2016

Globilizing occupational therapy: bridging gaps in the pediatric care of the Dominican Republic through education in school-based occupational therapy practice

Croussett, Yaritza

http://hdl.handle.net/2144/14583

Boston University
GLOBALIZING OCCUPATIONAL THERAPY:
BRIDGING GAPS IN THE PEDIATRIC CARE OF THE
DOMINICAN REPUBLIC, THROUGH EDUCATION IN SCHOOL-BASED
OCCUPATIONAL THERAPY PRACTICE

by

YARITZA ESTHELA CROUSSETT
B.S., Loma Linda University, 2003
M.O.T., Loma Linda University, 2004

Submitted in partial fulfillment of the
requirements for the degree of
Doctor of Occupational Therapy
2016
Approved by

Academic Mentor

Leanne Yinusa-Nyahkoon, Sc.D., OTR/L
Lecturer, Department of Occupational Therapy

Academic Advisor

Karen Jacobs, Ed.D., CPE, OTR/L, FAOTA
Clinical Professor of Occupational Therapy
DEDICATION

I dedicate this doctoral project and my educational career to my parents, Pr. Ramon and Mercedes Croussett. From a very young age, it has been a humbling inspiration to witness their selfless dedication to the belief that the opportunity to obtain an education is one of the most basic of human rights, and that it should be protected and defended at all costs. Their passion and tireless efforts towards helping individuals without access to education created in me a profound desire, sense of obligation, and determination. It is because of their example of service that long ago I made the vow to dedicate my life to opening the door of opportunity in education, through occupational therapy, for children with disabilities in Latin America—beginning with my beloved country, the Dominican Republic.
ACKNOWLEDGEMENTS

First and foremost, I would like to thank God for the opportunity, energy, and honor of completing this doctoral program and project.

I would like to thank my academic mentor, Dr. Leanne Yinusa-Nyahkoon. Your guidance, patience, and willingness to push me to ask more of myself and my project, and not tolerate anything less, has made this possible.

I would like to thank my husband, Roberto D. Gonzalez. Thank you for lending your expertise, time, and energy to my journey, and for your willingness to pick up life when I lacked the energy to pick myself up.

I would like to thank the office of the first lady of the Dominican Republic and the first lady, Ms. Candida Montilla De Medina. I am humbled to have had the opportunity to interview with you and be able to receive firsthand the inspirational story behind the birth of the initiative, the Centro de Atencion Integral para la Discapacidad. I would like to thank the staff at the Centro de Atencion Integral para la Discapacidad (CAID) for your disposition and willingness to host me, interview with me, and for your interest in this project.

I would like to acknowledgment and thank Ms. Maribel Paniaguas, Director of the occupational therapy program at the Universidad Catolica de Santo Domingo (UCSD),
and director of the occupational therapy department at the Asociacion Dominicana de Reabilitacion. It has been an honor to learn of the history of the occupational therapy profession in the Dominican Republic and the vital role you have played as a pioneer. Thank you for the introduction to your facilities, your staff, and to stake holders in occupational therapy in the country and their wealth of knowledge. Thank you for the network, and the time sponsored and facilitated with the representatives of WFOT in the Dominican Republic and educational staff in the UCSD. Thank you for your interest, consideration, and dedication to this project and its mission.

I would like to thank Dr. Aida Mencia-Ripley at the Universidad Iberoamericana for your willingness to meet with me and for your invaluable knowledge and guidance regarding disability in the Dominican Republic. I would also like to acknowledge Elvin Rosa Paez, esquire. Thank you for your dedication and willingness to spend hours interviewing with me. Your knowledge and expertise in the Dominican legal system has been invaluable.

Last but not least, I would like to give a special acknowledgement to all of the parents, individuals with disabilities, private schools, centers, and staff in special education throughout the Dominican Republic who met with me. Thank you for sharing your story and for honoring me with the opportunity to work on your behalf through this project.
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YARITZA ESTHELA CROUSSETT

Boston University, Sargent College of Health and Rehabilitation Sciences, 2016

Major Professor: Leanne Yinusa-Nyahkoon, Sc.D., OTR/L, Lecturer, Department of Occupational Therapy

ABSTRACT

In the past, many measures have been taken in the Dominican Republic to address the functional outcomes of a school-aged child with a disability. However, none of these measures have explored or addressed function within context. Under the current paradigm used in the Dominican Republic, similar to the medical model, provision of therapy services in the Dominican Republic would be designed to remain outside of the educational context. The Centro de Atencion Integral Para la Discapacidad (CAID), a government initiative set by the first lady of the Dominican Republic and the Dominican Association of Rehabilitation (ADR), a pioneer non-profit organization, are the first organizations to offer comprehensive rehabilitative services and treatment for children with disabilities. The services delivery model used in the ADR removes the child from their natural school environment (M. Paniaguas, personal communication, July 17, 2014). This is further impacted by a lack of professional training to enable practitioners to treat children in context (M. Paniaguas, personal communication, July 17, 2014), making occupational therapy service provision (or any other related service) in schools virtually
non-existent (M. Paniaguas, personal communication, July 17, 2014). Educational inclusion is presented as a goal. The availability of continuing professional education is presented as a solution to the problem. Many factors affecting the implementation of inclusion in developing countries are explored. The recommendation is given for a training/certificate program focused on the inclusion framework. The design is developed and catered to aid in enabling occupational therapists in the DR with skillsets in three major areas: standardized evaluations, service delivery, and ongoing staff development and training. Recommendations are to deliver the program through three one-week courses. The theory is that post-professional training closes gaps in the pediatric care of the Dominican Republic and shifts how occupational therapy services are delivered by Dominican occupational therapists in the Dominican Republic.
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CHAPTER ONE

INTRODUCTION

The Problem

The literature reports that approximately 600 million people with disabilities currently exist worldwide, all of whom encounter physical and/or social boundaries within cultural life (UNESCO, 2006; World Health Organization [WHO], 2007). Of this total, it is estimated that 80% of people with disabilities live in developing countries (UNESCO, 2006; WHO, 2007). More than 50 million (or approximately 15%) people with disabilities live in Latin America and the Caribbean. 80 percent live in impoverished conditions, lack employment, and encounter social exclusion (Lockwood, 2010).

Developing countries encounter countless challenges when attempting to provide education to children with disabilities in schools (Ajodhia-Andrews & Frankel, 2010). This is the case in the Dominican Republic.

In the past, grassroots movements and non-profit organizations started by parents of children with cerebral palsy in the Dominican Republic have focused on bringing advocacy, support groups, education, as well as a community and a network of resources for parents of children with disabilities (A. Mencia-Ripley, personal communication, July 17, 2014). These organizations have been developed by the families and for the families of children with disabilities in the Dominican Republic in response to challenges and frustrations (e.g., lack of reliable evaluating/diagnostic resources, decreased intervention and educational resources) due to lack of available qualified educational and medical
professionals in school settings (A. Mencia-Ripley, personal communication, July 17, 2014).

The Centro de Atencion Integral Para la Discapacidad, or Center of Integral Attention for Disability (CAID), and the Dominican Association of Rehabilitation (ADR) are the two largest and main sources of pediatric services in the Dominican Republic, as well as the prototypes for all other therapy centers in the country (De Medina, 2013; M. Paniaguas, personal communication, July 17, 2014). One of the pioneers of occupational therapy (OT) in the Dominican Republic, the director of the OT department at the ADR, as well as the director of the OT bachelor’s program in the Universidad Católica de Santo Domingo (UCSD) is Ms. Maribel Paniaguas. She is also responsible for founding the National OT association in the Dominican Republic, as well as heading the initiative to accredit the OT program, along with the World Federation of Occupational Therapy (WFOT). During the interview process with Ms. Paniaguas, it was found that due to the aforementioned factors, there is still a lack of adequate services, diagnostic centers, effective interventions for children with disabilities and their families, and published literature documenting these challenges (M. Paniaguas, personal communication, July 17, 2014).

The ADR, a pioneer non-profit organization, was the first organization to offer comprehensive rehabilitative services and treatment of intellectual, congenital, and acquired disability, from infancy to adulthood (M. Paniaguas, personal communication, July 17, 2014). The Dominican Association of Rehabilitation provides services in 29 off-sites throughout the Dominican Republic, with specialties in physical rehabilitation,
The CAID is a government initiative developed by the first lady of the Dominican Republic, Ms. Candida De Medina. The CAID is the first of its kind, with the primary objective of achieving the “integration of children with special needs into an adequate educational system, depending on the individual needs of each case” (De Medina, 2013). The CAID currently offers comprehensive services to address the education and rehabilitation of children with special needs; it was established in response to the lack of qualified personnel and qualified services in the Dominican Republic (De Medina, 2013). In contrast to the ADR, the CAID was designed to provide services only to a pediatric population ranging in ages from zero to ten years of age. Unlike the ADR, the CAID is a government-funded organization, and brings services to children at no cost. The plan of the CAID is to open one center in each of the five regions of the Dominican Republic, for a total of five centers in the country. The first of the five centers opened in December 2013 (De Medina, 2013). However, both the ADR and the CAID lack the local manpower of occupational therapists, as well as training for the occupational therapists on staff to engage in practice areas such as school-based therapy (M. Paniaguas, personal communication, July 17, 2014).

The most common disabilities addressed in the CAID and the ADR include: specific learning disability, intellectual disabilities, autism, attention deficit/hyperactivity disorder, physical dysfunctions, and cerebral palsy (De Median, 2013; M. Paniaguas, personal communication, July 17, 2014). During preliminary interviews, Dr. Mencia-Ripley, Director of Research at Universidad Iberoamericana (UNIBE) in the Dominican
Republic, reported that grants have recently been allocated by the government with the hopes of gathering prevalence data on disabilities and individuals with disabilities in the Dominican Republic. Until now, all prevalence data on the topic has been gathered through unreliable, self-reported census surveys. Although currently specific prevalence data is not available, these diagnosis/disabilities have been identified by the founder of the CAID as well as the director of occupational therapy for the ADR, as the most prevalent within the population expected to be treated in the pediatric centers in the country. It has also been speculated that due to lack of highly-trained diagnostic teams (De Medina, 2013), more types of disabilities could be identified in the Dominican Republic that now are not known to exist.

For some individuals, a disability is a lifelong journey. Even for those who have a shorter journey, a disability can be devastating enough to restrict participation in daily life skills (i.e., work, play, leisure) and hinder occupational performance. Currently, there is no therapeutic entity, including occupational therapy services at the CAID or the ADR that addresses integrating a child back into the educational system and supporting occupational performance and function in context (Paniaguas, personal communication, July 17, 2014). Furthermore, the training for how to integrate a student back in the educational context or how to treat a student and avoid leaving the educational context does not currently exist in the Dominican Republic (Paniaguas, 2014). It is important to incorporate this principle into delivery of services so as to continue to support occupation in context (AOTA, 2014).
Currently, therapy services in the CAID and the ADR are targeted to deliver therapeutic evaluations and care outside of the educational context (M. Paniaguas, personal communication, July 17, 2014). This model of service delivery in the Dominican Republic is called Physical Dysfunction (M. Paniaguas, personal communication, July 17, 2014). This model believes that an individual should be “rehabilitated” prior to fully integrating into society (M. Paniaguas, personal communication, July 17, 2014). It is a model which aligns with and mimics the medical model of disability (Michigan Disability Rights Coalition [MRDC], 2014), which assumes a simple mechanical view of illness and the body it occurs in. The illness is seen simply as a fault in the machine (Zigmond, 2012). An alternative and opposing model for service delivery introduced in this proposal is the Social Model of Disability, which places ownership of “fixing or eliminating” obstacles upon society and not upon the individual.

In the United States, often due to laws and policies such as the American with Disabilities Act (ADA, 1990) and the Individuals with Disabilities Education Act (IDEA, 2004), occupational therapy services provided in school systems follow the social model of disability and address the participation needs of school-aged children with disabilities within the educational context (Michaud & Scruggs, 2014). Therapeutic services are not addressed this way in the CAID, due to a lack of awareness about occupational therapy, the benefits of inclusion, limited advocacy for the education rights of children with disabilities, as well as the strong belief in the medical model.
Why the Problem Matters

The CAID initiative centers, as well as the ADR, will be accessible to all citizens of the Dominican Republic (De Medina, 2013). They are also prototypes for all future pediatric rehabilitation centers in the Dominican Republic where many occupational therapists may work. These centers currently hope to set the standard for delivery of services (De Medina, 2013; Paniaguas, personal communication, July 17, 2014). Their occupational therapy education program may set an example for standard of care and best practices in regards to how therapeutic services will be provided to school-aged children and how services could be delivered nationwide. OT could incorporate inclusive services and/or an inclusion service delivery model (a part of the Social Model of Disability) into the CAID and the ADR. It aims to wipe out barriers in the education system by bringing all children into regular education, irrespective of their diversity and backgrounds (UNESCO, 1994; Crippen, 2005; Frankel et al., 2010).

Occupational therapists are experts at identifying ways to engage students in educational activities and supporting them to develop competence in their roles as students (Burton, Holahan, Laverdure, & Muhlenhaupt, 2013). They help build capacity through instruction and support provided to families and individual members of the school team through professional development trainings (Burton et al., 2013).

The American Occupational Therapy Association’s school-based occupational therapy includes activities needed for being a student and participating in a learning environment: formal educational participation (AOTA, 2014), including academic and nonacademic activities, extracurricular and vocational activities, and participation. For
students in the CAID and ADR centers, occupational therapy would mean addressing impairments and functional challenges a student may face while remaining in a classroom context with typically-developing peers. Occupational therapists are uniquely skilled and vital in addressing everyday life tasks in context (AOTA, 2014); however, in the Dominican Republic, these skills are often not utilized (M. Paniaguas, personal communication, July 17, 2014).

**Contributing Factors**

A challenge faced by the OT profession in the Dominican Republic is that it is still emerging and developing (M. Paniaguas, communication, July, 2014). Occupational therapy as a profession is not yet available or marketed in most of the country (M. Paniaguas, personal communication, July 17, 2014). Due to this, only one program exists, housed in the Universidad Catolica de Santo Domingo (M. Paniaguas, personal communication, July 17, 2014). Although the program has been in existence for about seven years (M. Paniaguas), it is in the process of being accredited by the World Federation of Occupational Therapists (WFOT), making it difficult to create credibility and buy-in and future programs in the country (M. Paniaguas, personal communication, July 17, 2014). Among the many accreditation requirements asked by WFOT, there is the need for development of practice areas in mental health and school-based therapy (M. Gonzalez, personal communication, July 17, 2014). In their 2014 occupational outlook handbook, the U.S. Department of Labor stated that 113,200 occupational therapists and occupational therapy assistants practice within the United States; 13,584 (12%) of those
practice in schools (U.S. Department of Labor, 2014). However, no data currently exists that specifically states how many occupational therapists or occupational therapy assistants practice in the Dominican Republic. One of the reasons why the number of practicing therapists is presumed to be very low is that as few as thirty students have graduated from the only occupational therapy education program in the Dominican Republic (M. Paniaguas, personal communication, July 17, 2014). All of these students are trained and practice in an inpatient or outpatient rehabilitations setting, the only practice area available in the Dominican Republic. They lack the experience of being able to complete fieldwork experiences in mental health, school-based, or other settings.

Aside from the current paradigm that resembles the medical model used in the Dominican Republic to approach treatment (M. Paniaguas, personal communication, July 17, 2014), there is also a lack of knowledge in regards to the benefits of occupational therapy and inclusion (treatment/intervention in context). This lack of knowledge causes efforts to be pursued through standards of practice that continue to encourage treating a child out of the natural environment. Most rehabilitation programs that provide services to a pediatric population are either not aware of occupational therapy, or the undergraduate occupational therapy programs are too new to tackle pediatric services outside of an outpatient or inpatient physical dysfunction model (R. Santana, personal communication, July 17, 2014). This provides little access to the knowledge base and services of occupational therapy. Lastly, occupational therapy practitioners currently practicing in the Dominican Republic do not possess the training or skillsets to provide treatment in a school-based setting with the goal of integrating children in an educational
system (M. Paniaguas, personal communication, July 17, 2014; R. Santana, personal communication, July 17, 2014). This is further exacerbated by the lack of fieldwork, practice area development, and continuing education opportunities that would typically allow for practitioners to learn these skills.

**Proposal**

Burton et al. (2013) stated that occupational therapists have an important role in evaluation, planning, and service delivery in school settings, because occupational therapists’ possess skills such as task analysis, the use of technology, specialized equipment, and environmental modification. This proposal consists of creating a professional development course/certificate program that would provide therapists in the CAID and ADR with the skillset and competency to provide treatment that is specifically geared to a school-based population within the educational context.

