

Occupational Therapy: The Neuroscience of Meaning Daniel Lang, OTR/L

Tuesday, February 4, 2020 12:00 PM to 1:00 PM Brattleboro, Vermont

This workshop will contextualize the field of occupational therapy in mental health treatment. The presenter will focus on key aspects of the field from its history to the philosophy and science behind its approach, with brief forays into how and why we place focus on occupation and the sensory system.

At the end of this learning event, participants will be able to:

- 1. Explain the origin of occupational therapy in the context of psychiatry, nursing, and social work.
- 2. Describe the neurological ramifications of "doing" and the basic philosophy behind using occupation therapeutically.
- 3. Describe how OT focuses on the nervous system and why we approach sensory items scientifically and occupationally.

Daniel Lang, OTR/L, has worked at the Retreat for five years and is currently focused on adult inpatient services. He specializes in severe and persistent mental illness using non-linear science, creativity, evidence-based practice, and a client-centered approach. He studied in New Orleans post-Hurricane Katrina, which allowed him to focus on collective experiences of trauma. Daniel adds to the holistic, functional base of occupational therapy (OT) with a combination of lessons learned via studying the arts.

History

Moral Treatment Movement Growing interest in occupation as a form of treatment Observations about the effect of doing things, manual labor

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Key players in the creation of the field:

William Rush Dutton, Jr., M.D. Adolph Meyer, Psychiatrist Eleanor Clarke Slagle, Social worker Susan Edith Tracy, Nurse

From war to rehabilitation and pediatrics.

For a profession that took root in psychiatric treatment, the numbers of mental health practicioners in the field dropped precipitously over the course of recent decades.

2000: 5.2% (OTAs 5.4%)

2014: 2.4% (OTAs down to 1.4%)

Occupation and the senses

Motor & praxis
Doing. Occupation as life or air.
Intention, Meaning, Perception.
Cognitive disabilities model → identification of that which we cannot easily see.

Case example, psychosis Case example, mania

8 Senses

The 5 we know + proprioceptive, vestibular, interoceptive.

Practical approaches, therapeutic approaches.

CNS system: approaching cautiously with respect for basic needs.

The core value at the root of what we do.

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Conflict of Interest Disclosure

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