

OCCUPATIONAL THERAPY NOW

november/december 2016 • volume 18 • 6

INSIDE

On advancing excellence in occupational therapy in Canada...and sitting down to write about it

Janna MacLachlan

**Making it mainstream:
Home automation**

Marla Calder

**Special feature—Occupational therapy:
Addressing performance and participation issues for military personnel, Veterans and their families**



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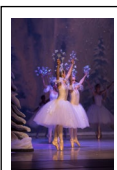
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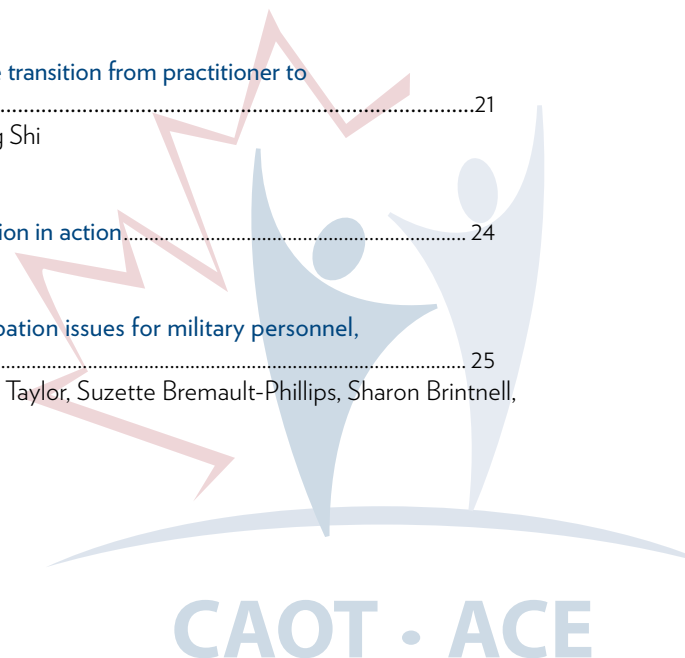
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Cover photo credit: Dale Woolridge
Photo submitted by: Isabella Cheng
Dale says: "Delight in the wonder and grace the winter holidays bring each year."



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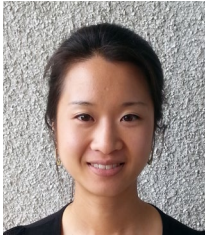
Erin Moerman, OTA & PTA

All *OT Now* Editorial Board members and topic editors are CAOT members in good standing.

What's new



CAOT transitions managing editor role for Occupational Therapy Now



Flora To-Miles, new managing editor for OT Now

Welcome to Flora To-Miles, who is the new managing editor of OT Now, effective September 1st. She takes on the role of overseeing the development and production of OT Now – a primary member publication and this much-loved practice magazine. Flora has years of experience as a community occupational therapist in BC and Ontario and comes to CAOT as a previous topic editor with OT Now.

Flora is excited to take on this role and hopes to be fully transitioned in the coming months.

Janna MacLachlan was the managing editor of OT Now from January 2012 until September 2016. She has moved on to begin the PhD program in Public Health at the University of Toronto. Janna says “I have been honoured to work with so many passionate authors and dedicated volunteers during my time with OT Now. Leaving is bittersweet as I have so enjoyed producing OT Now, but at the same time am excited about returning to school. Handing over the reigns is made easier knowing that such an excellent new editor is taking over. I wish Flora the best in her new role!”

Welcome to the new CAOT president Nicola MacNaughton

On September 30, Lori Cyr completed her term as CAOT president and passed the torch on to Nicola MacNaughton.



Nicola MacNaughton, OT Reg. (NB), CDMP, CCLCP, incoming CAOT president.

Thank you to Lori for her strong leadership and hard work over the last two years. The profession of occupational therapy was advanced on her watch.

Nicola is the proud owner of Occupational Concepts Ltd, a private practice located in Moncton, New Brunswick, and an occupational therapist since 1990. Nicola has successfully grown her business team from one to 25, including 15 full-time occupational therapists. Nicola's career thus far has been committed to the field of disability management. Her belief is that all people have a right to a

healthy quality of life. She strives to help remove barriers that prevent people from pursuing their passions, maintaining roles and responsibilities in the home and contributing to society. Nicola received the first Woman Entrepreneur of the Year award from the Canadian Business Development Corporation in 2009. On a personal note, Nicola is bilingual, a fair-weather sailor, she de-stresses in her English country garden and her employees note that she makes cards that rival Hallmark.

Nicola is vocal about strengthening access to occupational therapy services in Canada. As CAOT president, she will apply her 16 years of business experience to the strategic direction of the organization. Her mandate is to continue her predecessors' work in changing the conversation from “what is occupational therapy” to “how do I access occupational therapy services?”

OT Now and CJOT editorial

Check out the October issue of the Canadian Journal of Occupational Therapy (CJOT) for an editorial co-authored by editors from CJOT and OT Now. The editorial aims to clarify the scopes of the two publications and discusses collaborations underway between them. CAOT members can access CJOT at <http://www.caot.ca/default.asp?ChangeID=25&pageID=6>

Canadian National Driver Rehabilitation Conference

Canadian National Driver Rehabilitation Conference
Ottawa, Ontario • October 12 & 13, 2017



Co-hosted by the Canadian Association of Occupational Therapists and the Association for Driver Rehabilitation Specialists

Mark your calendars! The Canadian Association of Occupational Therapists (CAOT) and the Association for Driver Rehabilitation Specialists (ADED) will co-host a two-day conference, October 12 & 13 2017, at the Ottawa Conference and Event Centre. An estimated 250 North American professionals in the field of driver assessment and rehabilitation will gather to share the latest trends and advancements, presenting unparalleled opportunity for education and networking. Registration will open in Spring 2017. Please refer to the CAOT website for further information.

On advancing excellence in occupational therapy in Canada... and sitting down to write about it

Janna MacLachlan, outgoing managing editor of *Occupational Therapy Now*



I have felt privileged to sit in the *Occupational Therapy Now* managing editor's chair over the last five years, a position that feels like a front row seat to exciting things happening in the profession across the country. Occupational therapists, in collaboration with clients, colleagues and other stakeholders, are doing incredible work to advance excellence in occupational therapy in Canada. I couldn't express

how much I have learned from all of you. As I step down from this role in order to pursue PhD studies, I would like to share a few observations I have made over the last few years about our community of occupational therapists here in Canada. First of all, the adjectives kind, generous, enthusiastic and knowledgeable could describe nearly every single author, reviewer and volunteer I worked with. I feel lucky to be a part of such a supportive community. Thank you to all the authors who shared their work and took time, often outside of paid employment hours, to write and revise their articles. Thank you to all the *OT Now* topic editors and ad hoc reviewers who supported authors and myself throughout article reviews. Thank you to Jay Peak, Luce Ouellet and Danielle Stevens for their dedication and excellent work on layout, translation and production. Last, but most certainly not least, thank you to the *OT Now* editorial board, *Canadian Journal of Occupational Therapy (CJOT)* editors and CAOT staff for your mentorship and support.

A second observation, which I'll frame as constructive feedback, is that some members of our profession are not giving themselves enough credit. Prospective authors attending CAOT Conferences would sometimes say "Me? Really?" when I encouraged them to write about their work for *OT Now*. Yet, the vast majority of ideas I have seen pitched to *OT Now* have been excellent and very much worthy of sharing with colleagues. I encourage prospective authors to

have confidence and consider the likelihood that their work is innovative and would be of interest to colleagues across the country. If you have ideas and would like initial feedback before starting to write, feel free to send a quick email to otnow@caot.ca or one of the topic editors, listed at: <http://www.caot.ca/default.asp?pageid=271> Resources such as the Water Cooler Talk about writing for *OT Now* (found at: <http://www.caot.ca/default.asp?pageid=4204>) and Jane Davis' (2016) *OT Now* article about how to get started as a first time author can be helpful for getting the writing ball rolling.

Over the last five years, submission rates have been high and overwhelming responses have been received to all calls for papers. We have something special here in Canada with our practice magazine. Its success is a product of the engagement of therapists across the country; this is something to be proud of. *OT Now* continues to be a top CAOT member benefit; it is read, used in occupational therapy education programs and discussed among colleagues in therapeutic settings. Writing for *OT Now* is an effective means to energize, inspire and participate in dialogue with colleagues, academics and students, and in the case of the annual consumer issue, stakeholders and clients. We can advance excellence in occupational therapy by sharing with others what we are doing and learning.

I have thoroughly enjoyed participating in *OT Now's* ongoing evolution, and enthusiastically welcome *OT Now's* new managing editor, Flora To-Miles, who brings exciting new ideas and experience to guide the magazine forward in its next steps. Thank you for the privilege of getting to work with so many of you across the country. From where I've been sitting, the view has been of an engaged, innovative, enthusiastic and supportive professional community – and that's something worth bragging about. I look forward to our paths crossing again. Until then, happy writing!

Janna

janna.maclachlan@mail.utoronto.ca

References

Davis, J. (2016). Key steps for new authors in sharing occupation-based practice innovations. *Occupational Therapy Now*, 18(4), 17-18.

Strategic Plan 2016 -2019

CAOT Board of Directors

Throughout 2016, has been presenting an article series – past, present and future – to celebrate the 90th anniversary of the Canadian Association of Occupational Therapists (CAOT). In January, the history of the association was profiled; in March we focussed on current workforce and professional issues in Canada and, this month, we are pleased to share CAOT’s new strategic plan setting direction for the coming years.



“Division” by Sara Caracristi, 2015. This mixed media panel hangs in CAOT’s national office

Who we are and what we do

The Canadian Association of Occupational Therapists (CAOT) represents and supports those who work in occupational therapy across Canada. It is a national, not-for-profit professional association that works on behalf of its members to:

- Improve access to, and utilization of, occupational therapy by advocating to government and health-care decision makers for better recognition of the contribution occupational therapy brings to the health of Canadians,
- Advance and enhance career opportunities with professional development and practice resources that are current, relevant and affordable,
- Steward and safeguard the profession by accrediting occupational therapy programs in Canada and administering the National Occupational Therapy Certification Exam (NOTCE),

- Foster a sense of community that encourages pride in, and strengthening of the occupational therapy profession through networking, innovation, knowledge exchange, and caring.

The release of this strategic plan coincides with CAOT’s 90th year. We have chosen this occasion to address the years 2016 to 2019, with a document that helps to articulate CAOT ambitions and to guide our actions as we progress towards our centennial.

Mission: Advance excellence in occupational therapy.

Vision: Occupational therapy is valued and accessible across Canada.

Preparation of a strategic plan got underway halfway through 2015, with the engagement of a planning consultant to support CAOT in this process. The Board of Directors of the Canadian Association of Occupational Therapists has now set out four broad strategic priorities and related tactics for the years 2016 to 2019.

Strategic Priority 1

Support occupational therapists in the evolution of their practice and the pursuit of excellence.

CAOT believes that excellence in the practice of occupational therapy is directly linked to better value, better health and better care for Canadians. CAOT will support occupational therapists as they strive toward the application of evidence-informed, client-centred best practices among occupational therapists.

The tactics to implement this strategy are:

- Provide a portfolio of continuing professional development resources and opportunities that are accessible, carefully selected, and financially self-sustaining.
- Foster innovation and support its application in occupational therapy practice.
- Articulate the evolving standards of professional excellence in the practice of occupational therapy in Canada.

- Collaborate with occupational therapy regulators and educators across Canada to develop and implement a sustainable model for standard-setting for the profession.
- Explore CAOT's potential role in improving occupational therapy's responsiveness to the needs of Canada's diverse population.

Strategic Priority 2

Advance awareness, understanding, and use of occupational therapy.

Occupational therapy must be seen as critical to the viability and success of the health and social care systems across Canada. CAOT will engage government and funders in meaningful dialogue to influence relevant policies to promote occupational therapy wherever decisions are made. CAOT will also promote occupational therapy among related professionals to ensure it is among the solutions they seek, support, and recommend for their clients.

The tactics to implement this strategy are:

- Represent occupational therapy as an essential partner within the new Health Accord, and for key government health care innovation priorities (home care, mental health, and primary care).
- Promote occupational therapy among federally funded and administered health services which encompass the military, veterans, Indigenous People, and those in the criminal justice system.
- Collaborate between CAOT national and provincial/territorial occupational therapy chapters and associations to share, remodel, and reuse outputs that increase public understanding of the profession and its value to the health and well-being of Canadians.
- Facilitate referrals from other professionals to position occupational therapy as an integral element of health care and social services delivery and as part of allied health profession teams.
- Build the capacity of CAOT members and staff to advocate for the value of occupational therapy in a variety of settings.
- Influence an increase of entry-level occupational therapy educational opportunities to address workforce demands and diversity issues.

Strategic Priority 3

Position CAOT as the knowledge and resource hub for occupational therapy practice in Canada.

Occupational therapy is a highly diverse profession, applied in a wide variety of settings. CAOT will invest in its role as a trusted source, to connect the individuals and organizations who are involved with occupational therapy across Canada with each other, with the resources and information that will help them in their work, and with CAOT itself.

