OCCUPATIONAL THERAPY NOW

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Table of Contents

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The 2016 CAOT Conference: Inspired for higher summits

Janna MacLachlan, *Occupational Therapy Now* managing editor

The 2016 CAOT Conference in Banff, Alberta, took place from April 19 to 22, 2016, at the Fairmont Banff Springs hotel. The theme was: "Inspired for higher summits." This issue of *Occupational Therapy Now* offers readers an opportunity to learn about or further reflect on some of the inspiring presentations from this year's conference. Featured articles in this issue range from the keynote, plenary and president's addresses, to an overview of presentations about student fieldwork, to presentations on behalf of the World Federation of Occupational Therapists and the *Canadian Journal of Occupational Therapy*. The "summits" discussed in these presentations include those of growth, learning, collaboration and achievement on personal, profession and community levels. Some events, such as the awards ceremony, celebrated summits that individuals and groups have reached. Others, such as the professional issue forums, addressed key summits for the profession to continue climbing towards. No matter which summits are of interest to you, I hope you will find some inspiration in the pages to come.

Higher conference summits:

- This year marked CAOT's 80th conference in the association's 90th year.
- The conference hosted a record 691 delegates and featured more than 335 sessions, posters and events.
- A record number of abstracts were submitted to this conference: 495!
- There were over 11 million Twitter impressions for the hashtag #CAOT2016 (see page 5 for more details). There were designated "tweet seats" in each presentation room to encourage delegates to share what was happening via Twitter. An average of 54 tweets were posted per hour over the four-day conference, with 325 people participating. The top two tweeters were Bill Wong (@billwongot), an occupational therapist from California, with 1231 tweets, and Jeff Boniface (@bonifaceots), an occupational therapist from British Columbia, with 417 tweets.

With thanks to:

- the Host Committee, including co-convenors Susan Mulholland and Jutta Hinrichs, Fiona Brandt, Alanna Cunningham, Jessie Trenholm, Lisbeth Case, Debra Froese and Sharon Phillips.
- the eight-member Scientific Program Committee, chaired by Mary Forhan. The committee received reviews completed by over 70 abstract review board members.
- the conference photographer: Amanda Deslauriers. Her photos are featured throughout this issue.
- the opening ceremony performers: The Wardens. This group shared stories through song about their experiences working in Banff National Park, often on horseback in the backcountry.
- Honourable Tom Crane Bear for providing the traditional welcome at the opening ceremonies.
- the 52 exhibitors for participating and sharing their innovative products with delegates.
- Lisa Sheehan, CAOT's conference and events manager, for her tremendous work pulling the conference together.
- all 60 volunteers who helped ensure everything ran smoothly.
- delegates for investing in their future by taking time out of their regular practice routine to participate, learn and share at the conference.

The winners of this year's CAOT student bursaries were:

Functional outcomes of music-supported rehabilitation poststroke: A systematic review - *Jeanette McGeough and Alicja Mazierska*

Learning from a health-mentor: Impact on students' understanding of clientcentredness - *Amanda Deslauriers*

Ageism and the older worker: A scoping review -*Jessica Waschenko, Sarah Krygsman and Kelly Harris*

The 2016 CAOT Conference Host Committee.

CAOT President Lori Cyr with Muriel Driver Memorial Lecturer Dr. Isabelle Gélinas.

What's new

NEW *Occupational Therapy Now* call for papers

March 2017 – **The Evolution of the Private Practice Occupational Therapist**
Submission deadline: October 1, 2016.

The intention of this special issue of *Occupational Therapy Now* is to explore, discuss and challenge our ideas and practices related to private practice. Submissions may range in length from 300-2000 words. We would like to hear from occupational therapists, educators, funders, fieldwork preceptors, clients and students.

To view the full call for papers, go to: http://www.caot.ca/default.asp?ChangeID=25&pageID=7
For more information, contact: otnow@caot.ca

CAOT Board news

For highlights from the February and April CAOT Board meetings, please visit: http://www.caot.ca/default.asp?pageid=68

New CAOT Professional Development Calendar

In the new edition of the calendar, you can consult the professional development offerings from May 2016 to April 2017:

- By CAOT service
- By area of practice
- By client age
- By date

To view and download, please visit: www.caot.ca/education

New products recognized by the CAOT Product Recognition Program

CAOT is proud to announce that it has awarded 3M with seals of recognition for two of its products:

3M™ Easy Adjust Dual Monitor Arm
3M™ Adjustable Keyboard Tray

For a full report on these and other recognized products, visit: www.caot.ca/prp

WFOT news

The World Federation of Occupational Therapists (WFOT) is collaborating with the World Health Organization (WHO) on its Disability Action Plan (www.who.int/disabilities/actionplan/en/), which aims to:

- remove barriers and improve access to health services and programs.
- strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation.
- strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services.

Don't hesitate to contact Andrew Freeman (Andrew.Freeman@rea.ulaval.ca) for more information about WFOT's activities.

OT24Vx 2016

The 7th Occupational Therapy 24-hour Virtual Exchange (OT24Vx) will occur on October 27, 2016, starting at noon EDT. The theme of this year's free online conference featuring speakers from around the globe is "Making it Together." For more information, visit: http://www.ot4ot.com/ot24vx.html

Correction notice

In the article "Finding one's voice thanks to technology," published in the March/April 2016 issue of *Occupational Therapy Now,* volume 18(2), pages 19-20, the name of the second author was missing. Complete authorship of this article is Danielle MacDougall and Catherine White.

Cover image credit

Photo by Cori Schmitz.
Cori says: In August 2015, two moms and four sons (aged 9-13) hiked 19 kilometres up through the Valley of a Thousand Falls to Berg Lake under the majestic peak of Mount Robson in British Columbia. On the third day of our adventure, while taking a rest from their heavy backpacks, the boys occupied hours of time by cooperatively creating this "castle" on a nearby glacial moraine.

#CAOT2016: Delegates embrace Twitter at the 2016 CAOT Conference

Giovanna Boniface and Nicole Matichuk

The use of Twitter® as a social media tool during a conference can be a great way to promote occupational therapy. Recent literature supports the growing trend of using Twitter as a backchannel for communication at academic conferences, in addition to the event's formal communication (Weller, Bruns, Burgess, Mahrt, & Puschmann, 2014). This year, the Canadian Association of Occupational Therapists (CAOT) adopted a conference hashtag (#CAOT2016) for the second time, and it was a resounding success. Registered with the Symplur Healthcare Hashtag Project[1], #CAOT2016 brought together conference participants, those monitoring the live feed and other partners from around the globe using Twitter as a communication platform.

Twitter is a highly effective tool for communicating during a conference. Its use provides many benefits, including sharing ideas, networking with other users, monitoring key messages of conference sessions, communicating with presenters and collective notetaking, just to name a few.

The hashtag was used in posts when users wanted to succinctly describe poster and paper presentations, express excitement about upcoming sessions and generally raise awareness about conference-related events. Tweeting was a great way to stay connected to those who could not attend the conference, through sharing pictures and summaries with a 140-character limit. Many Twitter users were able to create short posts that resonated with followers, apparent from the number of "retweets" and "likes" their tweets received. Retweets allowed tweets to reach even broader networks.

Overall, 4791 tweets with the #CAOT2016 hashtag were logged during the four-day conference, generating more than 11 million impressions. If the week before and the week after conference are included, those numbers increase to 5229 tweets and 11.6 million impressions—quite impressive for our relatively small profession!

CAOT's first "Tweet-up Meet-up" was held on day two of the conference (April 20, 2016) to provide an opportunity for CAOT Twitter users to meet each other, as well as for experienced users to help new users set up Twitter accounts and first tweets. With 43 participants, most of whom had never met each other, the meet-up far surpassed our expectations.

Nicole Matichuk, a student occupational therapist from the University of British Columbia, said:

As a student, I have found Twitter to be a useful networking tool and conversation starter, connecting me with other students and occupational therapists from all over Canada. It was exciting to be able to share with my followers the points from presentations that impacted me most. Over the course of the conference, I met many occupational therapists who use Twitter, or who were going to set up an account because of the conference. There was a sense of support and community among all the occupational therapists at conference, and there were many "likes," "retweets" and comments on posts. For me as a student, it was a great experience to feel included in the bigger occupational therapy world. In addition, it caused me to reflect on the responsibility of managing a social media account that speaks to occupational therapy's values. Having a public forum for my thoughts made me check myself before I clicked the "tweet" button. The emphasis CAOT put on using Twitter at this year's conference added excitement, as well as new opportunities for learning and networking.

As there are over 320 million active users of Twitter monthly, CAOT recognizes the importance of incorporating it and other social media platforms into conference-related communications. CAOT is committed to using an official hashtag at upcoming conferences and has already registered a hashtag for next year—see you at #CAOT17!

References

Weller, K., Bruns, A., Burgess, J. E., Mahrt, M., & Puschmann, C. (2014). Twitter and society: An introduction. In K. Weller, A. Bruns, J. E. Burgess, M. Mahrt, & C. Puschmann (Eds.), *Twitter and society* (xxix-xxxviii). Retrieved from http://eprints.qut.edu.au/66322/1/Twitter_and_Society_-_Introduction_(2014).pdf

[1]The Symplur Healthcare Hashtag Project compiles hashtags related to health care and provides tools to improve hashtag use to get the best impact.

About the authors

Giovanna Boniface, OT, is the managing director of CAOT-BC. She led CAOT's engagement with Twitter at the 2016 CAOT Conference. She may be reached at: gboniface@caot.ca

Nicole Matichuk is a second-year student in the master of occupational therapy program at the University of British Columbia. She was on a fieldwork placement with CAOT-BC during the 2016 CAOT Conference.

CAOT 2015–2016 update: October to May

Janet Craik, CAOT Executive Director

It has been ninety years since a small, determined group of founders established what is now called the Canadian Association of Occupational Therapists (CAOT) to nurture a caring profession that deserved and demanded to be recognized, valued and rewarded. That work and that dedication continue. CAOT is moving forward with confidence and strength as we pass the halfway point of this membership year. Our association is operating effectively and in an increasingly strategic manner, well positioned as your career partner for life. With members at the centre of everything we do, CAOT continues to support the delivery of quality occupational therapy services to meet the occupational needs of Canadians. Happy 90th to CAOT!

Governance

A priority for 2015–2016 has been to develop a formal strategic plan to articulate our ambitions and guide our actions. The 2016–2019 plan was constructed in three phases from June 2015 to April 2016, with a final product approved at the April board meeting in Banff. This will be disseminated to CAOT members over the next few months, posted on the website and launched as a final document this fall.

The following four broad strategies were set out to guide CAOT activities from 2016–2019:

1. Support occupational therapists in the evolution of their practice and the pursuit of excellence.
2. Advance awareness, understanding and use of occupational therapy.
3. Position CAOT as the knowledge and resource hub for occupational therapy practice in Canada.
4. Foster a vibrant and sustainable CAOT.

Each strategy involves a short list of measurable tactics so that progress and success may be tracked, as well as timing planned for implementation.

National Office

The CAOT National Office is growing and changing to meet the needs of its membership. As of the end of May 2016, there were 29 staff members listed on the website: http://www.caot.ca/default.asp?ChangeID=70&pageID=62

Membership

The professional interests and needs of Canadian occupational therapists inform every aspect of CAOT operations, from advocacy efforts to professional practice activities. As of March 31, 2016, CAOT was proud to serve 9104 members and associates.

