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Creating Opportunities for OT-OTA Student Learning Through Community Collaborations

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Abstract

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Keywords

Intraprofessional education, OT-OTA collaboration, OT-OTA role delineation

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ABSTRACT

Providing occupational therapy (OT) and occupational therapy assistant (OTA) students with collaborative educational experiences can foster an understanding of role delineation and lay the foundation for positive relationships in future work environments. Offering these experiences during the didactic portion of the curriculum can provide a deeper understanding of the OT-OTA relationship and encourage greater intraprofessional collaboration in fieldwork settings and as practitioners. This project was an intraprofessional educational experience between students enrolled in a graduate OT master's degree program and students enrolled in an OTA program. In the first phase students met and socialized with each other, discussed role delineation, completed case studies, and planned group interventions. In the second phase, students led groups at a community based work activity center for adults with intellectual disabilities and spent more time in intraprofessional collaboration as they debriefed and discussed their experience. To assess student understanding and perceptions of the learning experience, a survey was administered to all student participants for the past two years, 2016 and 2017. The majority of the 78 respondents agreed or strongly agreed that the preparatory meeting and implementation of groups increased understanding of the OT-OTA role and role delineation; the learning experience promoted a beginning working relationship between the OT-OTA; the learning experience was effective in promoting the application of learned skills/information; and they would recommend this learning experience for future OT-OTA students.

INTRODUCTION
Providing occupational therapy (OT) and occupational therapy assistant (OTA) students with collaborative educational experiences can foster an understanding of role delineation and lay the foundation for positive relationships in future work environments. The Accreditation Council for Occupational Therapy Education (ACOTE, 2012) standard B.4.5 requires educational programs to address the role of the OT and OTA in the screening and evaluation process. ACOTE standard B.9.8 focuses on the supervisory roles, responsibilities, and collaborative relationship that is expected between the OT and OTA. Furthermore, the American Occupational Therapy Association (AOTA, 2014) publishes guidelines summarizing OT-OTA supervision, roles, and responsibilities as an official document for the profession. To enable students to effectively understand each other's roles and enter the profession with the ability to collaborate effectively in the delivery of occupational therapy services, educational programs need to offer experiential educational experiences that allow OT and OTA students the opportunity to interact. Offering these experiences during the didactic portion of the curriculum provides for a deeper understanding of the OT-OTA relationship.

Research of OT-OTA relationships in the work environment is scarce. Dillon (2002) interviewed 22 pairs of OT-OTA teams and identified three primary themes that impacted the relationship. These themes included two-way communication, the need for mutual respect, and the importance of professionalism. Most of the interviewees who discussed these factors had previous experience working in intraprofessional teams and reported learning from these prior experiences to enhance their current working relationships. Positive OT-OTA relationships in clinical settings can enhance the quality and scope of OT services provided; therefore, providing experiential learning experiences to OT and OTA students in the classroom as a first step to developing skills for successful intraprofessional collaboration is key.

Costa, Molinsky, and Sauerwald (2012) reviewed the literature and found multiple examples of collaborative learning for OT and OTA students provided in fieldwork experiences. They described the collaborative learning model and its value compared to the traditional model and proposed strategies for its application in OT fieldwork education. Jung, Salvatori, and Martin (2008) provided an example of intraprofessional fieldwork education in Canada. Seven teams of OT and OTA students were placed in clinical settings and educated on intraprofessional collaboration through integrated weekly tutorials including time for group discussion and provision of resource documents on current intraprofessional issues. Focus groups and journaling were employed to gather qualitative data. Understanding roles and developing the OT-OTA relationship were two of the themes that emerged as supporting intraprofessional OT-OTA learning. These findings support intraprofessional learning as students to promote future collaborative practice. This study built on a previous intraprofessional fieldwork education study (Jung, Sainsbury, Grum, Wilkins, & Tryssenaar, 2002), which identified a need for increased education on intraprofessional collaboration and roles during the fieldwork experience to enhance student understanding.