The tactics to implement this strategy involve taking a proactive role in producing and delivering relevant, quality

opportunities for networking and knowledge exchange informed by scholarly evidence and sector trends.

Strategic Priority 4

Foster a vibrant and sustainable CAOT.

CAOT will ensure it is a thriving organization, driven by member priorities, committed to value, and able to support its strategies both now and into the future.

The tactics to implement this strategy involve actively listening for and responding to member needs to drive a continual cycle of improvement in association operations and governance.



Values:

- Integrity
- Accountability
- Respect
- Equity
- Innovation
- Transparency
- Diversity
- Collaboration

CAOT is proud of our collective accomplishments to date and looks forward to serving our members, and Canadians, for the next 90 years.

We are listening. If you have feedback for us regarding this CAOT Strategic Plan or other association work, we would like to hear from you. Contact our Membership Services team with your questions or comments (membership@caot.ca).

Thank you!

History made in BC with first CAOT-BC occupational therapy day at the Legislative Assembly of British Columbia!

Giovanna Boniface

May 12, 2016, marked a showcase event for the Canadian Association of Occupational Therapists – British Columbia (CAOT-BC) public awareness campaign—an occupational therapy day at the British Columbia (BC) legislature. The theme of the day was “*Enabling British Columbians for the Occupations of Life*” and included a full day of activities. We were honored that the Minister of Health, the Honourable Dr. Terry Lake, sponsored this inaugural occupational therapy day at the Legislative Assembly of British Columbia. The following is a brief account of the day’s events:

Meeting with the Minister of Children and Family Development

The day began with a meeting with Minister Stephanie Cadieux. Giovanna Boniface, CAOT National Director of Professional Affairs, spoke with Minister Cadieux regarding several important issues—in particular, issues of waitlists for occupational therapy services provided by child development centres, challenges with the funding models for the At Home and School-Aged Therapies programs, occupational therapy workforce planning and the Registered Autism Service Provider program.

Tour of the Legislature

CAOT-BC representatives were provided with a behind-the-scenes look at the BC Legislature by Lorne Mayencourt, director of outreach at the BC Government Caucus and former MLA for Downtown Vancouver.

Introduction to House (5th Session, 40th Parliament) by Minister of Health

The Honourable Dr. Terry Lake introduced each member of the CAOT-BC delegation to the legislature and invited all MLAs to the CAOT-BC Open House.

Meeting with Parliamentary Secretary to the Minister of Health for Seniors

Lori Cyr (CAOT President), Giovanna Boniface, Allison Patterson (Island Health), Sharon Campbell (Interior Health) and Charlene Gilroy (Northern Health), spoke at length with MLA Dr.

Darryl Plecas during a working lunch. A range of important topics was discussed, including detailed discussions regarding a lack of occupational therapy services in residential care, the skill mix of health professionals in residential care services, maldistribution of therapists across health regions, workforce planning and practice examples of how occupational therapists provide innovative solutions to improving the health and well-being of British Columbians.

CAOT-BC Open House

All MLAs were invited to the Open House, and in total, 15 MLAs attended and met with CAOT-BC representatives. In addition, it is estimated that another 20-25 MLAs were represented by their staff who dropped in, spoke to our delegation and took away information packages highlighting the value of occupational therapy.

The CAOT-BC public awareness campaign has laid a solid foundation that will serve the profession of occupational therapy well, in particular within the government context of the strategy and future direction of the BC health-care system (Government of British Columbia, 2014). CAOT-BC will build on lessons learned throughout the campaign and continue with government relations efforts, with the goals of raising awareness about the unique contributions made by our innovative and multi-skilled workforce and ensuring that British Columbians have access to occupational therapy when they need it. In addition, CAOT can build on these regional activities’ success, gain momentum and take action within other jurisdictions.

A sincere thank you to all the occupational therapists who have supported this campaign. Advocacy for our profession is not an easy task and we must continue to work hard to raise the profile of the profession so that it is understood that occupational therapy is vital to the health-care system. Working together, I am confident that we can achieve our vision that occupational therapy is both valued and accessible.

References

Government of British Columbia, Ministry of Health. (2014). *Setting priorities for the B.C. Health System*. Retrieved from <http://www.health.gov.bc.ca/library/publications/year/2014/Setting-priorities-BC-Health-Feb14.pdf>

About the author

Giovanna Boniface, OT, CCLCP, is an occupational therapist and the National Director of Professional Affairs with the Canadian Association of Occupational Therapists. She may be reached at: gboniface@caot.ca

The CAOT National Office team

CAOT is proud of the team at the national office that works to provide members with services, products, events and networking opportunities to assist them in achieving excellence in their professional practice. CAOT staff also provide leadership to actively develop and promote occupational therapy in Canada and internationally.

CAOT would like to take this opportunity to introduce you to (or reacquaint you with) the team working for you and the occupational therapy profession.

Executive



Janet Craik – Executive Director
jcraik@caot.ca

Janet is the chief executive officer of the association, on authority delegated from the Board. She is responsible for successful leadership of the organization according to the strategic direction set by the Board of Directors.

She also represents CAOT nationally and internationally on occupational therapy and health-related issues.



Mike Brennan – Chief Operating Officer
mbrennan@caot.ca

Mike works with CAOT's staff to implement and execute the organization's mandate and business operations. Mike also leads the business development of the association, including the development of new opportunities, membership

categories, programs and services.

Membership

The Membership Services Department is here to ensure that all members receive value from their membership and that their voices are heard. Together with everyone at CAOT, its job is to create new and innovative products and services that will help members excel in their profession and help build public awareness about occupational therapy in Canada. Membership Services is here to help members take advantage of all the benefits CAOT has to offer!



Tracy Kelso
Membership Services Manager
ctkelso@caot.ca

Tracy is responsible for the management of membership services and the membership team.



Christine Dettwiler
Membership Services Representative
cdettwiler@caot.ca

Christine provides a range of services to members, including responding to enquiries, analyzing needs, providing assistance, developing cross-sell products, processing member

transactions and requests, and resolving problems with member accounts.



Vickie Leblanc-Maisonneuve
Membership Services Representative
vmaisonneuve@caot.ca

As our bilingual representative, Vickie provides a range of services to members, including responding to enquiries, analyzing needs, providing assistance, developing cross-sell

products, processing member transactions and requests, and resolving problems with member accounts. Vickie is also in charge of all student associate memberships.

Professional practice and special projects



Julie Lapointe
Director of Professional Practice
jlapointe@caot.ca

Julie is responsible for advancing excellence in the practice of occupational therapy in Canada and is the primary contact regarding occupational therapy practice for members.

Tamalea Stone – Older Driver Initiative Coordinator
tstone@caot.ca

Tamalea is responsible for advancing initiatives related to the older driver, including those related to CarFit, driver safety across the lifespan, and practice issues in driving assessment and rehabilitation. She has also assumed the role of lead for the 2017 National Driver Rehabilitation Conference.



Katelyn Bridge – CAOT Intern
kbridge@caot.ca

Katelyn is the 2016-2017 CAOT intern and is involved in various projects related to advocacy and representation, current professional issues, and the application of research in practice.

Standards and exam



Alison Douglas – Director of Standards
adouglas@caot.ca
Alison oversees the work of CAOT related to academic accreditation (for both occupational therapy and occupational therapist assistant programs), the National Occupational Therapy Certification Examination (NOTCE) and analysis of policy regarding the exam and accreditation.



Ryan McGovern – Exam Services and Accreditation Coordinator
exam@caot.ca
Ryan administers the processes for the NOTCE, provides support to the Certification Examination Committee and responds to examination enquiries. He also provides administrative support to CAOT's Academic Credentialing Council.

CAOT-BC



Giovanna Boniface
National Director of Professional Affairs
gboniface@caot.ca
Giovanna is responsible for leading national stakeholder engagement initiatives and is a senior occupational therapy advisor to CAOT. Her portfolio also includes CAOT-BC activities and representation as well as oversight of the development of the new Quebec membership chapter, CAOT-QC, which launched October 1, 2016.



Sarah Slocombe
CAOT-BC Service Coordinator
sslocombe@caot.ca
Sarah supports the managing director of the British Columbia provincial chapter through coordination, planning and implementation of CAOT-BC services.

ACE-QC/CAOT-QC



France Verville – ACE-QC Directrice/
CAOT-QC Managing Director
fverville@caot.ca
France is responsible for the day-to-day operations of the Quebec provincial chapter of CAOT, providing regional representation and support to occupational therapists in Quebec.

Advocacy, public policy and government affairs



Havelin Anand
Director of Government Affairs and Policy
hanand@caot.ca
Havelin's role is to increase knowledge and raise awareness about occupational therapy through advocacy initiatives on behalf of CAOT and occupational therapists with governments and public servants. She supports provincial occupational therapy associations in their advocacy efforts and represents CAOT in national coalitions.

Administration



Suzanne Maurice
Human Resources Manager
smaurice@caot.ca
Suzanne is responsible for the management of the association's facilities and resources, including the maintenance of information systems as well as the management and administration of human resources.



Jeanne Salo – Project Coordinator
jsalo@caot.ca
Jeanne is responsible for coordinating and participating in a variety of special projects. She also manages CAOT contracts and the telephone operating system.



Andrea Santos – Executive Assistant
asantos@caot.ca
Andrea provides administrative and coordination support to the executive director and other directors within the national office, as well as CAOT's president, other members of the Board of Directors and CAOT committees.



Tracy Jolliffe – Executive Assistant
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Tracy provides administrative and coordination support to the chief operating officer and other directors within the national office, as well as CAOT committees.

Continuing education and conference



Lisa Sheehan
Conference and Events Manager
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Lisa manages the planning and organization of CAOT conferences as well as the association's database and web administration.



Christina Lamontagne

Professional Development Coordinator
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Christina is responsible for the coordination and evaluation of CAOT’s workshops, webinars, mentorship program (Momentum) and networks that maintain, improve and broaden occupational

therapists’ skills and knowledge to advance excellence in the profession.



Breann Oneid

Professional Development Administrator
education@caot.ca
Breann is responsible for the administration of workshops and webinar programs and assures the quality and optimal delivery of professional development services.

Marketing and business development



Diane Braz Wessman – Senior Manager of Marketing and Business Development
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Diane is responsible for marketing and leading the Product Recognition Program, developing and strengthening relationships with business partners.



Jessica Walsh – Business Development Manager
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Jessica develops new markets to increase revenues and diversify product offerings for the association in the areas of publications, conferences, advertising, membership services and sponsorships.

Finance

CAOT’s finance team plans and manages the association’s finances and treasury, and is responsible for the administration of resources to enhance and facilitate the professional activities of CAOT.



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Vicky provides leadership in all activities by overseeing finance compliance. She assists senior executives in decision making for the benefit of enhancing the long-term sustainability of CAOT.



Zoey Lin – Business Administrator
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Zoey is responsible for accounts payable, account reconciliations and other financial administration duties.



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Vicky is responsible for processing and keeping records of the daily financial operations of the association, including duties related to month-end reporting, year-end external audit preparation, the general ledger, accounts receivable and petty cash.

Publications and periodicals

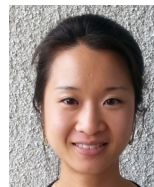
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Pat develops and disseminates CAOT communications through various media, to improve member experience and enhance the CAOT brand.



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Danielle manages production of CAOT publications and communication materials, from layout and design to the final printed product.

E-HEALTH AND ASSISTIVE
TECHNOLOGY

TOPIC EDITOR: PAM MCCASKILL

Making it mainstream: Home automation

Marla Calder

“Medicine can’t cure me so I rely on technology. It lets me interface with the world. It propels me, it is how I’m speaking to you now. It is necessary for me to live.” —Stephen Hawking (as quoted in Borison, 2014)

As society changes and evolves, technology has become a part of everyday occupational engagement for many people within many environments. As occupational therapists, we too see the use of technology each day, both as tools for our work and in the hands of our clients. Technology continues to be an evolving and emerging niche in the areas of rehabilitation, disability and participation (Yamkovenko, 2011). In this article I will discuss how mainstream technology provides tools for clients to improve their lives with increased independence and participation.

The environment is one of three components in our core framework, along with occupations and the person (Polatajko, Townsend, & Craik, 2007). The ability to control and interact with one’s environment is often a goal addressed by occupational therapy based on the framework of the Canadian Measure of Occupational Performance and Engagement (Polatajko et al., 2007); it makes sense that environmental control units (ECUs) have been a part of assistive technology intervention plans since 1960 (Tam et al., 2003). ECUs are devices that allow people to control electronic products in their environments. Assistive technology can be defined as products or devices designed to improve function and participation, either specific to individuals with disabilities or commercially available (Canadian Association of Occupational Therapists, 2012). Assessment and understanding of the relationships between the person, their occupations and their environment allows an occupational therapist to facilitate the selection of assistive technology to best meet a client’s needs. Customization, training and advocating for the assistive technology that will facilitate the client’s independence or health are part of our expertise.

