Creating OT Change Leaders in School Practice: Knowledge Translation, Implementation, and Innovation

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What is an OT Change Leader?
OT and OTAs with the knowledge and confidence empowered to change practice based on current knowledge and a commitment to OT’s full scope of practice.

Goals of OT Practice
Provide services that:
1. Reflect ‘best practice’
   1. Reflect OT’s distinct value (occupation-based) and our full scope of practice (play, leisure, social participation, ADLs, IADLs, work, education, sleep/rest)
   2. Are based on best available scientific evidence
2. Help people participate in life; to engage in activities that promote health (physical and mental) and quality of life (QoL)

‘Best Practice’ also requires …

OT Entry-Level Education
All OT/OTAs have a strong foundation in addressing the mental health needs of the people we serve.

Marilyn S. Page, MA, OTR/L
Associate Professor, OT
OSU

Passionate about OT’s role in mental health and developing empathy in students.

Jane Case Smith School-Based Symposium
2018: An Ohio School-Based Community of Practice

Overview
• Describe occupational therapy’s distinct value in mental health promotion, prevention and intervention with children and youth in school settings;
• Describe how the building capacity process led to innovation – the development and implementation of the Every Moment Counts mental health promotion initiative;
• Reflect on your role as an OT Change Leader and be able to implement the building capacity process to foster innovation and change (knowledge translation within Communities of Practice, the change process, and innovation).


Occupational Therapy’s Rich History in Mental Health

1913
Adolf Meyer, psychiatrist, Director of Henry Phipps Psychiatric Clinic – 1st inpatient hospital in the US for people with mental illness

Eleanor Clark Slagle, Director of OT
Together, they conceptualized OT.

• Habit training - advocating for a balance in work, play and rest
• Explored the relationship between engagement in meaningful and enjoyable occupations and mental health


Occupational Therapy’s Rich History in the Value of Occupation

Early leaders also worked in community centers (Settlement Houses)

• Social justice – all people have the right to participate and enjoy occupations that promote health and adaptation to life.

William Rush Dunton, Jr.
• That occupation is as necessary to life as food and drink.
• That every human being should have both physical and mental occupation.
• That all people should have occupations which they enjoy.


HOPE Groups
(Healthy Occupations for Positive Emotions)
Occupation-based Social Skills Groups for Low-Income Youth
Friendly Inn Settlement House


Resulted in my evolving work focusing on:

• Recognizing challenges related to the words ‘mental health’
• Re-framing our understanding of mental health
• Applying a public health approach to mental health in pediatric practice (and all practice areas)
• Building capacity of OT practitioners to do this work; and
• Developing new, innovative OT practice
  • Every Moment Counts (2011 – present)
  • AOTA’s Distinct Value in Mental Health Promotion, Prevention and Intervention document - Application by CSU alumni (Spring 2016)
• Creating OT Change Leaders

My commitment to Children’s Mental Health
Began in 2000 at an AOTA Think Tank Meeting

• Focus: OT’s role in addressing the mental health needs of children and youth
  • Report called for ACTION to reduce stigma, increase awareness and attention to promotion and prevention
• GAP: Limited OT publications addressing children’s mental health; limited attention in practice

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Challenge:
Meaning and use of the words ‘mental health’

Not all words fit to their meanings. Sometimes what is said is not what is meant and what is meant is left unsaid.
Definition

**Health**

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

(World Health Organization, 1946)

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**Definition: Mental Health**

“A state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.”


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**Mental Health**

- Often interpreted as services for those with mental illness
  - Why?
  - Mental health research & practice has focused heavily on healing pathology or reducing the cases of mental illness (Insel & Sohnick, 2006)

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**Why is this? Partially due to …**

Stigma associate with mental illness

Negative attitudes, discrimination, and shame leading to secrecy

“For me stigma means fear, resulting in a lack of confidence. Stigma is not having access to resources… Stigma is lowered family esteem and intense shame, resulting in decreased self-worth. Stigma is secrecy… Stigma is anger, resulting in distance. Most importantly, stigma is hopelessness, resulting in helplessness.”

