

Japanese Society of Clinical Occupational Therapy

**1st International  
/ 5th Japanese  
Congress of Clinical  
Occupational Therapy**

**Advanced  
Occupation-based  
Practice**

**2018/07/21 sat. - 22 sun.  
Fukuoka, Japan**

Keynote

"The Art & Science of Occupational Therapy."

Tufts University

Dr. Linda Tickle-Degen (PhD, OT)

<https://5thcot.jimdo.com/>



# Invitation

## Advanced Occupation-based practice



**Kounosuke Tomori**

PhD, OT  
Congress Chair  
Tokyo University of  
Technology  
Associate professor

Historically, Japanese occupational therapist had “imported” occupation-based models or tools from foreign countries. However, we believe our unique and/or advanced Japanese models or tools and practice to the other countries is worth “exporting ” For Japanese occupational therapists, please do not be afraid to share your Japanese occupation-based practice. And for the foreign occupational therapists, please import the Japanese occupation-based practice has been progressed greatly owing to in the advanced health care system and the highest elderly society. Please join us and learn about our occupation-based practice. We hope to make this an opportunity to gain an inspiration and ideas of our practice through this international congress.

Moreover, our next goal is to accumulate evidence for the occupation-based practice. For the fifth Japanese/International congress of Clinical Occupational Therapy, we invite Dr. Tickle-Degnen from Tufts University, to share her knowledge on how to build the evidence of occupation-based practice. Dr. Tickle-Degnen is an expert at providing “scientific” evidence for the “artistic” aspect of occupational therapy, such as self-management, self-initiative, and client-centered therapy. Also, we plan to special symposium or workshop regarding occupation-based practice. We believe this congress will encourage all of our members to the next step of your practice and research.

「日本に点在する作業を大切にした実践者の思いを共有し、育みたい」 その思いで本学会を立ち上げ、早5年が経過しました。幸いに多くの会員の賛同が得られたばかりか、生活行為向上マネジメントなど時勢の後押しもあり、当初の願いがいよいよ現実に近づいています。そこで今回は5年後に作業療法がどう有りたいのか、その目標を共有できるような学会にする予定です。そのため、初の国際学会を開催することにしました。これまで我が国では海外の作業療法を「輸入」してきましたが、近年では「輸出」も可能になってきました。臆することなく日本型の「作業に焦点を当てた実践」を発信してください。そして海外の臨床家、研究者から話を「聞く」のではなく、「交流」してください。相互交流によって、皆様の中に沢山のインスピレーションやアイデアが生まれる機会になればと思います。もう一つの目標は、「作業に焦点を当てた実践」に関するエビデンスの共創です。これまで「作業に焦点を当てた実践」が有用であることは事例レベルで共有できたので、次の目標としてエビデンスの質を高めることが必要になってきます。今回はTufts大学のTickle-Degnen L教授をお招きし、作業療法におけるエビデンスについて、特に作業療法の「Art」の部分を「Science」に置き換えるためのヒントをいただきたいと思っています。

皆様の臨床や研究のNext Stepになることを期待しています。

# Keynote

## The Art & Science of Occupational Therapy



**Linda Tickle-Degnen**

PhD, OT, FAOTA  
Tufts University  
Professor, Director of Health  
Quality of Life Lab

A major strength of occupational therapy is its long tradition of bringing the arts and sciences into its knowledge base and practice. Yet art is often treated as separate from science; as originating from different paradigms, core values, and requiring different practice skills. This separation puts us at risk of underestimating their points of intersection and their vital synergy for inspiring and serving clients. There are few guides as to how to align and bridge the two paradigms, in practice and in research, without minimizing the rigor or centrality of either art or science. This presentation proposes that the current model of evidence-based practice should be re-framed to create a stronger bridge between art and science. The current model adheres to the scientific paradigm, which deflects our attention from the value of the art paradigm. On the other hand, the intellectual processes and organizational structure of an evidence-based practice model provide an ideal platform for bridging art with science. A conceptual model along with concrete examples stimulate an interactive dialog with the audience. We evaluate the degree to which a re-

framed evidence-based practice model is likely to create a synergy between art and science that better serves client outcomes than separated art and science paradigms of practice.

