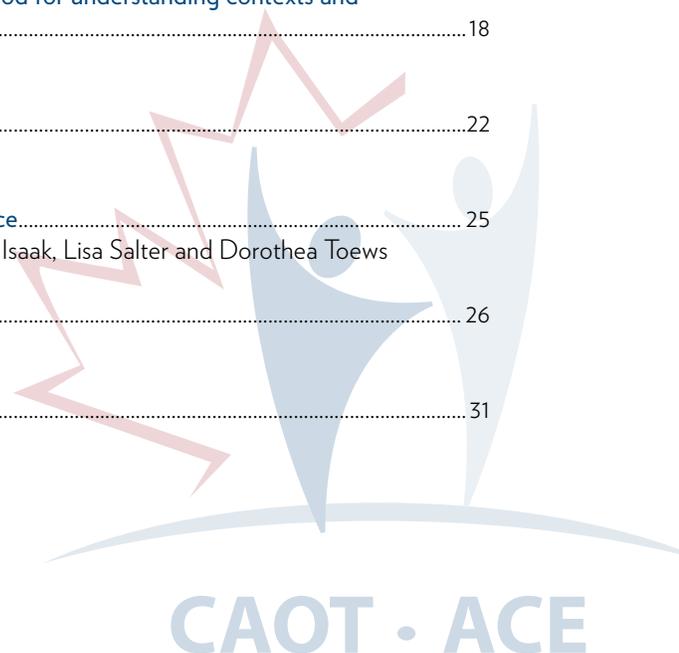


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Cover note: The cover image of crocuses in snow represents a vision of possibility, a sign of hope, beautiful, new energy, thriving in any place where someone thinks to plant it.



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Visions of possibility: Creative occupational solutions for today's occupational challenges

Elizabeth Townsend and Susan Rappolt

“... if I have the belief that I can do it, I shall surely acquire the capacity to do it even if I may not have it at the beginning”
(Mahatma Gandhi, 1940).

Canada is a human and natural resource-rich country, with the 11th highest gross domestic product (GDP) in the world (IndexQ, 2013). Yet Gaetz, Donaldson, Richter, and Gulliver (2013) estimate that 30,000 people are homeless on any given night in Canada, and at least 200,000 Canadians experience homelessness in a given year. Although incarceration rates require interpretation, Canada incarcerated 114 per 100,000 people in 2012, many of whom have learning or emotional disabilities (Public Safety Canada, 2012). Economic immigrants, live-in caregivers and refugees to Canada face major challenges in establishing new routines in homes, workplaces, schools and communities (Citizenship and Immigration Canada, 2013). The Canadian Survey on Disability (Statistics Canada, 2013) found that 13.7% of the adult population aged 15 years and over reported being limited in their daily activities due to a disability. One quarter to one half of children with disabilities, aged five to fourteen who are living with parents, are not socially engaged outside the home and school (Kowalchuck & Crompton, 2009).

We introduce this special theme issue of *Occupational Therapy Now* with selected Canadian data that we anticipate will resonate with and inspire occupational therapists in the journey toward this profession's broad vision, described in Canada as advancing health, well-being and justice through occupation (Townsend & Polatajko, 2013). The historic practices of occupational therapy (Friedland, 2011) are foundations for our social aspiration to be a *client-centred* profession with populations as well as individuals, despite the pitfalls for implementation (Hammell, 2013); we aspire to take on complex, *occupational* challenges, including *occupational injustice* issues associated with housing, education, employment and other fundamental determinants of health (Raphael, 2012; Wilcock, 2006).

To realize our vision in today's tightly managed corporate structures, occupational therapists everywhere must “surely acquire the capacity” to step beyond existing practices and services, and, like Gandhi (1940), “have the belief that [we] can do it ... and [we] shall surely acquire the capacity to do it.” While some occupational therapists have concerns about expanding the profession in a limited job market, we prefer to build the profession's capacity to produce evidence, refine accountability systems and secure private and public funding (Townsend & Polatajko, 2013). While the supply in Canada rose by 9.3% from 36.0 occupational therapists per 100,000 population in 2006 to 40.0 occupational therapists per 100,000 population in 2012

(Canadian Institute for Health Information, 2013), Canada's occupational therapist per capita ratio is 13th in the world. This is well behind that of Denmark, which has the best national ratio with 130 occupational therapists per 100,000 population (World Federation of Occupational Therapists, 2012). Moreover, building the profession's capacity will require expanded public funding, expanded private insurance coverage in workplace and private plans, and new funding sources outside health (Canadian Association of Occupational Therapists, 2013; Rexe, McGibbon Lammi, & von Zweck, 2013). With an unfulfilled scope of practice, a limited supply of practitioners and restricted funding for capacity building in highly competitive public and private sectors, occupational therapists across Canada will want to develop bold, new workforce strategies with new public and private funding targets to expand practice with populations and individuals in housing, education, employment and other systems.

Collected for this issue from occupational therapists who are change agents (Finlayson, 2013) are eight full-length articles plus an article composed of nine snapshots. The articles and snapshots illustrate three strategic actions for expansion in a bold, new occupational therapy workforce strategy to:

1. engage with students;
2. demonstrate population-based change;
3. build research and organizational capacity.

Engage with students

Engaging with students in occupational therapy educational projects is such a powerful strategic action for enabling change in society and occupational therapy, as two articles and two snapshots show. Wener et al. from the University of Manitoba describe an academic educational project to promote occupational justice at population and societal levels. Fleming, Kasner, D'Rocha, and Noble analyze a University of Toronto fieldwork education experience with *Sportball*, a community organization using sport to promote physical skills and social inclusion. The two snapshots show Farrah and Lofgren describing their Western University fieldwork education experience at a nurse practitioner-led community clinic, and McCarthy profiling *Anna's House*, a family resource centre in Southern Manitoba that engages University of Manitoba students in addressing child development needs.

Demonstrate population-based change

Occupational therapists can work with virtually any population; authors in this issue demonstrate exciting approaches to enable population-based change with children and youth. To inspire dialogue with Canadian occupational therapists and educators,

occupational therapy educators from Brazil describe how students were guided to interact with policy makers to create new social services occupational therapy positions. Drolet and Bédard summarize the development of guidelines for enabling sport and physical activity among young people with disabilities in Quebec. Four snapshots include Danziger, Sheffe, and Danziger describing their *Mindful ACTion* initiative to build Toronto teens' coping skills and resiliency through occupation. Rowan's *Virtual Child* project in British Columbia portrays occupational therapists as leaders in assisting children and families to manage childhood technology use. Bonnard and Anaby explore the application of occupational therapy *key enablement skills* with children and teachers in Montreal schools. In partnership with a professional dance school in Milton, Ontario, Ryan and Ryan developed *Dance Ability* to include young dancers of all abilities.

Build research and organizational capacity

The fruitful strategic action of building occupational therapy research and organizational capacity across Canada is illustrated in four articles and three snapshots. Urbanowski and Ludwig challenge occupational therapists to develop human resource and organizational business plans that link meaningful occupation with vocational and disability management with older workers. Carrier and Prodinge illustrate institutional ethnography as a theory and method for analyzing the *texts* (broadly defined) that determine how occupational therapy is organized and funded in particular institutions, such as health care. Neumann and Penning from Queen's University describe a community research partnership to study the impact of equine-assisted therapy with young adults with autism. James et al. from Manitoba profile an organizational initiative in which occupational therapists are change agents in the development of a social determinants of health 'community of practice.' The three snapshots include Laing and Quick, who, with recognition of the socio-cultural complexities of international practices, describe how Toronto occupational therapists working in Ethiopia have been educating psychiatric hospital staff about occupational therapy and recovery. Miller, Giesbrecht, and Best describe a University of British Columbia research partnership that educates older adults in safe, efficient wheelchair use. Bouchard et al. from Université de Sherbrooke show how partnering with public daycare centres has generated funding for occupational therapists to join the team that supports children aged three to five years in developing their capabilities.

We hope to inspire occupational therapists by presenting this very small cross-section of innovative occupational therapy visions of possibility and actual capacity. Authors were invited to present societal data, highlight the best evidence available for *client-centred, occupation-based* occupational therapy, summarize plans or actual feedback or evaluation, and name pilot or ongoing

funding sources. Now we extend this same invitation to readers: to consider how you too "can do it ... and shall surely acquire the capacity to do" (Gandhi, 1940) what you dream of doing as occupational therapists.

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What's new



CAOT Annual General Meeting

You are invited to join the Annual General Meeting of the Canadian Association of Occupational Therapists on May 8, 2014, 8:00-8:30 a.m., AST. For details, please visit: <http://www.caot.ca/agm>

CAOT article in WFOT Bulletin

An article by CAOT was published in the November 2013 issue of the *World Federation of Occupational Therapists Bulletin*: Lapointe, J., Baptiste, S., von Zweck, C., & Craik, J. (2013). Developing the occupational therapy profession through leadership and mentorship: Energizing opportunities. *World Federation of Occupational Therapy Bulletin*, 68, 38-43. WFOT members can connect to the *WFOT Bulletin* online through the CAOT website: <http://www.caot.ca/default.asp?pageid=4263>

CAOT activities

- CAOT was invited to present to the Parliamentary Standing Committee on National Defense on November 21, 2013. The presentation discussed the role and cost effectiveness of occupational therapy in assisting military personnel and veterans as they experience transitions within service or to civilian life. It was well received by attendees.
- CAOT was a sponsor of the Military and Veteran Health Research Forum in Edmonton, November 25-27, 2013.
- The CAOT Professional Affairs Executive has been meeting with representatives of the Canadian Association of Residential Options for Criminalized Women to discuss and initiate the role of occupational therapy in supporting women in a successful transition back to community life.
- CAOT Board members met with eight parliamentarians in November 2013. All meetings were well received with positive outcomes that included: invitations to follow-up meetings; recommendations for meetings with fellow parliamentarians, particularly with Members of Parliament who sit on Standing Committees; and invitations to events, such as round tables. Additional meetings between Board members and Members of Parliament occurred in December 2013 and January 2014.

COTF scholarship competition deadline change

Please note that the deadline for Canadian Occupational Therapy Foundation scholarships will now be October 1 annually.

CAOT midyear report Water Cooler Talk

On Wednesday March 26, 2014, 2:30-3:00 p.m., EST, Paulette Guitard, CAOT President, will deliver a midyear report via webinar. For more information, go to: http://www.caot.ca/caot_water_cooler_listings.asp?pageid=3969

Visions of Possibility: CAOT initiatives to address social issues

CAOT has collaborated with partner organizations on a number of projects targeted at promoting the health and well-being of older adults, such as:

- Elder Abuse: A Collaborative Approach to Awareness and Education. With funding from Human Resources and Skills Development Canada, CAOT has developed resources and educational materials, which can be found at: <http://www.caot.ca/default.asp?pageid=3926>
- The National Blueprint for Injury Prevention in Older Drivers. Funded by the Public Health Agency of Canada, a national strategy to enhance the capacity of older drivers to sustain their ability to drive safely for as long as possible was developed and directions for future actions were recommended. www.caot.ca/driving
- Falls prevention projects funded by Health Canada, including:
 - o Go For It: A Guide to Choosing and Using Assistive Devices (2002). http://publications.gc.ca/collections/collection_2012/aspc-phac/HP25-4-2007-eng.pdf
 - o Stable, Able and Strong. This project developed a post-fall support model, educational sessions and a national resource database to enable older adults who have experienced a fall to maintain or resume their engagement in meaningful activities. A community development model using older adult volunteers as peer mentors was used to educate older adults about post-fall support. <http://www.caot.ca/default.asp?pageid=1385>
 - o Tools for Living Well. Over the years, with funding from Health Canada and Veterans Affairs Canada, this project has produced a national public service announcement campaign (Is There a Cane in your Closet?), as well as a tool kit and pamphlets, which can be found at: <https://www.caot.ca/default.asp?pageid=3774>

Each year at the CAOT Conference, Professional Issue Forums address priority health and social issues, as well as emerging areas of occupational therapy practice. Stakeholders and partner organizations are invited to contribute to these conversations. Professional Issue Forum reports can be found at: <http://www.caot.ca/default.asp?pageid=578>

In 2012, CAOT created a Research Fellow position to help build its capacity. The position runs for a period of 12 months and will be offered again in 2014. Watch the CAOT career listings page for more information coming soon: http://www.caot.ca/CAOT_career_listings.asp?pageid=1001

The 2015 CAOT Conference theme will be: Occupational Justice: Rising to the Challenge. The 2015 Conference will take place in Winnipeg, Manitoba, from May 27-30, 2015. Watch for further information to come in the months ahead.