Membership feedback

This past fall, the annual membership survey included three open-ended questions generating 2400 pieces of feedback. These comments were coded and analyzed, producing the following findings:

- 85% of members feel that they belong to the CAOT community. Of the 15% who do not feel this way, many cite a lack of time to participate in CAOT "life" and indicate the challenges of Canada's geography restrict their interaction and inclusion.
- The top three factors making members feel valued and engaged are:
  - access to several professional development opportunities
  - regular communication
  - access to reference materials related to occupational therapy
- The top three ways that CAOT can serve members better are to:
  - expand continuing education opportunities
  - decrease the cost of continuing education opportunities
  - increase advocacy projects

Program planning continuously incorporates this member feedback, as CAOT strives to advance excellence in occupational therapy.

Member outreach

Begun in 2015, CAOT Knowledge Exchanges provide a space for CAOT's president and senior staff to meet CAOT members in their communities to discuss matters of mutual importance. An unprecedented number and variety of member forums have taken place this fiscal year:

- In October, as part of Occupational Therapy Month celebrations, CAOT hosted our second annual Inspirational Talks.
- Through the winter, President Lori Cyr and Executive Director Janet Craik travelled across the country, meeting with members in eighteen locations across the provinces and territories, from Whitehorse to Charlottetown.
- In March, an Open Member Forum was held online, with an association update and a member question and answer

session. That exchange can be accessed by members through the CAOT Water Cooler Talk archives: http://www.caot.ca/default.asp?pageid=4204

- March 30 was the annual general meeting, during which official CAOT member business was conducted.
- April 19–22 was the annual CAOT Conference; among many highlights, the Breakfast with the President provided delegates with a relaxed and open venue for asking questions of the CAOT Board and staff.

Conference

The historic Fairmont Banff Springs Hotel and the stunning Banff National Park created a fitting setting for CAOT's 2016 Conference. The theme, "Inspired for Higher Summits," was evident at every session, and the passion for occupational therapy was present and palpable. CAOT members who attended gathered invaluable learning to take back to their practice.

Quebec membership chapter

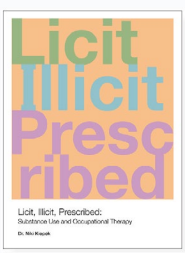
In February, CAOT was pleased to announce that a Quebec membership chapter will be established as of October 1, 2016. This will provide our Quebec members with official representation to their provincial government and place more focus on needs, concerns, resources and opportunities within the province. From November 2015 to April 2016, CAOT met with more than 250 occupational therapists to address participants' questions regarding chapter development.

Member benefits

FIND an OT was launched in January and is growing rapidly. CAOT members may register a listing so they can be found by clients, referral agents, health professionals and colleagues who need their expertise. Listings can be searched based on area of practice, city, province and keywords. With four listing options, including a free basic listing, FIND an OT is a powerful addition to any occupational therapist's practice. For more on FIND an OT, go to: http://www.caot.ca/default.asp?pageid=3622

CAOT now has over 48 corporate associates authorized to use the "Proud Corporate Partner" crest. CAOT facilitates connections between occupational therapists and the suppliers of products and services beneficial for their practices, playing a leadership role in promoting the client-centred profession of occupational therapy. For more on corporate associates, go to: http://www.caot.ca/default.asp?pageid=722

CAOT members are members of the World Federation of Occupational Therapists (WFOT)—for free. CAOT has an arrangement with WFOT that gives CAOT members access to a global occupational therapy community and a wide range of benefits and discounts. Activating your WFOT membership is easy: http://www.caot.ca/default.asp?pageid=178.



Publications

CAOT Publications supports the production, distribution and sale of quality occupational therapy texts that enable the advancement of professional practice.

CAOT proudly launched *Licit, Illicit, Prescribed: Substance Use and Occupational Therapy* at the 2016 CAOT Conference. Authored by CAOT member Dr. Niki Kiepek, this book critically examines contemporary theories of substance use and addictions, using case scenarios to support the evidence and best practices presented. It is now available through the online store at special membership rates: https://www.caot.ca/default.asp?pageid=1042

In April, the CAOT Publications Annex was launched. In affiliation with Login Canada, the Annex connects members to more than 300 additional occupational therapy publications. It is accessed through the "CAOT Publications ANNEX" button, found at: https://www.caot.ca/default.asp?pageid=1042

Professional practice

CAOT helps to build knowledge and capacity by supporting practice-specific networks. A "Retired Member" network and an "Occupational Therapy Low Vision Rehabilitation" network were created in 2016. Three other networks have held open meetings to provide members with an opportunity to join: "Occupational Therapy within the Military and Veterans Affairs," "Occupational Therapists Working in Dementia Care" and "Occupational Therapy and Aboriginal Health."

Professional development

A record number of professional development opportunities have been provided to CAOT members this year. As of April 15, there were 60 of these open for registration. The 2016–2017 CAOT Professional Development Calendar was sent out on April 15. It organizes professional development events in three ways: by learning service, by area of practice and by client age. Topics have been chosen based on member demand and evaluation survey responses. Members can print their own calendar: http://www.caot.ca/education/Calendar_April2016_Hyperlink.pdf

Examination and accreditation services

The National Occupational Therapy Certification Examination (NOTCE) is offered every July and November. This past November, 635 candidates participated, an increase of 4.5% over the previous year. A record 21 exam sites were available across Canada, increasing exam accessibility and decreasing related travel costs.

CAOT is the sole agency in Canada responsible for the accreditation of occupational therapy education programs. CAOT's Academic Accrediting Council met in May to review the accreditation standards as part of their ongoing quality improvement plan.

Public awareness

#31dayOTChallenge. During Occupational Therapy Month in October, this 31-day challenge urged Canadian occupational therapists to communicate with one person per day about occupational therapy using social media. An estimated 10 million social media impressions were created through 7,500 messages posted on Twitter and Facebook.

CarFit is expanding. CarFit is now in eight provinces, with six instructors certified and over 1000 drivers educated by being "carfitted." Two successful events, in partnership with the Canadian Automobile Association, were held in Alberta and Saskatchewan during April. The Auto-Ajuste team also held a workshop in Quebec in February.

CAOT's Product Recognition Program (PRP), now in its second year, benefits both members and consumers. CAOT members conduct a comprehensive professional review of submitted products, publish a consumer report and award a CAOT Seal of Recognition to applicant organizations that meet PRP's rigorous criteria. The Seal can then be used in product advertising to help occupational therapists and consumers make informed choices. The PRP has been the focus of several events, including a booth at Pharmasave's annual buying show, which introduced PRP to over 700 pharmacists. To learn more about the PRP, go to: http://www.caot.ca/default.asp?pageid=2165

Government affairs and policy

Following the October 19, 2015, change of federal government, CAOT began to see an increase in government relations and advocacy activity.

- 338 letters of congratulations were sent to the new slate of federal members of Parliament (MPs). Numerous meetings with MPs from all political parties have resulted from these letters, and more continue to be scheduled. For example, CAOT has met with the parliamentary secretary to the prime minister, Celina Caesar-Chavannes, and has had two meetings with MP Mark Warawa who, as the conservative critic for seniors, is a key policy influencer.
- CAOT's pre-budget submission supported the government's plan to draft a new Health Accord and to invest $3 billion in home care. We advocated for the inclusion of occupational therapists on the health-care teams in the soon-to-be reopened Veterans Affairs offices and for funding to expand CarFit and elder abuse prevention workshops.
- CAOT was pleased to make the short list of policy motions to be considered for debate during the Great Canadian Healthcare Debate. By earning a placement in the top 10, CAOT's motion received good exposure among national health-care leaders and delegates.

Through participation in strategic collaborations and coalitions, CAOT further extends its influence and sends messages about occupational therapy to targeted government departments. To date, 2016 has been particularly active.

- CAOT's Janet Craik, as chair of the G8 group, advocates to the federal government for integrated, innovative and cost-effective solutions in the areas of health and well-being. A March letter-writing campaign has led to a series of meetings with deputy ministers and assistant deputy ministers attended by G8 representatives, many in areas where occupational therapists make critical contributions to health and social outcomes.
- CAOT is one of the 45 members of the Health Action Lobby (HEAL). Following a Parliament Hill reception in February, a request came from the Honourable Jane Philpott, minister of health, for the submission of case scenarios related to health-care innovation. CAOT has put forward the CarFit program and elder abuse prevention workshops for ministerial review.
- CAOT and the College of Family Physicians of Canada (CFPC) are responding to the latest National Physician Survey (NPS), which stated that 70% of physicians were unhappy about difficulties securing appointments for patients with publicly-funded occupational therapists. After two exploratory meetings, Executive Director Janet Craik was asked to present to CFPC's Health Care of the Elderly Program Committee in May.

CAOT-BC

- Public awareness continues to build through a campaign to engage members of the legislative assembly. CAOT-BC's managing director, Giovanna Boniface, has met with several provincial ministries. On May 12, a CAOT delegation attended a day at the Legislative Assembly of British Columbia to showcase the great work and value of occupational therapists in British Columbia.
- Talk to an OT. This grassroots project was launched in partnership with Shoppers Home Health during Occupational Therapy Month. In-store occupational therapist volunteers raised the public's awareness of occupational therapy services. A similar initiative with Pharmasave is now underway, with cross-Canada expansion in discussion.
- Networking & Education Days are collaborative, educational events that provide opportunities for the occupational therapy community to network and build knowledge in areas identified by the practice community. The October day sold out, prompting a second event to be held on April 29.

At CAOT, we are proud of the successes we have collectively achieved. We thank our members for their continued feedback, support and engagement in all that we do.

If you have any questions or comments about this report or CAOT's activities, please contact Janet Craik at: jcraik@caot.ca

CAOT Professional Issue Forum: Poverty and homelessness

Robin Mazumder, Erin Duebel, Erin Hoselton 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, as well as 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 that CAOT, individual occupational therapists and stakeholders can take to advance occupational therapy practice and the profession's presence in these areas.

Poverty and homelessness are complex issues and the related statistics are staggering. Almost 5 million people in Canada are poor (Citizens for Public Justice, 2013). One quarter of Indigenous Canadians live in poverty (Citizens for Public Justice, 2014). There are at least 250,000 people experiencing homelessness in Canada, many of whom are young (Canadian Centre for Policy Alternatives, 2014).

The correlation between poverty and homelessness and a person's physical and mental health and well-being are well known (Commission on Social Determinants of Health, 2008). "High income does not guarantee good health, but low income almost inevitably ensures poor health" (Dr. Ernie Lightman, as cited in Lightman, Mitchell, & Wilson, 2008). Household income underpins several social determinants of health, including adequate housing, nutritious food, education and early childhood development (Commission on Social Determinants of Health, 2008).

Occupational therapists are uniquely positioned to address poverty and homelessness given their understanding of the impact of the environment on health and well-being outcomes (Law et al., 1996). Occupational therapists have started working in non-traditional practice settings such as housing first programs, health-care teams designed expressly to engage people experiencing homelessness and with different levels of government in developing policy options for decision-makers. Whether in the area of policy development, program design or service delivery, these arenas provide opportunities for occupational therapists to demonstrate their invaluable contributions at the individual, family, community and societal levels.

Professional Issue Forum

CAOT's PIF on poverty and homelessness was held on April 21, 2016, in Banff, Alberta.

The objectives of the forum were to: 1) enhance participants' understanding of poverty and homelessness as determinants of health, 2) draw attention to the scope of occupational therapists' engagement in the complex and multi-dimensional issues of poverty and homelessness, 3) discuss how occupational therapy's unique perspectives can affect health and well-being outcomes through holistic approaches, and 4) engage participants in discussing key priorities and strategies for tackling these important issues. The forum, organized and moderated by Havelin Anand, comprised three panellists who presented on various aspects of the topic to a very engaged audience of over 80 participants.