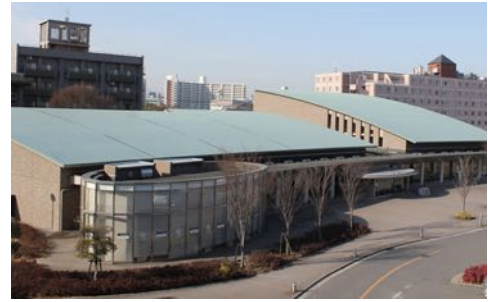
作業療法の大きな強みは、アートとサイエンスを叡智と実践として紡いできた長い伝統といえる。にもかかわらず、アートはとかくサイエンスとは異なるものとして扱われる。なぜならば、アートとサイエンスは、異なるパラダイムや中核となる価値感、異なる実践スキルを必要とするからである。しかし、アートとサイエンスを分離することは、我々がクライアントを励まし尽くすために極めて重要といえるアートとサイエンスの相乗効果や共鳴性を過小評価する危険性に繋がる可能性がある。一方、アートやサイエンスの厳格や重要性を損なうことなく、どのようにこれらの2つのパラダイムを一例に並べ、繋ぎ合わせるのか、そのガイドは実践においても研究においてもほとんどみられない。このプレゼンテーションでは、実証に基づく実践（Evidence-based practice: EBP）の現行のモデルは、アートとサイエンスとの間により強固なつながりを作り出すために再構築されるべきであると提言する。現行のモデルはサイエンスのパラダイムに固執しており、我々の注意をアートのパラダイムのもつ価値からそらしてしまう。

一方、知的方法であり組織的に構造化された実証に基づく実践（EBP）モデルは、アートとサイエンスの橋渡しをする理想的な土台をもたらしてくれる。そして、この概念的なモデルに対して具体的な例を用いることは、皆様との活発な討議を引き出すことになるだろう。我々は、再構築された実証に基づく実践モデルが、どの程度アートとサイエンスのパラダイムの相乗効果を生み出すか検討したい。そして、その実践モデルに基づいた介入が、アートとサイエンスを分離させた実践と比べて、より大きな訓練効果を生むか否かを検討する。

# ACCESS

## Centennial Hall Kyushu University School of Medicine

3-1-1 Maidashi Higashi-ku Fukuoka City 812-8582  
Japan



### 【Subway】

#### ◎ Fukuoka Airport - 13minutes

Fukuoka-Kuko(Airport)Sta. → (Subway Kuko Line)  
→Nakasu-kawabata Sta. (Transfer Subway Hakozaki-Line)  
→Maidashi-Kyudaibyoinmae Sta. ※Exit 7 → 8minute walk