Fewer examples of collaborative learning were found in didactic coursework, largely due to the difficulties in bringing students from different programs together for shared experiences (Costa et al., 2012). Scheerer (2002) presented one example of an OT-OTA collaboration that was successful. A developmental Partnering Model was implemented into the coursework for OT and OTA students using experiential learning activities that allowed students to practice and develop interaction, teamwork, and collaboration skills. Providing collaborative experiences to all students during coursework is optimal as not all fieldwork experiences provide opportunities for OT-OTA interaction.

Johnston, Ruppert, and Peloquin (2013) presented another example of a successful OT-OTA collaboration that occurred during the didactic portion of the curriculum for both the OT and the OTA students. This collaborative intervention planning experience included six components and was centered around a simulated patient reviewed in an electronic medical record. Interactions occurred by email initially and then face-to-face. Students engaged in individual analysis of data, clinical reasoning, and intervention planning. In the face-to-face meeting, students discussed goals and intervention plans and provided feedback to each other. Learning occurred through dialogue, discussion, and role play. Student feedback over seven years of implementing this experience was very positive, and the authors emphasized that introducing students to the intraprofessional relationship in the classroom provides for a more effective partnership in practice.

Greenberg and Plotnik (2011) designed a professional ethics collaboration between OT and OTA students which consisted of a one-hour ethics presentation by an occupational therapist followed by a one-hour session in which small OT-OTA groups deliberated an assigned ethical scenario. After the small group discussions, the large group focused on developing recommendations. The authors discussed the importance of offering collaborative learning experiences to ease tension that may accompany OT-OTA relationships in the clinical setting when there has not been previous exposure, and for the development of understanding regarding OT-OTA collaboration.

Concerns regarding intraprofessional collaboration are not isolated to the OT profession. Other health professions, such as physical therapy (PT), dentistry, and nursing, have also reported the need to provide intraprofessional education for their respective students. Mathews, Smith, Hussey, and Plack (2010) discussed a concern over inadequate education of PT students and physical therapy assistant (PTA) students regarding the role of each and understanding of the preferred PT-PTA relationship. They concluded that increased PT-PTA student education and interaction may facilitate preferred PT-PTA relationships in practice. Brame, Mitchell, Wilder, and Sams (2015) conducted a study with dental, dental hygiene, and dental assisting students to assess their attitudes towards and their perceptions of intraprofessional education. Survey data and focus group results indicated support for increased intraprofessional communication and revealed that their understanding of one another's roles was limited. Leonard, Shuhaibar, and Chen (2010) surveyed undergraduate nursing students to explore perceptions of engaging in an intraprofessional simulation

experience. Results from qualitative analysis of the data supported role recognition by increasing awareness of individual strengths and skills based on level of nursing education at the time of the experience. Students could identify their unique contributions and reported positive intraprofessional team dynamics as a result of the simulation experience.

The purpose of this paper is to describe an intraprofessional educational experience between students enrolled in a graduate OT master's degree program and students enrolled in an OTA program. The programs are located in separate schools approximately 12 miles apart; the graduate OT program is located in an academic medical center and the OTA program is located in a community college. Faculty in both programs reported having enjoyed collaborating together to design a meaningful and enjoyable opportunity for students to learn from each other.

DESCRIPTION OF THE PROJECT

The project was designed to promote mutual respect and understanding of the OT-OTA working relationship. It was embedded into the summer semester; the OT students participated during the fourth semester of their curriculum as part of their *Psychosocial I* course and the OTA students participated during their first semester of coursework as part of their *Group Processes and Dynamics* course. The experience occurred before students were scheduled for Level II Fieldwork.

This collaborative experience was successfully implemented from 2012 – 2017. A few minor adjustments were made over the years as faculty determined how to optimize the learning experience. The project was designed to occur in two phases which are outlined in the following paragraphs.