Panel presentations

Erin Hoselton works as a mental health occupational therapist for Alberta Health Services' Inner City Support Team in Edmonton, providing comprehensive case management and community mental health and addiction services to individuals experiencing homelessness. She described poverty and homelessness as being widespread systemic issues that affect an increasingly large group of Canadians. Those who already experience oppression and marginalization are disproportionately affected, including Indigenous individuals and members of other racialized communities, single parents and their children, older adults and people with disabilities (Canada Without Poverty, 2016).

Erin emphasized that it is the responsibility of occupational therapists to acknowledge and be responsive to the intersectionality of oppression. "Intersectionality promotes an understanding of human beings as shaped by the interaction of different social locations (e.g., 'race'/ethnicity, Indigeneity, gender, class, sexuality, . . .). These interactions occur within a context of connected systems and structures of power (e.g., laws, policies, . . .)" (Hankivsky, 2014, p. 2). According to this perspective, inequities are the result of intersections between different social locations, experiences and power relations (Hankivsky, 2014). In order to reduce the impact of oppressive institutions on occupational engagement and access to occupational therapy services, Erin recommended occupational therapists work with clients from a truly holistic perspective. She recommended that occupational therapists acknowledge the power inherent in their position and use this privilege to advocate with clients, and strive to create a health-care culture that supports those who are most vulnerable and have the least agency within the system (Van Herk, Smith, & Andrew, 2011).

Engaging in such anti-oppressive practice may come with some challenges, including: compassion fatigue and burnout, workplaces that don't support the approach or where colleagues speak condescendingly about clients, lack of resources, colleagues who view themselves as experts who know what is best for their clients (may be referred to as disciplinary paternalism), "othering" clients by treating them as though they are inherently different from ourselves, an underlying neoliberal framework (which may promote

individualism and competition within the health-care system) and the fact that systems of oppression and privilege are often invisible to those who benefit from them (Bishop, 2015; McGregor, 2001; Van Herk, Smith, & Andrew, 2011). Occupational therapists have some power within the health-care system to advocate for holistic, compassionate and justice-informed care for those whose voices are most often silenced. There is a need to reflect on daily practice and question whether health-care professionals are perpetuating oppression or working to promote dignity and anti-oppressive practice.

Robin Mazumder is currently working on a doctoral degree in cognitive neuroscience at the University of Waterloo, where he is exploring how the built environment impacts health. He explored in his presentation how occupational therapists can contribute to the conversation about poverty and homelessness in Canada by acknowledging and voicing their views on the impact of the built environment on those who live in poverty or who are experiencing homelessness. The Person-Environment-Occupation (PEO) Model (Law et al., 1996) provides a useful perspective for this conversation. One assumption of the PEO Model is that the environment is often easier to change than the person (Law et al., 1996). This understanding provides an opportunity to see solutions to poverty and homelessness in the built environment. In her 1991 Muriel Driver Lecture, Law highlighted how environments can be disabling. Mulholland, Johnson, Ladd and Klassen (2009) identified that the design of our cities has implications on how we perform our occupations. Furthermore, Law (1991) stated that we, as occupational therapists, must "improve our methods to analyze the abilities of built environments to meet the occupation needs of our clients" (p. 177). Research in this area is limited, but some studies have examined the link between poverty, the built environment and obesity (e.g., Lake & Townshend, 2006). Understanding and addressing these complex relationships requires critical thinking and a holistic approach. It should also be noted that there is great opportunity to develop an understanding of these issues from the perspective of occupational science.

Robin described how he was able to use an occupational lens to provide recommendations in his role on Edmonton's Task Force for the Elimination of Poverty. He discussed how the built environment is intertwined with poverty, specifically examining the ties between the built environment and obesity, mental health and food security. Poor access to recreational facilities and a lack of adequate infrastructure for walking and cycling, as found in communities that have high rates of poverty, can limit engagement in active occupations that contribute to healthy lifestyles (Perdue, 2008). Robin also drew attention to the importance of public spaces in the conversation on homelessness and discussed exclusionary practices that cities often impose, including benches that can only be perched on and even spikes to prevent lying down in public places.

Erin Duebel started her occupational therapy career on a housing first program team working with clients experiencing homelessness who had mental illness and addictions. She also worked as a policy analyst for the Government of Alberta in the Family Violence Prevention and Homeless Supports Division. This position enhanced her perspectives on the role occupational therapists can play at the population health and wellness level, as well as the importance of considering the wider social context in which clients live and occupational therapists practice. She talked about how the issues of poverty and homelessness can be addressed at the societal level by thinking innovatively in terms of priorities, approaches and strategies, and indeed by effecting changes to public policy.

Social conditions, such as poverty, education level, gender, race, social supports, geography, employment and oppressive institutions, such as racism, sexism, transphobia and homophobia, all impact a client's everyday life. It is now widely recognized, especially by occupational therapists, that these factors have a much greater impact on health outcomes than previously thought (Hocking, 2013). Clients living in poverty may not have safe, accessible housing in which they can navigate wheelchairs and may not have money for modifications. If clients are unable to read, they may take their medications incorrectly compared to clients with higher levels of education. The deleterious effects of poverty or other social determinants can have an impact on occupational performance, just as physical, mental or cognitive impairments do.

Following a narrow definition of client-centeredness, a core principle of occupational therapy, has resulted in ignoring factors such as social determinants of health in front-line practice and research (Pitonyak, Mroz, & Fogelberg, 2015; Hocking, 2013). Expanding client-centred thinking to include a recognition of how social determinants and societal-level factors create barriers to health and occupation may improve occupational therapy outcomes and reduce occupational injustice (Pitonyak et al., 2015).

As natural advocates, occupational therapists have opportunities to get involved in the battle for health equity, not just through their own practices but also through programming and policy. There are strong arguments that occupational therapists should improve their competencies in health promotion in order to have greater impact on the health of marginalized populations (Holmberg & Ringsberg, 2014; Moll, Gewurtz, Krupa, & Law, 2013).

Roundtable discussions

Panellists' presentations were followed by roundtable discussions, which focused on three questions.

What are the challenges related to poverty and homelessness?
Participants described challenges associated with poverty and homelessness, including decreased access to health care, transportation and child care services; lack of supports and resources (financial, social and cultural), and food insecurity,

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particularly in rural and remote northern communities. These issues are further exacerbated by the stigma associated with being poor or homeless, as well as the racism and negative attitudes often experienced, primarily due to a lack of knowledge and awareness on the part of the general population.

What opportunities do these challenges present for occupational therapists?

Occupational therapists have the opportunity to advocate (at all levels of government) for those who are living in poverty or experiencing homelessness by championing initiatives such as "employment first" (similar to housing first) and influencing public policy decisions regarding the built environment, including public spaces, which should be inclusive of the entire population. They can also ensure culturally relevant services are offered for ethnic and Indigenous populations.

As a profession, what should our priorities be regarding poverty and homelessness?

Participants suggested that occupational therapists should reach out to other professions such as nursing and psychology to build relationships and form interdisciplinary teams to address the complex multidimensional issues of poverty and homelessness through "one-stop clinics" that provide a range of services and meet a variety of needs. Occupational therapists should advocate for peer support services, community-based approaches and holistic models of practice. University curricula and instructional materials should include components on advocacy for social justice and occupational therapy interventions for people living in poverty or experiencing homelessness. In the public policy arena, occupational therapists should advocate for the inclusion of people with lived experience in putting forward public policy proposals to address poverty and homelessness. It was recommended that CAOT develop a position statement on homelessness and poverty.

Conclusion

The forum ended on a positive note with an acknowledgment that the current political climate holds potential for positive policy changes that could result in favourable health and wellness outcomes. Governments are working together on a number of fronts, including on the reduction of poverty and homelessness. The mandate letter of the federal minister of families, children and social development (Trudeau, 2015) calls for leadership in developing a Canadian Poverty Reduction Strategy. The 2016 Canadian federal budget has financial resources earmarked for affordable housing (including housing on Indigenous reserves), housing first initiatives and support for issues such as mental health (Government of Canada, 2016). These are small steps—but they are steps in the right direction. Such a climate presents opportunities for occupational therapists to play pivotal roles in research, practice and advocacy arenas.

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CAOT Professional Issue Forum: "You work where? Why?" The realities of rural/remote occupational therapy practice

Nicole Matichuk, Giovanna Boniface and Les Smith

Professional Issue Forums (PIFs) are held annually at the Canadian Association of Occupational Therapists (CAOT) Conference. PIFs address priority health and social issues, as well as 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 that CAOT, individual occupational therapists and stakeholders can take to advance occupational therapy practice and the profession's presence in these areas.

Approximately 90% of Canada's land mass can be considered rural or remote, and this land is home to roughly one third of Canadians (Williams & Kulig, 2011). In contrast, recent statistics on the occupational therapy workforce report that only 5.5% of Canadian occupational therapists work in rural or remote areas of the country. The regions with the largest percentages of occupational therapists working in rural or remote Canada are the Territories (~33%), the Maritimes (~15%) and Manitoba (~14%); British Columbia (~4%) and Ontario (~2%) have the smallest proportions (Canadian Institute for Health Information, 2013).

Rural Canadians often have higher levels of chronic disease, lower levels of self-reported functional health and fewer health promotion behaviours than their urban counterparts. They are also at higher risk for accidents, suicide and disability (Williams & Kulig, 2011). Addressing their health-care needs requires an understanding of health practices in rural areas, the complexity of delivering services in rural areas and how rurality affects health (Roots, Brown, Bainbridge, & Li, 2014).

Often, occupational therapists who work in rural/remote parts of Canada face challenges, ranging from needing to gain a solid understanding of the determinants of health to learning to practice as a generalist in interdisciplinary teams. Yet, these occupational therapists find this type of practice rewarding (Roots et al., 2014).

Recruitment and retention of occupational therapists in rural/remote areas have long been found difficult. Factors that contribute to successful recruitment include rural or remote origin, proximity to family and rural education (Winn, Chisholm, & Hummelbrunner, 2014). Job satisfaction and lifestyle have been identified as positive retention factors (Winn et al., 2014).

Why are so few occupational therapists working in these areas? For those that are, what is keeping them there? What would attract more occupational therapists to rural/remote regions? What stories can build understanding of the importance of rural/remote practice?

Panel presentations

The PIF on rural and remote practice was held on Wednesday, April 20, 2016, in Banff, Alberta. Facilitated by Les Smith, the session included four panel presentations followed by roundtable discussions with 52 participants.

Panelists included Jenna Schuweiler (occupational therapist, Alberta Health Services–North Zone), Kathy Gillis (senior occupational therapist – rural sites, professional practice leader, Alberta Health Services–South Zone West), Dr. Martine Brousseau (professor of occupational therapy, Université du Québec à Trois-Rivières) and Robin Roots (coordinator of clinical education, Northern and Rural Cohort, University of British Columbia Faculty of Medicine, Department of Physiotherapy). Each presented on their experiences of working in rural/remote areas to set the stage for the roundtable discussions.

Jenna Schuweiler shared her experience of being a new graduate, describing positive aspects and challenges of working in a rural setting. She gained increased confidence and improved assertiveness, and also experienced effective interprofessional collaboration. She felt that being eager and open minded helped her to succeed in a rural environment and found the experience to be character building. She identified her greatest challenges as a lack of practice experience, lack of specialist knowledge, lack of available occupational therapist colleagues for support and high caseload requirements. She suggested that support for new

PIF panelists and facilitators.

graduates could be improved with the provision of more local workshops, free access to journals and more professional practice leaders.

Kathy Gillis' presentation emphasized that an important goal of the profession is the same in rural and urban areas: fair and equitable access to occupational therapy. The lack of access in rural areas is problematic and poses an ethical dilemma. Kathy also discussed recruitment and retention of occupational therapists and occupational therapist assistants. Kathy emphasized that one of the greatest benefits of working in a rural setting is the ability to build relationships within the community— "working with neighbours."

