

BOSTON UNIVERSITY
Sargent College
Dept of Occupational Therapy and Rehabilitation
Counseling

Programs in Occupational Therapy

**POST-PROFESSIONAL MASTER OF SCIENCE
(MS)**

**On-line Program
Policies and Procedures Manual**

Academic Year 2005-2006

Mission Statement
Sargent College of Health and Rehabilitation Sciences

The mission of Sargent College is to advance, preserve, disseminate, and apply knowledge in the health and rehabilitation sciences. Sargent College strives to create an environment that fosters critical and innovative thinking to best serve the health care needs of society.

Vision and Mission
Programs in Occupational Therapy

Vision

To be a national/international leader in education, research, and practice related to participation in meaningful occupation and its contribution to lifelong health and wellbeing.

Mission

To achieve the OT Programs' vision of contributing to lifelong health and wellbeing of individuals and society, our mission is to:

1. Prepare professionals to function as leaders in the education, research, and practice of occupational therapy.
2. Engage in scholarship and research that builds and applies the occupational therapy profession's body of knowledge.
3. Collaborate with others in strategic partnerships within the University and the community to advance human occupation.

Statement of Philosophy
Programs in Occupational Therapy

Our program vision and mission provide the basis, along with the occupational therapy philosophy (AOTA, 1979, 1997), for our philosophy of human beings and how they learn. The organizing philosophical framework of the curriculum is derived from the belief that engagement in occupation is assumed to be an essential part of living and to have the potential to influence health and well being of individuals and societies. Ann Wilcock (1998) has articulated an occupational theory of human nature. We quote her here because her statement summarizes our own perspective of the essential nature of occupation as it relates to health:

“The extent and quality of survival for individuals, communities, and societies depends on their health and physical, mental, and social well-being; health is the outcome of each organism having all essential sustenance and safety needs met and of having physical, mental, and social capacities maintained, exercised, and in balance. This is achieved through occupation. Engagement in occupation depends in turn, on a level of health and its specific components, which are able to provide the energy, drive, and functional attributes necessary for engagement” (p. 37).

The philosophy is explained in the following sections.

Our Fundamental Beliefs about Human Beings

Our View of Humanity

Each human is an individual with a unique history and particular reactions, needs, goals, and values. Simultaneously, each human shares a common history with others within the immediate (such as the family) and extended societal and cultural context. Humans are inseparable from their environment, yet the pleasures they derive from it and the ways they act upon it can be unique to the individual.

Our View of Occupation

Human occupation is a person-environment-task transaction (Christiansen & Baum, 1991; Dunn, Brown, & McGuigan, 1994; Law, et al. (1996). The person initiates an action to complete a task and is constrained, supported, or inhibited by the environment. The environment presses upon the person to engage in a task and the individual responds in a manner that can be health promoting or impairing, or, likewise, be environmentally sustaining or destructive.

Occupation is thought of as purposeful human activity (Wilcock, 1998), as goal-directed pursuits which typically extend over time, have meaning to the performer, and involve multiple tasks (Moyers & AOTA, 1999, p. 258). Socially defined spheres of occupation are self-care, work, and play or leisure tasks. "Functioning in one's roles, such as being a parent, employee, or student, depends on successful performance in these multiple spheres of occupation. Used in this manner, the term *occupation* is more comprehensive than the conventional usage by the public as referring only to one's vocation" (Moyers & AOTA, p. 258).

Occupation is enabled through mind and body, in other words, through "the integrated function of higher cortical adaptations and anatomical and physiological characteristics of the body, such as bipedalism, upright posture, and hand dexterity" (Wilcock, 1998, p. 29).

Our View of Occupation and Health

As Wilcock (1998, p. 11) states: ...humans have "occupational needs" that go beyond the instinctive patterned behaviors of many other animals and ...these needs are related to health. In fact, they are the human species' primary health mechanism, motivating the provision of other basic requirements as well as enabling individuals to use their biological capacities and potential, meet sociocultural expectations, and thereby flourish. The adaptive capacity of the human brain allows the innate drive for purposeful activity to respond to cultural forces and values that add a social dimension to the relationship between occupation and health.