In the past, ECUs were often dedicated devices or assistive technology specific to individuals with disabilities. The original systems were designed for use by individuals with high level quadriplegia. The systems employed a visual display on which a

light moved to a specific position that correlated with a function (e.g., turning on a lamp or television). Selections were made with a straw or pneumatic pad (Parish, 1979). Initially, there were restrictions to accessing such devices. For example, in England, they were only issued by the Department of Health and not found in stores (Parish, 1979). Holme, Kanny, Guthrie and Johnson (1997) found that ECUs were rarely used due to their high cost, the lack of coverage by funding agencies and significant training requirements for these highly specialized technological devices.

Mainstream technology

In contrast, advances in mainstream technology used by the wider population (e.g., smartphones and tablets), home automation products in particular, provide occupational therapists with new tools to address the issue of environmental control. Home automation products are also sometimes referred to as smart home technology. These products allow for a computer/smart device to be set up to control various functions in the home.

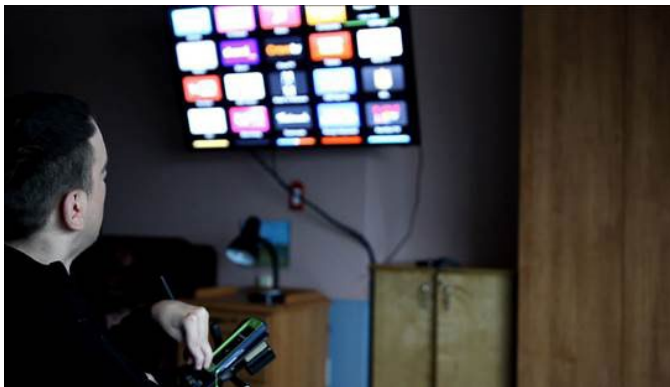
In 2013, 84% of Canadian households reported owning at least one mobile phone (Choma, 2015). Mobile devices are very versatile for clients. In addition to their function as a phone, they can also be used as a smart device to control home functions and be used for communication, leisure and productivity depending on the app and the needs of clients. Using mainstream technology is more affordable, locally available and socially acceptable to clients and their families. In contrast to dedicated environmental control systems, mainstream technology is something clients’ family members and friends may already be familiar with and thus they can therefore provide greater support in its use. For example, an Xbox One® with Kinect® (gaming console) or an iPad mini® (Apple® tablet) can allow for both voice control and touch options to operate a home’s functions. Depending on the device, connections are made through Wi-Fi or infrared signals to control functions such as phone calls, window blinds, lighting, television, music, internet browsing, appliances, door functions and climate control options.

Application of mainstream technology for home automation

At the Stan Cassidy Centre for Rehabilitation (SCCR) in Fredericton, New Brunswick, there is an independent living suite (ILS)—an accessible, self-contained living space on the nursing unit. It is designed to enable clients to trial independent functioning while still having medical and therapeutic staff close by if required. It is used by occupational therapists as an assessment and treatment space for bathroom assessments, cooking assessments, bed mobility assessments, transfer assessments and more.

The ILS was outfitted with mainstream home automation products to enhance the independence of clients and to provide options allowing for greater participation in their family life, school/work, leisure opportunities and social networking. Having these devices available has enhanced our ability to offer clients realistic options and hands-on trials prior to discharge or weekend passes.

New and exciting approaches for home automation control are emerging every day. The ILS aims to reflect the “latest and greatest” technology so that our clients have the opportunity to test products available for purchase. The rapid development of technology will always create new products to enable participation in occupations that allow clients greater interaction with their environment.



A client uses his smartphone to operate a television

Identifying what devices a client already owns or has access to is useful; this gives clues as to what type of technology this client would be most comfortable with and have an easier time learning, since he or she is already familiar with the basic operation of such devices. After the client and occupational therapist have established the environmental components they want to control, the occupational therapist can then assess how to integrate these choices into the client’s daily life. The assessment is followed by technology recommendations that match the client’s goals and abilities, instructions on how to use the device(s) to improve independence or health, advocacy for funding of the technology and evaluation of the functional changes and user satisfaction related to the use of ECU systems.

A variety of options for access to the smart device/controller are available, depending on the client’s needs and abilities, including:

Direct touch: This is the most commonly used method to access smart devices, and typically involves the use of a finger or stylus on a tablet or phone.

Voice control: Many phones and tablets provide the ability to interact with their applications and interface with voice alone. Some gaming consoles also have this access method built into the system.

Wheelchair electronics: Most wheelchair manufacturers are integrating personal computer/phone/tablet control into their wheelchair electronics, accessed via the drive controls.

Switch control: It is possible to control a phone or tablet with a regular accessibility switch (such as a Buddy Button®) when using a Bluetooth® switch interface that is easily paired to the phone or tablet.

Client response

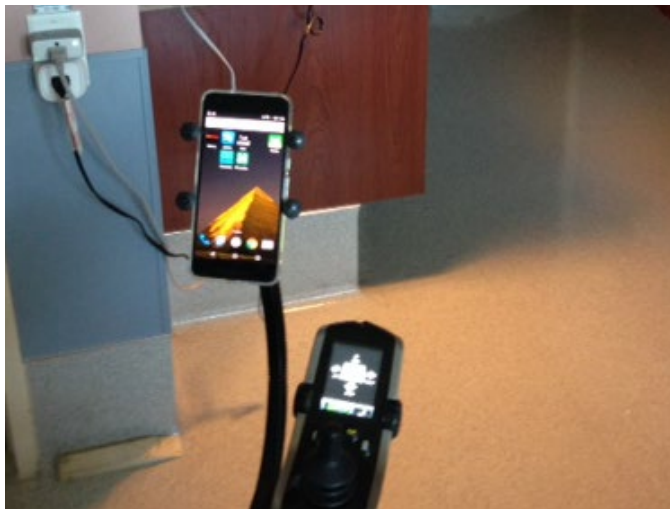
For many clients, the ILS has stimulated discussions that encourage them to think about how their currently used devices can do more for them. For instance, a mobile phone can do much more than just call a friend; when the right apps and accessories are used, the same phone can open bedroom blinds (along with many other functions). Many clients have remarked they were unaware that these functions existed. When clients return home, they look at their environments differently, knowing that there are easily accessible products that enable greater environmental control.

Clinical examples of enhancing occupational performance through mainstream technology:

- A client with a C5 spinal cord injury using a smartphone was able to directly access with finger touch many environmental controls built into the home (door openers, thermostats and lights). In the ILS, we were able to introduce additional components such as television control through voice commands at little to no extra cost. It stimulated discussion about additional technologies on the market that allow doors to be unlocked through smartphone apps.
- The addition of certain electronics can allow a client using a power wheelchair to also use its drive control as a switch or mouse that will operate a smart device. For one client, the wheelchair joystick was used to initiate voice commands (using Siri for iPhone® or OK Google for Android®) as well as to navigate through the other icons/apps on the phone using single switch auto scanning (one of the accessibility features built into smartphone software). The smartphone is now a hands-free device that the client can use independently to make calls, access the internet and control media, all by assigning phone functions to drive control movements.

Future directions for ECU

In my practice, I regularly witness the impact of technology and the benefits that come with advances in mainstream technology.



A wheelchair joystick is used to control an Android phone, which controls the light switch, the lamp, and the fan.

Clients offer great ideas on how technology makes their lives easier. In addition, we follow technology newsletters and use Pinterest boards to share and keep track of new products (<https://www.pinterest.com/mgjm/ot-technology-aac-ead/>). Currently, our most frequently used apps are Philips® Hue for lighting, Logitech® Harmony® for television, Sonos® for music, iHome® and WeMo® for appliances and Lutron® for blinds. BestBuy has a link to their Smart Home Control and Automation section for a range of products (<http://www.bestbuy.ca/en-CA/category/smart-home/30438.aspx>). A product list is provided in a handout or digital format for clients upon seeing the ILS.

Occupational therapists must be cognizant of our role with technology and ensure products/devices are presented to clients who will benefit from them. We will need to continue to match clients' functional needs with potential devices to ensure clients' performance and satisfaction with tasks (Kinney & Gitlow, 2015). Current occupational therapy literature contains limited research and outcome measures related to assistive technology (Tam et al., 2003). Moving forward, it will be valuable for practitioners, clients, device designers and funding agencies to have access to more data and outcome measures.

"I realized pretty quickly after my diagnosis that technology would have to become an extension of myself. As I've often said, until there is a medical cure for ALS [Amyotrophic Lateral Sclerosis], technology will be that cure." —Steve Gleason, former National Football League player (as quoted in Kohnstamm, 2015, para. 12)

References

- American Occupational Therapy Association. (2010). Specialized knowledge and skills in technology and environmental interventions for occupational therapy practice. *American Journal of Occupational Therapy*, 64(Suppl.), S44-S56. doi:10.5014/ajot.2010.64S44-64S56
- Borison, R. (2014). *Stephen Hawking and Intel just announced they've developed a connected wheelchair*. Retrieved from <http://www.businessinsider.com/stephen-hawking-intel-connected-wheelchair-2014-9>
- Canadian Association of Occupational Therapists. (2012). *CAOT position statement: Assistive technology and occupational therapy*. Retrieved from <https://www.caot.ca/pdfs/positionstate/CAOT%20AT%20Position%20Statement%20English.pdf>
- Choma, M. (2015). *Facts & figures*. Retrieved from <http://www.cwta.ca/facts-figures/>
- Holme, S. A., Kanny, E. M., Guthrie, M. R., & Johnson, K. L. (1997). The use of environmental control units by occupational therapists in spinal cord injury and disease services. *American Journal of Occupational Therapy*, 51, 42-48. doi:10.5014/ajot.51.1.42
- Kinney, A., & Gitlow, L. (2015). A consumer-centered approach to evaluating assistive technology usability outcomes. *Technology Special Interest Section Quarterly*, 25(2), 1-4. Retrieved from <http://www.aota.org/-/media/Corporate/Files/Secure/Publications/SIS-Quarterly-Newsletters/T/TSIS-June-2015.pdf>
- Kohnstamm, T. (2015). *Steve Gleason: Eyes on the prize*. Retrieved from <http://news.microsoft.com/stories/people/steve-gleason.html>
- Parish, J. G. (1979). A study of the use of electronic environmental control systems by severely paralysed patients. *Paraplegia*, 17, 147-152. doi:10.1038/sc.1979.29
- Polatajko, H. J., Townsend, E. A., & Craik, J. (2007). Canadian Model of Occupational Performance and Engagement (CMOP-E). In E. A. Townsend & H. J. Polatajko (Eds.), *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation* (p. 23). Ottawa, ON: CAOT Publications ACE.
- Tam, C., Rigby, P., Ryan, S. E., Campbell, K. A., Steggle, E., Cooper, B. A., & Goy, R. (2003). Development of the Measure of Control Using Electronic Aids to Daily Living. *Technology and Disability*, 15, 181-190.
- Yamkovenko, S. (2011). *The emerging niche: What's next in your practice area?* Retrieved from <http://www.aota.org/Practice/Manage/Niche.aspx>

About the author

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Occupational Therapy Now cover image contest – honorable mention goes to Emma Smith. Thank you for your contribution!

Emma says: "This photo was taken during a performance of a ballet company which I was a part of, and represents hours of hard work and dedication. We are capable of so much when we dedicate ourselves to the things which are meaningful in our lives."

OCCUPATIONAL THERAPIST ASSISTANTS AND SUPPORT PERSONNEL



TOPIC EDITOR: ERIN MOERMAN

The development of occupational therapist assistant roles and skillsets through innovative and role-emerging fieldwork opportunities: A student perspective

Katarina Fischer and Gord Unsworth

Fieldwork experiences within the field of occupational therapy provide opportunities for occupational therapist (OT) and occupational therapist assistant (OTA) students to apply within a clinical setting the theoretical knowledge and skills typically acquired in a classroom environment. These valuable fieldwork opportunities augment the theoretical knowledge and skills that are obtained by both OTs and OTAs within their respective programs (Occupational Therapist Assistant & Physiotherapist Assistant Education Accreditation Program [OTA & PTA EAP], 2016).

Role-emerging fieldwork opportunities present several unique learning opportunities. Within the field of occupational therapy, role-emerging fieldwork refers to a clinical placement opportunity that is specifically marked by the lack of an established role or services provided by an OT or OTA (OTA & PTA EAP, 2016). The absence of an established OT or OTA role necessitates clinical supervision from an off-site preceptor (OTA & PTA EAP, 2016).

