Test Bank for Foundations of Pediatric Practice for the Occupational Therapy Assistant 2nd Wagenfeld

Foundations of Pediatric Practice
for the Occupational Therapy Assistant
Second Edition

Instructor's Manual

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Foundations of Occupational Therapy

Cynthia Haynes, OTD, OTR/L and Sara J. Loesche, MS, OTR/L, CHT

Case Study

Melissa is a 6-year-old girl who attends her community public school. She is in a regular first-grade classroom and has an IEP that addresses her special learning needs. She receives part-time learning support in addition to speech and language, occupational therapy, and adapted physical education. Melissa likes school, especially computers. She is accepted by her teachers but does not have many friends at school. In her neighborhood, she enjoys playing with younger children after school and on the weekends. Melissa lives with her parents and younger brother, Daniel, who is in preschool. Both of Melissa's parents work full-time, so Melissa attends an after-school program. Her maternal grandmother watches Daniel in the afternoon, before the parents get home from work.

During her infancy, her parents reported that Melissa was a fussy, irritable baby who had irregular sleeping patterns and did not tolerate schedule changes or changes in diet. She had multiple ear infections, had bilateral ear tubes inserted twice, and subsequently has been diagnosed with a severe speech delay. Melissa was late to walk; she cruised around furniture up until age 2½, at which time she began to walk on her own. Her gait remains awkward; she loses her balance and falls frequently and still has problems going up and down steps. In addition, she tires easily during physical activities. As Melissa began to express her opinions about clothing, she showed a strong preference toward soft, loose clothing without fasteners, which continues to this day.

Prior to attending public school, she received early intervention services, first at home and then in a preschool, which her brother currently attends. The home-based services included physical therapy, occupational therapy, speech/language, and early childhood education. By preschool, her motor skills had sufficiently improved for her to navigate the classroom and playground, so that physical therapy was only provided on a consultative basis, whereas occupational therapy, speech, and educational services continued on a weekly basis. She remained at the preschool for full-day kindergarten.

In the spring, prior to her transition to public school, therapists from Melissa's home school district evaluated Melissa to determine her strengths and needs and to help plan for her successful transition to first grade. After the team members completed their evaluations, they met with Melissa's parents, the first-grade teacher, and the learning support teacher to formulate the IEP for the coming school year. The team identified the following strengths and needs.

Areas of Strength

1. Melissa can attend to, initiate, and sequence age-appropriate tasks that would meet classroom expectations for classroom arrival, access and use of bathroom facilities, and transportation.

2. Melissa follows one- and two-step verbal directions to complete goal-directed actions, when accompanied by an initial environmental cue (e.g., demonstration).
3. Melissa is able to walk, reach, and bend to adequately interact within the school environment.

Areas of Need

1. Melissa appears fatigued by mid-school day, so that she cannot persist and complete tasks commensurate with her classroom peers.
2. Melissa has difficulty with coordination and manipulation, evidenced by diminished fine dexterous finger and hand movements and limited use of both sides of her body to complete typical classroom activities, such as cutting with scissors, coloring, and opening containers (e.g., glue stick, juice box, snack bags).
3. Melissa has difficulty articulating and asserting herself relative to personal needs and classroom activities. She uses gestures and facial expressions inconsistently with peers and adults.
4. Melissa has difficulty accommodating and adjusting to multiple transitions that are part of the classroom routine. She cannot adapt to new or different situations, such as using red-handled vs. blue-handled scissors and changes in the routine daily schedule.
5. Melissa does not demonstrate an adequate understanding of classroom social norms, such as waiting her turn or sharing materials, and, as a result, other students do not like to be matched with her for small-group activities.

On the first day of class, the occupational therapist and the occupational therapy assistant complete a 2-hour classroom observation together. The occupational therapist and the occupational therapy assistant collaborate to identify the occupational therapy intervention approaches that would best address Melissa's need to participate in and benefit from the educational program. The educational team works on an integrated therapy model, in which the occupational therapy assistant and speech-language therapist will each spend approximately 1 hour per week in the classroom consulting on Melissa's and another child's similar needs and collaborating with the classroom teacher.