Humans are not only driven to engage in occupation: they can actively influence their own well-being through purposeful engagement in occupation. They may also alter themselves, the environment, or the task to support their development and health. They may be able to alter their own perceptions of personal, environmental, or task factors that seem detrimental, to different perceptions, and thus, engage in former occupations but with increased well-being.

Our View of Intervention

Occupational therapy practitioners embrace occupation as the central method of intervention. The primary objective of intervention is enabling the individual, community, and society to engage in occupations that are positive, meaningful, and health promoting. Intervention with an individual may be directed at restoring the structure or function of mind and body or teaching skills or enabling the practice of skills necessary for participation in daily living activities. Intervention with the community and society may be directed at altering maladaptive, unhealthy patterns of occupation and behavior and facilitating adaptive, healthy patterns. One goal is to heighten society's awareness and understanding of the value of occupation in daily living. Because intervention occurs in these different domains, practice involves the implementation of multiple models or approaches rather than implementation of one particular model or approach. It also incorporates current practice as well as emerging practice paradigms.

Intervention is chosen through a collaborative process with the client or patient, and community, and is based upon the client's, family members', and community's needs and interests, occupational therapy practice tradition, ethics, philosophy and theories related to occupation and occupational functioning, and research evidence.

References

American Occupational Therapy Association (1979). *The philosophical base of occupational therapy*. AOTA Representative Assembly.

American Occupational Therapy Association (1997). *Philosophy of Education*. AOTA Commission on Education.

Christiansen, C., & Baum, C. (Eds.). (1991). *Occupational therapy: Overcoming human performance deficits*. Thorofare, NJ: Slack.

Dunn, W., Brown, C., & McGuigan, A. (1994). The ecology of human performance: A framework for considering the effect of context. *American Journal of Occupational Therapy*, 48, 595-607.

Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The Person-Environment-Occupation Model: A transactive approach to occupational performance, *Canadian Journal of Occupational Therapy*, 63, 9-23.

Moyers, P.A., & AOTA Commission on Practice (1999). The guide to occupational therapy practice. *American Journal of Occupational Therapy*, 53, 247-322.

Wilcock, A. A. (1998). *An occupational perspective of health*. Thorofare, NJ: Slack.

Adopted by the Programs in Occupational Therapy Faculty: 5/22/01

**Conceptual Framework for Curriculum Design
Programs in Occupational Therapy**

The faculty developed the Conceptual Framework for Occupational Therapy to organize the knowledge domains of occupational therapy. It serves as a guide for the curricula of students at all levels as well as the research conducted within the department. The framework was designed to be consistent with the most recent World Health Organization (WHO) Classification of Functioning, Disability, and Health (ICF). We have used this conceptual framework to help clarify the levels of therapeutic intervention and change that occupational therapists address, and to identify the mediating and moderating variables that influence therapeutic outcomes. Occupational therapists intervene to facilitate and support change in (1) individuals and families, (2) environments and communities, and (3) society. The types of change processes and the goals of intervention are shown for each of these three levels of intervention in the table below:

Levels of Intervention	Change Processes and Goals
Individuals and Families	Development, recovery, and learning with the goal of optimal body structure and function, activity performance, and societal participation.
Environments and Communities	Adaptation and learning with the goal of supporting optimal body structure and function, activity performance, and societal participation of individuals and families.
Society	Policy and attitudinal change with the goal of supporting optimal body structure and function, activity performance, and societal participation of individuals and families.

The occupational therapy practitioner participates in three arenas of practice. Accordingly, the questions of concern to the occupational therapy researcher may address questions in one or more of these arenas as well. The first is the discipline-specific arena, in which the theories and techniques of occupational therapy are applied and investigated. The second is the collaborative team arena, in which these theories and techniques are applied and investigated in a variety of settings under different service delivery models. The third is the global health care system, for which knowledge of laws and public policy that affect service delivery is essential. Research may be conducted in this arena to gather evidence with which to inform decisions.