Phase One

The focus of phase one was on socialization between the OT and OTA students, education on role delineation, and collaboration for simulated evaluation and intervention planning. During this phase, the OTA students hosted the OT students at their campus for the initial meeting, collaboration, and planning aspects of the project. The community college campus where the OTA program is offered was chosen for the meeting place for logistical reasons such as convenient parking and availability of a space conducive to the planned events (see Table 1).

Table 1

Phase One Agenda

Time	Activity
8:15 – 9:00	Breakfast / Social
9:00 – 10:00	Faculty Presentation OT-OTA Role Delineation Community Site Description Assignment Details
10:00 – 11:30	Intraprofessional Team Collaboration Case Study/Discussion Group Protocol Writing Faculty Approval of Group Plan

On the day of the event, OT students were welcomed to the campus and offered an array of refreshments, prepared and set up by the OTA students, in a lobby outside the lecture hall. During this time, socialization between the two student groups was encouraged and facilitated by faculty. All students then attended a presentation given by faculty reviewing OT-OTA academic preparation and role delineation, as well as project instructions. The community site where students implemented the group interventions in phase II of the project was described in detail to assist students with planning.

Each year 44-45 OT students and 24-25 OTA students participated in the learning experience. The students were divided into 12 intraprofessional groups each consisting of 3-4 OT students and 2-3 OTA students. Each group was provided with a case study (see Appendix A) typical of a client they may encounter at the community-based work site they visited in the second phase of the experience. The teams of students analyzed the case study and, based on their findings, collaborated to develop a group protocol (see Appendix B) containing basic goals and themed therapeutic activities. Once faculty approval was obtained, students planned the details of group implementation, deciding which students would be responsible for obtaining materials and performing specific tasks.

Throughout the collaborative process, the students identified and discussed their roles to gain an understanding of how they would work together as part of an intraprofessional team. Before departing, the students shared contact information to enable communication should any finalizations or changes need to take place.

Phase Two
The focus of the second phase of the experience was on continued collaboration, implementation of the group protocol, and reflection of the experience. In this phase, the students met at a community-based work activity center for adults with intellectual disabilities. As the community site cannot accommodate all 12 intraprofessional groups on the same day, this phase of the experience was carried out on two separate dates within the summer semester (see Table 2).

Table 2

Phase Two Agenda

Time	Activity
9:15	Students Arrive at Site
9:15 – 9:45	Intraprofessional Groups Convene Client Groups are Assigned to Students Students Set-up for Group Activities
9:45 – 11:30	Students Implement Group Activities Student / Client Introductions Introduction of Activities to Clients Activity Implementation Students Conclude Groups Each Group Debriefs
11:30 – 12:00	Debriefing Facilitated by Faculty Students Reflect on Collaborative Aspect of Experience Students Reflect on Outcomes of Groups OT-OTA Role Discussion

Upon arrival at the site, each of the six intraprofessional groups present that day were assigned an area to execute their group activities. The students were introduced to the staff supervising the clients they would be working with, set up their area, organized materials and finalized details prior to meeting their designated group of clients. Once clients arrived in the area, students initiated introductions, introduced the themed activities, and began group implementation. The groups ran for 90 minutes on average. Two college faculty remained on site throughout the experience and alternated between groups to oversee activities and to facilitate improved outcomes as needed. Students concluded the groups with a wrap-up, thanked and dismissed the clients, and began the cleanup process. The students were encouraged to leave remaining materials and instructions with the staff for the clients' future use. The staff were typically very grateful for the ideas and materials shared by the students.

To conclude the experience, each student group debriefed, assessed, and reviewed the intraprofessional collaborative aspect of the experience as well as their group outcomes. Prior to leaving the site, faculty led all students in a whole group discussion of their experience including an overview of the role of the OT and OTA in this type of setting. Additionally, each student individually completed a reflection assignment in his or her respective course to facilitate synthesis of the experience.