Students as change agents in macro environments

Pamela Wener, Jacquie Ripat, Leslie Johnson, Theresa Sullivan, Andrea Thiessen, Ashley Ewasko, Laura Bennett, Ines Mamula and Meagan Ponton

How can we encourage student occupational therapists to creatively explore visions of possibility for client-centred practice to address occupational injustices at a population or societal level? This was the question and challenge that a group of faculty members at the University of Manitoba set out to address through the development of an innovative academic assignment.

Context

For the past thirty years, occupational therapists have espoused a vision of client-centredness in practice (Law, Baptiste, & Mills, 1995; Townsend & Polatajko, 2013). Client-centred practice is an approach to engaging with individuals, groups, organizations and populations to enable occupation, based on key elements of respect, partnership, empowerment and client choice (Sumsion & Law, 2006). The Client-centred Strategies Framework (CSF) (Restall, Ripat, & Stern, 2003) outlines approaches that therapists can use to explore and implement client-centred practice. The CSF includes five categories of strategies: personal reflection, client-centred processes, practice settings, community organizing and coalition advocacy/political action (Restall et al., 2003). The strategies are grouped to enable therapists to consider ways to influence client-centred practice at the *micro-* (clinician-client relationship), *meso-* (practice setting) and *macro-* (population or system-wide) levels (Restall & Ripat, 2008). Wolf, Ripat, Davis, Becker, and McSwiggan (2010) suggested that using the five CSF strategies may enable therapists to address occupational injustices at individual and societal levels.

Do occupational therapists perceive themselves as change agents in macro environments?

In a national survey, occupational therapists reported that implementing the five CSF strategies can improve client outcomes (Restall & Ripat, 2008). Furthermore, these therapists stated that they use their skills and knowledge to implement *personal reflection*, *client-centred processes* and *practice setting strategies* (micro-level). However, therapists' perceived knowledge, skills and opportunity to implement *community organizing* (meso-level), *coalition advocacy* and *political action* (macro-level) strategies was minimal. Since 2009, our second-year Master of Occupational Therapy (MOT) students have completed the same survey, and their results closely mirror those of the national survey; while valuing meso- and macro-level strategies, students perceive that they lack the knowledge, skills and opportunity to implement these strategies.

What can faculty offer as a creative solution?

Using the CSF, faculty responded to this gap in knowledge, skills and opportunity by intentionally introducing client-centred strategies, and by creating occasions for students to apply and discuss these strategies with individuals, families, treatment teams and populations at several points in the curriculum. In one specific example, during the second year of the MOT program, small student groups participate in an interactive exploration of their role as change agents in macro environments. Students are provided with a paper-based case that briefly describes an individual client who faces several issues and is seeking occupational therapy services. Students then envision how this client's issues may be applied to a population, rather than to just one individual. Over several weeks, and with coaching from a faculty advisor, students partner with a community organization to identify a need. They then design and implement a macro client-centred strategy. Subsequently, students communicate their initiative development, implementation, evaluation and reflection via a poster presentation open to partner agencies, MOT students, faculty, other health-care practitioners and the public.

Since implementation of this assignment, students have partnered with health, education and social agencies to raise public awareness and advocate for change aimed at reducing occupational injustices. For example, students have advocated for: improved ergonomic keyboard design, funding leisure programs for at-risk youth, improved accessibility of public facilities and the provision of health education to new immigrants to Manitoba.

How does this assignment make a difference?

Students' perspective

As students, this assignment challenged us to implement a real-world application of concepts presented through the academic curriculum. Our case study led us to explore occupational injustices, such as occupational deprivation and marginalization, faced by people who are deprived access to housing and are subsequently homeless. After examining the ways that occupational therapists could address the issue from a micro and meso client-centred perspective, we decided to develop and implement a macro-level awareness campaign about housing issues faced by people who are homeless. After discussing existing initiatives with a community organization, we launched a social media awareness campaign aimed at government and the public.

Involvement in this unique and challenging assignment yielded many positive outcomes. Initially, we found it difficult to identify the assignment scope and expectations, as well as to implement

an achievable plan within a two-month period. Retrospectively, we realize the open and flexible nature of the assignment encouraged us to work collaboratively and creatively with each other and with community organizations to make a real impact outside the walls of our classroom. By connecting with a community organization, we gained valuable networking skills and carried out a meaningful client-centred intervention. We became passionate about the project and saw our potential as advocates and agents of change. Working closely with a community organization had the added benefit of creating opportunities for mutual education – we learned about the community agency and, in return, we were able to educate our partners and the public about occupational therapy. Through working on this project, we learned the importance of teamwork when trying to influence client-centred practice at the macro-level. We discovered that collaborating with other health-care providers or community partners can lead to more ‘buy in,’ greater awareness of issues, and ultimately, change. Within two weeks, our student-run campaign reached over eight hundred people in sixteen different countries. Additionally, we are aware that the campaign prompted several people to write letters of support to our local Minister of Housing and Community Development.

Preparing to enter practice, we recognized other benefits derived from this assignment. The poster presentation format helped prepare us to use this method of knowledge translation at other venues. It also provided a great opportunity to learn from our peers. Finally, completing the project has given us the confidence that we will be able to apply client-centred strategies to populations and in macro environments (Restall & Ripat, 2008) and has contributed to our clinical reasoning in practice. We anticipate that outcomes experienced by completing this project will have a lasting impact on us as occupational therapists.

Faculty members’ perspective

As faculty, we have noted that the MOT students become very engaged in this project that they perceive as authentic and valuable. Initially, some students struggle to identify their avenues of influence while others find it difficult to maintain the client’s needs at the forefront. However, the students eventually reflect on how client-centredness at a macro-level involves a similar process of developing a respectful collaborative partnership as with an individual client, but with increased complexity. Our students contribute to the activities of partner organizations, some of whom begin to recognize a broader scope of occupational therapy practice. By sharing their experience through a public presentation, students articulate how they value the role they can take in addressing occupational injustices at a systems or population level. As two groups are given the same initial case, students are able to see how client-centred practice at the macro-level can be actualized in different ways. After completing

the assignment, we note that students integrate this learning by applying ideas about client-centredness to other courses and assignments. Additionally, other faculty members state that students more readily identify population-level occupational performance issues and consider client-centred approaches that an occupational therapist could facilitate in the macro environment.

Operationalizing this assignment highlighted a gap in the curriculum, particularly the lack of intentional teaching about advocacy for populations – an area faculty will add to the curriculum in the near future. As well, this assignment has identified an important research and evaluation question: Does this opportunity provide students with the requisite knowledge, skills and confidence to use macro client-centred strategies as future practitioners?

Consistent with Finlayson’s (2013) Muriel Driver Lecture on embracing the role of change agent, students’ experiences with this real-world assignment seem to enhance their perception of the role they can take as advocates and agents of change. Engaging in this assignment allows students to demonstrate creativity, increases their confidence and broadens their visions of possibility as future practitioners. We are optimistic that students will be prepared to address occupational injustices faced by their clients and to transform and expand future occupational therapy practice. We welcome communication with others who are interested in discussing or implementing a similar learning experience.

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Occupational therapy in a community sport organization: Supporting a vision of social inclusion

Sean Fleming, Melanie Kasner, Jason D’Rocha and Sara Noble

Sportball is a private community sport organization that provides fun, high-energy, non-competitive sport instruction to children aged 16 months to 12 years across Canada, the United States and Singapore. Sportball welcomes children of all abilities into traditional programs, and children with disabilities into adapted programs. Programs focus on building sport, motor and social skills.

Sportball has partnered with the University of Toronto’s Department of Occupational Science and Occupational Therapy for the next five years. This partnership will help address Sportball’s need to continue assessing and refining methodology, improving training systems, and developing children’s physical literacy in creative ways. The partnership began in the summer of 2013 when two student occupational therapists worked collaboratively with Sportball on a role emerging student fieldwork placement. Students used the Canadian Practice Process Framework (Craik, Davis, Polatajko, & Townsend, 2013) to create occupation-focused objectives. Objectives were created in response to the identified needs of the organization and rooted in the scope of practice of occupational therapy. Through the role emerging fieldwork placement process, student occupational therapists were able to unite the spheres of occupational therapy and sport to address the social needs of a community sport organization and develop an innovative occupational therapy practice setting.

A role emerging fieldwork placement occurs in a setting that has neither an occupational therapy program nor an established occupational therapy role (Bossers, Cook, Polatajko, & Laine, 1997). Therefore, the process encourages students to identify needs and work in areas where occupational therapy can contribute. As Sportball’s objectives relate to physical and social participation in sport, and are well aligned with the values of occupational therapy, the students were well equipped to support the social needs of this organization focused on developing the physical literacy of children of all abilities. The students focused on enabling the organization to support optimal participation of children experiencing participation restrictions due to physical and developmental disabilities, preparing the organization to empirically evaluate their methodology and ensuring the sport skills they teach to participants are research-based and developmentally appropriate. The placement focused on four objectives and the accomplishments for each are outlined below.

1. Program evaluation

This objective focused on gathering evidence on Sportball’s coaching methodology to determine how it promotes childhood development. Student occupational therapists designed an assessment of gross motor skills based on commonly used occupational therapy assessments. This assessment will be used by trained and qualified professionals in traditional Sportball classes. Students then proposed a research project to be conducted by future students, using the assessment to gather the necessary data to evaluate the program’s effectiveness.

2. Refining developmental skill focus

This objective involved refining the developmental skill focus for Sportball lessons. Sportball’s philosophy is “coaching with purpose.” Lesson plans are uniform across programs and are designed to emphasize important elements of skill acquisition. Student occupational therapists used knowledge of childhood development and relevant literature to construct charts outlining developmental milestones in the areas of gross motor, fine motor, cognition, psychosocial and sensory development that are specific for each Sportball age group. Developmental charts were then compared with lesson plans to demonstrate how the skills taught to each age group are developmentally appropriate. The information was presented in a format that facilitates Sportball coaches’ and parents’ understanding of childhood development and that optimizes Sportball’s philosophy of “coaching with purpose.”

3. Developing an adapted kit

This objective focused on creating an ‘adapted kit’ to support the delivery of adapted programming and the inclusion in traditional programming of children experiencing participation restrictions due to physical and developmental disabilities. The adapted kit was designed to support coaches in maximizing the participation of all children in Sportball programs. The kit contains a visual schedule, a basic introduction to childhood disability, a universal language resource, accommodation strategies, and ideas for inclusive games and obstacle course stations.

4. Emphasizing the value of Sportball for children living with disabilities

For this objective, student occupational therapists drafted a document for Sportball to use when approaching partner

organizations and potential funding sources regarding their adapted programs. The document outlines the benefits of Sportball from a physical, cognitive and social perspective, and highlights the importance of participation in leisure occupations for children with disabilities.

Student occupational therapists were supported in these objectives on-site by a member of the host organization who is not an occupational therapist, and off-site by an occupational therapist preceptor. The role of the off-site preceptor was to provide support, education and resources to the students. She was able to provide insight into the role of a community occupational therapist and help the students approach challenges that occupational therapists face in the community and daily work life. Through weekly meetings and interactions, the off-site preceptor role was an excellent way for the occupational therapist to be engaged in interactions with students and an established organization.

Impact of the fieldwork placement

Partnering with the University of Toronto's Department of Occupational Science and Occupational Therapy perfectly aligned with Sportball's holistic approach to building children's physical literacy. Program evaluations and assessments developed by the student occupational therapists provide an unprecedented opportunity for Sportball to gather data to evaluate the effectiveness of their methods. Future collaboration with the students to further develop Sportball's child development milestones will also enable Sportball to take a more evidence-based approach towards development of physical literacy in their programs.

The resources and teaching strategies provided in the adapted kit have expanded Sportball's reach to children of all abilities, which will open doors to partner with organizations that support children living with disability. At all program levels, coaches will now be able to integrate children with physical and developmental disabilities in innovative and inclusive ways. They will also be able to provide parents and families with the resources and language to continue to support their children inside and outside of Sportball programs.

