

10th Cognitive Symposium 2014
Program by Type of Session and Date
with Title, Learning Level, Area of Practice, Presenter(s), Abstract, References and
Learning Objectives

Key to AOTA Learning Levels:

Introductory – Information is geared to practitioners with little or no knowledge of the subject matter. Focus is on providing general introductory information.

Intermediate – Information is geared to practitioners with a general working knowledge of current practice trends and literature related to the subject matter. Focus is on increasing understanding and competent application of the subject matter.

Advanced – Information is geared to practitioners with a comprehensive understanding of the subject matter based on current theories and standards of practice as well as current literature and research. Focus is on recent advances and trends, and/or research applications.

Workshops

Workshops: Thursday, November 6, 2014

(T1b) Building Bridges to Manage Time (.575 AOTA CEUs)

Suzanne White, MA, OTR/L; Gunnel Janeslatt, PhD, OT

Level: Intermediate; **Practice Area:** Mental Health, Research

This new Swedish and USA collaborative project expands OT practice by combining evaluation and intervention to cross the developmental spectrum in the assessment and intervention of time processing ability, use of cognitive strategies, and time aids. The International Classification of Functioning, Disability and Health (ICF) highlight the central role of time processing ability: time perception, time orientation, and time planning/management. These fundamental cognitive skills impact a person's independence and autonomy, which is essential in regaining positive control over one's life and optimizing functional daily routines.

References: 8, 66, 70, 117, 119, 120

Learning Objectives: After attending this session, participants will be able to

1. Define the components of time processing ability: time perception, time orientation, time planning /management, also to define cognitive processing skills, and problems along the developmental spectrum.
2. Describe how time-processing ability and managing one's time are assessed using standardized tools, the KaTid, Time Parent scale, Time-Self rating scale and Assessment of Time Management Skills (ATMS).
3. Discuss research findings including pre and post intervention measures of change in skills and knowledge and qualitative outcome results.
4. Identify intervention techniques in "My Time" and "OT: Let's Get Organized" protocols.
5. Practice using the adaptive tools in "My Time" and "OT: Let's Get Organized" protocols.

(T2) Cognitive Disabilities Model – One-day Training on Theory, Assessments and Intervention (.725 AOTA CEUs)

Allen Cognitive Group: Catherine Earhart, BA, OT Cert., OTR/L; Deane McCraith, MS, OT/L; Linda Riska-Williams, MA, OTR/L; Sandra David, MHE, OTR/L

Level: Introductory; Intermediate; (Advanced –A prototype for teaching the CDM in varied clinical and academic settings); **Practice Areas:** All

*This **one-day training workshop** presents the cognitive disabilities model, first proposed by Claudia Allen and colleagues in the 1960's, which is supported by the Allen Cognitive Group/ACLS and LACLS Committee, a non-profit organization that promotes and supports current, "best practice" of the model through education, ongoing theoretical and product development, and research. The **morning presentation** provides the current theoretical and clinical reasoning background for the afternoon application sessions. First, we will present an overview of current core concepts of the CDM, including the Allen Cognitive Levels and Modes, related assessment tools, and research evidence. Then, we will describe the clinical reasoning process that guides assessment, interpretation, and intervention. This reasoning process emphasizes the CDM's unique approach to task analysis, use of Allen Cognitive Levels to analyze both task demands and cognitive abilities, and application of the "Can Do, Will Do, May Do" paradigm to optimize "Best Ability to Function" for persons who have cognitive limitations which impact safe and satisfying participation in daily life. **In the afternoon**, there will be a 4-hour session that introduces the ACLS-5 and LACLS-5 and the Allen Diagnostic Module, 2nd Edition with hands on use of the assessment tools and related task analysis and scoring activities using video-taped examples. The afternoon session will end with a video-taped case example of the assessment-intervention process. **References: 8, 9, 11, 17, 42, 43, 83***

