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# *Diffident no longer: Building structures for a proud profession*

## CAOT IN THE 1980'S

By Barry Trentham

*“By the end of the decade, the profession’s opinion is being sought during the development of national health and social services policy.”*

— Helen Madill, June 1988



Funeral march at the 1985 CAOT Conference — burying diffidence.

**B**y remaining flexible amidst external economic, demographic and health and social welfare policy shifts, the

Association made numerous changes during the 1980's to ensure its capacity to support and promote the profession. Responding to the challenges presented in the *Maxwell Report* (1977) and the *Symposium on Occupational Therapy Service Delivery Patterns and Manpower Planning* (O'Shea, 1978), CAOT accomplished a remarkable number of significant milestones. The Association developed guidelines for practice and revised standards for the education of occupational therapy students. The implementation of the National Certification Examination (NCE) enhanced the accountability of the profession. Graduate programs, first developed in the 80's, provided a foundation for Canadian occupational therapy research development. Occupational therapy practice, as noted in the *Canadian Journal of Occupational Therapy* (CJOT) articles and Muriel Driver lectures, reflected a return to the profession's historical emphasis on a holistic, mind-body-spirit perspective guided by the central organizing concepts of occupation and client-centred practice.

### Organizational Growth

The Association began the decade in its new, less cramped quarters at 25 Imperial Street in Toronto. From a small staff of three in 1980, including an executive director, an executive

assistant, and a clerk-receptionist (Wilkins, 1980), the National Office staff numbered eleven by the end of the decade (Brockett,

1989). Executive Directors, Seanne Wilkins (1979-1982), Anne Larson (1983-1984) and Margaret Brockett (1985-1991) divided their time between membership and fieldwork issues with the important job of promoting the profession. Membership expanded from 973 in 1980 (Tompson, 1980) to 4,569 in 1989 (CAOT, 1990). Though many changes were made to the Association's committee structure throughout the 1980's, a major restructuring took place in 1987 under the direction of President Helen Madill (1986-88). Committees were organized into divisions which included: Professional Representation, Credentialling, Professional Promotion, Professional Education, Standards, and Resource Management. Growing membership, visionary leadership and a restructured organization, provided the means for the Association to focus on raising the profile of the profession.

President Madill noted that the Association must strive to become a vehicle to promote the value of occupational therapy to society (1987a). The Association did spend an increasing amount of its resources on representing its members on government policy initiatives and public forums. The CAOT annual reports (1980; 1981; 1989) make reference to a number of these projects including: representation at the World Congress of Rehabilitation International in >



OT Week 1987. Kathy Gallagher, OT Manager at Saskatoon City Hospital records President Elmer Schwartz's grip strength. The contest attracted 354 participants among a hospital staff of approximately 1000.



Federal Health Minister Jake Epp displays CAOT Award of Merit Certificate. Present at the reception were (from l-r) Executive Director Margaret Brockett, President Helen Madill, Government Affairs Liaison Donna Campbell and Eve Kassirer, Co-ordinator, Task Force on Outcome Measures in Occupational Therapy.

Winnipeg in 1980; briefs to the Hall Commission on Health Services Review; and responses to government documents such as *Obstacles*, the Federal Government's special report on disability and *Mental Health for Canadians: Striking a Balance*. Another indicator of the strengthened voice of the profession was the numerous position papers published in the *CJOT* pertaining to areas of practice and education. The establishment of National OT Week, first celebrated in 1987, was viewed as an important public relations activity involving all members (Gill, 1988). Though probably not intended as a means to promote the profession, the values of the profession were eloquently voiced in the lyrics of Canada's official song for the 1981 International Year of Disabled Persons, *Look Beyond*. The song was written and performed by singer/songwriter, university lecturer and occupational therapist, Pat McKee.

At an international level, CAOT members continued to take a leadership role in the World Federation of Occupational Therapists (WFOT). André Forget was President of the WFOT from 1980-1986. Barbara Posthuma was elected Honorary Secretary of the WFOT in 1986.

During the 1980's, the Association re-thought its role vis-à-vis the developing provincial professional organizations. Provincial governments assumed greater control for health care as previously outlined under the British North America Act. This responsibility was reaffirmed during the Hall Commission's review of Canada's health system. In response, the Board and Executive anticipated that the provincial organizations would have to deal with issues of legislation and registration of occupational therapists. However, as several provinces had yet to succeed in obtaining legislation, CAOT continued to take a leadership role in the establishment of occupational therapy practice standards and guidelines. The establishment of the Council of Practice in the early 1980's was given responsibility to direct this function (Jarvis, 1980).

