2009

Making the Connection: Creating Leaders in Research, Education, and Practice through Doctoral Study in Occupational Science & Occupational Therapy

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Making the Connection:
Creating Leaders in Research, Education, and Practice Through Doctoral Study in Occupational Science & Occupational Therapy

The American Occupational Therapy Association
89th Annual Conference

Sunday April 26th, 2009
Houston, Texas
Purpose of this Presentation

- To demonstrate how OS and OT can be used to solve important societal problems not traditionally addressed by OS/OT
- To illustrate how the AOTA Centennial Vision has been incorporated into the development of innovative programs and research at the University of Southern California
- To exemplify how the PhD and OTD experiences cultivate leaders
- To inspire and provide tools for creating innovative programs and areas of practice
Purpose of the Presentation

• To discuss the process of program development
• Information about 4 unique program specialties
Elements of Program Development

• Unmet Needs
• Role of Occupational Science/ Occupational Therapy
• Leadership tools
• Outcomes
• Support
PROCESS OF PRESENTATION

- Beth Pyatak, PhD cand, OTR/L: Diabetes Management
- Camille Dieterle, OTD, OTR/L: Environmental Sustainability
- Carlin Daley, OTD, OTR/L: Workplace Wellness
- Karen McNulty, OTD, OTR/L: College Student Mental Health
Lifestyle Redesign®

- Lifestyle Redesign® is the process of implementing self-directed, personally meaningful changes to one’s lifestyle and daily routines that promote health and enhance quality of life.
The Role of Occupational Science and Occupational Therapy: Lifestyle Redesign® for Diabetes Management

Beth Pyatak, MA, OTR/L, PhD candidate
crall@usc.edu
Today’s Talk

• Diabetes: An overview
• Diabetes & OS/OT: Why it fits
• Research study: diabetes in young adulthood
  – Overview
  – Preliminary outcomes
  – Current status/future directions
Diabetes: An Overview

• About 7.8% of people in the U.S. (1 in 13 people) have diabetes
  – One-third have not been diagnosed

• Sixth leading cause of death in U.S.

• Leading cause of disabling conditions:
  • Stroke
  • Heart attack
  • Kidney disease
  • Blindness
  • Neuropathy
  • Amputations
Causes of Diabetes

• Type 1 diabetes:
  – Autoimmune disease, which destroys insulin-producing beta cells in pancreas

• Type 2 diabetes:
  – Decreased production of insulin
  – Decreased sensitivity to insulin in the body’s tissues (*insulin resistance*)
Treating Diabetes

• Type 1: Insulin therapy
  – Injections or insulin pump (subcutaneous infusion set)

• Type 2: various approaches depending on severity
  – Lifestyle changes, oral medication, insulin therapy

• Both types:
  – Monitoring blood sugar - up to several times daily
  – Monitoring for complications (e.g., skin inspection, eye exams)
  – Regular checkups (every 3 months)
  – Treatment of complications
Treating Diabetes

• 24/7 task embedded in everyday occupations
  – For example, cooking, eating, shopping, self-care, physical activities
  – Can be painful or unpleasant (finger pricks, injections)
  – Can lead to “burnout”

• Requires constant adaptation
  – Illness
  – Stress
  – Travel
  – Other disruptions to “normal” routine
AOTA’s Centennial Vision: Practice Areas

• Disability & Rehabilitation
  – Diabetes is a leading cause of disability
  – Poorly controlled diabetes can lead to stroke, heart attack, neuropathy, amputations, etc.

• Health & Wellness
  – Preventing diabetic complications through good diabetes management practices
AOTA’s Centennial Vision: Drivers of Change

Practice Areas: Diabetes affects people of all ages and pervades every aspect of life
Role of Occupational Scientists

• Research discussing the role of OT in diabetes management is scarce

• OS can support OT practice by:
  – Translating clinical dilemmas into researchable questions
  – Developing innovative models of practice
  – Supporting evidence-based practice
Role of Occupational Therapists

• Collaborating with researchers to translate clinical dilemmas into research questions

• Adopting and testing the real-world effectiveness of interventions

• Using clinical expertise to improve the lives of people with diabetes
Lifestyle Redesign® & Diabetes

“Diabetes is a classic example where lifestyle adjustment is an important component of disease management”*