Learning Objectives: After attending this session, participants will be able to

1. Describe the current foundational tenets of the CDM and related assessment tools.
2. Describe the CDM's unique approach to task analysis and use of the Allen Scale of Cognitive Levels and Modes to analyze task demands and cognitive abilities and how they contribute to assessment and intervention using the CDM.
3. Describe the clinical reasoning process that guides assessment and intervention based on the "Can Do, Will Do, May Do" paradigm.
4. Describe the purpose and applicability of the ACLS-5/LACLS-5 and the ADM, 2nd Edition for assessment of functional cognition.
5. Describe the set-up and administration of the ACLS-5 assessment based on an overview of the directions in the Manuals for the ACLS-5 and LACLS-5 and for an ADM task, video-taped examples, and hands-on and interactive learning activities.
6. Describe the clinical reasoning process for interpreting assessment scores and planning interventions with persons who have cognitive limitations that impact safe and satisfying performance in daily life activities.
7. Describe current research evidence supporting use of the CDM and assessments.

Workshops: Friday, November 7, 2014

(F3c) Positively Extending our Impact: Developing Dynamic Maintenance Programs (.3 AOTA CEUs)

Christine Raber, PhD, OTR/L; Kim Warchol, OTR/L, DCCT

Level: Intermediate; **Practice Areas:** Geriatrics, Research

The session will provide participants with the conceptual and practical tools needed to effectively develop and implement maintenance programs (MP) for persons living with dementia. While Medicare reimbursement will be primary focus, content will be applicable to other settings. By participating in this session, you will be able to integrate your understanding of the Cognitive Disabilities Model with the underlying philosophy and the practical uses of MP's to support best ability to function for persons with ADRD. Research findings from a qualitative study examining the experiences of therapists and staff in using dementia specific MP's will be shared. Clinical

implications of these findings will be discussed and participants will be invited to share their challenges and successes in using MP's.

References: 8, 22, 53, 88, 102, 104

Learning Objectives: After attending this session, participants will be able to

1. Identify current CMS guidelines for development and reimbursement of maintenance programs
2. Describe three best practices for developing dementia-specific maintenance programs.
3. Demonstrate at least 4 key documentation strategies that may be used when developing and implementing MP's for persons with dementia.
4. Discuss four essential strategies to use when implementing MP's with any caregiver (formal and informal), and the importance of these strategies on the care planning process.
5. Use case examples from presenters and peers to create one dementia-specific MP that reflects use of key elements required for an effective and reimbursable MP.

Featured Speakers

Featured Speaker: Friday, November 7, 2014

(F1) "The Sensory Connection to Cognition" (.2 AOTA CEUs)

Karen Moore, OTR/L

Level: All; **Practice areas:** Applications to assessment/intervention in all areas

*This presentation will focus on ways to use sensory input and self-regulation strategies to support and optimize cognitive function and interventions based on the cognitive disabilities model. Global cognition and sensory modulation are interdependent functions; many treatment strategies used by the cognitive disabilities model already utilize sensory strategies. Increasing the understanding of the power of the senses can enhance and improve on these treatment strategies and provide additional and sometimes more powerful options. Sensory approaches can minimize cognitive impairments that set off fear reactions, feelings of incompetence, behavioral problems and difficulties with treatment follow-through. The inability to emotionally regulate complicates cognitive function across many treatment settings from pediatrics to geriatrics. Sensory approaches will be explored to enhance a person's ability to calm or alert appropriately and thus to organize, focus and think more logically. You will learn how stress, anxiety and trauma have an enormous influence on cognitive integrity and learn sensory strategies to calm the stress response system. Information will include ideas for developing sensory sensitive environments that minimize aversive stimuli and maximize orientation, safety and comfort along with function. Sensory strategies presented will range from maximizing function in the classroom to supporting cognitive function in mental health settings to providing "sensory snacks" for elders. Specific examples of helpful strategies are drawn from the author's work with an Adolescent Behavioral Program, veteran's hospitals, nursing homes, and with a psychiatric unit at a women's prison system. When people are not feeling well, the mind is compromised; sensory approaches use the body to influence the mind in a positive and function-oriented way. Sensory approaches are fun and person-centered and very success oriented. Learn how they can be used to complement and enhance the work you are doing in your practice setting. **References: 11, 2, 9, 21, 23, 24, 25, 26, 27, 28, 29, 30, 31, 36, 37, 39, 40, 44, 46, 59, 60, 82, 85, 86, 87, 89, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 105, 106, 108, 110, 111, 112, 114, 115, 116, 121, 122***

Learning Objectives: After attending this session, participants will be able to

1. Identify sensory input and self-regulation strategies that support and optimize cognitive function and interventions based on the cognitive disabilities model.