This proposal suggests that the CAID and ADR add an advance practice certificate program in school-based therapy for occupational therapists in their centers. This certificate program would consist of three one-week professional development courses. The courses are recommended to be provided in order. All three courses are not required to be taken immediately following each other to receive certification. However, all courses must be completed within three years of commencing the series. Completion of all three courses would be required in order for participants to receive certification from the program via an established continuing education organization such as PESI, Inc. However, the courses may be taken independent of each other, and completion of all three may not be required if a participant desires continuing education but does not want
to attain the certification. The above certification would be provided through an existing professional development company in the United States, with the long-term goal of collaborating with the local governing occupational therapy organization in the Dominican Republic, as well as the occupational therapy department in the Universidad Catolica de Santo Domingo (UCSD) to offer the certificate program. Best practices are supported when there is a culture that consistently promotes continuing competency, performance assessment, and outcome measurement, coupled with explicit, systematic, and intentional professional development opportunities (Banfield & Lackie, 2009; Gleeson, 2010; Hollenbeck, 2010). Currently, this type of promotion and value is not consistently seen in the Dominican Republic (M. Paniaguas, personal communication, July 17, 2014). However, it should be more dominant, because occupational therapists build on their initial preparation and take ongoing steps to ensure best practices in the school setting (Brandenburger-Shasby, 2005; Swinth, Chandler, Hanft, Jackson, & Shepherd, 2003).

The Dominican Republic’s official language is Spanish; therefore, the training/certificate program would be focused on developing a series of three one week professional development courses provided in Spanish. A team of facilitators would facilitate the series of courses with expertise in the above areas covered. This team of facilitators is recommended to be Spanish-speaking. Facilitators participating in the program would be paid with funds secured through grants from several organization such as the Ford Organization, the United States agency for international development, and United Nations educational, scientific, and cultural organizations, among others.
Considerations for financial funding will also be sought through donation of non-profit organizations.

The three major course content areas are:

1. Evaluation and diagnostics;
2. Service delivery and intervention;
3. Networks and advocacy.

The above courses would be designed to teach occupational therapists currently working in the CAID and the ADR who possess at least one year of working experience. The courses would aim to teach these occupational therapists how to elicit the participation of children served by the CAID (i.e., school-aged children aged 0–10 years of age) and the ADR in the activities of everyday life, and enhance their ability to engage in the occupations they want to, need to, or are expected to do, by modifying the occupation or the environment to better support occupational engagement in a school setting. A similar practice has also been adopted in AOTA currently, with the use of board and specialty certifications in order to demonstrate proficiency, encourage career development and life-long learning through credential maintenance, and be better equipped to provide customized care to clients (AOTA, 2014).
CHAPTER 2
THEORETICAL AND EVIDENCE BASE
TO SUPPORT THE PROPOSED PROJECT

The Problem

For children with disabilities who attend schools in the Dominican Republic, receiving therapy services has historically been a challenge (De Medina, 2013). Few methods have been used or developed to address this problem in the Dominican Republic. Due to parent frustration (e.g., lack of reliable evaluating/diagnostic resources, decreased intervention resources) of a lack of available qualified educational and medical professionals working in schools (A. Mencia-Ripley, personal communication, July 16, 2014). In the Dominican Republic, therapy services including occupational therapy are delivered outside of the educational context. This has historically been the case because delivery of therapy services outside of the educational setting is the practice model currently believed to be most effective in the Dominican Republic (M. Paniaguas, personal communication, July 17, 2014; C. De Medina, 2013) (Figure 1).
Methods Tried in the Dominican Republic

Until recently, grassroots movements in the Dominican Republic have primarily focused on the development of support groups; this method tried, in the DR, to address the problem of service delivery. This method was started by parents of children with disabilities in the Dominican Republic, and was one of the first methods developed to address the problem of delivering therapy services for children with disabilities in schools (A. Mencia-Ripley, personal communication, July 16, 2014). These organizations also focused on bringing advocacy, support groups, education, as well as a community and a network of resources for parents of children with disabilities (A. Mencia-Ripley, personal...
communication, July 16, 2014). Grassroots organizations have historically emerged when groups of people, such as parents in the Dominican Republic, decided to work collectively to form an organization to initiate change (Gouthro, 2010). In further considering one of these interventions (the support group intervention method), some studies have found significant reductions in symptoms of depression and increases in sense of empowerment and caregiving mastery among parents with children with disabilities (Janicki, Kolomer, & McCallion, 2004).

Data analysis in other qualitative studies has identified major benefits, including caregivers feeling like a family, having a source of information, and receiving emotional support (Millian, Islas & Mueller, 2009). Support groups often do not directly result in behavioral changes. Much of the data has been derived from a qualitative style collection, such as focus groups or surveys. In the Dominican Republic, despite the potential benefits, none of the grassroots movements or organizations have addressed the delivery of therapy services within the general education setting.

The medical model is the current practice model in both the ADR and the CAID. They are the two largest and main sources of pediatric rehabilitation services in the Dominican Republic. Although the ADR was introduced in 1963 and the CAID in 2013, the problem of providing therapy services for children in schools continues to take place through a medical model, like the method that provides therapy services outside of the school setting.

The medical model of disability assumes a simple mechanical view of illness and the body it occurs in. The illness is seen simply as a fault in the machine (Zigmond,
The medical model’s strength is that it is generally seen as succinct, tangible, easily understandable, and in accordance with scientific methods which rely primarily on objective and measurable observation. This has the advantage of offering terminology, formulations, and explanations which can seemingly be unambiguously understood and handled in an identical fashion by all people similarly trained (Zigmond, 2012). However, in the medical model, the disability is the “problem” that exists within the person, and the goal is to “fix” that person (Downs & Thorton, 2010; MDRC, 2014). This medical model view of disability has been central to the culture of the Dominican Republic (M. Paniaguas, personal communication, July 17, 2014) for so long that it should be no surprise that many people have a negative connotation of even the word “disability” (Downs & Thorton, 2010). The focus of the medical model is on the individual as a problem and not on the environment (Downs & Thornton, 2010). It views “disability” as synonymous with “problem” (Martin, 2012). One of the weaknesses of the model and of current similar paradigms adopted by the Dominican Republic, is that provision of rehabilitation and therapy services would be designed to remain outside of the educational context until the child is “rehabilitated” and is able to return to the general education environment, with no further need for intervention and no signs of impairment (MDRC, 2014).

Social Model of Disability as a Guide

A method that has been implemented successfully outside of the Dominican Republic to address therapy services in schools to children with disabilities is the Social
Model of Disability. The Social Model of Disability has been influential in shaping public policy on disability matters and the education of students with disabilities in the United Kingdom, many countries in Europe, and on the wider international stage, including the United States, during the last two decades (Anastasiou & Kauffman, 2013). People with disabilities are increasingly challenging the notion that their embodiment is inherently problematic, and are engaging politically with the social model of disability, which locates difficulties experienced by people with impairments within the social arena (Martin, 2012). The concept of disability portrayed in the social model is captured succinctly by the key phrases that “disability is wholly and exclusively social” (Oliver, 1996) and that “a social theory of disability can best be developed through the use of the concept of oppression” (Abberley, 1987). The core arguments of the social model were formalized in a 1976 statement of the Union of the Physically Impaired Against Segregation:

Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are, therefore, an oppressed group in society. (Anastasiou & Kauffman, 2013)

According to the Data Accountability Center (2008; 2011), about 40% of students with disabilities spend 20% or more of their day in an environment outside of general education. These statistics are evidence of a history of special education practice, which presumes that removal and remediation are the best ways to educate (Causton & Theoharis, 2014).
However, literature has demonstrated that the pendulum has recently swung to emphasize the social model of disability, to demonstrate the acceptance and inclusion of all (Barry & Yuill, 2008). Downs and Thornton (2010) wrote about making the shift from the medical model of disability to the social model, and that the primary focus of these efforts have been on the instructional environment. The concept of universal design in education, including the concept of inclusion, gives a broad spectrum of ideas meant to produce buildings, products, and environments that are inherently accessible to people with and without disabilities (Burgstahler & Cory, 2008; McGuire & Scott, 2006; Scott, Loewen, Funckes, & Kroeger, 2003).

**Educational Inclusion as the Goal**

The principles of educational inclusion seem to be a direct product of the principles of the social model of disability. Inclusion in education values the active participation of every child as a full member of his or her family, community, and society (Frankel & Gold, 2007). Literature has stated that inclusive education is considered as an educational reform (Odom, Teferra, & Kaul, 2004) that aims to wipe out barriers in the education system by bringing all children into regular education, irrespective of their diversity and backgrounds (UNESCO, 1994; Crippen, 2005; Frankel et al., 2010). Researchers have reflected that inclusive education has been a global trend in the provision of services for students with disabilities (Frankel & Gold, 2007; Odom, Hanson, Blackman, & Kaul, 2003).

Achieving inclusive education has been difficult in developing countries, defined
as countries which maintain low-income and middle-income economies, where a majority live on less income and lack essential educational services compared to extremely industrialized countries (World Bank Group, 2006). In developing countries, inclusive education for children with special needs continues to evolve (Frankel et al., 2010; UNESCO, 2009). According to the literature, the inclusion of children with disabilities and children from socially-disadvantaged backgrounds into mainstream regular education is a global trend to ensure the right of education for all (Frankel et al., 2010; UNESCO, 2009). Educational inclusion is also among the guidelines (designed to protect rights of people with disabilities, with education being one of them) of the UN Convention on the Rights of Persons with Disabilities, which came into force in 2008. However, in developing countries, where general primary education for millions of school-age children is far from guaranteed, children with special needs are further marginalized, with little chance that their needs will be met or their aspirations realized (Reed, 2011).

Inclusive school reform can result in all students with disabilities being placed into general education settings, including students with significant disabilities (Causton & Theoharis, 2014). Issues related to full inclusion have been particularly controversial with regard to the education of students with learning disabilities (McLeskey, 2007; Zigmond, 2003; Zigmond, Kloo, & Volonino, 2009). The debate regarding inclusive schools is further complicated by the fact that inclusion is a complex concept (Lindsay, 2003). More specifically, some have contended that advocates for inclusion have erred by placing too much emphasis on the place that education occurs or on “full inclusion,” and not enough
emphasis on the quality of instruction and educational outcomes for students with
disabilities (Fuchs & Fuchs, 1994; Kauffman, 1993; McLeskey, 2007; Zigmond, 2003;
Zigmond, Kloo, & Volonino, 2009).

Achieving Effective Inclusion

Evidence has suggested that the lack of inclusion of disability issues in the
curricula of higher education institutions may result in the perpetuation of practices that
discriminate against people with disabilities in the broader society (Mangope,
Mannathoko & Kuyini, 2013). Inclusive education comes with challenges and demands
to all teachers in general education, as they would then be expected to accept and teach
students with diverse needs that were not traditionally under their responsibility
(Mangope, Mannathoko& Kuyini, 2013). A number of researchers have stated that
certain parameters, such as shared professional development opportunities between
general and special education staff, adequate preparation, and adequate knowledge and
skills about how to collaborate and include students with disabilities in general education
classrooms, must be in place in order for inclusion to be effectively implemented
(National Center to Inform Policy and Practice in Special Education Professional
Development, 2010). Inclusive education also requires a systemic educational reform and
restructuring of the school system in all countries, including developing countries
(Bergsma, 2000).

Although colleges and universities within developing countries may provide
special education training, there is a growing concern regarding the adequacy of these
programs. Programs in developing countries tend to concentrate on the pathology of disabilities, rather than on instructional modifications to suit the needs of the child (Eleweke & Rodda, 2002; Stough, 2003). The need for further training in services delivery is a global problem and concern (Ajodhia-Andrews & Frankel, 2010).

As a result, being able to provide effective inclusion services requires thorough preparation that moves beyond the basic training in teaching. There are concerns in regards to school staff (including OTs) not having the skills to support students in an inclusion setting because their training is initially intended to be as a generalist (Mangope, Mannathoko, & Kuyini, 2013). It is expected that they seek further training to succeed in an area like school-based therapy. Requirements for practice are also not specific to specialty areas such as special education. In the United States, the accountability movement resulting from the No Child Left Behind Act (NCLB, 2002) required that all schools districts employ teachers and/or professionals (including occupational therapists and other service providers) who are “highly qualified,” especially when working in special education (Schultz, 2014). However, according to the literature, the requirements for a new special education teacher in elementary school to be considered “highly qualified” include full state certification as a teacher, which does not include training in special education or inclusion (NCLB, 2002), a requirement that has not changed since 2002. In the same manner, once out in the workforce, schools do not require OTs working with children with disabilities to have training specific to special education or inclusion in order to work in schools. School-based practice is one of the largest practice areas for occupational therapists in the United States (Gold, 2013). The
ACOTE Standards (1998) stated that “a contemporary entry-level occupational therapist must be educated as a generalist, with a broad exposure to the delivery models and systems utilized in settings where occupational therapy is practiced and where it is emerging as a service” (AOTA, 1998a, p. 866). They are considered “highly qualified” in the same manner that teachers are considered to be highly qualified. This is still the case today, even though evidence has supported the fact that achieving inclusive education is best done by training the professionals working in education (Stough, 2003; Frankel et al., 2010).

The Role Continuing Professional Education (CPE) as the Most Effective Method in Achieving Inclusion

Research has shown that an important factor contributing to the resilience of a profession during times of change is the way it modifies its entry-level programs and provides continuing professional education (CPE) opportunities to meet the demands and requirements of new service environments (Brandenburger-Shasby, 2005). The literature has supported the notion that professional development provides staff members with the essential skills, behaviors, actions, habits, and abilities to achieve the desired goals and objectives of the institution or practice setting (National Professional Development Center on Inclusion, 1993). It is an indispensable process by which practitioners can acquire knowledge to implement evidence-based practice standards in their respective settings. Several studies have found that staff who were able to acquire knowledge and implement evidence-based practice were those that participated in inclusive or special
education courses (Lancaster & Bain, 2007; Oh, Rizzo, So, Chung, Park & Lei, 2010; Sari, Celikoz & Secer, 2008; Woodcok, 2008). Larger effects may be achieved when CPE is interactive; uses multiple methods; and is designed for a small, single, disciplined group, although behavior change from CPE has been found to be small (Grimshaw et al., 2012; Mansouri & Lockyer, 2007 as cited in Bennett and Doyle, 2014).

In many developing countries in the world—for example, in countries such as India and Bangladesh (Ahsan et al., 2012), Cuba (Reed, 2011), Zambia (Chuzu & Ostrosky, 2014) and Guyana (Ajodhia-Andrews & Frankel; 2010), the literature has proven that experience and prior training on children with disabilities contributes to more skilled preparation in order to more effectively work in inclusive classrooms. For occupational therapy practitioners, the changing populations that they serve necessitate training focused on increasing the value and scope of occupational therapy services, in collaboration with health and rehabilitation partners (Case-Smith, Cleary, Darragh, Page, Rybski, 2014).

**Implication for the OT profession**

The populations served by occupational therapy practitioners include exhibit increasingly diverse and complex diagnoses that limit individuals’ ability to participate in desired occupations (Case-Smith, Cleary, Darragh, Page, Rybski, 2014). Because certification renewal for occupational therapists in the United States requires evidence of continuing professional development, it is the practitioner’s responsibility to seek and engage in activities that develop their competencies beyond entry-level education for practice informed by evidence (Fleming-Castaldy and Gillen, 2013). Furthermore, in the
United States, therapists have more access and opportunity to be involved in post-professional education (Amerih, 2013). NBCOT and most state boards in the United States require their members to engage in continuing professional development by participating in yearly continuing professional education (CPE) (Amerih, 2013).

Research has shown that not just the amount of training, but the type of training received by professionals, makes an impact on service delivery and disposition towards students with disabilities in schools (Ahsan et al., 2012). Intensive and extended opportunities for supervised hands-on intervention, and guided practice beyond what is offered in OT programs are needed to deepen entry-level practice skills and prepare graduates to work with complex diagnoses (Case-Smith, Cleary, Darragh, Page, Rybski, 2014).

**Impact on the OT Profession in Developing Countries**

The primary purpose of occupational therapy intervention for children and youth is to foster quality of life and ensure societal involvement in everyday activities and real-world situations or occupations (WHO, 2007). At its core, occupational therapy embraces many of the principles of inclusion. The OT profession follows a client-centered approach to the end goal of supporting health and participation in life through engagement in occupations (Campbell et al., 2013). In the practice area of children and youth, occupational therapy practitioners work to facilitate participation in meaningful occupations for family, school, and community contexts (Bendixen, Huang, Kreider & Lim, 2014). Researchers have concluded that CPE is very beneficial to OTs, and that the information learned in CPE allows OT professionals to integrate such research findings
into practice (Amerih, 2013).

In some countries, especially in developing countries, CPE opportunities are scarce to nonexistent (Griscti & Jacono, 2006). In a survey completed by 520 OTs in various countries, it was found that therapists in developed countries are more likely to participate in CPE activities, whereas their counterparts in developing countries are not. Thirty-nine percent of the OTs in developing countries reported having certain requirements for CPE. However, only 25% of OTs in developing countries reported that CPE was easily available. In developed countries, 73% of the OTs indicated that such a requirement was necessary to practice, and 67% of OTs in developed countries reported that CPE was easily available (Amerih, 2013). This presents tremendous challenges for the scope and role of OTs in inclusion in developing countries. This is a strong message indicating that international OT stakeholders need to explore avenues to make CPE more available to OTs in developing countries and remote areas. Occupational therapist Dr. Husny Amerih’s (2013) research highlighted the need for more CPE opportunities for OTs in developing countries. She found that OTs in developing countries cited no specific CPE requirements.

If continuing education is offered to occupational therapists that work with students with disabilities in the Dominican Republic, modeling of the paradigm shift to other instructional staff may be modeled, and changes may begin to be seen regarding inclusion in the classroom and the delivery of education services to students with disabilities in the school context. Offering CPE opportunities such as the program being proposed will teach OTs in the DR to further develop in their role and scope, to foster
quality of life, and to ensure participation in everyday activities and social situations and occupations (WHO, 2007).

