

OCCUPATIONAL THERAPY NOW

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SPECIAL ISSUE:

CAOT Conference 2019

A confluence of innovation,
collaboration, and compassion
Niagara Falls, ON



CAOT - ACE

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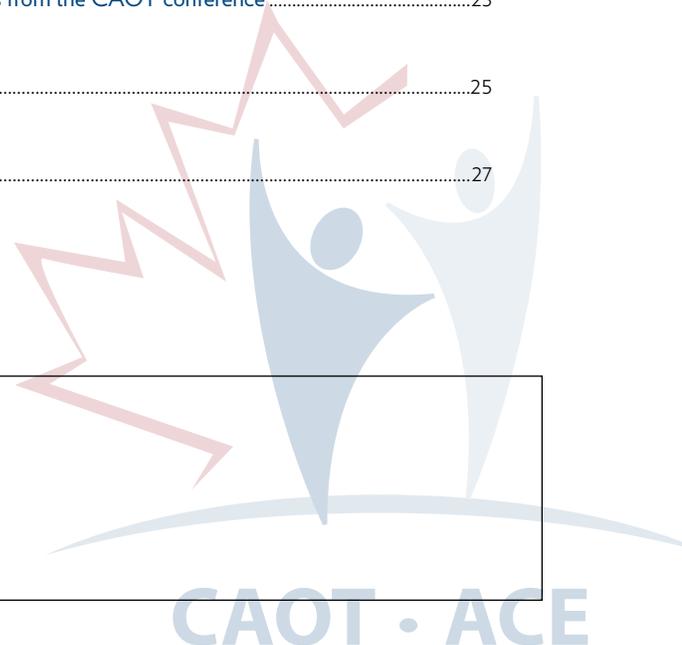
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CAOT Conference 2019: A confluence of innovation, collaboration, and compassion

Naomi Hazlett, *Occupational Therapy Now* Managing Editor

On the traditional territories of the Anishnabeg and Haudenosaunee, across from the thundering 51-metre-high Horseshoe, American, and Bridal Veil Falls, the Canadian Association of Occupational Therapists (CAOT) Conference 2019 was held from May 29 to June 1 in the Sheraton On The Falls Hotel. Niagara Falls is the centre of many convergences: two lakes, three falls, two countries, wine country, downtown entertainment, and more recently occupational therapists, researchers, students, vendors, and a multitude of other delegates from across Canada and the world.

Given Niagara Fall's location and role, it is no surprise that a record-setting 728 registrants, including 274 students, attended the conference. Events at the conference included 139 posters, 130 paper and mini-paper presentations, and a number of discussions and other special events. Thank you to the Conference Scientific Program Committee, chaired by Dr. Ben Mortensen, and the Abstract Review Committee for reviewing and adjudicating the 425 submitted abstracts.



CAOT Conference 2019 team members.

CAOT President Dr. Catherine Backman opened the conference with calls to build on the Canadian public's interest in social prescription, and to use our unique lens to challenge the “**siloin**” of healthcare and social systems (p. 6). This issue of *Occupational Therapy Now* answers these calls through telling the diverse and inspiring stories heard at the conference, which will drive change in the coming years.

One source of inspiration came in the form of the **awards ceremony**, in which occupational therapists from across

the country were celebrated for their contributions to the profession (p. 13). Other events, such as the **Plenary** panel, aligned with Backman's vision by drawing on the writings of an American oncologist to discuss the implications of ageism and systems influences on the occupational therapy role for the “aging well” discourse (p. 19).



Conference delegates enjoying the trade show floor.

Aging was a theme that carried into the **Professional Issue Forums** (PIFs), in which discussions focused on how to move beyond the siloes of healthcare into architecture and home design to best serve seniors who wish to age in their homes (p. 9). The intention to honour the desires of clients was clearly present in a **PIF on addiction**, showcasing the occupational therapy role in change-making and connecting clients for whom addiction is a challenge with sustainable, meaningful activity (p. 11). In continuing the dialogue.

