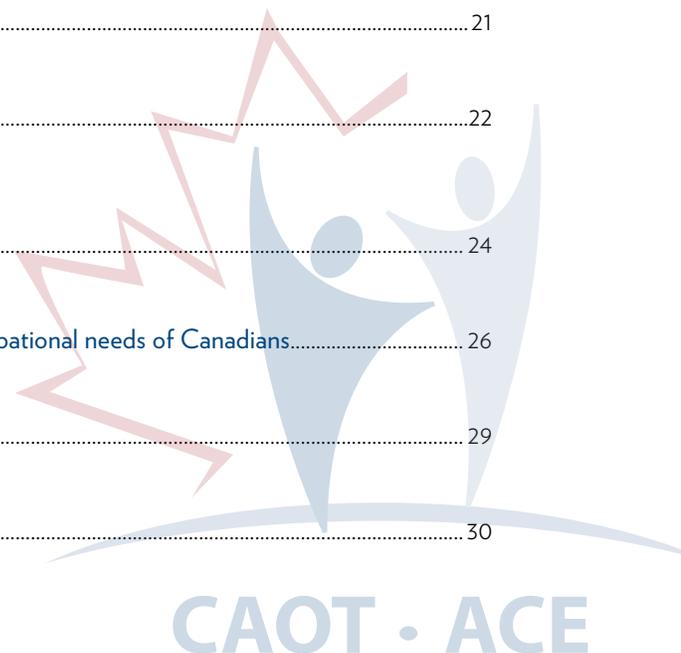


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Editorial

CAOT Conference 2015: Supporting the rising consciousness of Canadian occupational therapists to issues of occupational justice

Janna MacLachlan, *Occupational Therapy Now* Managing Editor

Since the 1990s, attention to occupational justice as a concept and area of concern for occupational therapists has grown within the profession (Durocher, Gibson, & Rappolt, 2014). Calls to action for occupational therapists to address occupational injustices and consider occupational rights are mounting (e.g., Hammell, 2015). Our most recent Canadian occupational therapy guidelines encourage “consciousness” of issues related to justice in several instances throughout its pages. For example, occupational therapists can “become conscious of the policies, funding, and regulatory conditions that support and limit transformative learning, client participation, inclusion, and justice for our clients (and our profession)” (Townsend & Polatajko, 2013, p. 288). Once we are conscious of issues, we may be able to then enable and empower clients themselves to become more conscious of some of the systemic and institutional barriers that impede their meaningful occupational engagement. We can also use our advocacy skills to help raise the consciousness of stakeholders about injustices (Townsend & Polatajko, 2013). Ramugondo (2015) has proposed a construct called “occupational consciousness” that provides language individuals can use to describe their resistance to oppression. She highlights the “need for a wakefulness or alertness about how the things that human beings do every day intersect with inequality and oppression” (p. 7).

The 2015 CAOT Conference was held May 27-30, 2015 in Winnipeg, Manitoba and had the theme of *Occupational justice: Rising to the challenge*. The fact that this theme was chosen, as well as the number of presenters directly addressing justice, are signs that consciousness of occupational injustices is rising within the profession and demonstrate an acknowledgement of the need to bring people together to talk about the significance and implications of tackling justice issues in our practice. The theme this year was especially palpable, and delegates used words such as “energizing” to describe the atmosphere. This issue of *OT Now* aims to give readers a taste of this atmosphere and dialogue.

As articles throughout this issue demonstrate, justice is a relevant concern in all areas of practice – from assistive technology (p. 14) to rural and remote practice (p. 16), from considering how we as a profession can address issues of



Conference volunteer and University of Manitoba student, Megan Williamson.

injustice in our wider communities (p. 24) to evaluating injustices present within our own professional community (p. 7). The “Doing’ human rights” pre-conference workshop tackled the question of what concrete strategies can be taken to effect change (p. 18). Conference delegates recognized that change is not without its challenges, one of which being that broader scale advocacy is often not included in the average occupational therapist’s job description (as discussed on p. 9).

Focusing the conference theme on justice encouraged delegates to critically reflect on the injustices present in their own practices. For me, it prompted several “wait a minute!” moments related to my own practice, raising questions I continue to ponder. How do provincial funding policies that require standardized assessments and pathways of care restrict occupational possibilities for clients (debated in my discussion group during Egan, Rudman, Ceci, Kessler, & McGrath, 2015)? How can I encourage justice to be more present in the dialogue published in *OT Now*? If a conference

theme is especially successful, the ideas it generated through presentations and discussions will continue to percolate in delegates' minds after the event is over. How helpful it was to have a fresh occupational justice lens when, in the week following Conference, the Truth and Reconciliation Commission of Canada (2015) report was released. The Conference plenary speaker, Niigaanwewidam James Sinclair, had described how the Indian Act and residential school systems drastically restricted and altered the occupations of Canadian Indigenous Peoples. He described on a personal level how the effects of such governmental policies trickle down from generation to generation, affecting occupations and roles today.

Giving justice centre stage at our national occupational therapy conference is a small but significant step in the right direction for raising our collective consciousness surrounding issues of occupational justice. Let us maintain that momentum. At the end of the human rights pre-conference workshop, delegates were asked to commit to one achievable change they could make. I extend that challenge you, the reader, to consider what occupational injustices you are now more conscious of in your own practice and what one thing you can do to address them. I invite you to share that "thing" by sending your thoughts in 100 words or less to: otnow@caot.ca If enough responses are received, we will publish a follow-up article to keep this important dialogue rolling. Let us keep justice at the forefront of our consciousness.

2015 CAOT Conference links:

- Conference program and highlights: <http://www.caot.ca/default.asp?pageid=575>
- Conference photo montage: https://www.youtube.com/watch?v=EjbQWAq_NyU
- The CarFit event got lots of positive press, being featured in several news reports, including: <http://globalnews.ca/news/2027861/mature-drivers-get-a-refresher-course-to-stay-safe-behind-the-wheel/>
- Conference delegate bags were sourced from a community service cooperative called Common Thread that uses recycled street banner material to create their products and employs individuals who benefit from a flexible work environment, such as people living with mental illness and immigrants. <http://www.commonthreadcoop.ca/>

2015 CAOT Conference by the numbers:

- 518 delegates
- 109 students
- 17 extended discussions
- 105 paper presentations
- 104 poster presentations
- 10 sponsored sessions
- 44 exhibitors
- The #caot2015 hashtag for Conference was tweeted 914 times for a total of 1,392,142 impressions (number of people who would have seen the hashtag in their feed).



2015 CAOT Conference Host Committee: Susan Hales, Alana Hosegood, Natalie MacLeod Schroeder, Gina De Vos, Emily Ewert and Cara Brown.

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Thank you to Amanda Deslauriers for serving as the conference photographer this year. Her photos can be found throughout this issue.



A First Nations hoop dancer performs at the opening ceremonies.

What's new



CAOT National Office has a new home!



CAOT has moved! This move represents the culmination of 90 years of leadership and dedication to occupational therapy in Canada. The purchase of this building allows CAOT to develop equity in real estate and lower operational costs at the National Office, ultimately benefitting members. We are also proud to say the new office building exemplifies the importance of universal design in the workplace. We encourage all to come and visit us.

CAOT's new address:

Canadian Association of Occupational Therapists
100-34 Colonnade Drive,
Ottawa, Ontario K2E 7J6

OT Now presentation at Conference 2015

At this year's CAOT Conference, *OT Now's* managing editor, Janna MacLachlan, presented an overview of *OT Now*, including a description of the types of articles that may be submitted, resources for writing, tips for getting started and a discussion of some of the main differences between *OT Now* and the *Canadian Journal of Occupational Therapy*.

The slides from this presentation may be a helpful resource for prospective authors and can be found at: <http://www.caot.ca/conference/2015/presentations/t97.pdf>

Staffing changes at CAOT

CAOT is pleased to welcome occupational therapist Tamalea Stone as the Older Driver Initiative Coordinator at CAOT. Tamalea will oversee the expansion of the CarFit Canada program and assist with other initiatives relating to driving. In April, CAOT bid a fond farewell to Elizabeth Steggles after

a long and successful career as an occupational therapist. CAOT wishes Elizabeth all the best in her retirement and welcomes Dr. Alison Douglas as CAOT's incoming Director of Standards.

A full staff listing is available at: www.caot.ca

2015 CAOT-BC Private Practice Fee Survey

The 2015 CAOT-BC Private Practice Fee Survey is now available. The survey is administered to occupational therapists in British Columbia who charge a fee for service and includes occupational therapy practice in community and clinic settings. This survey provides information on fees and charges for occupational therapy services based on current market conditions. This edition of the survey is based on data collected during April 2015 with responses from 253 occupational therapists. This survey is updated every second year and will be published next in 2017.

Download the survey for free here: <http://www.caot.ca/default.asp?pageid=2356>

Briefing note on the occupational therapist shortage in British Columbia (2015 Update)

CAOT-BC has published an updated briefing note about the occupational therapist shortage in British Columbia, prepared in consultation with the BC Workforce Collaborative. The paper outlines the issue, the need, the current workforce, vacancy data and challenges, as well as a call to increase the opportunities for occupational therapy education in the province. The briefing note is available here: <http://www.caot.ca/default.asp?pageid=4228>

Thank you to OT Now volunteers

Thank you to the following CAOT members who have completed their terms as column editors for *Occupational Therapy Now*:

Alison Sisson – Enhancing Practice: Rural and Remote Practice

Heidi Cramm – KT&OT (and previously Theory Meets Practice)

And, a warm welcome to new *OT Now's* newest topic editors:

Gail Teachman – Children and Youth

Flora To-Miles – Private Practice Insights

Pam McCaskill – E-Health and Assistive Technology

Keiko Shikako-Thomas – KT&OT

Thank you to all for your dedication and for lending your expertise to CAOT's practice magazine. It has been a great

pleasure working with those who have completed their terms and we look forward to working with the new editors joining our team!

Charting new ground: Interprofessional approaches to dysphagia management

Are you an experienced clinician seeking to advance your knowledge and skills in dysphagia assessment and management, as well as your expertise in working with an interprofessional team? If so, plan to be in Toronto from October 4 - 6, 2015.

The Canadian Association of Occupational Therapists (CAOT), Dietitians of Canada (DC) and Speech-Language and Audiology Canada (SAC) have developed a two-day workshop designed to engage clinicians from different disciplines to hone and advance their clinical and interprofessional skills on the dysphagia care team. The program is intended to delve into dysphagia practice in a way that may take you out of your comfort zone, challenge your assumptions and help you realize the power and benefits of interprofessional practice.

We have assembled an outstanding panel of speakers with internationally recognized expertise in the fields of speech-language pathology, occupational therapy, physiotherapy, nutrition and interprofessional practice. Adding depth to the program are our special guest speakers with extensive knowledge in medicine, bioethics, respiratory therapy and dental care.

At the conclusion of the workshop, participants will be able to:

- articulate the importance and effectiveness of the interprofessional team on client outcomes and quality of life;
- describe various approaches to assessment for swallowing disorders and the appropriate use of those approaches in different practice settings;
- describe current evidence for the use of adaptive and compensatory strategies in dysphagia management;
- identify hydration, food texture and nutrient density concerns of texture-modified diets;
- recognize the interrelationships between respiration, positioning and eating; and more.