Lifestyle Redesign® & Diabetes

• Goes beyond traditional “behavioral” interventions that typically only look at diet and exercise

• Examines how a person’s habits and routines support or inhibit their ability to manage diabetes

• Examples:
  – Annabel: Not testing blood sugar
  – Jeff: Lying to providers
  – Leslie: “Typical college student”
Current Research

• In-depth qualitative needs assessment for young adults with diabetes
  – Life stage with major transitions (career, relationships, relocating)
  – Falls outside primary area of practice for both pediatric and adult practitioners
  – Developing sustainable diabetes management practices early in life can prevent complications
**Translational Research Model**

1. Identify problem
2. Perform needs assessment (Basic/Qualitative)
3. Develop intervention
4. Test intervention outcomes
5. (Randomized clinical trial)
   - Short Term
   - Long Term
6. Evaluate cost-effectiveness
7. Study theoretical model for why outcomes were produced

Research Questions

• How does participation in occupation intersect with diabetes management?
  – Does having diabetes facilitate or constrain participation in certain occupations?
  – How does participation impact diabetes management, either positively or negatively?

• How satisfied are young adults with their health care?
  – What factors contribute to successful or unsuccessful partnerships with healthcare practitioners?
Methodology

• 8 participants aged 19-25 years old
• All have had diabetes for 5+ years
• 6 open-ended interviews with each participant
  – Everyday occupations, lifestyle, routines
  – Diabetes management approach & strategies
  – Thoughts/feelings about diabetes management
  – Experiences with health care providers
## Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Ethnicity</th>
<th>SES</th>
<th>Age at dx</th>
<th>Treatment approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annabel</td>
<td>19</td>
<td>Hispanic</td>
<td>Working class</td>
<td>12</td>
<td>Injections (wants to transition to pump)</td>
</tr>
<tr>
<td>James</td>
<td>19</td>
<td>Biracial (White/Asian)</td>
<td>Upper-middle</td>
<td>6</td>
<td>Insulin pump</td>
</tr>
<tr>
<td>Leslie</td>
<td>20</td>
<td>White</td>
<td>Upper-middle</td>
<td>15</td>
<td>Insulin pump &amp; continuous glucose monitor</td>
</tr>
<tr>
<td>Nina</td>
<td>20</td>
<td>White</td>
<td>Upper-middle</td>
<td>12</td>
<td>Insulin pump (wireless/pod)</td>
</tr>
<tr>
<td>Jenny</td>
<td>21</td>
<td>Hispanic</td>
<td>Working class</td>
<td>4</td>
<td>Injections</td>
</tr>
<tr>
<td>Sadie</td>
<td>21</td>
<td>White</td>
<td>Middle</td>
<td>7</td>
<td>Injections</td>
</tr>
<tr>
<td>Sergio</td>
<td>23</td>
<td>White (US/Europe dual citizen)</td>
<td>Upper</td>
<td>1</td>
<td>Injections</td>
</tr>
<tr>
<td>Mark</td>
<td>25</td>
<td>White (Jewish)</td>
<td>Middle</td>
<td>14</td>
<td>Injections (transitioning to pump)</td>
</tr>
</tbody>
</table>
Preliminary Findings

- Participation - facilitators
  - Annabel: career choice
  - Sadie: advocacy
  - Sergio: mentoring
Preliminary Findings

• Participation - constraints
  – Leslie: dancing/theater
  – Mark: job choice
  – Sadie: spontaneity
Preliminary Findings

• Everyday struggles
  – Fear of hypoglycemia
  – Weight management; staying healthy
  – Managing alcohol
  – Managing mishaps/
Preliminary Findings

• Accessing Health Care
  – Annabel: discrimination
  – Jenny: losing insurance
  – Sadie: confidentiality
  – Mark: continuity of care
Preliminary Findings

• Working with Providers
  – Nina: “they don’t get it”
  – Sergio: worksheets
  – Leslie: bedside manner
  – Jeff: being a “good patient”
Next steps:

Manualize Lifestyle Redesign® intervention → Pilot test intervention → Conduct large-scale clinical trial

Goal: Develop an intervention that will help young adults establish healthy habits to prevent or delay the onset of disability later in life
Questions or Comments?