1.1 Post-Professional Master of Science (MS) Program in Occupational Therapy

The mission of the on-line post-professional Master of Science (MS) program is to increase practitioners' ability to use current theory, research, and knowledge of health and social service systems to guide clinical practice, and thus to prepare them to develop innovative and effective intervention and service programs. The program builds on the knowledge and skills acquired during entry-level professional education and during clinical practice.

A. MS CURRICULUM

HP 720 OT	Educational Theory and Practice	3 credits
OT 615 OL	Practicum in Education	3 credits
HP 650 OT	Health Care Management I	3 credits
OT 616 OL	Practicum in Health Care Mgt	3 credits
HP 561 OT	Evidence Based Practice	3 credits
OT 617 OL	Contemporary Trends	3 credits
OT 618 OL	Directed Study in EBP	3 credits
OT 610 OL	Health Promotion and Wellness	3 credits
OT 900 OL	Scholarly Project I	3 credits
OT 901 OL	Scholarly Project II	3 credits
OT 905 OL	Seminar on Practice Leadership	2 credits
	Total	32 credits

B. Because some courses are foundational to subsequent courses, the curriculum follows a pre-specified course sequence. Students who must interrupt their studies for any reason may be required to postpone resumption of studies until the appropriate course sequence is available.

C. Course Waivers

Students may request to waive a maximum of 2 courses based on previously completed coursework. Previous coursework must be in one or more of the same content areas included in the MS program curriculum in order to be considered for waiver.

Completed coursework must be verified by submission of a formal transcript and should be accompanied by a detailed course description or course syllabus.

Requests to waive coursework should be submitted to the program director.

1.2 REGISTRATION PROCEDURES

A. Pass/Fail Policy

Only OT 905 OL, Seminar on Practice Leadership, is taken pass/fail. All other courses are graded.

1.3 LEAVE OF ABSENCE/WITHDRAWAL POLICIES

Any student who withdraws from a course in the post-professional MS program or who requests a withdrawal or leave of absence (LOA) from the Program must first discuss the request with the program manager. A withdrawal from the program or an LOA must be approved by the program director.

Any matriculated student who is not registered for a semester and has not filed a LOA form is automatically withdrawn from the university.

To obtain approval, a student must:

- a. Complete the petition application for a Leave of Absence
- b. Attach a written statement, detailing the reasons for which the student is seeking a Leave of Absence
- c. Submit the petition and statement to the program manager. The program manager will then submit all documents to the program director for a decision.

It is specifically noted that a student may not apply for a Leave of Absence to avoid either probation or dismissal for academic reasons.

1.4 ACADEMIC POLICIES AND STANDARDS

A. Graduation Requirements

Degree candidates must attain an overall GPA of B (3.0) or higher. No grade below a C is acceptable for credit.

A minimum of 32 credits is required for the awarding of the post-professional MS degree.

A candidate must finish the program within four years of matriculation.

B. Graduation dates

Boston University confers degrees three times per year: May, September and January. Students will be officially listed by the University as having been awarded the MS degree at the first applicable date following completion of all academic requirements. Those MS students who complete all coursework by May are eligible to participate in the May graduation ceremonies. Students who have completed all coursework except the Seminar, who are enrolled in the seminar and anticipate being eligible for September or January graduation, may elect to attend the previous May graduation ceremonies.

C. Course Failure

When a student does not attain the minimum grade required (i.e., has a grade of C- or below), he or she must repeat the course. Enrolling in a professional course and receiving a "W" for that course constitutes having taken the course once (unsatisfactory completion). A student is permitted to repeat a given course only once. The student will be terminated from the program if he or she fails to achieve a grade of C or better the second time.

Students who must repeat a course may need to delay continuation in the program (a) until the course is offered again and/or (b) until he or she can resume the required sequence of courses.

When a student is required to repeat a course, only the grade obtained on the retake is computed in the program GPA although both grades will be on the university transcript and both grades will be part of the university's cumulative grade point calculation.

D. Academic Probation

Students must have a minimum of 3.00 cumulative GPA to graduate. A review of academic standing will be completed for each student at the end of each semester. A letter will be sent to each student whose GPA is below a 3.00. Students whose GPA is less than a 3.00 for two consecutive semesters will be required to communicate with their academic advisor to develop a plan for remediation.