The themes highlighted in this issue are a demonstration of the breadth and depth of what our profession has to offer. Whether addressing social systems, mental health, chronic pain, or recovery from illness, **return-to-work** was well-represented at conference this year (p. 17). One article makes space for the telling of under-heard voices, both from the perspective of **disability** (p. 23) as well as **Indigenous** representation (p. 25). Last but not most certainly not least, **students' voices** are showcased, including the experiences of helping run, present, and attend the conference (p. 21).

Other notable events included a 70-booth strong exhibition hall and the speech by Dr. Susan Forwell, who delivered this

year's Muriel Driver Lecture with a call to recapture the joy of occupation. Delegates also enjoyed social events after hours, including a three-course dinner at the Ravine Vineyards in an outdoor pavilion, and then on a Hornblower cruise around the Falls, concluding in a brilliant firework show.

As the conference drew to a close, attendees once again reflected on the healthcare system and its future directions with the help of featured speaker André Picard. As last, the torch was passed onward to co-convenors Loralie Clark and Alicia Carey, who welcomed all to join in them Saskatoon from May 6-9 for CAOT 2020!

- Conference co-convenors Shami Dhillon and Beth Linkewich
- The Conference Host Committee, including CAOT placement students
- Our 74 fantastic volunteers!

Congratulations to the following student poster award winners of the CAOT Conference 2019:

- Noelannah Neubauer, "A framework to describe risks associated with dementia-related wandering"
- Camille Proulx, "Wearable robotic glove to optimize hand recovery following a stroke"
- Winnie Zhao & Kirtana Thirumal, "Belonging through sport participation for disabled youths: A scoping review"

Thank you to:



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What's new

CAOT Strategic Plan 2019–2022

A new plan is coming this fall, so watch for it! At the June meeting of the CAOT Board, the following plan outline was approved:

Our “Why” statement:

“**CAOT exists to** advance occupational therapy that focuses on people, not on their limitations, **so that** everyone in Canada can engage in activities guided by their aspirations.”

The Board agreed to three 2019–2022 strategic directions—awareness, access, and strength—each with a stated goal:

- **Awareness:** Most Canadians know what occupational therapy can do for them.
- **Access:** More Canadians have access to occupational therapy.
- **Strength:** CAOT is built to last for the next 100 years.

Conference 2020 Professional Issue Forums

In Saskatoon, May 6–9 2020, the profession will convene to discuss:

- Serving people with Autism Spectrum Disorders
- A call for occupational therapists to advance their position in palliative/end-of-life care

TRC Task Force established



To develop next steps in CAOT's action plan in response to the Truth & Reconciliation Commission calls to action, CAOT has struck a task force with core members Angie Phenix and Kaarina Valavaara, co-chairs

of the Occupational Therapy and Aboriginal Health Network; Havelin Anand, CAOT Director of Government Affairs and Policy; and CAOT Board members Giovanna Boniface, Lisa Diamond-Burchuk, and Suzanne Lendvoy.

Now accepting nominations for CAOT Awards year-round

Now you can nominate a deserving colleague on your own schedule, completing a submission when the moment is right. The annual deadline remains December 1st each year. Online nomination forms are on the CAOT Awards page at caot.ca/awards.

We encourage nominations to recognize and honour outstanding contributions of individuals and groups to the Association and the profession.

Conference Call for Papers!

CAOT is accepting submissions of abstracts from September 1 to November 1, 2019, inclusive. This is an opportunity for you to share your knowledge and strategies for enabling occupation, advocating for change, introducing innovations, influencing health care delivery, and more. You could be part of the largest annual gathering of the occupational therapy community in Canada, and your work can contribute to the growing body of evidence needed to continually move our profession forward. Plan to be front and centre at the CAOT Conference 2020 in Saskatoon, May 6–9, 2020.

SAVE THE DATE!

CAOT Conference 2020



Saskatoon, SK : May 6-9
Call for Papers: September 1st - November 1st

www.caot.ca/conference

Opening address: Systems, silos, and person-centred design

Catherine Backman

Have you ever come across news about innovative solutions to complex health or social issues and thought, “sounds a lot like occupational therapy”? I have too. Many recent stories about “social prescription”—connecting people to cultural, creative, social or leisure-oriented occupations—are applauded as a **new** way of improving mental health, reducing social isolation, or decreasing demands on primary health care. The public and political interest in this topic is an opportunity to advance the value of occupational therapy.