ASSESSMENT
To assess student understanding and perceptions of the learning experience, a survey was administered to all student participants over the course of the past two years, 2016 and 2017. The survey was conducted anonymously and included four statements with a six-point Likert response scale on a continuum of strongly agree to strongly disagree. Survey statements were developed by the OT and OTA instructors based on a thorough

discussion of the learning objectives of the experience. The first statement was designed to assess student perceptions regarding increased understanding of the OT-OTA relationship. This statement focused on acquisition of knowledge of role delineation while the second statement was designed to assess if the experience promoted an experiential opportunity to engage in a student OT-OTA collaboration that simulated a potential working relationship. The third statement was designed to assess student perceptions of the effectiveness of the learning experience and the fourth statement was focused on student perception of the value of the experience by recommendation for continuation of the experience with future students. Survey results are provided for the OT graduate students, the OTA students, and for the OT and OTA students combined (see Table 3).

Table 3

2016/2017 OT-OTA Collaboration Survey Results

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
Statement 1	The preparatory meeting and implementation of groups increased my understanding of the OT-OTA role and role delineation.					
OT Students (n=44)	29.5% (13)	47.7% (21)	18.2% (8)	0	4.5% (2)	0
OTA Students (n=34)	44.1% (15)	38.2% (13)	17.6% (6)	0	0	0
OT-OTA Students (n=78)	35.8% (28)	43.5% (34)	17.8% (14)	0	2.5% (2)	0
Statement 2	The learning experience promoted a beginning working relationship between the OT-OTA.					
OT Students (n=44)	56.8% (25)	34.1% (15)	4.5% (2)	2.3% (1)	2.3% (1)	0
OTA Students (n=34)	55.8% (19)	29.4% (10)	11.7% (4)	0	0	2.9% (1)
OT-OTA Students (n=78)	56.4% (44)	32.0% (25)	7.7% (6)	1.3% (1)	1.3% (1)	1.3% (1)
Statement 3	The learning experience was effective in promoting the application of learned skills/information.					
OT Students (n=44)	45.5% (20)	38.6% (17)	15.9% (7)	0	0	0
OTA Students (n=34)	61.7% (21)	32.3% (11)	5.8% (2)	0	0	0
OT-OTA Students (n=78)	52.5% (41)	35.8% (28)	11.5% (9)	0	0	0

Table 3 Continued	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
Statement 4	I would recommend this learning experience for future OT-OTA students.					
OT Students (n=44)	52.3% (23)	29.5% (13)	15.9% (7)	2.3% (1)	0	0
OTA Students (n=34)	70.5% (24)	23.5% (8)	5.8% (2)	0	0	0
OT-OTA Students (n=78)	60.2% (47)	26.9% (21)	11.5% (9)	1.3% (1)	0	0

For the two years combined, there were 89 OT graduate students who participated in the learning experience; 44 graduate students completed the survey for a 49% response rate. There were 47 OTA students who participated in the learning experience; 34 OTA students completed the survey for a 73% response rate. Combined, there were 136 OT and OTA students who participated in the learning experience and 78 of these students completed the survey for a 57% overall response rate.

Of the 78 OT-OTA students who responded to the survey, 79% agreed or strongly agreed that the preparatory meeting and implementation of groups increased understanding of the OT-OTA role and role delineation; 88% agreed or strongly agreed that the learning experience promoted a beginning working relationship between the OT-OTA; 94% agreed or strongly agreed that the learning experience was effective in promoting the application of learned skills/information; and 87% agreed or strongly agreed that they would recommend this learning experience for future OT-OTA students.

Independent t-tests were run to compare differences in OT and OTA responses for each statement (see Table 4). No significant differences were detected between the OT and OTA responses for the first three statements. A statistically significant difference was found for statement four ($p<.05$) in that OTA students recommended the learning experience for future students at a significantly higher rate than OT students. Overall, all students responded to statement four in the range of "somewhat agree" to "strongly agree" with the exception of one OT student who responded with "somewhat disagree" to this statement.