E. Termination from the Master of Science Program for Academic Reasons

Unsatisfactory completion (a grade of C- or below) in two or more courses will result in termination from the program.

F. Academic Honesty

Sargent College of Health and Rehabilitation Sciences is committed to creating an intellectual community in which both faculty and students participate in the free and uncompromising pursuit of learning. This is possible only in an atmosphere of mutual trust where the discovery and communication of truth are marked by scrupulous, unqualified honesty. The college expects all students to adhere strictly to the accepted norms of intellectual honesty in their academic and clinical work. It is the responsibility of the student to abide by the *Sargent College Academic Conduct Code*.

1.5 GRADING POLICIES

A. Grading

The following is an outline of the grading scale used in the occupational therapy post-professional MS program:

92.5 or above	A	4.0
89.5 - 92.4	A-	3.7
86.5 - 89.4	B+	3.3
82.5 - 86.4	B	3.0
79.5 - 82.4	B-	2.7
76.5 - 79.4	C+	2.3
72.5 - 76.4	C	2.0
69.5 - 72.4	C-	1.7
59.5 - 69.4	D	1.0
59.4 or below	F	0

B. Grade Changes

Once officially recorded, grades may be changed only by the instructor through the filing of an official grade change form. Students should assume responsibility for checking with the instructor and with the University Registrar to be certain the grade change has been recorded.

No grades can be changed once the student officially graduates.

1.6 STUDENT ADVISING

A. Program Manager

Students are assigned to an On-line Program Manager for assistance and advice throughout their academic careers.

B. Checking Your Student Record

Students should use the unofficial transcript provided on the Student Link <http://www.bu.edu/studentlink/> to check their grades, GPA, classes, and credits after each semester. Student should contact their program manager immediately in case errors are noted.

C. Students with Disabilities

Boston University provides reasonable accommodations to eligible individuals with disabilities in conformance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Requests for disability accommodations must be made to:

Office of Disability Services
19 Deerfield Street, 2nd Floor
617/353-3658 (Voice/TTY)
<http://www.bu.edu/disability/>

Students seeking accommodations must provide appropriate medical documentation of their disability so that Disability Services can determine the student's eligibility for accommodations; and, if the student is eligible, determine appropriate academic accommodations. Because this process may take time, **students are urged to contact the Office as soon as possible after acceptance into the MS program** to facilitate timely response. More complete details and necessary forms are available on the Disability Services website <http://www.bu.edu/disability/>.

Please note that University policy does not permit individual faculty to make independent decisions regarding accommodations in courses; all such decisions must be made through the Office of Disability Services.

1.7 Petition and Appeals Process

A. Disputing a Grade

A student who questions the final grade in an MS Program course must bring his/her concerns to the course instructor within *one semester* of issuance of grade reports. Faculty are responsible for maintaining student course materials only for that length of time.

B. Waiver of OT Requirements/Policies (Petition)

Any change within the required sequence of courses, course requirements, or OT Programs policies will require written permission. If you are seeking acceptance/substitution of a course or curriculum requirement, or if you are seeking modification of any element within your academic program, you must submit a formal petition for waiver.

1. The student must first consult with the Program Manager prior to submitting a petition.
 - A. If the student has an issue with a faculty member, the student should first discuss the issue with the faculty member.
 - B. If the issue is not resolved with the faculty member, the student should consult with his/her Program Manager.
 - C. If the Program Manager is unable to resolve the student's issue or if the solution presented is not to the student's satisfaction, the student must contact the Program Director at Sargent College to initiate the petition process. He or she will advise the student about the necessary documentation to submit.
2. Once the petition has been received by Sargent College, the petition will be discussed by the Program Director and program faculty.
3. After the faculty has acted on the petition, the student will be notified of the outcome and the signed petition will be forwarded to the SASS Registrar's Office to be recorded.
4. In cases where the petition is denied, the student must be notified of his/her right to appeal to the Sargent College Committee on Academic Policies and Procedures (CAPP).

The student's Program Manager will be notified of the outcome when the decision has been made.