Occupational therapists are exceptionally gifted at promoting health, wellbeing, and social participation. To us, there’s more to “social prescription” than a free pass to a museum or art class; we know, because we have a century of experience helping individuals and communities thrive using occupations. We do this by incorporating systems and design thinking—approaches applauded across disciplines as critical to finding creative, durable solutions to society’s most complex problems. Intentionally applying design thinking principles will help us express the unique contribution of occupational therapy to health and social systems.

Previous CAOT President Nicola MacNaughton urged us to focus on our big picture vision: that occupational therapy is valued, accessible to all Canadians, and aligned with societal priorities (MacNaughton, 2018). I aim to focus on the big picture: how we can contribute to individual and population health across health, social, and education sectors, and any other systems encountered in our day-to-day work. First, let’s clarify what is meant by systems thinking, design thinking, and social prescription.

Systems thinking

Systems thinking is a process of understanding how the components of a system influence one another holistically. In nature, for example, the ecosystem components—air, water, wind, flora, fauna—are acted on and being acted upon, to determine what thrives, survives, or perishes. General systems theory, in the middle of the last century, influenced many organizational systems and theories. As many of us know, Kielhofner (1985) drew on general systems theory in developing the Model of Human Occupation.

Occupational therapists analyze the big picture and component parts to support their clients’ occupations. Systems thinking solves problems by observing, listening, and considering interrelationships. It requires collaboration across organizations to address shared concerns. In the long-term, applying systems thinking to complex problems is a measured, creative process of becoming less and less wrong and more and more effective.

Health is a big concern in our society, shared by many organizations and systems. Money has been increasingly spent on the health system over the past several decades, and many have tried to determine how to become less wrong and more effective. The health system, or silo, is illness-focused. Yet the root cause of most illness is the social determinants of health, such as poverty, employment, housing, and literacy (Public Health Agency of Canada, 2013). Dutton and colleagues’ (2019) analysis of 31 years of provincial health and social expenditures data concluded, “population-level health outcomes could benefit from a reallocation of government dollars from health to social spending, even if total government spending were left unchanged” (p. E66). Moving \$350 million (1% of health spending) from health to social spending was associated with a small but definitive decrease in avoidable mortality and an increase in life expectancy.

As more is learned about the social determinants of health, it has become clear that “siloeing” resources is inefficient and ineffective. Applying systems thinking supports cross-system, cross-jurisdiction collaboration, whether between health, social sectors, education, or disciplines. A collaborative approach crossing boundaries to resolve several aspects of a societal issue—loneliness, isolation, cost of living—is seen between older adults in residential care and post-secondary students. Students live for low or no rent in intergenerational care homes in exchange for several hours per week socializing with the residents, such as in Prince George, BC (Hennig, 2019).

Design thinking

We’re all familiar with good (beautiful, functional, and accessible) and poor (unsafe, dysfunctional, and inaccessible) design. Design thinking is a process for making good design better. Efforts to improve industrial design and consumer products evolved into human-centred design. From consumer products in the 1960s, it transitioned into architecture, education, business schools, and companies familiar to us, like the Good Grips line of kitchen products (Jen, 2018). In their quests to be relevant, original, and innovative, professionals in many fields have adopted design thinking.

Tim Brown, President of IDEO, describes human-centred design as a mode of creative thinking and working. He states, “innovation is powered by a thorough understanding, through direct observation, of what people want and need in their lives” (Brown, 2019, p. 51). The typical 5-step process of design thinking includes: (1) empathize with users, (2) define the need, (3) ideate (brainstorm ideas), (4) make a prototype, and (5) test the prototype to learn more. In my view, this looks like an occupational therapy process. Human-centred design

thinking begins with empathetically listening to end users. The design thinking process is apparent in the makers' movement, in which patients or clients, as team members, bring a problem encountered in their daily lives to a team that applies design thinking to create and test a prototype to resolve the problem, often over a finite time. Designers are borrowing from health and human service professions to better understand users and improve products and processes. Synergistically, teaching design thinking techniques to health professionals and health and social system administrators generates new ideas and potential solutions for persistent problems.