As a science-based profession, occupational therapy must ensure that its science serves to both inform and reflect practice, whereby the profession’s holistic tenets of client, occupation, and environment are addressed and informed by the evidence (Bendixen, Huang, Kreider, & Lim, 2014). Recent researchers stated, “We are all accountable for the attainment of a profession informed by evidence to ensure our integrity and maintain a competitive edge. We believe that the art of occupation-based practice—supported by the science of evidence-based approaches—will help occupational therapy meet the challenges and seize the opportunities of our next 100 years” (Fleming-Castaldy and Gillen, 2013). I believe that this proposed project can significantly contribute to achieving this in the Dominican Republic through a certificate program such as the one I am proposing.

Burton et al. (2013) stated that OTs have an important role in evaluation, planning, and service delivery in school settings because occupational therapists’ possess skills such as task analysis, the use of technology, specialized equipment, and environmental modification. My proposal consists of creating a professional development course/certificate program that would provide therapists in the CAID and ADR with the skillset to provide treatment that is specifically geared to a school-based population within the educational context. The training/certificate program would be focused on the inclusion framework. A series of three, one week, professional development courses (in Spanish) at the conclusion of the program could be designed to enable therapists with
skill sets in three major areas: standardized evaluations, service delivery, and ongoing staff development and training.
CHAPTER 3
DESCRIPTION OF THE PROJECT

Feasibility and Relevance to Existing Literature, Policy, and Systems Information

The proposal consists of providing a professional development course/certificate program that would provide therapists in the CAID and the ADR, as well as therapists not working in the CAID or ADR, with the skillset and competency to deliver occupational therapy services to children with a disability within the educational context. The training/certificate program would be designed in such a way that after the completion of all three courses, an OT in the Dominican Republic would be able to prove competency in the three major areas of school-based practice. I have chosen the criterion for AOTA’s “Specialty Certification in School Systems” (AOTA, 2013) as a model for the courses in the program. In the United States, the School Systems Specialty Certification is awarded to individuals who have demonstrated the capacity for meeting identified criteria that reflect specialized occupational therapy practice in the area of school systems through a peer-reviewed reflective portfolio process. Administration of the program is by the AOTA Board for Advanced and Specialty Certification (BASC), under the auspices of the AOTA Commission on Continuing Competence and Professional Development (CCCPD) (AOTA, 2013). Articulated within Principle 1 of the Occupational Therapy Code of Ethics and Ethics Standards is the expectation that occupational therapy practitioners shall provide services that are within their scope of practice. Principle 5 states that the practitioner is responsible for “maintaining high standards and continuing competence in practice, education, and research by participating in professional
development and educational activities to improve and update knowledge and skills” (AOTA, 2010, p. S23). The Specialty Certification program for AOTA embodies these ethical principles by offering applicants a way to document and reflect on the professional development activities in which they have engaged, determine future learning needs, and plan subsequent professional development activities that will enhance their practice (AOTA, 2013). The training would also be designed to be consistent with the identified needs of the field in the DR by addressing the problem and its contributing factors through training. It would also address suggestions identified by WFOT (i.e., the development of additional practice areas, with a main one being school-based) and the directors of the OT program at the local University (Hocking & Ness, 2004a; Hocking & Ness, 2004b). The training and certificate courses could then be modeled after an existing credible company that offers PD to OTs such as Professional Education Systems, Inc. (PESI). Since 1979, PESI has been providing continuing education to healthcare professionals across the nation in the U.S., including OTs. They work alongside experts to create seminars, conferences, videos, and books that meet the needs of adult learners.

By using the criteria and structure for The Specialty Certification program in Schools Systems (AOTA, 2013) as a guide for my training program, I hope to provide access to continuing education to therapists in the Dominican Republic, which will provide the model for training in order to aid in achieving high standards and continuing competence in practice, education, and research (AOTA, 2010).
Method of Delivery

The certificate program would consist of a series of three one-week professional development courses (presented in Spanish), as well as the completion of at least one required activity/task as a criterion for the successful completion of each objective at the end of each course. In the past, trained personnel have been invited from the U.S. to provide professional development for all interested OT practitioners. However, the lecturer has always had to communicate via an interpreter (Paniaguas, 2014). In preliminary interviews and focus groups with therapists and professors at the OT program in the local university, it was felt that much of the essence of a course and the comfort and ease students might perceive when trying to communicate with the lecturer, is lost. Many attendees lost interest and would not attend future trainings when a Spanish-speaking individual did not present them.

Each module or course will hopefully be held in the local University that houses the OT program in the DR (the Universidad Catolica de Santo Domingo, UCSD). This could possibly be offered by the director of the OT program, along with the director of the school of rehabilitation where the OT program is housed within UCSD. It would benefit the local University to support this professional development effort, because it would create an opportunity to network with resources that would help them in finding solutions to other projects (e.g., fieldwork opportunities in school base therapy as well as a pediatrics class).

There are four objectives for each course/module. Each objective is designed to be met within each course/module. Below is a sample course description, course
objective, and meeting criteria for course one (please refer to Appendix A for all course objectives and meeting criteria). The terms and layout of the courses are aligned with the way that PESI presents them on their webpage.

SAMPLE COURSE – Week 1

I. EVALUATION AND DIAGNOSTICS - Election, administration and scoring & interpretation (Coster, 1998).

Course Description

Participants will gain an understanding of the client’s priorities and his or her problems when engaging in occupations and activities (AOTA, 2011). Attendees will also learn to address factors that influence occupational performance, including: performance skills (e.g., motor and praxis skills, sensory-perceptual skills, emotional regulation skills, cognitive skills, communication skills, and social skills); performance patterns (e.g., habits, routines, rituals, roles); contexts and environments (e.g., physical, social, cultural, virtual, personal, temporal); activity demands (e.g., required actions, body functions); and client factors (e.g., values and beliefs; mental, neuromuscular, sensory, visual, perceptual, digestive, cardiovascular, and integumentary functions and structures). Desired outcomes are identified to guide future actions with the client.

Sample of One of the Course Objective

1. Demonstrate knowledge of primary and secondary conditions that impact occupational engagement related to school systems.
a. Meeting criteria: Complete a case study activity.

COURSE ONE/DAY ONE – Sample Syllabus

(Please see Appendix C for complete sample of Week 1).

Day One (Client Factors and Performance)

SCHOOL FUNCTIONAL ASSESSMENT (SFA)

Authors: Wendy Coster, PhD, OTR/L; Theresa Deeney, EdD; Jane Haltiwanger, PhD; Stephen Haley, PhD, PT (1998). The SFA is used to measure a student’s performance of functional tasks that support his or her participation in the academic and social aspects of an elementary school program (grades K–6).

AREAS ADDRESSED THIS DAY

- Diagnostic consideration
- Reliability and validity
- Administration
- Scoring
- Synthesis and interpretation (implications for function in schools)
- Case study in group
- Volunteer/observation or expert witness

Each course week would begin with a pre-test to establish a baseline for the knowledge base of each attendee. This pre-test would be a series of multiple-choice questions referencing the information that would be expected to be learned within the
module, i.e., the learning objective. The purpose of this pre-test is to gather baseline data on the knowledge base of each attendee on the information being taught. Results would not impact the attendee’s ability to participate or earn a certificate.

*Sample pre-test multiple-choice question:*

1. The purpose of a standard score is:
   a. To illustrate points accumulated
   b. To provide an age equivalent
   c. To compare an individual’s score to the average for their age
   d. All of the above

   Each course week would consist of one different objective being fully developed each day by facilitators, for the first four days, through 2–3 lectures. Each day would consist of part lecture and part group collaboration/peer learning opportunity. The fifth day of the week would be reserved for task and criteria completion. In addition, at the conclusion of each course/module, each attendee will fill out a 10-question questionnaire evaluating the course/program and facilitators. This questionnaire must be filled out in order to receive a certificate. The information gathered would be used in data collection for the purposes of quality management.

   The awarding of “Certification in School Systems” is recommended to be awarded through a partnership with an organization such as PESI. The long-term goal of the project is to have either my company (which is in the process of being developed)
issue these certificates or collaborate with the local university (UCSD) and/or the local OT organization, to eventually provide the certification through them.

At the end of each module/course, each attendee would need to complete a post-test of multiple-choice questions. This assessment would be for the purposes of gathering ceiling data to compare to the baseline data. The questions would be the same at the beginning of the course (questions could be shuffled in order). Each module would be concluded with this type of assessment. The assessment would only be for the purposes of data collection, and would not impact the attendees’ ability to earn a certificate. The results of this assessment would be used to compare with data and determine the knowledge base, as well as to adapt the structure of the courses as needed.

**ROLE OF ALL PERSONNEL**

*Personnel*

1. **Program Director:** Program liaison between CAID/ADR administration and program. Establishes contracts with pertinent facilities, facilitates staff meeting, manages staff, and oversees administrative decisions. Oversees networking, public relations, and promotion of program.

   *Credentials:* Must have at least a Master’s degree and minimum of 10 years of experience as an OT practitioner, five of which should be in school-based occupational therapy. The director should also have at least one year of administrative or leadership experience.

2. **Partner Staff:** Stakeholders who would provide feedback on the process. This could
include a focus group of local program directors as well as stakeholder (e.g., director of local university program, director of CAID and ADR, members of local OT organization or organizations). This group would also include parent of children in programs at the CAID and/or ADR.

_Credentials:_ Must have at least a Master’s degree and minimum of five years of experience as a practitioner in their field, and at least two years of experience as a continuing education speaker/trainer or as adjunct faculty.

3. **Facilitators:** Develop, prepare, and facilitate lectures for each course in accordance to course objectives and criteria.

_Credentials:_ Must have at least a Master’s degree and minimum of five years of experience as an OT practitioner, and at least one year of administrative or leadership experience.

4. **Adjunct Trainers:** Local OTs in the field who provide supervision, mentorship, volunteer opportunities, or feedback to attendees.

_Credentials:_ Must have at least a Bachelor’s degree in OT or related health or science field. Must have at least five years of experience as a practitioner, and have at least two year of teaching experience.

5. **Program Assistants:** Assist in course material prep, prepping of facilities, and data collection.

_Credentials:_ Must have at least a high school degree or equivalent. Can be an OT student. Perhaps in the future, this can be a Field Work Level 1 opportunity in collaboration with a university.
6. **Program Evaluators** (A combination of above staff): Develop data analysis documents. Once data is gathered, program evaluators analyze data and compare to baseline data. Make inferences and draw conclusion from data.

*Credentials:* Must have at least a Bachelor’s degree and minimum of 3–4 years of experience as an OT practitioner, and at least one year of teaching or lecturing experience.

7. **Technology:** Audio/visual – Develops and establishes all media promotion and propaganda. Develops and establishes all print promotion and propaganda. Assists in Web-based follow-up and troubleshooting (similar to Blackboard).

*Credentials:* Must have at least an Associate’s degree in media or marketing, and a minimum of two years of experience.

8. **Contract and Accounts Manager:** In charge of program contracts, staff contracting, and payroll.

*Credentials:* Must have at least a Bachelor’s degree in finance or accounting, and minimum of five years of experience.

**Methods of Recruitment**

For the first pilot program year, I am proposing that a maximum of 20 therapists be registered in the certificate program. The number 20 was decided as a way to start small.

This small amount of attendees will make data collection and analysis for evaluation much more feasible. The first 10 slots are already planned and reserved for potential attendees recruited from the ADR and the CAID staff, since the program was
originally designed with these facilities in mind. It is up to each facility to recommend the individuals that they would like to send to the program. Potential attendees outside of the ADR and the CAID would be recruited through media advertisement through the Association of Dominican Occupational Therapists, the UCSD and other educational facilities, as well as the Association of Caribbean Occupational Therapists. This could be done through a combination of promotional email blasts, flyers, and personal visits to facilities.

**Description of Service Recipients**

Therapists attending the program should have already obtained at least a Bachelor’s degree from an accredited university or a university that is in the process of accreditation. Each therapist should have at least one year of experience practicing in any area of occupational therapy. Therapists attending the program should have a license to practice OT in the DR, and should be a registered member of the Association of Dominican Occupational Therapists. All therapists should be able to finish the third module within one year of beginning the first module.

**Potential Barriers and Challenges for the Implementation**

ACCESS

1. Cost

The Dominican Republic is developing country that cannot count on the economic resources that developed countries can (Paniaguas, 2014). The charges for a certificate program like the one being recommended would be considered costly for the
individual therapists assisting the courses, as well as for the ADR and the CAID. For example, Application for AOTA’s “Specialty Certification in School Systems” (AOTA, 2013) costs $375 per individual. Based on reports of the median salary of a Dominican therapist (Paniaguas, 2014), to make a profit or even to break even, the program would need to charge each individual therapist an amount that may be too high. For the same reasons, the government and non-profit facilities may find the cost of the program above what they are willing or able to pay. Grants and available local resources will be analyzed.

2. Time

Based on preliminary interviews, many therapists do not have the time to take off work for more than an entire day, let alone one week at a time (Paniaguas, 2014). This is one of the reasons why establishing consistent fieldwork opportunities and consistent attendance to trainings has been difficult (Paniaguas, 2014). We may need to consider intensive weekend courses versus weeklong courses.

3. Language

One of the concerns frequently expressed in many of the preliminary interviews was the desire to have Spanish-speaking facilitators (Paniaguas, 2014; Mencia-Ripley, 2014). It was felt that motivation to attend and pay for courses is lowered when facilitators provide training and feedback through an interpreter. Finding a pool of facilitators who are qualified, available, and comfortable and competent facilitating in the native language are additional criteria to impose on a new program that will already be facing many challenges.
CHAPTER 4
EVALUATION PLAN

Legislators, school boards, and state administrators generally require that programs such as this one be evaluated (Kekahio, Lawton, Cicchinelli & Brandon, 2014). This program would be unique to the Dominican Republic and most developing countries. At this time, no other program exists in the DR to provide training to occupational therapists on how to work with children with disabilities in schools (Paniaguas, 2014). The CAID, the ADR, and the UCSD (the local university housing the only OT program in the DR) are large organizations providing services in the DR. It is important that buy-in be obtained from stakeholders that would potentially implement this proposed training program. It is also important that buy-in is obtained from stakeholders who could potentially contribute to the funding of the program.

Program evaluations for education programs such as the one I am proposing are typically conducted to provide the information that stakeholders need to make decisions about program resources, activities, outputs, and outcomes (Kekahio, Lawton, Cicchinelli & Brandon, 2014). Education programs such as the one I am proposing can be characterized by four components (Kekahio, Lawton, Cicchinelli & Brandon, 2014): resources (inputs to the program), activities (aspects of implementation), outputs (observable product of the completed activities), and outcomes (short- and long-term effect within various time frames).
Logic Model

The logic model (Table 1) illustrates the above components of the proposed program. In the most basic terms, a logic model provides a kind of map for a program or initiative, helping clarify a program’s destination, the pathways toward the destination, and markers along the way (Rodriguez & Shakman, 2015). It also answers the evaluation questions that need answering in order to provide stakeholder with the information they need and as a result create buy-in.

Table 1

<table>
<thead>
<tr>
<th>Program Partners &amp; Stakeholders</th>
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<tbody>
<tr>
<td>OT’s in the CAID and ADR</td>
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<tr>
<td>OT program in UCSF</td>
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<tr>
<td>Local OT board</td>
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PROBLEM
OT’s in the DR
Providing treatment
to children with
Disabilities outside
of context

Inputs
- RESOURCES
  - Facilitators
  - Grants
  - Space
  - Materials

ACTIVITIES
3 part training program in:
- Evaluation
- Intervention
- Network & Advocacy

Outputs
OT’s become certified
And present with
Knowledge base to
begin to work in
schools

Changes in OT in the DR

<table>
<thead>
<tr>
<th>Change in Target Audience</th>
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<tbody>
<tr>
<td>(Short Term)</td>
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<tr>
<td>- Increase in Knowledge</td>
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<tr>
<td>- Increase in Skills</td>
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<tr>
<td>- Shift in Attitudes towards inclusion</td>
</tr>
</tbody>
</table>

| (Long Term)               |
| - Paradigm Shift          |
| - Program accreditation   |
| - EPD                     |
| - New development of work & Fieldwork opportunities in Schools |
| - Stakeholders invest in program |

Outcomes to be Measured

The logic model (Table 1) helps to guide the evaluation process (at an individual and program level) that will answer the evaluation questions and provide information to obtain buy-in from stakeholders. Outcomes will need to be evaluated through pre- and
post-tests for individuals participating in the program as well as the program itself. Some of the evaluation questions that could be asked to guide decisions include:

1. To what degree were the program resources sufficient to implement the program effectively in collaboration with the UCSD, in the Dominican Republic?
2. To what degree were the program activities conducted as intended in collaboration with the UCSD, in the Dominican Republic?
3. To what degree were the expected program outputs realized?
4. To what degree did the program achieve its short and long-term outcomes?

(Kekahio, Lawton, Cicchinelli & Brandon, 2014)

INDIVIDUAL LEVEL

At the individual level, the outcomes to be evaluated could include the amount of knowledge gained by therapists attending the program as well as a measurement of skill acquisition. Another outcome that could be measured is whether there is a shift in attitudes within participating therapists over time.