Sportball is hopeful their partnership with the University of Toronto will continue to provide student occupational therapists with practical experience in a non-traditional setting that sets them on a path towards successful career opportunities. Following completion of the fieldwork placement, the student occupational therapists maintained a consultative relationship with Sportball to implement

the resources they created. Future occupational therapy involvement with Sportball may be possible through contracted employment to carry out proposed projects and develop new initiatives.

While students were evaluated using the Competency Based Fieldwork Evaluation for Occupational Therapists (Bossers, Miller, Polatajko, & Hartley, 2007), the true success of their efforts is evidenced by the implementation of new resources into Sportball practice. Resources, including the assessment of gross motor skills and the adapted kit, position Sportball coaches to practice more competently and confidently, which will ultimately improve the experiences of all children participating in Sportball programs in Canada and abroad.

This role emerging placement was able to address the social needs of the organization and the learning goals of the students involved. Students developed and used business and entrepreneurial skill sets that might not have been required in traditional health-care practice settings. Additionally, they marketed the occupational therapy profession to an organization that does not employ an occupational therapist, allowing Sportball to experience the impact that the profession can have on their programming. This placement built the foundations for a strong partnership between Sportball and occupational therapy, and serves as an example of how occupational therapy can address the social needs of an organization to influence the delivery of services to an entire community.

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Lessons from the experience of Brazilian occupational therapists engaged in social policy making and implementation: Building a dialogue with Canadian occupational therapists

Ana Paula Serrata Malfitano, Roseli Esquerdo Lopes, Patrícia Leme de Oliveira Borba and Lilian Magalhães

Contemporary society faces complex issues that call professionals to engage in politically and ethically responsible actions. In this paper, the call to professionals is to avoid the individualization typical of many practices by taking a collective perspective (Barros, Ghirardi, & Lopes, 2005).

Canadian occupational therapy practices have always addressed social issues (Freidland, 2011), visibly or invisibly, by addressing the cultural, social, physical and institutional environment to enable individual and social change (Townsend & Polatajko, 2013). Brazilian occupational therapists have also always addressed social issues, and have developed 'social occupational therapy,' defined as the specific knowledge used by occupational therapists to work with people lacking the social and economic resources to live. Brazilian scholars advocate a strategy that places social conditions at the center of occupational therapy actions. Currently in Brazil, a growing number of occupational therapists are funded through social services, cultural organizations and the public education system (focusing on public schools), in addition to the health system (Barros et al., 2005). In contrast, the majority of Canadian occupational therapists are still funded through health services or health insurance (Canadian Institute for Health Information, 2013).

This article summarizes a Brazilian experience in social occupational therapy related to the implementation of social policies and creative responses to actions with them. Our goal is to share the dialogue that has been occurring between Canadian and Brazilian scholars and draw from a Brazilian example that we hope will inspire Canadian therapists.

Social occupational therapy

Social occupational therapy, developed in Brazil, entails professional actions that deal with social issues (Barros et al., 2005). Contemporary problems including, but not limited to, poverty, homelessness, forced migration, substance abuse and addictions, precarious work, culturally marginalized groups and incarceration require ethical and political responses from society, which includes occupational therapists. This field has its foundations in the human and social sciences, and is aimed at the development of actions that assist people to fully participate in social life, including improving access to their social rights (Barros, Ghirardi, Lopes, & Galheigo, 2011).

Social occupational therapy, as it is conceived in Brazil, resonates with some approaches adopted in Canada, especially regarding occupational therapists enacting change agent roles

(Finlayson, 2013), addressing issues of social and occupational justice, and supporting human rights (Townsend & Wilcock, 2004). A political praxis that generates personal and collective change (Magalhães, 2012) also sustains the principles of the enablement of social change (Townsend & Polatajko, 2013).

Social policies and occupational therapy

Social policies are the means by which innovations are produced and incorporated into society within a capitalist society structure (Offe, 1974). In Brazil, services framed by social policies are extended to every citizen through public funding. The majority of occupational therapists are civil servants, and most are employed in health, social services, education, cultural organizations, and work programs (e.g., returning to work, improving work environments and cooperative employment programs). Occupational therapists must understand social policies and master the tools required for socially responsive actions (Galheigo, 2011), including actions at the macro level to foster social inclusion (Pereira & Whiteford, 2013).

The activities of the ongoing Brazilian project we describe here take place with impoverished youth in a disadvantaged area of a city in the countryside of the state of São Paulo, Brazil. The project deals with two main aspects regarding these youth: social inclusion and social policies. The goal is to improve services to address these youth's needs in a more efficient and coordinated way. This social occupational therapy project has been underway since 2007 and entails a community-based intervention, developed through a university-community partnership to carry out teaching and research (Lopes, Malfitano, Silva, Borba, & Hahn, 2012). To highlight occupational therapists' beneficial impact on the macro level, activities addressing the second aspect of the project, social policies, will be described here.

The experience with public administration: Coordinating actions in the political arena

Occupational therapists were invited to advise on the design of municipal youth-related policies pertaining to social services, culture, education, health and not-for-profit organizations. The invitation resulted from city counselors recognizing the benefits of four years of direct work with youth previously performed by occupational therapists. Actions related to the implementation of youth social policies can be exemplified through two lessons for dialogue from Brazilian occupational therapists engaged in social

policy making: planning and management, and networking.

Lesson 1. Planning and management: Putting youth on the public agenda

For six months, occupational therapists facilitated planning meetings with executive government officers and stakeholders, which were carried out using a participatory methodology, specifically the “Goal Oriented Project Planning” (German Technical Cooperation, 1988) methodology. A ‘problem tree’ and a ‘goal tree’ were constructed to identify what factors were understood to be problems or barriers for impoverished youth, in order to find ways to minimize these barriers from the participants’ perspectives. Figure 1 illustrates the tree techniques applied by occupational therapists to foster the dialogue. The occupational therapists paid special attention to the meetings’ dynamics, favoring the provision of a cozy environment that enabled in-depth reflections and partnerships for the betterment of services for the youth.

The main priority was planning actions that government officers wanted to implement to address certain issues. The following actions were prioritized: a) create strategies for the articulation of ideas regarding policy and dialogue amongst cultural, educational and health programs for youth; b) improve the qualifications of professionals working with young people; c) favour actions focused on families and communities rather than on individuals (in both health and social programs); d) recognize that investment in schools is important due to its influence on youth social inclusion; e) address the issue of police violence against youth from disadvantaged areas; f) develop housing services for youth who are unemployed and lack family support; and g) restructure activities related to youth who have committed criminal offenses.



Figure 1. Participatory methodology using the ‘problem tree’ and ‘goal tree’ techniques.

Lesson 2. Networking: Facilitating professional engagement through an intersectoral approach

The second subproject in this experience originated from one of the action points from the first subproject: create strategies for the articulation of ideas regarding policy and dialogue amongst cultural, educational and health programs. The municipality had already created a Network of Attention for Children and

Adolescents (NACA) for a similar purpose. NACA helped to engage professionals from different fields to build an intersectoral approach. Meetings took place in each of the five geographic regions of the city and were coordinated by occupational therapists and occupational therapy students. The students involved in the project are occupational therapy undergraduates and graduate-level academic researchers. All students take part at different levels of the project and are involved in the planning and execution of the activities, all the while learning about the theoretical foundations of social occupational therapy. The results of the educational process lead us to believe that professional education should incorporate spaces for practice on social issues in order to produce more qualified and sensitive professionals who can deal with issues related to the social field and can, therefore, propose actions and answers oriented to the political context (Lopes et al., 2012).

During the meetings, professionals serving the youth population were in touch and could exchange ideas and information. Around 25 people attended the meetings bimonthly. Teachers, social workers, cultural performers, social workers, nurses, health educators, occupational therapists, psychologists and other professionals had the opportunity to engage in dialogue about their actions, discuss cases and share difficulties with respect to the realities of their workplaces. One of the requests made by the professionals was for more continuing education opportunities, particularly with tools to improve their daily practices in challenging environments.

Discussions led to the improvement of training programs for government officers and professionals, and enhanced the quality of information available to them regarding youths’ daily life, the prejudices and judgment concerning the youth who live in disadvantaged areas, and the rights and laws that affect them. The experience guided the production of educational materials and organized dialogue and exchange among professionals from different areas. Improving services that met the specific needs of youth and expanded their potential was the frame of reference for this experience.

Conclusion

In Brazil, social occupational therapy has developed actions based on the inseparability of micro and macro social levels (Barros et al., 2005). At the macro level, the articulation of social policies in an intersectoral manner is essential, because the population’s needs are not fragmented in isolated areas. In other words, dialogue and cooperative actions among different sectors, such as education, social services and health, are essential to build and implement policies.

We argue that occupational therapists can work as mediators of social policies, influencing the political agenda and encouraging interventions guided by the demands and assets of specific populations. The described experience with municipal administration, including the discussion of better options for local social policy with executive government officers, has contributed to the youth being prioritized, especially those who are underprivileged.

Several outcomes could be noted from the participation of occupational therapists in the policy planning and implementation

arena. For example, upon completion of the project, the local management of social services and programs decided to hire three occupational therapists to work directly in social programs. Nevertheless, indicators of the effectiveness of occupational therapists' contribution more generally in the social field remain underdeveloped, and the visibility of their work has yet to be improved.

Despite positive results concerning policy planning and implementation in this case, the greatest challenge of being involved in policy change is going beyond good intentions, which were developed during the meetings and prioritized through the 'goal tree,' to ensure the results become part of standard professional practice. This requires the participation of occupational therapists who base their practices on critical perspectives and strive for equity and social development for all (Pereira & Whiteford, 2013).

In conclusion, lessons for Canadian occupational therapists from Brazilian experiences are a fruitful area for dialogue. Three points may help to focus the dialogue on an agenda of socially responsive occupational therapists:

- It is important to emphasize the social context and its determinants in each and every step of occupational therapists' practice (Barros et al., 2005; Townsend & Polatajko, 2013).
- Greater visibility of occupational therapists' practices in the social field is recommended as a way to highlight their scope of practice outside of health-care systems (Barros et al., 2005).
- Empirical evidence has shown the importance of developing and applying specific methods of action within social occupational therapy practice (Barros et al., 2005).

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Fostering inclusion in sport for youth with functional limitations: Presenting four new guides

Marie-Josée Drolet and Andréanne Bédard

Although physical activity has been shown to contribute to the health of young people (Janssen & LeBlanc, 2010), ever greater numbers of young Canadians are suffering from the effects of a sedentary lifestyle, which has an adverse impact on their health and places a financial burden on the health-care system (Carbonneau & Roul, 2013). Considering that 45% of young Canadians do three hours or less of physical activity each week (Carbonneau & Roul), that young people with functional limitations are two to three times more likely than their typically developing peers to become overweight (Aubé, 2012), that youth with functional limitations make up almost 4% of the Canadian population (Statistics Canada, 2008) and that these youth face greater obstacles when they want to play sports (Bergeron & Reyburn, 2010), it is important to inform occupational therapists about four new practice guides that have been developed. The intention of these guides is to foster participation in sport by young persons with functional limitations, whether that be limited mobility or an intellectual, visual or speech impairment. The purpose of this article is to explain why and how these guides were developed and provide a brief introduction to them.

Four new practice guides

Young people with functional limitations rarely benefit from national, provincial or regional initiatives to promote healthy lifestyles (Défi sportif AlterGo, 2013), because such initiatives are usually geared towards typically developing youth. This is why the project “Choose to Win: The challenge of healthy lifestyles for youth with functional limitations” was created in Quebec in 2011. The project was launched by the Défi sportif AlterGo (AlterGo sport challenge) organization, which for more than thirty years has been promoting the social inclusion of persons with limitations by breaking down the barriers to their access to physical activities (Défi sportif AlterGo, 2013). This project, with financial support from the Québec en Forme (Quebec in Shape) organization, has several implementing partners, including the Université du Québec à Trois-Rivières (UQTR), whose Occupational Therapy Department is part of the research component (Défi sportif, 2013).

In 2012 and 2013, a study was conducted by Carbonneau and Roul (2013), two professors in the Department of Leisure, Culture and Tourism Studies of UQTR, in order to identify the determining factors that lead youth with functional limitations to participate in sport. One of the researchers' recommendations was that tools, such as practice guides, were

needed to support the main stakeholders involved in fostering participation in sport by these young people (Carbonneau & Roul, 2013). The researchers then led the development of four guides to facilitate engagement in sports activities for young people with functional limitations.