Early bird rates are available until September 7, 2015.

For detailed program information and to register, go to: <http://www.caot.ca/default.asp?pageid=1461> or contact: education@caot.ca

WFOT membership for CAOT members

The Canadian Association of Occupational Therapists (CAOT) would like to announce that CAOT will engage in the World Federation of Occupational Therapists' (WFOT) Premium Pricing Model program commencing October 1, 2015. Engaging in this program will allow all CAOT members access to a free WFOT membership and will enable WFOT to advance the profession globally.

Marilyn Pattison, WFOT's president, states that this exciting arrangement between CAOT and WFOT will

strengthen our links and provide CAOT members with a wider range of benefits and resources. Canadian occupational therapists have played an important part in the history and development of both WFOT and the profession globally. This new arrangement will provide CAOT members enhanced international networking opportunities, discounts on WFOT congress and products, and free access to WFOT publications including the WFOT Bulletin, position papers and guideline documents.

WFOT is the profession's voice and representative at the United Nations (UN) and within the World Health Organization (WHO). Canadian occupational therapists, through this new arrangement with WFOT, can have greater influence on collaborative international projects. Such projects include the WHO's rehabilitation guidelines and the recently launched WHO Global Cooperation on Assistive Technology project, which help to raise the profile of occupational therapy to governments, non-governmental organizations, academic institutions, funders and service users.

CAOT's commitment to join the Premium Pricing Model will help WFOT engage in a number of initiatives with the WHO and UN, thereby helping to raise the profile of and access to occupational therapy services worldwide.

Membership news

As of October 1, watch out for new offerings and special promotions on learning services for CAOT members who have retired from occupational therapy practice.

Canadian Occupational Therapy Foundation news

Remember to donate to your Foundation during membership renewal. COTF is the only foundation that exclusively supports occupational therapists who are members of CAOT! It is a member benefit!

COTF's Scholarship Competition deadline is October 1, 2015. To apply online, visit: www.cotfcanada.org



Margaret Anne Campbell-Rempel presents a poster at Conference.

CAOT Professional Issue Forum

Diversifying the occupational therapy profession

Brenda Beagan and Havelin Anand

Professional Issue Forums (PIFs) are held annually at the Canadian Association of Occupational Therapists (CAOT) Conference. PIFs address priority health and social issues, and emerging practice areas in occupational therapy. PIFs involve presentations from a panel of experts and participants are invited to contribute their perspectives. The discussion leads to strategies and recommendations for action for CAOT, individual occupational therapists and stakeholders to advance occupational therapy practice and the profession's presence in these areas.

CAOT hosted a PIF on “Diversifying the occupational therapy profession” on May 28, 2015, at its conference in Winnipeg. There were approximately 60 participants at the session, which was organized by Elizabeth Steggle and Havelin Anand from CAOT and moderated by Brenda Beagan from Dalhousie University. The session explored empirical evidence regarding diversity as a justice issue, and sought to better understand: 1) where there is and is not a need for concerted recruitment and retention strategies, 2) more about the experiences of under-represented minorities in the profession and 3) priorities for recruitment and retention efforts to improve diversity in occupational therapy. The intent was to think beyond recruitment to issues of belonging and marginalization within the profession.

Background

There is extensive evidence showing that greater diversity among health professionals improves care for underserved communities (Institute of Medicine of the National Academies, 2004), yet disabled people, Aboriginal people, members of some racialized and ethnic minority groups, and people from working-class backgrounds are not entering the health professions in numbers parallel to their proportions in the Canadian population (e.g., Young et al., 2012). Recruitment and retention of Aboriginal people is an ongoing concern, in part as they may often experience educational and practice settings as unwelcoming (Smith, McAlister, Gold, & Sullivan-Bentz, 2011). Though the number of internationally-trained ethnic minorities is increasing in all health professions, these individuals face systemic blocks to career advancement (Salma, Hegadoren, & Ogilvie, 2012). Racialized and disabled health professionals face systemic barriers at work, resulting in frequent changes of career paths (Nuñez-Smith et al., 2007; Neal-Boylan, 2012, 2014). As levels of required educational credentials rise, people from lower socio-economic groups are systematically hindered from entering the health professions, and face narrowed career options when they do (Canadian Medical Association, 2009; Oldfield, 2010). And, while proportions of gay, lesbian, bisexual and

transgender health professionals are unknown, there is evidence that they frequently experience professional work settings as heterosexist, if not homophobic, and engage in numerous identity-management strategies to navigate disclosure. As well, they may face barriers to career progression (Riordan, 2004; Beagan, Carswell, Merritt, & Trentham, 2012; Schuster, 2012).

Despite inadequate statistics in Canada, we know that occupational therapy remains predominantly white, Western and middle-class (Hammell, 2011). The number of internationally-educated therapists is slowly increasing in Canada (Canadian Institute for Health Information [CIHI], 2012), yet core theories and models of practice that have developed out of Western middle-class cultural world views may prove very challenging for minority therapists to implement (Iwama, 2003). The profession remains persistently female-dominated at 92% (CIHI, 2012), despite ongoing concerns about gender equity (Birioukova, So, & Barker, 2012; Mendez & Cooper, 2014; Whalen, Tang, Jung, & Chan, 2014). If the profession had a more diverse composition, it could help us better meet the health needs and occupational needs of all Canadians.

Panel presentations

Brenda Beagan presented on gender in occupational therapy, demonstrating that almost all job categories in Western societies are gender-segregated, with only one-third of employed women and one-quarter of employed men working in job categories that are gender integrated. She emphasized that while women move into “men’s” jobs, decades of research from multiple countries indicates that men are only likely to move into women’s jobs during times of economic downturn.

Michelle Owen, from the University of Winnipeg, presented on her research with academics who have multiple sclerosis, arguing that professionals with chronic conditions are encountered as “unexpected workers,” and they face considerable barriers to seeking accommodations, with varying results. They are forced to employ numerous strategies to navigate stigma and discrimination, which negatively affect productivity. The point was also made that there is far too little research on disability within occupational therapy.

Josephine Etowa, from the University of Ottawa, presented on her research with racialized and Aboriginal nurses, highlighting the everyday experiences of racism that make their work untenable. She stressed the importance of naming racism, even though Canadians are culturally dissuaded from naming or identifying race, disability, sexual orientation and so on. “Uncomfortable conversations,” she emphasized, are important for moving forward. Too often,

professionals from minority groups are left isolated, dealing with inequitable treatment alone.

Roundtable discussions

Roundtable discussions were facilitated by Jeff Boniface, Phillip Wendt, Les Smith and Tal Jarus, with the assistance of student note takers Sara Smits, Isabelle Savage and Sarah Slocombe. The following ideas on recruitment, retention and priorities for improving diversity in the occupational therapy profession emerged during the small group discussions:

- Collaboration with CIHI to improve data collection and analysis on diversity in the profession. Provincial regulators are a potential source for this information.
- Inclusion of curriculum within occupational therapy programs to encourage dialogue amongst diverse populations about the meaning of the concept of diversity and to help facilitate difficult conversations, beyond “political correctness,” which too often silences fruitful engagement. Accreditation standards should take strategies on diversity into consideration.
- Provision of financial resources and other supports, e.g., mentors for students from marginalized backgrounds to optimize their experience and performance in school and in the workplace
- Early recruitment of students of diverse backgrounds from public schools through exposure to role models in the profession, to ensure that students have the appropriate prerequisites to enter the profession.
- Identification of occupational therapy as a health profession, rather than a health care profession, and to emphasize the profession’s work in multiple community and institutional settings.
- Development and implementation of strategies to enable integration of professionals from diverse backgrounds in education programs and the workplace.
- Education for clinicians in the practice arena to start conversations and ask the “right” questions that pertain to diverse clients and their needs.
- Creation of environments within the profession that are conducive to discussion of diverse experiences; expression of comments, perspectives and opinions; as well as publication of articles.
- Making “diversifying the occupational therapy profession” one of CAOT’s strategic priorities.
- Targeting COTF funding for research on diversity.

For more on CAOT’s work related to diversity, refer to the *Joint Statement on Diversity* at: <http://www.caot.ca/default.asp?pageid=4294>

Next steps

A fulsome report on the PIF will be posted on CAOT’s website pursuant to approval by its Board of Directors.

About the authors

Brenda Beagan, PhD, teaches and does research at the Dalhousie University School of Occupational Therapy in areas of social inequality, health professions and occupation. She can be reached at: brenda.beagan@dal.ca **Havelin Anand** is the director of government affairs and policy at CAOT. She can be reached at: hanand@caot.ca

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CAOT Professional Issue Forum

Active transportation and the role of occupational therapy

Julie Lapointe, Chelsea Gordon, Jacque Ripat, Agata Ostrycharz and Megan Kendel

Professional Issue Forums (PIFs) are held annually at the Canadian Association of Occupational Therapists (CAOT) Conference. PIFs address priority health and social issues, and emerging practice areas in occupational therapy. PIFs involve presentations from a panel of experts and participants are invited to contribute their perspectives. The discussion leads to strategies and recommendations for action for CAOT, individual occupational therapists and stakeholders to advance occupational therapy practice and the profession's presence in these areas.

Active transportation is “any form of human-powered transportation” (Transport Canada, 2011). It encompasses all human-powered transportation modes used to commute to work, to get to school, or to engage in one’s community. Examples of active transportation include walking, cycling, wheelchair mobility and rollerblading. Active transportation modes can also be combined with motorized modes, such as when using public transportation (Transport Canada, 2011). For example, active transportation might be part of a travel chain, during which individuals take a train with their bike for part of their route to work and then cycle the rest of the route.

At an individual level, using active transportation has the potential to increase people’s engagement in physical activity, to decrease the risk of chronic disease and weight gain (Rosenberg, Sallis, Conway, Cain, & McKenzie, 2006) and to improve mental health and well-being (Biddle & Asare, 2012). Engaging in regular physical activity offers health benefits for people of all ages and abilities (Public Health Agency of Canada, 2011). At a societal level, using active transportation has multiple environmental and economic benefits. For example, active transportation generates far less air pollution and involves fewer infrastructure costs than motorized transportation (Litman, 2015). Increasing the population’s physical activity level has been declared a global public health priority (World Health Organization [WHO], 2010). Successful strategies to promote and support active transportation initiatives will require consideration of multiple micro and macro components, and coordination of the actions of different sectors and stakeholders (WHO, 2007).

Occupational therapists have an important role in promoting active transportation (Mulholland, Johnson, Ladd, & Klassen, 2009). Our knowledge of the dynamic interaction among people, their occupations and the environment uniquely positions us to highlight how active transportation can serve as a means to occupational engagement. While active transportation is often a means to participating in occupations, such as paid work, it can also be a

meaningful occupation in and of itself. Occupational therapists have a unique understanding of the complex influences that shape active transportation choices, such as personal capabilities, time demands of various formal and informal roles, and the safety or accessibility of environments. Our skills and perspectives enable us to contribute to community actions and public discussions regarding the planning of active transportation initiatives, ensuring they take the needs of a diverse population into account. Through our expertise and leadership, we can be change agents and have a crucial role in health promotion.