PROGRAM LEVEL

At the program level, the possible outcomes evaluated could be the impact of the program on accreditation of OT program at local university. What could be measured is whether or not the gap needed in pediatric care is met in order for the program to meet the specific needs of a Dominican OT who aspires to work in a school system. Another outcome that would need to be evaluated is whether the certificate program’s cost was reasonable as evidenced by staying within budget. A third outcome could be whether the
program impacted the attitudes and knowledge base of stakeholders and participants. Lastly, another outcome that could be evaluated is the use that therapists found in the program through a measurement of satisfaction with curriculum and facilitators.

**Long-term**

Additionally, as a way of monitoring the profession’s growth and long-term impact of the program, a survey can be sent to stakeholders in the participating organizations (e.g. CAID, ADR, and UCSD) after its first year of implementation (12 months after participants complete the third course). The same survey could be sent every five years. Questions within the survey could target the possible long-term impact of the program in these organizations (e.g., whether the amount of therapists hired, OT positions opened, or clients receiving school-based OT services has increased, decreased, or changed in any way).

*Possible survey questions:*

- Since the completion implementation of the certificate program (end of Course 3), have you seen an increase or decrease in OT practitioners hired?
- Since the completion implementation of the certificate program (end of Course 3), have you seen an increase or decrease in the amount of OT positions opened?
- Since the completion implementation of the certificate program (end of Course 3), have you seen an increase or decrease in the amount of students receiving OT services in schools?
Methods for Obtaining Data on Outcomes

As stated before, there would be a pre- and post-test for baseline data collection. Results would not impact the participant’s ability to participate or earn a certificate. This questionnaire would be done through SurveyMonkey, a website that hosts free, customizable surveys, as well as a suite of paid back-end programs that include data analysis, sample selection, bias elimination, and data representation tools if needed (SurveyMonkey, 2014). This source allows for multiple-choice questions (as the ones provided above in week one pre-test sample), rating scales, comment/essay box questions, as well as demographic questions.

Here is an example of a questionnaire template that SurveyMonkey generates:

*Post-even Feedback Template* (the survey could be used as is or it can be adjusted for the certificate program’s specific needs)

1. How much have your skills improved because of the training at this even?
   - A great deal
   - A lot
   - A moderate amount
   - A little
   - None at all

2. How useful was the information presented at this event?
   - Extremely useful
   - Quite useful
   - Moderately useful
3. Did the presenter allow too much time for discussion, too little time, or the right amount of time?

- Much too much
- Slightly too much
- About the right amount
- Slightly too little
- Somewhat too little
- Much too little

**Data Analysis Plan**

From my data analysis, I would like to know about the success of the program itself and the impact on participants’ knowledge and skill level. However, I also want to know more about participant perceptions and about my population’s demographics (such as age, gender, job role, and institution). This information would be collected at the time of the pre-test. This information could also be very helpful for future marketing and recruiting of participants. Some of this can be done electronically on the same website where the surveys are created and sent from, SurveyMonkey. The knowledge gained by the therapists will be determined based on a comparison of baseline data (from pre-test surveys) to current data from post-test surveys. This will be the comparison process used for all surveys administered at all levels, during the data gathering phases (baseline and ceiling/pre and post) of the certificate program.
CHAPTER 5
FUNDING PLAN

Program Description

This program is a three-part series advance practice certificate in school-based therapy. It is designed for occupational therapists practicing in the Dominican Republic. The courses are recommended to be provided consecutively. The completion of all three courses would be required in order for participants to receive certification. However, the courses could be taken independent of each other.

Available Local Resources

There are potential local resources in the community that will be able to provide free support:

Resources that may be provided by local merchants:

- The Centro De Atencion Integral para la Discapacidad (CAID), Associacion Dominicana de Reabilitacion (ADR), and the Universidad Catolica de Santo Domingo (UCSD) have offered their spaces as possible locations.

- Each of these are classrooms (UCSD) or conference/workshop rooms (CAID and ADR) have the capacity to seat up to 40 individuals.

- All three facilities have access to public transportation, major highways, restaurants, and hotels.

- This would cut down cost. It is anticipated that these organization would allow the use of their media, e.g., projectors, screens, etc. for our program.
Local experts include:

- Occupational therapists in the OT program at the UCSD have expressed their willingness to assist. These individuals could assist as partner staff (Please refer Chapter 4 for role description).

- The Program Directors at the local university have all said that they would be willing to be a part of the project. These individuals could assist as partner staff and program evaluators (Please refer to Chapter 4 for role description).

- Professors and faculty in another local university, Universidad Iberoamericana (UNIBE), have also expressed their willingness to assist if and when the program is carried out. These individuals could assist as partner staff and/or adjunct trainers (Please refer to Chapter 4 for role description).

Skilled support resources include:

- Therapists (physical therapists, speech pathologists, and occupational therapists) who have expressed willingness to present lectures in exchange for being part of the program pilot year and travel expenses.

- An accountant (family member) said that he would be willing to complete the work of a Contract and Account Manager in exchange for the opportunity to be part of the pilot program.

- Students from local universities in the Dominican Republic (UNIBE and UCSD) and two local universities in the Washington, DC area (Howard and Trinity Washington University) have mentioned casually (unofficially) that establishing a Level I fieldwork experience with this program could be a possibility. If we were
to move forward with this option, a contract would be secured between the program and the interested universities. Students could participate as program assistants, as part of their Level I Fieldwork experience.

**Needed resources: BUDGET**

**PERSONNEL**

Recommended Stipend (*Year 1*)

1. **Program Director:** (Description of position and credentials in Chapter 4) – This position would ideally be covered by this author, Yaritza Croussett.

**Volunteer: Yaritza Croussett.** Travel expenses supplied, as well and accommodations during the entire length of stay in the Dominican Republic.

**Table 2.**

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Cost per Course</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plane Ticket</td>
<td></td>
<td>$ 600</td>
<td>$ 1,800</td>
</tr>
<tr>
<td>Hotel Stay</td>
<td>Breakfast included at Barceló Santo Domingo, 1 mile from the UCSD, for 7 nights.</td>
<td>700</td>
<td>2,100</td>
</tr>
<tr>
<td>Food Allowance</td>
<td>6 day food allowance</td>
<td>200</td>
<td>600</td>
</tr>
<tr>
<td><strong>Total cost of Program Director for entire program</strong></td>
<td></td>
<td><strong>$ 4,500</strong></td>
<td></td>
</tr>
</tbody>
</table>

2. **Partner Staff** (Description of position and credentials in Chapter 4): Stakeholders who would provide feedback on process (e.g., Director of local university program, Director of CAID and ADR, members of local OT organization or organizations).
Volunteer or Stipend (local therapists and Program Directors). Travel expenses supplied, as well and accommodations during the entire length of stay in the Dominican Republic.

Table 3.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Cost per Course</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Allowance</td>
<td>6 day food allowance</td>
<td>$ 200</td>
<td>$ 600</td>
</tr>
<tr>
<td>Total cost of partner staff for entire program</td>
<td></td>
<td></td>
<td>$ 600</td>
</tr>
</tbody>
</table>

3. Facilitators (Description of position and credentials in Chapter 4)

Stipend: Travel expenses supplied, as well as accommodations during the entire length of stay in the Dominican Republic.

Table 4.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Cost per Course</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stipend</td>
<td></td>
<td>$ 500</td>
<td>$ 1,500</td>
</tr>
<tr>
<td>Plane Ticket</td>
<td></td>
<td>600</td>
<td>1,800</td>
</tr>
<tr>
<td>Hotel Stay</td>
<td>Breakfast included at Barceló Santo Domingo, 1 mile from the UCSD, for 7 nights.</td>
<td>700</td>
<td>2,100</td>
</tr>
<tr>
<td>Food Allowance</td>
<td>6 day food allowance</td>
<td>200</td>
<td>600</td>
</tr>
<tr>
<td>Total cost of facilitators for entire program</td>
<td></td>
<td></td>
<td>$ 6,000</td>
</tr>
</tbody>
</table>

4. Adjunct Trainers (Description of position and credentials in Chapter 4)

Volunteer (local occupational therapists and Program Directors)
Table 5.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Cost per Course</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Allowance</td>
<td>6 day food allowance</td>
<td>$200</td>
<td>$600</td>
</tr>
<tr>
<td>Total cost of adjunct trainers for entire program</td>
<td></td>
<td></td>
<td>$600</td>
</tr>
</tbody>
</table>

5. **Program Assistants** (Students; description of position and credentials in Chapter 4)

Volunteer (local students)

Table 6.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Cost per Course</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Allowance</td>
<td>6 day food allowance</td>
<td>$200</td>
<td>$600</td>
</tr>
<tr>
<td>Total cost of Program Assistants for entire program</td>
<td></td>
<td></td>
<td>$600</td>
</tr>
</tbody>
</table>

6. **Program Evaluators** (3 individuals; volunteer; a combination of the previously described staff. Description of position and credentials in Chapter 4)

Volunteer (local staff)

Table 7.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Cost per Course</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Allowance</td>
<td>6 day food allowance</td>
<td>$200</td>
<td>$600</td>
</tr>
<tr>
<td>Total cost of program evaluators for entire program (3 individuals)</td>
<td></td>
<td></td>
<td>$1,800</td>
</tr>
</tbody>
</table>

7. **Technology: Audio/Visual** (Description of position and credentials in Chapter 4).

Develops and establishes all media promotion and propaganda.

Salaried (local individual)
Table 8.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Cost per Course</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stipend</td>
<td></td>
<td>$ 300</td>
<td>$ 300</td>
</tr>
<tr>
<td>Total cost of technology – audio/visual assistant for entire program</td>
<td></td>
<td></td>
<td>$ 900</td>
</tr>
</tbody>
</table>

8. **Contract and Accounts Manager** (Description of position and credentials in Chapter 4). This individual would require no salary; however, they would require travel expenses and accommodations during the entire length of stay (6 days) in the Dominican Republic.

**Volunteer:** Travel expenses supplied, as well as accommodations during the entire length of stay in the Dominican Republic.

Table 9.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Cost per Course</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plane Ticket</td>
<td></td>
<td>$ 600</td>
<td>$ 1,800</td>
</tr>
<tr>
<td>Hotel Stay</td>
<td>Breakfast included at Barceló Santo Domingo, 1 mile from the UCSD, for 7 nights.</td>
<td>700</td>
<td>2,100</td>
</tr>
<tr>
<td>Food Allowance</td>
<td>6 day food allowance</td>
<td>200</td>
<td>600</td>
</tr>
<tr>
<td>Total cost of Contract and Accounts Manager for entire program</td>
<td></td>
<td></td>
<td>$ 4,500</td>
</tr>
</tbody>
</table>

**Total cost of personnel - $18,900.00**
## EQUIPMENT

### Table 10.

<table>
<thead>
<tr>
<th>Item</th>
<th>Remarks</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Projector</strong></td>
<td>Provided by facilities</td>
<td>$ 0</td>
</tr>
<tr>
<td><strong>Tables and chairs</strong></td>
<td>Provided through local agencies (CAID/ADR or University host)</td>
<td>$ 0</td>
</tr>
<tr>
<td><strong>Course I Assessment Kits (5 kits of each)</strong></td>
<td>One of each kit for every five participants:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- School Functional Assessment (SFA), $230.00;</td>
<td>$ 1,150.00</td>
</tr>
<tr>
<td></td>
<td>- Bruininks-Oseretsky Test of Motor Proficiency (BOT-2) brief form, $198.85 ea.;</td>
<td>994.25</td>
</tr>
<tr>
<td></td>
<td>- Wide Range Assessment of Visual Motor Abilities (WRAVMA), $385.00;</td>
<td>1,925.00</td>
</tr>
<tr>
<td></td>
<td>- Motor-Free Visual Perception Test (MVPT), $160.00;</td>
<td>800.00</td>
</tr>
<tr>
<td></td>
<td>- Sensory profile, school companion, $164.00</td>
<td>820.00</td>
</tr>
<tr>
<td><strong>Total cost of equipment for Course I</strong></td>
<td></td>
<td>$ 5,689.25</td>
</tr>
<tr>
<td><strong>Course II Equipment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Handwriting Without Tears Print Set Kits ($59.95) (Qty. 20);</td>
<td>$ 1,200.00</td>
</tr>
<tr>
<td></td>
<td>- Sensory “Focus” Kit - 1 set for demonstration. ($50.00);</td>
<td>50.00</td>
</tr>
<tr>
<td></td>
<td>- Timer and Visual Schedule Kit ($20.00) (Qty. 20);</td>
<td>200.00</td>
</tr>
<tr>
<td></td>
<td>- Movement cushion sampler (1 set for demonstration) $270.00</td>
<td>270.00</td>
</tr>
<tr>
<td><strong>Total cost of equipment for Course II</strong></td>
<td></td>
<td>$1,720.00</td>
</tr>
<tr>
<td><strong>Course III Equipment</strong></td>
<td>Paper materials and supplies will be purchased locally to reduce cost.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Pens and pencils</td>
<td>$ 200.00</td>
</tr>
<tr>
<td></td>
<td>- Paper (for handouts)</td>
<td>200.00</td>
</tr>
<tr>
<td></td>
<td>- Note pads (1x participant for ea. course for a total of 60)</td>
<td>100.00</td>
</tr>
<tr>
<td><strong>Total cost of equipment for Course III</strong></td>
<td></td>
<td>$ 500</td>
</tr>
</tbody>
</table>

**Total cost for all courses - $ 7,909.25**
COMMUNICATION (TELEPHONE/POSTAGE)

Table 11.

<table>
<thead>
<tr>
<th>Feature Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adding international roaming capabilities to U.S. cellular plans for program director and contract/accounts manager:</td>
<td></td>
</tr>
<tr>
<td>- Communication to the Dominican Republic prior to each trip: $30.00 flat rate per month (whether individual uses plan for the duration of the time or not) ea. on AT&amp;T cellular plan.</td>
<td>$ 300</td>
</tr>
<tr>
<td>- Communication during the week each stay in the DR: $30.00 flat rate</td>
<td></td>
</tr>
<tr>
<td>Total cost for 5 trips, 2 cellular plans</td>
<td>$ 300</td>
</tr>
</tbody>
</table>

MATERIALS PREPARATION

Table 12.

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photo copying at local print shop (30 handouts X 3 courses)</td>
<td>$ 300</td>
</tr>
</tbody>
</table>

TRAVEL

The program director and contract/accounts manager will need to travel to the DR additional times for preparation prior to the program starting, as well as the arrangements for stay.

Table 13.

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two additional trips prior to series ($ 1,200 X 2)</td>
<td>$ 2,400</td>
</tr>
</tbody>
</table>
RENTAL OF FACILITIES

See available local resources previously described.

EVALUATION

Table 14.

<table>
<thead>
<tr>
<th>Item</th>
<th>Remarks</th>
<th>Cost</th>
</tr>
</thead>
</table>
| NViVo Software: Used to manage and categorize qualitative data for more efficient analysis, using a computer assisted qualitative data analysis software (CAQDAS) program (Bazeley, 2007; Leech & Onwueguzie, 2011). | - Unlimited questions  
- Unlimited responses  
- Priority 24/7 email support  
- Custom logos, colors, & more  
- Skip logic  
- Cross-tabs & filters  
- Export data & reports  
- Statistical significance  
- Text analysis  
- Question & answer piping  
- Randomization | $ 47.00 |
| SurveyMonkey: Provides free, customizable surveys, as well as a suite of paid back-end programs that include data analysis, sample selection, bias elimination, and data representation tools if needed (SurveyMonkey, 2014). Needed to gather baseline data via a pre and posttest survey/questionnaire. It is also useful in data analysis. | 5 tablets to run software | $ 300.00 |
| Tablets | 2,000.00 |
| Total costs of evaluation materials | $ 2,347.00 |
MISCELLANEOUS COSTS

Table 15.

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>Remarks</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertisement</td>
<td>- Brochures</td>
<td>$ 600.00</td>
</tr>
<tr>
<td></td>
<td>- Posters</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Newspaper announcement</td>
<td></td>
</tr>
<tr>
<td>Personnel Costs</td>
<td>- Business cards</td>
<td>200.00</td>
</tr>
</tbody>
</table>

Total miscellaneous costs $ 800.00

TOTAL COST OF PROGRAM

Year One – $32,956.25

BUDGET (Year 2)

PERSONNEL

Recommended Salaries (Year 2)

1. **Program Director** (Description of position and credentials in Chapter 4):

   This position would ideally be covered by this author.

   ***At this point, an individual would need to be hired, or this author’s pay would be subsidized, as full-time employment in the U.S. would be difficult to maintain.

Table 16.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Cost per Course</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stipend</td>
<td></td>
<td>$ 500</td>
<td>$ 1,500</td>
</tr>
<tr>
<td>Plane Ticket</td>
<td></td>
<td>600</td>
<td>1,800</td>
</tr>
<tr>
<td>Hotel Stay</td>
<td>Breakfast included at Barceló Santo Domingo, 1 mile from the UCSD, for 7 nights.</td>
<td>700</td>
<td>2,100</td>
</tr>
<tr>
<td>Food Allowance</td>
<td>6 day food allowance</td>
<td>200</td>
<td>600</td>
</tr>
</tbody>
</table>

Total cost of Program Director for entire program. $ 6,000
2. **Partner Staff** (Description of position and credentials in Chapter 4)

**Stipend (local therapists and Program Directors):** Travel expenses supplied, as well and accommodations during the entire length of stay in the Dominican Republic.