Development of the guides

The same method was used in developing all four guides – one for youth with limited mobility (Dugas & Streff, 2013), one for youth with an intellectual impairment (Bédard & Drolet, 2013a), one for youth with a visual impairment (Dugas & Moro, 2013) and one for youth with a speech impairment (Duquette & Lesage, 2013). First, a literature review was conducted and then interviews were performed with young people, parents and service providers, including occupational therapists. For example, in order to develop the guide on interventions for young people with intellectual impairments (Guide facilitant les interventions lors de la pratique d'activités physiques et sportives chez les jeunes avec une déficience intellectuelle) (Bédard & Drolet, 2013a), after the literature review had been completed, twenty interviews were carried out. This included eight interviews with young people with intellectual impairments, four with parents and eight with service providers, three of whom were occupational therapists. The goal of the literature review and the interviews was to determine the facilitators and barriers to young people's participation in sport. Ultimately, the intention was to identify ways to foster their participation in sport and mitigate the obstacles they face. To analyze the data gathered, the authors of the guides applied an environmental approach based on the Human Development Model – Disability Creation Process (Fougeyrollas, 2010). This is a holistic model in which the relationship between the person and environmental dimensions is documented in order to identify and classify the facilitators and obstacles to the inclusion of youth in sport. The guide for youth with an intellectual impairment, which was drafted by a master's student in occupational therapy at UQTR and her supervisor, takes into account the person, occupation and environment dimensions of the Canadian Model of Occupational Performance and Engagement (CMOP-E) (Townsend & Polatajko, 2013). Generally speaking, the information provided by young people, parents and service workers was in line with the findings published in scholarly articles.

Description of the guides

These guides are aimed at parents, physical education instructors in schools, sports club trainers, occupational therapists and all those who are concerned about sedentary lifestyles among young people with functional limitations. The guides describe young people with limited mobility or an intellectual, visual or speech impairment, outline the facilitators and barriers to their participation in sport, and set out recommendations on ways of fostering the inclusion of these youth in sport.

Each practice guide, about 30 pages in length, has five sections. The first section discusses physical activity for the target group. The second describes the benefits of participation in sport for these young people. The third describes the barriers they face, depending on their impairment. The fourth section presents existing programs and tools that support their inclusion in sport. The last part summarizes recommendations from service providers and articles on ways of fostering participation in physical activity for each target population, including through communication strategies and the adaptation of environments and activities.

A fifth guide has also been prepared (Bédard & Drolet, 2013b), consisting of a common appendix to the four other guides. This appendix has lists of organizations, programs and foundations in each of Quebec's 17 administrative regions that support involvement in sport for young people with functional limitations. All of these guides are available through the UQTR electronic library on leisure (<http://bel.uqtr.ca/>).

In conclusion, owing to their commitment to enabling occupation, occupational therapists care deeply about occupational participation (Drolet, 2013) and justice (Townsend & Polatajko, 2013). These five guides are invaluable tools that occupational therapists can use to support practice in pursuit of their ideal of a fair and inclusive society. The guides also illustrate how the expertise of occupational therapists is relevant to addressing major social problems.

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Work and the double jeopardy of age and disability

Reg Urbanowski and Ken Ludwig

According to the 2011 census, 9.6 million Canadians are baby boomers. This represented 29% of the total population and approximately 45% of the working population in the 2011 census (Statistics Canada, 2012). VanDalen, Henkens, and Schippers (2013) suggest that, given the size of the baby boomer population and the fact that people are living longer, there should be concerted efforts aimed at “rescheduling life’s turning points, so that people can remain active and productive” (p. 309). The authors also report that productivity is often maintained or increased in a labour force that is older. As reported by Denton and Spencer (2009), an expert panel of older workers convened by the Minister of Human Development and Social Resources Canada in 2007 emphasized “the potential benefits, both to the workers themselves and to the economy generally, of measures that would encourage and facilitate higher rates of labour force participation on the part of older workers” (p. 490).

As workers age, they tend to miss more days of work due to illness and disability than for personal and family reasons (Hopman et al., 2009). Hopman and colleagues found that those aged 20-24 years missed on average 5.9 days per year, compared with 10.3 days for those aged 45-54 years, and 13.2 days for those aged 55-64 years. Amabile and Kramer (2012) suggest that people have an innate desire to find personal meaning in their work lives. Older workers may encounter a double jeopardy because being older and having a disability or chronic illness is a cumulative risk where each plays on the other. Occupational therapists who consult to, or work in return-to-work, disability management, human resource management or organizational development programs will want to take this understanding into account.

There are two distinct purposes of this paper. The first is to introduce readers to the notion of the double jeopardy of aging and disability. It will also discuss the roles that occupational therapists might play in mitigating the effects of this double jeopardy in the workplace. The second purpose is to introduce readers to terms and concepts found in the human resource and organizational development literature that align well with occupational therapy and occupational science, and suggest opportunities for expanding occupational therapy roles.

The essential linkage

Occupational therapists have a broad and holistic understanding of occupation as ‘work’ that goes to the heart of the relationship between individuals and their employing organizations. The occupational therapist’s understanding of meaningful participation in occupations when merged with perspectives

from organizational development literature creates tremendous possibilities for social change. From the organizational development perspective, Senge (1990) suggests that personal mastery [finding personal meaning] is a core discipline within an effective learning organization. Collins (2001) speaks to the need for organizations to have a clear understanding of their purpose in order to make work meaningful. Wheatley (2005) counsels organizational leaders to keep meaning at the forefront in their practices.

Figure 1 shows how personal meaning creates value through vocation and work within the context of community, summarizing the nexus of the theoretical foundations of occupational therapy and organizational development. As humans, we experience personal meaning through a sense of vocation or meaningful occupation – that which we do in the world or the difference we make in the universe. This essential linkage of the desire for personal meaning through vocation, to engagement with work, does not function in isolation but rather is embedded in its ecosystem. An occupational ecosystem is the relationship between occupations and the environment in which they are embedded (Urbanowski, Shaw, & Chemmutter, 2013). The relational nature of personal identity drives our impulse toward belonging (Weinreich & Saunderson, 2003; Baumeister & Leary, 1995). The identity and purposiveness in personal meaning as well as its expression provide the basis for self-worth. Our sense of vocation or meaningful occupation further leads us to seek to engage with specific work that produces or contributes some value (Amabile & Kramer, 2012). When people lack a sense of personal meaning and sense of vocation, they are disengaged from work, which is sometimes exhibited by loss of productivity or work quality and loss of viable social relationships (Wheatley, 2005).

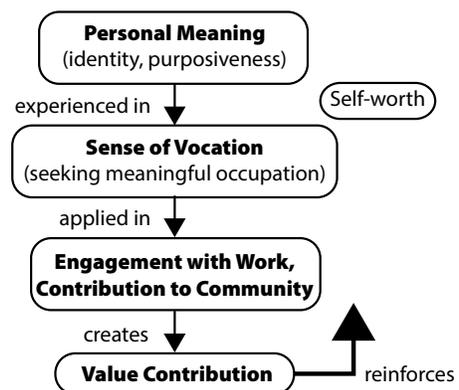


Figure 1. The relationship between personal meaning and value contribution.

As the current organizational development literature suggests (Senge, 1990; Collins, 2001; Wheatley, 2005), organizations will truly engage their people with the work that needs to be done, to the mutual benefit of organization and individual, only so far as their leaders honour the personal sense of meaning that individuals strive to know and experience in the workplace. The notion of leaders facilitating personal meaning within the workplace challenges the traditional management culture of creating uniform expectations for the treatment of employees.

Innovative practice

Occupational therapists are ideally suited to position themselves as organizational development consultants, human resource advisors and professionals with a particular focus on occupational adaptation and meaningful occupation. The potential job market for this role is significant, given the bulging boomer population with its increasing rate of disability. The literature is replete with options for flexible schedules, telecommuting (working from home), telework (working using technology), on-boarding programs (integrating new employees into the organization), job carving (making two or more jobs out of what was one job), performance management, and so on, to meet the needs of an aging boomer workforce that is experiencing disability or chronic illness. Occupational therapists embracing concepts of meaningful occupation, occupational adaptation and occupational ecosystems will enrich the lives of individuals in the workplace, and at the same time address organizational goals and societal needs by maintaining an older productive workforce.

Table 1 demonstrates the value add to a desired outcome when an occupational therapy practice or occupational science concept is used. For example, job carving is a process where tasks are

‘carved out’ of a job to enable a person to complete meaningful work contributions to his or her organization or community. An occupational therapist could bring a different dimension of understanding and practice by introducing occupational analysis techniques, ensuring meaningful participation and adaptation of the total environment. This could be accomplished by creating a proof of concept document that would outline the value propositions for occupational therapy and explain the feasibility of using occupational therapy within the bedrock of an organization’s services to employees. In tandem with this document would be a sound business plan outlining tactical and operational objectives with respect to the organization’s financial goals, including a business case for occupational therapy services. The business case might highlight increased productivity, enhanced employee engagement and reduced sick time or long-term disability absences. These two documents would provide the foundation of the occupational therapist’s program evaluation protocols, including process and outcome indicators that are meaningful for the individual, the organization and the value of occupational therapy to both.

Conclusion

Baby boomers who wish or need to work beyond the typical age for retirement from the paid workforce have tremendous capacity and in some cases significant challenges. Occupational therapists are well positioned to support older individuals in remaining in the workforce by taking on roles as strategic policy consultants to government and industry, and as service providers, managers and researchers. While some occupational therapists may already be addressing the double jeopardy of age and disability through their work in reintegrating individuals back into the workplace,

Table 1. Enhancing conventional human resource and organizational development practices through occupational therapy.

Human resources or organizational development practice	Enhanced occupational therapy perspective or intervention	Value add to desired outcome
Policy development, application and evaluation	Occupational lens creates possibilities for occupational and organizational adaptations for meaning and productivity within occupational ecosystems.	Human resource policies enhanced to align with organizational and individual goals; enhanced talent readiness pool.
Job carving	Comprehensive task analysis; work unit assessment.	Fulsome job development and evaluation.
Performance appraisal	Linking meaningful participation to productivity for person and work unit.	Performance tied to meaningful activities for organization and individual.
Job accommodation	Understanding how occupational ecosystems operate; knowledge and skills to make accommodations work.	Accommodation based on a work process or work unit accommodation – not merely the individual.
Flexible work arrangements (flex time, telecommute, etc.)	Application of activities of daily living (ADL) time and space (such as energy conservation, fatigue management, stress management).	Life planning for individuals; personal goals and objectives aligned with organizational goals and objectives.
On-boarding	Pre-employment assessment of individual and environmental review of proposed worksite and establishing the link between them (the essence of occupation).	Orientation for person, work unit and supervisor(s); talent development built on strengths, not deficits.
Team building	Acknowledge teams as basic building blocks (occupational ecosystem, group work, team occupation analysis).	Learn to tie meaningful occupations to team functions as opposed to job functions.
Work process design	Process built on an occupational ecosystem where occupations are chained together with meaning.	Work process assessment, design and implementation that are built on meaning as opposed to task.

this paper strongly emphasizes occupational therapists' capacity to advocate, support individual enablement and promote organizational change for the benefit of older workers who are at risk of forced retirement, termination or exploitation due to their need for paid work to sustain themselves and their families. These occupational therapy roles would be especially valuable with and for older individuals with illnesses or disabilities, and those working in marginal occupations that are characterized by a lack of worker protection, low wages and job instability. Envisioning the integration of occupational therapy into mainstream human resource and organizational development work processes opens tremendous beneficial possibilities for older workers facing double jeopardy, employing organizations and society at large.

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Visions of possibility: Using institutional ethnography as a theory and method for understanding contexts and their ruling relations

Annie Carrier and Birgit Prodinge

Enacting occupation-based practice and responding comprehensively to clients' occupational needs may be restricted by health-care funding and organizational policies, limiting opportunities for occupational therapists to engage in social change. Occupational therapy practice, as conceptualized in the Canadian Practice Process Framework (CPPF) (Craik, Davis, & Polatajko, 2013), occurs within practice and societal contexts. Contexts, which may include professional associations, institutional regulations and funding agencies, implicitly lay foundations upon which occupational therapy practices are coordinated, and may enable or restrict what clients and professionals can do (Townsend & Brintnell, 2002). To pursue visions of possibility, occupational therapists need to be aware of how contexts 'shape' occupational therapy and how they themselves contribute to 'shaping' contexts.