Designer Natasha Jen (2018) has pointed out that design thinking is a buzzword. Others, however, are taking a more critical approach to thinking through designs intended to help people live better lives, including considering how to account for vast differences in cultural or socioeconomic contexts. For example, *Critical Makers* promote critical making: collaboration, the entanglement of theory and practice, the relationship between art, craft, design, and making—a perspective that is aligned with occupational therapy. Closer to home, at McMaster University, Brenda Vrkljan and team (2019) engaged occupational therapy students to employ design thinking principles to begin creating an intergenerational university hub, engaging them in the “empathize” and “define the need” stages.

Social prescribing

When I read the headline “social prescribing ... adding meaning to medicine” (Brandling & House, 2009, p. 454), my instinct was to reply with one of CAOT's key messages: put an occupational therapist on your primary care team. Occupational therapy can advance the popular idea of social prescribing by applying systems thinking and person-centred design to better integrate social prescription into primary and community care. Social prescribing has been around for many decades (if not millennia) but has gathered considerable traction in the past several years. It is a referral for people who are socially isolated or have long-term conditions, by a medical practitioner, to a non-clinical service in the community (Drinkwater, Wildman, & Moffat, 2019). Its goal is to alleviate pressure on primary care by explicitly recommending participation in social activities typically provided by local voluntary organizations—such as art, dance, social clubs, or gardening—in one's community.

This year in the UK, primary care networks will employ a “link worker” or community navigator, a person who implements social prescriptions (Drinkwater et al., 2019). “Key aspects of the link worker role include: working with patients to identify meaningful goals; co-producing an action plan with the patient; enabling access to activities and sources of support in the community, [sic] and providing ongoing motivational support to help patients achieve their goals. ... Ideally a link worker is someone with community connections and an in-depth knowledge of sources of community activities and support” (Drinkwater et al., 2019, p. 3). Some of the matchmaking that link workers do does not require our skillset, but when the match proves a poor fit, it may be due to factors

that require more in-depth occupational analysis.

Social prescribing may improve wellbeing at the individual level and reduce demand for more costly health services at the systems level (Rempel, Wilson, Durrant, & Barnett, 2017). Some of the attempts at studying social prescription are very muddy, like a systematic review that included all non-clinical services (Pilkington, Loef, & Polley, 2017). Other studies have been more clearly developed, such as a cohort study of 1297 patients that set out to identify factors associated with attendance, program engagement, and changes in wellbeing following a social referral (Sumner et al., 2019). Those with higher levels of wellbeing at baseline were more likely to attend their social prescription, but those who attended with scores in the median quintile at baseline showed the biggest improvements in health.

The most common aim of social referral programs is to enhance mental wellbeing (Rempel et al., 2017). Rempel and colleagues report that most studies and program evaluations have measured individual wellbeing, unfortunately using a plethora of over 100 different measures, with fewer studies examining optimal service use and cost savings. However, “lack of robust evidence does not mean social prescribing is ineffective” (Drinkwater et al., 2019, p. 1). A need exists to examine systems level impacts, both positive and negative, such as the impact on the sector providing the social opportunities.

When something captures the public imagination like social prescription has, it may not work for all or be the best solution for some people, yet it risks becoming a panacea for complex social issues and inequities. When social prescribing in its simplest form doesn't work, will it be tossed out? Enter occupational therapy: we focus on the big picture view; draw upon systems and design thinking; analyze the fit among person, environment, and occupation; and imagine what could happen. Interest in social prescription can be leveraged to rigorously examine questions fundamental to why, we, as a profession, exist.

Social prescription is attracting media attention. Occupational therapists like Pier-Luc Turcotte, in a radio interview in Montreal, and Lisa Diamond-Burchuk, in a news story in Winnipeg, have leveraged social prescription stories to promote occupational therapy exceptionally well. The Royal College of Occupational Therapists has a strategy on responding to social prescription as it is being enacted in the UK. In Canada, we are not as well-organized in responding, but we have the benefit of watching the UK and learning how we can act in our own practice settings.