Table 17.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Cost per Course</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Allowance</td>
<td>6 day food allowance</td>
<td>$ 200</td>
<td>$ 600</td>
</tr>
<tr>
<td>Total cost of partner staff for entire program</td>
<td></td>
<td></td>
<td>$ 600</td>
</tr>
</tbody>
</table>

3. **Facilitators** (Description of position and credentials in Chapter 4)

**Stipend:** Travel expenses supplied, as well and accommodations during the entire length of stay in the Dominican Republic.

Table 18.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Cost per Course</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stipend</td>
<td></td>
<td>$ 500</td>
<td>$ 1,500</td>
</tr>
<tr>
<td>Plane Ticket</td>
<td></td>
<td>600</td>
<td>1,800</td>
</tr>
<tr>
<td>Hotel Stay</td>
<td>Breakfast included at Barceló Santo Domingo, 1 mile from the UCSD, for 7 nights.</td>
<td>700</td>
<td>2,100</td>
</tr>
<tr>
<td>Food Allowance</td>
<td>6 day food allowance</td>
<td>200</td>
<td>600</td>
</tr>
<tr>
<td>Total cost of facilitators for entire program</td>
<td></td>
<td></td>
<td>$ 6,000</td>
</tr>
</tbody>
</table>

4. **Adjunct Trainers** (Description of position and credentials in Chapter 4)

**Volunteer (Local Therapists and program directors)**

Table 19.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Cost per Course</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Allowance</td>
<td>6 day food allowance</td>
<td>$ 200</td>
<td>$ 600</td>
</tr>
<tr>
<td>Total cost of adjunct trainers for entire program</td>
<td></td>
<td></td>
<td>$ 600</td>
</tr>
</tbody>
</table>
5. **Program Assistants** (Students; description of position and credentials in Chapter 4)

Volunteer (Local Students)

Table 20.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Cost per Course</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Allowance</td>
<td>6 day food allowance</td>
<td>$ 200</td>
<td>$ 600</td>
</tr>
<tr>
<td><strong>Total cost of Program Assistants for entire program</strong></td>
<td></td>
<td></td>
<td><strong>$ 600</strong></td>
</tr>
</tbody>
</table>

6. **Program Evaluators** (Volunteer; a combination of the previously-described staff; description of position and credentials in Chapter 4)

Volunteer (Local Staff)

Table 21.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Cost per Course</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Allowance</td>
<td>6 day food allowance</td>
<td>$ 200</td>
<td>$ 600</td>
</tr>
<tr>
<td><strong>Total cost of program evaluators for entire program (3 individuals)</strong></td>
<td></td>
<td></td>
<td><strong>$ 1,800</strong></td>
</tr>
</tbody>
</table>

7. **Technology: Audio/visual** (Description of position and credentials in Chapter 4). Develops and establishes all media promotion and propaganda.

Stipend (local individual)

Table 22.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Cost per Course</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stipend</td>
<td></td>
<td>$ 300</td>
<td><strong>$ 300</strong></td>
</tr>
<tr>
<td><strong>Total cost of technology – audio/visual assistant for entire program</strong></td>
<td></td>
<td></td>
<td><strong>$ 900</strong></td>
</tr>
</tbody>
</table>
8. **Contract and Accounts Manager** (Volunteer; description of position and credentials in Chapter 4). During Year 2, this staff member does not need to travel to the Dominican Republic, and can complete tasks stateside.

**Table 23.**

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stipend</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

**Total cost of personnel - $18,000.00**

**EQUIPMENT**

**Table 24.**

<table>
<thead>
<tr>
<th>Item</th>
<th>Remarks</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Projector</strong></td>
<td>Provided by facilities</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Tables and chairs</strong></td>
<td>Provided through local agencies (CAID/ADR or University host)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Course I Assessment Kits</strong></td>
<td>Only protocols for 20 participants for each assessment.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- SFA</td>
<td>$20.50</td>
</tr>
<tr>
<td></td>
<td>- BOT 2</td>
<td>20.50</td>
</tr>
<tr>
<td></td>
<td>- Booklets (Qty 25)</td>
<td>21.50</td>
</tr>
<tr>
<td></td>
<td>- Record Forms (Qty 25)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- WRAVMA</td>
<td>74.00</td>
</tr>
<tr>
<td></td>
<td>- Drawing Forms (Qty 25)</td>
<td>74.00</td>
</tr>
<tr>
<td></td>
<td>- Matching Forms (Qty 25)</td>
<td>74.00</td>
</tr>
<tr>
<td></td>
<td>- Examiner Record Forms (Qty 25)</td>
<td>40.00</td>
</tr>
<tr>
<td></td>
<td>- Record Forms (Qty 25)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Sensory profile, school companion (Qty. 25)</td>
<td>55.35</td>
</tr>
<tr>
<td><strong>Total cost of equipment for Course I</strong></td>
<td></td>
<td><strong>$453.20</strong></td>
</tr>
<tr>
<td><strong>Course II Equipment (Only replace if not in good condition.)</strong></td>
<td>Handwriting Without Tears Print Set Kits</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>- Gripper sampler</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Adapted Scissors sampler</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Fidget sampler</td>
<td></td>
</tr>
</tbody>
</table>
- Visual/Picture Schedule
- Movement cushion sampler

<table>
<thead>
<tr>
<th>Course III Equipment</th>
<th>Paper materials and supplies will be purchased locally to reduce cost.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Pens and pencils</td>
</tr>
<tr>
<td></td>
<td>- Paper (for handouts)</td>
</tr>
<tr>
<td></td>
<td>- Note pads (1x participant for ea. course for a total of 60)</td>
</tr>
</tbody>
</table>

Total cost of equipment for Course II $ 0.00

Total cost of equipment for Course III $ 500

COMMUNICATION (TELEPHONE/POSTAGE)

Table 25.

<table>
<thead>
<tr>
<th>Feature Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adding international roaming capabilities to U.S. cellular plans for program director and contract/accounts manager:</td>
<td>$ 300</td>
</tr>
<tr>
<td>- Communication to the Dominican Republic prior to each trip: $30.00 flat rate per month (whether individual uses plan for the duration of the time or not) ea. on AT&amp;T cellular plan.</td>
<td></td>
</tr>
<tr>
<td>- Communication during the week each stay in the DR $30.00 flat rate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ 300</td>
</tr>
<tr>
<td>Total cost for 5 trips, 2 cellular plans</td>
<td>$ 300</td>
</tr>
</tbody>
</table>

MATERIALS PREPARATION

Table 26.

<table>
<thead>
<tr>
<th>Expense Description (30 handouts X 3 courses)</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photo copying at local print shop</td>
<td>$ 300</td>
</tr>
</tbody>
</table>
TRAVEL

The program director and contract/accounts manager will need to travel to the DR additional times for prep prior to the program starting, as well as the arrangements for stay.

Table 27.

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two additional trips prior to series ($ 600 X 2)</td>
<td>$ 2,400</td>
</tr>
</tbody>
</table>

RENTAL OF FACILITIES

See previously-described available local resources.

EVALUATION

Table 28.

<table>
<thead>
<tr>
<th>Item</th>
<th>Remarks</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>NVivo Software</td>
<td></td>
<td>$ 47.00</td>
</tr>
<tr>
<td>SurveyMonkey</td>
<td>- Unlimited questions</td>
<td>300.00</td>
</tr>
<tr>
<td></td>
<td>- Unlimited responses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Priority 24/7 email support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Custom logos, colors &amp; more</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Skip logic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Cross-tabs &amp; filters</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Export data &amp; reports</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Statistical significance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Text analysis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Question &amp; answer piping</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Randomization</td>
<td></td>
</tr>
<tr>
<td>Tablets</td>
<td>5 tablets to run software (Only replace if in poor condition)</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Total costs of evaluation materials $ 347.00
MISCELLANEOUS COSTS

First and second year apart from dissemination

Table 29.

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>Remarks</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertisement</td>
<td>- Brochures</td>
<td>$800.00</td>
</tr>
<tr>
<td></td>
<td>- Posters</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Newspaper Announcement</td>
<td></td>
</tr>
<tr>
<td>Personnel Costs</td>
<td>- Business cards</td>
<td>200.00</td>
</tr>
<tr>
<td>Total miscellaneous costs</td>
<td></td>
<td>$1,000.00</td>
</tr>
</tbody>
</table>

TOTAL COST OF PROGRAM

Year 2: 22,900.2

DISSEMINATION COSTS (For primary and secondary audiences)

Table 30.

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>Remark</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Audience</td>
<td>all activities</td>
<td>$5,049.00</td>
</tr>
<tr>
<td>Secondary Audience</td>
<td>all activities</td>
<td>$6,200.00</td>
</tr>
<tr>
<td>Total Cost</td>
<td></td>
<td>$11,249.00</td>
</tr>
</tbody>
</table>

POTENTIAL FUNDING SOURCES

Centro De Atencion Integral Para La Discapacidad (CAID)

The Centro De Atencion Integral para la Discapacidad or CAID (government initiative developed by the first lady of the Dominican Republic, Candida De Medina) has the primary objective of achieving the “integration of children with special needs into
an adequate educational system, depending on the individual needs of each case” (De Medina, 2013). This doctoral program was initially designed for therapists working in the CAID centers. In preliminary interviews with the first lady Candida De Medina and the CAID program director Dr. Marta Rodriguez, it was agreed that once the project was complete, it would be presented to the CAID administrators for potential funding. If the CAID were to decide to pick up the certification program designed, it would be fully funded through this government initiative as part of the continuing profession education curriculum offered at their centers. The CAID centers have only been opened since December 2013. To date, they have not funded any other program. If funded, this would be the first program that they would fund. Therefore, no current statistics or data exists detailing the average or range of funds they typically award to programs.

**Universidad Catolica de Santo Domingo (UCSD)**

The Universidad Catolica de Santo Domingo, where the only Occupational Therapy program in the Dominican Republic is housed, was presented with the prospect of this certification program. In preliminary interviews, the department head and the director of the program stated that once presented, if adopted, the certification program could be part of the curriculum offered to post-professional occupational therapists in the Dominican Republic (Paniaguas, 2014). This would mean that the University would fully fund the program in order to “house” it.

**Ford Foundation**

I would be seeking a grant through the Ford Foundation. The Ford Foundation supports visionary leaders and organizations on the frontlines of social change.
worldwide. Their goals for more than half a century have been to: strengthen democratic values, reduce poverty and injustice, promote international cooperation, and advance human achievement. Each year, the Ford Foundation receives proposals and distributes about 1,400 grants. Requests are accepted in categories such as project planning and support, general support, and endowments. Grant applications are reviewed at their New York headquarters and in our regional offices. The foundation gives the grantee autonomy over management of the funds, but all grantees must sign a letter agreeing to abide by the terms and conditions of the grant. Grants administrators ensure that the grant-making process—from preparation of the grant recommendation to processing final reports—conforms to the foundation's procedures and standards.

Types of grants they award include: General/core support, Project, Planning, Competition, Matching, Recoverable, Individual, Endowment, Foundation-administered project, and Program-related investment.

Below, Table 31 shows some of the grants awarded by the Ford Foundation in 2015. Grants awarded can be anywhere from $300.00USD to $300,000.00USD if the project is approved. Potentially, the Ford Foundation could fully fund my project/initiative.
<table>
<thead>
<tr>
<th>GRANTEE</th>
<th>YEAR</th>
<th>AMOUNT</th>
<th>REGION</th>
<th>INITIATIVE</th>
<th>APPROACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platform for Citizen Participation and Accountability Ltd.</td>
<td>2015</td>
<td>$50,000</td>
<td>Eastern Africa</td>
<td>Strengthening Civil Society and Philanthropy</td>
<td>Advocacy, Litigation and Reform</td>
</tr>
<tr>
<td>Fundación Foro Nacional por Colombia</td>
<td>2015</td>
<td>$190,000</td>
<td>Andean Region and Southern Cone</td>
<td>Promoting Transparent, Effective and Accountable Government</td>
<td>Stakeholder Development and Collaboration</td>
</tr>
<tr>
<td>Muslims for Human Rights</td>
<td>2015</td>
<td>$150,000</td>
<td>Eastern Africa</td>
<td>Expanding Community Rights Over Natural Resources</td>
<td>Advocacy, Litigation and Reform</td>
</tr>
<tr>
<td>Small Business Majority Foundation, Inc.</td>
<td>2015</td>
<td>$125,000</td>
<td>United States</td>
<td>Improving the Quality of Jobs</td>
<td>Network Building and Convening</td>
</tr>
<tr>
<td>Go Sheng Services</td>
<td>2015</td>
<td>$65,000</td>
<td>Eastern Africa</td>
<td>Advancing Public Service Media</td>
<td>Media/Content Development</td>
</tr>
<tr>
<td>Massachusetts Institute of Technology</td>
<td>2015</td>
<td>$375,000</td>
<td>United States</td>
<td>Promoting the Next-Generation Workforce Strategies</td>
<td>Network Building and Convening</td>
</tr>
<tr>
<td>The Doe Fund, Inc.</td>
<td>2015</td>
<td>$20,000</td>
<td>United States</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>Inter-American Dialogue</td>
<td>2015</td>
<td>$300,000</td>
<td>United States</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>TrustAfrica</td>
<td>2015</td>
<td>$3,000,000</td>
<td>West Africa</td>
<td>Strengthening Civil Society and Philanthropy</td>
<td>Capacity Building and Technical Assistance</td>
</tr>
<tr>
<td>NEO Philanthropy, Inc.</td>
<td>2015</td>
<td>$150,000</td>
<td>United States</td>
<td>Increasing Civic and Political Participation</td>
<td>Program Demonstration and Scaling</td>
</tr>
<tr>
<td>NEO Philanthropy, Inc.</td>
<td>2015</td>
<td>$4,000,000</td>
<td>United States</td>
<td>Protecting Immigrant and Migrant Rights</td>
<td>Advocacy, Litigation and Reform</td>
</tr>
<tr>
<td>NEO Philanthropy, Inc.</td>
<td>2015</td>
<td>$100,000</td>
<td>United States</td>
<td>Advancing LGBT Rights</td>
<td>Advocacy, Litigation and Reform</td>
</tr>
<tr>
<td>GRANTEE</td>
<td>YEAR</td>
<td>AMOUNT</td>
<td>REGION</td>
<td>INITIATIVE</td>
<td>APPROACH</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------</td>
<td>----------</td>
<td>--------------</td>
<td>-----------------------------------------------------</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>Hip-Hop Theater Festival Inc.</td>
<td>2015</td>
<td>$750,000</td>
<td>United States</td>
<td>Supporting Diverse Arts Spaces</td>
<td>Capacity Building and Technical Assistance</td>
</tr>
<tr>
<td>University of Dar es Salaam</td>
<td>2015</td>
<td>$100,000</td>
<td>Eastern Africa</td>
<td>Strengthening Civil Society and Philanthropy</td>
<td>Capacity Building and Technical Assistance</td>
</tr>
<tr>
<td>International Center for Journalists</td>
<td>2015</td>
<td>$200,000</td>
<td>United States</td>
<td>Media and Justice</td>
<td>Media/Content Development</td>
</tr>
</tbody>
</table>

**United States Agency for International Development (USAID)**

I would be seeking to build a partnership with USAID. In education, USAID supports partnerships with educational institutions, foundations, nonprofits, the private sector, and other donors to improve literacy in the primary grades; to increase access to education in countries affected by conflict or crisis; and to strengthen higher education and workforce development programs so that young people can find good jobs and contribute to the economic growth of their countries. USAID looks to better harness the creativity and pioneering work of institutions of higher education, especially in the areas of science and technology, to contribute to development solutions across their sectors.

For the past 50 years, USAID has responded to the needs of the Dominican Republic. USAID addresses improvements to basic education, community participation in public schools, and the proper use of educational resources. Their goal in the Dominican Republic is to improve the quality of basic education, as measured by student achievement in reading and math, through programs that improve teacher training and
effectiveness, school governance and transparency, and national capacity to implement education reform. USAID promotes advocacy for education reform from civil society, private sector, communities, and families. USAID also supports innovative interventions for at-risk children and youth that provide life skills training resulting in enhanced education and employment opportunities, so that Dominican youth can become productive citizens.

An application would need to be submitted in response to an Annual Program Statement (APS) or Request for Applications (RFA), which usually provides a program description and how USAID will evaluate and select the successful applicant. The Agency provides awards to organizations in compliance with the Federal Acquisition Regulation (FAR); the Code of Federal Regulations (CFR); and internal Agency regulations, policies, and procedures (USAID Automated Directives System [ADS]). The main steps of the USAID Acquisition & Assistance award process are: project design, identification of the requirement, market research, agency business forecast, solicitation, evaluation, negotiation, and finally, award.

The overall Fiscal Year 2016 President's Request for these accounts is $22.3 billion, of which $10.7 billion is in core USAID accounts: Development Assistance, Global Health Programs, International Disaster Assistance, Food for Peace Title II, Transition Initiatives, Complex Crises Fund, and USAID Administrative Expenses.