Institutional ethnography (IE) (Smith, 2005), a social science theory and method of inquiry, has been used to reveal how contexts shape the delivery of health and social services and how this knowledge can empower those like occupational therapists to change these services. As such, it seems promising

for understanding how occupational therapy practice occurs in contexts. By building upon previous applications of IE, this article aims to demonstrate the strengths of this theory and related method of inquiry for guiding critical reflections in and on everyday practice, identifying occupational challenges, and defining possible solutions through occupation-based practice.

To map the range of IE's usefulness in the health field, a scoping study of the scientific literature was conducted. Qualitative data were extracted using a thematic chart and analyzed by means of content analysis. Empirical examples were then linked to the stages of the CPPF. The CPPF is a relevant tool and conceptual framework for clinicians; it intends to facilitate the clarification of a problem's nature and lead to the identification of possible solutions.

Institutional ethnography's tenets applied to health care contexts

Institutional ethnography builds upon eight tenets, listed in the upper part of Table 1, which can be applied to health-care contexts.

Table 1. Overview of eight tenets informing institutional ethnography followed by questions to guide critical reflection on and in occupational therapy practice.

TENETS INFORMING INSTITUTIONAL ETHNOGRAPHY APPLIED TO HEALTH-CARE SERVICES (INSPIRED BY SMITH, 2005)
1. Health-care systems are socially organized through the coordinated activities of professionals and clients.
2. The coordination of these activities remains invisible or implicit.
3. Such activities are ruled within relations of power in practice and societal contexts that evolved historically.
4. Documents are significant in mediating power structures and concepts within ruling relations.
5. Ruling relations create standardizing relations that may create a disjuncture between what people want to do and actually can do.
6. Ruling relations might impede intentions to enable occupational or social justice and even lead to social injustice or exclusion.
7. Starting to trace the ruling relations at the standpoint of people, that is, where people are actually active in their daily lives, discloses how ruling relations and the activities of people are coordinated.
8. Explicating ruling relations opens up critical understanding of power within these relations, and offers an opportunity for empowerment.
QUESTIONS TO GUIDE CRITICAL REFLECTION ON AND IN OCCUPATIONAL THERAPY PRACTICE
1. Which documents mediate my occupational practice within organizational processes?
2. Whose activities and practices become coordinated through these documents? How am I situated within these relations?
3. Which concepts and elements are addressed in these documents, including documentation forms or standardized assessments?
4. What kind of knowledge (e.g., technical or tacit knowledge) is represented within these concepts and, as such, valued within the ruling relations? Who holds cognitive or ideological authority to determine the concepts prevailing in the ruling relations?
5. Which concepts and elements represent core values of occupational therapy practice? Which core concepts and elements of occupational therapy practice remain unaccounted for in the documents active in my setting?
6. What are taken-for-granted concepts within practice and service provision, and how are such concepts enacted and expressed in my practice?
7. How are practices currently organized within service provision in my setting that may impede accessibility of occupational therapy services for marginalized or vulnerable individuals or groups?

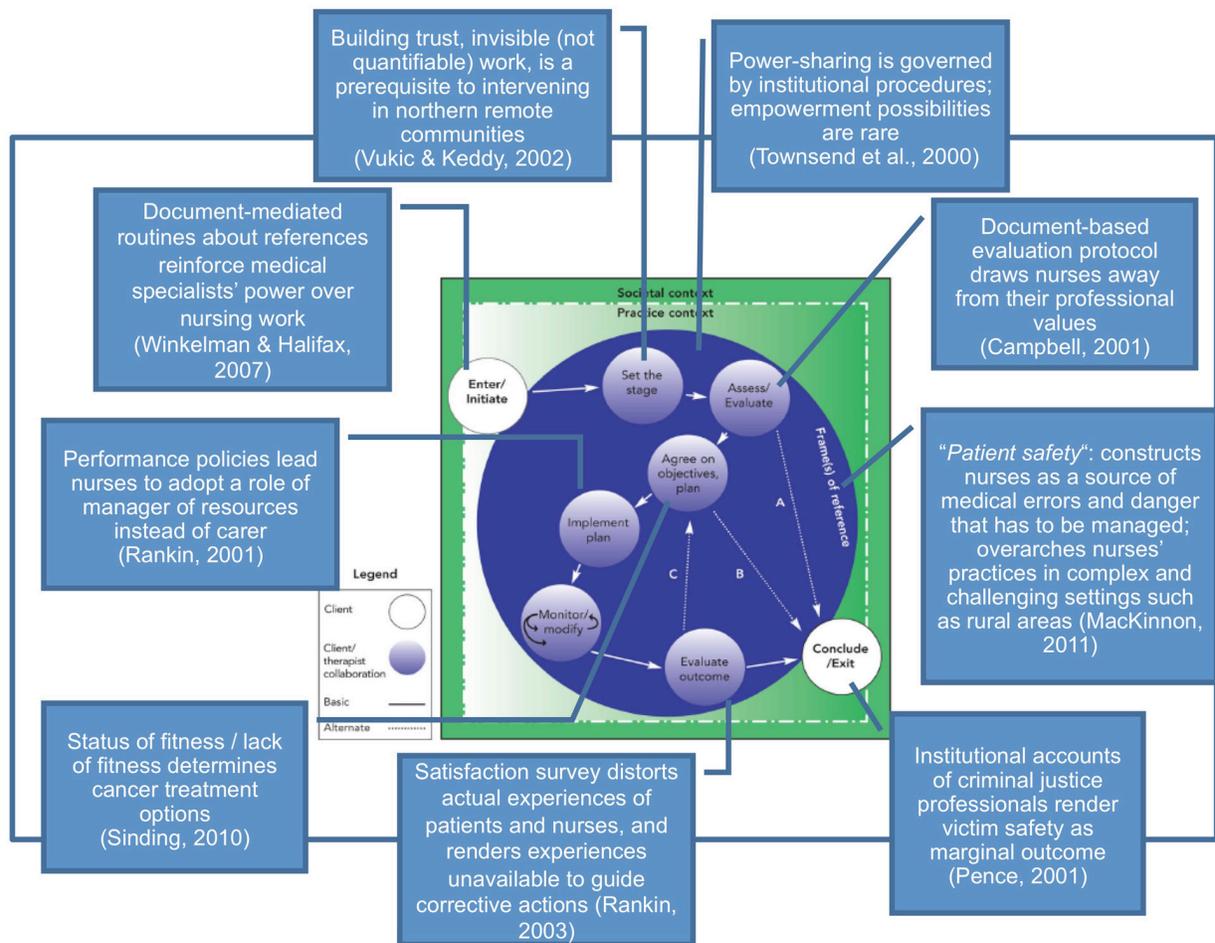


Figure 1. Empirical examples linked to the Canadian Practice Process Framework (Craik et al., 2007).

According to IE, health-care systems are *socially organized* through what Smith (2005) calls the *coordinated activities* of professionals and clients. Examples of coordinated activities could be occupational therapy assessments or evaluations of outcomes, which are coordinated with team member decisions regarding service delivery and discharge plans, as well as the agencies providing the funding for these services. Often *invisible* or *implicit*, the coordination of activities is accomplished through *ruling relations* that shape and are shaped by historically evolved *power structures* in the practice and societal contexts. For example, Townsend (1998) has illustrated how medical power structures overrule the practice of mental health occupational therapists who attempt to base practice on their occupational therapy values.

Power structures and concepts within ruling relations are mediated through *documents* (e.g., assessment forms, health policies) and individuals' interactions with those documents. Such relations may create a *disjuncture* between what professionals *want* to do and what they actually *can* do. For example, occupational therapists might want to take into account their clients' spiritual needs, but the documentation forms applied in their setting do not allow for reporting these needs. The disjuncture may create a tension in enacting occupation-based practice.

Critically interrogating documentation forms as texts mediating the ruling relations in their setting expands occupational therapists' understanding of what is reportable and, as such, accountable within this particular setting. To make ruling relations visible as they are enacted in everyday life, starting from the standpoint of actual people (e.g., professionals and clients²) is essential for institutional ethnographers.

Explicating ruling relations leads to a critical understanding of power within these relations and reveals opportunities for clients and professionals to assume and enact their *own power*. Empirical examples linked to the stages of the CPPF highlight how contexts may impact upon everyday professional practices (Figure 1).

Opening up innovative solutions to meet occupational challenges

As experts on the influence of the environment on individuals' engagement in and performance of occupations, occupational therapists can expose how contexts impede social justice and restrict the inclusion of marginalized or vulnerable populations in society. Occupational therapists are equipped to understand and describe the complexity of everyday life. Mapping this complexity to ruling relations mediated by organizational documents, as

¹Detailed description and discussion of this figure are beyond the scope of this paper.

²The word 'client' itself is embedded in ruling relations stemming from a managerial and market-like vision of public health-care services.

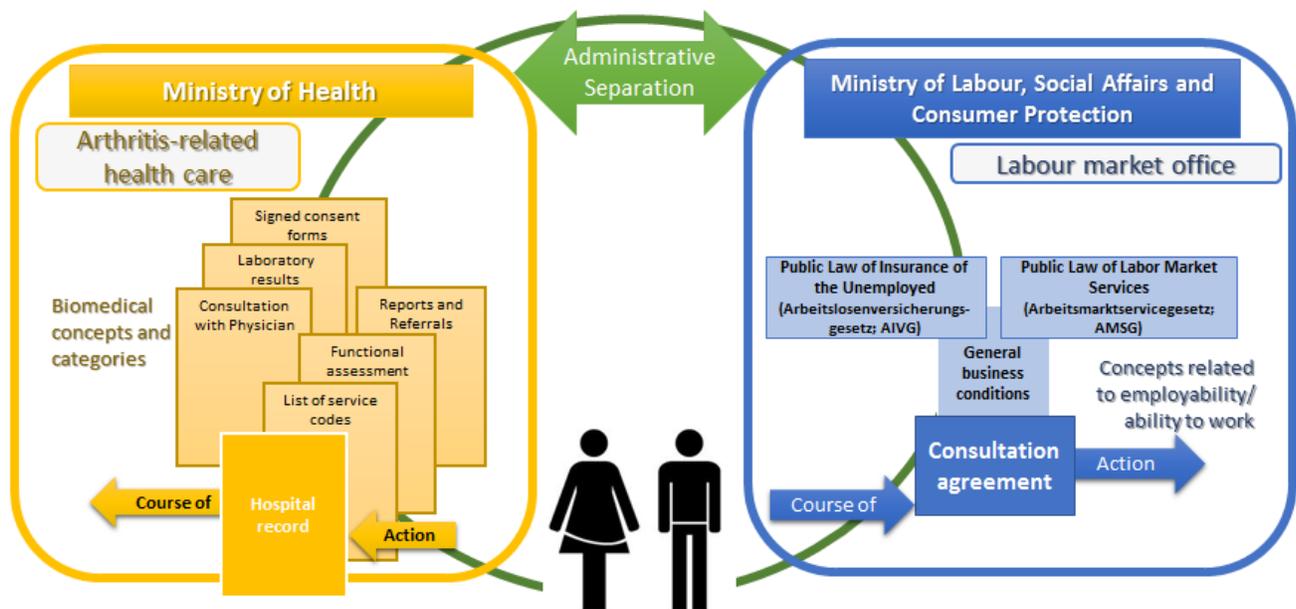


Figure 2. Illustration, using IE, of ruling relations for individuals with rheumatoid arthritis living in Austria.

The figure illustrates how individuals access arthritis-related health care on the left side, and services of Employment Affairs at the right side. Biomedical concepts mediate the ruling relations in arthritis-related health care. In contrast, concepts related to employability and ability to work rule the services of Employment Affairs. In both services, the concepts are taken up in the documents completed or filled in at the actual encounter with the individual (e.g., hospital records, consultation agreement) and can be then traced back to policy texts. The two services are administratively separate, implying that what goes beyond concepts addressed in the respective ruling relations is not necessarily attended to in organizational documents at the

respective services. It remains with the individuals to overcome this separation, as the experiences of living with rheumatoid arthritis and participating in paid employment are strongly interwoven in their daily lives. Occupational therapists' location within the health-care system interferes with their capacities to fully enable their clients' participation in everyday life, including in their significant roles as employees. Occupational therapists may advocate for making prevailing ruling relations a more efficient and coherent system that considers a multiplicity of views, rather than ruling relations distinct from each other with no accountability for dialogue and efficiency (Proding, 2012).

suggested in IE, may guide occupational therapists in identifying possible actions to overcome social injustice and exclusion. Figure 2 provides a brief example of how this may be done.