2. Appreciate how sensory approaches can be used to minimize cognitive impairments that set off fear reactions, feelings of incompetence, behavioral problems and difficulties with treatment follow-through.
3. Describe how stress, anxiety and trauma have an enormous influence on cognitive integrity and learn sensory strategies and stimulation of the cranial nerves related to the Polyvagal System can be used to calm the stress response system.
4. Identify ways that sensory sensitive environments can minimize disruptive aversive stimuli and maximize orientation, safety and comfort along with function.

Featured Speaker: Saturday, November 8, 2014

(S2) “Allen Cognitive Disability Model, 2nd Edition” (.15 AOTA CEUs)

Claudia Allen, MA, OT, FAOTA

Level: Intermediate; **Practice Areas:** Geriatrics, Mental Health, Basic Information

A brief description of the background of advances in knowledge and clinical problems that lead to the 2nd will be provided. The presentation will focus on providing an orientation to the new profiles for understanding different world views and qualities of life associated each of the modes.

References: 5, 8, 10

Learning Objectives: After attending this session, participants will be able to

1. List three reasons why the 1992 ACDM needed to be updated.
2. List the names of the four new profiles.
3. Identify the name of the profiles that provide a compassionate and empathetic view of the person.
4. Identify the name of the profiles that guide activity analysis and provided a foundation for an evidence based practice.
5. Identify the name of the profiles that emphasis ACLs 1, 2, & 3 responsibilities and the name of the profiles that emphasis ACLs 4 & 5 responsibilities.

Podium/Panel Presentations

Podium/Panel Presentations: Thursday, November 6, 2014

(T1a) Stage Specific, Person-Centered Memory Care: Advantages and Challenges (.15 AOTA CEUs)

David Schonberg, MHA; Kim Warchol, OTR/L, DCCT

Level: Intermediate; **Practice Area:** Geriatrics

One size fits all Assisted Living Memory Care in which care, programs, and the daily operation are generic and rigid is easy to manage and deliver, but not always successful. Learn the benefits of a customized approach in which the cognitive level and life story drive the care plan, programs, and operation. Learn from a consultant and an owner/operator the advantages, challenges and solutions for how to make it work. **References: 1, 8, 104**

Learning Objectives: After attending this session, participants will be able to

1. Examine the distinguishing factors of a care model and operation driven by resident life story and Allen Cognitive level.
2. Describe the many advantages and challenges related to staffing, operating, and marketing this customized care model approach.
3. Identify some challenge solutions to facilitate a successful program and operation.

Podium/Panel Presentations: Friday, November 7, 2014

(F2a) Use of the ACLS in Predicting Readmission of Psychiatric Patients (.1 AOTA CEUs)

Barbara Ostrove, MA, OTR/L

Level: Intermediate; **Practice Areas:** Mental Health, Research

This presentation will describe the process of developing and implementing a clinically based research study, review study findings, discuss the effectiveness of using the ACLS and cognitive disabilities model as a tools to inform outpatient and primary care practice and discuss implications for further research and program development. References: 11, 32, 91

Learning Objectives: After attending this session, participants will be able to

1. Describe the process involved in developing a research project using the ACLS in a clinical setting.
2. Comprehend the outcomes of a study evaluating the efficacy of the ACLS in predicting readmission rates in a psychiatric setting.
3. Discuss and apply the use of the cognitive model to inform primary care practice.

(F2b) Help – I'm a PT and my Husband is a 5.4 (.1 AOTA CEUs)

Christine Childers, PT, MS, GSC

Level: Intermediate; **Practice Areas:** Geriatrics, Education

This interactive presentation is designed to promote awareness in practicing physical therapists and all members of the interdisciplinary team (IDT) of the importance of knowledge of their clients' cognitive levels and the appropriate approach to treatment. Using personal examples and evidence based literature the presenter highlights the need to understand how the client will respond to certain interventions; for example, written home exercise programs. The presentation will include examples and ideas as to how clinicians can adapt their approach and expectations. In addition the presenter will emphasize how and when it is imperative to seek referral for an OT evaluation in order to understand the client. References: 74, 90, 107, 124

Learning Objectives: After attending this session, participants will be able to

1. Explain the Allen cognitive levels from a physical therapist or interdisciplinary team (IDT) member perspective.
2. Demonstrate the need to understand the patient's cognitive level when designing treatments and interventions.
3. Discuss alternative treatment strategies for the various cognitive levels.
4. Recommend strategies for the occupational therapists to assist other team members to utilize their work on cognitive levels.