#### ◎ Hakata Station 10minutes

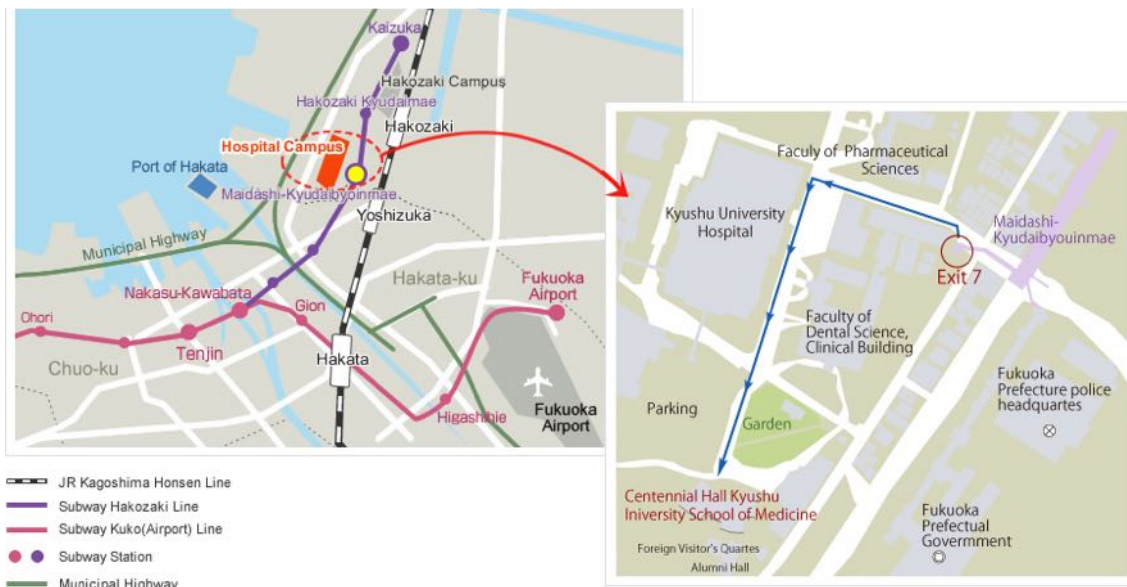
Hakata Sta. → (Subway Kuko Line)  
→Nakasu-kawabata Sta. →(TransferSubway Hakozaki Line)  
→Maidashi-Kyudaibyoinmae Sta. ※Exit 7 →8minute walk

### 【Taxi】

◎Fukuoka Airport 15minutes

◎Hakata Station 10~15minutes

※The travel time depends on traffic situation.



# Program

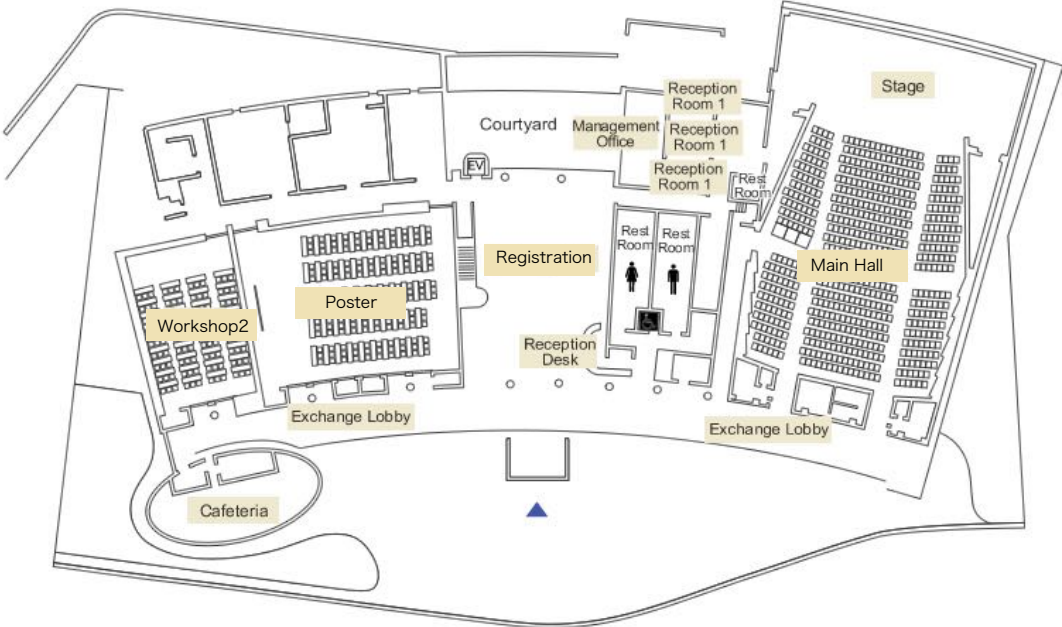
Day1 21st July				
9:00	<b>Registration</b>			
10:00	<b>Opening Ceremony</b> Lecture of congress chair Advanced Occupation-based practice Kounosuke Tomori			
10:20	<b>Symposium</b> Our occupation-based practice Korea, Singapore, Taiwan, Malaysia, Australia, Japan			
12:20	<b>Lunch</b>			
13:30	<b>Oral-1</b> Seokyeon J (Korea) <b>Poster 1</b>			
14:40	<b>Oral-2</b> Misaki K (Japan) <b>Poster 2</b>			
16:00 -17:30	<b>Workshop</b> <table border="1"> <tr> <td><b>Paretic arm in stroke patients</b> Takebayashi T (Japan) Huang PC (Taiwan)</td> <td><b>Dementia care</b> Kyoungmin L (Korea) Tanaka H (Japan)</td> <td><b>School-based OT</b> Seokyeon J (Korea) Yamaguchi S (Japan) Ling-Yi L (Taiwan)</td> </tr> </table>	<b>Paretic arm in stroke patients</b> Takebayashi T (Japan) Huang PC (Taiwan)	<b>Dementia care</b> Kyoungmin L (Korea) Tanaka H (Japan)	<b>School-based OT</b> Seokyeon J (Korea) Yamaguchi S (Japan) Ling-Yi L (Taiwan)
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18:30	<b>Reception</b> (With the style Fukuoka)			