Table 4

Statistical Analysis of OT and OTA Responses

	n	M	SD	t	P (Sig. 2-tailed)
Statement 1				-1.446	.152
OT	44	4.98	.95		
OTA	34	5.26	.75		
Statement 2				0.524	.601
OT	44	5.43	.79		
OTA	34	5.32	1.04		
Statement 3				-1.69	.095
OT	44	5.29	.73		
OTA	34	5.56	.61		
Statement 4				-2.036	.045
OT	44	5.32	.83		
OTA	34	5.65	.59		

DISCUSSION

These experiential learning experiences have resulted in multiple successes for both groups of students. Results indicated that the experience facilitated a beginning working relationship. These working partnerships were fostered during the social aspect of the experience and during the implementation of planned groups. Student awareness of role delineations were noted to have developed during faculty presentations and the group planning process, while an appreciation of role differences and similarities emerged throughout the learning experience. Any pre-existing negative perceptions were likely to have changed as the students socialized, planned, learned, and worked together. Results also indicated, in survey statement four, that the participants recognized the distinct value of the learning experience and would recommend it for future students. OTA students rated this statement significantly higher than OT students, as more OTA students rated this statement as "strongly agree" and more OT students rated this statement as "somewhat agree". While statistically significant, the overall ratings were positive for both groups for statement four, and there was not a significant difference in results for the first three statements. The instructors discussed this finding but did not identify a clear reason for this result. If future surveys replicate this finding, additional data will be collected to discern potential reasons for this difference.

To enhance student learning, and to guide the students toward identified learning goals, slight modifications were made as deemed appropriate over a period of time. These modifications were implemented as a result of dialogue amongst faculty and included the addition of case studies to guide group planning, and organized multi-group debriefings. The case studies have provided students with an increased understanding of the clients that attend the facility and participate in the OT groups. This allowed for more in-depth discussion in the group planning process. The case study discussion also

supports ACOTE standard B.4.5, which directs educational programs to address the role of the OTA and OT in the screening and evaluation process, and ACOTE standard B.9.8 regarding OT-OTA roles and responsibilities (ACOTE, 2012). It was also beneficial to provide more structure to the debriefing session after group implementation. The debriefing session included discussions regarding what worked well and what did not work well in the group implementation and additional discussions were encouraged to focus on OT-OTA role delineation in this type of setting. Collaboration is a key component in the OT process as practitioners interact with intraprofessional and interprofessional team members during the provision of OT services (Scheerer, 2002; Steinert, 2005). Engaging the OT and OTA student in collaborative learning experiences is valuable and provides a format in which structured, goal-oriented interactions move the learner toward the desired learning outcome (Jung et al., 2008). This OT-OTA collaborative learning experience provided opportunities for students to engage in intraprofessional learning in a manner that promoted an increased understanding of roles and role delineation, developed mutual respect, encouraged application of skills, and provided an opportunity to initiate a productive, cooperative working relationship. The dynamic nature and context of the learning experience provided an opportunity for students to develop both intraprofessional and clinical skills relevant to practice. While the goal of the learning experience was to provide students with the opportunity to effectively engage in collaborative intraprofessional learning, OT educators who developed the learning experience envisioned a long reaching goal of optimal client outcomes as graduates assimilate learning from the experience into practice.

While the featured learning experience occurred face to face, barriers to this type of engagement exist. Logistics may prevent in-person planning and implementation of client experiences; however, collaborations may be facilitated via various technological means in which students could engage in interactive discussions, planning sessions, and debriefings. For programs that want to replicate this experience, connecting via communication technologies opens the door of opportunity for intraprofessional learning. Educators may choose to use these technologies to create unique learning experiences with colleges across the U.S. and countries across the globe. Near ideal circumstances, such as those highlighted, are not required for a successful collaborative learning experience. The potential for creative, engaging, collaborative learning need not be limited to in-person interactions. Additionally, to replicate this experience, collaborative relationships amongst OT and OTA faculty are required, and flexibility in scheduling experiences is needed. A strong commitment to providing experiential opportunities to students will support the management of logistics in designing a positive student experience.