Gullekson on her brother’s schizophrenia (in Fink & Tasman, 1992)

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**Take the NAMI pledge to fight stigma**

**National Alliance on Mental Illness**

www.nami.org/stigmaFree

1. Educate yourself and others about mental health and mental illness
   - Talk openly about mental health
   - Reject false beliefs
2. See the person, not the illness
   - Use respectful language.
3. Take action. Advocate for mental health reform.
Mental Health First Aid
Youth Mental Health First Aid (YMHFA)

Project AWARE grants

- BECOME CERTIFIED in YMHFA or MHFA!
- 8 hour course on:
  - How to identify signs of mental illness & suicide risk
  - How to provide initial help
  - How to connect people in crisis with appropriate care

Maria Jahoda - Austrian psychologist
(1907 – 2001)


POSITIVE PSYCHOLOGY

Proposes ‘re-framing’ mental health as the presence of something positive, not just the absence of mental illness
- Field of research and practice

(Seligman & Csikszentmihalyi, 2000)

Google Images – ‘Positive Mental Health’

words should we use for ‘mental health’?

Positive mental health
AOTA’s Description of ‘Mental Health OT’

‘Mental health’ is a key practice area of OT

Mental health is a component of all occupational therapy interventions. Occupational therapy practitioners provide mental health treatment and prevention services for children, youth, the aging, and those with severe and persistent mental illness, with a focus on function and independence.

https://www.aota.org/Practice/Mental-Health.aspx

Framing ‘mental health’

“How stories are told, or how they are framed, has a powerful influence in assigning responsibility for an issue or problem.” (Lochner & Bales, 2006, p. 15)

“How occupational therapists think about mental health has a powerful influence on how our services are perceived, articulated to others, and implemented.” (Bazyk, 2011, p. 4)

IF ‘OT in Mental Health’ is narrowly defined as ...

• Services for people with diagnosed mental illness
• Receiving services in traditional mental health settings

Then → ‘OT in Mental Health’ will be limited to a very small area of practice

2-3% of OTs!!!!

What about the remaining 97% of OTs?

How do the rest of us address the mental health needs of the people we serve?
Practice ‘gap’ – addressing mental health is often an ‘underground practice’
We need a framework for articulating and providing OT services to address Mental Health in ALL practice areas

Mixed Methods Study - Nielsen & Hektner (2014)
Surveyed & interviewed OTs in school practice on how they address the mental health needs of students. Findings:
• OTs do have knowledge about MH but struggle to apply it in diverse settings.
• OTs are committed to ‘holistic’ practice, but addressing MH was viewed largely as an ‘underground’ or ‘hidden practice’.
• Identified need for a framework for articulating and providing OT services to address children’s mental health in schools.

In an effort to address this ‘gap’
2005-present
• Immersed myself in reading current research related to:
  • Positive psychology (Seligman & Csikszentmihalyi, 2000)
  • Positive mental health (Keyes, 2007)
  • School mental health (Koller & Bertel, 2006)
  • Positive youth development (Larson, 2000)
  • Mental health literacy (Jorm, 2012)
  • Public health approach to mental health (WHO, 2000; Miles et al., 2009)
• Spent time thinking about how OTs could apply this current knowledge in pediatric practice.

AOTA Publications: Mental Health Promotion, Prevention and Intervention

Mental Health Continuum (Keyes, 2007)
• Mental health and mental illness are different states of functioning
• Absence of mental illness does not imply the presence of mental health

Reframing ‘MENTAL HEALTH’ as a positive state of functioning

1. Positive affect or emotional state. Feeling good emotionally – happy, content, positive about life, etc.
   • Observe client’s affect; note significant changes
2. Positive psychological and social function – enjoy fulfilling relationships? Thinking effectively?
3. Doing well functionally in daily activities – work, school, family, socially, physically
   • Tune into client’s schoolwork, work, friendships, interaction during meals, etc.
4. Coping with life stressors and challenges
   • Observe how clients cope with everyday challenges - doing daily tasks, recovery process, not making the team, being teased, etc.

Reflection
Consciously tune-into signs of (positive) mental health
Look at the following slides → identify if you think the individuals are mentally healthy and determine why you made that assessment.
**Signs of Mental Health**

- **What people are doing and how they are functioning:**
  - Participation in meaningful occupations (play, leisure, social interaction, mealtimes, etc.)
- **Their affect:**
  - Faces display expressions of joy, happiness, interest, or concentration.
  - Do they appear to be enjoying life?