Day2 22nd July	
9:30	<b>Oral-3</b> Suzuki T <b>Poster 3</b>
10:40	<b>Oral-4</b> Chupradit S <b>Poster 4</b>
11:50	<b>General meeting (member only)</b>
12:10	<b>Lunch</b>
13:30	<b>Keynote Lecture</b> 「The Art & Science of Occupational Therapy」 Linda Tickle-Degnen PhD, OT, FAOTA Tufts University Tomori K, Takahashi K
15:00 -15:30	<b>Commendation / Closing</b>

# Floor information

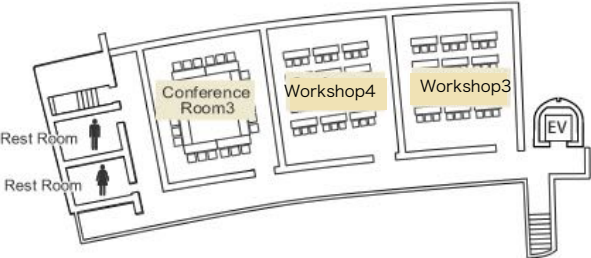
1F

Floor Plan



2F

Floor Plan





# Presentation

## INSTRUCTIONS FOR ORAL PRESENTATION:

- ▶ Presentation time is 7 minutes, Q & A session is 3 minutes (Total 10 minutes).
- ▶ All of oral presentations are requested to be a PowerPoint presentation file, which are written on a CD, a DVD, or saved in a USB-port thumb drive. Please note that your storage device as your own risk. If presentation slides are prepared with Macintosh, please bring your own Macintosh and RGB connector.
- ▶ Please prepare your PowerPoint slides in English and oral session should be presented in English.
- ▶ PowerPoint 2003, PowerPoint 2007 and PowerPoint 2010 are pre-installed to the secretariat PC.
- ▶ PowerPoint slide will be submitted at the speaker's desk on the day.

## INSTRUCTIONS FOR POSTER PRESENTATION:

- ▶ Poster presentations are a free discussion style. Presenters are required to be with their poster for the entire 1-hour block of time.
- ▶ Since there is no chairperson, participants will be free to view the posters and to discuss with presenters during the allocated time.
- ▶ You will be allocated a poster board according to your "Poster No.", poster size: A0 (A zero) portrait format (H1189mm x W841mm) (Including title, name, and affiliation).
- ▶ Poster is should be prepared in English or Japanese language. Some volunteer translators will help the presenters, please ask them if necessary.
- ▶ Please ensure that posters are removed by the specified time. After a specified period of time, we will remove a poster.