(F2c) Dementia Consulting - Guardians, Courts and Care Communities (.1 AOTA CEUs)

Mary Platt, OTR/L

Level: Intermediate; **Practice Areas:** Geriatrics, Mental Health

Providing private pay functional cognitive assessments in the community has been an evolving process. Birthed from the medical model of home health, the work has become integrated into the world of guardians, court testimony and education within adult care homes, assisted living centers and memory care. Participants will sample the fruits of this private consulting service and glimpse the possibilities of this wide world. References: 8, 11, 41, 76

Learning Objectives: After attending this session, participants will be able to

1. Move beyond the medical model of dementia care into the world of guardians, care managers and the legal system.

2. Determine the client to be served and discover their needs.
3. Determine what data should be collected and from whom?
4. Describe how to interpret the data as it relates to the client(s) needs.
5. Guide the community to recognize the "gems" of the cognitive disabilities model: "can do, will do, and may do".

(F3a) Embodied Learning through the Sense-Ability Group (.2 AOTA CEUs)

Karen Moore, OTR/L

Level: Intermediate; **Practice Areas:** Mental Health, Gerontology; Developmental Disabilities
Experience for yourself the joy of the Sense-ability Group that is carefully orchestrated to assure successful experiences and fun, as well as learning. The six stages of the group are highly structured, non-competitive and provide an accepting and supportive environment that allows participants to engage in movement activities, sensory experiences and physical, cognitive and social challenges that promote feelings of competence and improvements in function. The group is designed to meet the needs of people who score from 3.2 to 4.8 on the ACLS, including people who are non-verbal or struggle with serious symptoms of depression, mania, anxiety, psychosis, poor reality orientation, disorganization, sensory issues and impaired social skills. The group can easily be adapted for people with higher cognitive levels or for school children from pre-school to adolescence; it is especially appropriate for children with special needs. Ideas from the group can transfer to individual treatment and strategies for almost every clinical environment. Participants will be challenged to identify aspects of the group format that overlap with strategies from the cognitive disabilities model and they will brainstorm ideas for adaptations for different cognitive levels. References 2, 6, 9, 18, 24, 39, 44, 56, 59, 85, 77, 78, 86, 121, 122

Learning Objectives: After attending this session, participants will be able to

1. Experience the joy and social dynamics created by participation in the carefully orchestrated Sense-Ability Group.
2. Appreciate how the six stages, strong structure, non-competitive features of the group along with the accepting and supportive environment clients with cognitive challenges to fully participate, enjoy and benefit from this group.
3. Describe how the cognitive disabilities model contributed to the design of the sensibility group and its ultimate popularity and success in a variety of settings.
4. Identify ways the group can be easily adapted for higher or lower cognitive levels.

(F3b) Cognitive Disability Model Improves Functional Independence Measures (.2 AOTA CEUs)

Jane Ryan, MBA, HCM, LOTR, CLT

Level: Intermediate; **Practice Areas:** Geriatrics, Physical Disabilities, Inpatient Rehab
Improving inpatient rehabilitation Functional Independence Measure (FIM) discharge scores, deciding the payment rate, necessitated integrating a multi-disciplinary team approach using the cognitive disabilities model (CDM). Problems identified is the low functioning levels of patients and how to accurately capture improvement during their 14 day stay and the CDM was found to lend itself to solving this problem. References: 4, 19, 38, 81

Learning Objectives: After attending this session, participants will be able to

1. Describe the relationship of services provided on Functional Independence Measure Scores to reimbursement.
2. Describe how Depression and Mental Health diagnoses and non-compliant patients impact reimbursement.
3. Describe how the Cognitive Disabilities Model improved discharge Functional Independence Measure Scores.