By critically reflecting on their own practice, occupational therapists can gain insight into the influence of ruling relations affecting their profession and practice. Occupational therapists can apply this analytical expertise to their own and other organizations to plan, influence and carry out change in contexts where possibilities for occupation-based and client-centered practices are restricted. In fact, applying their expertise to understand contexts and ruling relations can lead occupational therapists to opportunities for the development of more conscious approaches to decision-making at the practice and societal levels. Opening up such discussions can pave the way to reconsiderations of which dimensions of individuals' daily lives are and should be included within particular documentation systems.

As a first step, occupational therapists are encouraged to critically reflect upon the *document-mediated* relations ruling their practice. The questions outlined in the lower part of Table 1 are intended to assist in getting started with *critical reflection*.

Conclusion

With its potential to make ruling relations in health and social care contexts visible, IE can enhance occupational therapists' consciousness of how contexts impact upon occupational therapy practices, from their clients' standpoint and their own. Understanding ruling relations opens up possibilities and grants insights into opportunities for the empowerment of occupational therapists and their clients, leading to innovative solutions to meet occupational challenges in society.

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Equine-assisted therapy: Occupational therapists as key facilitators

Danielle N. Naumann and Henderika E. Penning

Young Canadian adults with autism represent a population at risk for occupational injustice as they 'age out' of eligibility for rehabilitation and support services. By advocating for the presumed competence of their clientele, occupational therapists can minimize the issues faced by this population. Through consultation with community facilities, occupational therapists can enable collaborative opportunities for continued engagement in valued occupational roles. One area of particular potential, where occupational therapists have not been extensively involved, is equine-assisted therapy. With an increasing public interest in the application of animal-assisted therapy, there is a call for occupational therapists to become more involved in its functional applications.

Autism and the transition to adulthood: A need for community involvement

Formal Canadian programming for autism includes school-based programs, funding support for therapeutic interventions, respite care, and a range of other valuable interventions for families and children. At the age of 21, however, recipients become ineligible for many of these programs – a process known as 'aging out,' which is associated with a jarring decrease in opportunities for occupational engagement. Research indicates that people with autism have similar aspirations to their peers without disabilities, yet they experience more obstacles during the transition to, and during, adult life than those of their non-disabled counterparts (Stewart et al., 2010). In addition, employment rates for individuals with autism, regardless of intellectual ability, reportedly range between 4.1 and 11.8 % (Taylor & Seltzer, 2011).

While the sensory, physical, cognitive and communicative limitations associated with a diagnosis of autism clearly represent a spectrum of person-level barriers, the absence of societal supports contributes to the experience of occupational alienation, occupational deprivation, occupational marginalization and occupational imbalance. Barriers at the occupation and environmental levels often represent the most significant challenges to successful transition into adult roles for people with autism (Stewart et al., 2010). As rehabilitation providers concerned with the occupational performance and engagement of individuals across the lifespan, this is an issue that is important for occupational therapists to address in their practice.

Equine therapy is a popular approach to addressing many of the deficits associated with autism, with as many as 11% of caregivers indicating that they have sought out therapeutic riding services for their child with autism (Bass, Dochowyn, & Llabre, 2009). Associated with positive outcomes in physical, cognitive, psychological, communicative and social domains, the literature on equine-assisted therapy represents a range of testimonies and case histories describing its therapeutic value (Bass et al., 2009; Cantu,

Example: Creating opportunity through community partnerships

DreamCatcher Farm in Inverary, Ontario, is an extensive facility that hosts equestrian shows, events and clinics throughout the year, in addition to providing boarding, leasing and lessons to local clientele. The owner of this facility has been actively involved in the creation of co-op placements for local students with autism, and is open to the possibility of creating paid vocational positions following high school graduation. While students with autism can present with person-level barriers to obtaining typical adult roles in the community, the creation of a supportive vocational community is beneficial to all the members of the stable community, and could include:

- Increased interest from stakeholders regarding certification as a therapeutic riding facility;
- Increased interest in riding lessons from the local autism community;
- Development of grant support opportunities from community, provincial and national organizations to encourage the development of an inclusive environment;
- Opportunities for ongoing consultation with rehabilitation professionals, providing client-centred services and best-practice recommendations;
- Dedicated paid employees, contributing to the stable community.

DreamCatcher Farm can be contacted at: dreamcatcherfarm.ca

2005; Meregillano, 2004; Latella & Langford, 2008). However, there is minimal high-level evidence regarding its efficacy as a therapeutic modality in itself. Contributing to this issue is the widespread confusion between two popular types of equine-assisted therapy: hippotherapy and therapeutic riding.

Hippotherapy is a rehabilitation treatment that uses the multidimensional movements of the horse as a therapeutic tool to facilitate active gross motor control. It is used as an adjunctive therapeutic intervention, and has been found to effectively enhance other approaches in order to facilitate basic performance skills (Cantu, 2005). Hippotherapy incorporates the horse itself as part of the plan of care, and can only be provided by a rehabilitation professional with specialized training who directs the horse handler and therapeutic riding instructor (Canadian Therapeutic Riding Association [CanTRA], 2012; Latella & Langford, 2008). It is not currently regulated in Canada and education standards are currently set by the American Hippotherapy Association

(CanTRA, 2012).

Therapeutic riding does not require the participation of a rehabilitation professional and is facilitated by the therapeutic riding instructor. It is founded on the recreational pleasure associated with horseback riding, with the goal of increasing quality of life by facilitating participation in an activity that represents a favourite hobby for many people (All, Loving, & Crane, 1999). Therapeutic riding has been used to treat a variety of people with disabilities, and uses horseback riding to improve posture, balance and mobility while developing a therapeutic bond between the person and the horse (Bass et al., 2009). It often also includes the activities associated with stable management.

Equine-assisted therapies are emerging as a popular option for therapeutic intervention, yet there has been little clinical application in occupational therapy. The Canadian Therapeutic Riding Association (2012) recommends that occupational therapists do not claim to offer hippotherapy services without having received the recommended advanced training through the American Hippotherapy Association. However, even without advanced training and competency in equine handling, rehabilitation professionals are in an ideal position to consult within their areas of expertise in order to facilitate the creation of supportive environments for occupational engagement relating to horses. The majority of facilities offering therapeutic riding services do not have occupational therapists available to consult with clients and instructors, and the authors' involvement with several of these facilities over the last six months has indicated that the key stakeholders in these facilities would welcome occupational therapy expertise.

Visions of possibility for occupational therapy facilitation

An effective approach to facilitating transition of children with autism into adulthood is that of capacity building at the community level (Stewart et al., 2010). By consulting with community partners and informing key stakeholders of the strengths and benefits associated with providing opportunities for the participation of youth with autism, occupational therapists can facilitate the development of symbiotic partnerships between individuals and communities that support successful transition to adulthood.

Presume competence: Donnellan (1984), wrote that "...the criterion of the least dangerous assumption holds that in the absence of conclusive data, educational decisions ought to be based on assumptions which, if incorrect, will have the least dangerous effect on the likelihood that students will be able to function independently as adults" (p. 142). She concludes that "...we should assume that poor performance is due to instructional inadequacy rather than to student deficits" (p. 142). From the perspective of occupational therapy, Donnellan is encouraging us to presume competency and an ability to learn in students with disabilities. To do otherwise disregards the potential for these students to engage in productive activity.

Construct competence: The construction of competence in people with autism begins with openness to changing beliefs and actions, thereby creating opportunities for vocational success. To illustrate, consider the example of restricted interests – a hallmark

Case study

Under Ontario Ministry of Education Policy/Program Memorandum 156 (2013), exceptional students over the age of 14 with an individual education plan (IEP) require an interdisciplinary transition team to design and support a person-centered transition plan for when students 'age out' of childhood services. Drawing from the experience of stakeholders representing the student, their caregivers and community, as well education and health-care systems, this collaborative approach ensures that the student and community have the capacity for engaged participation in meaningful occupations following high school graduation. Emerging as a person-centered planning process, sources of support for transition plans are drawn from a range of resources available to the individual, allowing for innovation and capacity-building at the community level.

Imagine you are on your way to a transition team meeting to discuss a possible co-op placement at a horse stable for a high school student with an IEP. In advance of the meeting, the teacher shares with you the following information: Hayden is an 18-year-old with concurrent diagnoses of severe autism and a hereditary motor and sensory neuropathy. His motor movements are uncoordinated. He is hypersensitive to certain environmental stimuli and demonstrates some sensory processing deficits. When he becomes frustrated by a task or situation, he sometimes hits himself or others. He requires assistance with most activities of daily living. He is non-verbal and communicates through limited sign language. Given this information, what is going through your mind right now about the likelihood of this being a successful co-op placement for this student? What goals can you realistically expect regarding this placement? At the meeting, however, Hayden's caregiver offers insight into a functional profile that focuses on his relative strengths rather than deficits. She reports that Hayden has been attending the proposed co-op site for weekly riding sessions for over two years. During this time, she has noticed that his functional communication has improved dramatically and she believes that the environment has motivated the observed changes. This past summer, with the full support of the stable owner and the assistance of a job coach, he regularly completed several typical stable activities. Hayden is well-known by the stable community, who often comment on how hard he works. He is proud of the work that he does and communicates incessantly about the barn through signing. His caregivers imagine a future for him working as a barn assistant upon completion of high school. Given this new information, have your assumptions about this student's abilities changed? What can you do as a school or community-based occupational therapist to ensure the best possible transition outcomes leading to vocational readiness for this particular student?

feature of autism. Often, if these interests seem too perseverative, they are thought to be best addressed with a behavioural technique called 'planned ignoring and redirection.' But what if we took an opposing view? That rather than restricted and perseverative, such interests are better described as those passions that capture the mind, heart, time and attention of individuals with autism (Winter-Messiers, 2007). From this position we are able to take a strength-based approach to exploring vocational opportunities that best reflect the interests of people with autism.

Jorgensen (2011) argues that if we adopted the viewpoint that all people with autism have strengths, that their fascinations offer a view into their world perspective, and that their challenges are signs that they need better supports, then we would see that the first struggle of someone with autism is overcoming prejudice and misunderstanding. Furthermore, when a person with autism experiences a challenge, we would look first to how the environment (including the social environment) might need to be changed to include the supports that they need in order to overcome barriers, rather than current expectations surrounding person-level changes.

Visions of possibility for occupational therapists as key facilitators

In a consultative role, occupational therapists can act as key facilitators to the development of functional rehabilitative programs supporting populations who are naturally motivated by interactions with horses. With unique skill sets, education and clinical experience, occupational therapists can guide the development of inclusive and supportive environments associated with successful transitions to adult roles. Occupational therapy oversight in the development of individualized programs can ensure appropriate adaptations to address motor, sensory and cognitive needs, and the individual's personal preferences (Meregillano, 2004). In addition, participation of occupational therapists can help individuals' participation in community-based programs evolve into vocational opportunities, as illustrated in the example found in the textboxes in this article.

It is highly likely that the occupational therapist is the sole professional on IEP transition team that has been trained to ask the 'whole person' questions about transition plans for high school students with disabilities. Whether privately or publically funded, their participation in the discussion is critical to a shift toward recognizing competency in clients with autism and advocating for the continued construction of competency in the systems and communities governing opportunities for vocational readiness. Occupational therapists who advocate for the emergence of similar transition programs can figure prominently in changing the societal beliefs around competency, and contributing to supportive community living environments associated with optimal outcomes in vocational placement and occupational engagement in adults with autism.

Tying it all together: Hayden and Dream Catcher Farm

Developing skills and working toward meaningful vocational opportunities is crucial for Hayden. It's about creating a quality of life and a sense of self-worth and social belonging that many of us just simply take for granted. Key to successful transition is the intersection of the clients' interests and the support available to them. While it is important to remember that restricted interests can lead to impairment, client-centered practice that takes on a strength-based approach and considers the interests of clients can provide a foundation on which to build competence and successful transitions.