The Professional Issue Forum on active transportation, held on May 29, 2015, in Winnipeg, Manitoba, provided a platform for critical discussion, aiming to enable Canadian occupational therapists to embrace a leadership role in supporting active transportation.

The specific objectives were:

1. To introduce practice opportunities in the field of active transportation.
2. To explore and document the role occupational therapists can have in active transportation.
3. To identify the resources that exist and that are needed to support practitioners involved or interested in the area of active transportation.
4. To identify strategic partnership opportunities with stakeholder groups interested in the advancement of active transportation.

Panel presentations

In the first segment of the forum, three panellists presented their work in the area of active transportation. First, Dr. Jacque Ripat presented a brief overview of her research that has addressed winter walkability and wheel-ability within the City of Winnipeg. She outlined ways in which occupational therapists can conceptualize their role in active transportation and shared some key lessons learned in addressing macro-level issues encountered in her research. Next, Chris Sobkowicz, coordinator of the Access Advisory Committee for the City of Winnipeg, and Judy Redmond, the universal design coordinator for the City of Winnipeg, shared their perspectives on policy and decision-making in supporting active transportation for all citizens. Based on their experiences of collaborating with occupational therapists, they discussed the knowledge and skills needed to contribute effectively in the policy arena. Finally, Annick St-Denis, the active transportation director at Vélo Québec, presented the non-profit

organization's "On the Move in the Community" program, which works to create safe environments and make it easier for families to use active transportation during their commutes (Vélo Québec, 2015). This program has had successes in many forms, including securing 10 years of public and private funding and enlisting the participation of almost 900 primary schools throughout the province of Quebec.

Roundtable discussions

The second segment of the forum was a roundtable discussion. Active transportation was recognized as being within the scope of occupational therapy practice, particularly through our expertise in assessing and intervening at the interface of the person, the occupation and the four different aspects of the environment (physical, social, institutional and cultural; Polatajko, Townsend, & Craik, 2007). Our role is enhanced when we adopt a client-centred approach, which allows us to ensure that the unique needs of individuals and communities are considered within an environmental context. Furthermore, occupational therapists can advocate for consideration of universal design principles in the planning and development of transportation options.

Participants in the forum also recognized that occupational therapists are facing various barriers or challenges in addressing active transportation. One challenge is the fact that true universal design, ensuring equal accessibility for everyone, can be very difficult to achieve. Another challenge is that practitioners often need to advocate for active transportation at the community level on their personal time, outside of their regular paid role, as this is not a mandate they are given by their employer. Participants also identified that, as an emerging area of practice and concern, there is minimal evidence on the relationship between occupational therapy and active transportation that can be drawn on when doing advocacy work.

In the final segment of the forum, the roundtable groups shared key points from their discussions and all participants contributed to a facilitated discussion aiming to identify actions and priorities for moving forward. The forum participants agreed that mobility — of any kind — is a basic human right. Participants also agreed that despite the fact that more attention has been given to the importance of community mobility over the past 10 years, there is still work to be done at the micro-, meso- and macro-levels. Future efforts should include working with clients, consumer organizations, communities and decision-makers to enable and promote active transportation. The group identified that developing a call to action for occupational therapists to address active transportation and community mobility should be a professional priority. Participants also expressed the need to profile our key role in this area, as active transportation can be a meaningful occupation in and of itself, as well as a means to enhance social participation. Another identified priority was the need for occupational therapists and managers to

support community advocacy actions where appropriate.

The Professional Issue Forum on active transportation and the role of occupational therapy was an energetic, thoughtful and critical activity. Through the presentations, roundtable conversations and facilitated discussions, participants became aware of many aspects of this area of practice, including opportunities, barriers and considerations. While a brief summary of the forum was presented here, a more complete report of the outcomes and points of discussion will be posted shortly on the CAOT website.

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2015 CAOT and COTF awards ceremony

At the 2015 Conference awards ceremony, the following CAOT award winners were recognized. Congratulations to all award recipients!

CAOT Certificate of Appreciation - recognizes those who have provided volunteer service to the Association.

- | | |
|-----------------------------|----------------------|
| - Paulette Guitard | - Lori Massie |
| - Natalie MacLeod Schroeder | - Tara Forster |
| - Sue Baptiste | - Pam McCaskill |
| - Huguetta Picard | - Kara Reid |
| - Jeff Boniface | - Erin MacLean |
| - Joyce Magill-Evans | - Nicole DeLong |
| - Bonny Jung | - Lilli Lin |
| - Lili Liu | - Stephanie Phan |
| - Masako Miyazaki | - Colleen Basaraba |
| - Sue Baptiste | - Alison Gerlach |
| - Christel Seeberger | - Amit Kumar |
| - Jonathan Rivero | - Anne Marie-Hogya |
| - Alison Sisson | - Caroline Ehmann |
| - Heather Gillespie | - Kathy Williams |
| - Dianna Fong Lee | - Rosie Higgins |
| - Heidi Cramm | - Inderneet Mann |
| - Nadia Brisson-Bell | - Kim Hewitt |
| - Elizabeth Townsend | - Cathy Lysack |
| - Rachel Gervais | - Sherrilene Classen |
| - Mary Clark | |

CAOT President's Medal

Paulette Guitard

CAOT Student Awards - awarded to a graduating student in each Canadian university occupational therapy education program who demonstrates consistent and exemplary knowledge of occupational therapy theory.

Linnaea Chapman, Dalhousie University
 Karianne Thibodeau & Dominique Leclerc, Université du Québec Trois-Rivières
 Amélie Bernier, Université Laval
 Rachel Boily, Université de Sherbrooke
 Victoria M. Blais, McGill University
 Anne Sullivan, University of Montreal
 Nadia Hudon, University of Ottawa
 Peter Mastorakos, Queen's University
 Alyssa Komar, University of Toronto
 Nicola Hodson, McMaster University
 Angela Goertz, Western University
 Juan Monterrosa, University of Manitoba

Laura LaBerge, University of Alberta
 Lucinda Maclulich, University of British Columbia



Citation Award - given by CAOT in conjunction with provincial and territorial occupational therapy associations to acknowledge the contribution to the health and well-being of Canadians of an agency, program or individual who is not an occupational therapist.
Nova Scotia Society of Occupational Therapists: CNIB – Nova Scotia and Prince Edward Island Division
New Brunswick Association of Occupational Therapists: Pamela Wallace
Ontario Society of Occupational Therapists: Ontario Stroke Network
Ordre des ergothérapeutes du Québec : Louise Dauphinais
Manitoba Society of Occupational Therapists: Dr. Gary Shady; Nine Circles Community Health Centre
Saskatchewan Society of Occupational Therapists: Om Kochar
Canadian Association of Occupational Therapists – British Columbia: Matt Scott; CNIB – British Columbia and Northern Canada Division

Award of Merit - given to acknowledge significant contributions to the profession of occupational therapy.

- Elin Schold-Davis – for her outstanding support provided to CAOT and its partner CAA in the implementation of the CarFit program in Canada.
- Christie Brenchley – for her work as a major advocate and ambassador for the profession in 25 years as the executive director of the Ontario Society of Occupational Therapists.
- Carol Morrison - for her support of the Canadian

implementation and expansion of the CarFit program on the East Coast.

Golden Quill Award - honours an author or group of authors that has/have published an exceptional article in the *Canadian Journal of Occupational Therapy (CJOT)* in the previous volume year.

Rebecca M. Aldrich, Caroline Harkins McCarty, Brian A. Boyd, Caitlin E. Bunch and Catherine B. Balentine
The winning article was titled "Empirical lessons about occupational categorization from case studies of unemployment," and appeared in the December 2014 issue of *CJOT* (pp. 289-297).

CAOT-BC Outstanding Occupational Therapist of the Year Award - recognizes a member living in British Columbia who has made an outstanding contribution to the profession throughout his or her career.

Dianna Mah-Jones

Life Membership - presented to individuals who, for at least twenty years, have practiced occupational therapy and been a member of CAOT.

- Sandra Hobson
- Pat McKee
- Huguette Picard

Award for Leadership in Occupational Therapy

Marlene Stern

Marlene has contributed continually and significantly in clinical practice, administration, education, community development, health service delivery and research over many years. She was one of the first occupational therapy leaders in Canada to develop therapist positions in the areas of burns, renal disease, outcome measures, emergency medicine and assistive technology.

Fellowship Award - recognizes and honours outstanding contributions and service made by an occupational therapist over an extended period of time.



Life Membership award winners, Sandra Hobson, Huguette Picard and Pat McKee, pose with Lori Cyr (far left) and Janet Craik (far right).

Margo Paterson

Dr. Margo Paterson has been expanding boundaries for occupational therapists in Canada and internationally for close to 40 years. She worked as a front-line practitioner in Canada and Australia, after which she joined Queen's University as a lecturer and fieldwork coordinator. Her research work focused primarily on the areas of clinical reasoning and interprofessional education. Following her retirement as professor emerita in 2013, she has been involved in several research and service roles including executive director of the Association of Canadian Occupational Therapy University Programs.

Honorary Membership - presented to an individual who is not an occupational therapist and who has demonstrated an outstanding contribution to CAOT or to the profession of occupational therapy.

Alex Mihailidis

Alex contributes exceptional and outstanding research, teaching, and mentoring to the profession occupational therapy in Canada. His work places occupational therapy at the centre of assistive technological innovations that are shaping the future of rehabilitation and health care.

Fieldwork Educator Award of Excellence - acknowledges the contribution of fieldwork educators who demonstrate exceptional performance in student practice teaching and mentoring in the workplace, and who represent a gold standard in inspiring students to passionately pursue professional practice.

- Kevin Waldorf - University of British Columbia
- Karin Werther - University of Alberta
- Carolyn O. Bergen - University of Manitoba
- Ken So - University of Toronto
- Clark Heard - University of Western Ontario
- Kim Hewitt - McMaster University
- Carrie Ann Marshall - Queen's University
- Phillippe Perron - University of Ottawa
- Lucie Hebert - University of Montreal
- Clara Carpintero - McGill University
- Isabelle Matte - l'Université de Sherbrooke
- Nancy Gilbert - Université du Québec à Trois-Rivières
- Lisa Kek - Dalhousie University

Innovative Practice - recognizes and honours the exceptional contributions of an individual occupational therapist who has shown innovation and leadership in clinical practice.

- Danielle Hogan - for starting the Strengths Team for people living with mental illness, a program that has become a leader in Canada.
- Crystal Dieleman - for her exceptional contribution to the practice of occupational therapy for individuals in the criminal justice system.
- Chris Everdell - for using innovation to create services not available through publicly funded programs.

Muriel Driver Memorial Lectureship Award 2015 - honours a CAOT member who has made an outstanding contribution to the profession through research, education and the practice of occupational therapy.