Wrapping up

Everyone needs occupation; not everyone needs occupational therapy. By integrating systems thinking, design thinking, and occupation-based practice, occupational therapists can improve social prescription and help people access occupations in their community to support their health, perhaps decreasing their reliance on primary care. Occupational therapy can also contribute to the social prescription process. When the free pass to an art class

or museum doesn't work, there's a good chance a more sophisticated occupational analysis is needed, one that is best offered by occupational therapists.

A simple prescription may not be the cure. In his 1922 address on the philosophy of occupational therapy Adolf Meyer said, "There must be opportunities to work, opportunities to do, and to plan and create, and to learn to use material... It is not a question of specific prescriptions, but of opportunities" (Meyer, 1922/1977, p. 641, emphasis in original). Occupational therapy is all about opportunities, and the social prescription movement is about making occupational opportunities available to promote health. Some, though, need occupational therapy. It's our job to make it happen. The public and political interest in social prescribing, systems thinking, and person-centred design is our opportunity to articulate the value of occupational therapy.

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About the author

This article is a version of the Keynote Address presented at the opening of CAOT Conference 2019. **Catherine Backman, PhD, FCAOT**, is the CAOT President. She can be reached at: catherine.backman@ubc.ca.

The banner features a dark blue background with the text "We are CAOT..." in white, handwritten-style font at the top left. Below this text is a row of eleven small, white-bordered photographs of diverse individuals, each with their name written in white below the photo. The names are: Lesya, John, Alanna, Annie, Claudia, Danielle, Bob, Emily, Sara, Patricia, Rob, and Cathy. At the bottom right of the banner, the text "...and we're proud to belong." is written in white, handwritten-style font. Below the banner is a red banner with the text "It's membership renewal time!" in white, bold font. At the very bottom is a dark red banner with the text "Renew or join **BY SEPTEMBER 30, 2019** for the best rates" in white, bold font, and the website "www.caot.ca/renew" in white, bold font.

CAOT Professional Issue Forum: Aging in place

Candice Baetz

Professional Issue Forums (PIFs) are held annually at the Canadian Association of Occupational Therapists (CAOT) conference. PIFs address priority health and social issues, as well as emerging practice areas in occupational therapy. PIFs involve presentations from a panel of experts, and participants are invited to contribute their perspectives. The discussion leads to recommendations for CAOT, individual occupational therapists, and stakeholders to act to advance occupational therapy practice and the profession's presence in these areas. The Aging in Place PIF was organized and facilitated by Havelin Anand, Director of Government Affairs and Policy at CAOT.

In her opening address, published in this issue of *Occupational Therapy Now*, Dr. Catherine Backman stated that “innovation is powered by direct observation of what people want in their lives” (p. 6). A hallmark of occupational therapy is the power of observation, and the ability to understand the influence of the person, occupation, and environment together as a whole or system rather than in silos—and to design solutions accordingly. Breaking down silos between occupational therapists and design-build teams was the focus of the 2019 PIF, entitled “Aging in place: Working together to bridge the gap.” The interdisciplinary and cross-sectoral panel included two occupational therapists—Colleen McGrath, an assistant professor at Western University, and Lesya Dyk, a private practice occupational therapist who sits on the Canadian Home Builders' Association (CHBA) Home Modification Council as CAOT's representative—as well as two industry partners—Gary Sharp, an engineer from CHBA and director of the Home Modification Council, and John O'Brien, engineer and CEO of HealthCraft Products. The presentations focused on how to change the mindset of the consumer on home modification from, as John stated, “need it, don't want it,” to “need it, want it.” Presenters also covered how to work collaboratively to put forward patient-focused, design-centred solutions to help aging in place become a realistic option for Canadian seniors. The presentations were followed by a rich discussion from approximately 50 delegates on the challenges, opportunities, and priorities for OTs supporting aging in place.