C. Sargent Petitions and Appeals (CAPP)

The purpose of the Sargent Committee on Academic Policies and Procedures (CAPP) is to assure that the standards set by the college at large and academic policies set by the faculty of individual programs are consistently applied in a non-prejudicial and non-discriminatory manner. Therefore, Sargent CAPP will consider petitions that involve academic standards and policies if students have pertinent additional information not previously presented; if there are extenuating circumstances that justify deviation from, or exception to, stated rules; or if students feel that the program/departmental committee or a faculty member has not dealt with them in a fair manner.

Students who seek a variance of program policy/regulation or who have a grievance with an instructor or a program judgment must attempt to resolve the situation in the program with the individual instructor, the Program Manager and the Program Director. If the student is not satisfied with the reconsideration of the program as outlined, the student may petition the Sargent CAPP.

Petitions to Sargent CAPP to reconsider academic or disciplinary actions against a student must be submitted for such consideration no later than 2 weeks after the student has been notified of the program/departmental action. Sargent CAPP will inform the student of the scheduled hearing date. The student will be requested to submit all pertinent materials to the

Committee in advance of the hearing. The student has the right to present his/her case in person if so desired. The Committee may request the attendance of other individuals who may speak to the issue(s) under consideration. A verbatim transcript of the hearing may be requested by the Committee and will be made available to the student upon request. The student will be notified of the Committee's findings in writing within 5 days after the hearing.

If the student is not satisfied with the Sargent CAPP decision, the student may petition the Dean of the College for reconsideration. All academic conduct and standards cases are subject to the review and final determination, including determination of sanction, by the Provost and his/her designated representative.

Matters relating to a course taken by a student in a school/college other than the one in which the student is enrolled are subject to the determination of the school/college in which the course is offered. Disciplinary or academic actions against a Sargent College student by other segments of the University will be reviewed by the Dean of Sargent College.

Any student terminated from a program/department within Sargent College for disciplinary reasons is automatically terminated from the college.

Students may petition Sargent CAPP to consider non-academic issues such as charges of discrimination or sexual harassment by faculty, staff, or students. Students are urged to seek redress within the appropriate program/department(s) whenever possible, but Sargent CAPP will hear unresolved issues or issues which might cross program/departmental lines. As in all cases, due process as described by the Boston University Code of Student Responsibilities will be followed.

**BOSTON UNIVERSITY
SARGENT COLLEGE OF HEALTH AND REHABILITATION
SCIENCES**

Post-Professional MS Online Policy and Procedure Manual

NAME _____ **ID#** _____

LOCAL ADDRESS _____

PHONE NUMBER _____

E-MAIL _____

PROGRAM _____

I, the undersigned, have received and read through the following document:

- Post-Professional MS ONLINE POLICY AND PROCEDURE MANUAL

By signing this document, I agree to:

1. **Adhere to the policies and procedures outlined in the above document.**
2. **Understand that failure to adhere to the policies and procedures will result in penalization as outlined in the above document.**

.....

Name in Print:

.....

Date:

.....

Signature:

**Please sign and fax this form to 1-866-724-5708
Attention: Kim Gill, OT Program Manager**

RESOURCES at BOSTON UNIVERSITY

<http://www.bu.edu/>

BU Website

<http://www.bu.edu/>

Boston University provides extensive resources on the web. The following links are available on BU's homepage.

- Index <http://www.bu.edu/index/> for an alphabetical list and hyperlink to all BU's departments and offices.
- Directory <http://www.bu.edu/directory/> for an electronic directory of BU faculty, staff, and students (address, phone, and email).
- Search <http://www.bu.edu/search> to search the BU website.