Robin Roots discussed a qualitative study examining what it means to work in rural/remote practice. Research was conducted with occupational therapists and physiotherapists in communities with fewer than 15,000 people. Robin reviewed three key themes from her results: *specializing in general practice, stretching roles and participation/partnership in community.* Robin suggested that occupational therapists in rural/remote areas need to be very resourceful and brave, as well as willing to build networks, use technology and become increasingly reflective practitioners.

The presentations concluded with Dr. Martine Brousseau, who presented a study that explored the question of whether evidence-based practice (EBP) is more challenging in rural areas. Challenges highlighted included isolation, limited time and access to technology, limited support and few opportunities to receive fieldwork students. Dr. Brousseau reported that the study caused a shift in occupational therapy practice and behaviour, leading to more use of EBP among study participants.

Summary of roundtable discussions

Attendees were asked to reflect on the panel presentations and their own experiences in rural/remote practice. Many valuable points were brought up throughout the discussions.

Challenges and benefits of rural/remote practice

Being a "generalist," as therapists often must be in rural communities, brought about both challenges and benefits. This descriptor was seen as beneficial because a generalist can treat all clients without risking exclusion due to specialization; however, at times being a generalist meant not always knowing the answer. Collaboration with clients and other health professionals was also discussed as a benefit, and several occupational therapists described the significant impacts of their relationships with their communities.

Directions for improvement

Many suggestions were made regarding how best to support rural/remote practice; most centered on improving access to resources, such as mobile specialty clinics, electronic resources, vendors and other occupational therapists working in similar areas. Existing resources vary across regions and are often limited; increasing the diversity of resources and access to telehealth could improve practice. Urban centres could also potentially support surrounding or specific rural areas. It was also suggested that occupational therapists working in rural/remote areas participate in provincial and national boards to contribute their unique viewpoints.

Recruitment and retention

Participants strongly emphasized the need to attract and keep students and new graduates. Suggested strategies to support this requirement included teaching grade school students in rural areas about occupational therapy, encouraging occupational therapists working in rural areas to take fieldwork students and establishing strategies for mentorship. Other related suggestions included reserving spaces in occupational therapy programs for students who are from (and likely to return to) rural/remote communities, as well as educating students more thoroughly about the realities of rural/remote practice, providing them with culturally relevant case studies and information about service delivery models.

Next steps

Delegates requested support from CAOT for occupational therapists working in rural/remote locations. Key recommendations included providing diverse resources and supporting new graduates and existing occupational therapists working in rural or remote areas. It was also suggested that CAOT help front-line occupational therapists understand policy papers, policy changes and initiatives around rural health. The discussion and recommendations made during this session will inform the contents of the official report on the PIF, which will be available on the CAOT website (www.caot.ca) once it has been approved by the CAOT Board of Directors.

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2016 Canadian Association of Occupational Therapists awards ceremony

The 2016 Canadian Association of Occupational Therapists (CAOT) awards were handed out in a ceremony at the 2016 CAOT Conference in Banff, Alberta. Thank you to the members of the Awards Committee for all of their work reviewing, adjudicating and recommending award recipients to the CAOT Board. This committee was chaired by Phillip Wendt (CAOT Board director for Ontario) and included CAOT Board members Martine Brousseau, Alison Sisson, Lisa Diamond-Burchuk and Carolyn Kelly, and CAOT Fellow Catherine Backman. Read on to learn about the award recipients and their impressive accomplishments and contributions. Congratulations to all!

CAOT Certificate of Appreciation—recognizes those who have provided volunteer service to the association.

- Cheryl Johnston
- Sandra Bressler
- Annette Rivard
- Laura Hartman
- Sumaira Mazhar
- Lori Letts
- Sandra Hobson
- Sara Saunders
- Gayle Restall
- Alexandria Simms
- Archie Cooper
- Barbara Siemens
- Cara Brown
- Donna Collins
- Edward Giesbrecht
- Jacquie Ripat
- Jeanette Edwards
- Susan Hales
- Emily Ewert
- Alana Hosegood
- Gina Devos
- Stefany Kawka
- Charlene Gilroy
- Deirdre Dawson
- Fiona McIntyre
- Natalie MacLeod Schroeder

CAOT Student Awards—awarded to a graduating student in each Canadian university occupational therapy education program who has obtained the highest academic standing in coursework throughout the entire program.

- Marisa Short—*University of British Columbia*
- Erin Harris—*University of Alberta*
- Julie Braga—*University of Manitoba*
- Lindsay Nelligan—*University of Western Ontario*
- Hailey Albright—*McMaster University*
- Ishanee Jahagirdar—*University of Toronto*
- Nicole Krasko—*Queen's University*
- Jaëlle Brien and Émilie Lebel-Bouchard—*University of Ottawa*
- Stephannie Marie Secondi—*McGill University*
- Catherine Dugas—*Université de Montréal*
- Samuelle Pomerleau-Turcotte—*Université Laval*
- Vanessa Laframboise—*Université du Québec à Trois-Rivières*
- Sophie Arsenault—*Université Sherbrooke*
- Julie Bruckschwaiger—*Dalhousie University*

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.

- Mary A. Hache; Marcel Cormier and Andre Chevarie—*New Brunswick Association of Occupational Therapists*
- The Waterloo Region Suicide Prevention Council; Dr. David Price—*Ontario Society of Occupational Therapists*
- Hélène Sylvestre—*Ordre des ergothérapeutes du Québec*
- The Department of Family Medicine, Faculty of Health Sciences, University of Manitoba; Mitch Bourbonniere—*Manitoba Society of Occupational Therapists*
- Dirk Silversides—*Saskatchewan Society of Occupational Therapists*
- Technology for Independent Living; Arlene Morrison—*Canadian Association of Occupational Therapists – British Columbia (CAOT-BC)*

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 inspire students to passionately pursue professional practice.

- Jill Olson—*University of British Columbia*
- Cherie Henderson—*University of Alberta*
- Danielle Harling—*University of Manitoba*
- Jane Cox—*University of Western Ontario*
- Julie Entwistle—*McMaster University*
- Richard Kellowan—*University of Toronto*
- Marilyn Johnston—*Queen's University*
- Chris Dorcas—*University of Ottawa*
- Michel Dufresne—*Université de Montréal*
- Jillian Quigley—*McGill University*
- Anick Sauvageau—*Université du Québec à Trois-Rivières*
- Diane Groleau—*Université de Sherbrooke*
- Tabatha TeRaa—*Dalhousie University*

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

Lori Cyr, Julie Entwistle, Briana Zur and Janet Craik.

Dr. Briana Zur
Briana is recognized for her exemplary work in practice, education, research and policy. She is a scholar and expert in the area of cognitive assessments, with her doctoral work conducting validity testing for the Cognitive Competence Test earning numerous accolades, including publication requests, CIHR support and speaking engagements. More recently, she has brought an occupational perspective into policy discussions related to driving and age-friendly environments as a member of the Age-Friendly City Advisory Committee for Waterloo, Ontario. Briana currently works as a designated capacity assessor.

Julie Entwistle
Julie is recognized for her work developing Entwistle Power Occupational Therapy into one of the largest occupational therapy-only rehabilitation firms in Ontario, with over 35 occupational therapists and a mandate to provide a unique range of private and insurance services to individuals of all ages and disabilities. Despite managing a caseload, Julie strives each day to engage her clients in solutions for living, to mentor and guide her staff, and to advocate for occupational therapists using social media, videos and a blog.

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

Kathy Corbett
Kathy Corbett is recognized for her 12-year term as president of the Association of Canadian Occupational Therapy Regulatory Organizations, in which she has earned tremendous respect as a knowledgeable resource and leader in the regulatory field. Kathy is skilled at bringing groups together to instill a sense of common purpose and to assist in reaching agreement on regulatory matters. She is known for her abilities as a collaborator, communicator, mentor and leader.

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)*.

Alison J. Gerlach
The winning article is titled "Sharpening our critical edge: Occupational therapy in the context of marginalized populations" and appeared in the October 2015 issue of *CJOT* (pp. 245-253). In this article, Alison calls for occupational therapists to engage in critical and intersectional analyses of occupational therapy in order to more meaningfully engage with people who experience marginalization and work toward social justice and health equity.

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

Lori Cyr, Patti Erlendson, Giovanna Boniface and Janet Craik.

Patti Erlendson
Patti is recognized for being a caring and inspiring leader and a role model to many. In her role as occupational therapy practice leader for all of Vancouver Coastal Health, Patti provided practice leadership for approximately 400 occupational therapists. With her passion for excellence in client care, Patti has taught, volunteered, developed programs and contributed tirelessly to the profession, with honesty and humour that have earned her much success.

Life Membership—honours outstanding contributions and service made by an occupational therapist.

Lynda Lowry Rayner
Lynda is recognized for her long and dedicated career, primarily with the Queen Elizabeth Hospital in Charlottetown, Prince Edward Island, where she was pivotal in developing the occupational therapy program in acute psychiatry. A member of CAOT for 38 years, Lynda has been a preceptor for occupational therapy student fieldwork each year, sharing her knowledge and clinical skills to the great benefit of the profession.

Award for Leadership in Occupational Therapy—recognizes and honours the exceptional contributions of an individual occupational therapist who has been in the forefront of activities that provide strategic leadership and direction for developing the profession.

Dr. Judith Friedland
Judith is recognized for her leadership in clinical, educational, administrative, research and mentorship roles. She has authored an impressive collection of peer-reviewed journal articles, which have influenced clinical practice, research and academic programming in Canada and internationally. She has made a powerful contribution through her work focused on the early history of occupational therapy in Canada, giving today's occupational therapists a strengthened identity based on an awareness of their past.

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

Lori Cyr, Paulette Guitard and Janet Craik.

Dr. Paulette Guitard
Paulette is recognized for her many outstanding contributions to the University of Ottawa's occupational therapy program and to occupational therapy across Canada in the areas of clinical practice, research, administration and education. Paulette is admired and respected by many as a supportive, compassionate and tireless leader in the profession. CAOT has been the beneficiary of Paulette's many skills as she has served in numerous roles over the years, including as CAOT president from 2012 to 2014.

Helen P. LeVesconte Award for Volunteerism—honours a member who has made an exceptional contribution to CAOT through volunteering.

Sandra Hobson
Sandra is recognized for her extensive service to CAOT through innumerable committees and roles. Her committee work has included participation on the Academic Credentialing Council, the Conference Abstract Review Board, the Joint Accreditation Committee of the Occupational Therapist Assistant and Physiotherapist Assistant Education Accreditation Program and the *Occupational Therapy Now (OT Now)* Editorial Board, among others. She has been a question writer for the National Occupational Therapy Certification Exam, a mentor for the Momentum program, a topic editor for *OT Now* and a reviewer for *CJOT*. Additionally, she has contributed to the authorship of CAOT publications and position statements. Sandra is incredibly supportive, a mentor to many and much admired for the integrity and quality of her work.

Muriel Driver Memorial Lectureship Award 2016—honours a CAOT member who has made an outstanding contribution to the profession through research, education and the practice of occupational therapy.

Lori Cyr, Karen Whalley Hammell and Janet Craik.

Dr. Karen Whalley Hammell
Karen has had a tremendous impact on our national and international occupational therapy communities. She has been the sole or lead author on more than 40 peer-reviewed articles, authored two books and co-edited two others, and written numerous book reviews. She is a former recipient of the CAOT Golden Quill Award and her articles are consistently on the list of *CJOT's* most frequently downloaded papers. Through her teaching, research, writing and practice, Karen has inspired many. Her work frequently encourages occupational therapists to think critically, address health and social inequities and inequities of occupational opportunity, and strive for ever greater excellence in practice. Dr. Hammell will deliver her Muriel Driver Memorial Lecture at the 2017 CAOT Conference in Charlottetown, Prince Edward Island.