Learning Activities

1. Based on the information provided about Melissa and her performance skills, complete the following:
   a. List three areas that the occupational therapy services should address within the school environment.
   b. Design age-appropriate, occupation-based activities that address each of the areas you identified.
   c. List strategies that the occupational therapy assistant could provide to the regular education and learning support teachers to be used in the classroom to help Melissa adapt and accommodate to classroom activities and routines.
2. What are some of the unique contributions the occupational therapy assistant can provide to Melissa and the team?
3. There is a change in Melissa's status, and she appears to be declining in overall performance. The teacher asks the occupational therapy assistant for major adjustments to the type of intervention currently being provided. What should the occupational therapy assistant do?
4. This is the second year that the occupational therapy assistant has been practicing in this school. What would be the reasonable supervisory expectations from the occupational therapist?
5. Develop a professional development plan for the occupational therapy assistant to establish service competency in integrated classroom service provision and collaboration with the educational team.

Application Activities

1. Select from the following conditions and ages and complete the following: a kindergarten student with autism spectrum disorder; a 15-year-old child with a recent traumatic brain injury; a 3-year-old preschool student with Down syndrome; an 8-year-old child with hemiplegia cerebral palsy; a 2-year-old child with a brachial plexus injury:
   a. Describe five to seven signs and symptoms of the condition.
   b. Describe performance skills that will be impacted.
   c. Describe impact of the condition on occupational performance.
2. Visit a day care or preschool that services both typically developing children and those with special needs, or view a brief videotape of a typically developing child in a play activity and list the various skills the child demonstrates. By comparison, view a child with special needs who is unable to play due to a cognitive/psychosocial or physical disability. Compare the similarities and differences in their occupational performance. Postulate why this is happening. Begin to generate a list of possible interfering factors and potential solutions to these factors.

Imagine you are an entry-level occupational therapy assistant assigned to work in an integrated preschool classroom of 3-year-old children. There are 12 children in the classroom; six are identified as having special needs. Classroom staff includes a full-time teacher and a teacher's aide. A speech pathologist comes into the classroom 2 and a half days per week and runs language groups. You are assigned to the classroom 2 days per week.

3. Your occupational therapist supervisor wants to work with you to design an innovative method for your supervision and training. Generate a list of ways this could be accomplished considering the site and the staff. How would you implement the concept of occupation-based intervention in this setting?
4. Using the language and concepts described in the OTPF-3 (AOTA, 2015b), answer the following: If a child demonstrates challenges in grip strength, coordination, and sequencing, how might each of the following occupations be impacted?
   a. Dressing to go outside
   b. Taking a tub bath
   c. Going through a cafeteria line
   d. Playing cooperatively in a sandbox with a friend

Review Questions

1. The supervising occupational therapist has administered the *Miller Assessment for Preschoolers* (MAP) to a preschool student. The occupational therapy assistant is working with another preschool student and has been deemed competent by the supervising occupational therapist to perform the MAP to collect more information on this child as well. What can the occupational therapy assistant do in this situation?
   a. Perform the MAP. The occupational therapy assistant has met the requirements of service competency for this assessment.
   b. **Perform the MAP; however, the occupational therapist must interpret the results.**
   c. Let the occupational therapist perform the MAP because the occupational therapy assistant has only been deemed competent to assess the first child.
   d. Let the occupational therapist perform the MAP because this assessment is not appropriate for an occupational therapy assistant to perform.
2. The addition of the occupational therapy assistant level of practice came into existence as a response to:
   a. An increased need for pediatric occupational therapy after the passing of the Education for All Handicapped Children Act
   b. The restructuring of roles and responsibilities of reconstruction aides after World War I
   c. Medicare
   d. **An increased need for occupational therapy services in rehabilitation/physical disability leaving a scarcity of professionals to provide services in psychiatric settings**
3. An occupational therapist in a busy school district is responsible for supervising several occupational therapy assistants who work in various elementary, middle, and high schools to provide occupational therapy services. The occupational therapist initially meets with each occupational therapy assistant as new students are evaluated and added to the caseload and meets face-to-face with each occupational therapy assistant monthly to document a supervisory session, but mostly relies on emails and phone calls to discuss the students' statuses and needs. This is best described as what type of supervision?
   a. Direct
   b. Indirect
   c. Minimal
   d. **General**
4. The occupational therapy assistant is documenting observations and providing an assessment and plan after a recent session with a student on her caseload. Which document can best help to guide the occupational therapy assistant and provide terminology to document information regarding the occupational therapy session?
   a. *Standards of Practice for Occupational Therapy*
   b. *Uniform Terminology for Occupational Therapy, 3rd Edition*
   c. ***Occupational Therapy Practice Framework: Domain and Process, 3rd Edition***
   d. *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services*
5. A new occupational therapy assistant has taken a job providing services to children in a public school and will be working closely with an occupational therapist to provide services to fulfill the students' IEPs. Which statement best describes the areas of