**Mental health is a dynamic state of functioning**

**Influenced by:**
- Genetic predisposition (family history of depression, anxiety, schizophrenia, etc.)
- Situational stressors & life events
  - LOSS of function due to injury, illness, trauma
  - DISABILITY (high incidence of co-morbidity)
  - LOSS (loss of spouse; parental deployment; divorce)
  - POVERTY
  - BULLYING & friendship issues; abuse, neglect
  - OBESITY

**Guiding Framework**

Public Health Approach to Mental Health

- To address the mental health needs of all persons
- The call is for a dual focus:
  - Promotion of mental health and flourishing in ALL
  - Early detection & intervention for those with mental health concerns


**Public Health Approach to MH** – shift from individually focused to community/school/family focus; from deficit driven to strength-based; emphasis on early intervention & prevention

- **Tier 1:** Promotion
  - Learning how to become mentally healthy
  - Competence enhancement; mental health literacy; teaching coping strategies; strength-based approaches
- **Tier 2:** Prevention: early identification and intervention
  - Accommodations; embedded strategies
  - Small group interventions to reduce symptoms and promote mental health
- **Tier 3:** Intensive, individualized – Diminish symptoms associated with the mental illness; promote positive mental health

Tier 1 – Universal Services
Mental health promotion

- Based on a solid understanding of positive mental health
  - What it is?
  - How to promote it?
- Research: positive psychology, mental health literacy, mental health promotion

Positive Psychology Research

http://www.actionforhappiness.org
www.positivpsychologynews.com

How to promote mental health?

- Participation in enjoyable occupations (Fredrickson, 2001); experiences that induce positive emotions (Seligman, 2002) – joy, pleasure, contentment
- Repeated thought-action tendencies help broaden habitual modes of thinking and acting
- Experiencing positive emotions builds personal resources that foster resilience in the face of challenges

Character strengths
People are more than their skills and how they ‘function’

- Identify and nurture character strengths
  - Kindness
  - Creativity
  - Humor
  - Persistence
  - Courage
  - Social
  - Humility

Focus on Feelings
Social & Emotional Learning (SEL)
www.casel.org

- Tune into each person’s emotions and social interactions
- Help clients:
  - recognize their emotions, develop a feeling vocabulary, and offer opportunities to talk about feelings in safe relationships and places
  - Think about how feelings impact behavior, and
  - Regulate behavior based on thoughtful decision making.

Everyday Strategies for Promoting Positive Mental Health

- Promote caring connections and friendship
- Offer calm moments – promote deep breathing, yoga, mindfulness and stress reduction strategies
- Encouraging acts of kindness (Lyubomirsky et al., 2005)
- Expressing gratitude (Heller et al., 2004)
- Move and be active (embed movement breaks)
- Promoting health behaviors: exercising, being active; sleep
- Positive institutions – environments that foster positive emotions and character strengths

How can you help develop positive environments to help people feel good emotionally and do well throughout the day?
Practical Strategies – Tier 1

• **Tune into** each person’s emotions & social interaction
• **Join** school, hospital, or community committees (health promotion, bully prevention, stress reduction, mindfulness)
• **Collaborate** with health educators, nurses & MH providers
• **Read & share information about mental health and mental illness**
  - Use reliable internet sources - Minnesota Association for Children’s Mental Health
  - AOTA’ School Mental Health toolkit of information sheets

**Promote Mental Health Literacy**

• Provide all people with a working knowledge of mental health & mental health disorders
• How to:
  - Foster mental health and maintain it
  - Recognize, manage, and seek help for mental health challenges


**Example: Embedded Classroom Strategy Mental Health Promotion**

• **Mental health literacy:** Group focusing on ‘happiness’ for students with Autism Spectrum Disorder (ASD)
• Program: *The Behavior Textbook* by Bill Thompson (buy from iTunes)
• 4 main points – see it on the outside; feel it on the inside; what makes you happy; ways to calm down when not happy

**Occupational therapist:** Lezlie Fahl Kinder, OTR/L

**Video vignette: Small group on mental health literacy, self-regulation, and ‘happiness’**

**Check out Moments for Mental Health**

www.everymomentcounts.org

**Concern → Knowledge to Practice Gap**

• Estimated that it takes more than 17 years to translate evidence to practice (Balas & Boren, 2000)
• With only 14% of new knowledge applied (Westfall, Mold & Fagan, 2007)
My biggest fear …

Value of new knowledge …. when it is applied and leads to change

My goal → Help OTs apply a PH approach to children’s mental health in practice and clearly articulate and advocate for our role.

Questions →
Where do you see a practice gap? What would your goal be?

Knowledge Translation

Scientist Knowledge Translation Training™

• Toronto, Canada (2011)
• Melanie Barwick, PhD
  and Donna Lockett, PhD
• Knowledge translation (KT), developing & implementing KT plans in practice

http://www.melaniebarwick.com/index.php

Capacity Building

Different from:
• Professional development (passive)
• Evidence-based practice (reading published research)

Focuses on ACTION...

