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How to Pioneer Occupational Therapy in College Campuses

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How to Pioneer Occupational Therapy in College Campuses

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Learning Objectives:

- Describe the needs of college students with and without disabilities.
- Identify key components of creating and implementing an occupational therapy program to serve the needs of college students.
- Illustrate occupational therapy's value in different roles and settings within college campuses.

College Student Needs:

National College Health Assessment Spring 2018 Executive Summary

Reference Group: 88,178 respondents across 140 universities in the US

Top Academic Impacts - Occupation-Based:

- 21.8% sleep difficulties
- 15.3% work
- 9.9% internet use
- 9.5% relationship difficulties
- 8.9% extracurricular activities
- 7.6% finances

Top Academic Impacts - Client Factors:

- 33.2% stress
- 26.5% anxiety
- 18.7% depression
- 16.1% cold/flu/sore throat

Sleep:

- 11.3% of students reported getting enough sleep to feel rested in the morning for 6 or more days
- 44.3% of students reported feeling tired, dragged out, or sleepy during the day 3-5 days out of the week

- 18.2% of students reported that sleepiness during daytime activities was a big or a very big problem

Exercise:

- 46.2% of students meet the recommendations for moderate/vigorous exercise or combination of the two
- 21.7% of students do not get any moderate intensity exercise during the week
- 41.5% of students do not get any vigorous intensity exercise during the week

Mental Health - any time within the last 12 months:

- 53.4% of students felt things were hopeless
- 87.4% of students felt overwhelmed by everything they had to do
- 84.3% of students felt exhausted (not from physical activity)
- 62.8% of students felt very lonely
- 68.7% of students felt very sad
- 41.9% of students felt so depressed that it was difficult to function
- 63.4% of students felt overwhelming anxiety
- 42.1% of students felt overwhelming anger
- 12.1% of students seriously considered suicide
- 7.8% of students intentionally cut, burned, bruised or otherwise injured themselves
- 1.7% of students attempted suicide

Within the last 12 months - traumatic or very difficult to handle:

- 50.2% academics
- 29.3% career-related issue
- 24.6% personal health issue
- 32.9% sleep difficulties

Stress:

- 1.6% no stress
- 6.5% less than average stress
- 34.3% average stress
- 44.9% more than average stress
- 12.7% tremendous stress

Diagnosed Conditions:

- 7.8% Attention-Deficit/Hyperactivity Disorder
- 6.1% Chronic illness
- 4.7% Learning Disability
- 9.2% Psychiatric condition
- 0.7-1.9% Autism Spectrum Disorder
- 2.5% Partial sightedness/blindness
- 2.1% Deafness/hearing loss

Disability Services Utilization:

- 70% of students with a disability do not seek services from their college disability services office (Aud et. al, 2013)

Scoping Review of Existing OT Services (McCarthy & Keptner, in review):

25 studies from the peer reviewed literature were included in this scoping review

Universities Included:

University of Southern California, California Institute of Technology, Dominican University, University College Cork, Trinity College Dublin, Saint Louis University, Towson University, Stockton University, Colorado State, St. Louis University, Washington State, South Western Sydney Institute of Technical and Further Education (TAFE), Santa Monica College, Wright College, Columbia University, University of Wisconsin-Milwaukee, Cleveland State University

Highlighted Programs:

St Louis OT on Campus, USC, Caltech, Unilink at Trinity, LIFE Cork, Bridge Program Stockton University

Populations:

Veterans, Autism Spectrum Disorder, Traumatic Brain Injury, First Generation, First Year Students, Wellness, Mental Health, Intellectual or Developmental Disability

Services:

- Direct & indirect services through Offices of Disability Services (Lewis & Nolan, 2013)
- Assistive technology services (Malcolm & Roll, 2017)
- Services within a student health clinic (Eichler, Hoebet, & Royeen, 2015; Eichler & Royeen, 2016)
- Short-term group intervention (Keptner, 2017; Keptner et al, 2016)
- First year experience course (Smallfield et al., 2011)
- “As needed” occupational therapy services in a multidisciplinary drop-in center (Jacobs, Selby, & Madsen, 1996).