Presentations

First, Colleen McGrath defined “aging in place” for Canadian seniors as “remaining living in the community with some level of independence, rather than residential care” (Davey, Nana, de Joux & Arcus, 2004, p. 133). Although the majority of seniors want to age in their homes and communities, doing so is not always the most desirable option. There should not, however, be a dichotomy of aging at home or in residential



Figure 1. The panelists at the Aging in Place Professional Issue Forum.

care, as many other options exist, such as intergenerational housing or co-housing. While enabling seniors to age in place positively contributes to their sense of wellbeing, independence, social participation, and health (Sixsmith & Sixsmith, 2008), there is no one-size-fits-all solution. Researchers asked 121 seniors how they conceptualize the term “aging in place” (Wiles, Leibing, Guberman, Reeve, & Allen, 2012). Overall, seniors wanted the freedom to make the choice of where to live themselves, and to experience a sense of community, being near family and friends; public transport; and, social, religious, and cultural opportunities; as well as to have safety, good interactions with neighbours, and access to healthcare services (Wiles et al., 2012).

While there is a growing recognition of the need to think beyond the home, Lesya Dyk highlighted evidence that people's desire to remain in their current residence for as long as possible becomes more prevalent as age increases, despite changes in their health. However, structural barriers or cognitive deficits impede safe functioning, and thus also impede living within the home. To age in place, custom modifications are needed, keeping universal design principles in mind. As Lesya stated, the problem is that “people don't want to live in ugly.” Seniors don't want home modifications or adaptations that highlight their disability, weakness, or decline. They want functional *and* aesthetically pleasing homes that don't look overly medicalized and that don't lower the property value of the home. A “paradigm shift” must occur, as John articulated, in which safety, function, and design are incorporated in home modification features, and in which occupational therapists are an integral part of design-build teams to ensure safety, accessibility, and participation in their homes.

How do we change awareness of an occupational therapist's value as part of a home modification team, so that, as soon as renovations need to occur, practitioners are consulted, and clients accept home modifications as "need it, want it"? Gary Sharp spoke about how occupational therapists can bridge the gap in forums such as the Home Modification Council. Occupational therapists can use their knowledge and competencies to help the team by providing data about the client's function now and in the future, avoiding costly mistakes. Occupational therapists also provide affordable risk management against rogue contractors through avenues such as taking the C-CAPS (Canadian Certified Aging in Place Specialist) course, and referrals to RenoMark contractors—a group of CHBA-member renovators who have agreed to abide by a renovation-specific code of conduct. A close association enables a personalized approach that is in the best interest of the client and helps protect against fraud.

John O'Brien asked how, "together, can we help change mindsets to make every space a safer place—sooner?" He highlighted how stigma is often a barrier to uptake of functional modifications, and how the challenge to incorporate products that unleash people's potential—rather than serve to highlight disability—is a charge for occupational therapists working with design-build teams. He outlined a three-step design shift process: connection (identifying the core issue and the right questions), concepts (going through alternate ideas to figure out what works), and collaboration (working with interdisciplinary teams to discuss and evolve ideas). Occupational therapists can take a similar systems approach in collaborating with multiple stakeholders to bring forward innovative solutions that enable seniors to age in place.

Roundtable Discussions

Highlights included of the subsequent discussions included the importance of a basket of aging-in-place options to meet the needs of a diversity of seniors. Options should include factors

beyond physical accessibility, such as social, cultural, and economic inclusion. Participants also deliberated on potential opportunities for occupational therapists to collaborate with other professionals such as architects, developers, builders, and even real estate agents during the design, pre-construction, and renovation phases of the built environment.

Conclusion

By nature of seeing a client's health and wellbeing holistically and through the lens of occupation, occupational therapists provide significant value to helping Canadian seniors age in place. Moving forward, occupational therapists should advocate for having a voice alongside other stakeholders on issues related to age-friendly communities, helping to identify features in homes that consumers want to have to age in place well, and building workforce capacity and competencies in the area of home modifications.

Acknowledgements

CAOT would like to gratefully acknowledge the contributions of the panelists—Colleen McGrath, Lesya Dyk, Gary Sharp and John O'Brien—as well as the organizers, volunteers and delegates for their rich contributions.