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Connecting the dots: A social determinants of health community of practice

Dawn James, Theresa Sullivan, Kaitlyn Kitchen, Alana Hosegood, Elizabeth Isaak, Lisa Salter and Dorothea Toews

Manitoba occupational therapists are increasingly employed in diverse practice environments, often as the only occupational therapist on-site. Therapists working in these emergent roles often encounter similar practice challenges. Common barriers to occupational performance and engagement experienced by clients often pertain to the social determinants of health as identified by the Public Health Agency of Canada (PHAC) (2011) related to income and social status, support networks, education, personal health practices, healthy child development and access to health services. Low literacy, unemployment, unstable housing, prejudice and other forms of occupational injustice make it difficult for these clients to engage and integrate into mainstream society. Social services are often limited or unable to adequately support marginalized persons, which furthers disempowerment and occupational deprivation (Wolf, Ripat, Davis, Becker, & MacSwiggan, 2010). Occupational therapists are well situated to address these complex issues.

An impetus to form a community of practice (CoP) emerged in 2012 after a small group of Winnipeg occupational therapists who were working with clients facing occupational injustice struggled to find appropriate models of practice to address the needs of their clients. Though the therapists gained knowledge and support from interprofessional colleagues, literature and training, they often felt isolated from the larger occupational therapy community. They began to consult with each other informally, and over time saw an opportunity to support other occupational therapists facing similar challenges and established the *Occupational Therapists Working with Vulnerable and Marginalized Persons Interest Group*. Communities of practice have been defined as “groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly” (Wenger, 2006, p. 1). The goal of this CoP is to improve occupational therapy services provided to clients who experience occupational injustices by providing grassroots support from other occupational therapists. The CoP connects occupational therapists who work with clients challenged by a range of barriers to achieving social health (PHAC, 2011), as well as interested students and faculty from the University of Manitoba. Members use client-centred and strengths-based philosophies as the foundation of client interactions. Harm reduction (Canadian Harm Reduction Network, n.d.), the Transtheoretical Model of health behaviour change (Prochaska, Redding, & Evers, 2008), Psychosocial Rehabilitation (Psychosocial Rehabilitation Canada, 2009) and the Occupational Performance Process Model (Fearing, Law, & Clark, 1997) are common frameworks for practice.

Group members collaborate through bimonthly meetings, email and information sharing through a free online data

storage website. Involvement via teleconferencing and information sharing outside of scheduled group meetings has been instrumental in minimizing participation challenges. Each 90-minute meeting occurs at a central location and is structured to provide opportunities for networking, consultation and peer support, as well as to facilitate discussion regarding practice issues, theoretical frameworks, community resources and professional development.

Group momentum continues to grow, illustrating the need to support occupational therapists in emergent areas of practice to help mitigate common challenges including isolation, burnout and vicarious trauma. Members engage in ongoing reflection and work together to develop a dynamic CoP. Anticipated future directions include a possible name change to reflect a more strengths-based approach, further theoretical exploration, development of resources and liaising with interdisciplinary colleagues. The CoP also plans to explore action research (Reed & Hocking, 2013) as a process for evaluating learning and professional development. We are interested in networking with other occupational therapists working with similar practice challenges.

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Visions of possibility: Snapshots of three themes

Engaging with students

Creating everyday solutions in a multi-site nurse practitioner-led clinic

Katherine Farrah, OT Reg. (Ont.), and Kayla Lofgren, OT Reg. (Ont.), are both from Western University's occupational therapy class of 2013. Katherine can be contacted at: kathfarrah@gmail.com

There are many unaddressed health and social issues in communities, including addiction, poverty and domestic violence. Health clinics provide reliable primary health care for marginalized individuals and provide excellent opportunities for occupational therapists to respond to such issues (Canadian Association of Occupational Therapists, 2013). This paper summarizes a student occupational therapy placement in a health clinic that focused on addressing social issues.

We were the first occupational therapy students to work at a new multi-site nurse practitioner-led clinic in two low-income housing complexes in London, Ontario. As a role emerging placement, there was no established occupational therapy role at the clinic and we were supervised by an off-site preceptor (Bossers, Cook, Polatajko, & Laine, 1997). Our challenge was to bring an occupational lens to this clinic.

We developed and piloted a survey aimed at understanding the strengths and the health and social needs of the clinic population from the perspectives of community members and service providers. This survey was available in the clinic, to service providers and distributed door-to-door. We surveyed approximately seven percent of community members and sent the survey to 20 service providers, 60% of which were completed and returned. The survey results suggested that stress was the highest ranked health concern, followed by hunger. The highest ranked social concerns included employment, domestic violence and parenting. Results were presented to the clinic staff to suggest directions for health-care interventions and future programming. We also offered evidence-based, occupation-focused strategies to promote occupational development in a pre-existing children's program. Clinic staff told us and our fieldwork preceptor that they were pleased with what we accomplished, now recognized the benefits of occupational therapy, and that they are enthusiastic about hosting more occupational therapy students in the future to build on the work we completed and develop programs for the clinic. They would also like to apply for funding to create a position at the clinic in the future. By the end of our placement, the staff had already started to brainstorm ways to implement our suggestions, and hope to offer new programs to the community this year.

The biggest challenge for us was pioneering a role for occupational therapy in a setting where there has never been an occupational therapist on staff before and in a community where

there are many health and social issues. There were also many rewards, including developing confidence in clinical reasoning, communication, self-reflection, professional development and performance management. We may not have had the same level of autonomy in a typical placement. Overall, this is an exciting practice setting for practitioners and an excellent learning opportunity for students.

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Anna's House: How occupational therapy student placements can impact a community

Nicolas McCarthy, CAOT Communications Officer

Anna's House is a family resource centre in Steinbach, Manitoba, which provides service to children, parents and expectant parents. Vicki Olatundun, the executive director of Anna's House, discovered the power of occupational therapy when her own child had fine motor difficulties and was referred to work with an occupational therapist. While working with her son on his fine motor issues, she recognized a paucity of community resources to help other parents and children. She realized that if she had trouble finding a program, most other people would have the same issue.

Vicki contacted the University of Manitoba's occupational therapy program and together they developed a partnership that allowed for two second year occupational therapy students to complete a role emerging fieldwork placement at Anna's House. Carolyn Bergen volunteered her time to help with this placement as the off-site occupational therapy preceptor. Throughout the placement, Carolyn had weekly meetings with the students about their progress.

After considering the needs of the children and parents who access Anna's House, the students began researching and developing a program to help children aged five years and under with fine motor skills needed to perform age-appropriate play and self-care occupations. During the eight week placement, they utilized techniques and therapies they learned at school in new and innovative ways to engage the children and parents. The students developed programs that the children enjoyed, and which are accessible, inclusive and can be taken back home and enjoyed by all family members.

Following the success of the first placement, all stakeholders were interested in continuing the partnership. In a second placement, the



students built on the previous program and developed a program for addressing gross motor skills. The students worked with the children to learn head control, trunk stability, limb control, and walking and running, all of which contribute to performance and engagement in occupations of play, and eventually school.

The occupational therapy students not only developed programs for the parents and children. They also provided recommendations that addressed staff health and well-being, including completing ergonomic assessments and encouraging the staff to take a daily walk together. Vicki reports the staff express better overall health and miss fewer days of work. Vicki has plans to expand the programs to include reading, writing and social skills components with the help of future occupational therapy placements.

To learn more about Anna's House, go to:
<http://www.annashouse.ca/index.html>

Demonstrating population-based change

'A Different Life' tackles mental health in the classroom

Jana Danziger, OT Reg. (Ont.), co-founded A Different Life and became committed to creating change in mental health care for children and youth. Sarah Sheffe, OT Reg. (Ont.), co-founded A Different Life and is passionate about shifting our health-care culture into a preventative framework. Hayley Danziger is a patient advocate and administrator for A Different Life. Her goal is to enhance the school-based program through sharing her personal experiences.

School-based health promotion programming is an extremely useful approach in targeting youth mental health issues, including anxiety and depression (Schwean & Rodger, 2013). A Different Life was founded to introduce health promotion programs within the school system to help students develop meaningful goals related to everyday occupations and to give them tools to reach these goals in the face of great stressors.

Currently, these programs are funded by individual schools, however, we are working on finalizing a partnership with a mental health organization to help fund these programs and the research surrounding their efficacy. Our Different Life programs thus far have run within youth-focused organizations and several Toronto-area high schools. These programs provide concrete strategies

for students to use in coping with anxiety, mood issues and interpersonal conflict. Using simple questionnaires with students, the pre- and post-program measures have demonstrated a marked decrease in stress levels, and an increase in positive feelings related to the future. We continue to collect data to show the long-term effectiveness of our work with youth.

Mindful ACTion, our latest school-based program, is an eight-week health promotion program that helps students to build skills in the areas of stress and anxiety reduction, mindfulness and overall coping. We use these skills to help students reach personal occupational goals. Within the eight one-hour sessions, we cover topics including stigma, yoga, compassion and personal values.

The frameworks that guide the Mindful ACTion program include the Person-Environment-Occupation (PEO) Model (Law et al., 1996), mindfulness-based stress reduction for teens (Meiklejohn et al., 2012), and Acceptance and Commitment Therapy (ACT) (Hayes & Strosahl, 2004).

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The new millennium child: Enabling occupational balance between technology and healthy activity

Cris Rowan, BScBi, BScOT, SIPT, author of Virtual Child – The terrifying truth about what technology is doing to children, is a passionate writer and speaker regarding changing the ways in which children use technology.

Use of television, video games, internet and cell phone technologies are endemic in 21st century culture, but what is the impact on the developing child?

Four critical factors that enhance child development and learning are movement, touch, human connection and access to nature, all which are grossly impeded by technology use (Rowan, 2010). While the American Academy of Pediatrics (2001) recommends only one to two hours per day of combined technology use, children average 7.5 hours per day (Active Healthy Kids Canada, 2012). Sedentary, overstimulated, isolated and often neglected (Pagani, Fitzpatrick, Barnett, & Dubow, 2010), one in three children currently enter school developmentally vulnerable (Human Early Learning Partnership, 2013), one in four are obese (Tremblay & Willms, 2003), one in six have a diagnosed mental illness (Waddell, 2007) and one in 11 are considered addicted to technology (Gentile, 2009).

An emerging role for occupational therapists is in the area of promoting balance between critical factors for child development

and learning, and technology use. A holistic intervention approach requires occupational therapists to routinely screen children for technology overuse and provide families with appropriate education, support and technology management strategies. Balance between healthy activity and technology is key.

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Key enabling skills for diverse students: Possibilities for school-based occupational therapy

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Inclusive education has increased the demands on teachers to address diverse student needs. With school-based occupational therapy (SBOT) practices focused on individualized student supports, service needs remain high and wait times significant (Villeneuve, 2009). Shifting SBOT practice beyond enablement of individual students to capacity building of teachers is one potential solution. The Partnering for Change approach (Missiuna et al., 2012), in which occupational therapists partner with educators and parents, can be generalized to increase the overall enablement of students with diverse needs.

Translating this service model into practice is challenging. Guided by the enablement skills of the Canadian Model of Client-Centered Enablement (Townsend, Polatajko, Craik, & Davis, 2013) (see Figure 1), we propose strategies for implementing this approach using an illustrative example of an SBOT service in Montreal. Starting each school year, the occupational therapist meets with school staff to *consult* and *collaborate* in identifying and prioritizing classroom issues and goals that shape the palette of enabling skills to be applied. With teachers' heavy workload, occupational therapists must *advocate* for protected time for collaborative meetings. Occupational therapists may *educate* school staff on developmentally appropriate fine motor activities,

adapt classrooms for accessibility, and *design* inclusive social play programs. Occupational therapists *coach* school staff and parents to implement new programs. This capacity building equips educators to identify and address diverse barriers to student developmental and academic success.

Evaluating the outcomes of both student and teacher enablement is essential to justify funding of this approach. Using goals identified at the outset, the Canadian Occupational Performance Measure (Law et al., 2005) could identify both these service outcomes to advocate for this shift in service delivery.