Program Development Components

Initial Program Design

What school are you pitching to?

- What resources do they already have and where are the resources located?
- How many students do they have?
- What reimbursement model do they use?
- How big is the school? (e.g. student population, number of staff and faculty, barriers to creating a point of contact and developing a program)
- Where can OT fill a need?

Where is your program situated within the organizational hierarchy at the university?

This determines:

- How your program is viewed by others
- The topics that are mentioned
- How students access OT services
- Your department and first allies

Potential areas to situate OT within the organizational hierarchy:

- | | |
|----------------------------------|-------------------------|
| ● Health Services & Primary care | ● Wellness Centers |
| ● Counseling Services | ● Standalone |
| ● Accessibility Services | ● Student Affairs |
| ● Academic/Learning Centers | ● Office of the Provost |

The Case for Collaboration:

- Address student needs more holistically when their first point of contact is from another department. This improves the quality of care and can ease the caseload on a single department.
- Help students access services they might have been hesitant to try or are unaware of. OT may be their first point of entry into receiving other services.

Types of OT Services:

- Individual sessions
- Consultations
- Screenings as an introduction to OT
- Groups
- Workshops, events, and other outreach

- Custom events on request in collaboration with other groups and programs

Reimbursement/Payment Model:

Insurance	Salaried
<ul style="list-style-type: none"> • Require a formal physician's referral* • Barriers of entry for students - diagnosis required, co-pays, insurance types, time • Generates revenue for the university 	<ul style="list-style-type: none"> • Flexibility for program development • Increased accessibility for students • Fewer productivity restraints

*Note: collaboration with health services will be essential

Timeline and Milestones

Acquire a Key Stakeholder:

- From the department you wish to place OT in
- Someone who can advocate, support and approve of your program, provide you space, welcome you into meetings, etc.
- Likely a director position or higher
- Expect the need to follow-up

Create your Visual Pitch:

- Explain what OT is and why it is a good fit for their department
- Identify needs of college students that can be addressed by OT
- Summarize OT's value

When Meeting with a Key Stakeholder:

- Treat it like an interview
- Show that you have taken the time to learn about their school
- Prepare your meeting packet:
 - Visual pitch summarizing OT
 - Resume
- Be able to speak to:
 - Needs of college students in general
 - Understanding of the school and current resources

- How OT could work in collaboration with other departments
- OT's value
- Use it as an opportunity to listen! Don't spend too much time talking about other schools with OT programs. Focus on what it can do for them.

Complete a Needs Assessment:

- Dive into the literature
- Interviews with staff and students
 - What are their needs?
 - Where do students currently go to address their needs?
 - Would students come to a program like this?
 - What is a good way to reach out to students?
 - What is the culture/perception surrounding health and wellness?
- An opportunity to begin showcasing and advocating for OT's value
- To guide how OT should be developed and pitched to students and staff
 - Note: Expect initial program design to change. Target what you learned from interviews and what students most have a need for.

Additional Logistics:

- Physical space - where is OT held?
- Liability insurance - coverage under current university policies
- Supplies and materials - OT is relatively low cost!
- Some things may not be in your control, but stay flexible!
- If billing insurance - how will OT be integrated into health services?
- How will students be able to connect with OT?
 - Online? Call? Walk-in?
 - Recommendation from other clinicians? Self-referrals?
- Where will OT be documented?
 - Integration with electronic medical records? Paper forms?
 - Consider any existing systems for scheduling and documentation
 - Advocate for being part of integral systems
- What hours can students access OT?
 - Is there a waiting area?
 - How do they sign in when they have arrived?
 - How do they make a follow-up appointment? Cancel? Reschedule?
 - What if a student is late? How late?