### The Guidelines

Recommendations outlined in the *Maxwell Report* provided impetus to move ahead with the development of occupation-

al therapy practice guidelines. A series of three task forces, the first of which met in 1979, were co-chaired by Thelma Sumsion (Gill), Council of Practice Chair and Eve Kassirer, a medical sociologist working for Health and Welfare Canada. These productive task forces worked throughout the 1980's on the development of nationally-based, generic guidelines for the practice of occupational therapy. This accomplishment was viewed as a milestone in the development of the Canadian occupational therapy profession and an international first (Townsend, Brintnell and Staisey, 1990). The task forces developed three publications: *Guidelines for the Client-Centred Practice of Occupational Therapy*, *Intervention Guidelines for the Client-Centred Practice of Occupational Therapy* and *Toward Outcome Measures in Occupational Therapy* (DNHW & CAOT, 1983; 1986; 1987). These publications were later consolidated into the 1991 edition of *Occupational Therapy Guidelines for Client-Centred Practice (Guidelines)* (CAOT, 1991). The *Guidelines* represented the initial stage in formulating the *Canadian Model of Occupational Performance (CMOP)*. The CAOT Executive and Board of Directors promoted the *Guidelines* as an important quality assurance tool as well as a means to outline the effectiveness of occupational therapy practice from a client-centred perspective (Townsend, Brintnell and Staisey, 1990).

The developers of the *Guidelines* demonstrated forethought by ensuring that they were not limited to clinical pathology issues or diagnostic-based prescriptives. This was done despite the reluctance of some of the medical representatives on the first two task forces (Brintnell, June 23, 2001, personal communication) and the approach used by the American Occupational Therapy Association (AOTA) which had focused on treatment guidelines for people with specific medical diagnoses (Townsend, Brintnell and Staisey, 1990). The developers were also insistent that: the *Guidelines* be anchored in an underlying philosophy of occupation and occupational performance; they reflect a client-centred process and; be in keeping with occupational therapy's historical appreciation of the place of spirituality in its understanding of occupation and well-being (Brintnell, May 23,

Task Force which developed  
Towards Outcome Measures in  
Occupational Therapy.  
Top Row, l-r: Serge Taillon, Sharon Brintnell,  
Sue Laughlin, Nancy Pollock, Mary Law,  
and Thelma Sumsion.  
Bottom Row: Barb Quinn,  
Micheline Marazzani and Liz Townsend.



2001, personal communication). Following the completion and dissemination of the *Guidelines*, CAOT formed the Client-Centred Practice Committee in 1989. This group mandated a fourth task force, chaired by Mary Law, to develop an outcome measure based on the *Guidelines*. Their work resulted in the development of the *Canadian Occupational Performance Measure (COPM)* in the 1990's. A fifth task force, chaired by Sharon Brintnell, was formed to develop the *Occupational Therapy Guidelines For Client-Centred Mental Health Practice* which were published in 1993.

### The National Certification Examination

After 30 years in the proposal phase, the National Certification Examination (NCE) became a reality in the 1980's. Preliminary discussions in the late 1970's and early 1980's considered making use of the AOTA's national exam; however, even this cost-cutting proposal was seen as beyond the limit of the Association's finances at the time. It was not until 1983, largely through the efforts of Sharon Brintnell, that a grant was received through the R.S. McLaughlin Examination and Research Centre in Edmonton to support funding of the project (Hawkes, 1985). Tried in 1985, the first examination sat on July 7, 1986. It was offered in English and French. The NCE represented an important accomplishment in providing a common standard for entry-level competency requirements.

### Advances in education

The Academic Standards and Accreditation Committee chaired by Mary Bridle made use of three important documents developed in the 1970's to guide the accreditation of occupational therapy educational programs: *The Standards of Education of Occupational Therapists in Canada*; *The Skill Profile Chart*; and *The Procedure Manual for the Accreditation of Undergraduate Occupational Therapy Programs* (Gill, 1980). *The Fieldwork Performance Evaluation Form* was in turn modified using the content of these documents (Brintnell & Skakun, 1986). The controversy surrounding the non-baccalaureate occupational therapy program offered by Mohawk

College in 1977 without the sanction of CAOT was added stimulus for the development of these standards. In 1981, Mohawk College offered its graduates a degree completion program in collaboration with McMaster University which was fully accredited by the CAOT in 1984. In 1990, McMaster University received its first students into the B.H.Sc. (occupational therapy) program (Westmorland, 1996). The development of the McMaster program, in addition to the programs begun at Dalhousie University in 1980, and the University of Ottawa in 1986 brought the total number of occupational therapy educational programs in Canada to twelve.

A position paper on continuing education requirements highlighted the need for continuing education opportunities and guidelines to strengthen occupational therapists' professional base. Continuing education in occupational therapy management skills was identified as necessary in order to better position occupational therapists in the policy development arena (Madill, 1987b). The debate over the need for graduate education to support the research and leadership base of the profession also culminated in a position paper. This paper outlined the need for graduate education as a means to help therapists meet the role demands of master clinician, evaluator, administrator, scholar, researcher, and consultant to health programs (Madill & Brockett, 1987). The first Canadian graduate program in Rehabilitation Science started at McGill University in 1985 followed by Canada's first MScOT program offered at the University of Alberta in 1986. By the end of the decade there were 63 CAOT members who had either completed or were pursuing doctorate degrees and 473 members who were enrolled in or were pursuing master degrees (CAOT, 1990).

