Roles of Occupational Therapists in Driving Rehabilitation Programs
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Abstract
This qualitative research examines in-depth the roles and experiences of occupational therapy practitioners who are practicing as CDRS (using either the AOTA or the ADED certifications). The investigation is designed to reveal the practical realities faced by these specialists and to clarify how these occupational therapists use their unique knowledge and skills in this specialty domain of practice. Three participants in the study were recruited and data was collected through semi-structured interview. This emerging roles that were found in this pilot study were driving rehabilitation educator, driving fitness assessor, and driving rehabilitation advocate.

Literature Review
An occupational therapist (OT) with specialty certification in driving rehabilitation is uniquely qualified to evaluate and address the needs of the client while providing strategies to promote independence (AOTA, 2014; Stav & Pierce, 2010). Participation in driving and community mobility fosters occupational engagement (Stav & Lieberman, 2008), and lack of participation in driving has been linked to loss of independence and depression for individuals with disabling conditions (Bolding et al., 2006). An individual’s sense of autonomy and independence may be closely linked to their ability to drive because driving enables the individual to participate in other meaningful areas in their life. Regardless of the need and demand for driving rehabilitation programs, interdisciplinary conflicts and discrepancies occur among the members of the treatment team about OT’s role in driver rehabilitation (Stav, 2012). In addition, there is a lack of universal language for driving rehabilitation programs causing confusion to healthcare professionals and consumers affecting consistency with services (Lane et al., 2014). The Ecology of Human Performance (EHP) will be incorporated as a conceptual framework for this study.

Methods
Three participants were recruited through the ADED and AOTA website. Once these participants have met the inclusion and exclusion criteria, they were asked for consent to participate in the study. Demographic Data Questionnaire and a semi-structured Interview Guide were used to collect data from participants. One researcher was chosen to be the main person interviewing the participants to maintain consistency. Interviews were conducted in person or over the phone. All interviews were audio-recorded using a Sony ICD-PX820 then transcribed verbatim by a member of the research team with necessary emotional content in parenthesis. Interviewer reviewed each transcription thoroughly for accuracy. Researchers analyzed and coded all transcripts using a constant comparative method (CCM).

Results
The analysis of the data revealed several important major roles played by OTs working as DRS within the DRP. The major roles identified were those of driving rehabilitation educator, advocate, assessor and trainer. Although not the principal focus of DR, data analysis also revealed that DRSs do play a major role in recommending and supporting client driving cessation.

Driving Cessation. Data analysis reveals that the role of the DRS in the process of driving cessation can cause clients significant anxiety. As skilled healthcare professionals, OTs are equipped to help their clients manage the psychological impact of such a difficult transition, appreciate other available community mobility solutions and find those solutions that allow them to continue to accomplish their occupational goals.

Driving Rehabilitation Educator. Participants indicated that the lack of community awareness about the DR specialty places a higher client education burden on its practitioners. In addition to client education, our research revealed an important roles for OT DRSs in community education, educating interdisciplinary healthcare professionals and even better educating practicing OT generalists. Educating professionals from other health care and driving disciplines was an important role, in order to ensure close and effective collaboration on behalf of their clients.
**Driving Fitness Assessor.** Participants typically conduct pre-screenings of the client’s medical history and medications, followed by clinical assessments of visual, cognitive, physical and sensory deficits, using a broad range of assessment tools. Participants rely on progressive on-the-road driving assessment to produce a complete picture of their clients’ driving abilities and deficits. All participants indicated that safety was their most important concern before proceeding to the on-the-road stage of assessment. The wide range of highly technical assessment instruments that have been used by study participants in this role emphasizes the importance of OTs receiving AOTA specialty training and certification (SCDCM).

**Rehabilitation Trainer.** Behind-the-wheel driving rehabilitation training is used by DRSs as an intervention strategy to achieve client goals. It is often the final stage of intervention before a driver can be cleared to resume their driving privilege. The DRS prescribes adaptive driving equipment and trains clients on the proper use of that equipment. OT DRSs are likely to be more aware of their clients’ broader occupational goals and of the need to provide more comprehensive community mobility training.

**Driving Rehabilitation Advocate.** Study participants noted the importance of both client advocacy and advocacy for the professional DR specialty.

**Discussion**

Analysis of the data collected from participants in this investigation revealed the following broad findings regarding the roles of OTs working in DRPs such as consistency of roles, concerns about DRP costs, lack of DRRs and DRPs, and emphasis on safety.

Data from participants revealed that OT DRPs perform fairly consistent roles and use relatively similar tools to perform those roles. This consistency indicates may be the result of the specialized education and training that this study’s participants obtained as a part of the DR specialty certification process.

All participants expressed some concern about the financial burden often shouldered by DR clients. The findings of this study revealed that participants were preoccupied with developing strategies to shift some of the clients’ cost burden to OT generalists, whom they believe are in a better position to justify performing many assessments than can be useful for the purposes of DR and are more likely to obtain reimbursement from insurers.

Participants consistently connected lack of DRPs to DRSs to the need for more education, advocacy and mentorship to increase interest in the specialty.

Given the nature of the DR profession, all participants indicated special concerns about clients who either lack insight into their limitations or are unable or unwilling to cooperate with their driving instructor.” Participants indicated that clients lacking emotional regulation also pose a safety risk.

**Limitations**

Limitations of this study include time and financial constraints, limited amount of participants, and researchers having minimal experience in research.

**Clinical Implications**

This research suggests that there is a need for more OTs in DRPs, a need for increasing advocacy and education for DRPS, applying documentation relating to driving, and increasing OT generalists’ awareness regarding DRSs roles.

**References**