**Development Grants Program (DGP)**

The Development Grants Program is a competitive small grants program initiated in 2008, that provides opportunities for organizations that have limited or no experience
managing direct USAID grants. DGP was designed to expand the number of direct partnerships and to build the capacity of organizations to better meet the needs of their constituents. Successful applicants receive awards for $2 million or less to implement activities over a three-year period.

**Rotary**

Rotary brings together community leaders from all continents, cultures, and occupations to share their ideas for making the world a better place. By combining their distinct skills and expertise, Rotary members are tackling some of the world's most pressing problems – from local initiatives like feeding the hungry, to global efforts like eradicating polio. Rotary collaborates with international, governmental, and university groups to tackle global humanitarian issues. Rotary’s relationship with the following partners opens the door for Rotarians to work with them directly. Rotary has formed strategic partnerships with the organizations to offer service opportunities.

**Structure**

**Rotary clubs** bring together dedicated individuals to exchange ideas, build relationships, and take action.

**Rotary International** supports Rotary clubs worldwide by coordinating global programs, campaigns, and initiatives.

**The Rotary Foundation** uses generous donations to fund projects by Rotarians and our partners in communities around the world. As a nonprofit, all of the Foundation's funding comes from voluntary contributions made by Rotarians and friends who share our vision of a better world.
Each year, gifts to the Rotary Foundation fund thousands of projects around the globe. Here are a few examples:

- $1 million spent on rapid-response grants to fight polio outbreaks in the Horn of Africa and the Middle East;
- $98,500 spent to provide clean drinking water, irrigate crops, and establish fish farms in rural Kenya;
- $25,550 spent to provide 600 indigent women in Honduras with business training and access to small loans, in partnership with microlender the Adelante Foundation;

**AcademyHealth**

**Community Health Peer Learning Program**

The Community Health Peer Learning Program will competitively select 15 communities and make awards ranging from $50,000 to $100,000. Ten Participant Communities will receive awards to accelerate progress toward a specified community-level population health challenge through expanded collection, sharing, and use of electronic data; and five Subject Matter Expert Communities will receive awards to share lessons learned, document best practices, and contribute to learning guides. Notice of Intents are due October 16, 2015.

**Conclusion**

Best practice is supported when there is a culture that consistently promotes continuing competency, performance assessment, and outcome measurement, coupled with explicit, systematic, and intentional professional development opportunities.
(Banfield & Lackie, 2009; Gleeson, 2010; Hollenbeck, 2010; Lysaght, Altschuld, Grant, & Henderson, 2001; Peterson, McMahon, Farkas, & Howland, 2005; Royeen & Furbush, 1996). Currently this type of promotion and value on professional development is not consistently seen in the Dominican Republic (M. Paniaguas, personal communication, July 17, 2014). However, as funding is provided through one or more of these sources, building on their initial preparation and taking ongoing steps to ensure best practice in the school setting will be more dominant in the occupational therapy practice in the Dominican Republic.
CHAPTER 6
Dissemination Plan
(For the results of future implementation efforts)

Program Description

The proposed program is a three-part, advance practice certificate designed to increase competency in school-based therapy. Focused on the inclusion framework, this three-part series would focus on enabling therapists in the Dominican Republic with skillsets in three major areas: evaluation and diagnostics, service delivery and intervention, and network and advocacy. The courses are recommended to be provided consecutively. The completion of all three courses would be required in order for participants to receive certification. However, the courses could be taken independent of each other.

Dissemination Goals

LONG-TERM

According to the evidence, the inclusion of children from diverse backgrounds (i.e., children with disabilities and children from socially disadvantaged backgrounds) in the mainstream regular education is a global trend in recent days to ensure the right to education for all (UNESCO, 2009; Frankel et al., 2010). This is the overall arching goal of the project: to introduce education that will help change inclusion practices in schools in the Dominican Republic, through the training of local OTs working in these schools.
SHORT-TERM

The short term goal is to create a professional development course/certificate program and trend within OT in the Dominican Republic. This would hopefully create a community of practice at the local university Universidad Catolica de Santo Domingo (UCSD), at the Centro de Atencion Integral para la Discapacidad (CAID), and the Associacion Dominicana de Reabilitacion (ADR) that would provide therapists in these organizations with the skillset to provide treatment that is specifically geared to a school-based population within the educational context.

Target Audiences

PRIMARY

Occupational therapists working in the CAID, the ADR, and the local professional organization for occupational therapy (Associacion de Terapistas Dominicanos) in the Dominican Republic are the primary audience. In the long term, another audience might be occupational therapists and professional organization in the Caribbean (Association of Caribbean Occupational Therapists).

SECONDARY

The secondary audience is the Ministry of Education and the local healthcare agencies where target occupational therapists practice (CAID & ADR) in the Dominican Republic.
Key Messages

Primary Audience Consisting of Occupational Therapists and Local Organizations

The messages for the primary audience occupational therapists will include the following:

- We were able to establish direct access to continuing education for OTs in the Dominican Republic by establishing the school-based certificate program locally. Participation in this program will provide OTs with access to training in order to facilitate access to best practices in OT and continuing competence in OT practice and education.

- The program will be able to provide postgraduate education with criteria and structure based on the competitive certification program, “The Specialty Certification program in Schools Systems” offered by the American Occupational Therapy Association (AOTA, 2013).

The message for the primary audience of the local organization will include the following:

- This certificate program would be the only one of its kind in the entire Caribbean. If sponsored in the Dominican Republic, through your agency, this could be the vehicle for establishing educational partnerships with universities, educational agencies, and professional organizations (e.g. Association of Caribbean Occupational Therapists) across the Caribbean.
Secondary Audience of the Ministry of Education and the Local Healthcare Agencies Where Target Occupational Therapists Practice (CAID & ADR) in the Dominican Republic

- Through this program, you would be able to provide the necessary training to establish the new school-based OT practice area. This practice area fulfills a mandated requirement for achieving accreditation from the World Federation of Occupational Therapy (WFOT) at one of your Universities, UCSD.

- A partnership has been set up with PESI, Inc. that will provide a credible internationally recognized certification for OTs in the Dominican Republic. This has also established an opportunity for a partnership with your agency, which could provide accreditation to other universities and healthcare professionals in the Dominican Republic.

- For agencies, a partnership with PESI, Inc. will provide a credible internationally-recognized certification for OTs in the Dominican Republic. This has also established an opportunity for a partnership with you to bring future trainings in areas of interest for other disciplines within your facility.

- This certificate program would be the only one of its kind in the entire Caribbean. If offered in the Dominican Republic through the Ministry of Education, this could be the mechanism for the establishment of educational partnerships with universities and educational agencies across the Caribbean.
Sources/Messengers

**Messenger Who Will be Addressing the Primary Audience**

Ms. Maribel Paniaguas is the director of the occupational therapy department and program at UCSD. She is also the director of the occupational therapy department at the ADR and the president of the local occupational therapy professional organization. Ms. Paniaguas is one of the founders of the occupational therapy profession in the Dominican Republic and the only occupational therapy program in the country. She has taught and been a mentor to all OT practitioners who have graduated from the OT program at UCSD and are practicing in the Dominican Republic today. She is collaborating with WFOT representatives assigned to the Dominican Republic in the accreditation of the Bachelor’s program. She has established a close relationship of mentorship and trust with the local OTs, and is well known and respected in the profession in the Dominican Republic.

**Messenger Who Will Be Addressing the Secondary Audience**

Martha Rodriguez is a psychologist by trade and technical coordinator for the department of the Office of the First Lady of the Dominican Republic. This office is the founder of the government funded initiative of the Centro de Atencion Integral Para la Discapacidad (CAID). Ms. Rodriguez is an influential stakeholder in all government initiatives that involve children with disabilities and education. She is well respected in this field, as well as in government offices that support and accredit or regulate any initiatives or projects being developed in the area of education and disability.

Claudia Rozo is the program director for the Occupational Therapy Program in the Universidad del Rosario, Bogota, Colombia. She is also one of the WFOT
representatives that is part of the team guiding the accreditation of the OT program in the Dominican Republic. Her knowledge, expertise and background, as well as affiliation with the World Federation of OT, would make her an ideal messenger to address the secondary audience. Her experience with program development, especially with accreditation with her one of the most creditable messengers, will help to establish buy-in from this audience.

**Dissemination Activities**

FOR PRIMARY AUDIENCE: OTs and OT professional organization in the Dominican Republic.

**Table 32.**

<table>
<thead>
<tr>
<th>DISSEMINATION ACTIVITY</th>
<th>PERSON RESPONSIBLE</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(In order of priority)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Electronic Media</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website</td>
<td>Technology staff</td>
<td>Created at least three months prior to any promotional activity</td>
</tr>
<tr>
<td>An interactive website will be developed. The website will serve provide:</td>
<td></td>
<td>Allows for time to troubleshoot, construct, etc.</td>
</tr>
<tr>
<td>• information for all activities and stakeholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• a place for conference/speaking requests (partnerships)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• a place for registration to any conference, courses etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• a place for payment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• a place for (Frequently Asked Questions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• testimonials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• links to resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WebEx</strong></td>
<td><strong>Technology staff</strong></td>
<td><strong>Created at least one month prior any promotional activity</strong></td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Website that is designed for video conferencing. • For OT providers who do not live in Santo Domingo or reside in the neighboring Caribbean countries who would like to “attend” the conference virtually.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Written Information**

<table>
<thead>
<tr>
<th><strong>Newsletters</strong></th>
<th><strong>Ms. Maribel Paniaguas</strong> – Director of OT program UCSD and department at ADR Technology staff Program Assistants</th>
<th><strong>First promotional activity. Three months prior to conference.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A newsletter briefly outlining the three-part series training, its need and benefit. Would contain an announcement of the conference. This would be sent out to all facilities and departments where OT providers are employed and educated. In the Dominican Republic as well as the neighboring Caribbean countries The contact information would be gathered via the <em>Association of Caribbean Occupational Therapists</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Brochure</strong></th>
<th><strong>Technology Staff Program assistants</strong></th>
<th><strong>Second promotional activity. Two months prior to conference</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>It would include: • Promotion of the three-part series training. • Invitation to the conference. • Website address This would be sent out to all OT providers in the Dominican Republic as well as the neighboring Caribbean countries The brochures would be sent to the <em>Association of Caribbean Occupational Therapists</em> who would distribute it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Person-to-person contact</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td><strong>Briefing</strong>&lt;br&gt; (Professional Organization)</td>
<td>Program Director (Myself)&lt;br&gt;Ms. Paniaguas</td>
<td>Scheduled to happen three months prior to conference (at the same time the newsletters go out).&lt;br&gt;Provides three months for board, Ms. Paniaguas and this author to plan and carry out conference as a team.</td>
</tr>
<tr>
<td>A briefing session would be scheduled with the local professional organization. This briefing would outline in detail the project, its need, benefit, and potential impact to the profession. It would also outline the need for stakeholder (Organization) involvement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Conference</strong>&lt;br&gt; A conference would be held for all OTs who were sent the newsletter and brochure. The conference would be held in the form or a “town hall” meeting. The language and tone would be specific to their stake and needs as OT providers. It would be a detailed in-service presenting:</td>
<td>Program Director (Myself)&lt;br&gt;Ms. Paniaguas</td>
<td>Three months after initial newsletters go out.&lt;br&gt;Certificate program sign up deadline would be sent out about three months after this conference</td>
</tr>
<tr>
<td></td>
<td>Board of local professional organization</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Purpose of certificate program&lt;br&gt;• Need&lt;br&gt;• Benefits&lt;br&gt;• Advantages&lt;br&gt;• Long term impact</td>
<td></td>
</tr>
</tbody>
</table>
FOR SECONDARY AUDIENCE: Ministry of Education (Dominican Republic) & Local Universities

**Table 33.**

<table>
<thead>
<tr>
<th>DISSEMINATION ACTIVITY (In order of priority)</th>
<th>PERSON RESPONSIBLE</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Electronic Media</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website</td>
<td>Technology staff</td>
<td>Created at least three months prior any promotional activity with primary and secondary stakeholders</td>
</tr>
<tr>
<td>An interactive website would be developed. The website would serve the following purpose:</td>
<td></td>
<td>Allows for time to troubleshoot, construct, etc.</td>
</tr>
<tr>
<td>• Provision of information for all activities and stakeholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provide a place for Conference/Speaking requests (partnerships)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provide a place for registration to any conference, courses etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provide a place for payment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provide a place for FAQs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Testimonials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Links to resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Written Information</strong></td>
<td>Program Director (this author)</td>
<td>Six months prior to the pilot year of the certificate program and prior to any promotion being completed for the certificate program.</td>
</tr>
<tr>
<td><strong>Person-to-person contact</strong></td>
<td>Program Director (this author)</td>
<td>One month after the pilot year of the certificate program</td>
</tr>
<tr>
<td><strong>Brief</strong></td>
<td>Contract Manager</td>
<td></td>
</tr>
<tr>
<td>I brief is sent out to all identified messengers. This will serve the purpose of creating initial contact, buy-in and a collaborative partnership.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meeting</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This will be a strategic planning meeting with messengers to discuss:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Success of certificate program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Program evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Budget</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• Strategies for reaching stakeholders
• Briefing planning

Briefing
A briefing session will be scheduled where a formal presentation will be made to the department heads of the Ministry of Education in the Dominican Republic, the CAID and the ADR.

The following will be discussed and included:
• Purpose of certificate program
• Need & Benefits
• Advantages
• Results of program evaluation
• Data analysis
• Long term impact for the country
• Funding/Budget

Program Director (this author)
Contract Manager
Ms. Martha Rodriguez
Ms. Claudia Rozo

Three months after the pilot year of the certificate program
- Set out at same time that brochures are disseminated to facilities where OT providers and are educated in the Dominican Republic and the Caribbean.
- Nine months prior to first non-pilot conference start date.

Dissemination Budget

*PRIMARY*: To cover costs needed for dissemination effort for towards primary audience.

**Table 34.**

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROGRAM DIRECTOR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stipend</td>
<td></td>
<td>$ 500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$ 1,500</td>
</tr>
<tr>
<td>Plane Ticket</td>
<td></td>
<td>600</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,800</td>
</tr>
<tr>
<td>Hotel Stay</td>
<td>Breakfast included at Barceló Santo Domingo, 1 mile from the UCSD, for 7 nights.</td>
<td>700</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2,100</td>
</tr>
<tr>
<td>Food Allowance</td>
<td>6 day food allowance</td>
<td>200</td>
</tr>
<tr>
<td></td>
<td></td>
<td>600</td>
</tr>
<tr>
<td><strong>Total cost of Program Director for entire program.</strong></td>
<td></td>
<td><strong>$ 6,000</strong></td>
</tr>
</tbody>
</table>
### Table 35.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Technology Staff</strong></td>
<td>Develops, establishes and monitors all media promotion and propaganda (Website, WebEx, Brochures, and Newsletters).</td>
<td></td>
</tr>
<tr>
<td>Stipend</td>
<td></td>
<td>$ 750.00/mo.</td>
</tr>
<tr>
<td>Website Maintenance</td>
<td></td>
<td>$250.00/year</td>
</tr>
<tr>
<td><em>Total cost of technology for this dissemination – Includes follow up</em></td>
<td></td>
<td>$ 2,000.00</td>
</tr>
</tbody>
</table>

### Table 36.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Assistants</strong></td>
<td>Will complete any photocopying, setting up of equipment and rooms during conferences as well as distributions/mailing of brochures and newsletters.</td>
<td></td>
</tr>
<tr>
<td>Stipend</td>
<td>Per event</td>
<td>$ 100</td>
</tr>
<tr>
<td>Total of 4 assistants</td>
<td>Two events</td>
<td>$400.00</td>
</tr>
<tr>
<td><em>Total cost for dissemination effort</em></td>
<td></td>
<td>$ 800.00</td>
</tr>
</tbody>
</table>

### MISCELLANEOUS

### Table 37.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website Costs</td>
<td>Every Six months $80.00, Yearly $160.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>Photo copying at local print shop</td>
<td>$ 100.00, Three events</td>
<td>$300.00</td>
</tr>
<tr>
<td>Color Brochures</td>
<td>$300.00, One send out</td>
<td>$300.00</td>
</tr>
<tr>
<td>Color Newsletter</td>
<td>$300.00, One Send out</td>
<td>$300.00</td>
</tr>
</tbody>
</table>
SECONDARY: Ministry of Education and the local health care agencies where target occupational therapists practice (CAID & ADR) in the Dominican Republic.