- How long are your sessions?
 - How many sessions can a student attend?
 - What if a student stops coming to OT but has not responded to correspondence?
- Write up a basic protocol for procedures
 - Outline of services: initial, follow-up, discharge
 - When is a student ready for discharge?
- Forms and templates to consider:
 - Informed consent
 - Release of records
 - Evaluation Form/Occupational Profile
 - Regular session notes
 - Discharge notes
 - Look to your department for examples of wording in existing forms
- Assessments
 - What assessments are already being utilized?
 - Consider general assessments for most students as well as more focused assessments for specific concerns
 - Consider formatting - digital or paper?
- Interventions
 - Tailor the interventions to your population!
 - Handouts allow students to have something to take with them and refer to after they have left their session
 - Have a small assortment of materials ready
- Final Review of Logistics
 - Take the time to sit down with allies again to announce the pilot. Consider doing an in-service.
 - Help them understand what services are offered, how they can refer students to OT, and examples of students who would be appropriate for OT.

Working with Students:

- Start seeing students and begin to make note of how students respond to sessions
- Continue to make changes and learn about topics that are relevant to your student population
- Additional duties
 - Marketing materials - flyers, postcards, informational brochures
 - Consider materials not only for students, but for staff and other clinicians who also work with students

- Online presence - Do you have a web page dedicated to your services? Social media?
- Considerations for expansion of services and collaborations
 - Creating groups, workshops, other programming
 - Guest speaker for existing events

Evaluate your Program:

- Collect anonymous feedback from students
 - May utilize service such as SurveyMonkey or your university may have a program they already use
 - Consider:
 - Number of students seen and distribution: undergraduate vs. graduate
 - Number of sessions held by type and totals
 - Recommendation/referral sources - who is referring to OT?
 - Popular topics that students bring up
- Note your impact:
 - What new workshops, programming, or other collaborations have come to fruition because of you? Don't forget to track attendance in events.
 - Consider any new connections or allies you've made who previously weren't connected with your associated department.
 - Want to similarly make a visual pitch or summary in order to share it with others.
 - Demonstrate you have made a difference! Particularly important if you are trying to create a paid position.
 - Keep a list of your achievements, summarize it, and share it!

OT's Value - A Summary

- Fulfill gaps in services
- Accessible entry point to services
- Unique models of theory and approach
- Great collaborations with other departments
- Resource for student retention
- Facilitating student success in general
- Focus on health, wellness, and prevention - helping students access resources as a whole, not just your own

Assessments:

- Occupational Profile
- Canadian Occupational Performance Measure (COPM)
- Occupational Questionnaire (OQ)
- Learning and Study Strategies Inventory (LASSI)
- Interest Checklist
- Role Checklist
- Adult Sensory Profile (ASP)
- Coping Inventory of Stressful Situations (CISS)
- Response to Stress Questionnaire
- Wellness Recovery Action Plan (WRAP) ®
- RAND 36-Item Health Survey
- Life Balance Inventory

Interventions:

- Time management
- Organization
- Stress management
- Study skills (exam preparation, note-taking, reading, writing)
- Assertive communication
- Socialization
- Self-advocacy
- Sleep hygiene
- Eating routines
- Physical activity routines
- Energy conservation
- Sensory strategies
- Leisure participation
- Motivation
- Concentration
- Home management
- Pain management
- Diagnosis education
- Assistive technology education
- Lifestyle balance
- Problem-solving
- Medication management
- Financial management

Common Intervention Examples:

Time management

- Scheduling
- Routine-development
- Time-estimation
- Task-analysis to breakdown assignments
- Prioritization

Stress management

- Education of stress response
- Identification of stressors, stress symptoms and coping strategies
- Cognitive reframing
- Meditation and mindfulness
- Sensory-based strategies

Self-Care

- Building healthy habits and routines (i.e. consistent exercise, eating & sleeping routines)
- Implementing energy-restoring breaks
- Creating life balance and incorporating 8 dimensions of wellness

Studying

- Education on concentration strategies
- Conduct environmental analysis
- Identify distractions
- Improve self-monitoring of performance
- Analyze reading strategies, class notes, test-taking routines

Continuing Education:

Courses:

- Cognitive Behavioral Therapy for Insomnia
- USC Life Management Series
- Healthy eating and weight management
- Sensory Modulation
- Motivational Interviewing
- Mindfulness

Online Resources:

- OTs in Colleges - Aspiring Practitioners Group (Facebook Group)
- OT Services at Third Level (Facebook Group)
- <https://ot1blog.com/>

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