### Building the professional foundations through research

Advances in occupational therapy education at the graduate level paved the way for a stronger Canadian research base and, in turn, a strengthened professional foundation. The *CJOT* content in the 80's reflected an emerging discourse on the nature of professionalism. Gary Kielhofner, in his CAOT >



In 1986, COTF President and founder Karen Goldenberg accepts \$50,000 gift from CAOT President Seanne Wilkins to commemorate the 60th Anniversary of CAOT. COTF Executive Director Iris Greenspoon in centre back.

Annual Conference keynote address, *The Demise of Diffidence: An Agenda for Occupational Therapy* (1985), reinforced the Association's efforts at building a strong profession through the development of core principles, values, and theories and stated that, "efforts must extend well beyond direct intervention" (p. 165). He called for outcomes, clarification of occupational therapy service, increased clinical and basic research, identification and support for the basic values of the profession, and the organization of a knowledge base around a single unifying concept of occupation. The creation of the Canadian Occupational Therapy Foundation (COTF) on May 17, 1983, spearheaded by Karen Goldenberg (COTF, 1986), provided an important step in providing funding for occupational therapy research and development projects. Increasingly, *CJOT* articles began to appear with references to theory-based research and occupational therapy conceptual models indicating the growing sophistication of Canadian occupational therapy research.

### Changing Practice

Building from its strengthened foundation and advances in education and research, the Association continued to challenge, inspire and support further growth of the profession through regular communication in, the *National* newsletter, *CJOT* and through the ideas presented by the Muriel Driver Lecturers. For example, Muriel Driver Lecturer, Joanne Stan spoke of "freedom from the medical model" (1987, p.168) in the profession's expectation for more community-based practice with increasing responsibility in consultative and educational positions. Occupational therapists were challenged to advocate on behalf of the growing number of people living with chronic illness and disability for their fair share of shrinking health resources. Madill highlighted the area of health promotion as outlined in the report, *Achieving Health for All: A Framework for Health Promotion* (Epp, 1986) as "an opportunity that can't be missed" (1987a, p.110). In keeping with the health promotion policy directives at the time, Barb Quinn (1988) identified the need for expanded roles beyond that of clinician to those of consultant, educator, and planner. She also predicted the need for more trained and supervised auxiliary staff to support the work of occupational therapists in a growing diversity of service areas.

Occupational therapists were encouraged to expand their

scope of influence to the attention of "administrators, politicians, the public and other health professionals by taking a global interest in the world around us" (Campbell, 1983, p. 158). As Brintnell stated in the 60th anniversary edition of *CJOT*, "Occupational therapy practice cannot be divorced from social issues that affect the lives of clients" (1986, p.43). She challenged therapists to expand their awareness of population growth trends and health and social service delivery patterns. In keeping with this theme, Madill later presented the expectation that, "By the end of the decade, the profession's opinion is being sought during the development of national health and social services policy" (1988, p. 116).

### Conclusion

The many dedicated individuals who led the profession through the turbulent times of this decade have done much to invite the praise and admiration of the Association's members. The 1980's were clearly a time of economic upheaval, changing demographics and social structures, encroaching health care privatization, technological advances and changing work patterns. Despite these challenging times, the Association expanded and developed structures and tools to enhance the professionalism of occupational therapy. The Association became, as earlier leaders planned, one that not only provided support for its members, but could also promote the profession and its benefits to individuals, communities and society. Diffident no longer, the Association was in a strong position to support the ongoing development of the profession's core principles and theory base, and was well equipped to deal with the challenges and opportunities that lay ahead in the 1990's.

### About the Author

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Helen Madill (left) and Thelma Sumsion (Gill) CAOT Presidents from 1986-1990

### CAOT Presidents

Hilary Jarvis	1979-1980
Margaret Tompson	1980-1981
Raymonde Hachey	1981-1982
Joanne Stan	1982-1983
Donna Campbell	1983- 1984
Seanne Wilkins	1984- 1986
Helen Madill	1986-1988
Thelma Sumsion (Gill)	1988-1990

### CAOT Muriel Driver Lecturers

Elizabeth Bell	1980
Isobel Robinson	1981
Mary Judd	1982
Andre Forget	1983
Barbara Saunders	1984
Sharon Brintnell	1985
Thelma Sumsion (Gill)	1986
Joanne Stan	1987
Sue Baptiste	1988
Margaret Tompson	1989

### WFOT President

Andrée Forget	1981-1986
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### CAOT Executive Directors

Seanne Wilkins	1979-1982
Anne Larson	1983- 1984
Margaret Brockett	1985- 1991