LIMITATIONS
While the project's outcomes indicated the positive benefits of the experience, limitations have been identified. Limitations included a relatively small sample size with participants representing one well-established OT master's program located in an academic medical center and one well-established OTA program located in a community college. The two programs are near each other and the instructors have a

strong collaborative relationship. Program location, instructor relationships, and the overall design of an OT-OTA learning experience focused on promoting and developing the working relationship may vary greatly and influence the outcome of the learning experience.

The use of a non-standardized testing instrument was another limitation of this project. Data collected was limited to quantitative results from the four survey statements over two consecutive implementations of this learning experience. While all three instructors noted informal feedback to be positive, qualitative data may have supported and strengthened the results of this educational experience. Future data collection will employ a mixed methods approach to data collection.

The length of each experience was also acknowledged as a limitation. Each experience was relatively short consisting of two sessions per student group. This was unavoidable due to the length of the semester, the number of students participating, and site availability. The educational experience was completed with a specific client population and context which may also impact student perceptions; however, there was no indication that it impacted the students' views of the collaborative component of the experience. It was anticipated that the experience of collaboration would influence student interactions as they entered practice. The authors acknowledged that student perceptions, attitudes, and personal experiences prior to the learning experience may also be potential limitations.

Ethical considerations that were considered to assess outcomes included student anonymity, confidentiality, and informed consent. The survey was completed anonymously with no ability to link responses to individual students. Students were informed of the purpose and that completion of the survey was optional, though encouraged to support effectiveness of the learning objectives. No penalty was imposed for noncompletion of the survey, as the survey was anonymous. Required approval through institutional review boards was followed per each institution's requirements. Researchers worked collaboratively to ensure accuracy and objectivity as data was gathered and analyzed.

Implementation of the learning experience was planned collaboratively each year with staff at the community site to ensure student activities were supportive of the program and the clients. Positive feedback was received each year with continual support for student engagement. No adverse client outcomes were identified as a result of this learning experience. An instructor was always present at the community site during implementation of the learning experience for supervision and guidance.

IMPLICATIONS FOR OCCUPATIONAL THERAPY EDUCATION
Although the sample size for the data gathered over the past two years was relatively small, this data, and student feedback over the past six years, validated the positive impact of the collaborative learning experience. The authors acknowledge that student attitudes, experiences, context of the learning experience, and dynamic variables such as client responses, had a direct impact on student perceptions of the experience

overall. However, the results implied that the learning experience may be replicated with similar outcomes. As a result of this outcome, we recommend implementation of intraprofessional collaborative experiences to enhance student learning.

The embedded experiential learning experiences have resulted in the establishment of strong foundational relationships for our students, which can benefit future relationships in the work environment. After meeting in the classroom setting, some students have been placed in the same clinical setting or have seen each other at conferences or in the community, thus allowing for further relationship building to occur. Fostering these relationships for students early in the curriculum establishes a culture of collaboration, which promotes positive intraprofessional interactions in future work settings. In the OT-OTA working relationship the OT supervises the OTA; however, the relationship should be considered a collaborative process in which both individuals can develop and learn through effective communication (Jacobs & MacRae, 2017, p. 628).

This topic is timely as it addresses the need for education regarding the OT-OTA working relationship in the curriculum. Providing opportunities for students to learn about each other's roles, responsibilities, and scope of practice early in the curriculum can provide understanding in the face of differences in educational preparation. Focusing on similarities and core concepts of the profession as opposed to differences is also important in fostering effective collaboration and is valuable in the development of partnerships in the workforce. Working together efficiently and effectively can increase outcomes, productivity, quality of care, and patient satisfaction (Dillon, 2002). Future studies to support the long-term implications of embedding OT-OTA experiential learning experiences into the curriculum are suggested.