Isabelle Gélinas

Dr. Isabelle Gélinas is an associate professor and graduate program director in the School of Physical and Occupational Therapy at McGill University. In her roles as educator, researcher and accomplished clinician, Isabelle has distinguished herself through her contributions to the advancement of the practice of occupational therapy and the study of function in aging. In particular, her leadership in the area of driving evaluation for seniors with cognitive impairments has placed her on the international stage. Isabelle's passion for the profession of occupational therapy has inspired students and clinicians for decades. She presents an exceptional ability to integrate scientific evidence into clinical practice and is able to convey the depth and degree of that integration through teaching, graduate supervision and evidence-based organizational change.

COTF Awards

COTF award winners were also recognized during the conference awards ceremony. Congratulations to all of these award recipients!

Barb Worth Emergent Leader Award

Amanda Deslauriers

COTF Doctoral Scholarships

Patricia Hewston
Melissa Paniccia
Sneha Shankar
Emma Smith
Katherine Stewart

COTF Master's Scholarships

Jeff Boniface
Margaret Anne Campell-Rempel

COTF / Invacare Master's Scholarship

Christie Welch

Thelma Cardwell Scholarship

Pier-Luc Turcotte

Goldwin Howland Scholarship

Laura Bulk

2014 COTF Future Scholar Award Recipients

University of British Columbia - Chantelle Cavazzon,
Aaryn Cleland
University of Alberta - Sandra Rusu
University of Manitoba - Tonya Enns
Université d'Ottawa - Alexia Ouellette-Félix
University of Toronto - Kate Stewart
McMaster University - Stephanie Leblanc
Queen's University - Melissa Anderson, Kahla Wellum

Western University - Evangelia Kirou
McGill University - Marie-Andrée B. Benoit, Katie Elizabeth Delaney, Bich-Lien M. Dinh, Olivia Redouté-Minzière, Minh-Quan Tran
Université du Québec à Trois-Rivières - Dominique Leclerc
Université de Sherbrooke - Pier-Luc Turcotte
Université de Montréal - Evelina Pituch
Université de Laval - Mathieu Pelletier
Dalhousie University - Kathleen Little

2015 COTF Research Grants

Jocelyn Harris - COTF Research Grant
Leila Amin - COTF Clinical Research Grant
Marie-Josée Drolet - COTF Official Languages Dissemination Grant
Susanne Murphy - McMaster Inaugural Legacy Research Grant
Rose Martini - OEQ/COTF Clinical Research Grant

2013-2014 Provincial Awards

The following awards are granted by provincial associations:

Newfoundland and Labrador Association of Occupational Therapists

- Danielle Hogan
- Janice Pelley
- Cindy Penney
- Kelli Simms
- Colleen Warford
- Melissa Wiseman

Nova Scotia Society of Occupational Therapists

- Stephanie Leigh
- Anthony Brown
- Danielle Bissonnette
- Jodi Goudey
- Jen Davis
- Leticia Richer
- Jaime Stanley

New Brunswick Society of Occupational Therapists

- Brenda MacAlpine

Ontario Society of Occupational Therapists

- Anne Hunt
- Carrie Anne Marshall

Manitoba Society of Occupational Therapists

- Alana Hosegood
- Allison McBurney

Society of Alberta Occupational Therapists

- Nerissa Smith

Canadian Association of Occupational Therapists – British Columbia

- Jeff Boniface
- Heather Gillespie

2015 COTF Lunch with a Scholar

Assistive technology: An environmental perspective

Jacque Ripat

Occupational therapists have long been involved with assistive technology (AT) recommendation and provision, guiding clients to select and use AT that promotes occupational performance and engagement (Canadian Association of Occupational Therapists [CAOT], 2012). Historically, the field of AT grew from a rehabilitative perspective, in which AT was used to remediate, replace or normalize function. However, over the past few decades, this narrow view of AT has expanded. More recent emphasis has been on how AT, in combination with appropriate environmental supports, can promote individual empowerment (Hutzler, Fliess, Chacham, & Vanden Auweele, 2002), increase participation (Verdonck, Chard, & Nolan, 2011) and facilitate social inclusion (Pettersson, Löfqvist, & Fänge 2012). This “reframing” of AT is consistent with the social model of disability (Ripat & Woodgate, 2011), in which environmental barriers and exclusionary practices are seen to contribute to individuals’ inability to participate fully in society (Barnes & Mercer, 2004). It is therefore important to develop a thorough understanding of how environmental factors influence AT use, with the environment then becoming the target for occupational therapy intervention. In this article, I will describe how I am exploring this topic through research and share a few key findings.

Developing a deeper understanding

My research has focused on understanding the meaning and use of AT, in particular on the interaction between people who use AT and their unique contexts. Overall, I seek to develop and implement ways that AT can be used, and environments can be developed and modified in order to promote community participation for people who use AT. This program of research necessitates the use of research methods that allow us, as best we can as researchers, to enter into the AT user’s world. Client-centredness, foundational to the occupational therapy profession, is philosophically congruent with this approach to research. Taking a client-centred approach to research requires that we select methods that best meet the needs of research participants, that value participant perspectives and that are based on mutual respect, capacity-building and empowerment.

Photovoice is a research method in which participant-generated photographs are used to explore the subjective experience of people, facilitate communication, challenge assumptions, raise awareness and, ultimately, prompt community change (Wang & Burris, 1997). With a focus on empowerment, collaboration and recognition of the client as expert, we have been able to

use photovoice to empower AT users to share their community participation experiences. For example, in a study of people with a spinal cord injury, AT use was identified by participants as an important aspect of social participation, depicted through photos as enabling autonomy, accomplishment, inclusion and reciprocity (Ripat & Woodgate, 2012).

Research with children needs to provide children with the methods and tools to take an active role in data collection, and to create trust, comfort and understanding in a way that is accessible to children. In a research study focused on playground usability (Ripat & Becker, 2012), we used child-centred methods of inquiry (Banister & Booth, 2005), such as building blocks, craft materials, crayons, and miniature playground items, so that children could design their own inclusive playgrounds and talk about the features that were important to them. Throughout the process, we found that the use of such materials promoted rich discussion with the children regarding their thoughts, hopes and recommendations.

The go-along interview is a qualitative data collection approach combining interviews and participant observation. Walking alongside people and asking them questions in their familiar environments, the researcher is guided by participants through their lived experiences (Carpiano, 2009). In a study exploring winter sidewalk accessibility issues faced by wheeled mobility users, we found engaging participants in go-along interviews generated rich and detailed data, as the surrounding environment prompted people to discuss and describe meaningful features and issues (Joshi, Ripat, Etcheverry, & Sylvestre, 2015).

Environmental influences on participation for AT users

Through my studies with AT users exploring their community participation experiences, three possible outcomes have been observed. Each outcome is reliant on the extent and nature of interaction among four primary aspects of the environment: technology, built, policy and social attitudes.

1. *Missed opportunity for participation.* This outcome was found to occur when one or more aspects of the environment precluded ones’ ability to fully engage in their community. For instance, a young woman who uses a communication device took a picture of guidelines that she posted in her apartment. In the photo, the first guideline reads: “Although I am often difficult to understand, I fully understand like any other adult and I

would prefer for you to please use your normal tone and volume of voice when we talk.” This young woman shared her frustration regarding the negative and condescending attitudes that she often experiences when people do not take the time to read or follow the guidelines (Ripat, Woodgate, Etcheverry, & Medved, 2015). This outcome leads to a sense of exclusion and oppression.

2. *Incomplete sense of participation.* This outcome was found in situations in which some, but not all, of the aspects of the environment were addressed. One parent and wheelchair user shared a photo of a play structure and wrote: “It’s somewhat wheelchair accessible. Like, there’s a ramp going up to the top part. So when my boys get up there, I can’t get around in it [the pea gravel], because it’s four or five inches deep. It’s like quicksand for me. I’ve thought of it sometimes, like if one of my boys would fall in the middle, I couldn’t go help them” (Ripat, 2011).
3. *Enhanced participation experience.* The final outcome occurred when there was synchronicity among the four aspects of the environment. One man shared his experience of being able to access the financial resources to select and purchase his own power wheelchair, one that could be easily used in challenging winter conditions and on sandy surfaces at his family cabin. With an accessible cabin, appropriate AT and supportive friends, he experienced a sense of inclusion, participation and well-being (Ripat & Woodgate, 2012).

Future directions

Overall, we have grown in our understanding of AT and environmental interaction, leading us to consider how an appropriate AT user-environment fit is a means to prevent marginalization and enhance societal participation, and how AT can be used as a tool for empowerment and inclusion (Ripat & Woodgate, 2011). With the rapid proliferation of technology developed for consumer use, occupational therapists are uniquely primed to collaborate with engineers and designers to ensure that our clients can fully exploit these innovations. In the built environment, occupational therapists must continue to take an active role in advocating for accessible and usable environments, such as through consulting and conducting audits. We need to influence the policy environment by partnering with decision-makers through research and practice. Finally, perhaps our greatest impact can be in challenging negative social attitudes by seeking openings and creating opportunities for inclusivity.

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RURAL AND REMOTE PRACTICE



Rural and remote practice gems: A sampling of presentations from CAOT Conference 2015

Alison Sisson

I headed south from Yukon to the 2015 Canadian Association of Occupational Therapists (CAOT) conference in Winnipeg this year with a plan to take in presentations related to my rural and remote Northern practice. I wasn't disappointed. When I looked at the program through a rural practice lens, a number of offerings jumped out at me. Here I will present a summary of a couple of the presentations that I found especially interesting, as well as some of my overall impressions of how rural and remote practice was represented at the conference.

Supporting healthy communities through collaboration: Rural health and recreation partnerships (T85)

Presented by Heidi Lauckner (heidi.lauckner@dal.ca), with co-authors Susan Hutchinson and Martha Barnes

Lauckner presented on the development of a community workshop designed to bring together health, recreation and volunteer sectors in rural Nova Scotia. The focus of the workshop was to explore challenges and facilitators to an active lifestyle, with the ultimate goal of supporting people living with chronic conditions to be actively engaged in their communities.

Interestingly, workshop participants identified that the number and range of activities available to them in their rural community was sufficient – they identified many community strengths and resources. Consequently, they did not feel there was a need to develop new activity groups in addition to those already provided in the community, but rather identified the need to generate ways to better support people in accessing existing services. Workshop participants indicated community members would welcome participating in a greater number of existing community activities if the right supports were made available. Discrete supports, such as transportation, activity reminders and peer support, were identified as potential ways to increase participation. These strategies move beyond individual skill building to address the features of the local community environment (e.g., physical location, policies, programs) that support or limit opportunities for engagement in collective occupations. By addressing these broader issues, more people can have access to meaningful occupations.

Traveling for birth: An occupational perspective (F5)

Presented by Ashley Struthers (astruthers@wrha.mb.ca), with co-authors Shannon Winters, Colleen Metge and Darlene Girard

In Ashley Struthers' poster defense, she noted that traveling for birth has become the norm for many women in rural and remote communities throughout Canada, with over 1000 women per year traveling to give birth in Manitoba alone. Her study evaluated the strengths, needs and resources of women traveling to Winnipeg for birth, with the findings of the study informing the further development of effective and culturally safe prenatal services and supports funded through the public health system. The study also considered the traveling-for-birth experience through an occupational lens.