Student perspective

As an OTA student attending KLC College in Kingston, Ontario, I (Katarina) was presented with the opportunity to complete two role-emerging fieldwork opportunities that would fulfill my program requirements. Traditionally, “role-established” fieldwork opportunities (Bossers, Cook, Polatajko, & Laine, 1997, p. 71) have been selected to fulfill program requirements for OTA students, as role-emerging fieldwork opportunities have not been recognized as fulfilling OTA program requirements (OTA & PTA EAP, 2016). Consequently, fieldwork opportunities have typically occurred within clinical settings, in environments such as clinics and hospitals where OT and/or OTA roles have been previously established. Therefore, OTA students are typically provided with on-site clinical supervision at these sites. In contrast, I assumed roles as an OTA student within two role-emerging fieldwork settings: one of which entailed placement in a non-traditional setting and both of which entailed assuming a previously unestablished OTA role. As a result, I received a

combination of off-site and on-site clinical supervision while fulfilling my program requirements. In this article, I will discuss these fieldwork opportunities and how they have helped develop my OTA competencies.

Description of my two fieldwork opportunities

My first role-emerging fieldwork opportunity occurred in a non-traditional setting where OT services and a consequent OTA role had not previously been established. This particular OTA fieldwork role occurred within the Continuing Professional Development (CPD) Office in the Faculty of Health Sciences at Queen’s University. As an OTA in this non-traditional setting, I supported an off-site OT in her research and clinical roles, evaluating local continuing medical education (CME) units offered to registered health-care professionals in the Southeastern Ontario catchment area. This role primarily involved the qualitative analysis of data obtained through interviews conducted with health-care professionals who had previously attended CME programming through the CPD Office. Evaluation of this CME programming offered through Queen’s University served to inform a strategic plan developed by the CPD Office. The strategic plan aims to ensure quality improvement of future medical education curriculums. As a result, I worked with an interprofessional team to evaluate this CME programming, thereby promoting “evidence-informed, cost-effective, collaborative, patient-centered healthcare” (CPD, 2016, para. 1). The CPD Office effectively served as a non-traditional setting where I established a previously nonexistent OTA role, under the supervision of an off-site OT supervisor.

My second OTA fieldwork opportunity occurred in a traditional setting, where OT services already exist while an OTA role did not. My OTA role occurred within “the Centre” at Providence Care Mental Health Services, where clients from inpatient units (Adult Mental Health, Seniors Mental Health, Mood Disorders and Forensic Mental Health) are supported in occupational therapy activities groups. These groups are based on a client-centered approach, promoting wellness

and recovery, and are facilitated by OTs, student OTs and volunteers. While OT services and role have been established, this role-emerging fieldwork opportunity focused on developing the OTA role. On-site supervision of this fieldwork experience was provided by an OT within the Centre.

Developing my OTA competencies

I was able to explore and expand upon OTA competencies (Fieldhouse & Fedden, 2009) within both of my fieldwork experiences. They both encouraged the holistic development of specialized skillssets and competencies as outlined within the *Practice Profile for Support Personnel in Occupational Therapy* (Canadian Association of Occupational Therapists [CAOT], 2009). In particular, I was able to develop and demonstrate OTA competencies that are perhaps less likely to be developed when assuming traditional OTA roles. Among these less-developed OTA competencies are the roles of *communicator*, *collaborator*, and *scholarly practitioner*.

The role of communicator, as described within the *Practice Profile for Support Personnel in Occupational Therapy* (CAOT, 2009) requires proficiency in both verbal and nonverbal correspondence “with the client, occupational therapist, and interprofessional team members” (p. 7). The OTA role at the CPD Office was unique, as it did not involve direct engagement or communication with clinical populations. Rather, the role required the development of exceptional verbal and written communication skills in order to both conduct interviews with health-care practitioners in the Southeastern Ontario catchment area, as well as to correspond with interprofessional team members and an off-site preceptor while conducting this qualitative research that would inform the strategic plan posed by the CPD Office. While the role of communicator in the CPD Office led to indirect enhancement of client outcomes through health-care and medical education research, my role as an OTA in the Centre involved the direct support of clients through the leadership and facilitation of OT activities groups. At the Centre, group therapy interventions (e.g., social skills and communication groups) required the application of therapeutic communication strategies in order to support client participation and engagement and to reduce barriers to communication. As well, communication competencies helped to promote the effectiveness of collaborative efforts of students, staff, and volunteers to facilitate these therapeutic activities groups.

Performing the role of collaborator as an OTA student in the CPD Office and the Centre required collaboration between clients, interprofessional team members and OTs. Since role-emerging fieldwork opportunities are characterized by an absence of an established OT or OTA role (Bossers

et al., 1997; Fieldhouse & Fedden, 2009; Overton, Clark, & Thomas, 2009), it was especially important to establish an understanding of these roles and responsibilities within both of these fieldwork sites. As this was a non-traditional practice setting for an OTA, the emergence and location of an appropriate OTA role was an essential focus of this fieldwork opportunity. At the Centre, while the role and services of an OT have been established within this traditional practice setting, an OTA role had not previously been established. As a result, it was important to develop an appropriate emerging OTA role as part of an interprofessional team within this fieldwork setting as well. The role of collaborator involved working with OTs and OT students to support the leadership and facilitation of group activities. Ultimately, I partnered with team members to support clients individually and in group settings.

The role of scholarly practitioner requires enhancement of professional development and professional practice through “self-directed life-long learning” (CAOT, 2009, p. 9). Further, engagement in continuing professional development ensures the ongoing support and demonstration of evidence-based approaches within clinical practice (CAOT, 2009). As an OTA student in the CPD Office, this role was cultivated through my engagement in, as well as evaluation and analyses of, CME programming offered to health-care professionals, which ultimately aims to promote evidence-based practice and improve client outcomes. I contributed to the informed and improved implementation of educational programming for health-care professionals. My role as scholarly practitioner at the Centre required collaboration and communication with volunteers, OT students, and OTs, to support clients and lead therapeutic activities groups, which were informed by current evidence-based practices and guidelines. This allowed me to “serve as a resource to other learners” (CAOT, 2009, p. 9) and to future OTA students within this fieldwork setting.

Preceptor perspective

Providing a placement opportunity for an OTA student in a role-emerging fieldwork placement is an excellent way to enhance client care and promote professional learning and development for both the OTA student and the practicing/supervising OT. Through the course of a 12-week placement at the Centre (Providence Care Mental Health Services), the OTA student working with me (Gord) collaborated with clients, their families, other professionals, OT students and community partners in order to ensure holistic and client-centred care. She engaged clients at the individual level and also effectively communicated with other students to lead a number of structured therapeutic and recreational groups including those focused on sign language, social

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skills, music and other activities. This role-emerging fieldwork opportunity also encouraged the OTA student to embrace the role of a scholarly practitioner, such that therapeutic interactions and groups were informed by research evidence and current best practice guidelines. This placement setting encouraged the OTA student to discuss empirical evidence with other staff and students in order to best promote occupational engagement in the complex dual diagnosis population. Overall, supporting students in such role-emerging placements is an effective way to enable OTA students to realize the breadth and scope of the occupational therapy profession and improve client well-being and outcomes.

The overall value of role-emerging fieldwork opportunities for OTAs

Role-emerging fieldwork opportunities present a positive learning experience for students enrolled in OT and OTA programs, the respective educational programs, the organizations hosting such placements and the overall OT profession (Fieldhouse & Fedden, 2009; OTA & PTA EAP, 2016; Overton et al., 2009). Further, advantages of role-emerging fieldwork opportunities include OT/OTA role development within new, non-traditional fieldwork settings, the strengthening and development of students' therapeutic skillsets, and the opportunity for them to engage in self-directed learning in a previously unestablished role and/or a unique practice setting.

Role-emerging fieldwork opportunities can present several challenges. These challenges include complexities pertaining to the thinking, planning and collaboration required to support an emerging OTA role (Fieldhouse & Fedden, 2009; OTA & PTA EAP, 2016). Specifically, collaboration with an off-site OT supervisor, as well as the development of a professional role and "strong professional identity" (Wood, 2005, p. 3), may prove to be particularly stressful when working within an emerging role. Despite these challenges, role-emerging fieldwork presents an opportunity for OTA students to

develop and refine holistic skillsets to ensure they are better prepared to address the occupational needs of clients and realize the many essential roles required of health-care practitioners. In settings such as the CPD Office and the Centre, the role of the OTA is cultivated and created—a process that requires the emergence of the OTA role through a "reciprocal teaching-learning relationship" (Fieldhouse & Fedden, 2009, p. 306). Moving forward, OTA programs would benefit from the incorporation of role-emerging fieldwork opportunities to fulfill program requirements. Opportunities such as these can establish OTA roles within both traditional and non-traditional settings, as well as contribute to a strong professional identity and holistic skillset through cultivating important OTA competencies.

References

- Bossers, A. M., Cook, J. V., Polatajko, H. J., & Laine, C. (1997). Understanding the role-emerging fieldwork placement. *Canadian Journal of Occupational Therapy, 64*, 70-81. doi:10.1177/000841749706400107
- Canadian Association of Occupational Therapists. (2009). *Practice profile for support personnel in occupational therapy*. Retrieved from https://www.caot.ca/pdfs/SupportPer_Profile.pdf
- Continuing Professional Development (2016). *About us*. Retrieved from https://healthsci.queensu.ca/education/cpd/about_us
- Fieldhouse, J. & Fedden, T. (2009). Exploring the learning process on a role-emerging practice placement: A qualitative study. *British Journal of Occupational Therapy, 72*, 302-307. doi:10.1177/030802260907200705
- Occupational Therapist Assistant and Physiotherapist Assistant Education Accreditation Program. (2016). *Guide-12 role emerging clinical placements*. Retrieved from <http://otapta.ca/pdfs/About%20Us/FAQs/GUIDE-12%20Role%20Emerging%20Placements.pdf>
- Overton, A., Clark, M., & Thomas, Y. (2009). A review of non-traditional occupational therapy practice placement education: A focus on role-emerging and project placements. *British Journal of Occupational Therapy, 72*, 294-301. doi:10.1177/030802260907200704
- Wood, A. (2005). Student practice contexts: Changing face, changing place. *British Journal of Occupational Therapy, 68*, 375-378. doi:10.1177/030802260506800806

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INDIGENOUS PEOPLES AND
OCCUPATIONAL THERAPY IN
CANADATOPIC EDITORS: ALISON GERLACH AND
JANET JULLReflections on the Truth and
Reconciliation Commission: Calls to
action in occupational therapy

Angie Phenix and Kaarina Valavaara



Angie and Kaarina

We have been following the Truth and Reconciliation Commission (TRC; 2015) process closely and have been personally and professionally challenged to reflect on what reconciliation means to us. The TRC was formed in 2008 as a component of the Indian Residential Schools Settlement Agreement (TRC, 2015). Through extensive engagement, the commission documented and shared the experiences of 150,000 survivors, 6,000 witnesses and generations of families and communities affected by residential schools (TRC, 2015). The commission defines reconciliation as “coming to terms with events of the past in a manner that overcomes conflict and establishes a respectful and healthy relationship” between Indigenous and non-Indigenous peoples in Canada going forward (TRC, 2015, p.6). To this end, the TRC report (2015) recommended 94 “calls to action” encompassing a wide range of institutions, including those related to education, child welfare, religion, health and justice.

In reflecting on what reconciliation means to us as Métis women and how to translate the calls to action into occupational therapy practice, we think it is important to address these calls to action; seeking changes to how Indigenous peoples and their health and well-being are presented in curricula—from early childhood to postsecondary education and continuing professional education. In this article, we will share how education has been both a means of disconnection from and connection to our Métis identity. We

will discuss how the commission’s recommendations represent an opportunity to enable occupational therapy practice to be more responsive to the lived health-care and educational experiences of Indigenous peoples in Canada, and assert our commitment to facilitating the reconciliation process within occupational therapy.

Growing up in small towns in the western provinces, we both experienced disconnection from our Métis heritage, beginning in our own families and continuing into the educational system, in which our heritage was not discussed with pride or value. As a result of oppressive colonial policies and practices, as well as the diaspora of Métis people across the prairies following Louis Riel’s resistance and consequent hanging, many Métis people are disconnected from their land, ancestry and language (Adese, 2014). For example, many of our ancestors spoke “French” or “broken French,” which was likely the Michif language (a combination of Cree and French) but it was lost quickly in the dominant school and work institutions that did not value this language. As a result, many Métis people, ourselves included, were taught to hide our Métis identities to fit in with the dominant culture (Adese, 2014). However, underneath this shame and secrecy was a lingering sense of identity that led to an intuitive understanding that we were part of a distinct culture.

It was not until we each sought out undergraduate and graduate education focusing on Indigenous history, Indigenous worldviews and contemporary Indigenous issues that we were provoked into embracing our history and identity. On a personal level, it can be difficult to grieve the impacts of generations of colonial policies and practices—including family experiences such as low education levels, addiction, mental illness and incarceration. However, Métis people are resilient, and through relearning our collective histories, languages, cultural practices, relationships to the environment and kinship ties, we continue to survive and thrive as a distinct Indigenous people (Adese, 2014).