the occupational therapy process that an occupational therapy assistant can contribute to?

a. Only the occupational therapist can complete the evaluation and subsequent reevaluations; however, the occupational therapy assistant is an integral part of intervention planning and implementation.
b. The occupational therapy assistant is responsible for carrying out intervention planning, intervention implementation, and intervention review only.
c. The occupational therapy assistant can contribute to the evaluation if deemed competent and can provide input and carry out the intervention planning and implementation; however, the occupational therapist makes the decision to discharge and terminate services.
d. **The occupational therapy assistant can contribute to all phases of the occupational therapy process, including evaluation, intervention, and targeting and evaluating outcomes (discharge).**

6. Shareen is a newly graduated occupational therapy assistant who received a caseload of children when she first started at her job. As a new grad, she is very excited to start working with children and families. She has two occupational therapists as her supervisors, and one supervisor is scheduling time to observe her sessions, review documentation, and consult. The other supervisor states that she is comfortable with Shareen's background and expects Shareen to come speak with her when she has questions but is not planning to observe any sessions. It is unclear whether her two supervisors are sharing information with each other. Shareen should:
   a. Accept the different supervisory styles and act accordingly
   b. Bring all of her questions about her caseload to the "active" supervisor
   c. **Speak with both of her supervisors and determine how her competency can be demonstrated and shared between the two occupational therapists**
   d. Call the licensing board and report the supervisor who is not assessing her competency
7. As the occupational therapy assistant, you have been seeing a child for intervention. A team meeting is scheduled for tomorrow to review the child's assessment results, but the occupational therapist has been out sick and is not able to complete her assessment. Although you are unfamiliar with the administration of the assessment the occupational therapist has chosen, you have administered an assessment similar to the one your supervising occupational therapist was planning to administer. You could:
   a. Conduct, score, and interpret the assessment you are familiar with and competent in administering
   b. Study the administration manual of the unfamiliar assessment, then administer and score it when you see the child
   c. **Report the assessment findings that are available and explain to the team that additional information will be available once the occupational therapist returns to work**
   d. Attend the meeting but not report any information about the child because the occupational therapist cannot be present
8. Your facility has guidelines for intervention practices; however, these are less stringent than both state and AOTA guidelines. As an occupational therapy assistant practicing in the facility, you should:
   a. Adhere to the facility guidelines only
   b. **Speak with your supervising occupational therapist about resolving the discrepancy between state, national, and facility guidelines**
   c. Ignore the state and national guidelines
   d. Call the state board and ask them what you should do
9. Which of the following federal acts helped to secure a role for occupational therapy in pediatric practice?
   a. Americans with Disabilities Act and Family Educational Rights and Privacy Act
   b. Education for All Handicapped Children Act and Americans with Disabilities Act
   c. **Education for All Handicapped Children Act and Handicapped Infants and Toddlers Act**
   d. Handicapped Infants and Toddlers Act and Americans with Disabilities Act
10. During your intervention session, you notice that the child is becoming frustrated with the activity because he is not being successful. You decide to alter the activity slightly; it still addresses the child's needs, but now he is willing to try again and shows some signs of success with the activity. This is an example of:
    a. Modeling the response
    b. Modifying the environment
    c. Upgrading the activity
    d. **Downgrading the activity**