Following a literature review, Struthers and her collaborators used semi-structured interviews and focus groups with two groups: women who travelled to Winnipeg from Nunavut, northern Manitoba and northwestern Ontario; and health-care providers from Nunavut, northern Manitoba and Winnipeg. A number of themes emerged from the interviews. Many women were required to manage occupations in an unfamiliar environment. For some, this pushed them outside their comfort zones, while for others the importance of coping by doing emerged. The theme of occupational disruption also became apparent. Women identified various disruptions, such as trying to maintain a routine in an unfamiliar setting, preparing and eating non-traditional food, spending large amounts of time waiting, and disruptions to leisure and parenting/breastfeeding. The third theme involved the impact of travelling for birth. Participants articulated family separation and strain, attachment issues with the infant and emotional aspects (such as feeling homesick). The fourth identified theme involved power and authority. Participants identified a loss of control around birthing, and incidents representing both compliance with power and authority, and resistance. The final theme identified was the normalization of traveling for birth, with some health-care providers describing traveling for birth as no big deal. Other participants noted women's fear of giving birth in their home community, but also that many mothers have a very difficult time leaving their homes to give birth in Winnipeg.

While the authors note that traveling for birth is a temporary

disruption in the lives of rural and remote women, they further noted it deprives families and communities of the opportunity to participate in the birth, and deprives mothers of the opportunity to prepare for and give birth with the support of their families and extended families. The authors further note that the “right to exert individual or population autonomy through choice in occupation” (Townsend & Wilcock, 2004, p. 80) has been taken away from individuals in rural and remote Northern Canada. Continued funding for a public health initiative to support these women is recommended by the authors, while they acknowledge the ongoing occupational injustice for the individuals, their families and their communities.

And in other sessions...

I was encouraged by the way presenters considered rural environments as part of a larger question. For example, Barry Trentham in his presentation “Inclusive occupational therapy education: Who and how are we excluding?” (S11) looked at, among other factors, the geographical place of living (i.e., rural versus urban) of occupational therapy students at the University of Toronto prior to entry to the program. The study specifically looked at organizational and pedagogical practices that may influence experiences of exclusion or inclusion in occupational therapy education. I was also encouraged to see presentations discussing the development of supports for rural practice, such as James Mitchell Jeffrey’s report on a social media website created to address disparities between urban and rural practice. It provides information about evidence-based practice and facilitates discussion among disability management professionals “Disability management social media website: Knowledge translation and

exchange project”; (T5). Alexandria Simms, in her extended discussion, “Bridging the gap: Applying technology to improve occupational therapy access” (T69), identified that delivering occupational therapy services using technology has the potential to reduce injustice by improving access to service, despite inherent challenges when the client and the therapist are in different locations. Finally, one presenter addressed rural and remote occupational therapy education head-on. Student experiences in rural and remote locations were discussed by Lorie Shimmell and colleagues in “Interprofessional practice: Students’ experiences on rural and remote placements” (T112).

Conclusion

I was heartened to find presentations at conference this year addressing issues related to my own rural/remote practice. I am encouraged by the growing number of presentations at Conference that reflect the lives and experiences of First Nations, Inuit and Métis. I appreciate the presentations that articulate the best ways to train occupational therapists for rural and remote practice. For future conference presentations, I encourage occupational therapy researchers from across Canada to continue considering how practice may differ in a rural or remote setting, and encourage rural and remote occupational therapists to articulate the realities of practice.

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About the author

Alison enjoys playing and working in the land of the midnight sun, where she regularly contemplates the realities of rural and remote practice with other occupational therapists and colleagues. She is a former *OT Now* Rural and Remote Practice column editor and the current CAOT Board Director for Northwest Territories/Nunavut/Yukon. She can be contacted by email at: Alison_sisson@yahoo.ca

“Doing” human rights in diverse occupational therapy practices

Clare Hocking, Elizabeth Townsend, Alison Gerlach, Suzanne Huot, Debbie Laliberte Rudman and Hanneke van Bruggen

This paper shares ideas and poses provocative questions for “doing” human rights, which were generated in a pre-conference workshop at the Canadian Association of Occupational Therapists’ (CAOT) 2015 Conference in Winnipeg, Manitoba. The workshop was sponsored by the World Federation of Occupational Therapists’ (WFOT) International Advisory Group (IAG) on Human Rights, and adopted its vision that every occupational therapist will challenge occupational injustice and advocate for human rights. Opening the workshop, we acknowledged that our discussions were taking place on Treaty One territory and on the traditional territory of the Anishinaabe Peoples and the homeland of the Métis Nation, where people have gathered for centuries to trade goods, share ideas and build communities. This is in sight of the Canadian Museum for Human Rights, which serves as a reminder of Canadians’ collective commitment to furthering human rights for all people.

To build consciousness and ideas for action, participants engaged with interactive exercises, structured discussions, and a stimulus panel (co-authors Gerlach, Huot, Laliberte Rudman and van Bruggen) to explore local and national human rights issues. Participants were asked to link Hammell’s (2015a, 2015b) call for action on human and occupational rights to the question: *How can Canadian occupational therapists respond to the United Nations, World Health Organization, WFOT and Canadian calls to action on human rights?*

Human rights issues and drivers

At the start, participants acknowledged the founding aims of this profession in enabling people with disabilities, chronic illness and marginalized social circumstances to achieve their right to participate in the occupations they need and want to do (Friedland, 2011). Yet, the majority of contemporary practice is constrained in health services that continue to privilege reducing medical symptoms over changing the social determinants of health and addressing structural barriers to occupation (Commission on Social Determinants of Health, 2007; Mpofu & Hocking, 2013; Townsend & Marval, 2013). Participants also acknowledged how occupational therapy is largely centered on intervention at the individual rather than societal level (O’Sullivan & Hocking, 2013; Townsend, Wicks, van Bruggen, & Wright-St Clair, 2012).

Nevertheless, there is an emerging consciousness about the necessity of addressing human rights injustice as a powerful means of enabling people’s full participation in occupations, as individuals and collectives, that are meaningful and enriching (Townsend & Polatajko, 2013; Wilcock & Hocking, 2015; Wilcock & Townsend, 2014). That aligns with global drivers, notably the combined United Nations and World Health Organization (United Nations Office of the High Commissioner for Human Rights, & World Health Organization, 2008a, 2008b), and the World Health Organization (n.d., 2002, 2008). These global bodies emphasize the multifaceted ways in which adverse social determinants that stem from structural inequities impact some population groups more than others. Structural inequities that were identified in the workshop include the influence of neo-liberalism, corporatization and wealth concentration, tax reduction and avoidance (resulting in reduced public spending), and ongoing colonialism, particularly the process of racialization.

In one exercise, workshop participants named particular population groups with whom occupational therapists frequently encounter human rights issues. These include Indigenous Peoples and groups with restricted access to occupation because of disability, mental health issues, aging, lack of housing or employment opportunities, a criminal record, citizenship status, being a single parent, being of African descent, or being queer identified. Another exercise focused on practice settings where occupational therapists are or could be actively “doing” human rights. The list encompassed hospitals, community clinics, long-term mental health services, forensic services and schools. Beyond that, workplaces, employment support services, transition to work, housing, corrections, community re-integration and Indigenous organizations were all recognized as contexts for action. Indeed, such contexts may include anywhere that poverty, discrimination and stigma limit access to occupation, or where standardized services ignore diversity, policies exclude people, or risk management and cost containment practices are given precedence over upholding people’s rights.

Going forward in “doing” human rights

So many opportunities already exist for doing human rights in diverse occupational therapy practices. After only one day,

there was no shortage of provocative questions, such as: How can occupational therapists increase awareness and sensitize each other to human rights issues? When and where might we open conversations and tell stories about occupational justice and human rights with colleagues? Where and with whom might we offer human rights workshops (participants have all been given access to the workshop materials)? What strategies would “normalize” human rights, to make such issues visible and routine in occupational therapy? Might it be useful to organize communities of practice where groups would come together with the intention of supporting each other’s learning (Wegner-Trayner & Wegner-Trayner, 2015)? Should occupational therapists form task forces or working groups, using Facebook, Twitter and other social media to situate occupational therapy in human rights dialogues? How might advocacy groups reflect on human rights issues *with* clients, for example using arts-based media to tell stories of human rights issues? What would entice research teams to adopt a human rights agenda or report the relevance of their findings to a social issue?

Possibilities identified to increase awareness included reflecting on language (e.g., differently abled instead of disabled), participating on the Facebook page established by the WFOT International Advisory Group on Human Rights (<https://www.facebook.com/WFOTHumanRights?fref=nf>) and unpacking our own positions of power and privilege within society (Gerlach, 2015). Some participants envisaged becoming an “activist” writer, while others wanted to apply our shared expertise to transform ourselves, using occupation-based approaches to expose situations in which occupations are unfairly restricted. To embed human rights into practice, participants recognized the necessity of updating job performance and job description forms, and documenting human rights issues in client records. Throughout discussions, we identified the power of “bearing witness” – of making visible the impact of inequitable social conditions on health and participation, so that the people who make funding and service delivery decisions can no longer say they “didn’t know.”

A distinct role was envisaged for CAOT to endorse human rights actions by promoting the use of the *Joint Position Statement on Diversity* (Association of Canadian Occupational Therapy Regulatory Organizations, Association of Canadian

Occupational Therapy University Programs, CAOT, Canadian Occupational Therapy Foundation, & Occupational Therapy Professional Alliance of Canada, 2014) and advocating for a new *Canadian Journal of Occupational Therapy* requirement that authors consider the implications for policy, alongside those for practice and research. A recurring theme in the workshop was the need for our profession to increase the visibility of human rights within educational programs. CAOT could facilitate revisions to the *CAOT Academic Accreditation Standards* (CAOT, 2011) and the *Profile of Practice of Occupational Therapists in Canada* (CAOT, 2012) to require educators to embed human rights in curricula, thus ensuring graduates have the competencies to address occupational injustice where troublesome human rights issues exist.

To achieve educational reform of that magnitude, participants looked to WFOT to take up recommendations to incorporate human rights into its *Minimum Standards for the Education of Occupational Therapists* (WFOT IAG: Human Rights, 2012). In preparation for that eventuality, participants recommended educators seek alignment across educational curricula and develop expertise in human rights education methods, such as the use of collaborative, project-based approaches. In addition, because they recognize that graduates cannot change practice single-handedly, participants also suggested that universities and occupational therapy associations provide short courses and intensive modules for practitioners. Finally, workshop participants saw an urgent need to be vocal in Canada’s next federal election.

Conclusion

Participants in this workshop agreed “doing nothing is taking action” (Payton, 1984, p. 395). Avoiding taking a stand might be less frightening, but refusing to become a social advocate is refusing to care for and collaborate with those who endure occupational injustice. As individuals and as a professional group, the workshop participants called us all to action to: 1. name occupational injustice and human rights issues arising in diverse practice contexts; 2. ensure that the occupational injustice and human rights issues of Indigenous Peoples in Canada are explicitly addressed; 3. use international documents and local evidence to argue for shifts in practice to address occupational injustice and 4. strategize how



Participants and facilitators of the “doing” human rights pre-conference workshop.

occupational injustice and human rights can be integrated into existing and new forms of occupational therapy.