4. Describe how the Cognitive Disabilities Model was implemented in the inpatient rehabilitation setting.

(F4a) IPOD Technology with Clients with Mental Illness: 3 yrs Research (.1 AOTA CEUs)

Dianne Simons, PhD, OTR/L

Level: Intermediate; **Practice Areas:** Mental Health, Education

Three studies indicate that the concepts of "Best Ability to Function" and "CAN DO-WILL DO-MAY DO" can be used to explain whether clients with cognitive disabilities related to mental illness are able to use iPod apps to increase self-management, one of the dimensions of the Recovery Model. Results of the development of the assessment and intervention process will demonstrate the benefit of the CDM and this technology. References: 2, 35, 47, 48

Learning Objectives: After attending this session, participants will be able to

1. Identify the value of use of the ACLS-5 and the ADM for identification of clients who can benefit from instruction on the use of iPod technology.
2. Identify at least three categories of applications that can assist clients with mental illness assume greater self-management and decrease dependency on human supports.
3. Describe how "CAN DO-WILL DO-MAY DO" can be used to explain what is realistic, relevant, and possible for clients with mental illness in regard to technology use.
4. Identify how logical inferences about cognitive and functional capacities can be made by observation of clients' use of iPod technology.

(F4b) Training the Next Generation of Therapists to be Globally Connected (.1 AOTA CEUs)

Christine Urish, PhD, OTR/L, BCMH, FAOTA

Level: Intermediate; **Practice Areas:** Education, Research

Many OT and OTA programs incorporate international fieldwork (Level I & II) or study abroad experiences and a portion of the curriculum. These are opportunities for OT students and educators to reach OT's across the globe and interact about the Cognitive Disabilities Model. What is unknown at this time is how and to what degree are OT educators instructing their OT and OTA students about the Cognitive Disabilities Model. References: 3, 14, 109, 126

Learning Objectives: After attending this session, participants will be able to

1. Identify which OT and OTA education programs utilize an international experience for Level I or II fieldwork or other study abroad coursework and where (what countries) these experiences occur.
2. Identify what OT/OTA programs are educating current students about related to the cognitive disabilities model, ACLS-5, LACLS-5, Allen Diagnostic Module, and the Routine Task Inventory - Expanded.
3. Describe opportunities for international outreach regarding the cognitive disabilities model, ACLS-5 and LACLS-5, Allen Diagnostic Module, and Routine Task Inventory – Expanded.
4. Collaborate with other attendees to develop strategies to reach out to educators in US and globally to advance the training and utilization of the cognitive disabilities model.

Podium/Panel Presentations: Saturday, November 8, 2014

(S1a) Translating the Tailored Activity Program in a Chronic Care Hospital for Dementia Patients (.15 AOTA CEUs)

Tristen Kvedar, OTR/L; Dana Alonzi, OTR/L

Level: Intermediate; **Practice Areas:** Geriatrics, Research

The Tailored Activity Program (TAP) was developed and tested in the home of persons with dementia and family caregivers by Dr. Laura Gitlin and her team at Thomas Jefferson University. The overall goal was to reduce behavioral symptoms and enhance quality of life of people with dementia. With Dr. Gitlin as the Principal Investigator, TAP has been modified and tested for implementation in the hospital setting, at the Johns Hopkins Bayview Specialty Hospital on the Lakeside Medical Unit (LMU). The Lakeside Medical Unit is a 33 bed chronic hospital unit offering care to persons with dementia. The average length of stay for patients on the LMU is 21 days. The majority of patients on this unit display some of the most distressing and disabling symptoms of persons with dementia, including neuropsychiatric behaviors such as apathy, mood lability, agitation, or aggressiveness. The outcomes of this study will be presented, including video case studies. References: 2, 53, 54

Learning Objectives: After attending this session, participants will be able to

1. Describe neuropsychiatric behaviors associated with dementia.
2. Describe successful, non pharmacological approaches to behavior management with persons with dementia.