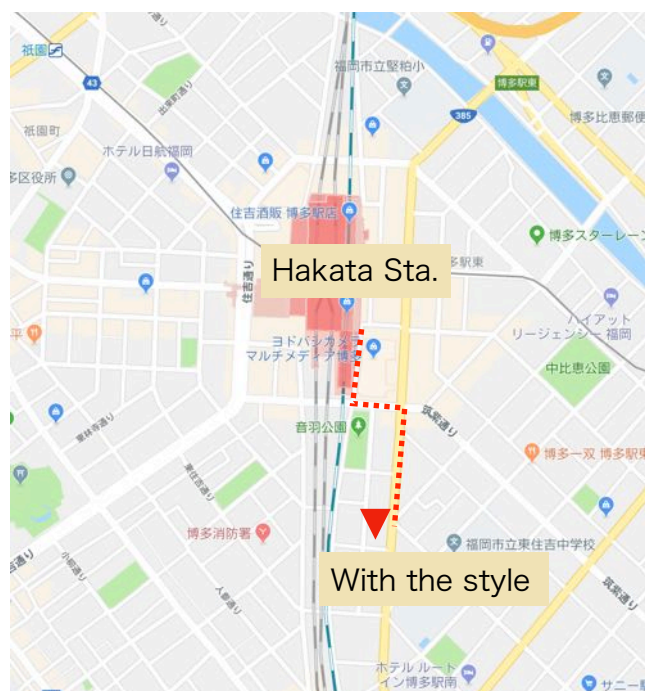
# Reception



You can apply directly at the venue on 21st July (¥5,500)

## With the style

- ▶ Hakata Sta. Chikushi Ext → 8 minute walk





# Symposium

## Our Occupation-based practice

### Chinese Taipei

**Hung-Hsuin Ko (MS, OT) Taipei Nangang Seniors Service Center**

**The application of assistive technology device on OT intervention of dementia reminiscence therapy**

As Taiwan government increasingly pay attention to long-term care, “Taiwan Dementia Policy: A Framework for Prevention and Care” was developed in 2014. It will become a guideline on integrative planning and policy implementation from the government. Therefore, therapists have increasingly interested in working in facility, community and home care. Occupational therapist has an important role in the care team of dementia. This lecture will introduce how occupational therapist use assistive technology device in reminiscence therapy activity to help the client with dementia maintain and delay degeneration.

### Singapore

**Shuet Fong CHENG (OT) Abilities Beyond Limitations and Expectations Ltd**

**Occupational Therapy and Return-to-Work**

Work is a major contributor to the occupational well-being of adults in Singapore. Adults with acquired disability, often require support and services to return to work, due to personal challenges and job demands.

Availability of community services for Return-To-Work (RTW) clients in Singapore are few, compared to services for other rehabilitation constituents like the older adults and children, but developing rapidly.

Abilities Beyond Limitations and Expectations (ABLE), Singapore, is a social service organization, with a mission “to enable the physically challenged to live with dignity and to have a productive, meaningful and independent life”. Occupational therapists (OT) are members of a multi-disciplinary team that serves clients with mainly physical impairments, to return to work. The team comprise the case manager, employment support specialist, occupational therapist, physiotherapist and training coordinator. Re-employment may be with an existing employer or, for a new job placement. OTs can contribute to various aspects of the client’s RTW journey, including being the Return-to-Work coordinator, to identify appropriate

service requirements based-on a RTW framework. RTW interventions are prioritized to enable client's early return-to-work with an existing employer, or if for job placement, to improve client's employability. Occupation-focused interventions, often simulated work activities, are used to enable pre-vocational readiness, work conditioning or work hardening. OTs are also involved in job exploration, development of commuting-for-work options, specific work place modifications or work re-design, and, reducing other barriers for RTW, like client's personal coping strategy for organizational demands.

The understanding of the importance of occupational well-being and, the person-environment-occupation interaction for work, positions an OT well to serve the RTW client. Occupation-focused interventions allow OTs to help clients respond to their unique job demands, and, to enable clients to harness their abilities beyond expectations and limitations.

