child is challenged with and why we pick the activities that we do. Explaining how those activities can be beneficial and encourage learning and growth can be informational for both the student and parent.

### School System Therapists

The Department of Education has released information on providing services to children with disabilities during the coronavirus outbreak. During the time of school closures, if educational services are not provided to the general student population, they are also not required to be provided to students with disabilities (Part B of IDEA or Section 504) during the same time period. Once learning resumes, every effort must be utilized to provide special education and related services to students in accordance with the child's IEP or Section 504 plan. Students with disabilities must have equal access to the same opportunities (including FAPE) as those provided to general education students.

For prolonged school closures, an IEP team may implement a distance learning plan. This plan may include the "provision of special education and related services at an alternate location or the provision of online or virtual instruction, instructional telephone calls, and other curriculum-based instructional activities, and may identify which special education and related services, if any, could be provided at the child's home" (DOE, 2020).

### Early Intervention Therapists

The Department of Education has stated that if the offices of the state lead agency or the EIS program/provider are closed, then Part C services would not need to be provided to infants/toddlers and their families at that time. If the Lead agency offices are open, but the EIS program/provider are closed, then the services would not be required during that time. Once the offices re-open, it must be determined if the child's service needs have changed and determine whether the IFSP team needs to meet and review possible changes.

If the offices are open, but the services cannot be provided in the child's home, the EIS program/provider can determine if it is safe to provided services in another environment (ie: hospital or clinic). If the offices are open, but it is determined that services should not be provided for a period of time, then the EIS provider can consult with the parent through a teleconference or alternative method (such as email or video conference), consistent with privacy interests, to provide consultative services, guidance, and advice as needed. (DOE, 2020).

### Telehealth

According to AOTA, telehealth is a viable option for providing therapy services. AOTA's position paper on telehealth has found that it allows access to care, "thereby removing barriers to care and promoting intervention approaches within the natural context and environment. This can influence performance and engagement of activities and affect health and wellness, participation, prevention, and improved quality of life" (Richmond & Cason, 2010). Effective July 1, 2019, providing occupational therapy though telehealth is covered under our state guidelines for Florida. The guidelines discuss the specifics of what is required such as practice standards and record keeping. The bill that describes Florida Standards for use of telehealth is found here.

### Resources

There are plenty of resources online to develop treatment plans for our students. The OTtoolbox.com has 31 days of free OT activities with materials. Growinghandsonkids.com has resources for developmental milestones, fine motor, handwriting, sensory processing skills, and more. AOTA.org has resources for parents, children, and apps that can be beneficial for learning. Information and resources can also be located on various OT Facebook pages and groups (ie: School-based Occupational & Physical Therapists). It is important to also provide tasks that the student enjoys. Having activities that are enjoyable to go along with the challenging ones will encourage the student to participate.

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Awards will be presented at the FOTA Annual Membership Meeting to be held during the FOTA annual conference.

Application for nominations will be accepted only via submission of the award nomination form.

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