As recommended by the TRC, we encourage all Canadians to learn how the health and wellness of Indigenous peoples continue to be impacted by Canada’s history of federally mandated policies and programs aimed at assimilating Indigenous peoples into the dominant Canadian culture (Allan & Smylie, 2015). Arguably, the most devastating of these programs was the residential school system, designed solely for the purpose of isolating Indigenous

children from their families and communities in order to assimilate them into the dominant Eurocentric society (TRC, 2015). Survivors and the literature clearly document a link between the trauma of the residential schools and ongoing intergenerational effects, including but not limited to: physical and mental health concerns, addictions, lowered education levels, poverty, and loss of traditional family and parenting practices (Allan & Smylie, 2015; TRC, 2015).

As Métis women and occupational therapists, we believe that it is important to be informed of and acknowledge how Canada's colonial history continues to impact the health and well-being of Indigenous peoples in Canada today, as well as to offer alternative perspectives and visions of possible contributions to improve health and educational outcomes for Indigenous peoples. In order to reconcile Indigenous ways of knowing and living with Western occupational therapy theories, practice models and frameworks, we call for changes within the occupational therapy profession in Canada so that occupational therapy academics, leaders, and clinicians can partner with Indigenous occupational therapists and communities to develop theories, practice models and frameworks to support Indigenous peoples' efforts to improve health and education outcomes.

We believe that occupational therapy university programs could be an environment to foster such changes. For example, universities can require occupational therapy curricula to teach about the historical context of Indigenous peoples' health and education inequities and Indigenous conceptions of health and well-being. Universities could enable examination of how occupational therapy assessments, treatments and practice relate to Indigenous peoples' lived experiences. Following these changes, occupational therapists may be better equipped to understand the impact of current practices with Indigenous peoples and be poised to truly reflect our values of client-centred care by building more responsive occupational therapy theories, practice models and frameworks in partnership with Indigenous peoples.

Gerlach (2015) notes that "prevailing occupational therapy practices remain seemingly impervious to the growing international calls from within the profession for more contextualized and diverse knowledges" (p. 3). We assert that changes to occupational therapy education and practice are of the utmost importance and urgency given the continued health and educational inequities in Canada between Indigenous and non-Indigenous peoples (Allan & Smylie, 2015). As summarized by the TRC "[w]hether one is First Nations, Inuit, Métis, a descendant of European settlers, a member of a minority group that suffered historical discrimination in Canada, or a new Canadian, we all inherit both the benefits and obligations of Canada. We are all Treaty people who share responsibility for taking action on

reconciliation" (TRC, 2015, p. 12). We need to be aware of our shared history, atone for it and take concrete actions to change our behaviour (TRC, 2015).

We are committed to seeing the TRC recommendations through to action by: 1) publically educating occupational therapists through publishing articles (such as this one) on Indigenous history; on how current education and health systems built on colonial ideals are contributing to educational and health disparities; and on how occupational therapy can better support the self-determination of Indigenous peoples in efforts to improve health and educational outcomes 2) with our colleagues, continuing to support local discussions and education opportunities to learn how to better partner with and support local Indigenous peoples 3) supporting broader discussions of the TRC at Canadian Association of Occupational Therapists conferences, and 4) advocating for changes to occupational therapy curricula through open discussion with relevant stakeholders.

The survivors of the residential school system were exceedingly brave to share their stories and start the process of reconciliation, and now it is time for occupational therapists to do our part (TRC, 2015). We are committed to reconciliation and we encourage our readers to read the TRC's report and challenge themselves to find ways that occupational therapy can build and strengthen mutually respectful relationships with Indigenous peoples and support the health and well-being of Indigenous peoples in Canada.

References

- Adese, J. (2014). Spirit gifting: Ecological knowing in Métis life narratives. *Decolonization: Indigeneity, Education & Society*, 3(3), 48-66.
- Allan, B., & Smylie, J. (2015). *First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada*. Toronto, ON: Wellesley Institute.
- Gerlach, A. (2015). Sharpening our critical edge: Occupational therapy in the context of marginalized populations. *Canadian Journal of Occupational Therapy*, 82, 245-253. doi:10.1177/0008417415571730
- Hammell, K. W., and Iwama M.K. (2012). Well-being and occupational rights: An imperative for critical occupational therapy. *Scandinavian Journal of Occupational Therapy*, 19, 385-394. doi:10.3109/11038128.2011.611821
- Truth and Reconciliation Commission of Canada. (2015). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. Retrieved from <http://www.trc.ca/websites/trcinstitution/index.php?p=890>

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STUDENT PERSPECTIVES



TOPIC EDITORS: SARAH HOBBS AND
SARAH VILLIGER

The value of role-emerging placements: Student perspectives

Sarah Carey and Elysia Mechevske

As first-year students in the Master of Science in Occupational Therapy program at Queen's University, January 2016 marked the start of our first fieldwork placement. Months later, we remain actively involved with our placement site, helping to organize events and community programs. Our placement was categorized as role-emerging and entailed spending two months at the Kingston branch of the Canadian Mental Health Association (CMHA). The CMHA is a nationwide organization that provides mental health education and services to communities across Canada. Our role at the CMHA was to develop and facilitate a group-based stress and resiliency program for children, grounded in the philosophy of cognitive behavioural therapy (CBT). In this submission, we aim to discuss our experiences developing and implementing the program, entitled *"Kids Get Stressed Too!"* Furthermore, we intend to explore the benefits of role-emerging placements in occupational therapy education.

Under the guidance of CMHA (Kingston) executive director, Judi Burrill, we aimed to address the demand for mental health resources in our community by providing free, evidence informed programming. We focused our interventions on childhood stress, as evidence suggests that unmanaged stress in childhood can manifest as adverse psychological and physiological symptoms and impacts long-term development and success (Kuehn, 2014; Munsey, 2010). The Kids Get Stressed Too! program draws on key concepts stemming from CBT, relaxation techniques and mindfulness. The program's main objective is to teach children effective coping strategies to help them manage stress and develop resiliency, in order to facilitate occupational engagement and performance.

The Kids Get Stressed Too! program reflects the values of occupational therapy, as teaching children coping strategies enables their participation in valued occupations, such as taking tests and navigating social conflicts. Over the course of four weekly sessions, participants in the program learn to identify the symptoms of stress and gain practice in using a variety of coping techniques. Each participant creates a personalized "coping kit," which is filled with a variety of activities and calming sensory stimuli that can be used to help them build coping skills. During our placement, we had the opportunity to facilitate the program

for two groups of children from seven to ten years of age.

We used an outcome measure consisting of a brief verbal questionnaire to assess each participant's knowledge of stress and coping. This pre/post-test measure indicated that over the course of the program, children developed a greater understanding of stress and coping, as well as a variety of coping skills to enable occupational participation. Children reported using these coping skills during times of high stress, both at school and at home, resulting in greater self-rated occupational performance and satisfaction. Participant and parent feedback from both of the initial groups was extremely positive, and the program has since been taken over by volunteer facilitators and continues to run at the CMHA.

In addition to creating the Kids Get Stressed Too! program, our placement's unique nature enabled us to begin developing competencies central to becoming Canadian occupational therapists. In order to create an evidence-informed, efficient and cost-effective program, we gained competency as *scholarly practitioners* by exploring the literature in the areas of childhood stress, coping and CBT (Canadian Association of Occupational Therapists [CAOT], 2012). Additionally, through facilitating of the program, we worked toward gaining competency as *change agents* by attempting to create positive change in our participants and in our community (CAOT, 2012).

Kingston has a lack of free and accessible mental health programming for children and youth. This need is recognized by agencies and support groups throughout the city. Parents visiting the Kingston branch of the CMHA consistently request programming for children and report a lack of accessible mental health education and support for their kids (J. Burrill, personal communications, Jan 5, 2016). Occupational therapists are well suited to designing accessible programming to address the unique needs of their communities, and such work brings great opportunities for student involvement. Grant funding is available to support the development of needed programs, and our experience applying for a grant from the City of Kingston to fund Kids Get Stressed Too! was a valuable learning opportunity.

Overall, our experience demonstrates how role-emerging placements can be uniquely challenging and rewarding. Navigating the occupational therapist's role in an alternative

setting allows students to explore the therapeutic potential of occupation, as well as the importance of occupation in determining health and well-being. We hope that this submission serves as a testament to the value of role-emerging placements. Developing the Kids Get Stressed Too! program was an extremely creative and rewarding process; we feel privileged to have had this experience and are thrilled to be a part of this ongoing project.

References

- Canadian Association of Occupational Therapists. (2012). *Profile of practice of occupational therapists in Canada*. Retrieved from <https://www.caot.ca/pdfs/2012otprofile.pdf>
- Kuehn, B. M. (2014). AAP: Toxic stress threatens kids' long-term health. *Journal of the American Medical Association*, 312, 585-586. doi:10.1001/jama.2014.8737
- Munsey, C. (2010). The kids aren't all right. *Monitor on Psychology*, 41(1), 22-25. Retrieved from <http://www.apa.org/monitor/2010/01/stress-kids.aspx>

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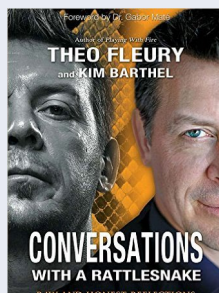
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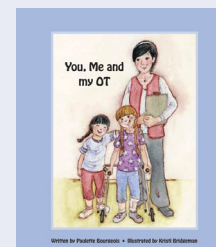
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PRACTICE MANAGEMENT AND PROFESSIONAL SKILLS



TOPIC EDITOR: TIZIANA BONTEMPO

Heigh-ho, it's off to school we go: Occupational therapists' perspectives on the transition from practitioner to graduate research student

Lisa Engel, Lindsay Plaisant, Anne W. Hunt, Kathryn Decker, Ifah Arbel and Jing Shi

Increasingly, occupational therapists are returning to graduate research studies, as more health-care, academic, and research careers are requiring master's or doctoral degrees (Canadian Institutes for Health Research, 2002). Further, practitioners have been recognizing the need for evidence creation and knowledge translation to advance occupational therapy, and therefore some are considering advanced research degrees (Kielhofner, 2006). However, the move from practice to graduate research studies can be a challenging experience.

Most health professional literature regarding transitions to academic environments focuses on the transition from practitioner to academic educator. As one learns the unique language, hierarchy, processes, and expectations of academia, this transition takes time and is often accompanied by feelings of anxiety, vulnerability and being overwhelmed (Anderson, 2008; Murray, Stanley, & Wright, 2014). In these transitions, it is important to prepare, have a mentor and possess all relevant information in order to maximize favorable outcomes (Crist, 1999; Culleiton & Shellenbarger, 2007).

While the transition from practitioner to educator may be similar, we were unable to find literature specifically regarding the experience of transitioning from practitioner to graduate research student. This article provides information for occupational therapists considering a transition to graduate research studies from the perspective of six occupational therapists who are enrolled in or recently completed advanced graduate research degrees.

Advantages, challenges and reasons for pursuing graduate research studies

Charles Dickens could have been speaking about graduate studies when he wrote, "It was the best of times, it was the worst of times" (Dickens, 1859). Graduate studies come with advantages and challenges (Table 1). The advantages include feelings of exhilaration when you achieve goals, such as publishing your work, but unfortunately the thrills can feel infrequent. Challenges such as feeling that your work is always under scrutiny or the dread of having your submissions (e.g., papers, funding applications) rejected can take a toll on your mental health. There are good reasons why there are websites and social media dedicated to satirizing the graduate student experience (e.g., www.phdcomics.com).

Table 1 *The advantages and challenges of graduate research studies*

Advantages
<ul style="list-style-type: none"> • Flexible and self-directed work schedule • Personal and professional learning • Develop technology and research skills • Access new resources, professional networks and employment opportunities (e.g., teaching or research assistant, course instructor) • New career opportunities (e.g., academic researcher or educator, practitioner–scientist). • Intellectually stimulating to learn about a topic you are passionate about • Opportunities to network and collaborate with experts in your field of research • Satisfaction in advancing occupational science & occupational therapy • Being with others who share the same passion for occupational science and occupational therapy, research, and learning • Become a leader or expert in your chosen field • Sense of exhilaration when you achieve your personal and professional goals
Challenges
<ul style="list-style-type: none"> • It can be difficult to set an appropriate work schedule, as there are no defined work hours • You need to be a perpetual self-starter • It can be difficult to achieve work–school–life balance, especially if you continue to practice clinically • It can be financially challenging • It takes hard work, which can be physically, emotionally, and cognitively exhausting (as can frontline practice) • There can be a steep learning curve (especially in the initial year) as you learn to navigate the university and research procedures • There is a lot of reading and writing (some people may not view this as a challenge) • There is uncertainty about the level of impact your research will have—no matter how hard you work • Your frontline practitioner skills may decline if you do not continue direct client care • You often are working alone, and at times it can be isolating • It can be hard to change from being a “knowledgeable practitioner” back to being a “learning student” • There is no clear employment path; the academic job market is very competitive, and you may need to explore the non-academic job market or think about relocating

Reasons for pursuing graduate studies vary. These include wanting to learn a new skill, experience a professional challenge, navigate a new career path, answer personal or clinical questions, or improve the profile of occupational therapy (Dickerson & Wittman, 1999).