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A Brief Overview of Occupational Therapy Theories, Models, and Frames of Reference

Michael Roberts, OTD, OTR/L

Case Study

Alex is 14 years old and was diagnosed at birth with athetoid cerebral palsy. Alex lives in a rural area where the elementary school houses grades kindergarten through grade 8 and the high school houses grades 9 through 12. Alex is in the 8th grade this year and will be going on to the community high school next year. How might an occupational therapist and occupational therapy assistant team working within the MOHO frame of reference address the specific challenges that Alex may face when transitioning from grade school to high school? Keep the three subsystems (volitional, performance, and habituation) of the MOHO in mind when discussing this case study.

1. What are the potential impacts of the three subsystems on Alex's transition to high school?
2. What specific issues, as oriented through a MOHO treatment approach, might the occupational therapist and occupational therapy assistant team address as part of the transition process?

Application Activities

1. Discuss how a single frame of reference may be used effectively in clinical practice. How and why might this orientation be explained?
2. Break into small groups and discuss which of the frames of reference presented in this chapter is most comprehensive. Which is most specialized? Explain. Present your findings to the class. It may be fun to record these data on the chalkboard and determine if there is some kind of trend with regard to the responses.
3. Reflect on and prepare a short essay on which frame of reference most resembles your personal philosophy as an occupational therapy assistant student, and why. Which is least similar to your practice philosophy, and why?
4. Working in pairs or small groups, determine which subset of the pediatric patient population would most benefit most from each frame of reference described in this chapter. Present your findings to the class.

Review Questions

1. True or **False**: A frame of reference provides specific intervention treatment plans to be implemented according to the setting in which it is used.
2. The Doing and Meaning Psychosocial frame of reference focuses on all of the following EXCEPT:
   a. The client's quality of performance
   b. **The quality of completed tasks**
   c. Processing
   d. Activity participation

3. During a therapy session, an occupational therapy assistant teaches a student some cognitive strategies to achieve a particular goal in the classroom. A week later, the occupational therapy assistant encourages the student to remain self-aware of what steps of a task are challenging and to use the cognitive strategies from the previous session to problem solve a similar activity in a different setting. What frame of reference best explains the occupational therapy assistant's approach?
   a. Person-Environment-Occupation
   b. Cognitive-Behavioral
   c. Sensory Integration
   d. **Dynamic Interactional**
4. Hannah, an occupational therapy assistant, notices that Joshua, a student, has trouble completing homework due to the increased time it takes him to complete tasks. She observes that Joshua becomes frustrated and stops working when his peers finish assignments before him. Hannah believes that Joshua would respond to homework better if he were seated near others who work at a slower pace. Hannah is most likely using what model to help Joshua?
   a. Occupational Adaptation
   b. Doing and Meaning
   c. **Ecology of Human Performance**
   d. Recapitulation of Ontogenesis
5. The Rehabilitative frame of reference incorporates all of the following EXCEPT:
   a. **Volition**
   b. Environmental modification
   c. Adaptive equipment training
   d. Energy conservation
6. After sustaining a traumatic brain injury, 8-year-old Brittany is having trouble completing her morning routine. As an occupational therapy assistant, you educate her parents on the best way to communicate with her and suggest that they leave only self-care items on the counter where Brittany can see them. Although Brittany occasionally remembers to complete her routine, she usually refers to a list. What frame of reference are you using with Brittany?
   a. Person-Environment-Occupation
   b. Model of Human Occupation
   c. **Cognitive-Behavioral**
   d. Sensory Integration
7. The occupational therapy assistant assesses a child who has trouble engaging in play activities on the playground at school. The child avoids climbing equipment and will sit on the swings but does not allow his feet to leave the ground. The occupational therapy assistant determines that the child's behavior is related to his vestibular system and chooses which of the following frames of reference to create an intervention plan?
   a. Recapitulation of Ontogenesis
   b. **Sensory Integration**
   c. Dynamic Interactional
   d. Doing and Meaning