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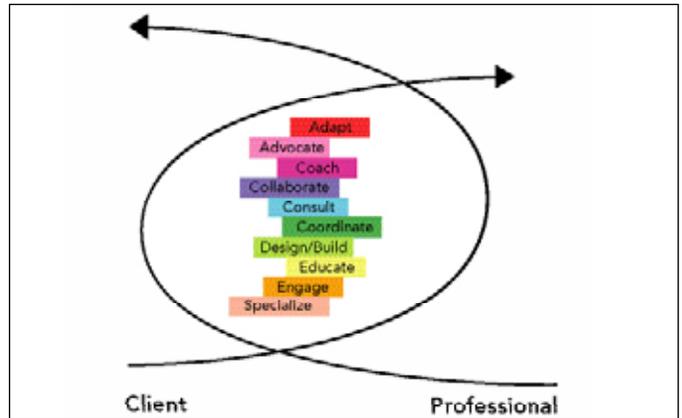


Figure 1. Canadian Model of Client-Centered Enablement (Townsend, Polatajko, Craik, & Davis, 2013).

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Dance Ability: Dreams do come true

Mallory and Jade Ryan are occupational therapists and certified dance instructors who have combined their occupational therapy competencies in enabling individuals with special needs with their expertise in teaching dance through the creation of Dance Ability. For more information, go to: <http://www.danceabilityfun.wordpress.com>

Many young children dream of becoming dancers, and participation in recreational dance classes can play an important role in developing children and youth as occupational beings. Participants develop their self-identity as a dancer while gaining confidence, improving skills and building social supports. Typical

dance programs may not be accessible to individuals with additional needs due to inaccessible facilities or instructors who lack knowledge and skills in adaptive programming.

Dance Ability was created as a new class within an existing dance studio, with the belief that each child is unique, deserves equal opportunities and has the ability to dance. Dance Ability allows children and youth of all abilities to participate in dance classes and a year-end recital. A family and client-centred approach guides programming for the students' meaningful and safe experience, and students' individual goals are achieved through use of volunteer buddies. As occupational therapists, the creators of Dance Ability have invested their time, knowledge and skills to build the capacity of the program to meet individual students' social, physical and occupational goals. They have negotiated with studio owners, recruited and trained volunteers, and maintained partnerships essential to the success of Dance Ability.

Through informal verbal and written feedback to the instructors, families have remarked on the gains in gross motor skills, balance and coordination in their children, but are most impressed by the incredible growth in their children's self-confidence and the development of their self-identity as dancers. Dance Ability's future goals include producing sound evidence of the effectiveness of the program in enabling social, physical and occupational goals of children and youth. With this evidence, the creators hope to expand the program to other locations and to develop programming in other areas of the arts.

Founded on principles of occupational therapy, Dance Ability creates public awareness of how dance, as a student's desired occupation, is both a medium for skill development as well as an achievement of valued goals. Dance Ability students may not jump as high, twirl as fast, or be in perfect synchronization, but their performances will inspire you to believe that their dreams do come true.

Building research and organizational capacity

Occupational therapists teaching in Ethiopia

Tara Laing, OT Reg. (Ont.), and Natalie Quick, OT Reg. (Ont.), work at the Centre for Addiction and Mental Health and are faculty at University of Toronto. For more information, contact: tara.laing@camh.ca or visit: www.taaac.ca

Toronto is home to many people of Ethiopian origin. The University of Toronto developed a collaboration with Addis Ababa University in Ethiopia called The Toronto Addis Ababa Academic Collaboration (TAAAC), created to build sustainable capacity in various Addis Ababa programs. One of TAAAC's programs is focused on developing the rehabilitation program in the country's only psychiatric hospital. Canadian occupational therapists participate in this program by teaching, mentoring and collaborating with hospital staff over the course of a month-long visit. Here, we will report on our TAAAC trip to Ethiopia.

Our trip preparation consisted of reading, watching videos, and meeting with Ethiopians living in Toronto and with the occupational therapists who completed the trip before us. We had to plan lessons, logistics and gifts, and locate hard-to-get supplies. The Ethiopian partners provided transportation to and from Ethiopia,

as well as safe and clean accommodations and daily transportation. We were responsible for negotiating the time off with our Canadian employers, pre-travel vaccinations, as well as our own meals and any travel we did outside of the work day.

We reflected on our motivation for taking the trip, knowing that the impact of our Western presence can be as harmful as it is useful. The Ethiopian people have a rich history and hard-earned wisdom, which warrant recognition if we are to be helpful. As visitors on a trip so brief, we learn more than we teach. As invited partners, we bring theory and Canadian experience, but our Ethiopian colleagues transform these into relevance for the local context. Our primary colleagues were Dr. Abebaw Wassie, a psychiatrist, and Zerihun Mekonnen, a social worker. Mr. Mekonnen is dedicated to the implementation of rehabilitation services in the hospital despite the scarcity of resources and varying attitudes among the medical staff. Ethiopia has very few occupational therapists. However, as a result of TAAAC, a proposal is being developed to start a masters of rehabilitation program in Ethiopia.

Lessons learned: We gained perspective that, even in difficult circumstances, there can be optimism, progress and gratitude for the resources we are fortunate enough to have. We learned flexibility, and that a lack of basic resources does not have to detract from care or learning. We learned about the challenge of finding meaningful, sustainable, low-cost occupations for people discharged from the hospital in Addis Abba, and about 'selling' the benefits of occupation. To be client-centred, we learned the importance of including families, as we found that independence wasn't as highly valued as it is in Canada. Our Canadian notions of 'privacy' and 'safety' changed and we learned to respect the pace and process through which change unfolds in Ethiopia. Our learning on this trip has allowed us to better collaborate with people from low income countries in our work back here in Canada.

Acknowledgements: Dr. Abebaw Wassie and Zerihun Mekonnen, MSW.

Pushing spokes for older folks: Two novel approaches for improving manual wheelchair use among older adults in the community

Bill Miller, PhD, FCAOT, is a professor in the Department of Occupational Science and Occupational Therapy at the University of British Columbia. Ed Giesbrecht, OT(C), and Krista Best, MSc, are PhD candidates in the Rehabilitation Sciences program at the University of British Columbia.

Many older adults rely on manual wheelchairs (MWC) for community mobility but receive little, if any, training in the effective and safe use of a MWC. Poor training can increase the risk of injury, caregiver burden and social isolation, and restrict participation (Mortenson, Miller, Backman, & Oliffe, 2012). We have developed and are testing two new training programs to better meet MWC users' needs.

Enhancing Participation In the Community by improving Wheelchair Skills (EPIC WheelS) is a home training program that uses a computer tablet. An occupational therapist with wheelchair skills expertise conducts two one-hour one-on-one training sessions, assessing learning needs and goals, and providing instruction in skill performance and use of the tablet. Training content, via the

tablet, involves instructional videos and training activities. A mobile Internet device enables voicemail exchange between trainees and occupational therapists, and uploading of tablet data so that occupational therapists can monitor progress. Important others (i.e., family members, friends or caregivers) are invited to participate in the training sessions, where they are also taught strategies and spotting techniques to facilitate the home program.

Wheelchair training Self-efficacy enhanced for Use (WheelSeeU) is a community-based program administered by an older adult peer who is an experienced MWC user. Participants work in dyads, but training is based on individualized goals. To promote adherence and encourage safe community mobility, participants are encouraged to bring an important other to the sessions. The peer-trainer assists participants to generate meaningful wheelchair mobility goals, and then applies problem solving methods similar to those used in self-management programs to achieve each goal.

EPIC WheelS and WheelSeeU provide innovative approaches for addressing the wheeled mobility concerns of an aging population. EPIC WheelS provides privacy, convenience and control for the trainee in a familiar and authentic learning context while reducing the time, effort and expense of travel for both the trainee and the occupational therapist. WheelSeeU provides the advantage of peer-trainers and can be administered in pairs or a group, increasing time efficiency and fostering a sense of community among participants. Together, these programs may address social and economic barriers to increased independence and community participation. The feasibility and effectiveness of these programs are currently being evaluated in two clinical trials. For more information about these studies, please visit our website: millerresearch.osot.ubc.ca/research/participate/

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Screening and intervention in early childhood centres : An innovative practice in occupational therapy

This project was completed in partnership with the occupational therapy program of the Université de Sherbrooke. Authors : Valéry Bouchard (Valery.Bouchard@USherbrooke.ca), Virginie Côté-Paquette, Annie-Claude Desrosiers, Ariane Létourneau, and Marc Richard (occupational therapy students); Diane Groleau, erg., Coordinator at the Clinique universitaire de réadaptation de l'Estrie; Carmen Moliner, erg., M.Sc., Clinical Fieldwork Coordinator; and Mélanie Couture, erg., PhD, Assistant Professor.

In Quebec, one in four children in kindergarten is considered at risk of developmental delay in at least one domain – physical, cognitive, language, social or emotional (Institut de la statistique au Québec, 2013). Research has shown, however, that the earlier they receive developmental stimulation, the better the chances they have of overcoming developmental delays (Department of Education and Early Childhood Development, 2012).

Early childhood centres (public daycare centres in Quebec) are an ideal place in which to screen for developmental issues in young children, as over 65% of young children spend time in a child-care setting (Ministère de la famille et des aînés, 2011). Moreover, occupational therapy interventions delivered in early childhood centres promote the consolidation of learning because they are delivered in a setting that is part of the child's daily life (Jaffe, Humphry, & Case-Smith, 2010). However, few screening tools are currently used in early childhood centres in the Eastern Townships Region of Quebec.

The Clinique universitaire de réadaptation de l'Estrie (CURE), a university rehabilitation clinic of the Eastern Townships Region, is a community cooperative that offers rehabilitation services to at-risk clients of all ages. CURE has developed an occupational therapy pilot project aimed at providing developmental stimulation to at-risk children aged three to five in early childhood centres in order to get them ready for school. To achieve this, educators in two early childhood centres were trained to use the Ages and Stages Questionnaire-3 (ASQ-3) screening tool (Squires, Twombly, Bricker, & Potter, 2009). Recommendations on developmental stimulation were also provided to parents and educators, as their cooperation is crucial in ensuring the consolidation of learning (Diamond & Squires, 1993).

We hope that this pilot project will help attract funding for a broader research project in order to assess the effectiveness of this approach, make it part of front-line services and facilitate children's academic progress.

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Editor's note

Are you inspired by what you're reading in this issue? Contact otnow@caot.ca to share your thoughts. For further reading, check out the October 2013 *Canadian Journal of Occupational Therapy*, where you will find several articles relating to this issue's 'visions of possibility' theme.

Update from the Canadian Occupational Therapy Foundation

Why COTF is one of our chosen charities

Margaret Brockett, BSR(OT), EdD, FCAOT

I am retired from the professional practice of occupational therapy but each day I honour my occupational therapy education and celebrate the unique contribution that occupational therapists can bring with the promotion of health, well-being and justice through occupation for all people. My learning over the years continues to influence how I behave both for my own well-being and that of my family and the people around me. My husband and I live in a retirement community where it is possible to 'age in place,' to engage in 'meaningful activity' and to influence decisions that will support those ideals. For example, I headed up a task force looking into the way sound travels in the large meeting spaces in our village. I was involved in organizing educational sessions for the gerontology class at one of our local universities, at which more than one hundred students met with forty or so residents to learn about the challenges of getting older. Most recently, I have facilitated discussion at our residents' council that has examined the interaction of the people, the environment and our 'occupations.' Gathering data, assessing situations, proposing remediation at an affordable cost, analyzing outcomes and educating everyone, including me! Am I really retired?

More than twenty five years ago, I was the recipient of both the Thelma Cardwell and Goldwyn Howland awards given by COTF. These awards helped me to pursue graduate work in professional ethics and to move into the academic world. I choose to believe that I was able to help students think through potential ethical challenges in their practice and consider how they should behave. Now that I am retired, I hope that I help my family members and friends to seek appropriate information, ask questions about life-changing options and to accept responsibility for their decisions.

My husband and I continue to donate a small amount annually to support COTF awards because we believe in the philosophy of occupational therapy that underlies the

diversity of practice. It respects people of all ages from all ethnic and faith backgrounds. It values people who may be shunned in society because they look or behave differently. It serves people across the spectrum of acute and chronic conditions in their development, in their living, in their working, in their retirement, and in their decline and death. On a fixed retirement income, we must choose wisely to which organizations we give our dollars. COTF reflects values, research and practice that we are proud to support.

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