Beth Pyatak, MA, OTR/L, PhD (cand)
crall@usc.edu
Green Lifestyle Redesign®
Camille Dieterle OTD, OTR/L

A Wellness Program for Environmental Sustainability
Societal Problem - Consensus


- 2006 *An Inconvenient Truth*

- 2007 "Warming of the climate system is unequivocal," -California Senate's Environment
2007: The Green Movement goes Mainstream

- July 2007 Time special edition on Global Warming
- May 2007 Vanity Fair Green issue
- Newsweek, US News & World Report, NPR & National Geographic Climate Connections Series, all the major newspapers
Solution

• Large scale changes as soon as possible:
  – Extraction
  – Harvesting
  – Manufacturing
  – Distribution
  – Consumption
Solution

• Consumer demand drives markets, shapes trends, and dictates culturally acceptable behaviors and practices.

• Consumers need to change the way they are using natural resources.
“What we need is a new ethic in which every person changes, lifestyle, attitude, and behavior.”

Achim Steiner, United Nations Environment Program, 2007
We all need to change our lifestyles.

David Miliband, Environment Secretary, UK, 2007
Common Barriers

• Time
• Inconvenience
• Expense
• Complexity & confusion
• Feeling like one person can’t make a difference
• Feeling overwhelmed with so much information & enormity of problem
• Apathy
Methods - Occupational Science

- Education
- Habit Change
- Overcoming Barriers (self-efficacy & self-esteem)
- Identity
- Transcendence
- Physical & mental health & well being
- Tempo
Ecological Occupations:

- Taking care of nature
- Being in nature
Purpose and Objectives

• To increase participation in ecological occupations
  – Participants will gain experience
    • being in nature
    • taking care of nature
Goals and Measurements

• to increase knowledge of sustainable living and how connection to nature can increase health and well being

  🌿 New Ecological Paradigm Scale (NEP)
  🌿 Pre & post test

• to increase participation in ecological occupations

  🌿 Pre & post test

• to increase subjective well being

  🌿 SF-36 health & well being scale
Population

• USC campus community
  – Students
  – Faculty
  – Staff
Format

- Faculty & Staff
  - 8 week modular format

- Students
  - One-time workshops
  - Sports & Rec Center
  - Student Clubs
  - Earth Week
Modules

• Intro & Managing Waste
• Nurturing through Food
• Transportation & Time Use
• Incorporating Nature
• Connecting with Chemicals
• Saving Energy (& money)
• Conserving Water
• Cultivating Happiness & Tying It All Together
• Conservation psychology
• Environmental psychology
• Environmental health
• Education
• Sociology
Incorporating Nature

- Decreases Sx of depression, anxiety, & ADD (Townsend & Ebden, 2006) (Faber Taylor et al. 2001, Kuo & Faber Tabor, 2004)
- Speeds recovery time after surgery (Ulrich, 1984)
- Better pain control during medical procedures (Diette et al., 2003)
- Workers with windows report less stress, frustration & illnesses, & more patience (Pretty, Hine & Peacock, 2006)
- Biophilia hypothesis: “the innately emotional affiliation of human beings to other organisms.” -E.O. Wilson
Results

Change in Ecological Occupation Participation and Comprehension of Module Content

<table>
<thead>
<tr>
<th>Participant #</th>
<th>Percentage Change</th>
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<tr>
<td>1</td>
<td>-5.00%</td>
</tr>
<tr>
<td>2</td>
<td>0.00%</td>
</tr>
<tr>
<td>3</td>
<td>-5.00%</td>
</tr>
<tr>
<td>4</td>
<td>0.00%</td>
</tr>
<tr>
<td>5</td>
<td>5.00%</td>
</tr>
<tr>
<td>6</td>
<td>10.00%</td>
</tr>
<tr>
<td>7</td>
<td>15.00%</td>
</tr>
</tbody>
</table>

Series 1
Results

Change in Subjective Well-Being

-40%
-30%
-20%
-10%
0%
10%
20%
30%

Participant #

Series 1
Results

Change in Pro-Environmental Attitude

- 0%
- 2%
- 4%
- 6%
- 8%
- 10%
- 12%
- 14%

Participant #
Percentage Change
Series1
Results - Green Behaviors

• “I became more aware of my shopping and consumption. I waste a lot less now!”