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Readers who are interested in learning more are encouraged to connect via the WFOT IAG on Human Rights Facebook page: <https://www.facebook.com/WFOTHumanRights?fref=nf>

A first poster presentation, full of meaning!

Gabriel Hotte-René

This year at the CAOT Conference in Winnipeg, the Conference Scientific Program Committee organized for the presentation of a Post-Professional Student Scientific Poster Award. Posters were judged on visual appeal; the quality, originality and interpretation of the research or project; and the quality of the student's verbal presentation and responses to questions. The winner was Gabriel Hotte-René of Laval University for his poster co-authored with Catherine Vallée, titled "Representations of meaningful occupations amongst occupational therapists and their clients." The prize for this award is free registration for the 2016 CAOT Conference in Banff, Alberta. Here, Gabriel shares some thoughts about his research and his experience of presenting a poster at the CAOT Conference.

The issue of occupational engagement has been important to me since I first began working as a young occupational therapist in mental health. I am always wondering how to optimize my clients' engagement in meaningful occupations. Meaningful occupation, as both a means and an end, is at the centre of occupational therapy. Yet there is little consensus about how to define that concept. The question arises of whether occupational therapists and their clients see it in the same way. The aim of my project was therefore to describe the different ways that meaningful occupation is seen by occupational therapists and by the individuals who receive occupational therapy services in mental health.

The preliminary results were fascinating, especially the differences between how those two groups view what constitutes a meaningful occupation, although they also have some features in common. Three themes emerged from the analysis: 1. what is essential for an occupation to be meaningful, 2. what determines meaning and 3. when meaning arises from effects. Whereas occupational therapists appear to focus more on the effects of an occupation in defining what makes it meaningful, clients tend to describe the variables that help give it meaning. In addition to the actions taken, relationships play a crucial role in interventions, particularly for clients. I have realized how much we gain by knowing what is most important in our interventions, and that is a constant source of inspiration and motivation for me.

I sincerely hope that continuing my work will help broaden our view of a concept that is crucial for occupational therapy practice, improve our exploration of that concept with our

clients, and develop a shared understanding of this dynamic and transactional concept. My work might pave the way for other research and the development of new intervention and assessment strategies so that we can leverage this knowledge in helping our clients to become engaged in meaningful occupations.

The poster presentation was an incredible experience for me as a young clinician and researcher. It was my first experience of making a solo presentation in order to share the results of my work and my thinking at a major research event. It was truly inspiring to interact with authors and researchers who have influenced me and whose work I have followed! It was so exciting at times that I wondered whether this was really happening to me.

For those who want to embrace the challenge of preparing a poster presentation, I would advise you to choose a subject you are passionate about and work in a supportive environment. The poster must be clean, clear and attractive. Use pictures, graphs and figures to illustrate your results. Come well prepared and trust yourself. Give yourself plenty of time while preparing to seek feedback from others. In closing, I would like to emphasize how much the support of my research directors helped to enrich my work, and express my gratitude to them.



Gabriel Hotte-René poses with his poster at Conference 2015.

CAOT Conference 2015: President's address Stories

Lori Cyr, CAOT President

Stories and storytelling unite us. They tell our history. They connect us to each other. They help us understand a shared experience. They help us make sense of the world and others around us. They entertain us. They teach us. They make us feel, and sometimes act. They make up the fabric of our lives. The storytelling tradition is as old as time, our way to communicate. From rock carvings to the selfie, we can see how much the stories have changed and how much they stay the same.

I work at the Mary Pack Arthritis Program with Vancouver Coastal Health. It is an outpatient program, providing service to clients with rheumatic diseases. I first met Jane (pseudonym) when she would call me in my role as a clinical supervisor to express her displeasure with the service she was receiving. I also heard the therapist's perspective and Jane was put into the "difficult client" box.

She was living with fibromyalgia, spondyloarthropathy and bipolar disorder. She lived with poverty, chronic pain and fatigue, frequent debilitating bouts of depression and a cluttered and chaotic living situation. She felt marginalized, unserved and in a fractured relationship with the health-care system. She was angry and frustrated and frequently expressed this. Needless to say, I began to dread seeing her name on my caller ID. Over time she transitioned to my caseload and we began our relationship. It was a rocky beginning. I wasn't used to having a client scream at me over the phone. I struggled with separating my personal reaction from my therapeutic response and responsibility. However, we persisted. I credit Jane with being the client from whom I have learned the most over my career. I believe one rarely learns much when things are going smoothly and routinely. Over the time we worked together, we developed a mutually respectful relationship, one Jane characterized as a "professional friendship." I grew to admire her deep intelligence, her incredible insight and capacity to work on her own self, and her fierce determination to, as she termed it, "keep on keeping on." It was hard won.

From the story of my work with Jane, I learned three valuable and formative lessons:

- 1) Respond first as a compassionate human being.
- 2) Listen and validate.
- 3) Be with somebody where they are.

They all sound very simple, very "OT." And they were all, with Jane, very hard to do.

- 1) *Respond first as a compassionate human being.* When talking with Jane, I would put my protective "OT face" on, guarding my professional self for the next difficult encounter. I would have my goals for the session, which would not often be realized given Jane's immediate context. During one seemingly counterproductive conversation, Jane said "I just told you something terrible that bothers me. Please respond to that." That was like a flash to me, and a turning point in how we were able to relate to each other. Sometimes you simply need to be human and respond as one human being to another, as well as be an occupational therapist. This leads directly to lesson number two...
- 2) *Listen and validate.* This is a valuable yet overlooked communication skill. This lesson, solidified during my work with Jane, applies to just about any conversation. You will never be able to move on from where you are without first hearing and acknowledging what someone has been telling you. I've experienced and seen the frustration on both sides of the therapeutic relationship when the conversation is at cross purposes. You may feel resistance, disengagement or frustration from the process. Stop. Ask yourself, "What story is really being told to me?" Acknowledge and validate it. Until that is done, you will not be able to move forward.
- 3) *Be with somebody where they are.* This is very much the result of practice of the first two lessons. It's also the heart of client-centeredness, of finding what is meaningful, motivational, important and valued. Being there with the client where they are allows for the story making, or determining of the desired future, as we will explore shortly.

By learning and applying these lessons, Jane and I were able to engage in a successful and rewarding relationship. Yes, we did occupational therapy, including securing a motorized scooter and developing strategies to deal with pain, fatigue and a cluttered environment, among other things. We also connected over cat ownership, growing up in the same hometown, a love of literature and a sense of humour.

Therapist to client, person to person. I still sometimes hear Jane's voice in my head, saying "Please respond to that." The story that we wrote together followed a typical narrative line – introduction, context setting, complication and resolution, leading ultimately to the learnings I have just shared with you.

The use of narrative is found in both occupational therapy and occupational science literature. Narrative has been explored and used in many fields – psychology, sociology, anthropology, history and education, to name but a few – to make sense of and attribute meaning to human experience. Mattingly (1991) introduced the use of narrative in occupational therapists' clinical reasoning. She distinguished between storytelling and story making. In storytelling, therapists share stories with their colleagues about a client's situation and experiences to construct a picture of that unique client, incorporating knowledge of medical conditions, models of practice and previous experience with similar clients. The therapist strives to understand the client's experience of their illness or condition that, as we know, goes well beyond a medical diagnosis. Story making describes a narrative mode for clinical reasoning, where the therapist envisions what a client's potential future could be, and uses this as a basis for collaborative treatment planning. Through therapeutic employment, the therapist is able to narratively "take the episodes of action within the clinical encounter and structure them into a coherent plot" (Mattingly, 1998, p. 83). This makes narrative sense out of a course of treatment and is a tool for client engagement – to help understand the therapeutic process. Story making creates a link between the current state and the desired future, where the client would like to be.

In her Eleanor Clark Slagle lecture, Florence Clark (1993) urged occupational therapists to "make occupational storytelling and occupational story making the core of their clinical reasoning as a way to nurture the human spirit to act" (p. 490). Storytelling is an occupation of value on its own merit. Trentham (2007) described the use of life storytelling by older adults to foster well-being, community engagement and participation. Life storytelling does not simply recount events, but can express motivations, meaning, values and the worldview of the storyteller. It can be a powerful tool to share wisdom, understand lives and adjust to changes or threats. We as occupational therapists, with our grounding in enablement

and participation, are well situated to enable the "doing of life storytelling and to ensure that the rich and unique stories that reflect the diverse nature of our society are heard, celebrated and harvested for their social wisdom" (p. 25).

Lessons can also be learned when roles are reversed. MacRae (2010) described her story of recovery and rehabilitation after a fractured femur. As an occupational therapy practitioner and educator, MacRae's belief in the power of occupation was unswerving, though her experience as a recipient of services taught her valuable lessons that were transformative for her teaching and her life. For therapists, we need to be aware of the intense time, attention and energy requirement that our clients need for recovery. You cannot know how a client is feeling, so being attentive, seeking feedback and recognizing the reciprocal nature of the learning experience is key. Control issues come to the forefront when usual occupations are disrupted. Developing healthy habits helps in recovery and can be used in the construction of the new normal. I could hear Jane's story in my head and my own lessons learned when reading this article.

Stories and storytelling unite us. They tell our history. They connect us to each other. They help us understand a shared experience. They help us make sense of the world and others around us. Our stories are what bind us together, as occupational therapists, as professionals, as health-care practitioners. More importantly, the story is what binds the human condition. It lets us grow, develop and move forward toward common goals. Our stories are never static; they change, develop and continue to move forward.

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Sharing stories at Conference 2015.

2015 CAOT Conference keynote speaker Mobilizing for social change

Clare Hocking

Mobilizing is about preparing for the task at hand by marshalling our combined efforts to drive social change — in this case, toward occupational justice. Defined as equitable access to occupation, regardless of difference, occupational justice sensitizes us to the fact that some groups are excluded from occupations that support health, while bearing more than their share of odious and health-depleting occupations (Wilcock & Hocking, 2015). Support for labelling these issues matters of justice is found in the United Nations' Universal Declaration of Human Rights (1948), which addresses the following rights: to work, to choose one's employment and to carry out work duties in favourable conditions; to participate in the cultural life of the community; to practice a religion; to education; and to rest and leisure.

Canada's health statistics make various social and occupational injustices visible. Canadians who are poor, indigenous, female or living in remote locations are more often and more severely sick or injured. Their avoidable deaths, disease, disability, distress and discomfort account for approximately 20% of total health-care spending (Health Disparities Task Group, 2004). Health disparities can be successfully addressed, but if health care and public health programs and services do not focus on the needs of disadvantaged individuals, populations and communities, there is a risk of increasing rather than reducing them.

Has occupational therapy contributed to social change?