Building Capacity Process
(Bazyk et al., 2015)

Envisioned in 2011 …
(def) A systematic approach aimed at integrating new knowledge and research into a community of practitioners so that situated learning takes place over time resulting in innovative practice.

• May serve as a model to promote knowledge translation in order to develop OT change leaders – those with the knowledge and confidence empowered to change practice based on current evidence.

Elements of Building Capacity Process

#1 - Knowledge Translation

the “exchange, synthesis, and ethically sound application of knowledge – within a complex system of interactions among researchers and users” in order to apply research to improve health and enhance service provision

My addition → and to innovate (create new interventions and programs to fill the gap)

How to promote knowledge translation?
Create systematic opportunities for ongoing meaningful, focused interaction or exchange between people that share a desire to improve a common practice

Occurs over a period of time.

Read → Reflect → Dialogue → Plan & Implement Change

Canadian Institutes of Health Research (CIHR) www.cihr-irsc.gc.ca

Elements of Building Capacity Process

#2 – Commitment to Change

• Move beyond reluctance to change
• Plan well: Strategic planning is based on practitioner’s unique setting and situation (hospital, clinic, school)
  • Keep the planning simple
  • Timing is important

Elements of Building Capacity Process

#3 – Change Process

• Jump in with the small changes (immediately); plan for bigger change (takes more time)
• Complex and ‘messy’
• Be flexible
• Stay committed
• Make routine contact: conference calls, emails, online discussions, short meetings
• Mantra: be efficient and effective

Communities of Practice (CoP)

Mechanism for promoting knowledge translation

Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly (Etienne Wenger).

• Shared learning
• Shared work

(Wenger, McDermott, & Snyder, 2002)
The 6-month Process: 
Building Capacity of Occupational Therapy Practitioners

- 3 face-to-face meetings
- 6 online discussions of readings using Blackboard (2 chapters at a time)
  - Post responses to 2 reflection questions
  - Respond to peers
- Final meeting: CEUs, celebration & plans for continuation → call participants 'OT Change Leaders'


3 months into the process → 2nd meeting

- Reflected on new knowledge of a multi-tiered, public health approach to mental health
- Occupational therapy's scope of practice (mealtimes, play, leisure, social participation)

Q: Based on what you know, what should practice in schools look like?

Innovation Involves
Collective Wisdom

Every Moment Counts
Promoting Mental Health Throughout the Day

Project Director: Susan Bazyk, PhD, OTR/L, FAOTA
A multi-pronged mental health promotion initiative.

Ohio Department of Education, Office of Exceptional Children
3-Year grant led by occupational therapists (2012-2015)
Public Health Approach to MH
**Guiding Framework**

- Shift from individually focused to school-wide;
- From deficit-driven to strength-based;
- Emphasis on early intervention & prevention

1. **Tier 3** → **Tier 2** → **Tier 1**

- **Universal**
- **Targeted**
- **Specific**

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**Project Goals**

1. Develop, implement and evaluate model programs and embedded strategies focusing on mental health promotion
2. Build capacity of OTs, school personnel and families to promote mental health and contribute to prevention and intervention
3. Disseminate widely using website, Pinterest, Facebook, presentations and publications

www.everymomentcounts.org

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**Every Moment Counts → Timeline**

**Model Program & Toolkit Development**

- **2012-2013**
- **2014-2015**

- **2012**: Cleveland CoP #1 – 14 OTs
- **2013**: Central Ohio CoP – 18 OTs
- **2014**: NE Ohio CoP (27 OTs)
- **2015**: Cincinnati CoP (30 OTs)
- **2016**: Dayton CoP (42 OTs)
- **2017**: CoPs in Toledo & Zanesville (~70 OTs)

**Total = 230 OT Change Leaders**

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**Every Moment Counts**

**Guiding Philosophy**

- Every moment counts - small moments can make big differences in how children feel and function
- All children and youth have a right to participate in and enjoy their day – from start to finish.
- Enjoyable experiences promote feelings of emotional well-being (Frederickson, 2001)
- Addressing the mental health needs of all students does not involve doing more, but doing differently – namely through embedded strategies.

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**Embedded Strategies**

- **Embed (verb)**
  - to place or set (something) firmly into all aspects of the school day, clinic services, & home.
Mixed Methods Study of Outcomes
Building OT Change Leaders in Ohio

(Pre-Post Surveys) Statistically significant improvements in knowledge, beliefs and action related to addressing children's mental health by applying a public health approach to mental health.