• I’m shopping for locally grown and produced food and items. I walk or bike instead of driving when feasible.

• I’m more conscious of harmful chemicals in the products I use and avoiding them.

• I’m recommitted to vegetarianism.

• I’m using a reusable water bottle. I learned the uselessness of plastic water bottles.
Results - Health Benefits

- “Clarity of mind, refreshing, socializing, more calm, less stressed, more energy”
- “Slowing down, more meaningful days and something to look forward to”
- “Better mood, more relaxed, content, gives me the ability to think more clearly”
Healthy Environment ↔ Healthy Individual
Societal Needs Met + Individual Needs Met = Evolving Wellness Programming
What is happening now?

• Professional Development Course available to USC employees during Earth Week 2009
• Sustainable Eating & Urban Cycling Workshops at Lyon Center for Students, Faculty, & Staff
• Sustainable Eating module in USC OT Faculty Practice Wt. Mgmt Program
Leadership Tools

• Personal & Professional Networks
• Communication
• Asking questions, asking experts
• Knocking on Doors
• Press & Publicity
Thank you!

For references & other questions:

Camille Dieterle, OTD, OTR/L
Dieterle@usc.edu
The USC Lifestyle Redesign®
Office Wellness Program

by Carlin Daley, OTD, OTR/L
A need for workplace wellness...
Problems in the Workplace

- Overweight & Obesity
- Other Chronic Conditions
- Stress-related Illnesses
  - Technostress
- Presenteeism
Why Occupational Therapy?
The Program

A Lifestyle Redesign® program, designed to address the relationship between people, the work that they do, their work environment, and their overall health and well-being.

3 components:
1. Group meetings
2. Individual consultations
3. On-site activity classes
“So many people spend their health gaining wealth, and then have to spend their wealth to regain their health.”

- A.J. Reb Materi
The Context
The Population

USC Career and Protective Services (CAPS)

Includes:
Risk Management,
Workers’ Compensation
Environmental Health & Safety
Employee Recruitment Services
Human Resources

32 participants: 10 male, 22 female
Top Priorities

1. Family Time
2. Personal Health
3. Work/Life Balance
4. Nutrition
5. Exercise
6. Stress Management
7. Organization
8. Time Management
Goals

1. To educate participants and raise awareness about health-promoting lifestyle changes.

2. To decrease perceived stress level.

3. To promote increased quality of life and sense of well-being.

4. To increase employee productivity.
The Program: Weekly Wellness Groups

Modules included:
• Introduction to Wellness
• Healthy Eating
• Balance
• Stress Management
• Movement
• Physical Environment
• Social Relationships
• Sleep
The Program

• Individual Healthy Living Consultations
  – 1 session for each participant

• On-site Activity Classes
  – 1 hour sessions offered each week at two different locations
<table>
<thead>
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<th>Date:</th>
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<tbody>
<tr>
<td>Healthy Employee:</td>
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<tr>
<td>Healthy Behavior:</td>
<td>____________________________</td>
</tr>
<tr>
<td>Additional Comments:</td>
<td>____________________________</td>
</tr>
<tr>
<td>Ticket Completed By:</td>
<td>____________________________</td>
</tr>
</tbody>
</table>
Additional Elements

• Wellness Resource Packet
  – Farmers’ markets, hiking trails, gyms, yoga studios, healthy grocery stores, USC resources, etc…
The Results: Quantitative

- **Perceived Stress**
  - Initial: 80.5
  - Final: 80

- **Social Functioning**
  - Initial: 81.5
  - Final: 82

- **Emotional Well-Being**
  - Initial: 74
  - Final: 76

- **Energy**
  - Initial: 56
  - Final: 64
The Results:
Qualitative

- Subjective reports of improved quality of life
- New conversation taking place in the office
- Improved rapport among colleagues
- Shared experience with family members
- Desire for continuation of program
What happened next?
88% of respondents feel depressed “some of the time”
50% overweight; 35% obese
30% report having one or more chronic conditions
58% have trouble falling/staying asleep
14% smoke cigarettes
DPS Wellness Initiatives

- Wellness Bulletins
- Lunch & Learns
- Virtual Trainings
- Lyon Center
- Chief’s Challenge
CAPS Wellness Initiatives

- “Dimensions of Wellness” Bulletins
- Healthy vending machines
- New employee orientation
- University wellness committees
- Collaboration with:
  - USC Recreational Sports
  - USC Registered Dietician & Trojan Hospitality
  - USC Center for Work and Family Life
Workplace Wellness

- Employee Consultations
- Organizational Policy
- Wellness Groups
- Return to Work Programs
- Ergonomics
- Management Consultation
Thank you!