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Appendix A

Case Study Example

<u>**Case Study A**</u>

Miriam is a 24 y/o female with a dx of moderate intellectual disability. She resides with her parents who provide assistance for homemaking, finance management, community mobility and to ensure that personal care is thoroughly completed. Miriam attends a community based work activity center 5 times a week. The staff at the center report Miriam has difficulty communicating her wants and needs and often becomes frustrated during interactions with peers and staff due to this issue. In addition, Miriam has difficulty recognizing personal space and boundaries and will often stand in too close proximity to others while socializing. The staff state that Miriam has difficulty sequencing the steps of tasks such as preparing a simple snack or completing the assembly jobs she is assigned at the facility. It is reported that Miriam is energetic, outgoing, but impulsive. She enjoys learning new things, dancing, and scrapbooking.

<u>**Directions:**</u>

Based on the case study, write a brief occupational profile, identify and list the client's areas of strength and areas of impairment. Indicate in the plan of care area of this form, 3-4 areas of impairment you will address during your group intervention. Plan your group activities based on your findings. Use the provided group template for group planning.

Occupational Profile:
Areas of Strength:
Areas of Impairment:
Plan of Care: **BADL   IADL   Sensory Modulation   Sensorimotor   Ther Ex Cognition** **Social Skill Development   Cognition   Emotional Regulation**

Appendix B

Group Protocol Example

Group Protocol
Student Name(s): Student A, Student B, Student C, Student D, Student E
Group Name: "Lets go to Mexico!"
Group Description: Clients will participate in activities which promote social skills and life skill development. Therapeutic activities utilized to promote skill development will include: fabrication and stamping of passports, packing a "suitcase", assembling a "taco", decorating a sombrero and participating in a Mexican Hat Dance.
Date: 6/30/17
Time: 9:45 – 11:30
Place: Community Based Work Activity Center for Adults with Intellectual Disabilities
Number of Group Members: 15-25 clients
Goals: (2-4 broad group goals addressed through group engagement) 1. Group member will utilize appropriate proximity to others during group activities. 2. Group member will accurately complete sequencing of steps required for presented therapeutic activities. 3. Group member will demonstrate the ability to make appropriate choices during craft activities 4. Group member will monitor and adjust behavioral responses during group interactions.
Inclusion/Referral Criteria: 1. Clients who are able to tolerate 30-45 minutes of group activity. 2. Clients who demonstrate the need for social and life skill development.
Exclusion Criteria: 1. Clients who are highly aggressive 2. Clients who are easily over-stimulated 3. Clients who are disruptive to the group

Media / Materials:
Speakers, smart phone, downloaded music
Castanets
Construction paper, glue, markers, stickers, scissors, stamps and stamp pad
Cash box with pretend money
Tables and chairs

Method:
Students are dressed in costume upon arrival to site. Designated area and materials for group are set up prior to clients arriving to area.
1. Students introduce themselves to Mexican music using castanets one at a time. Clients are passed the castanets and introduce themselves.
2. Introduction to the "trip": Students ask clients if they've heard of, seen pictures or shows of, or have been to Mexico. Students briefly describe the activities that will take place.
3. All clients will be seated at table and given a paper "passport" which they can write their names on and decorate using markers and stickers with assistance as needed.
4. Students will place pre-cut pictures of clothing and grooming items on the table surface and pass out paper "suit-cases" which the clients will "pack" by gluing chosen pictures into their "suitcase".
5. Clients will then line up and get their "passports" stamped to begin their journey to Mexico.
6. Clients will board the plane and disembark in Mexico.
7. Students will play Mexican music at this point.
8. Students will give clients their paper sombrero and the clients will go through an assembly line choosing the materials and decorating their sombrero.
9. Clients will then be organized into a circle and students will lead them in a Mexican hat dance providing assistance as needed and/or adapting the activity for clients that may have balance issue by providing a chair and alternative method of participation.
10. After dancing, the clients will be given "money" to spend at a taco bar which they will go through choosing and communicating the toppings they want for their taco (gluing them on to the paper taco) and paying the "cashier".
11. The clients will again board the designated area which is the "plane" and when they disembark they will be back at the facility.
12. To conclude the group, clients and students will discuss what they enjoyed most about their trip.
13. Students thank clients for participating and dismiss the group.
14. Students clean the area.