Table 38.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM DIRECTOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stipend</td>
<td></td>
<td>$ 500</td>
</tr>
<tr>
<td>Plane Ticket</td>
<td></td>
<td>$ 600</td>
</tr>
<tr>
<td>Hotel Stay</td>
<td>Breakfast included at Barceló Santo Domingo, 1 mile from the UCSD, for 7 nights.</td>
<td>$ 700</td>
</tr>
<tr>
<td>Food Allowance</td>
<td>6 day food allowance</td>
<td>$ 200</td>
</tr>
<tr>
<td><strong>Total cost of Program Director for entire program.</strong></td>
<td></td>
<td><strong>$ 6,000</strong></td>
</tr>
</tbody>
</table>

Table 39.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technology Staff</td>
<td>Develops, establishes and monitors all media promotion and propaganda (Website, WebEx, Brochures, and Newsletters).</td>
<td>$ 750.00/mo.</td>
</tr>
<tr>
<td>Stipend</td>
<td></td>
<td>$ 750.00/mo.</td>
</tr>
<tr>
<td>Website Maintenance</td>
<td></td>
<td>$ 500.00/year</td>
</tr>
<tr>
<td><strong>Total cost of technology – Includes follow up</strong></td>
<td></td>
<td><strong>$ 2,000.00</strong></td>
</tr>
</tbody>
</table>

Table 40.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Per Activity</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract &amp; Accounts Manager</td>
<td></td>
<td></td>
<td>$1,500.00</td>
</tr>
<tr>
<td>Stipend</td>
<td></td>
<td></td>
<td>$ 1,500.00</td>
</tr>
<tr>
<td>Plane Ticket</td>
<td></td>
<td></td>
<td>$ 600</td>
</tr>
<tr>
<td>Hotel Stay</td>
<td>Breakfast included at Barceló Santo Domingo, 1 mile from the UCSD, for 7 nights.</td>
<td>700</td>
<td></td>
</tr>
<tr>
<td>Food Allowance</td>
<td>6 day food allowance</td>
<td></td>
<td>$ 600</td>
</tr>
<tr>
<td><strong>Total cost of Contract and Accounts Manager for entire program</strong></td>
<td></td>
<td><strong>$ 4,500</strong></td>
<td></td>
</tr>
</tbody>
</table>
Table 41.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Assistants</td>
<td>Will complete any photocopying, setting up of equipment and rooms during conferences as well as distributions/mailing of brochures and newsletters.</td>
<td></td>
</tr>
<tr>
<td>Stipend</td>
<td>Per event</td>
<td>$100</td>
</tr>
<tr>
<td>Total of 4 assistants</td>
<td>Two events</td>
<td>$400.00</td>
</tr>
<tr>
<td><strong>Total cost for dissemination effort</strong></td>
<td></td>
<td><strong>$800.00</strong></td>
</tr>
</tbody>
</table>

COMMUNICATION (TELEPHONE/POSTAGE)

Table 42.

<table>
<thead>
<tr>
<th>Feature Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adding international roaming capabilities to U.S. cellular plans for program director and contract/accounts manager:</td>
<td>$300</td>
</tr>
<tr>
<td>- Communication to the Dominican Republic prior to each trip: $30.00 flat rate per month (whether individual uses plan for the duration of the time or not) ea. on AT&amp;T cellular plan.</td>
<td></td>
</tr>
<tr>
<td>- Communication during the week each stay in the DR $30.00 flat rate</td>
<td></td>
</tr>
<tr>
<td><strong>Total cost for 3 trips, 2 cellular plans</strong></td>
<td><strong>$300</strong></td>
</tr>
</tbody>
</table>

MISCELLANEOUS

Table 43.

<table>
<thead>
<tr>
<th>Expense Type</th>
<th>Remarks</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website Costs</td>
<td>Every six months $80.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>WebEX</td>
<td>Yearly $160.00</td>
<td>$49.00</td>
</tr>
<tr>
<td>Photo copying at local print shop</td>
<td>$100.00</td>
<td>Three events $300.00</td>
</tr>
<tr>
<td>Color Brochures</td>
<td>$300.00</td>
<td>One send out $300.00</td>
</tr>
<tr>
<td>Color Newsletter</td>
<td>$300.00</td>
<td>One Send out $300.00</td>
</tr>
</tbody>
</table>
Evaluation

DISSEMINATION ACTIVITIES FOR PRIMARY AUDIENCE

Table 44.

<table>
<thead>
<tr>
<th>Electronic Media</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Website</td>
<td>An interactive website would be developed. We will track how many of the individuals visit the website. This will be considered a successful activity if at least half of the individuals interested use the website for at least 3 of its intended uses.</td>
</tr>
<tr>
<td>WebEx</td>
<td>Website that is designed for video conferencing.</td>
</tr>
<tr>
<td></td>
<td>• This author will first need to determine how many providers live outside of the city of Santo Domingo. This will include OT providers living in the neighboring Caribbean countries. Then this author will determine what percentage of that use the WebEx system to log on to the conference.</td>
</tr>
<tr>
<td></td>
<td>• If at least half of the ones who demonstrated interest logged on, then it will be considered a successful activity.</td>
</tr>
<tr>
<td>Written Information</td>
<td></td>
</tr>
<tr>
<td>Newsletters</td>
<td>Success will determined by at least half of the quantifiable response of the employees at these facilities. If at least half of the employees at each facilities move forward to coming to the conference or at least making an inquiry at the website, it will considered a success.</td>
</tr>
<tr>
<td>Brochure</td>
<td>• This activity would be considered a success if at least half of the OT practitioners who receive the brochure attend the conference, or if 75% inquire regarding the program or the conference.</td>
</tr>
<tr>
<td></td>
<td>• The brochures would be sent to the Association of Caribbean Occupational Therapists who would distribute it.</td>
</tr>
<tr>
<td></td>
<td>• This will be considered a success for this population (neighboring countries) if at least half of the OT practitioners who receive a brochure inquire about the program/conference.</td>
</tr>
<tr>
<td>Person-to-person contact</td>
<td></td>
</tr>
<tr>
<td>Briefing</td>
<td></td>
</tr>
<tr>
<td>(Professional Organization)</td>
<td></td>
</tr>
</tbody>
</table>
This activity will be considered a success if at least half of the board commits to being involved in the conference and in the dissemination activities for the secondary audience.

### Conference

A conference will be held for all OTs who were sent the newsletter and brochure.

- This activity will be considered a success if at least half of the OT practitioner who were reached (in the Dominican Republic) attend.

### DISSEMINATION ACTIVITIES FOR SECONDARY AUDIENCE

**Table 45.**

<table>
<thead>
<tr>
<th><strong>Web Site</strong></th>
<th>For this audience the website will only serve as a resource.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Written Information</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Brief</strong></td>
<td>This activity would be considered successful if the audience members commit to being messengers and partners in the dissemination process for this audience.</td>
</tr>
<tr>
<td><strong>Person-to-person contact</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Meeting</strong></td>
<td>This activity will be considered a success if the participants agree to the program plan and commit to carrying it out.</td>
</tr>
</tbody>
</table>
| **Briefing** | A briefing session will be scheduled, where a formal presentation will be made to the department heads of the Ministry of Education in the Dominican Republic, the CAID, and the ADR.  
The following will be discussed and included:  
- The briefing session will be considered a success if at least one of the following occurs:
  - At least one of the organizations agrees to endorse the project (by name or financially)
  - At least one of the organizations agrees to finance the project.
  - At least one of the organizations agrees to adopt the project as an initiative |
CHAPTER 7

CONCLUSION

Potential Significance of the Program

With an estimated 80% of people with disabilities living in developing countries (UNESCO, 2006; WHO, 2007), and more than 50 million (approximately 15%) of people with disabilities living in Latin America and the Caribbean, it has been found that about 80% of people with disabilities (including children) in developing countries currently struggle to acquire the most basic of needs (Lockwood, 2010). When it comes to education for children in developing countries, where general primary education for millions of school-age children is far from guaranteed, children with special needs are further marginalized, with little chance that their needs will be met or their aspirations realized (Reed, 2011). This has also been a reality for many children with special needs in the Dominican Republic (Paniaguas, 2014).

We know that solving this problem of non-inclusive education is best done by training the professionals working in education (Stough, 2003; Frankel et al., 2010). The OT profession follows a client-centered approach to the end goal of supporting health and participation in life through engagement in occupations (Campbell et al., 2013). This client-centered approach makes the OT profession and OT professionals an ideal fit for training to work with children with special needs in education and the staff who teach them.
Innovation

However, only 25% of OTs in developing countries report that CPE of any kind is easily available (Amerih, 2013). This certificate program may be the first and only training program in the Dominican Republic (M. Paniaguas, 2014) and all neighboring developing countries to make school-based training accessible to OTs and the OT profession.

If adopted by both primary and secondary audiences in the Dominical Republic, this certificate program will begin to plant a seed to change a current long-standing paradigm and culture in both school and health professions, through the introduction of inclusive service delivery. Ultimately, it would also contribute to the fulfillment of one of the major requirements towards accreditation of the OT program at UCSD by WFOT (C. Rozo, 2014 and M. Paniaguas, 2014). This would make the occupational therapy program at UCSD the only accredited program in all of the Dominican Republic and the Caribbean. It would be one of a handful of program that is accredited in Latin America.

Improving practice

Specifically, this certificate program is aimed at training OTs to learn skills in evaluation, planning, and service delivery in school settings. These are areas where OTs have an important role (Burton et al., 2013). By training OTs already practicing in the Dominican Republic, this certificate program will play an active role in opening the doors in OT practice in the Dominican Republic. This will create opportunities such as the provision of training that would make available the skills and expertise needed to contribute to the opening of a new practice area (school-based therapy), and the provision
of access to training and knowledge that could make available new field-work opportunities (student placement in schools).

**Contribution to the OT Profession**

If successful, this project holds the potential to not only be a model for OT practice in schools in the Dominican Republic, but also in Latin America, by providing training that would contribute to meeting requirements for accreditation and program development in other countries. The Latin-American Confederation of Occupational Therapists, *Confederacion Latino-Americana de Terapeutas Ocupacionales* (CLATO), is an international organization of different associations of occupational therapists in Latin America. When CLATO was unanimously accepted into WFOT at the Council Meeting in Mariefred, Sweden in 2002, they had nine country members: Argentina, Brazil, Colombia, Chile, El Salvador, Venezuela, Costa Rica, Mexico, and Peru (Sinclair, 2011). CLATO President Antonieta Rivas de Puche noted at the time that “establishing formal links and recognition by the WFOT would greatly support the organization of its activities, particularly in promoting and protecting the interests of the profession when dealing with other professional groups, regional, national, and international institutions and organizations” (Sinclair, 2011).

This certificate program would be a model that sets a standard in continuing education for OT practice in the Caribbean, Latin America, and possibly many more developing countries around the world. It could open doors, much like in the Dominican Republic, by providing educational resources and opportunities for the OT profession.
This way, we can continue working towards the globalization of occupational therapy by bridging gaps in pediatric care, through education in occupational therapy practice.
APPENDIX A:

Course Descriptions and Course Objectives


Course Description

Gain an understanding of the client’s priorities and his or her problems when engaging in occupations and activities (AOTA, 2011). Learn to address factors that influence occupational performance, including: performance skills (e.g., motor and praxis skills, sensory-perceptual skills, emotional regulation skills, cognitive skills, communication and social skills); performance patterns (e.g., habits, routines, rituals, roles); contexts and environments (e.g., physical, social, cultural, virtual, personal, temporal); activity demands (e.g., required actions, body functions); and client factors (e.g., values and beliefs; mental, neuromuscular, sensory, visual, perceptual, digestive, cardiovascular, and integumentary functions and structures). Desired outcomes are identified to guide future actions with the client.

Course Objectives

1. Demonstrate knowledge of primary and secondary conditions that impact occupational engagement related to school systems.
   a. Meeting criteria: Complete a case study.

2. Demonstrate knowledge of relevant evidence specific to evaluation in school systems.
   a. Meeting criteria: Complete a literature review.
3. Demonstrate the ability to administer standardized assessments specific to school systems, consistently integrating clinical observations throughout the evaluation process.
   a. Meeting criteria: Client-based case study and self-analysis video.

4. Demonstrate the ability to synthesize and interpret assessment data and clinical observations related to the client, context, and performance in school systems.
   a. Meeting criteria: critical reasoning scenarios (case studies).

COURSE II: *Service delivery and therapeutic intervention* - Evidence based intervention, performance skills, and critical reasoning.

*Course Objectives*

1. Demonstrate knowledge of relevant evidence specific to intervention in school systems.
   a. Meeting criteria: Read peer-reviewed paper.

2. Demonstrate the ability to perform interventions that are unique to school systems, while integrating impact of varying client factors and contexts.
   a. Meeting criteria: Client-based case study, self-analysis of video recording.

3. Demonstrate the ability to select, plan, and modify interventions in school systems based on evidence and evaluation data.
   a. Client-based case study.

4. Demonstrate the ability to recognize immediate and long-term implications of psychosocial issues related to conditions found in clients in school systems, and
demonstrates the ability to modify therapeutic approach and occupational therapy service to deliver accordingly.

a. Client-based case study.

COURSE III: *Network and advocacy* – Ethical practice, advocacy for change, networking, implications for the profession.

*Course Objectives*

1. Ethical practice: Demonstrate the ability to identify ethical implications associated with the delivery of services in school systems, and demonstrate the ability to articulate a process for navigating through identified issues.
   a. Read article on three ethical practice scenarios, one for each of the following: client-based, fiscal and regulatory, scope of practice.

2. Establishing network: Demonstrate the ability to establish and collaborate with referral sources and stakeholders to help the client and relevant others achieve outcomes that support health and participation in the area of school systems.
   a. Meeting criteria: Review case study regarding marketing activities and available volunteer leadership opportunities.

3. Advocacy for change: Demonstrate the ability to influence services for clients (person, organization, and population) in school systems through independent or collaborative education or advocacy activities.
APPENDIX B

Sample Pre-Test

1. What are two assessments an OT could be administered in a specific school system?
   a. The Allen Cognitive Levels (ACLS) and The Wechsler Intelligence Scale (WISC)
   b. Sensory Profile and Wide Range Assessment of Visual Motor Abilities (WRAVMA)
   c. None of the above

2. The purpose of a standard score is:
   a. To illustrate points accumulated
   b. To provide an age equivalent
   c. To compare an individual’s score to the average for their age
   d. All of the above

4. When administrating a standardized assessment consider:
   a. Establishing a baseline
   b. Adjusted Age
   c. Chronological Age
   d. All of the above
APPENDIX C

Course One: Sample Syllabus

Day One (Client Factors and Performance)

SCHOOL FUNCTIONAL ASSESSMENT (SFA)

Authors: Wendy Coster, PhD, OTR/L; Theresa Deeney, EdD; Jane Haltiwanger, PhD;
Stephen Haley, PhD, PT (1998)

The School Function Assessment (SFA) is used to measure a student’s
performance of functional tasks that support his or her participation in the academic and
social aspects of an elementary school program (grades K–6). It was designed to facilitate
collaborative program planning for students with a variety of disabilities. The instrument
is a judgment-based (questionnaire) assessment that is completed by one or more school
professionals who know the student well and have observed his or her typical
performance on the school-related tasks and activities being assessed. Items have been
written in measurable, behavioral terms that can be used directly in the student’s
Individual Educational Plan (IEP). The SFA is comprised of three parts: Part I,
Participation; Part II, Task Supports; and Part III, Activity Performance (Coster, Deeney,

Age range: Kindergarten through grade 6.

Administration: Individual scales can be completed in as little as 5 to 10 minutes.

Norms: Criterion-referenced ratings.

Publication Date: 1998
AREAS ADDRESSED THIS DAY

- Diagnostic consideration
- Reliability and validity
- Administration
- Scoring
- Synthesis and interpretation (implications for function in schools)
- Case study in group
- Volunteer/observation or expert witness

Day Two (Motor-Gross & Fine Across Development)

BRUININKS-OSERETSKY TEST OF MOTOR PROFICIENCY, Second Edition (BOT-2)

Authors: Robert H. Bruininks, PhD; Brett D. Bruininks, PhD (2005)

The BOT-2 is an individually-administered measure of fine and gross motor skills of children and youth, 4 through 21 years of age. It is intended for use by practitioners and researchers as a discriminative and evaluative measure to characterize motor performance, specifically in the areas of fine manual control, manual coordination, body coordination, and strength and agility. The BOT-2 has both a Complete Form and a Short Form (Deitz, Kartin, & Kopp 2007).

AREAS ADDRESSED THIS DAY

- Diagnostic consideration
- Reliability and validity
- Administration
- Scoring
- Synthesis and interpretation (implications for function in schools)
- Case study in group
- Volunteer/observation or expert witness
- Video self-analysis (Attendee will administer assessment and complete a critical analysis of administration)

Day Three (Visual Motor and Visual Perception)

WIDE RANGE ASSESSMENT OF VISUAL MOTOR ABILITIES (WRAVMA)

Authors: Wayne Adams, PhD; David Sheslow, PhD (1995)

The WRAVMA is a well-standardized tool that provides a reliable, accurate evaluation of visual-motor skills of children and adolescents aged 3–17 years. The WRAVMA assesses three areas using three tests: the Drawing (Visual Motor) Test, the Matching (Visual-Spatial) Test, and the Pegboard (Fine Motor) Test. The norms for each test were derived from the same standardization sample of 2,600 children, permitting a psychometrically-sound comparison of a child's overall visual-motor ability. Although each WRAVMA test can be used individually, all three tests can be administered in combination, yielding a comparison of a child's integrated visual-motor ability with the skill areas of visual-spatial and fine motor abilities.

AREAS ADDRESSED THIS DAY

- Diagnostic consideration
- Reliability and validity
- Administration
- Scoring
- Synthesis and interpretation (implications for function in schools)
- Case study in group
- Volunteer/observation or expert witness
- Video self-analysis (Attendee will administer assessment and complete a critical analysis of administration)

MOTOR-FREE VISUAL PERCEPTION TEST-4 (MVPT-4)

Authors: Ronald P. Colarusso, EdD, and Donald D. Hammill, EdD (2015)

The MVPT-4 assesses visual perception, and is especially helpful with those who may have learning, physical, or cognitive disabilities. This test can be used for screening, diagnosis, treatment planning, or research by educators, psychologists, occupational therapists, optometrists, and others who need a quick, accurate measure of visual–perceptual skills.