## **Malaysia**

**Ahmad Zamir Che Daud (PhD, OT) University Teknologi MARA (UiTM)**

### **Occupation Based Intervention from a Malaysian Perspective**

Occupation Based Intervention (OBI) is perceived differently by occupational therapists around the globe. Some believe that OBI is a therapeutic process where occupational therapist and the client co-create the meaning of therapy. Another perspective is OBI includes all forms of occupational therapy interventions such as preparatory and purposeful methods as long as the outcome of intervention is occupational performance. Malaysian occupational therapists perceive OBI according to concept of occupation as a means and an end. Occupation as a means refer to occupation and purposeful activities as a healing agent or treatment medium, while occupation as an end refer to occupation as an ultimate outcome of occupational therapy intervention. Thus, OBI is an intervention on occupational performance that matches the client's goal, is identified as meaningful and is done within the client's context, where the occupational therapist can also use the client's occupation and purposeful activities as a treatment medium or healing agent. Malaysian occupational therapists believe that there are other elements to support OBI such as; (1) client-centred approach; (2) top-down evaluation and intervention; (3) gradable and modifiable to suit the client's abilities and limitations; and (4) context where the intervention is provided. Although Malaysian occupational therapists believe that OBI benefit their client, it is challenging for them to adopt OBI as the field is dominated by the reductionist approach of the Medical Model. Therefore, many occupational therapists tend to neglect the core

tenet of occupational therapy (occupation) when treating their clients. This situation is associated with many factors such as the clients, context of practice, skills of occupational therapists and therapeutic power of occupations. As a result, Malaysian occupational therapists struggle with their identity.

This presentation will discuss how Malaysian occupational therapists perceive OBI and the challenges they face when putting OBI into practice. Potential solutions to the problems will also be discussed in order to strengthen the identity of occupational therapy and to encourage more occupational therapists to adopt OBI in practice.

## **Korea**

### **Ju-hee Jeong (OT) Soon Chun Hyang University Bucheon Hospital**

#### **Occupation-based practice in Hospital based settings**

The root of Korean OT is actually restorative approach with reductionism. Because in Korea, OT has been started as a type of emergency aids from US/Canada after the Korean War, and the practice trend of the time in the donor countries was restorative approach. So it appears most of the clinical practice of Korean occupational therapy has been carried out in a hospital setting and we has not had time to reflect on our perceptions and knowledge about our profession.

There have been many changes in Korea in recent years. We began to reflect on the identity of occupational therapy internally and externally on such issues as the limitations of the national health insurance, limitations on the number of days spent in the fund, and calls for objective evidence on the effectiveness of the intervention. Although the time of our internal reflection has begun, there have been many barriers to attempting to occupation-based practice that is consistent with the philosophy of occupational therapy. So, I'd like to introduce my occupation based practice strategy that is inspired by the challenge of overcoming these barriers and turning clients into occupational beings. Occupation based practice strategy in hospital based setting.

1. Create a critical pathway to facilitate occupation-based practice even for novice therapist
2. Create guidelines to gain occupational information
3. Make an Activity selection list about occupation area to facilitate selection of occupations and activities as a therapeutic modality
4. Use various art and craft as a therapeutic tool
5. Review and Apply the new evidence of occupation based practice



6. Communicate with the clinical team member using the terminology of measurable indicators of occupations and activities
7. Document occupation and activities based interventions

Since I have strategically changed my clinical practice, clients have performed activities and occupations during the course of occupational therapy and their perspective has been shifted from the view of impairment to the view of wanted, expected, and needed occupations. And we hear feedback from many clients who said that the successes of occupational performance after disability give them confidence to lead their lives.

In conclusion, among the many approaches, I believe that an occupation based practice is our unique profession, the best way to identify of being an occupational therapist, ensuring the therapeutic value of occupation. and it makes them get closer to be the actor of their lives by redesigning the life of

## **Australia**

### **Mali Levav (MSc, OT) Multiple Sclerosis Limited**

#### **Occupation-based practice in Australia: Job retention of people with chronic conditions**

Employment provides financial security and is associated with improved health, well-being and quality of life. Vocational and avocational barriers faced by people with disability lead to high rates of unemployment and create additional difficulties. Governments committed to improving employment outcomes for people with disability have been investing in employment support services, in recognition that premature retirement, or even reduced workforce participation, takes a significant economic toll on society.