Mixed Methods Study of Outcomes
Building OT Change Leaders in Ohio

(Qualitative data) The experience was meaningful and enjoyable

Major themes:
1. Change in THINKING → leads to a change in DOING
   - Re-framed 'mental health' as mental 'health'; able to articulate OT's role within a multi-tiered framework
2. Energized; gained renewed commitment to mental health
3. Felt reconnected to OT's MH roots
4. Became more confident in knowledge and skills → empowered to articulate, advocate for, and implement practice changes related to mental health.

Qualitative Reflections

Confident & empowered to do more and share more

• I am elated to have information on what I feel is the basis of our profession. Mental health!
• I am more confident in my role in addressing mental health… and initiate conversations about mental health issues with administrators, counselors, teachers, and parents.
• I feel empowered to do more, create more, share more, and educate others about our role in addressing students' mental health.
• When I first started this experience, the school counselor told me that this is not an OT area. Now, I know it is and can explain why.

Goal #2: Model Programs
Develop, Implement, & Evaluate

• Universal, school-wide
• Embedded Programs and strategies throughout day
• Emphasize inclusion, integration, collaboration
• Embedded Classroom Strategies
• Calm Moments Cards
• Comfortable Cafeteria
• Refreshing Recess
• OT Leisure Coaching

Comfortable Cafeteria & Refreshing Recess

Why needed?
• Supervisors do not receive the education & support to do their jobs;
• Foster positive social interaction, teamwork, mealtime conversations, friendship promotion
• Promote positive behavior and conflict resolution

Why needed?
• Embed classroom strategies
• Calm moments cards
• Comfortable cafeteria
• Refreshing recess
• OT leisure coaching

Innovation: Researchers & practitioners together

Robert Wood Johnson Foundation (2010). The state of play: Gallup survey of principals on school read
Creating a Comfortable Cafeteria

Developed by:
Fran Horvath, OTR/L
Louise Demirjian, MA, OTR/L
Susan Bazyk, PhD, OTR/L

Goal: Create positive environment for eating lunch and socializing with peers; empower supervisors

Cafeteria Theme of the Week

Vision Statement: Our school will provide pleasant and positive mealtimes so that all students will enjoy eating food and socializing with friends and adults.

Week #1: Kickoff: Let’s get started.
Orientation

Week #2: Fostering friendships

Week #3: Mealtime conversations

Week #4: Let’s include everyone

Week #5: Understanding the sensations in the cafeteria

Week #6: Healthy food choices

Video vignette: Here’s what students, cafeteria supervisors and SLP say about the Comfortable Cafeteria

Refreshing Recess

Developed by:
Becky Mohler, MS, OTR/L
Shannon Kerns, MOT, OTR/L
Susan Bazyk, PhD, OTR/L

GOALS:
• Promote active play, teamwork, friendships, inclusion
• Empower supervisors to create positive recess experiences

Vision Statement: Our school will provide positive play and social activities during indoor and outdoor recess so that all students have fun doing meaningful activities and enjoy time with their peers.

Week #1: Kickoff: Let’s get started.
Orientation

Week #2: Fostering friendships.
Friendship scavenger hunt.

Week #3: Teamwork. Children create something together. Conflict resolution.

Week #4: Let’s get fit and get along.
Fitness Trail. PBIS.

Week #5: Let’s respect differences and include everybody. Inclusion.

Week #6: Let’s make sure everyone has fun. Untying knot game.

Video vignette: Recess supervisors and OTs talk about Refreshing Recess
**Vision:** All children & youth have a right to participate in and enjoy healthy hobbies and interests.

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**OT Leisure Coaching**

**Goal:** Help Children and Youth Develop Healthy and Enjoyable Hobbies and Interests

- **What?** OT coaching to foster interest exploration and participation
- **When?** During school or after-school hours
- **Where?** Community-based

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**Individual Leisure Coaching**

**The Process**

1. **Start the conversation** – educate them about the importance of hobbies/interest for health
2. **Interest Inventory & Education:** Spark an interest
3. **Explore school or community-sponsored options**
4. **Make a match and a plan entry**
5. **Just do it!** OT coaching to foster success
6. **Occupational reflection and future plans**

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**Transformed OT Services**

Cleveland Clinic Outpatient Positive Education Program (PEP)

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**Goal #3: Disseminate broadly**

- **Website** [www.everymomentcounts.org](http://www.everymomentcounts.org)
- **Presentations:** 50 local, state, and national presentations since 2012
- **Publications**