The MVPT-4 assesses five categories of visual perception:

Visual Discrimination: Ability to discriminate dominant features of different objects, including the ability to discriminate position, shapes, and forms.

Spatial Relationship: Ability to perceive the positions of objects in relation to oneself and to other objects.

Visual Memory: Ability to recognize a previously presented stimulus item after a brief interval.
**Figure-Ground:** Ability to distinguish an object from background or surrounding objects.

**Visual Closure:** Ability to perceive a whole figure when only fragments are presented.

**AREAS ADDRESSED THIS DAY**

- Diagnostic consideration
- Reliability and validity
- Administration
- Scoring
- Synthesis and interpretation (implications for function in schools)
- Case study in group
- Volunteer/observation or expert witness
- Video self-analysis (Attendee will administer assessment and complete a critical analysis of administration)

**Day Four (Sensory Perception)**

**SENSORY PROFILE**

**Authors:** Winnie Dunn, PhD, OTR, FAOTA (2014)

The Sensory Profile™ 2 family of assessments provides standardized tools to help evaluate a child's sensory processing patterns in the context of home, school, and community-based activities. These significantly revised questionnaires evaluate a child's unique sensory processing patterns from a position of strengths, providing deeper insight to help you customize the next steps of intervention. The forms are completed by
caregivers and teachers, who are in the strongest position to observe the child's response to sensory interactions that occur throughout the day.

Assessments to be reviewed:

**Child Sensory Profile 2:** Caregiver questionnaire for children ages 3–14 years.

**Short Sensory Profile 2:** Caregiver questionnaire for children ages 3–14 years. Items on this questionnaire, which are drawn from the Child Sensory Profile 2, are highly discriminating and provide quick information for screening and research programs.

**School Companion Sensory Profile 2:** Teacher questionnaire for students ages 3–14 years.

- (Also available) **Spanish Caregiver Form** for Infant, Toddler, or Child; and Short questionnaires in paper-and-pencil or online formats.

AREAS ADDRESSED THIS DAY

- Diagnostic consideration
- Reliability and validity
- Administration
- Scoring
- Synthesis and interpretation (implications for function in schools)
- Case study in group
- Volunteer/observation or expert witness

**Day Five (Conclusion)**

- Additional considerations (i.e. cognitive, communication, and social skills)
- Implications for treatment
- Analysis and completion of course criteria
- Exit assessment
- Course evaluation
APPENDIX D
FACTSHEET

Globalizing Occupational Therapy:
Bridging gaps in the pediatric care of the Dominican Republic, through education in school-based occupational therapy

Yaritza Croussett,
MOT, OTR/L
OTD Candidate

FACTS
- 600 million people with disabilities exist worldwide
- 80% live in developing countries
- 50 million living in Latin America and the Caribbean alone
- Increased challenges providing education to children with disabilities in schools

MEDICAL MODEL
(Past theory driving practice)
- Mechanical view of illness and the body it occurs in.
- Child is at fault
- Impairment becomes focus
- Child segregated

SOCIAL MODEL
(New theory driving practice)
- Child is valued
- Barriers are identified
- Training provided to parents and professionals

INCLUSION
(Result of new theory)
- Values active participation of every child as a full member of his or her family, community, and society.
- Aims to wipe out barriers in the education system by bringing all children into regular education.
- A RIGHT of individuals with disability

PROBLEM
Students with disabilities in the Dominican Republic are taken out of their natural environment for treatment. No available training to bridge gap in services delivery.
NEED FOR PROGRAM
Access to continuing education opportunities for occupational therapists. A way for occupational therapist to learn how to bridge gap.

GOAL OF PROGRAM
Provide therapists in the Center for the Comprehensive Treatment of Disabilities (CAID) and The Dominican Association of Rehabilitation (ADR), as well as therapists not working in the CAID or ADR, with the skill set and competency to deliver occupational therapy services to children with a disability within the educational context (schools) in the Dominican Republic.

DELIVERY - Three courses in the three major areas of school-based practice:

COURSE I
Evaluation and Diagnostics —
Election, administration and scoring and interpretation of evaluation and diagnostic tools

COURSE II
Service Delivery and Therapeutic Intervention —
Evidence based intervention, performance skills, and critical reasoning when providing intervention in schools.

COURSE III
Network and Advocacy —
Ethical practice, advocacy for change, networking, implications for the profession and ongoing staff development and training.

RESULT
- Pioneer program in continuing education.
- Provides essential skills not provided in university programs
- Provides: essential skills, behaviors, actions, habits, and abilities to achieve the desired goals and objectives of the institution or practice setting

REFERENCES
APPENDIX E

Executive Summary

Introduction

The literature reports that approximately 600 million people with disabilities currently exist worldwide, all of whom encounter physical and/or social boundaries within cultural life (UNESCO, 2006; World Health Organization [WHO], 2007). Of this total, it is estimated that 80% of people with disabilities live in developing countries (UNESCO, 2006; WHO, 2007). More than 50 million (or approximately 15%) people with disabilities live in Latin America and the Caribbean. 80 percent live in impoverished conditions, lack employment, and encounter social exclusion (Lockwood, 2010) and countless challenges in education for children with disabilities (Ajodhia-Andrews & Frankel, 2010).

This project specifically focuses on the country of the Dominican Republic. Receiving therapy services has also historically been a challenge, for children with disabilities who attend schools in the Dominican Republic (C. De Medina, personal communication, July 25, 2013). Occupational therapists are experts at identifying ways to engage students in educational activities and supporting them to develop competence in their roles as students (Burton, Holahan, Laverdure, & Muhlenhaupt, 2013). The Dominica Republic uses a framework currently that resembles the medical model as a guide in providing occupational therapy treatment (M. Paniaguas, personal communication, July 17, 2014). This and a lack of knowledge in regards to the benefits of
occupational therapy and inclusion (treatment/intervention in context) has caused efforts to be pursued through standards of practice that continue to encourage treating a child out of the natural environment.

**Key Findings**

Evidence has supported that achieving inclusive education is best done by training the professionals working in education (Frankel et al., 2010). However, in some countries, especially in developing countries, CPE opportunities are scarce or nonexistent (Griscti & Jacono, 2006). Of the occupational therapist surveyed in developed and developing countries, only 25% of OTs in developing countries reported that CPE was easily available. In contrast, 67% of OTs in developed countries reported that CPE was easily available (Amerih, 2013). Occupational therapists have an important role in evaluation, planning, and service delivery in school settings, because occupational therapists’ possess skills such as task analysis, the use of technology, specialized equipment, and environmental modification (Burton et al., 2013). In many developing countries in the world—for example, in countries such as India and Bangladesh (Ahsan et al., 2012), Cuba (Reed, 2011), Zambia (Chuzu & Ostrosky, 2014) and Guyana (Ajodhia-Andrews & Frankel; 2010), the literature has proven that prior experience and training on children with disabilities contributes to more skilled preparation in order to more effectively work in inclusive classrooms.

For occupational therapy practitioners, the changing populations that they serve necessitate training focused on increasing the value and scope of occupational therapy
services, in collaboration with health and rehabilitation partners (Case-Smith, Cleary, Darragh, Page, Rybski, 2014). In the Dominican Republic, it was reported that there are no specialized personnel or continuing education opportunities available for occupational who address skills needed to provide OT services in schools (Paniaguas, personal communication, July 17, 2014).

Project Overview

This project proposes the development of a course/certificate program that would provide occupational therapists in the Dominican Republic that provide pediatric therapy services to children that are school aged in the two major centers (the Centro de atencion integral para la discapacidad and the Associacion Dominican de Reabilitacion) with continuing professional education. With the Social model of disability as the frame of reference, the program would provide occupational therapists in these centers the skillset and competency needed in order to provide occupational therapy services that are specifically geared to a school-based population within the educational context. This program has the long-term goal of establishing a new area of practice in occupational therapy in the Dominican Republic in order to advocate for the inclusion of all children in schools.

This certificate program would consist of three one-week professional development courses in three major content areas or need for practice in school as identified by AOTA, WFOT and Literature (AOTA, 2013; Burton et al., 2013; WFOT, 2012): Evaluation and diagnostics, service delivery and intervention, networks and advocacy. The training/certificate program has been designed in such a way that after the
completion of all three courses, an OT in the Dominican Republic would be able to prove competency in the three major areas of school-based practice. I have chosen the criterion for AOTA’s “Specialty Certification in School Systems” (AOTA, 2013) as a model for the courses in the program. Each course would develop one of the major competency content areas needed to practice in schools. The courses are:

1. EVALUATION AND DIAGNOSTICS (Election, administration and scoring & interpretation). In this course participant will gain knowledge of primary and secondary conditions that impact occupational engagement related to school systems. They will gain knowledge of relevant evidence specific to evaluation in school systems. They will also learn to administer standardized assessments specific to school systems, consistently integrating clinical observations throughout the evaluation process as well as synthesize and interpret assessment data and clinical observations related to the client, context, and performance in school systems.

2. SERVICE DELIVERY AND INTERVENTION (Evidence based intervention, performance skills, and critical reasoning). In this course participants will gain knowledge of relevant evidence specific to intervention in school systems. They will learn to perform interventions that are unique to school systems, while integrating impact of varying client factors and contexts. They will also gain the ability to select, plan, and modify interventions in school systems based on evidence and evaluation data as well as recognize immediate and long-term implications of psychosocial issues related to
conditions found in clients in school systems, and demonstrates the ability to modify therapeutic approach and occupational therapy service to deliver accordingly.

3. NETWORKS AND ADVOCACY (Ethical practice, advocacy for change, networking, implications for the profession). In this course participants will learn to demonstrate the ability to identify ethical implications associated with the delivery of services in school systems, and demonstrate the ability to articulate a process for navigating through identified issues. They will learn to establish and collaborate with referral sources and stakeholders to help the client and relevant others achieve outcomes that support health and participation in the area of school systems. They will also learn to influence services for clients (person, organization, and population) in school systems through independent or collaborative education or advocacy activities.

**Recommendations**

The courses are recommended to be provided in order. All three courses are not required to be taken immediately following each other to receive certification. However, all courses must be completed within three years of commencing the series. Completion of all three courses would be required in order for participants to receive certification from the program via an established continuing education organization such as PESI, Inc. The Dominican Republic’s official language is Spanish. It is also a country that is still developing and has limited resources compared to developed countries (Paniaguas, personal communication, July 17, 2014). It is recommended that the training/certificate
be provided by facilitator with expertise in the above areas. Spanish. This team of facilitators is recommended to be Spanish-speaking. It is recommended that grants and available local resources be analyzed in order to lower costs of attending the program for local occupational therapists.

**General Conclusions**

This program would help bring evidence-based practice (EBP) to the profession of occupational therapy in the Dominican Republic. It would do this by teaching service provision in the client-centered approach that makes the OT profession and OT professionals an ideal fit for training to work with children with special needs in education and the staff who teach them. This certificate program may be the first and only training program in the Dominican Republic (M. Paniaguas, 2014) and all neighboring developing countries to make school-based training accessible to OTs and the OT profession. If adopted in the Dominical Republic, this certificate program will begin to plant a seed to change a current long-standing paradigm and culture in both school and health professions, through the introduction of inclusive service delivery. This project would be a model for OT practice in schools in the Dominican Republic, it would also be a model for practice in Latin America, by providing training that could contribute to meeting requirements for accreditation and program development in other countries as well. It could open doors, much like in the Dominican Republic, by providing educational resources and opportunities for the OT profession. This way, we can continue working
towards the globalization of occupational therapy by bridging gaps in pediatric care, through education in occupational therapy practice.

Appendix References


References


CURRICULUM VITAE

Personal
Croussett, Yaritza Esthela
MOT, OTR/L

15071 Leicestershire St.
Woodbridge, VA 22191
(909) 553-4455
Croussetty@gmail.com

Education
Master’s of Occupational Therapy  June 2004
Loma Linda University (Loma Linda, CA)
- Concentrations in research, teaching strategies, and business building

Bachelor’s of Science in Health Science  June 2003
Loma Linda University (Loma Linda, CA)

Occupational Therapy Assistant Associate  June 2000
Loma Linda University (Loma Linda, CA)

Credentials and Licenses
Professional Licensure and Certification
- NBCOT (National Board of Certification for OT) – OT registered
- CBOT (California Board of OT) – OT licensed in California, 2006 – 2012
- Washington DC licensing Board – OT licensed in Washington DC, 2010 – Present

Memberships in Professional Organizations
- Washington DC Secondary Transitions Community of Practice, 2014–Present
- AOTA (American Occupational Therapy Association), Member, 2009–2010
- School-Based Occupational Therapy Council for Region 10, 2006–2010
**Professional Experience/Positions Held**

District of Columbia Public Schools  
Program Manager, occupational and physical therapy programs  
August 2015–Present

- Develop overall program strategy and clear, specific, and performance measures for multiple projects and operational priorities; and translate targets into individual work goals and deliverables for the provider community and program
- Determine resource needs for program success within context of broader DCPS strategy and initiatives. Ensure that resources are efficiently managed, able to provide data that supports how resources directly or indirectly support students
- Help manage the analysis and presentation of data and progress of data-driven initiatives for senior management team and external audiences; communicates progress to key stakeholder groups; and incorporate their input. Respond to information and data requests completely, and with attention to deadlines
- Establish systems of support to related service providers that are performing at less than optimal levels.

MOTORvi, LLC  
Company Founder  
October 2013–Present

Provision of Therapy, Consultation, and Staff Development Services

Friendship Public Charter School  
Secondary Transition CoP coordinator  
August 2014–June 2015

Key Responsibilities

- Provide daily and ongoing leadership for the transition teams overseeing high school and junior academy transitions into the community;
- Provide daily and ongoing leadership for community of practice team at FPCS;
- Evaluate the effectiveness of existing transition services;
- Provide on-going analysis of current research-based strategies and integrate regular staff development opportunities for staff involved in transitions;
- Establish and maintain relationships with local agencies promoting and supporting transitions for individuals with disabilities in Washington DC.
Friendship Public Charter School  
Occupational Therapy Lead  
August 2013–June 2014  
Key Responsibilities  
- Provide daily and ongoing leadership for Occupational Therapy team by overseeing daily operations of professional therapists and student interns assigned to the therapy programs;  
- Evaluate the effectiveness of existing therapy services programs in order to assure quality by implementing changes in delivery of service or alternative programs;  
- Monitor performance of staff through the use of performance-based measures including structured observations, self-analysis, and/or portfolio development;  
- Provide ongoing analysis of current research-based strategies and integrate regular staff development opportunities for staff and student interns;  
- Establish and maintain contracts for fieldwork and internship experiences with local universities.  

Friendship Public Charter Schools  
Occupational Therapist  
August 2010–August, 2015  
Key Responsibilities  
- In collaboration with the family and interdisciplinary team, provide direct and indirect services for a designated caseload, consisting of assessment/screening, treatment, consultation, report writing, statistical recording, parent contact, program development and community education;  
- Provide therapy intervention programs and/or consultation services for school or home environments;  
- Maintain caseload records (i.e., treatment notes, quarterly progress notes, and deliverables);  
- Supervise one COTA, and co-supervised three additional student therapists.  

Etiwanda School District  
Assistant Program Developer  
Occupational Therapist  
January 2006–June 2010  
Key Responsibilities:  
- In collaboration with the family and interdisciplinary team, provide direct and
indirect services for a designated caseload, consisting of assessment/screening, treatment, consultation, report writing, statistical recording, parent contact, program development, and community education;
- Provide therapy intervention programs and/or consultation services for school or home environments;
- Development of fieldwork guidelines for OT and OTA student intern level II;
- Co-developed Occupational Therapy Dept. Guidelines for Etiwanda School District;
- Supervise two COTAs, and co-supervised three additional student therapists.

Loma Linda University Medical Center  Occupational Therapist
July 2006–July 2008
Key Responsibilities
- Provided initial and re-evaluations for patients (pediatric to geriatric) in acute care as well as long-term care and rehab hospital settings

Rehab Care  Occupational Therapist
September 2004–December 2006
Key Responsibilities:
- Provide initial and re-evaluations for patients (pediatric to geriatric) in acute care, long-term care, hand therapy clinic, and neuro-rehab hospital settings;
- Deliver treatment intervention and family education in all the above settings;
- Assist and consulted in developing an outpatient pediatric clinic.

Membership in Service Organizations
- Director of Women’s Ministries Department at local religious organization;
- Coordinating women’s ministries and all sub-group activities from January 2015 – Present;
- Prints of Hope International;
- Children’s Ministries leader during international humanitarian trips, 2010–present;
- A.L.S.A.D. Ministries (Adventistas Latinos Sirviendo A Dios);
- Assistant Sub-Director ALSAD Ministries, 2010;
- Director of Children’s Ministries, 2010;
- Co-director of Children’s Ministries, 2009;
- Director of Social Activities, 2007–2008;
- Children's Choir Co-Director (Aspen Hill Spanish Church, MD).

Presentations and Lectures