Key steps for new authors in sharing occupation-based practice innovations

Jane A. Davis

This year at the Canadian Association of Occupational Therapists Conference in Banff, Alberta, the editorial team of the *Canadian Journal of Occupational Therapy (CJOT)*, together with SAGE Publications, hosted two preconference workshops: 1) Using Social Media to Broaden Dissemination of Research and 2) Academic Writing for the New Author. The social media workshop provided information on how to use social media services, such as Twitter, Facebook, Google Groups and LinkedIn, to disseminate scholarly work (see Davis & Voyce, 2015, for additional information on these services). In addition, two newer online services were highlighted: 1) Kudos helps authors to promote their work through explaining, enriching and sharing it, and 2) Altmetrics tracks alternative indicators of uptake/impact through a new form of metric (see Brown, 2012, for a discussion on traditional publication metrics). This article presents five key steps and the "rules of engagement" for publishing that were outlined at the workshop for new authors.

Getting started as a new author

Writing your first article can be daunting, especially without a mentor who can teach you what is involved. Below are five key steps for occupational therapists—new to writing—who wish to disseminate their work in a peer-reviewed publication. Most of these steps are applicable to writing for a practice magazine as well.

Deciding on the topic

The topic of your first paper should be something about which you have a strong knowledge base as well as something new you want to convey to readers. Your paper must demonstrate a solid understanding of the topic by including a review of the breadth of related literature—within and outside of occupational therapy—as well as share new knowledge that has not been published previously. Do not try to write about too many aspects of your work in one paper. Once you decide what work you want to try to publish, write down your topic sentence or thesis statement.

Determining the authorship

Authorship "implies responsibility and accountability for published work" (International Committee of Medical Journal Editors [ICMJE], n.d., Section 1), and determining authorship is a crucial step in publishing that should follow a well-informed ethical process (see Davis & Polatajko, 2015, for more details). Write down the names of individuals who have made a tangible and *intellectual* contribution to the work, as well as any individuals whom you may want as co-authors because you require their knowledge of the area—that is, those individuals whose contributions would facilitate the successful dissemination the work. The number of authors should be consistent with the breadth and depth of the topic. Individuals must only be included as authors if they meet the authorship criteria outlined by the ICMJE (n.d.): 1) "Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work," 2) "Drafting the work or revising it critically for important intellectual content," 3) "Final approval of the version to be published" and 4) "Agreement to be accountable for all aspects of the work" (Section 2). Further, the ICMJE states that all individuals who made substantial contributions to the work that is going to be published (see the first criterion) *must* be offered the opportunity to meet the obligations indicated in the other three criteria. Thus, determining authorship is often a matter of negotiation. Creating a written agreement pertaining to the authorship, including who is taking on what roles (e.g., first authorship, last authorship) and responsibilities and what the process will be if those individuals do not or are not able to fulfill those roles and responsibilities, is important in ensuring that the dissemination of that work will move forward. Once the work is completed, revisit the authorship roles and responsibilities and map out the percentage of each individual's involvement based on writing, editing and overall intellectual contribution, to ensure that you have the correct order of authorship before you submit your work. Journal editors expect authorship to be finalized based on the ICMJE standards before a paper is submitted for review. Thus, any changes requested to the authorship following submission will be met with additional requirements to demonstrate why the changes should be made.

Identifying the audience

After deciding on your topic and authorship, you need to identify the audience for your work. Think about the "new knowledge" you want to convey and ask yourself, "Who would be interested in this topic?" and "Who should know about your work?" Think about the expertise of the authors. Are they practitioners, educators, administrators or policymakers? The

type of audience you identify will not only lead you to different types of dissemination platforms, but will also guide what you include in your paper and how you situate your work.

Choosing the dissemination platform

Once you have decided on the audience for your work, you need to identify what platform will make it available to that audience. Make a list of the journals or practice magazines (or other platforms for dissemination) that you have read pertaining to your topic and those that are cited in the literature of interest. Read their mission, vision and scope and scan each one, noting the types of papers that it publishes. If you have other requirements, such as publishing in a journal with a high impact factor, then review the metrics for that journal. Read the full author guidelines for your chosen platform before you start writing and make sure that you will be able to follow them. For instance, some journals have a very strict page or word limit and you may not be able to meet those expectations. Do not choose a journal or magazine if you will not be able to meet its restrictions, as most are not negotiable. As you may submit to only one journal at a time, it is very important to choose the "right" platform for disseminating your work. If you are not certain about your choice of platform, ask the editor for input.

Writing the article

Once you have decided on your topic, authorship, audience and platform, and have read the author guidelines as well as a few similar papers, you are ready to start writing. There are many books available that discuss scholarly writing, but these six points are helpful in starting the writing process: 1) Decide on three key messages that your findings are clearly conveying. Think about these messages as the "new knowledge" that you want to share, that is, the reason you are writing this paper. 2) Construct a clear "storyline" for your paper that fits with the mission, vision and scope of the journal or magazine. This step will help you stay on course when you are writing to convey your key messages. If aspects of your writing stray off the storyline, then they might not belong in the paper or you may have constructed the wrong storyline. 3) Create a detailed outline of your storyline that captures all sections and their key points (and reference support as required). Make sure that the order of the sections follows the storyline. 4) Form an effective introductory paragraph in about five or six sentences, introducing the topic, the rationale or gap that your work is addressing and the purpose of your paper, that is, what you will be presenting. 5) Edit your work thoroughly to ensure that it is clear of common writing problems, such as lack of clarity; inconsistency of purpose(s) and/or research question(s); poor organization or incorrect placement of information; inconsistent use of language and terms; plagiarism, especially self-plagiarism; and attribution errors. 6) Ensure that you follow the author guidelines for overall structure, style and formatting in relation to length, headings and referencing style, as well as any reporting guideline requirements (see the EQUATOR Network's website at: http://www.equator-network.org/ for information on reporting guidelines for various types of work). Authors are responsible for ensuring the correct formatting of their papers, tables and figures, and the completeness and accuracy of references prior to submission.

Understanding the "rules of engagement" in publishing

Once you have finalized your paper you are ready to submit your work. Do not expect that your work will be accepted on first review, as peer-reviewed journals' rejection rates are typically between 40% and 60%, with some a lot lower. Just because your paper is of good quality does not mean it will be accepted, as most journals have a "cutoff" based on the number of papers they are able to publish in one year. Most importantly, be prepared for constructive critique of your work and consider this critique as an invitation to strengthen your paper, not as criticism. New authors are often overwhelmed by reviewers' comments, but reviewers should be perceived as mentors and not adversaries. Keeping these rules of engagement in mind and following the key steps to writing will help new authors to achieve success in publishing a high quality manuscript that shares their occupation-based practice innovations.

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EDUCATION AND FIELDWORK

TOPIC EDITOR: CATHERINE WHITE

2016 CAOT Conference shines a light on fieldwork

Nicole Matichuk and Catherine White

Fieldwork is a crucial aspect of occupational therapy education, allowing hands-on opportunities to bridge theory and practice. Support for diversity, the evolution of practice, and new technologies open doors to new and exciting learning opportunities for student occupational therapists to explore during fieldwork. Both innovation and diversity were reflected in several of the posters and presentations at the 2016 CAOT Conference in Banff, Alberta. A few are reviewed here.

Extended discussion: A national strategy for students' accommodations in occupational therapy programs (Barker & Stier, 2016)

In keeping with the World Federation of Occupational Therapists' position statement supporting inclusive occupational therapy education, a panel of Canadian experts discussed movement toward a national strategy regarding accommodations for students in fieldwork, as well as the ways in which Canadian occupational therapists are leaders in this endeavour. Assessing fieldwork demands to enable a better fit with student abilities and considering part-time options (for both academic and fieldwork requirements) were discussed as potential strategies. Participants were encouraged to become better advocates for inclusivity within our profession and were challenged to embrace a broader understanding of the essential competencies required for occupational therapy education. As a result of this session, a taskforce will be formed to create a Canadian position statement on inclusive occupational therapy education.

Poster: Fostering integration of fieldwork learning through online learning communities (Murphy & Donnelly, 2016)

This study examined the use of online learning communities to promote the integration of theory and practice and the development of clinical reasoning in fieldwork. Students in diverse practice settings had the opportunity to reflect with their peers and an occupational therapy preceptor through guided online discussions and weekly Skype interactions. They had the unique opportunity to discuss relevant cases once a week with student occupational therapist peers, something that could add value for, bring reassurance to, and decrease the isolation of students across Canada. The student participants in the study felt connected to and supported by their classmates and online preceptors. However, specific outcomes related to competencies were inconclusive.

Poster: Telesupervision for remote and role emerging fieldwork: Student and supervisor experiences (Schmitz et al., 2016)

How can we best support placements that occur in remote, role-emerging or international locations? Supervision with technology such as Skype is increasingly available and has proven to be useful for such placements. Telesupervision can support struggling students, provide opportunities to debrief and problem solve, and allow for monitoring of overall student progress. This study examined the feasibility and potential benefits of telesupervision from the perspectives of students and preceptors. Although students and preceptors were at times challenged by unreliable internet access, cell phone service issues and time differences, virtual connections (especially video contact) were reported to enhance the experience of fieldwork education.

Telesupervision was found to increase feelings of connectedness for students and preceptors and provide a greater understanding of placement experiences for supervisors. Some tips for successful telesupervision include: select readily available technologies for communication, collaboratively negotiate a schedule, proactively consider confidentiality issues and have a back-up plan to minimize disruption. Broadening methods of supervision could increase the diversity and breadth of placement opportunities available to students.

About the authors

Nicole Matichuk is a second-year student in the master of occupational therapy program at the University of British Columbia. She was on a fieldwork placement with CAOT-BC during the 2016 CAOT Conference.

Catherine White is an assistant professor and the fieldwork coordinator at Dalhousie University. She is also the Education and Fieldwork topic editor for *Occupational Therapy Now.* She may be reached at: cathy.white@dal.ca

Sponsored session: Holistic fieldwork practice: How do we achieve this? (Association of Canadian Occupational Therapy University Programs, Anderson et al., 2016)

While holistic practice is promoted in occupational therapy, we still see a divide between physical health and mental health when it comes to occupational therapy education. All schools have specific courses addressing mental health issues, and 11 of 14 occupational therapy schools across the country require a specific "mental health" placement, although most have a broad interpretation of what this could be. For example, in addition to traditional mental health diagnoses, clients in these placements could have dementia, addiction issues, chronic pain or other psychosocial concerns. In practice, occupational therapists often come to see themselves as practicing in mental health or in physical health, and, as a result, clients who present with a combination of both issues can become "hot potatoes," not fitting squarely under one mandate or the other.

In this session, participants engaged in a small group activity to discuss how preceptors and educators might better integrate the learning of skills to avoid these silos and promote a more holistic approach to occupational therapy practice. There is ongoing support for mental health content within classrooms and fieldwork to support increased comfort in dealing with mental health issues, but better integration is needed if holistic practice is to be improved.

Poster: Evidence-informed student fieldwork: A model for inspiring research in practice (Hearn, Ryce, Drynan, & Glegg, 2016).

Some placements vary greatly from what might be considered the "normal" clinical experience. One unique placement allowed a student to redevelop the Student Evidence-Informed Practice (EIP) program at Sunny Hill Health Centre for Children. This program is a clinically based education program for students in health professions, using self-directed and collaborative learning principles to develop EIP competencies. Literature suggests that positive attitudes toward EIP are the strongest predictors of its use in practice. Therefore, it is greatly important to establish a positive relationship between students and EIP. The objective of the project was to increase student use of EIP by facilitating the development of EIP competencies, raising awareness of resources, encouraging the appraisal of evidence related to interventions and creating knowledge products that facilitate evidence use.