Some advances in occupational rights have been achieved over the last century. For instance, disabled children increasingly access mainstream schools, and acknowledgment of disabled people's need and capacity for mainstream employment has gained traction since the 1970s. Canadian occupational therapists can claim to have contributed to those shifts in perspective, for example, through the successful curative workshop established by the Ontario Society of Occupational Therapists in 1922 and the provision of wheelchairs that allowed veterans with a spinal cord injury to resume education or employment after the Second World War (Tremblay, 1996). That is, occupational therapy's history can be "read" as enabling the realization of disability rights, by helping disabled people take their place alongside other community members. I am not claiming that disability rights are fully realized, nor that the profession intentionally supported

disability rights. But in just "doing our job," we made an important contribution.

Serving occupational justice in everyday practice

The World Federation of Occupational Therapists (WFOT) Position Statement on Human Rights (2006) asserts the rights to:

- access occupations that enable people to flourish
- be supported to participate
- have choices
- equitable access to diverse occupations

Yet people who are poor, indigenous, female, or who live in remote locations more frequently experience health-damaging occupational injustices. One response, recommended by the WFOT International Advisory Group: Human Rights, is for

occupational justice to be "written in" to the minimum standards for occupational therapy education. Programs need to clearly state their commitment to inclusion

"Occupational justice must become part of everyday practice."

and participation, and graduates must be able to say what competencies they have to bring that about.

As well, occupational justice must become part of everyday practice. One focus is ensuring occupational therapy assessments are inclusive because "assessments establish the boundaries of our vision, within which we shall only find what we are looking for" (Hammell, 2015). The Barthel Index, for example, assesses people's level of dependence in various tasks of daily living (Mahoney & Barthel, 1965). It fails to acknowledge that independence is more possible for affluent people, who can choose or modify their environment. As well, the scoring system reflects a value judgment that privileges physical independence in activities of daily living as though this is central to living. This denies the legitimacy of preferring to be helped or choosing to accept help — values more typical in people from collectivist cultures. Blanket adoption of such assessments becomes, therefore, discriminatory and unjust.

We must also recognize that using assessments developed in one context to evaluate people from other contexts puts them at a distinct disadvantage. For example, being assessed can become an alienating experience if the name and address clients are asked to remember represent the majority culture, not their own. Additionally, many standardized assessments assume that specific

skills are universal, when they are actually culturally-specific. Thus, standardized assessments are biased against members of minority groups, giving a misleading negative portrayal of their abilities.

There is often an assumption that only the person being assessed can interact with the therapist, which runs counter to collectivist cultural norms of surrounding and assisting people with a health condition. Thus, mobilizing for social change, such as creating a more inclusive society, extends into everyday practice, demanding that we strenuously interrogate our choice of assessments and equally strenuously argue against blanket assessment protocols.

Another consideration is that our assessments do not factor in the impact of socio-economic realities, such as food insecurity, or the attitudes disabled people encounter that exclude them from everyday occupations. Yet, as the World Health Organization's World Report on Disability (2011) reminds us, disabled people "do not have equal access to health care, education, and employment opportunities ... and experience exclusion from everyday life activities" (p. xxi). Occupational therapists need to know about the social conditions that create vulnerabilities and reduce opportunities, and to identify which of our clients are affected. Asking about those realities might force us to address the self-preservation skills disabled people need to fend off prejudice. Working more systemically, this inquiry could encourage us to target interventions toward the sports coaches, shop assistants, bus drivers, work colleagues and employers who can make participation possible, rather than stigmatizing or inaccessible.

One response to such knowledge about socio-economic disadvantage or other inequities is to factor it in when we prioritize caseloads. It will help us predict who might need more help, or their treatment continued over a longer timeframe, to achieve expected levels of recovery. Another response is to use this knowledge to "bear witness," documenting barriers to health-promoting occupations, whether related to financial resources, lack of safe spaces to play, discrimination, interrupted schooling or other injustices. Gathering evidence of structural barriers to health and their impact creates the possibility of using that information to push for systemic change — such as using health-care dollars to avert the development of expensive, life-long health conditions. At a service level, knowledge of health disparities alerts us to other problems, such as specialist stroke units being located in services for older adults, which effectively excludes indigenous people who tend to present with strokes at a younger age.

Responding to occupational injustice also unsettles our understanding of client-centred practice. It requires us to look beyond the client to the social conditions determining their health, factoring in influences that clients themselves may not be aware of. This will likely feel uncomfortable, because so much reliance

has been placed on asking clients directly about their experiences, goals, choices, routines and meaningful occupations.

Mobilizing for social change

Occupational therapists must look beyond merely providing good quality intervention in order to see the inequitable societal conditions that protect some people's health and place others' in jeopardy. I leave you with a vision of achieving occupational justice for all Canadians. Achieving this requires mobilizing to identify the occupational injustices perpetuated in daily practice and determining priorities for action. This will require leadership, both nationally and regionally, as well as on a smaller scale by locating the ways in which occupational justice can be enacted in everyday practice. This is a political stance, but doing nothing is also political. Not standing up to injustices perpetuates current inequities, relegating to the margins people disadvantaged by crippling health conditions, aging, poverty or racism. Occupational therapists have worked against that outcome in the past, and can do so in the future.

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About the author

Clare Hocking, PhD, along with Professor Elizabeth Townsend, established the World Federation of Occupational Therapists International Advisory Committee on Human Rights almost a decade ago. At occupational therapy conferences around the world, they have facilitated workshops to advance the practice of occupational justice. This idea is also central to Clare's scholarship and research into the strategies people devise for themselves to manage life despite occupational challenges. Clare is a professor at the Auckland University of Technology in New Zealand where she serves as the executive editor of the *Journal of Occupational Science* and co-authored of the third edition of *Ann A. Wilcock's An Occupational Perspective of Health*. She can be contacted at: clare.hocking@aut.ac.nz

Occupational Therapy Canada: Embracing a shared vision to meet the occupational needs of Canadians

Andrew R. Freeman and Susan G. Rappolt

In Canada, we are lucky to have four national organizations working to advance the goals of the occupational therapy profession in the interests of the public: the Canadian Association of Occupational Therapists (CAOT), the Association of Canadian Occupational Therapy University Programs (ACOTUP), the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) and the Canadian Occupational Therapy Foundation (COTF). As well, the Occupational Therapy Professional Alliance of Canada (PAC), recently renamed the Alliance of Canadian Occupational Therapy Professional Associations (ACOTPA), an informal alliance of the provincial and territorial professional associations, represents a critical sector of the profession. In recent years, given the considerable challenges that confront the profession, these organizations have recognized the importance of developing a collective voice to more effectively advance these goals. The purpose of this article is to present Occupational Therapy Canada (OTC) as the overarching collaboration of Canadian occupational therapy professional organizations. We will explain the origin of OTC and its goal of coordinating the roles and initiatives of the independent professional organizations in the common interests of supporting and advancing occupational therapy practice, services, research and education.

The lead-up to Occupational Therapy Canada

The professional organizations have been collaborating, in a progressively more formal capacity, for a number of years. However, the culmination of these efforts in 2012 represents an important new commitment to develop a common vision, the coordination of missions and the integration of intellectual resources. Although the precise name and terms of reference for our overarching national profession collaboration have evolved, a brief look back at the records reveals common threads that have influenced the development of this commitment.

While acknowledging a range of previous collaborative efforts on specific initiatives, at a more formal level, the *Occupational Therapy Professional Council* (OTPC) first convened in October 2006 with a representative from each of CAOT, ACOTUP and ACOTRO. As recorded in this meeting's minutes:

The purpose of the meeting was to develop a forum to discuss and work together among regulators, educators and CAOT on issues of mutual concern. It was noted that no previous mechanisms were in place for ongoing discussions between the three organizations. Past joint initiatives have been focused on specific initiatives between CAOT and individual organizations.

At this same meeting, the three organizations decided to invite COTF to participate as a member of this council.

At OTPC's next meeting in January 2007, the forum's name was changed to the *Occupational Therapy Council of Canada* (OTCC) and its terms of reference were established to "promote information sharing and coordinated action and planning on issues of mutual concern to further the development of the occupational therapy profession." The OTCC comprised the president or chair (or delegate) of ACOTRO, ACOTUP, CAOT and COTF, as well as the "representatives of other Canadian national occupational therapy organizations who could be invited to become members of the OTCC with the agreement of all existing member organizations."

Between this initial meeting of the OTCC and the formation of the OTC in June 2012, 15 meetings were held. Minutes from these meetings reveal that one objective was to foster improved general information exchange regarding each organization's respective projects. As well, efforts were made to ensure effective coordination of projects, for example, the annual OTCC forum.

What stands out across the meeting minutes is progressively greater clarity about joint initiatives. For example, at the November 2008 meeting, discussion time was allocated to "inter-organizational activities," for example, competency-based assessment (ACOTRO and CAOT) and a review of the National Occupational Therapy Certification Examination (ACOTRO and CAOT). On other occasions, efforts were made to reach inter-organization agreement about certain position statements. Momentum gradually built toward a more concrete profession-wide collaboration. At the December 2008 meeting, discussion was held about a national occupational therapy strategy:

Prior to November 2008, the CAOT developed an environmental scan. The CAOT introduced this proposal for a national strategy to OTCC members to get their feedback and see if their respective organizations may be interested in collaborating on this effort. Everyone agreed that this would be beneficial to each organization to have one common vision.

At the October 2010 meeting, a much more concrete vision for collaboration started to be articulated:

... it has become clear that there is a need for this Council to work together by using its strengths collectively. The Council can debate on how to approach and understand issues influencing different organizations. The Council must be aware of these issues, and share a similar approach when dealing with them. The Council must move beyond sharing of information. ... the Council does a good job of information sharing, but it is not always used to its maximum potential.

Important seeds were sown at this meeting. At the July 2011 meeting it was determined that “the development of a shared vision for occupational therapy in Canada will be the topic of the 2012 forum.”

Therefore, at the OTCC Forum in June 2012 in Quebec City, the vision for a new overarching collaboration within our profession in Canada, to be known as Occupational Therapy Canada (OTC), was articulated. Among other elements, considerable clarity was expressed regarding the need to respond to external forces acting upon the profession.

It was suggested that the current orientation of OTCC is not strategic and there is anxiety about potential negative issues that are on the horizon that are outside the control of the profession. The environmental scans highlighted that health care is not sustainable in its present form. The health care system is Darwinian – dependent upon the survival of the fittest. While rehabilitation should be a key component within health systems ... occupational therapy is undervalued. Occupational therapy organizations currently see the profession from a parochial position where a holistic perspective is needed. While each organization knows what they would like to accomplish, a national vision is needed to bring the efforts of the individual groups to work together for the benefit of the profession (OTCC, 2012, p. 1).

OTC’s terms of reference were subsequently approved by the participating organizations during 2013. OTC members continued to include ACOTRO, ACOTUP, CAOT and COTF, with invitations extended to representatives of the provincial and territorial professional associations to attend

an annual forum. The purpose of OTC includes the following elements:

[OTC] represents all sectors of the occupational therapy profession in Canada, including researchers, educators, regulators and professional associations. [OTC] promotes information sharing and coordinated action and planning on strategic priorities identified from time to time to further the development of the occupational therapy profession (CAOT, n.d., para. 1).