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**Every Moment Counts website**

[www.everymomentcounts.org](http://www.everymomentcounts.org)
Lessons Learned

- Publications (and reading them) is not enough to shape practice
- Close collaboration with practitioners in the field is critical for maintaining a pulse regarding your world (problems, opportunities) and for KT, implementation, and innovation;
- Innovation is enhanced when researchers and practitioners collaborate closely
- KT takes time; 3-9 mos.; enhanced within a community of practitioners; technology makes this sharing feasible and inexpensive

Growth of OT Change Leaders

OT and OTAs with the knowledge and confidence empowered to change practice based on current knowledge and a commitment to OT’s full scope of practice including mental health.

Development of OT Leaders

Presentations, Honors, & Awards

Ohio OT Change Leaders

- Nicole Pfirman, MEd, OTR/L (District Behavior Coach, Mason City Schools)
- Suzanne Scott, OTR/L (Lakewood Schools – District-wide Comfortable Cafeteria)
- Lori Prusnek, OTD, OTR/L (Assistant professor, U. of Findlay) CC research
- Brenda Allen, MS, OTR/L (Muskingum DD – school-wide MH promotion initiative)

Ohio OT Change Leaders

Mary Gooch, COTA/L
Dayton Public Schools
Outstanding Teacher 2018 Five Rivers Metro Parks

New Hampshire OT Community of Practice (CoP)

Building Capacity of OTs to Address the Mental Health Needs of Children & Youth

http://www.food-management.com/print/36838
New Hampshire Community of Practice (CoP)
Funded by the Office of Student Wellness
NH Department of Education

January 2017 → December 2017

Lead OT Facilitators
1) Ohio: Susan Bazyk, PhD, OTR/L, FAOTA; Carol Conway, MS, OTR/L
2) New Hampshire: Ann Kline, OTD, OTR/L; Marta Kilrain, MS, OTR/L
3) Research collaboration: Alexa Trolley-Hanson, MS, OTR/L, and Lou Ann Griswold, PhD, OTR/L, UNH

Calm Moment Cards program
Reducing Anxiety in School-Aged Children
www.everymomentcounts.org

3 Akron-area OT practitioners:
Sarah Kolic, Alisa Deininger, Denise Young

Cards provide: Thinking, Calming and Sensory strategies for reducing stress & anxiety during 17 situational stressors
Research: Mixed methods design; over 100 participants in 4 schools

Family Mental Health Toolkit
Every Moment Counts

Five Information Sheets
1. Family quality time
2. Promoting positive mental health
3. Meaningful mealtimes
4. Family fun times
5. Relax and refresh

Building Capacity Process
Replication by OTs across the US

- Lenin Grajo, PhD, OTR/L (Columbia) – OT's role in emergent literacy
- Amy Lynch, PhD, OTR/L (Temple University) – OT's role in trauma informed care (funded)
- Terri Cassidy, OTD, OTR/L – OT's role in addressing driving in older adults (funded Colorado Department of Transportation)
- Amy Coopersmith, OTD, OTR/L – NYC Schools – Online learning community
- Beth Ekelman, JD, PhD, OTR/L (CSU) – Occupation-based practice in hand therapists

Challenge you to be an OT Change Leader in big and small ways!

Every Moment Counts
2-day Conference ~ Nov 2-3, 2018 ~ Cleveland, OH
Register: EMC website or Facebook pages
Pledge to Reclaim OT’s Mental Health Roots
“I address the mental health needs of the people I serve by ____________."

Every Moment Counts
Promoting Mental Health Throughout the Day

Contact: Susan Bazyk (s.bazyk@csuohio.edu)
www.everymomentcounts.org

Building Capacity Template
(Bazyk, 2017)
Email: s.bazyk@csuohio.edu
Email Sue if you’d like a copy of this template!

Gearing Up Phase
(~2-3 mos., can be done by conference calls)

• Develop leadership team (2-4)
• Develop timeline of entire process
• Obtain free conference call line
• Establish an online discussion platform, register participants
• Apply for CEUs
• Recruit participants
  • Who do you want to target?
  • Set it
• Plan for the ‘kick off’ meeting

‘Doing’ Phase:
Building Capacity Process

• Kick off meeting (sets the tone; orients participants)
• Online discussions (decide how many)
• Face-to-face meetings (build community, brainstorm)
• Final meeting (celebration, reflection and planning for sustainability)

Facilitators need to be:
• Good leaders
• Responsive, supportive
• Organized
• Great cheerleaders

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