(S1b) Teaching the CD Model to Level II OT Fieldwork students (.15 AOTA CEUs)

Stella Farrell, MA, OTR/L

Level: Introductory; **Practice Areas:** Mental Health, Education

Clinical fieldwork sites that use the CD model to deliver Occupational Therapy services are in demand. This 90-minute podium presentation will describe how Level II OT Fieldwork students are introduced to the CD Model in an acute-care mental health facility. Specific aspects of this training program will be highlighted including learning observation skills, exercises in activity analysis, and weekly seminar topics. References: 8, 11, 43, 83

Learning Objectives: After attending this session, participants will be able to

1. Identify two examples of weekly expectation standards to verify competence of skills during the clinical fieldwork affiliation.
2. Describe the method of supervision used in this clinical fieldwork affiliation.
3. Identify activities used to help Level II OT Fieldwork students learn about activity analysis.

(S1c) OT Psychosocial Interns as Part of an Abilities Care Approach in SNF's (.15 AOTA CEUs)

Gina Tucker-Roghi, MHS, OTR/L; Chantal Alviso, MS, OTR/L

Level: Intermediate; **Practice Areas:** Geriatrics, Education

A partnership between Ensign Services and Dominican University has resulted in rich rewards for clients, clinicians, and interns. Clients with dementia are at risk of being under-served in long-term care and post acute care settings. This program has increased the knowledge and skill of interns and clinicians alike in treating clients with dementia. Learn how to incorporate interns into your SNF based dementia program. References: 11, 16, 49

Learning Objectives: After attending this session, participants will be able to

1. Identify the benefits of, and mechanisms for, integrating level II psychosocial OT fieldwork students into an abilities-based care approach serving clients with cognitive disabilities in skilled nursing facilities.
2. Identify clients in skilled nursing facilities with significant cognitive and/or psychosocial disabilities who may be at risk for being under-served, leading to lower quality of life for these clients, and an increased burden for caregivers.
3. Analyze regulations and policies related to reimbursement, student supervision, and skilled nursing facility OT practice to support the provision of habilitation and rehabilitation services that include level II psychosocial fieldwork students and target clients' cognitive and/or psychosocial and physical disabilities.

4. Compose site-specific level II psychosocial OT fieldwork student learning objectives and learning activities.

(S3a) Developing a Globally Accessible and Affordable ACDM Resource (.1 AOTA CEUs)
Susan Pordage, OTR

Level: Intermediate; **Areas:** Education, Use of Technology

The Allen Cognitive Disability Model looks at how to assist a person with a cognitive disability achieve their full potential by using the Allen Cognitive Levels to measure abilities and limitations simultaneously. The use of ACDM model involves a lot of detailed knowledge developed by OTs, which is unique. Technology such as the use of the internet can be used to access this information. We hope to collaborate with the Allen Cognitive Network in taking full advantage of available technologies to help us spread the use of global cognition to a global market. References: 7, 9, 11

Learning Objectives: After attending this session, participants will be able to

1. Discuss factors which deter the spread of knowledge in a global market.
2. Discuss ways that technology may be used to effectively address this deterrence.
3. Identify ways to be involved in the growth of clinical knowledge.

(S3b) Adding Technology to your Cognitive Toolkit (.1 AOTA CEUs)

Lizabeth Metzger, MS, OTR/L; Sharon Jackson, COTA/L

Level: Introductory; **Practice Areas:** Education, Technology

Technology is a great tool for clinicians using the Cognitive Disabilities Model. However, many practitioners are not aware of the resources available to them. This presentation will give participants guidance on using the Allen Cognitive Network Website and Forum as well as additional resources to help guide their practice. References: 61, 62, 63

Learning Objectives: After attending this session, participants will be able to

1. Report confidence with accessing and using the ACN forum
2. Identify 3 additional websites with useful information pertaining to the CDM

(S3c) Activity Selection Process for Persons with Dementia and Caregivers (.1 AOTA CEUs)
Teresa Howell, MHS, OTR/L

Level: Intermediate; **Practice Areas:** Geriatrics, Research

The Tailored Activity Program-Veterans Administration (TAP-VA) is an ongoing clinical trial aimed at reducing behavioral symptoms associated with dementia in Veterans living with their caregivers in the community. The speaker will review the tailored activity selection process. A case example will enhance the audience's understanding of the tailored activity selection process and the importance of caregiver readiness. References: 2, 50, 52, 80

Learning Objectives: After attending this session, participants will be able to

1. Identify the factors involved in the assessment of the functional abilities and deficits of persons with dementia for selecting an activity.
2. Identify the aspects of the physical environment to be considered in the performance and safety of the selected activities.
3. Describe the importance of caregiver readiness for the selection, introduction and implementation of the selected activities.
4. Apply the activity selection process for persons with dementia and their family caregivers.