BU Registrar's Office

<http://www.bu.edu/reg/>

The Office of the University Registrar maintains student records; issues transcripts; verifies attendance; issues diplomas and non-dining I.D. cards; produces the Class Search; supervises registration and Veterans Affairs; and records grades. Services provided by the Office of the University Registrar include the following:

Registration and Class Adjustments	Personal Data Updates
Course Confirmations	Personal Data Restrictions
Grade Reports	I.D. Cards
Transcripts	Terrier Phone (TelReg, TelGrade, etc.)
Enrollment Verifications	WebReg Information
Diplomas	WebReg Registration on the Student Link
Address Changes	

Most of the above features can be found on the web; some require a BU log-on and secure password:

- CLASS SEARCH (Directory of Classes)
<http://www.bu.edu/reg/> The Class Search/Schedule contains important information that you will need: call numbers for electronic registration, instructor, credits, open seats, building, room, and meeting day/time.
- STUDENT LINK (BU's Student Site)
<http://www.bu.edu/studentlink/> Students can access their unofficial transcript on this secured website to check your grades, classes, credits, etc.
- IMPORTANT DATES – (BU's Academic Calendar)
<http://www.bu.edu/reg/> Students can access the official academic calendar for the semester/year.
- HIGHLIGHTS FOR STUDENTS
<http://www.bu.edu/reg/student.htm> The Registrar's Office centralized all their important links for students on this webpage: calendars and timetables, downloadable forms, Registrar departments/services, Registrar phone numbers, student site, class listing directory, legal notices and policies, university abbreviations, and voter registration.

FACULTY for OCCUPATIONAL THERAPY PROGRAMS Fall 2004

Susan E. Berger, MS, OTR/L

Clinical Assistant Professor of Occupational Therapy. BS, University of Wisconsin; MS, University of New Hampshire.

Ms. Berger's clinical experience has been primarily with adults and spans the health care continuum, including environments of acute care, rehabilitation, chronic and long-term care, and home care. Her current clinical focus is on OT's role with hospice care and with individuals with low vision living in the community. She teaches courses focusing on adult conditions affecting occupational performance, assessing, analyzing, and adapting movement and occupation, and mentors students during community-based OT experiences. She is a member of the Roster of Accreditation Evaluators for the Accreditation Council for Occupational Therapy Education (ACOTE), the faculty subsection coordinator for Education Special Interest Section for the American Occupational Therapy Association (AOTA), and co-chair of the Emerging Practice Special Interest Group for Massachusetts Occupational Therapy Association (MAOT).

<http://people.bu.edu/sueb/>

Sharon A. Cermak, EdD, OTR/L, FAOTA

Professor of Occupational Therapy. BS, Ohio State University; MS, EdD, Boston University.

Dr. Cermak is widely published and internationally known for her work in sensory integration, in dyspraxia, and in development and sensory processing with children from orphanages in Eastern Europe. She is also known for her work in cognitive-perceptual deficits in adult neurology, including apraxia and unilateral neglect. Dr. Cermak is Director of OT Training at the Leadership Education in Neuro-developmental and Related Disabilities (LEND) program at Boston's Children Hospital. She serves on the LEND advisory boards at Boston Children's Hospital and the Shriver Center-University of Massachusetts Medical Center as well as the MCH program at the School of Public Health. Dr. Cermak is a charter member of the American Occupational Therapy Foundation's Academy of Research, a recipient of the AOTF A. Jean Ayres Award, and a Fulbright Scholar. She is the co-author of a multi-disciplinary book, *Developmental Coordination Disorder: Theory and Practice*.

<http://people.bu.edu/cermak/>

Ellen S. Cohn, ScD, OTR/L, FAOTA

Clinical Associate Professor of Occupational Therapy. BSOT, Boston University; EdM, Harvard University; ScD, Boston University.

Dr. Cohn teaches courses related to clinical reasoning, occupational development, occupational therapy for children and adolescents, and critical analysis of theory and research in health, adaptation, and disability. Her clinical work has been with children and adolescents in a variety of settings. Her research focuses on two areas: clinical reasoning and consumers' perspectives on therapy outcomes. She is particularly interested in using qualitative research approaches to understand human experience. She is currently a research associate on an NIH/NICHHD research grant to study patient provider communication among a cross-cultural group of families with children with childhood asthma. She has published in the areas of clinical reasoning, fieldwork education and supervision, and pediatric practice. She is currently a member of the American Journal of Occupational Therapy editorial board, a coeditor of *Willard and Spackman's Occupational Therapy*, and a Fellow of the American Occupational Therapy Association.