The student on the placement had the opportunity to identify a need for, obtain and integrate evidence, which in turn increased her confidence in applying EIP skills. The student was able develop unique skills that can be applied to real practice in different settings, including skills in program development, reflective practice, interprofessional collaboration and the use of EIP. Participation in this co-op placement was highly valued by Sunny Hill and enhanced the EIP program's student-centered design.

Paper presentation: The private practice fieldwork model: Enhancing student and preceptor experiences (Barker, Rappolt, & Morrison, 2016)

Providing fieldwork opportunities in private practices can be challenging due to varying schedules, time demands, space restrictions and specialty practice areas. This session described a new model for fieldwork in private practices that was informed by current research, expert opinion and Kolb's Learning Cycle. The model aims to alleviate challenges faced by preceptors in private practices, augment relevant student competencies and enhance the teaching and learning experience by providing online learning modules and simulation labs prior to and during students' immersion in private practice fieldwork settings. Team teaching allows the instruction to be shared by university faculty, clinical experts and private practice clinicians. The goal of this collaborative model, which will be trialed at the University of Toronto in the summer of 2017, is to create rewarding teaching and learning experiences and potentially increase the availability of private practice placements for Canadian student occupational therapists.

Conclusion

Each of the presentations described here presented new ways of thinking about, supervising or organizing fieldwork placements to enhance student learning. Unique fieldwork experiences diversify the student experience and can create innovative ways to learn and practice. Occupational therapists and educators are encouraged to be flexible regarding how fieldwork is delivered to students to allow for a greater, more inclusive range of experiences. The 2016 CAOT Conference provided a perfect venue to share innovations and to explore and discuss challenges and successes, laying a foundation for next steps.

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2016 CAOT Conference plenary session: Contributions led by occupational therapists to improving health and quality of life for persons living with obesity

Mary Forhan and Pam Hung

Obesity is now recognized as a chronic disease in Canada by the Canadian Medical Association (Rich, 2015), and the Canadian Association of Occupational Therapists (CAOT; 2015) has formally recognized the role of occupational therapy in the areas of obesity prevention, treatment and management since 2010. As with all health conditions, individuals' experiences of living with obesity vary. Occupational therapists have demonstrated leadership in enabling participation in the occupations of everyday living for persons with obesity by addressing factors in the personal, social and built environments. The aim of the 2016 CAOT Conference plenary session was to highlight the contributions of occupational therapy to improving health and quality of life for persons living with obesity.

Approximately 450 conference delegates attended the plenary, which included panel presentations followed by a question and answer period with conference delegates.

Panel members included Tim Baron, Pam Hung and Marty Enokson, with Dr. Mary Forhan moderating the session. Tim Baron is a physiotherapist and a senior consultant in the Primary Health Care program of Alberta Health Services (AHS), and he manages the Provincial Bariatric Resource Team (PBRT). Pam Hung is the occupational therapist on the PBRT. Marty Enokson is the chair of the Canadian Obesity Network Public Engagement Committee. Marty is active in educating health-care practitioners, including occupational therapists and student occupational therapists, about the impact of weight bias and stigma on the health and well-being of persons living with obesity.

Panel presentations

Tim Baron provided an overview of bariatric services in AHS and discussed the role of the PBRT in supporting obesity management across Alberta. It works toward its goals through a number of initiatives and through the provision of resources for health-care providers and education for the community and the public.

Tim described the benefits of having an interprofessional health-care team, one that includes an occupational therapist, to provide consultation to practitioners in the province of Alberta, respond to relevant clinical issues related to promoting quality care and enabling participation in the occupations of everyday living for persons with obesity. This interprofessional team provides consultation to hospital and community programs and health-care teams on issues such as safe patient lifts and transfers, access to equipment, weight bias and stigma and best practices for clinical management of clients with obesity. Tim also highlighted the importance of the PBRT in building relationships with the following groups for the purpose of advocating for access to occupational therapy services for persons with obesity: the occupational therapy department at the University of Alberta; occupational therapists working in various programs, including acute care, chronic disease management programs, rehabilitation and long-term care; community organizations and government. Tim illustrated the contribution of an occupational therapy perspective using an example of a newsletter article on the use of gardening as a means to achieve health and well-being for persons with obesity, which was intended to shift focus away from only looking at activity as a means to lose weight.

Pam Hung highlighted ways in which occupational therapy principles and practices can contribute to promoting health and quality of life for persons living with obesity, using examples from her role on the PBRT. An email consultation service is provided by the PBRT to practitioners and other stakeholders who have questions about obesity care and best practices. Common types of consultation requests are regarding clinical cases, referrals or how to access services, evidence and best practice resources, training, presentations and project consultations. Equipment is the most common topic of inquiry. Many questions come from occupational therapists looking for equipment such as a bed, wheelchair, commode or walker that is appropriate for a client with obesity. The PBRT also receives questions about incorporating bariatric equipment and design considerations for staff and clients with obesity when renovating or building new health-care facilities. Pam has been able to support the development of design guidelines for continuing care facilities in Alberta. She has also been able to evaluate furniture and equipment for staff and clients for a new facility in Alberta. These are examples of proactive measures that can improve safety and reduce weight bias by increasing access to health-care services.

Another role of the PBRT is education. Examples of its educational endeavours include:

- Lectures and experiential labs focused on obesity in the occupational therapy program at the University of Alberta
- A monthly webinar series on obesity-related topics
- A Bariatric Rehabilitation Community of Practice for clinical discussions and networking among practitioners
- Development of education resources for practitioners, including a video series on safe client handling for persons with obesity (http://www.albertahealthservices.ca/info/Page7471.aspx)
- Development and dissemination of a document that outlines

the scope of occupational therapy's roles in obesity care (http://www.albertahealthservices.ca/assets/info/hp/cdm/if-hp-ed-cdm-obesity-ot-tip-sheet.pdf)

Pam summarized opportunities created by having an occupational therapist on the PBRT:

- Leadership and support for building relationships with practitioners and stakeholders, through knowledge and resource sharing, to promote occupational engagement and optimize client care
- A voice to advocate for occupational therapy involvement in obesity care and chronic disease management
- Increasing awareness of weight bias and encouraging practitioners to move beyond the medical model to consider how people with obesity are engaging in their daily occupations and occupations that support weight management and health

Pam encouraged occupational therapists to draw on their models of practice and foundational skills and apply those to improving services for clients with obesity in order to promote occupational engagement and thereby health and well-being.

Pam encouraged participants to consider:

- How best can we seek out learning opportunities, including networking with others, to share experiences, challenges and successes?
- How do our clinic environment and the things we say within our team impact people with obesity? What can we do to address and reduce weight bias?
- How can we advocate for our clients to improve access to treatment, funding and opportunities for occupational engagement? Working to improve equipment provision is one example, as appropriate equipment can be costly and difficult to access for individuals with obesity.

The following is an abridged version of Marty Enokson's address to those attending the plenary:

It's April 22, 2016, and today I find myself standing in front of occupational therapists sharing my experience. My experience has significantly changed over the past four years since I met an occupational therapist. My journey is not a new one. I have had obesity since I was a child. I endured name calling and physical assaults as a teenager. I tried all the fads, the weight loss programs. I realized what I was doing was not good for me. By the time I graduated from high school, I was 350 lb at 17 years old. In 2008, I reached 550 lb.

In 2009, I had bariatric surgery and lost 150 lb. Over time, I gained back about 50 lb. My surgery was not without complications. I was hospitalized for 79 consecutive days. I endured new forms of bullying in the hospital based on my weight. There was no wheelchair that fit me, [the staff] did not have the tools to help me and I could not even use the toilet in my room because it had a weight capacity of 250 lb. I never met an occupational therapist during my hospital stay or at any point in the bariatric program (a total of five years). I never met an occupational therapist until I met Mary Forhan in 2011 through my involvement in the Canadian Obesity Network (CON). Since meeting an occupational therapist, I have a clear understanding of the amazing effects occupational therapy has for people living with obesity. We share a vision to improve the understanding of obesity one person at a time. I want to collaborate with, share ideas and make a difference with those of you in this profession. Over the past four years, I have learned about tools to help people with obesity to live their lives, including beds, lifts for safety and chairs to sit comfortably. You amazing people are making an incredible difference in the lives of people living with obesity everyday. My journey has been extraordinary; I would not change it. If I hadn't lived my life as it played out, I would not have the opportunity to speak up about obesity. My path has intersected with occupational therapy and it is because of this that I can now change the attitudes of health-care professionals about people with obesity. Since May 2015, I have been the chair of the CON Public Engagement Committee and will create change by collaborating with people such as occupational therapists. We have created an image bank (http://www.obesitynetwork.ca/images-bank), which shows people with obesity as more than a headless torso or faceless personification of obesity. I, and others living with obesity, have worked with occupational therapists to help demonstrate how to use tools to help people with obesity be safe and live their lives. We will also contribute to research to reduce weight bias. It would be great not to be defined by our weight and size. There are many opportunities to change the world. Please don't stop what you are doing. My motto is "changing attitudes one person at a time." Today I have gotten to speak to several hundred people at once.

Left to right: Mary Forhan, Tim Baron, Pam Hung and Marty Enokson.

Summary of key points arising from the plenary discussion:

- Changing attitudes is very important and this is done in part through education and exposure. Include persons living with obesity in education. Education can be about what obesity is, what issues are important to the client, how to talk with clients about obesity and how to look beyond the weight of a person.
- Use person-first language, that is, "person living with obesity" rather than "obese person."
- Work with industry to make equipment available.
- Work with researchers to collect information that can be used as leverage to advocate for equipment and access to occupational therapy services. Be sure to also include economic evaluations to show how occupational therapy interventions can save the system money.
- Advocate as a group (e.g., through CAOT) to meet the needs of persons with obesity.

Resources suggested by panel members:

- Bariatric Care Rehabilitation Research Group, University of Alberta: https://rehabilitation.ualberta.ca/research/bariatric-care-and-rehabilitation-research-group
- AHS Chronic Disease Management Resource Centre—Obesity: http://www.albertahealthservices.ca/info/Page7468.aspx
- CAOT position statement: Obesity and healthy occupation: http://www.caot.ca/position%20statements/PS_Obesity_2015.pdf
- Canadian Obesity Network: www.obesitynetwork.ca
- Rudd Centre for Food Policy and Obesity—Weight Bias & Stigma: http://www.uconnruddcenter.org/weight-bias-stigma

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Pam Hung, BSc, MScOT, OT(c), is the occupational therapist with the Provincial Bariatric Resource Team at Alberta Health Services. Pam has also been a guest lecturer and facilitator for occupational therapy and health science students at the University of Alberta. She may be reached at: pam.hung@ahs.ca

All in the family: A mother and daughter attend Conference together

Sophie Rayner and Lynda Lowry Rayner

The moment we both heard that the 2016 CAOT Conference was to be held in Alberta, we made plans to attend together as mother and daughter. It would be Sophie's first national Conference and Lynda's last as a practicing occupational therapist.

This year's conference took place in the magnificent setting of Banff, Alberta, and offered a diverse repertoire of inspiring sessions, exciting research and energized attendees. Although we differ in our areas of occupational therapy practice and live on opposite sides of the country, it was somewhat surreal to find ourselves side by side in a number of extremely relevant presentations. We relished the opportunity to meet each other's colleagues, mentors and classmates (from the University of Toronto class of 1977 and the Dalhousie University class of 2012) throughout the course of the week.