Whatever your reason, we believe you need to be passionate about your motivation, as graduate studies will entail multiple years of full-time engagement (approximately two years for a full-time research master's degree and four years or more for full-time doctoral studies). Being certain of your purpose will help sustain you through the process.

Process of applying to master's- or doctoral-level research studies

The process of applying to master's- or doctoral-level studies entails time, exploration and communication. Each university has its own application process and prerequisites, which may even differ between departments or programs within a university.

It is important to identify a topic of interest. This will help you locate potential graduate programs and supervisors. Research potential programs online; read through program faculties' interest and research statements; search the literature in your field of interest and become aware of key authors doing research in this area. Ask past professors or research supervisors for program and supervisor recommendations.

We chose certain universities for many reasons including: 1) the university employed a supervisor who was accepting graduate students and whose work fit with our research interests; 2) it had a research program relevant to our field of interest; 3) the program requirements fit with our background; 4) the university offered a minimum funding amount (not all do); 5) the university had a particular rank or reputation; 6) the fit of the geographical location; 7) part-time study options were available (not all offer this and part-time studies may influence funding opportunities) and 8) the university had good parental leave policies.

Programs either require you to have a potential supervisor at the time of application or match you to a supervisor after you are accepted. For programs in which you are responsible for finding a potential supervisor, there are two ways to approach a supervisor: you propose a project to the supervisor that is related to their research program, or the supervisor proposes a project within their own research program and you agree to complete the work under her or his guidance. Consider

the potential supervisor's expertise in your field of interest and her/his ability to provide support to you throughout your program—especially during stressful times. Check which research groups or institutions the supervisor is affiliated or has cross-appointments with; this may influence potential resources, learning opportunities and collaborations.

Once you have identified potential supervisors, become familiar with their research and contact them directly. Many of us contacted multiple potential supervisors. Introduce yourself via email, briefly discuss your practice and research interests, acknowledge your appreciation for his or her research contributions and inquire about potential graduate research opportunities. After some initial contact, we all found meeting with a potential supervisor in person or by videoconference helped to determine whether an effective working relationship felt possible. Inquire about meeting with other students in the supervisor's lab to learn about the graduate student experience in that university and research lab. While it may be possible to switch supervisors and area of research once you start the program, this can be a stressful choice, and the feasibility of changing depends on university policies. Therefore, take the time to understand what area of research you are passionate about and find a well-matched supervisor prior to applying.

Be aware of a program's funding requirements. Likely, you will need to apply for different scholarships and fellowships prior to and after being accepted to a program. Be mindful of deadlines and eligibility requirements. Some supervisors will assist you with your program application and in identifying funding options. To manage expectations, it is best to discuss with your potential supervisor what level of assistance he or she able to provide.

Conclusion

If you are passionate about occupational science and occupational therapy research, the advantages of further graduate studies can outweigh the challenges (Table 1). There are many ways to improve your experience of applying and transitioning to graduate studies (Table 2). If you set this transition as a long-term goal, invest time and effort into researching your options and communicate with people who have graduate student experience, this transition can be a rewarding process. For some people, it may be difficult to know whom to talk to, but by reading this article you have just learned of six occupational therapists you can consult!

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Table 2 *Tips on applying and transitioning to graduate research studies*

<p>Get to know the literature and research</p> <ul style="list-style-type: none"> • Discover what topic(s) of interest you are passionate about • Read the literature; ask a hospital or academic librarian for assistance in locating literature or check a database (e.g., Google Scholar) • Identify unanswered questions in a topic of interest • Determine if you like being involved in research (e.g., volunteer/work in a research lab, take an online research or evidence-based practice course)
<p>Identify your academic and career options</p> <ul style="list-style-type: none"> • Create or update your curriculum vitae (CV) and consider publishing something to further build your CV (e.g., your previous academic research; an article in OT Now) • Research different university programs and degree requirements online (note: your graduate experience is not limited to occupational therapy or rehabilitation programs in order for you to impact practice; there are many other degree options (e.g., public health or policy, ethics, psychology, technology, business management)) • Identify, contact and meet with potential supervisors to discuss project options and other potential lab responsibilities • Talk with a potential supervisor's current or former students or other graduate students • Reflect on whether the supervisor–student working relationship will be a good fit • Ask graduate department(s) or potential supervisor(s) about jobs their graduates have obtained (note: many academic jobs require one or two years of post-doctoral studies) • Research possible post-graduate degree career opportunities and reflect on reasons why you want to pursue graduate research studies, keeping in mind that there are many other educational options available (e.g., post-professional certificates, advanced practice/standing programs or practitioner/university partnerships)
<p>Reflect on your life circumstances</p> <ul style="list-style-type: none"> • Make a financial plan by identifying financial resources, expenses and possible lifestyle changes you may need to make (note: most times your academic funding will be less than your occupational therapist salary, scholarships are not guaranteed and not all supervisors can provide funding) • Discuss with your partner or family the impact of this decision • Think about possible life changes that may happen during your academic experience and how you would deal with them (e.g., parental leave) • Reflect on how you manage uncertainty, steep learning curves and self-directed work
<p>Plan for transition and success</p> <ul style="list-style-type: none"> • Build a support network and find a mentor and/or confidant • Embrace your supports; a good situation is one in which your academic experience is a team effort with your supervisor, program advisory committee and colleagues • Create a self-care plan (e.g., nutrition, sleep, relaxation, exercise, etc.) • Celebrate your successes (e.g., a happy dance in your empty lab always feels good) • Take advantage of student services and programs (e.g. student/trainee groups) • Research student employment opportunities (e.g., teaching or being a research assistant) • Always remind yourself of why you want to pursue research studies, such as wanting to advance the profession, influence policy, create new evidence or make way for innovation through research—you have to keep yourself motivated! • Remember, you can change your mind and you should never feel trapped • Trust your knowledge, instincts and passion

References

- Anderson, J. K. (2008). An academic fairy tale: A metaphor of the work-role transition from clinician to academician. *Nurse Educator*, 33, 79-82. doi:10.1097/01.NNE.0000299511.70646.ab
- Canadian Institutes for Health Research. (2002). *Canada's health care providers*. Retrieved from https://secure.cihi.ca/free_products/hctenglish.pdf
- Crist, P. (1999). Career transition from clinician to academician: Responsibilities and reflections. *American Journal of Occupational Therapy*, 53, 14-19. doi:10.5014/ajot.53.1.14
- Culleiton, A. L., & Shellenbarger, T. (2007). Transition of a bedside clinician to a nurse educator. *MEDSURG Nursing*, 16, 253-257.
- Dickens, C. (1859). *A tale of two cities*. London, UK: Chapman and Hall.
- Dickerson, A. E., & Wittman, P. P. (1999). Perceptions of occupational therapists regarding post professional education. *American Journal of Occupational Therapy*, 53(5), 454-458. doi:10.5014/ajot.53.5.454
- Kielhofner, G. (2006). *Research in occupational therapy: Methods of inquiry for enhancing practice*. Philadelphia, PA: F.A. Davis Company.
- Murray, C., Stanley, M., & Wright, S. (2014). The transition from clinician to academic in nursing and allied health: A qualitative meta-synthesis. *Nurse education today*, 34, 389-395. doi:10.1016/j.nedt.2013.06.010

RURAL AND REMOTE PRACTICE



TOPIC EDITOR: NIKI KIEPEK

Addressing the needs of rural drivers in Alberta: Occupational therapy innovation in action

Katie Churchill

Driving is one of the most complex instrumental activities of daily living (Dickerson, Reistetter, Schold Davis, & Monahan, 2011). Occupational therapists recognize that driving facilitates meaningful occupational engagement in activities such as attending appointments, accessing retail services and spending time with loved ones. For many Canadians, particularly those living in rural areas, driving is considered a crucial link to one's health and well-being (Canadian Association of Occupational Therapists, 2009). The purpose of this paper is to highlight one of the innovative projects of the Alberta Health Services (AHS) Driving Working Group.

In Alberta, occupational therapists are paving the way of the future with a new model to improve access to driving assessments for clients living in rural and remote areas. A Comprehensive Driving Evaluation (CDE), the gold standard in driving assessments, consists of an in-clinic functional assessment and an on-road assessment (Korner-Bitensky, Toal-Sullivan, & von Zweck, 2007). In-clinic functional driving assessments are readily available across the province but access to the on-road portion of the CDE has been limited to one clinic located in an urban region. Due to the geography of Alberta, clients living in rural communities are required to travel great distances to access this type of service.

To address this service gap, AHS has partnered with the Alberta Motor Association (AMA) through a public-private partnership. The AMA is an affiliate of the Canadian Automobile Association, with offices in towns and cities across Alberta. Occupational therapists who have additional training in driving rehabilitation are teaming up with AMA-certified driving instructors to conduct on-road assessments in dual brake vehicles. The goal of this program is to provide medically at-risk drivers who live in rural areas the opportunity to access occupational therapists who can conduct driving

assessments within clients' own communities. The program is currently being piloted in Central Alberta and there are plans for expansion into rural zones in other regions of the province.

The CDE provides an opportunity for the occupational therapist to use occupation-focused analysis to make recommendations based on a client's medical fitness to drive. If the recommendation is that the client is not medically fit to be "behind the wheel," the occupational therapist is also positioned to provide local resources and programs that can support the client to remain active in the community, such as driving services for seniors (thus also supporting caregivers). Through occupational therapy innovation and client-centred practice, we are working together to keep individuals safe and mobile in the community.

Acknowledgements

Members of the AHS Driving Working Group include: Hilary Irvine, Todd Farrell, Christine Gregoire Gau, Ana Holowaychuk, Debra Froese, Cherie Henderson, Shayne Berndt, Vivian Yue, Chelsea Warren and Jeffrey Wright. Special thanks are extended to Dr. Brenda Vrkljan for her ongoing contributions to driving assessment in Alberta.

References

- Canadian Association of Occupational Therapists. (2009). *CAOT position statement: occupational therapy and driver rehabilitation*. Retrieved from <http://www.caot.ca/pdfs/positionstate/driving.pdf>
- Dickerson, A. E., Reistetter, T., Schold Davis, E., & Monahan, M. (2011). Evaluating driving as a valued instrumental activity of daily living. *The American Journal of Occupational Therapy*, 65, 64-75. doi:10.5014/ajot.2011.09052
- Korner-Bitensky, N., Toal-Sullivan, D., & von Zweck, C. (2007). Driving and older adults: A focus on assessment by occupational therapists. *Occupational Therapy Now*, 9(5), 10-12.

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Special feature—Occupational therapy: Addressing performance and participation issues for military personnel, Veterans and their families

Heidi Cramm, Megan Edgelow, Lisa Craig, Helen Brown, Linna Tam-Seto, Liz Taylor, Suzette Bremault-Phillips, Sharon Brintnell, Cary Brown, Ada Leung, Martha Roxburg, Havelin Anand and Julie Lapointe

Occupational therapy: Addressing performance and participation issues for military personnel, Veterans and their families

Heidi Cramm and Megan Edgelow may be reached at: heidi.cramm@queensu.ca and edgelowm@queensu.ca

Occupational therapists bring a distinctive perspective to the health and well-being of military personnel and Veterans. Occupational therapy's emphasis on participation, finding meaning and purpose in activities, time use and life balance offers clients the chance to go beyond a focus on symptoms and impairments and examine their performance and experiences in the context of their daily lives. This perspective is well suited to trends emerging within the government departments responsible for military personnel, Veterans and their families, and this special feature of *Occupational Therapy Now* highlights several ongoing initiatives in the area:

1. Occupational therapy's well established role with Canadian Veterans, relating to both physical and mental health (see Craig, p. 25-26)
2. The profession's contribution to assisting military personnel and Veterans who have experienced an operational stress injury (OSI) to return to work, productivity and important life roles (see Edgelow, p. 26-27)
3. The emerging role for occupational therapy with military and Veteran families who deal with mobility, separation and risk (see Cramm & Tam-Seto, p. 27-28)
4. Several initiatives that the rehabilitation occupational therapy coordinator within the Department of National Defence (DND) has been working on with her team (see Brown, p. 28)
5. Educational initiatives that prepare occupational therapists for practice in this area (see Taylor et al., p. 28-29)
6. The role of the Canadian Association of Occupational Therapists (CAOT) in support and advocacy (see Anand & Lapointe, p. 29)

For more discussion about the role of occupational therapy with military and Veteran populations, see pages 23-26 of the September 2015 issue of *Occupational Therapy Now*: <http://www.caot.ca/default.asp?pageid=394>

Showcasing occupational therapy's services with Canadian Veterans

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Occupational therapy is a holistic health profession that considers the physical and mental health of Veterans, as well as environmental concerns affecting their daily functioning. Veterans Affairs Canada (VAC) strives to provide exemplary services to identify and respond to the needs of Veterans in recognition of their service (VAC, 2015). Client-centeredness is a core value of the occupational therapy profession, which is congruent with the provision of Veteran-centric services, a fundamental objective of VAC's "Veterans 20/20 Strategic Plan" (2016).