People with chronic conditions or acquired disability typically face a complex array of physical, cognitive and/or psychological challenges as well as social issues that may undermine their ability to work. Specialised multidisciplinary allied health teams are well placed to understand the intricacies of health-related symptoms and their impact on work performance.

The Australian MS Employment Support Service (ESS) was created to cater for the vocational needs of people with Multiple Sclerosis. Most ESS clients seek support for job retention. Participation is voluntary and ongoing support is provided on a needs and benefits basis. The majority of Employment Support Consultants working in the program are Occupational Therapists.

The service delivery can be demonstrated using the Person-Environment-

Occupation-Performance (PEOP) model as a framework alongside principles of the Solution-Focused approach. MS ESS offers individually tailored advice and support focused on client's individual circumstances, strengths and resources. The holistic and comprehensive assessment aims to identify the factors which enable or hinder work participation and performance and includes analysis of the workers, their occupations and life roles as well as their work and home environments.

Following a collaborative goal setting, the consultant designs a client-centred intervention which may include education about symptom management to maximise work performance and self-efficacy; remedial activity such as exercises to improve physical or cognitive abilities; compensatory strategies such as assistive technology or changes to work duties/routines/environment. The consultant liaises with clients, carers, employers, service providers, and suppliers of work-related equipment. The participants typically report that the combination of practical advice and emotional support helps them to better cope with difficulties at work, increases their confidence in self-management and improves their well-being.

MS ESS is successful and unique because it has evolved around its participants' individual vocational needs and it is led by allied health professionals. Given the significant effects of unemployment, health professionals need to advocate for people with disability and explore how the delivery model of this government-funded employment program can potentially be replicated elsewhere.

## **Japan**

**Tatsunori SAWADA (PhD, OT) Tokyo University of Technology**

### **Occupation Based Practice in Japan**

Occupation-based practice (OBP) in Japan is the evaluation and intervention that uses a client's occupation. OBP is considered to be one of the typical occupational therapy approaches. Many occupational therapy researchers have advocated the importance of OBP since 1960s. Unfortunately, in the last few decades, the primary aim of occupational therapy in Japan has been to improve body and cognitive dysfunction. However, OBP has gradually expanded in Japan each year.

There is an idea of OBP that does not include functional exercises at all but is often unrealistic in a clinical setting. Functional exercises are more effective if they lead to the client's meaningful occupation. The primary occupational therapy outcome should enable clients to perform and engage in their

occupation. Although there are various limitations of OBP, it is necessary for OT to realize those managements for client's occupation. In this symposium, I would like to introduce advanced Japanese OBP.

## WorkShop

### 1) Paretic arm in stroke patients

**Takashi Takebayashi (Kibi International University, Japan)** Therapeutic approaches involve the occupational based treatment for the hemiparetic upper-extremity in stroke patients.

**Pai-Chuan Huang (National Cheng Kung University, Taiwan)**

Robot-assisted training and hybrid treatment in stroke rehabilitation in Taiwan.

### 2) Dementia

**Kyoungmin Lee (Far East University, Korea)**

The role of occupation-based practice for Mild Cognitive Impairment and dementia.

**Hiroyuki Tanaka (Osaka Prefecture University, Japan):** Development of ADL evaluation and intervention strategy for severe dementia.

### 3) School-based OT

**Seokyeon Ji (Sensory Integration towards Social and Occupational being, Korea):** The collaboration between school teachers and occupational therapists in the classroom since last 10 years.

**Sayaka Yamaguchi (NPO habilis, Japan):**

INNOVATION! for children, occupational therapy, and community.

**Ling-Yi Lin (National Cheng Kung University, Taiwan):**

The role of occupational therapists in special educational professional teams for improving the adaptive functioning of elementary school children with autism spectrum disorder in Taiwan.