The conference was not only an excellent educational opportunity; we were also charmed by the historical architecture, culinary expertise and hospitable service of the Fairmont Banff Springs. There were ample opportunities to network and socialize with our fellow occupational therapists. Thanks to the exceptional organizing committee, the Gala in the Rockies Dinner and the Wild, Wild West Pub Night are not to be forgotten.

A very touching moment for us both was when Lynda received the CAOT Life Membership Award after 39 years of front-line practice. The warm response from our fellow occupational therapists will be cherished forever. We are very appreciative of CAOT for honouring an "everyday" front-line occupational therapist. We thought we were somewhat unique in our mother–daughter pursuit of occupational therapy, but we soon discovered this is not so. We had countless others approach us to share similar familial connections.

As we share our memories of this wonderful conference experience, we can't help but feel inspired for higher summits. We look forward to seeing you all next year at the 2017 CAOT Conference, to be held on Prince Edward Island.

About the authors

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WFOT: Disaster preparation and response

Nancy Rushford and Andrew Freeman

Disaster is a concern for everyone. Whether we witness it through the media, learn about it through the experience of someone we know or find ourselves in a "state of emergency," we each have a role to play in creating a safer and more equitable world, as global citizens empowered to make decisions that reduce risks and through our various life roles and affiliations.

A disaster occurs when there is "a serious disruption of the functioning of a community or society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources" (United Nations International Strategy for Disaster Reduction, 2009, p. 9). Disaster is not simply the consequence of a hazardous natural event that affects a particular place. There are underlying factors that increase disaster risk, including social and economic vulnerabilities and environmental problems (Rushford & Thomas, 2016; United Nations International Strategy for Disaster Reduction, 2013). These factors give disaster risk an uneven distribution across the globe and draw attention to patterns of vulnerability within and across households and communities. People living in poverty, people with disabilities, children and older adults, among others, represent particularly vulnerable groups.

Disproportionate levels of risk and vulnerability render the term "natural disaster" a misnomer. Rather, disaster occurs at the point where natural hazards, social relations and individual choices converge (Blaikie, Cannon, Davis, & Wisner, 1994). This makes disaster a global occupational issue, one in which occupational scientists and occupational therapists have an important role to play. Specifically, they are well positioned to influence changes in patterns of everyday life to improve risk prevention, to support people affected by disaster to adapt to their new environments and lives, and to manage the health consequences arising from disaster (Rushford & Thomas, 2015, 2016).

During the last few years, several resources have been developed to support occupational therapists' roles in the area of disaster preparedness and response (see: www.wfot.org/Practice/DisasterPreparednessandResponseDPR.aspx as well as the following).

- Position statements: *Occupational therapy in disaster risk reduction* and *Environmental sustainability, sustainable practice within occupational therapy* (available at: http://www.wfot.org/ResourceCentre.aspx)
- Book: Rushford, N., & Thomas, K. (Eds.). (2015). *Disaster and development: An occupational perspective.* London, UK: Elsevier.
- WFOT's online professional development module: includes competencies for working in disaster situations, the immediate post-disaster role of occupational therapists and other responders, and recovery and rehabilitation strategies (coming soon).

It is important to remember that although every disaster begins as a local disaster, reducing disaster risk on a global scale requires an interdisciplinary and multisectoral approach that engages individual citizens and communities. This work begins at home, in local communities and in workplaces, first through knowing the risks, then developing a preparedness plan and ultimately nurturing the qualities of everyday occupations that reduce risks and protect the ecological integrity upon which all life depends. Moving forward, consider the following:

- What are the risks in your community?
- In a state of emergency, do you know where to go and what supplies you would need?
- Are there particularly vulnerable people in your family, neighborhood or workplace? What additional supports would they need?
- How do your everyday activities contribute to the vulnerability and resilience of people in other parts of the world?
- What can you do to create a safer and more equitable world?

For more information about disaster in a Canadian context and related resources, see the Government of Canada's web page entitled *Get Prepared*: www.getprepared.gc.ca/index-eng.aspx

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Highlights from the World Federation of Occupational Therapists' March 2016 Council Meeting

Andrew Freeman, CAOT delegate to WFOT

In March 2016, Lori Cyr (president of the Canadian Association of Occupational Therapists [CAOT]) and I (CAOT delegate) attended the biennial Council Meeting of the World Federation of Occupational Therapists (WFOT) in Medellin, Colombia. Many items were discussed and decisions made at the meeting; the following is a summary of some of its key outcomes.

The recent revisions to *WFOT Minimum Education Standards for the Education of Occupational Therapists,* last updated in 2002, were approved. Among the important revisions include requirements for explicitly identifying ethical values and promoting related reflection, building an international perspective and strengthening the inclusion of a human rights and justice perspective. All WFOT-approved entry-level occupational therapy programs must adhere to the minimum standards; in Canada, all 14 programs must satisfy the CAOT-coordinated accreditation standards, within which the WFOT standards are intended to be reflected.

In addition to revisions to WFOT's *Code of Ethics*, the following new position statements were approved:

- Occupational therapy in work-related practice
- Occupational therapy in disaster risk reduction
- Occupational therapy in end-of-life care
- Use of social media
- Occupational therapy services in school-based practice
- Ethics, sustainability and global experiences practice

To access these documents and all of WFOT's position statements, see: www.wfot.org/ResourceCentre.aspx

Much of WFOT's work takes the form of specific projects, which are carried out by program coordinators (who are in leadership roles in WFOT), project team leaders and project team members (delegates from national occupational therapy associations and other occupational therapists). I will be sharing periodic updates about projects involving CAOT members, but to give you an idea of the nature of the initiatives under way, the following are a few examples.

- A campaign is underway to lobby the International Labour Office in order that occupational therapists are described as a discrete professional unit group within the next edition of the International Standard Classification of Occupations.
- A project is being carried out to define occupational therapy quality indicators, with the long-term aim being to develop a set of quality indicators by which occupational therapists can evaluate the quality of their services in various practice areas. In a related vein, there is a project being carried out to identify universal crucial variables for the global measurement of occupational therapy efficacy; the aim is to determine the metrics essential to 1) universal occupational therapy services outputs and 2) specialized occupation-based programming.
- Within WFOT's research program agenda, an ongoing project is being carried out to develop a detailed research capacity project plan.

WFOT has evolved to the point that in order to continue to realize its important work, it must become less dependent on voluntary contributions of time. Important decisions were made at the Council Meeting regarding WFOT's organizational structure; specifically, budgetary decisions were made to permit WFOT to create an infrastructure in which qualified staff will be employed.

As you are aware, all CAOT members are members of WFOT, courtesy of the Premium Pricing Model, in which CAOT board directors voted to participate in 2014. In addition to enjoying the specific benefits associated with being a member (e.g., access to the *WFOT Bulletin* and other publications, discounts on products offered for sale in WFOT's online store), it is important to know that you are supporting the strategic positioning of our profession in the work of, among other organizations, the World Health Organization, the United Nations and the International Labour Organization. Don't forget to log in at www.wfot.org (using your CAOT membership number) in order to have membership access!

WFOT Council Meetings are held every two years, so the next meeting will take place just prior to the WFOT Congress in Cape Town (South Africa) in May 2018 (for Congress details, see: http://www.wfotcongress.org/). Start saving now to attend the Congress!

I will continue to provide regular information updates to you about WFOT's various initiatives in *Occupational Therapy Now* and other CAOT communications. However, please don't hesitate to contact me if have any specific questions at: andrew.freeman@rea.ulaval.ca

2016 CAOT Conference keynote address: Compassion in action

Kim Barthel

Over 30 years ago, a core aspect of occupational therapy curriculum was a course entitled "Therapeutic Use of Self." It questioned how we could use ourselves to regulate and support others, as a therapeutic tool. Many students thought of the curriculum as fluffy—its content couldn't be proven at that time—but its premise that everything we do impacts others seemed intuitively and experientially accurate. I loved that course and have proceeded ever since to explore the neurobiology of relationship and its impact on our physiology and behaviour.

In 1997, a groundbreaking study by Dr. Geraldine Dawson paved the way for researchers to begin to understand the impact of early relational experiences and how they shape the architecture of a child's developing brain. Electroencephalogram (EEG) brain imaging between moms and babies was recorded, discovering that the activity in the mother's brain is mirrored in the baby's brain (Diamond & Hopson, 1999). Having an attuned caregiver who is able to "put their mind in the mind of the child" activates the brain structures that are necessary for cognitive functions (Siegel, 2001). Other factors being equal, the more caregivers do what I call "gleaming and beaming" with their children, the more the children will develop into compassionate adults who can focus, think clearly under pressure and self-regulate (Hollingsworth, 2008).

Around the same time as those early studies, I was working in orphanages across Eastern Europe. Despite caregivers' best efforts with limited resources, severe neglect was immediately evident to me. With 60 or so children and only one caregiver in each room, these children were so neglected that they presented with a wide variety of developmental diagnoses.

All this information began to integrate holistically in my clinical reasoning. I knew "there's always a reason for the behaviour," but didn't internalize just how profoundly neglect and developmental trauma impact mental health and development. What happens to us when we don't have the human connection we're neurologically wired to expect?

As I describe in my book, *Conversations with a Rattlesnake* (Fleury & Barthel, 2014), attachment theory helps to explain the critical "connection" between caregivers and babies. It provides an understanding of our adaptive behavioural strategies, based on our earliest non-verbal relationship experiences, which keep us safe. These early adaptive behaviours become our default strategy, being the easiest strategy of coping when we are under conditions of stress. Whether we up the ante to attract connection, or whether we encourage emotional distance, what we are all ultimately looking for is emotional safety. This is important because these social patterns are wired in our brains subconsciously as young children, before we have recall. We don't always know how our actions are impacting those around us (Crittenden, 2015). It seems that by understanding the roots of these triggered responses, we are better able to understand why others respond the ways that they do.

Relationships are highly affected by non-verbal cues even for adults. Our brains are wired to detect negativity ahead of positivity, as our survival depends on it (Hanson, 2013). Subsequently, we are sensitive to cues that signal rejection, abandonment, disapproval or anxiety (Burklund, Eisenberger, & Lieberman, 2007).

Reflective therapists can harness the power of this knowledge about gleaming and beaming, remembering that what they consciously bring to every interaction continues to shape the circuits of the neuroplastic brain and is a valuable component of the therapeutic process (Cozolino, 2014). As therapists, we aim to increase our ability to be aware of ourselves (our personal triggers and projections) and the effect we have upon our clients. This mindful process develops a sense of "you and me," creating a secure sense of "we." By putting our mind in the mind of the other, while also being conscious of what's going on for us, there is room for compassion to grow. As I envision it, if we are too much in our own mind, we are dysregulating to the other, and if we are too much in the mind of the other, we are dysregulating to ourselves. It's when we have a concept of ourselves and the other, separately but at the same time, that we are attuned and then truly capable of supporting the other.

Research has also informed us about the effects of chronic stress on our lives and our cells. One particular study looked at the stress of moms with chronically ill children (Epel et al., 2004). The study investigated telomeres, which are like the tips of shoelaces at the ends of our DNA strands. Elisa Epel and her colleagues (2004) discovered that chronic stress affects telomeres, resulting in DNA that becomes vulnerable to premature aging. It has been further theorized that mindfulness meditation may protect against this cellular aging (Epel, Daubenmier, Moskowitz, Folkman, & Blackburn, 2009). Additionally, evidence is emerging that healthy relationships can buffer stress and that helping is healing (Thotis, 2011).

It is amazing to think that therapeutic relationships can strengthen our DNA. Like our DNA, our brains have the potential to change and improve function every day of our lives until we stop breathing.