For any additional questions or comments:

Carlin Daley, OTD, OTR/L
cdaley@caps.usc.edu
Promoting Mental Health Occupational Therapy in Higher Education:
Lifestyle Redesign® for the College Student

Karen McNulty, OTD, OTR/L
Stress and Depression

- **Stress:**
  - 50% college dropout rate
  - 63% so stressed that they could not get their work done
  - 55% so stressed they didn’t want to hang out or participate in social activities
  (ACHA, 2007)

- **Depression:**
  - Half of all college students report feeling so depressed at some point in time that they have trouble functioning
  - 14.5% meet the criteria for clinical depression. (mtvU survey)


**mtvU survey: www.halfofus.com
Program Description

- **Population:** College students (undergraduate & graduate)
  - Common diagnoses: Depression, Bipolar Disorder, Anxiety, ADD/ADHD, and various learning disabilities

- **Program:** The Lifestyle Redesign® for the College Student provides individualized support and coaching throughout the year to help manage the demands of college life.
  - Services provided in environment of the student

- Who can benefit from the Lifestyle Redesign® Program?
Program Description

- **Occupational Therapists help students:**

  - Optimize study/work environments
  - Increase organizational skills
  - Improve time management
  - Increase focus
  - Learn techniques to handle stress
  - Manage money effectively
  - Access community transportation
  - Goal setting
  - Nutrition & Exercise
  - Create a balanced lifestyle!
Program Strengths

**Strengths**

- Location
- Support of Disabilities and Services Programs
- Student health insurance
- OT faculty support
- Unique service on campus
Program Barriers & Strategies

**Barriers**
- Decreased visibility on campus
- Decreased knowledge of OT
- Physician referral required

**Strategies**
- Marketing Plan
- Consumer Friendly Language
- Strengthen Relationship with Student Health Dept.
Marketing Plan

• **Centennial Vision** Statement: “By the year 2017, we envision that occupational therapy is a powerful, *widely recognized*, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society’s occupational needs.

• How do you market an OT program in an environment that is not familiar with OT and Lifestyle Redesign®?
Using Consumer Friendly Language

• Alternative ways to describe OT:
  – Life design
  – Life coaching for students
  – Transition coach
  – “Doing” Therapy
  – Architects of life
  – Community Reintegration Specialists
Marketing Strategies

- In-services & Presentations
- OT groups
- Academic Classes
- Trainings
- Workshops
- Participation in Case Conference Meetings
- Forming Student Club
- “Tabling” at USC
- Campus events
Marketing Strategies: Use of Collateral

- Fliers/ Brochures
- Email
- Website/ facebook
- Wellness Websites
- OT buttons
Facebook Page

Profile: Project Lifestyle: Trojans for Healthy Living

Information:
Name: Project Lifestyle: Trojans for Healthy Living
Type: Student Groups - Clubs & Societies
Description: Project Lifestyle - Trojans for Healthy Living

A NEW CLUB is forming on campus centered around designing and living fun, meaningful & healthy lifestyles!

As a response to the energy and enthusiasm after “Living Down in the Past New World,” the Visions and Voices event and Slow Foods picnic in November, we want to plan more events revolving around the themes of slow food, caring for the environment, personal health, community, and healthy living.

The club will put on events that embody healthy living. Some ideas include:
- more slow foods picnics on campus
- trips to the farmer’s market
- yoga in the park
- Going Green 101 workshop

Interested?
Have other ideas for events?
To become a part of Project Lifestyle, or just to learn more please contact:
Karen McNulty: kmcNulty@usc.edu

Contact Info:
Email: kmcNulty@usc.edu
City/Town: Los Angeles, CA

Message All Members
Edit Group
Edit Members
Edit Group Officers
Invite People to Join
Create Related Event
Leave Group
Share

Related Groups
Six Degrees Of Separation - The Experiment
Just for Fun - Facebook Classics
USC Class of 2011 Student Groups - General
1,000,000 Strong for Stephen T Colbert
Entertainment & Arts - Celebrities
Feed a Child with just a Click!
Common Interest - Beliefs & Causes
Stress Management Day

Celebrating Stress Management Day!