Occupational therapy can serve the needs of both older Veterans and those who have been released from the military more recently. To address physical needs, at the forefront of the occupational therapist's role is assessment of physical performance of meaningful activities and of the home environment, to determine recommended adaptations and supports. Examples of adaptations include addressing safety by providing equipment recommendations (such as mobility aids and bathroom equipment) and home adaptations (such as handrails, ramps and bathroom modifications) to support Veterans to remain independent in their own homes (Card, 2015). The Veteran population is changing, with an increasing number of younger Veterans presenting with a more diverse set of needs, including those related to mental health. Occupational therapists can provide essential support in creating new routines and daily structure, including interventions related to sleep hygiene, coping skills and chronic pain management. Occupational therapists also have a role in the VAC's five-year strategic plan to improve members' seamless transition from the Canadian Armed Forces (CAF) to VAC (VAC, 2016), by helping them reduce barriers to success through encouraging participation in valued roles and routines (Brown & Marceau-Turgeon, 2015). Occupational therapists can provide crucial support to Veterans by helping them reintegrate into their civilian lives.

Veterans may have many roles, including spouse, parent and productive member of society, and often must balance management of their physical and mental health issues with family, vocational (paid work or volunteer) and social responsibilities. Occupational therapists can assist Veterans to establish and prioritize goals to develop an individualized treatment plan, while supporting emotional, cognitive and physical function (Beauchesne & Jacques, 2015). Focus on participation in meaningful activities of daily living, instead of on the symptoms of an illness or disability, is a unique approach of occupational therapy. The provision of tools to bridge the gap between symptoms and desired daily activities increases activity participation. This promotes health and well-being that may take many forms, including social engagement, volunteering or paid employment, and participation in leisure activities (Law, 2002).

Occupational therapy is distinctly suited to enable the community lives of Veterans, since occupational therapy services can be provided *in vivo*, as part of their daily lives. Services are recovery oriented and community based, supporting Veterans in their reintegration into civilian life, promoting social connections and providing environmental supports to maximize Veterans' performance and independence in their daily activities (CAOT, 2012).

References

- Beauchesne, J., & Jacques, C. (2015). From combat to compassion: Enabling change in veterans. *Occupational Therapy Now*, 17(5), 26.
- Brown, H., & Marceau-Turgeon, M. (2015). Canadian Armed Forces occupational therapy. *Occupational Therapy Now*, 17(5), 25.
- Canadian Association of Occupational Therapists. (2012). Occupational therapy: Supporting successful transitions to civilian life. Retrieved from <https://www.caot.ca/pdfs/influencing%20public%20policy/Veterans%20OT%20and%20transitions%20to%20civilian%20life%20-%20Senate%20Submission.pdf>
- Card, P. (2015). Occupational therapists working with Veterans Affairs Canada. *Occupational Therapy Now* 17(5), 24-25.
- Law, M. (2002). Participation in the occupations of everyday life. *American Journal of Occupational Therapy*, 56, 640-649. doi:10.5014/ajot.56.6.640
- Veterans Affairs Canada. (2015). Mandate, mission, vision, values and ethics. Retrieved from <http://www.veterans.gc.ca/eng/about-us/mandate>
- Veterans Affairs Canada. (2016). Veterans 20/20. Retrieved from <http://www.veterans.gc.ca/eng/about-us/department-officials/minister/briefing/veterans-20-20#archived>

Occupational therapy and operational stress injuries

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Canadian military personnel work in unique circumstances compared to the general Canadian population, and,

through work-related exposures, may acquire both physical and mental injuries. Military personnel often perform job duties at their own personal risk and while under exceptional stress, which can lead to operational stress injuries (OSIs) being sustained during service. The term OSI captures the mental injuries sustained by military personnel; it is defined as "any persistent psychological difficulty resulting from operational duties performed" and describes "a broad range of problems, which include diagnosed psychiatric conditions such as anxiety disorders, depression, and post-traumatic stress disorder (PTSD) as well as other conditions that may be less severe, but still interfere with daily functioning" (VAC, 2016, para. 8).

The interference of OSIs with daily life function is of primary interest to occupational therapists. The impact of OSIs can lead to modifications to duties for serving military members, time away from work and medical release from the military itself. Serving members who have an OSI may experience difficulty reintegrating into their community lives after a deployment and maintaining the concentration and emotional regulation required to meet their job duties, as well as challenges maintaining boundaries between their professional and private lives (Cogan, 2014; Cramm et al., 2016; Radomski & Brininger, 2014; Tam-Seto et al., 2016). Veterans who are medically released from the military due to an OSI, or those who are diagnosed post-service, may also find that their ability to fulfill their life roles is changed or impaired. Common issues experienced include challenges relating to friends and family members, securing and maintaining meaningful work, driving and making the transition to civilian life (Cogan, 2014; Cramm et al., 2016; Norris et al., 2015; Radomski & Brininger, 2014). Veterans transitioning from military to civilian life may struggle with developing daily routines and life structure outside of the chain of command, as well as experience changes to their identity, sense of meaning and life roles.

Occupational therapists are health-care professionals who are uniquely suited to assisting such individuals to minimize the impact of OSIs on daily life, and they are authorized providers of extended health benefits for both military members and Veterans. Occupational therapists understand the physical and mental health requirements and vulnerabilities of the military and Veteran population, are sensitive to the potentially stigmatizing nature of OSIs and are able to use a family-centred approach that addresses the full spectrum of the needs of military members and Veterans (Brown & Marceau-Turgeon, 2015; Card, 2015; Cramm et al., 2016). Occupational therapy services for military members with an OSI may include supporting a focus on healthy routines and reducing barriers to participation in valued roles (Brown & Marceau-Turgeon, 2015).

Occupational therapists also have the skills to provide functional evaluation of serving members' work capacity, followed by recommendations for work accommodations to maintain their service, as well as cognitive and emotional interventions to increase resilience and ability to return to duty and sustain the return (Brown & Marceau-Turgeon, 2015; CAOT, 2012). Veterans can benefit from a range of occupational therapy interventions, including facilitation of

the transition to civilian life, assistance with coping in daily life, creation of new routines and structure, social reintegration, and support to returning to driving and productive roles (Beauchesne & Jacques, 2015; Brown & Marceau-Turgeon, 2015; CAOT, 2012; Card, 2015). A focus on doing, being, becoming and belonging is a natural fit for occupational therapists and can benefit Veterans during their transition from military to civilian life, as they develop new identity, sense of meaning, structure and purpose in the transition process (Whalley-Hammell, 2004).

Occupational therapy has historically played a major role in the rehabilitation of ill and injured military personnel and Veterans, and it continues to offer health services focused on the restoration of function, on meaningful routines and on the return to satisfying work, family and community roles (Brown & Marceau-Turgeon, 2015; Card, 2015; Canadian Association of Occupational Therapists, 2012).

References

- Beauchesne, J., & Jacques, C. (2015). From combat to compassion: Enabling change in Veterans. *Occupational Therapy Now*, 17(5), 26.
- Brown, H. & Marceau-Turgeon, M. (2015). Canadian Armed Forces occupational therapy. *Occupational Therapy Now*, 17(5), 25.
- Canadian Association of Occupational Therapists. (2012). Occupational Therapy: Supporting successful transitions to civilian life. Retrieved from <https://www.caot.ca/pdfs/influencing%20public%20policy/Veterans%20OT%20and%20transitions%20to%20civilian%20life%20-%20Senate%20Submission.pdf>
- Card, P. (2015). Occupational therapists working with Veterans Affairs Canada. *Occupational Therapy Now*, 17(5), 24-25.
- Cogan, A. M. (2014). Supporting our military families: A case for a larger role for occupational therapy in prevention and mental health care. *American Journal of Occupational Therapy*, 68, 478-483. doi:10.5014/ajot.2014.009712.
- Cramm, H., Tam-Seto, L., Norris, D., Eichler, M., & Smith-Evans, K. (2016). The impact of parental operational stress injury on child mental health and well-being: A scoping review. *Military Behavioral Health*, 4, 334-344. doi:10.1080/21635781.2016.1181582
- Norris, D., Cramm, H., Eichler, M., Tam-Seto, L., & Smith-Evans, K. (2015). Operational stress injury: The impact on family mental health and well-being. A report to Veteran Affairs Canada. Retrieved from <https://cimvhr.ca/documents/Appendix%20B.pdf?cimlang=en>
- Tam-Seto, L., Cramm, H., Norris, D., Eichler, M., & Smith-Evans, K. (2016). An environmental scan of programs and services for families of veterans with operational stress injuries. *Military Behavioral Health*, 4, 390-397. doi:10.1080/21635781.2016.1187098
- Radomski, M. V., & Brininger, T. L. (2014). Occupational therapy for servicemember and veteran recovery, resilience, and reintegration: Opportunities for societal contribution and professional transformation. *American Journal of Occupational Therapy*, 68, 379-380. doi:10.5014/ajot.2014.013060.
- Veterans Affairs Canada. (2016). Understanding mental health. Retrieved from <http://www.veterans.gc.ca/eng/services/health/mental-health/understanding-mental-health>
- Whalley-Hammell, K. (2004). Dimensions of meaning in the occupations of daily life. *Canadian Journal of Occupational Therapy*, 71, 296-305. doi:10.1177/000841740407100509

Occupational therapy and the families of military and Veterans

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When working with military and Veteran families, occupational therapists often target specific issues that can emerge from a contemporary military lifestyle. Life as a Canadian military family has changed considerably over the past 20 years, with CAF personnel experiencing increased operational tempo and a shift in their roles away from peacekeeping to active conflict. In 2013, the Office of the National Defence and Canadian Forces Ombudsman released its report, *On the Homefront: Assessing the Well-Being of Canada's Military Families in the New Millennium* (2013), underscoring that **mobility, separation** and **risk** will impact most military families throughout the duration of the serving member's career.

One of the most common issues observed by occupational therapists relates to military family mobility. Military families move three to four times more often than the civilian average (Vanier Institute of the Family, 2012), often across health-care jurisdictions. The high mobility of military families impacts continuity of health-care system access, as they must navigate a new civilian health-care system with each move. Spouses also face frequent career changes that limit their ability to advance and sustain meaningful employment. Occupational therapists address these types of participation challenges by focusing on transitions, time use, structure, habit development and vocational planning.

Academic, social and extra-curricular activities are also impacted for children due to the mobile nature of military family life. Special education is a complex issue, as each school district has its own process of assessing, identifying and placing children with special needs, creating additional stress for families as they navigate a new special education system. The presence of occupational therapy within school systems is prominent across Canada; occupational therapists are ideally positioned to use enablement skills such as advocacy, collaboration, co-ordination and engagement (Townsend, Polatajko, Craik, & Davis, 2007) to support military-connected children's school engagement and participation.

While Canadians may associate family separation with deployment, military family life also involves protracted periods of separation related to intensive training. Depending upon the serving member's vocation within the CAF, the family may live apart for six to nine months of the year. Moreover, the risks associated with participating in training

and combat can have impacts on the physical, mental and emotional well-being of serving members that can also have secondary effects on family members. Families have to negotiate a careful balance of roles and associated identity based on the composition of the family at any given time. Issues related to structure, roles, time use and identity are directly aligned with occupational therapy's core skill set.

References

- Department of National Defence and Canadian Forces Ombudsman. (2013). *On the homefront: Assessing the well-being of Canada's military families in the new millennium*. Ottawa, ON: National Defence and Canadian Forces Ombudsman.
- Townsend, E.A., Polatajko, H. J., Craik, J., & Davis, J. (2007). Canadian Model of Client-Centred Enablement. In E. A. Townsend and H. J. Polatajko (Eds.), *Enabling occupation II: Advancing occupational therapy vision for health, well-being and justice through Occupation* (pp. 87-151). Ottawa, ON: CAOT Publications ACE.
- Vanier Institute of the Family. (2012). *Military families: By the numbers*. Retrieved from <http://vanierinstitute.ca/infographics/>

Access to occupational therapy is growing within the Canadian Forces Health Services

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Recently, the rehabilitation occupational therapy coordinator within the Canadian Forces Health Services (CFHS) has been working with the rehabilitation team on the following initiatives:

- 1) Refining and increasing the national standardization of all CFHS and private business occupational therapy services. New standards will impact actively serving CAF members and occupational therapy services through i) new policies/instructions and program directives detailing required CAF member eligibility and rehabilitation plan templates; ii) additional Medavie Blue Cross benefit codes (for authorized medical benefits) for current occupational therapy rehabilitation recommendations and needs and iii) outreach initiatives through social media, webinars, and monthly communication newsletters to improve communication between the CFHS rehabilitation department and its civilian occupational therapy providers.
- 2) Developing a national program process that will expand internal CFHS occupational therapy resources. The intent is to focus efforts on everyday meaningful activities, return-to-duty and transition to civilian life.
- 3) Assisting with and reorganizing the process for ensuring continuity of occupational therapy services for CAF members being medically released or transitioned to VAC.
- 4) Piloting new technologies and small-scale programs showcasing innovative occupational therapy practice for injured CAF members.