Through His Holiness the Dalai Lama's Mind and Life Institute, brain imaging is demonstrating the benefits of meditation and prayer, no matter the religious background. The frontal cortex and the cingulate gyrus (structures that are a part of the attachment network) were shown to light up when monks and nuns were praying (Kabat-Zinn & Davidson, 2011). This is the same part of the brain that lights up when moms and babies are gleaming and beaming (Noruchi et al., 2008). This suggests that when we are connected to something (either to the concept of something greater than

ourselves, or to another being), we are helping our brain function better and we become better able to self-regulate (Newberg et al., 2002). Remarkably, there are health benefits to both the one doing the caring as well as to the one receiving the care (Post, 2009; Baumgartner, 2011). The therapeutic relationship embedded in occupational therapy has a power beyond the visible effects we observe in our clients.

As occupational therapists, many of us feel overwhelmed when we set out to support our clients and face the myriad of challenges they are facing. Yet we try our best to do what we can in the time we have, based on what we know. When we go about this, one thing to keep in mind is that the relationships we develop with clients truly matter. Very often, how people feel about an assessment, consultation, learning experience or therapist matters, and this is remembered as much or more than the functional focus that our sessions embody. Science is telling us that it's not what we do but how we do it that is critical. We have known this intuitively in our practice, but now, thanks to incredible research over the last 20 years that is beginning to validate this premise, we now have full permission and encouragement to see the art of therapeutic relationship as science. By being increasingly self-aware of how we impact those around us, we become more attuned to others and are better able to envelop our clients with the healing forces of compassion.

Relationship matters. The healing power of compassionate and attuned relationships is an important foundation of the profession of occupational therapy.

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About the author

Kim Barthel, OTR, has over 30 years' experience blending intuitive problem solving with neuroscience, supporting individuals with complex mental health concerns and helping build healthier social environments. Kim teaches a range of professionals and recently co-authored a book with fellow mental health advocate Theo Fleury called *Conversations with a Rattlesnake.* To find out more about Kim: see www.kimbarthel.ca, find her on Facebook under Kimberly Barthel and join her on Twitter, @kimbarthelotr

2016 CAOT Conference president's address: Our legacy and our future

Lori Cyr, CAOT President

The following is an abbreviated version of the 2016 president's address. The complete address can be found at: http://www.caot.ca/conference/2016/presidentsaddress.pdf

When I was last at the national office in Ottawa, the results of the most recent membership survey were creating some buzz. The answers from three open-ended questions had been analyzed and the results were good. "What do you consider to be the most important factor in making you feel like a valued and engaged CAOT member?" "How can CAOT better serve you?" "Do you feel that you belong to the CAOT community?"

Eighty-five percent of respondents felt a strong sense of community. Access to a variety of professional development opportunities was highly valued, and expanded, affordable educational opportunities were asked for. Frequent communication was appreciated and more advocacy activities were requested.

The buzz was sparked by the fact that findings were available and they were actionable—an evidence-informed connection to the owners of the association—you, the Canadian Association of Occupational Therapists (CAOT) members. The survey had a simple but powerful formula: determine your members' needs and then respond to what they tell you.

It has been this way since 1926. The Canadian Association of Occupational Therapists was established based on the needs, wishes and hopes of its founders: to nurture a caring profession that deserved—no, demanded—to be recognized, valued and rewarded. Now, in 2016, this association, CAOT, is celebrating its ninetieth anniversary and pausing to reflect on the similarities between what was, what is and what will be. As we look at how the next ten years might unfold, leading up to our centennial, I feel our direction is still based on that simple formula—what do you value, what needs improving, how strong is our sense of community. It's about advancing excellence in occupational therapy—truly a mission statement that stands the test of time.

A read of Judith Friedland's (2011) wonderful book, *Restoring the Spirit: The beginnings of Occupational Therapy in Canada, 1890–1930,* fills you with resolve. It makes you feel more committed than ever to ensuring that you contribute to the strength and growth of this profession. It is not enough to be an ally; you must

be an advocate. Or, it's not enough to be an advocate; you must be an activist. Our increasing need to promote ourselves—to government, to funders, to other health professions and to the public—is a responsibility that each and every one of us must shoulder, whether comfortably or not. Our founders did this for us. They "leaned in" so that the profession of occupational therapy would find a place in Canadian health care. They influenced societal leaders of that time to speak up in support of this practical, purposeful vocation. They organized themselves to put training programs in place that would formalize their skills, with standards that would earn them the respect, the funding, the positions and the academic growth they required. These founders were activists and visionaries—with a vision that bears a striking resemblance to the CAOT vision statement of today: to see that occupational therapy is valued and accessible across Canada. This is our legacy, and our future.

Our first president, Dr. Howland Goldwin, Vice-President Dr. Alexander Primrose, Secretary W. J. Dunlop and seven members of the board, together with representatives from the provincial societies in place at the time, went to work on four priorities: education, a registry of occupational therapists, the development of the organization and a charter (Friedland, 2011). Twenty-three members were present at the first annual meeting. CAOT's charter and letters patent were issued a few years later, as Canada was in the depths of the Great Depression. A round of cutbacks was weathered, as occupational therapy departments in veterans' hospitals closed and services were cut. Not to be bowed, CAOT's board passed a motion to mount a letter-writing campaign urging Prime Minister Richard Bedford Bennett to reconsider his actions. This early lobbying effort was successful, and veteran rehabilitation services were restored (Friedland, 2011). The parallels with today's advocacy work are duly noted.

In September 1933, the first issue of the *Canadian Journal of Occupational Therapy* was published, with an impressive 2000 copies being printed and distributed (Friedland, 2011). CAOT did not have an office or paid staff in place until 1939 when the first executive consultant, Ethel Clarke Smith, was hired for the princely sum of $5,000—she held this position until her retirement in 1965. CAOT's offices, in a small house on Bloor Street in Toronto, were not upgraded until 1966, and then after several subsequent locations moved to Ottawa in 1995, to better collaborate, network

and lobby with other national organizations and the Federal Government (CAOT, 2010).

Not everything came easily for CAOT. Getting the formal education of occupational therapists spread across the country was a slow process. The original two-year diploma course at the University of Toronto (U of T) remained the only course available in Canada until 1950 (Friedland, 2011). The first supervisor of the U of T program, Florence Wright, had to enrol in the inaugural class so that she could graduate and have the credentials to lead the fight for educational funding and growth (Friedland, 2011). Another graduate of that first U of T class of 1928 was Helen Primrose Levesconte, who boldly made occupational therapy a full-time career, not an adjunct to domestic life. A gifted leader, she became the full-time director of the U of T occupational therapy program in 1945, a position she held until 1967 (Friedland, 2011). As you know, CAOT established an award for volunteerism in her name and continues to honour her memory, as we should.

CAOT has a rich history of responding to what is important to advance excellence in occupational therapy. It's a legacy we have gratefully inherited from those who paved the way. When our membership survey states that 85% of members feel they belong to the CAOT community, we ask ourselves: how can we make that 100%? What strategies and tactics does CAOT need in place to move us forward, to reach that goal? Our CAOT Board of Directors responded to that question just recently, agreeing to a new strategic plan for 2016–2019 with four broad strategies to help prioritize our work (see p. 6 for more details), to strengthen our impact and, most importantly, to meet the needs of our membership.

History is a gift that keeps on giving. It reminds us of our purpose. It provides the building blocks of a reputation, from the foundation to the peak, working so that the whole structure is self-sustaining. There are historic milestones in play at this conference—CAOT's 80th conference on its 90th birthday—reminding us how important it is to reflect on our past and how it has so ably brought us to today...and tomorrow.

Our CAOT history is testament to how fostering a good idea in support of a worthy profession can, and has, sustained and strengthened us over time, when fed the right mix of commitment, dedication, innovation and fortitude. By keeping these values intact, the future will take care of itself.

This reflection leads me to comment on the title I am so honoured to hold, that of President of CAOT. I am the 32nd president, 31 after the venerable Dr. Goldwin. It is so uplifting, and so humbling, to be part of this most noble of professions. The front lines of occupational therapy are like no other—so creative, sincere, hardworking and so caring. My genuine admiration for the selfless work that occupational therapists do, and the difference we are able to make in so many lives, is an endless source of pride.

It helps to have a strong and purposeful organization working behind the scenes so that occupational therapists can practice optimally. CAOT is that organization. This, too, is a source of immense pride, as I see a bright future ahead for CAOT and I feel so fortunate to have been able to contribute to its continued success.

In closing, I am reminded of a quote from Isobel Robinson, from her 1981 Muriel Driver lecture: "The Canadian Association of Occupational Therapists has given us a magnificent heritage; we must remember it well, build upon it and continue to expand the horizons envisaged by our forebears" (p. 151). CAOT's story is always being written, and our members contribute to our every word.

CAOT · ACE

90th/e ANNIVERSARY ANNIVERSAIRE

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Scenes from the 2016 CAOT Conference in Banff, Alberta.

2017 CAOT Conference in Charlottetown, Prince Edward Island: Honouring our past. Shaping our future.

Heather Cutcliffe and Manon Gallant, co-convenors of the 2017 CAOT Conference

The Canadian Association of Occupational Therapists (CAOT) and the Prince Edward Island Occupational Therapy Society (PEIOTS) invite you to participate in the 2017 CAOT Conference, with the theme of "Honouring our past. Shaping our future." It is to be held Wednesday, June 21, to Saturday, June 24, in Charlottetown, Prince Edward Island (PEI).

Just one week later, on July 1, 2017, Canada will mark the 150th anniversary of Confederation. What better place to celebrate this milestone than where it all began in 1867? Imagine the Fathers of Confederation arriving by boat in Charlottetown Harbour and walking up the street to Province House to sign one of the most important documents in Canadian history. Activities to celebrate this auspicious anniversary are in the planning stages and will occur throughout the year and around the province.

Charlottetown, the capital of PEI and its largest city, is centrally located on the south shore, covers 44 square kilometres and boasts a population of 36,000. It is a lively cultural centre with many attractions, including theatres, art galleries, specialty shops and 120 restaurants, and it is a great starting point for tours to other parts of the province. The city is blessed with many beautiful parks, green spaces, boardwalks and access to the Confederation Trail—PEI's leg of the Trans Canada Trail for walking and biking. The 2017 CAOT Conference will be held on the waterfront at the Delta Prince Edward Hotel and PEI Convention Centre, a beautiful site that overlooks the Charlottetown Harbour.

Travel to PEI can be by plane, to enjoy the patchwork quilt appearance of our province, or by ferry, to enjoy a 75-minute ride over beautiful open water from Caribou, Nova Scotia, to Wood Islands, PEI (61 km from Charlottetown). Alternatively, one can drive the longest bridge over frozen water in the world, the Confederation Bridge from Cape Jourimain, New Brunswick, to Borden-Carleton, PEI (56 km from Charlottetown). Regardless of how you arrive, all roads lead to the Charlottetown Conference!

We encourage you to add on a day or two at the beginning or end of the conference to enjoy the many attractions of our beautiful province. There are fishing villages to be explored, beaches to walk on, seafood to savour, warm waters to swim in, golf courses to play on, kitchen parties and ceilidhs to experience, artisans to visit, history in which to immerse yourself and fresh produce to enjoy...and did we mention lobster?!

We hope that the theme will attract presentations that showcase both the past and the future of our profession. The 2017 Professional Issue Forums will be "Delivering recovery-oriented mental health services in occupational therapy" and "Supporting the contributions of occupational therapist assistants."

As both a conference location and a well-known vacation destination, we look forward to welcoming you to Canada's playground. PEI is known for its friendly hospitality and beautiful red soil. For a preview, check out www.welcomepei.com, or visit www.tourismpei.com for assistance in getting here and planning your trip. Come play and learn on our island!

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