<http://people.bu.edu/ecohn/>

Wendy J. Coster, PhD, OTR/L, FAOTA

Director and Associate Professor of Occupational Therapy. BA, Antioch College; MSOT, Boston University; PhD, Harvard University.

Dr. Coster's interests are development of children and youth with disabilities and outcomes measurement. She is currently involved in several projects to develop measures of function for children and adults with disabilities in home, school, and community contexts. Dr. Coster coauthored *Pediatric Evaluation of Disability Inventory (PEDI)*, and the *School Function Assessment*, two of the first standardized functional assessments designed specifically for children with disabilities. Dr. Coster teaches courses in evidence-based practice and measurement. Dr. Coster is a Fellow of the American Occupational Therapy Association, member of the Academy of Research of the American Occupational Therapy Foundation and a recipient of the A. Jean Ayres Research Award and the Sargent College Award of Merit.

<http://people.bu.edu/wjcoster/>

Linda Duncombe, EdD, OTR/L, FAOTA

Clinical Associate Professor of Occupational Therapy. BS, University of Kansas; MS, EdD, Boston University.

Dr. Duncombe is the Level II Fieldwork Coordinator in the Occupational Therapy Program. Her expertise is in mental health and group work in occupational therapy; she provides direct service in acute mental health and consultation to programs in group homes. She is especially interested in the relationship between mental health and cognitive abilities specifically for individuals with schizophrenia. Research interests include the attitudes of health care professionals toward persons with psychiatric disabilities and outcome studies in mental health. Recently, she completed a project looking at the effect of context on learning functional living skills for people with schizophrenia. Dr. Duncombe wrote a chapter on cognitive-behavioral treatment in OT mental health practice as well as two chapters in a book to prepare students for fieldwork. She is currently working with the Center for Psychiatric Rehabilitation in Sargent on a project to benefit the families of those with long-term mental illness. As part of her role as Fieldwork Coordinator, she is actively involved in the New England Occupational Therapy Education Council and works toward providing enriching experiences for the clinicians who supervise our students during fieldwork. She is a Fellow of the American Occupational Therapy Association (FAOTA).

<http://people.bu.edu/duncombe/>

Alexis D. Henry, ScD, OTR/L, FAOTA

Assistant Professor of Occupational Therapy. BS, Tufts University; MS, ScD, Boston University.

Dr. Henry's research focuses on person- and environment-level factors and community-based services that enhance the capabilities of persons with psychiatric disabilities to participate fully in normal adult roles, with an emphasis on the roles of worker and parent. Dr. Henry frequently employs participatory action research strategies, actively collaborating with persons with psychiatric disabilities, service providers, and other stakeholders in developing and carrying out research projects. Her work has been funded by the National Institute on Disability and Rehabilitation Research, the National Alliance for Research in Schizophrenia and Depression, and the American Occupational Therapy Foundation. Dr. Henry is a Fellow of the American Occupational Therapy Association and is a member of the Research Committee of the International Association of Psychosocial Rehabilitation Services.

<http://people.bu.edu/adhenry/>

Karen Jacobs, EdD, OTR/L, CPE, FAOTA

Clinical Professor of Occupational Therapy. BA, Washington University; MS, Boston University; EdD, University of Massachusetts.

Dr. Jacobs is the founding editor of the interdisciplinary journal *Work: A Journal of Prevention, Assessment, and Rehabilitation*. She has published and presented widely on the topics of ergonomics and marketing. She is the author of *Occupational Therapy: Work-Related Programs and Assessments*; *Ergonomics for Therapists*; and coeditor of *Work Hardening: States of the Art*, *Quick Reference Dictionary for Occupational Therapy*; and *Functions of a Manager in Occupational Therapy*. Dr. Jacobs is the past-president of the American Occupational Therapy Association (AOTA). She is a Certified Professional Ergonomist (CPE).

<http://people.bu.edu/kjacobs/>

Nancy A. Lowenstein, MS, OTR/L, BCN

Clinical Assistant Professor of Occupational Therapy. BA, Washington University; MA, University of Louisville; MSOT, Boston University.