Wednesday May 7th
11am-6pm

Lyon Center Lobby

Come join us and de-stress the first day of finals!!
Free classes at the Lyon Center all day.
Hand Massage: 12:00-1:00
Wii 1:00-4:00
Meditation/Mindful Walking: 2:00-4:00
Guided Imagery: 3:00-4:00

All day: Make your own aromatherapy lotions, plant your own herbs,
makes stress balls, basketball pick up games & FREE FOOD!

Brought to you by the USC Division of Occupational Science and Occupational Therapy,
Center for Academic Support, Disability Services and Programs, USC Recreational Sports,
Student Counseling Services, Hospitality & Residential Life
Marketing Plan
Looking for additional help this semester?

Our life designers help students:

- Improve time management
- Increase organizational skills
- Optimize study/work environments
- Increase focus
- Create a balanced lifestyle
- Provide individualized support and coaching throughout the year to help manage the demands of college

USC Occupational Therapy Faculty Practice
located on the University Park and Health Sciences campuses
www.usc.edu/otfp
(Lifestyle Redesign® for the College Student)
Phone: 323-442-3340
otfp@usc.edu

Contact: Karen McNulty, OTR/L

Your USC supplemental student health insurance covers 20 visits per academic year. There is also a $15.00 co-pay per visit. Deductible may apply.
Outcomes

Student Referrals: Fall 2008 - Spring 2009

- August: 4
- September: 6
- October: 8
- November: 10
- December: 12
- January: 14
- February: 14
- March: 14

Linear (Student Referrals)
Where are we now?

• Funded program 50% by Disability Services and Programs, 50% USC Division of OS/OT
• Serving 50+ students this academic year
• 2 ongoing groups (Stress Management, Lifestyle Redesign® for the OT student)
• OTD students, OT Fieldwork Students
Centennial Vision:
Practice Areas in Need of Attention

Mental Health

Health & Wellness (Lifestyle Redesign®)

Lifestyle Redesign® for the College Student
Thank you!
For other questions or comments:
kmcnulty@usc.edu

“Living life to its fullest!”
Unmet Needs

- Diabetes Management
- Environmental Sustainability
- Workplace Wellness
- College Student Mental Health
Leadership tools

- Evidence based practice
- Think out of box, global concerns
- Knocking on big door
- Marketing, widely recognized
Outcomes

- Innovative programs
- OT employment opportunities
- Awareness
- Knowledge creation
- Broader scope of practice
- Enhanced quality of life and improved occupational engagement
Supports

- Networking
- Mentorship
- Trends
- Interdisciplinary collaboration
- OTD/PhD programs
STRETCH BREAK!
Implementing Your Vision

1. Name an unmet societal need? Inspiring trend? In your practice setting?
 Implementing Your Vision

• 2. How can Occupational Therapy/Occupational Science address this need?
3. List the tools that are needed to make your program succeed, those that you have or those that you need to cultivate?
Implementing Your Vision

4. How would you measure outcomes? How will you know when you have been successful?
Implementing Your Vision

5. What are your supports? Which do you have now and which do you need to cultivate?
Implementing Your Vision

• 1. Name an unmet societal need? Inspiring trend? In your practice setting?
• 2. How can Occupational Therapy address to this need?
• 3. List the tools that are needed to make your program succeed, those that you have or those that you need to cultivate?
• 4. How would you measure outcomes? How will you know when you have been successful?
• 5. What are your supports? Which do you have now and which do you need to cultivate?

• Action Plan:
  • Step 1
  • Step 2
  • Step 3
Thank you!

Questions or Comments?

• Beth Pyatak  
  crall@usc.edu

• Camille Dieterle  
  dieterle@usc.edu

• Carlin Daley  
  cdaley@caps.usc.edu

• Karen McNulty  
  kmcnulty@usc.edu