(S4) Panel: Take Away Messages for "Global Strategies for Integrating and Interpreting Cognition" (.05 AOTA CEUs)
Moderated by: Deane B. McCraith, MS, OT/L

Level: All; **Practice Areas:** All

Panel members will share their reflections and “take away messages” related to symposium 2014’s theme: “Global Strategies for Integrating and Interpreting Cognition.” Q&A and discussion among panel members and audience will follow with a focus on application of the cognitive disabilities model at home and around the world.

Learning Objective: After attending this session, participants will be able to

1. Identify at least three “take away messages” related to Cognitive Symposium 2014’s theme
2. Discuss how these messages might inform service delivery, research, education, or promotional activities related to the cognitive disabilities model in their own professional service and/or work environment.

Poster Presentations, Saturday, November 8, 2014

(SP1) Allen Cognitive Group offers Global Access to CDM Tools and Resources (.025 AOTA CEU)

Deane McCraith, MS, OT/L and the Allen Cognitive Group

Level: Intermediate; **Practice Areas:** Education, Research, All

The Allen Cognitive Group (ACLS & LACLS Committee) is a non-profit organization committed to promoting informed, empathic use of the cognitive disabilities model and assessments by the international healthcare professionals serving persons with cognitive disabilities and their caregivers. This poster highlights the Group's current activities to support global access to CDM educational-research-practice tools & resources. References: 11, 123

Learning Objective: After attending this session, participants will be able to

1. Describe the Allen Cognitive Group's mission.
2. Describe The Allen Cognitive Group's current activities that support global access to educational, research, and practice tools and resources.

(SP2) Unique OT Role on Medical Team: Early Diagnosis/Intervention using CDM (.025 AOTA CEU)

Sandra David, MHE, OTR/L

Level: Intermediate; **Practice Areas:** Geriatrics, Physical Disabilities

As medical team members, OTs can contribute by using the Cognitive Disabilities Model and assessments to report unanticipated, small, but significant, changes in cognitive function that might not otherwise be detected until obvious symptoms of disease are evident. CDM theory, research, and case studies will support this unique OT role in early medical diagnosis/intervention which can enhance QOL for geriatric patients. References: 6, 33, 34

Learning Objective: After attending this session, participants will be able to

1. Describe behavior patterns that reflect change in functional cognition in geriatric patients using the CDM and assessments.
2. Describe the occupational therapist's unique role in early diagnosis and intervention as medical team members.

Using the CDM to Support Elders' Participation in Community-Based Care (.025 AOTA CEU)

(SP3) Catherine Earhart, BA, OT Cert., OTR/L; Linda Riska-Williams, MA, OTR/L

Level: Intermediate; **Practice Areas:** Geriatrics, Community Care

Ongoing participation in a supportive community is critical for meaningful daily life. This poster describes how OTs used the cognitive disabilities model to create opportunities for residents with progressive dementia to participate in their community care center by teaching caregivers to

recognize patterns of performance, modify activity demands, and respond with appropriate support to the residents' changing needs. References: 43, 54, 83

Learning Objective: After attending this session, participants will be able to

1. Identify how the cognitive disability model guided selection of interventions used with elderly residents, residential care facility staff, and family members to enable optimal participation in meaningful activities in their community care center.
2. Articulate the importance of considering caregiver and family context to support optimal participation within the residential care facility.
3. Describe several methods used to help caregivers understand abilities and provide appropriate assistance to residents functioning in Allen cognitive levels 3 and 4.

(SP4) Helping Therapists Communicate with Dementia Patients (.025 AOTA CEU)

Julie Kercher, OTR/L

Level: Intermediate; **Practice Areas:** Mental Health, Education, Geriatrics

This poster will examine if brief training accompanied by a two-page communication guide can improve occupational and physical therapists' ability to work with dementia patients in a skilled nursing facility that treats a wide range of patients. Recommendations will focus on how best to help therapists in this setting improve communication in order to increase the effectiveness of their therapy. References: 55, 113, 118, 125

Learning Objective: After attending this session, participants will be able to

1. Describe at least three reasons why it is important for therapists to learn improved communication strategies for their patients with dementia.
2. Based on current evidence, identify two effects of improving communication between healthcare workers and their patients.
3. Identify five key communication strategies for dementia patients that are useful to occupational and physical therapists working with a wide range of patients.