Ms. Lowenstein teaches core OT courses. In addition to teaching, she continues clinical practice in the area of home care and multiple sclerosis. She is currently involved in a study with the Center for Neurorehabilitation that is looking at the effectiveness of a self-management program for individuals with Parkinson's disease. Ms. Lowenstein is actively involved with the National Multiple Sclerosis Society, New England Chapter, serving on 2 Advisory Boards and leading wellness training programs. She is the co-author of *Adult Case Studies Through the Health Care Continuum: A Workbook for the Occupational Therapy Student*. Ms. Lowenstein has also co-written a chapter in *The Successful Fieldwork Student*, edited by Karen Sladyk. Ms. Lowenstein serves on the roster of accreditation evaluators of the AOTA. In addition, she is certified by AOTA as a Neurorehabilitation Specialist and holds a Master of Arts in Art Therapy from the University of Louisville, KY.

<http://people.bu.edu/nlowe/>

Deane B. McCraith, MS, OTR/L, LMFT

Clinical Associate Professor of Occupational Therapy. BS, Tufts University; MS, Boston University.

Committed to holistic occupational therapy practice and education, Ms. McCraith's teaching and research interests include psychosocial dysfunction, group and family dynamics/therapy, and learning styles. With over 25 years' experience as an occupational therapist and licensed marriage/family therapist, she is a consultant and therapist in private practice specializing in substance abuse and childhood trauma. Ms. McCraith is an active member of the Massachusetts and American Occupational Associations and the Massachusetts and American Associations of Marriage and Family Therapists.

<http://people.bu.edu/deane/>

Naomi Moran, OTR/L

Clinical Instructor of Occupational Therapy. BS, Tufts University.

Ms. Moran's major area of practice has been in the field of mental health in a variety of settings. Her interests include the development of clinical observation and documentation skills and the expanding role of occupational therapy in community-based and emerging areas of practice. She is primarily involved with coordinating the Level I Fieldwork Program. She is a member of the American Occupational Therapy Association and the Massachusetts Occupational Therapy Association.

<http://people.bu.edu/nmoran/>

Gael I. Orsmond, PhD

Assistant Professor of Occupational Therapy. BA, Carleton College; MA, PhD, University of Illinois at Chicago.

Dr. Orsmond has a doctoral degree in clinical and developmental psychology and also has completed a post-doctoral fellowship in mental retardation research at the Waisman Center at the University of Wisconsin-Madison. Her research focuses on developmental and family issues for individuals with developmental disabilities, specifically autism, across the lifespan. She teaches courses in undergraduate core curriculum at Sargent College, and within the Occupational Therapy programs at the master's and doctoral level. Dr. Orsmond is a member of the American Psychology Association, the Society for Research in Child Development, and the American Association on Mental Retardation.

<http://people.bu.edu/gorsmond/>

Linda Tickle-Degnen, PhD, OTR/L, FAOTA

Associate Professor of Occupational Therapy. BA, Stanford University; MA, University of Southern California; PhD, Harvard University.

Dr. Tickle-Degnen is widely published and well-known in the field of OT research. She and her graduate students study nonverbal and verbal communication, development of rapport between health care practitioners and their clients, and quality of life outcomes. Current research focuses on persons who have Parkinson's disease. She presently teaches research methods, theory and research seminars, and electives related to social psychological aspects of health, disability, and adaptation.

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Elsie R. Vergara, ScD, OTR/L, FAOTA (On Sabbatical leave AY 2004-2005)

Associate Professor of Occupational Therapy. BS, MPH, University of Puerto Rico; ScD, Boston University.

Dr. Vergara has served as clinician, administrator, educator, consultant, and researcher. She is both occupational and physical therapist. Dr. Vergara has spent many years developing training resources and conducting training programs to prepare personnel for providing individualized developmentally supportive/ family centered neonatal intervention services. Her current research focuses on the effectiveness and acceptability of this conceptual practice model in developing countries, particularly Mexico. She has also conducted training activities in Costa Rica, Honduras, and Colombia. Her most current book, *Developmental and Therapeutic Interventions in the NICU*, is being translated into Spanish and upon publication, will be the first book on neonatal intervention in Spanish.

<http://people.bu.edu/evergara/>