Ensuring occupational therapists are prepared to work with military personnel, Veterans and their families

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Education in military, Veteran and first responder health has been recognized as an important area of occupational therapy practice, and as such has been integrated in several ways into curricula across Canada (Smith-Forbes, Quick, & Brown, 2016). At the University of Alberta, for example, based on collaboration with the CAF, students in year one of the mental health program in occupational therapy are introduced to concepts of resiliency from emotional, familial, intellectual, physical, spiritual and social perspectives as outlined in the Canadian Army Integrated Performance Strategy (CAIPS; 2015) within a mental health practice course. An occupational therapist working in rehabilitation on one of the CAF bases discusses case histories with the students to expose them to the population and the services provided. Students can also choose to attend a resiliency module introducing additional resources including the Road to Mental Readiness (National Defence and the Canadian Armed Forces, 2015), Operational Stress Injury (OSI) clinics and concepts such as post-traumatic growth. In year two of the program, students in an advanced mental health course, which teaches specialty treatment areas, receive additional information on post-traumatic stress, concurrent disorders and brain injury as they relate to this population. Many of the students' final research projects have focused on this practice area, thus building knowledge and awareness in the next generation of researchers and practitioners. Recently, a pair of occupational therapists authored a chapter on sleep and trauma-exposed workers, which focuses significantly on the military, in the book *An Occupational Therapist's Guide to Sleep* (Green & Brown, 2015).

Clinical fieldwork placement opportunities for students with special interest in this area have also been created.

The Occupational Performance Analysis Unit (OPAU) in the Faculty of Rehabilitation at the University of Alberta—a clinic established by Professor Sharon Brintnell—has been providing interdisciplinary rehabilitation (occupational therapy, physiotherapy and dietetics) to over 300 Veterans for the past eight years, since the New Veterans Charter was enacted. The New Veteran’s Charter is a key component of the Department of Veterans Affairs efforts to ensure Veterans and their families receive the care and support they need, when they need it. It offers a wide range of programs, services and benefits that continue to evolve with the changing needs of the men, women and families it serves. Through specialized clinics such as OPAU, students are provided with an excellent basis for training in areas relevant to Veterans, including group interventions for this population. One of these students became the first occupational therapist in the United States to be awarded the Interprofessional Fellowship in Psychosocial Rehabilitation & Recovery Oriented Services sponsored by the U.S. Department of Veterans Affairs.

Overall, student occupational therapists at the University of Alberta are trained in a range of academic and clinical concepts needed to work with military personnel, Veterans and their families and demonstrate leadership in this practice area. This threading of information about services for military members, Veterans and families may set an example of how occupational therapy education programs can integrate this knowledge throughout their curricula to ensure integration into practice.

References

- Canadian Army. (2015). Canadian Army Integrated Performance Strategy (CAIPS). Retrieved from <http://strongproudeady.ca/missionready/en/canadian-army-integrated-performance-strategy-caips>
- Green, A., & Brown, C. (Eds.). 2015. *An occupational therapist’s guide to sleep and sleep problems*. Philadelphia, PA: Jessica Kingsley Publishers.
- National Defence and the Canadian Armed Forces. (2015). Road to Mental Readiness (R2MR). Retrieved from <http://www.forces.gc.ca/en/caf-community-health-services-r2mr/index.page>
- Smith-Forbes, E., Quick, C., & Brown, K. (2016). Role of Occupational Therapists in Theatre, Past and Present. *U.S. Army Medical Department Journal*, April-Sept, 66-70.

The Canadian Association of Occupational Therapists: Supporting occupational therapists to work with military, Veterans and their families

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CAOT provides support to occupational therapists serving CAF members, Veterans and their families by:

- Providing tools and resources
- Supporting practice networks such as the Military and Veterans Affairs Canada Network (MAVAN), which provides a forum for occupational therapists to share

information and best and promising practices, as well as network with each other

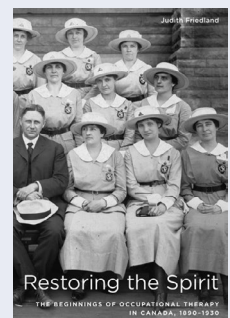
- Sending representatives to the Canadian Institute for Military and Veteran Health Research conferences to talk with delegates and decision makers about CAOT and occupational therapy interventions that have demonstrated effectiveness
- Publishing articles about occupational therapy and military personnel/Veterans
- Continuing to advocate (with members of Parliament and staff of relevant federal ministries) as an association and in partnership with national health and consumer associations through coalitions such as the Health Action Lobby (HEAL) and the G8 group of health professionals about the importance of including occupational therapists within interdisciplinary teams at CAF bases and at VAC offices

As part of the G8 group of health professionals (which includes CAOT, the Canadian Association of Social Workers, the Canadian Chiropractic Association, the Canadian Pharmacists Association, Dietitians of Canada, the Canadian Physiotherapy Association, the Canadian Psychological Association and Speech Language and Audiology Canada), CAOT met with Dr. Cyd Courchesne, the director general of health professionals and chief medical officer of VAC, to discuss the value of occupational therapy interventions for veterans and of including occupational therapists as an integral part of health-care teams in VAC offices across Canada. CAOT also met with Colonel Marc Bilodeau, director of medical policy, and Lieutenant Colonel Dr. Markus Besemann, head of rehabilitation medicine, CAF, to discuss the value of occupational therapy interventions and of including occupational therapists as an integral part of health-care teams in Canadian Forces Bases across the country.

Restoring the Spirit: The Beginnings of Occupational Therapy in Canada, 1890-1930

Author: Judith Friedland

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Fitting your workspace for optimal health and well-being

Selecting products that support comfort in the workspace is a proactive first step towards maintaining workers' optimal health, ensuring ability to produce quality work. This article will discuss some causes of and potential solutions to address neck pain and wrist pain, two frequent health issues in the workplace.

What may be causing neck pain and what are the solutions?

Cause #1: A monitor too low or too high

The head is quite heavy, and moving it away from a neutral position can be stressful on neck muscles. Research shows that when the head is tilted away from a vertical position, neck fatigue increases rapidly and can result in pain (Nejati, Lotfian, Moezy, & Nejati, 2015).

Solution: The top of your monitor or reading material should be at eye level. When using multiple monitors, identify where you tend to look the most and position this monitor to allow for a neutral neck posture.

Cause #2: A monitor/document holder too far from the user

Inappropriate viewing distance and placement of materials being read can increase fatigue and stress on the eyes. Postural changes can also then result, such as leaning toward the screen or document.

Solution: The more upright the head and trunk are, the less muscle activity and neck strength are required to maintain the posture. The distance to your monitor/reading material should be approximately the length of your arms reaching forward (from your normal sitting posture).

The 3M™ Dual Monitor Arm enables users to easily move their monitors into a comfortable position. The height-adjustable arm moves smoothly up and down with just a touch and swivels 180 degrees making it easy to move out of the way when not in use, or when sharing the screen with others. It also tilts

forward and back for optimal ergonomic positioning. The Dual Monitor Arm allows you to experience the productivity benefits of two displays by mounting a second LCD display, notebook or tablet.



What may be causing wrist pain and what are the solutions?

Cause #1: Improper wrist position with ulnar deviation

Ulnar deviation creates static loading conditions in the muscles that cross the wrist. This posture decreases the amount of space and increases the pressure in the carpal tunnel, resulting in increased potential for discomfort and pain (Baker & Moehling, 2013).

Solution: Minimizing any prolonged posture by stretching the wrists throughout the day, using a split keyboard and/or regularly alternating hands when using your mouse will minimize repetitive strain.

Cause #2: Improper wrist position with wrist extension

Prolonged wrist extension creates static loading conditions in the muscles that cross the wrist. This posture decreases the amount of space and increases the pressure in the carpal tunnel, resulting in increased potential for discomfort and pain.

Solution: Your wrists should be in a neutral position while typing, which means that your mouse and keyboard should allow for this position during use. If your keyboard is on an angle, try to make it flat (put away the legs on the back of the keyboard). Palm pads can be used, but ensure these pads are under the palms rather than the wrist.

The 3M™ Adjustable Keyboard Tray (model AKT150LE) includes a highly adjustable platform that allows for left and right lateral adjustments. It also has an articulating mouse platform that adjusts up, down, left, right, forward and back and tilts forward and back too.

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References

- Baker, N. A., & Moehling, K. (2013). The relationship between musculoskeletal symptoms, postures and the fit between workers' anthropometrics and their computer workstation configuration. *Work*, 46, 3-10. doi:10.3233/wor-2012-1480
- Nejati, P., Lotfian, S., Moezy, A., & Nejati, M. (2015). The study of correlation between forward head posture and neck pain in Iranian office workers. *International Journal of Occupational Medicine and Environmental Health*, 28, 295-303. doi:10.13075/ijomeh.1896.00352

Call for Nominations - Golden Quill Award

The Canadian Association of Occupational Therapists will acknowledge an individual author or a group of authors that has/have published an exceptional article in the *Canadian Journal of Occupational Therapy* in the previous volume year.

Nominations must meet the following criteria:

- Nominees must have published an article in the *Canadian Journal of Occupational Therapy* in the previous volume year.
- An exceptional article will be defined as one that is rigorously designed or argued, and demonstrates a high level of scholarship and critical thinking.
- The article must enhance the empirical and/or theoretical foundation of the profession.
- The article must provide a model for excellent scholarly writing in the field.
- Nominees need not be members of the Canadian Association of Occupational Therapists or Canadian citizens.

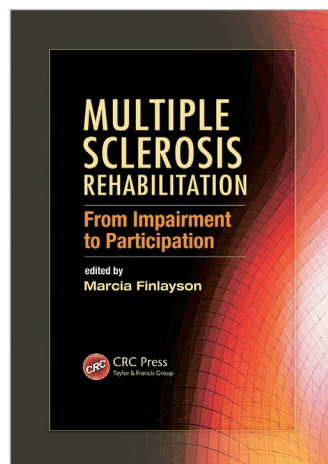


For more detailed information, other award opportunities and to download a nomination form, visit www.caot.ca. **Submit Golden Quill nominations by February 1, 2017.**

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Multiple Sclerosis Rehabilitation: From Impairment to Participation

Editor: Marcia Finlayson



Using the International Classification of Functioning, Disability and Health (ICF) as a guiding framework, *Multiple Sclerosis Rehabilitation: From Impairment to Participation* provides a comprehensive and evidence-based resource to inform and guide clinical reasoning and decision making during each phase of the MS rehabilitation process, from initial referral to post-discharge follow-up. With an emphasis on the application of evidence throughout the entire MS rehabilitation process, the specific objectives of the book are to increase the understanding of:

- The nature and impact of specific impairments, activity limitations, and participation restrictions experienced by people with MS
- How to select and use valid, reliable, and relevant assessment tools to inform the development of rehabilitation goals and intervention plans, and to evaluate outcomes

This book provides information about the nature and impact of MS on the daily lives of people living with the disease, describes evidence-based assessment processes and instruments, and summarizes current knowledge that can inform goal setting and intervention planning. Thoughtful application of the knowledge contained in this book will inform and guide rehabilitation providers to work collaboratively with people with MS and enable them to achieve their goals for participation in everyday life.

Price: \$145.00 CAOT member | Non-member \$181.25 (plus shipping and applicable taxes)



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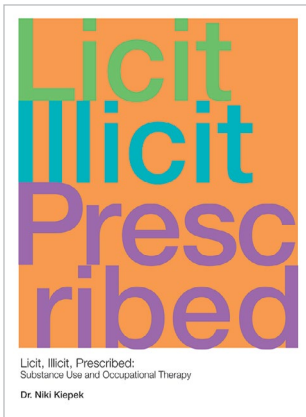
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Licit, Illicit, Prescribed: Substance Use and Occupational Therapy

Author: Niki Kiepek



In this book, contemporary theories of substance use and addictions are critically examined. Therapeutic approaches are presented and interpreted according to models of human occupation. The significant role and contribution of occupational therapists and occupational scientists are detailed and supported by the latest evidence on the subject.

The author, Niki Kiepek, is an occupational therapist with over ten years of experience in practice, research, and professional training in addressing the needs of clients with licit, illicit, and prescribed substance use. Her contribution to this growing occupational therapy practice is impressive and is reaching a whole new level with this publication.

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New CAOT publication!



Enabling Positive Change: Coaching Conversations in Occupational Therapy

Editors: W. Pentland, J.H. Isaacs-Young, J. Gash and A. Heinz

This is the first book to be published that focusses specifically on the use of the coaching approach and coaching conversations in occupational therapy. It is the outcome of an international collaboration of over 15 occupational therapists from five continents who have trained in coaching and are using coaching in their occupational therapy practices.

Enabling Positive Change will appeal to practising therapists, students, those interested in teaching coaching for occupational therapy and it will assist occupational therapy scholars in identifying research questions that need to be asked going forward.

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