More specifically, OTC “1. identifies key areas and emerging trends; 2. determines priority initiatives for collaborative action; 3. establishes compatible and facilitating processes for action; 4. ensures effective communication within and beyond the profession; [and] 5. sponsors an annual forum to advance work on identified priorities” (CAOT, n.d., para. 2).

Collectively, the leaders of the occupational therapy organizations in Canada have recognized the need to work together in a proactive and strategic manner to advance the profession’s work within a complex and frequently challenging contemporary context. As stated by the participants at the 2013 OTC Forum:

“Consensus is needed regarding the key environmental drivers affecting the prospects for occupational therapists to address occupational needs and health and social outcomes. The profession’s organizations also need to develop a common understanding of the top clinical and social priorities for occupational therapy services and research” (Freeman et al., 2014, p. 27).

In a similar vein, the 2014 OTC Forum (Rappolt et al., 2015) included an environmental scan of Canada’s population needs and occupational therapist workforce trends, using, among other sources, the *Canadian Survey on Disability* (Statistics Canada, 2012) and the 2012 Canadian occupational therapy workforce data (Canadian Institute for Health Information, 2013).

It is striking to note the common threads across these discussions as the profession’s leaders have worked toward developing a collective vision, for example, regarding the importance of developing an economic case for occupational therapy services. During the 2012 OTCC Forum (2012), the participants’ brainstorming exercise led to consensus about the following four priority needs for the profession: 1. economic case for occupational therapy in Canada; 2. national advocacy strategy to advance occupational therapy (e.g., national awareness); 3. human resource strategy (capacity, retention, leadership, diversity, succession planning, mentorship, volunteerism, professional engagement and involvement); and 4. integrated scope of practice strategy.

About the authors

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During the 2013 OTC Forum (Freeman et al., 2014), participants articulated four continuing challenges for the profession's collective future:

1. Occupational therapy organizations need to collaboratively refine their conceptualizations of generalist and specialist practices, and advanced practice.
2. The occupational therapy profession as a whole needs to collaboratively control how it is recognized and defined.
3. Should entry-level programs continue to focus solely on generalist education (basic competencies) or begin to add educational streams for specialization? To what extent does this question reflect the realities of rural versus urban practices?
4. Who would bear the costs of regulating specialization should it warrant regulation in the future?

At the 2014 OTC Forum (Rappolt et al., 2015), the participants proposed the following vision statement as a provisional common national vision for the profession of occupational therapy in Canada: *Evidence-based occupational therapy is understood, valued and utilized as the profession that makes life worth living*. Coherent with this statement, several principles and action priorities were identified. And finally, most recently at the 2015 OTC Forum, a theme was pursued that has consistently been identified: economic evidence for occupational therapy services (report will be available soon).

Occupational Therapy Canada: Giving it life

Critical momentum is building to realize the vision of OTC to "...coordinate action and planning on strategic priorities. . .to further the development of the occupational therapy profession" (CAOT, n.d., para. 1). Now the challenge for our professional organizations is to determine how the OTC's collectively determined provisional vision can be debated, revised as needed and then reinforced across their respective mandates and priorities. Clearly, there are already many shared elements across the respective missions, visions, objectives and strategic priorities of each organization. Nevertheless, these organizations are each guided by their own board of directors who are in turn answerable to their members. ACOTRO's mandate differs in an important way from that of the other organizations insofar as the legislatively-determined regulators' roles are to protect the public interest and not to advance the profession's interests *per se*. Similarly, the 14 entry-level occupational therapy programs in Canada represented by ACOTUP are publicly funded and administered, with the mandate to create and teach knowledge, not advance the interests of the profession. CAOT, COTF and PAC (now ACOTPA) member groups are professional associations clearly established to advance the interests of the profession.

In sum, our profession in Canada is richly endowed with organizations sharing complementary interests and professional commitment, yet also challenged in a very competitive environment to establish a single collective voice to realize the profession's potential. How can the organizations successfully negotiate answering simultaneously to both the collective vision represented by OTC and to their individual boards and members? Undoubtedly, considerable work remains to answer

this and other related questions. However, as this brief overview of the historical evolution towards the development of OTC reveals, there is every reason for optimism. Stay tuned for updates. Readers are encouraged to share their suggestions for inter-organization collaboration to their relevant primary organization (i.e., ACOTRO, ACOTUP, CAOT, ACOTPA or COTF).

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Editor's note

For the last several years, the annual CAOT Conference has provided an opportune time for the leaders of the five national organizations to gather for the OTC Forum.

2016 CAOT Conference in Banff, Alberta Inspired for Higher Summits

Susan Mulholland and Jutta Hinrichs, co-convenors of the 2016 CAOT Conference

The Canadian Association of Occupational Therapists (CAOT) and the Society of Alberta Occupational Therapists (SAOT) invite you to participate in the 2016 CAOT Conference, “Inspired for Higher Summits,” to be held Tuesday, April 19 to Friday, April 22 in Banff, Alberta. Nestled high in the Canadian Rockies, Banff is a unique mountain community built where inspiration meets hard work. It provides the ideal location for embracing leadership in occupational therapy – celebrating where we have been and striving forward for yet greater accomplishments.

Our conference takes place on the traditional lands of the Stoney Nakoda First Nation, the original inhabitants of these mountains. The name “Stoney” is believed to have been given to them by neighbouring First Nations or early European explorers because of their method of cooking with heated stones. “Nakoda” in their native language means “friend” or “ally.” The building of the transcontinental railway in 1880 and the discovery of a series of natural hot springs brought changes to the area. A federal reserve was established and became the beginning of Canada’s national park system. Banff National Park has been recognized globally by the United Nations, which designated this area of the Canadian Rockies as a UNESCO World Heritage Site in 1984.

Come and explore the vibrant community that is home to artists and outdoor enthusiasts. Consider hiking Johnston Canyon, or, closer to town, try walking up Sulphur or Tunnel Mountain. Enjoy biking on the Legacy Trail, a paved pathway between Canmore and Banff, try some downhill skiing at a local resort, or climb the via ferrata on Mount Norquay. For those who appreciate other pursuits, art galleries and unique shopping boutiques are located at both the Fairmont Banff Springs Hotel and downtown on Banff Avenue. The history of the area is displayed at the Whyte Museum. The Banff Centre is also worth a visit, considered the largest centre in the world fostering both creative arts and leadership development programs. After taking in a full day of mountain culture, relaxing is easy at the local natural hot springs and at many fine dining establishments.

Life in Banff is also about taking care of the special community and respecting the environment. The surrounding 6,500 square kilometres of parkland are home to numerous species of wildlife, including elk and grizzly bears. Banff National Park fees help to protect this wilderness and ensure the sustainability of this beautiful natural environment for generations to come.

We hope that the theme “Inspired for Higher Summits” will attract presentations that showcase the leadership of our profession and where we see ourselves heading in the future. As both a conference and a destination, we look forward to welcoming you to Canada’s alpine adventure. Our western hospitality will make you feel at home and the majestic landscape will exhilarate you. Come share your knowledge, ignite your passions and be inspired!

Note from CAOT

It has come to our attention that the 2016 CAOT Conference will overlap with the first day of Passover. We acknowledge this oversight in planning the dates for this event and apologize for this and any inconvenience it may bring to our members. While we cannot change the dates of the event, we can make accommodations to allow for fuller participation from the members of the profession who will be affected by the timing of these events.

CAOT can offer a special discounted rate for Tuesday to Thursday and can schedule, upon request, presentations on Wednesday and Thursday. While this is not an optimal situation, we trust that the solutions on offer will enable members to participate at Conference in 2016.

Typically we have the conference in May or June, which avoids overlap with major religious holidays. Moving forward, CAOT will consult planning tools, such as online calendars, to avoid such situations in the future.

We would like to thank the numerous members who brought this to our attention. CAOT is committed to creating and maintaining inclusive and accessible events for its members. Please do not hesitate to contact Janet Craik at jcraik@caot.ca if you require more information.



Update from the Canadian Occupational Therapy Foundation Conference update

The 2015 Canadian Association of Occupational Therapists (CAOT) Conference was a great success for COTF. Thanks to CAOT, COTF participated in important meetings and conducted exciting fundraising events to support the awards program.

Business meetings

COTF met with the Occupational Therapy Professional Alliance of Canada (PAC) to discuss the promotion of and attraction to awards for the provincial funds that COTF manages on behalf of each provincial professional association. COTF will share information with the provinces through its Facebook page and OT Weekly.

COTF representatives participated in the 2015 Occupational Therapy Canada (OTC) Forum. The group, with participants from all of Canada's national occupational therapy organizations, tackled the pertinent issue of "Economic evidence for occupational therapy services: Crunching the numbers, describing value."

COTF met with the Association of Canadian Occupational Therapy University Programs (ACOTUP) on three instances: 1) to review initiatives whereby ACOTUP has been assisting COTF in promoting the Foundation's work to students, and in developing a mentorship program whereby clinicians can connect with researchers to frame a research question, 2) to develop next steps for the joint Water Cooler Talk webinar to occur on December 3, 2015, and 3) to discuss the possible creation of an award with ACOTUP's Education Committee.

CAOT and COTF met to talk about projects of mutual interest. The initiatives for COTF are geared towards increasing donations and awareness of the existence of COTF. The funds raised by COTF are allocated to the awards program for CAOT members.

COTF session

Karen Goldenberg, a founding member of COTF, spoke about the importance of leadership in clinical practice by sharing many inspiring tips. Conference fundraising will support a new grant in 2016: The Karen Goldenberg

Leadership Impact in Research Grant (with the economic evaluation of occupational therapy). Thanks to AHC/ROHO and Alberta Health for sponsoring the session!

Awards ceremony

Archie Cooper had the privilege of calling recipients of COTF awards, COTF Future Scholar Awards and provincial funds to the stage to be recognized in front of their peers.

Lunch with a Scholar

Local Winnipegger Jacquie Ripat spoke passionately about the use of assistive devices in her presentation entitled "Assistive technology: Understanding of meaning and perspectives."

COTF Annual General Meeting

Archie Cooper shared the work of the Foundation with members and engaged them in discussion. She also thanked CAOT, the COTF Board, volunteers, supporters, sponsors and many donors for their work and contributions.

Fundraising events

COTF's fundraising events in Winnipeg were the most successful to date, bringing in more than \$13,500! The live auction was held in a stunning room in the Canadian Museum of Human Rights, where guests could also purchase tickets for a 50/50 raffle and a people's choice auction.

The frenzy of activity at the silent auction tables was no different this year! In addition to auction items, COTF showcased mugs pottered by Gary Brierley; exquisite pendants crafted by Hilary Druxman in Winnipeg, which are still available for purchase online (<https://www.hilarydruxman.com/product/53n1-ot/>) or in the Winnipeg store; earrings made by Marjorie Hackett and golf shirts donated by CAOT.

Thank you to the groups that collaborate with COTF, the many donors, the supporters, the sponsors, the volunteers and CAOT! It is thanks to all of you that the events were so successful!

**COTF is the only organization that provides funding solely to occupational therapists who are CAOT members!
Make a donation now! www.cotfcanada.org**