(SP5) A Pilot Study of a Support Group for Parents who had their Children Removed (.025 AOTA CEU)

Gunnel Janeslatt, PhD, OTR/L

Level: Intermediate; **Practice Areas:** Mental Health, Intervention

Aims were to examine a model for group support to mothers with cognitive limitations with children in foster homes and whether questionnaires are useful in the evaluation. Results indicated that the model provides opportunities for increased well-being and self-rated parenting. Further research is needed. Questionnaires need to be accompanied by interviews to capture the experiences of people with cognitive limitations. References: 67, 68, 69, 71, 72, 73

Learning Objective: After attending this session, participants will be able to

1. Describe the issues of collecting data from persons with cognitive limitations.
2. Discuss the need for support in mothers with cognitive limitations with children in foster homes.
3. Describe the possibilities in using activities e.g. scrap-booking, to help mothers with cognitive limitations to engage in peer support.

(SP6) Dementia Cases: An Inter-professional Teaching Tool with NP/OT Students (.025 AOTA CEU)

Mary Lou Donovan, PhD, MEd, OTR/L; McCumber, Sara, MS, RN, CNP

Level: Intermediate; **Practice Areas:** Geriatrics, Education

The Allen Cognitive Level principles were utilized in inter-professional educational activities with OT and Nurse Practitioner students in caring for older adults with dementia. By analyzing older adult

dementia clinical case studies students collaborated to develop a plan of care to address behavioral symptoms of dementia, reduce caregiver burden, and potentially decrease use of medication.

References: 12, 15, 45, 65

Learning Objective: After attending this session, participants will be able to

1. Discuss the process used for the inter-professional education activity between OT and Nurse practitioner students.
2. Describe the value of inter-professional student learning activities to increase collaboration and communication skills.
3. Identify how the Allen Cognitive Level Screen can be used in education settings to promote behavioral management approaches.

(SP7) Rehab and iLs Pillow Effect with Dementia (.025 AOTA CEU)

Angela Edney, MSA, OTR/L; Susan Almon-Matangos, MS/CCC-SLP

Level: Introductory; **Practice Areas:** Geriatrics, Research

*This study links science, teamwork, and service delivery for persons with dementia. The study shows effects of the iLs Pillow, which provides calming music, and rehab in Alzheimer's Care Units on function, behavior, and sleep. The study used Allen assessment tools to determine overall cognitive ability and Rehab Outcomes Measure to determine the effects of including the iLs Pillow in the overall treatment regime. **References: 13, 64, 84, 103***

Learning Objective: After attending this session, participants will be able to

1. Identify previous research findings regarding the interaction of listening to music and various functional outcomes, including self care, mood, behavior, and sleep.
2. List functional issues often seen with persons who have Alzheimer's disease or other forms of dementia.
3. Define the effects of listening to music for the first 2 hours of sleep and the teamwork among rehab, nursing, and recreation on function, mood, behavior, and sleep for persons with dementia.

Round Table Discussion – Saturday, November 8, 2014

(SRT1) Delivering Training in the Use of the Allen Cognitive Levels (up to .15 AOTA CEUs)

Cathy Hill, BOccThy

Level: Advanced; **Practice Area:** Education

*In Australia, training in the use of the ACLs is delivered by a small group of clinicians who are not trained educators. It would be beneficial to have guidelines about content and delivery of programs, the amount of training and support required to develop competency and endorsement of training programs by the ACN. The aim of this round table would be to present a list of proposals about training to the ACN committee. **References: 20, 57, 58, 79***

Learning Objective: After attending this session, participants will be able to

1. To develop a list of content required for introductory training programs in the ACL for submission to the ACN Committee.
2. To make a recommendation about the style of delivery of ACL training programs to the ACN Committee.
3. To make a preliminary recommendation to the ACN Committee about the amount of training and support required to develop competency in the ACL based on current theories of Training Transfer.