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About the author

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CAOT Workshops

Chronic pain assessment and management: Best practice for occupational therapists



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CAOT Professional Issue Forum: Addressing addiction

Niki Kiepek, Nicole Bartlett, Sean Patenaude, Wade Scoffin

Background

In Canada, occupational therapists are increasingly integrating addiction-related assessment and intervention into their practice. There is scant evidence to inform occupational therapy assessment (e.g., Rojo-Mota, Pedrero-Pérez, & Huertas-Hoyas, 2017); and intervention (e.g., Kiepek, 2016), resulting in a high reliance on research outside the profession. While this is not uncommon, certain limitations suggest a need for profession-specific research and knowledge sharing. Data suggests that success rates for addictions interventions are 40 to 60 percent, comparable to chronic physical health interventions (National Institute on Drug Abuse, 2018). However, these rates are variable, changing over time, differing by service, and dependent on how “success” and “relapse” are measured. Occupational therapists are therefore urged to critically review the quality of the research supporting existing interventions.

Objectives

The intent of this professional issues forum (PIF) was to:

- Discuss the current context of substance use in Canada and implications for occupational therapy practice.
- Explore unique occupational therapy perspectives, roles, and approaches to respond to client and public concerns surrounding substance use and addiction.
- Identify strategies to strengthen occupational therapists’ competence and evidence base to address substance use.
- Promote alliances with people with lived experience when undertaking research, teaching, and program development.

Panel Presentation Summary

Wade Scoffin opened the panel with a discussion of substance use in Canada. He acknowledged substance use occurs along a spectrum, in which some forms can be beneficial and non-problematic, while others produce undesired consequences. His presentation shed light on the scope of Canadian substance use, highlighting the number of opioid-related deaths across the country.

Nicole Bartlett pointed out that several of the diagnostic criteria for substance use disorders pertain to impairment of occupational engagement. Nicole’s key messages were:

- Addiction is an occupation and also impacts occupation; addressing addiction is within our scope of practice and is our professional responsibility.
- Don’t be afraid to ask clients about their experiences with substance use. Use a gentle, non-judgemental approach. Ask clients about the benefits they experience from substance use, not just perceived harm.
- Reach out. Know the resources in your community to which you can refer. Provide access to harm reduction resources. Connect with health networks such as Project ECHO for professional development (Centre for Addiction and Mental Health [CAMH], 2017).
- Occupational therapists can support recovery by helping individuals to “recover” meaningful activities, rather than just

removing or reducing a behaviour (e.g. substance use).

Sean Patenaude presented his experience of rediscovering a sense of mastery, enjoyment, and self-efficacy through reconnecting with his photography practice. At Sean’s initiative, Sean and Nicole collaboratively designed and facilitate a “My Recovery” PhotoVoice project at CAMH. This 10-week project recently wrapped up its fifth cycle, and Sean explained that retention rates are high and participants consistently request that the project run even longer. In the program, participants may discover a new passion for photography, reflect on their recovery in a new way, and develop a sense of mastery that has been lost through prolonged substance use.

Niki Kiepek emphasised that existing addiction treatment models and interventions are shown in research to be marginally effective. She encouraged occupational therapists to develop their own knowledge base about what occupation-specific interventions are being used, to find ways to share their successes with each other, and to evaluate program outcomes. She reinforced that substance use impacts all areas of practice, from return-to-work (e.g., pain management) to mental health (e.g., exacerbation of symptoms) and seating and mobility (e.g., prescribing a mobility device). Attendees were further encouraged to partner with clients in all stages of program development, from identifying priorities to designing interventions, delivering services, evaluating program outcomes, and exchanging knowledge.

Small and Large group Discussions

Approximately 80 people at this PIF responded to five key questions:

1. *What examples of occupational therapy approaches effectively support clients who use substances in ways that may be or may become problematic?*

To engage clients, occupational therapists draw on existing knowledge and resources including short- and long-term goal setting, motivational interviewing, and integrating psychoeducation and coping skill development interventions. Harm reduction principles align well with client-centred occupational therapy in recognising that small steps can be very beneficial for clients. PIF participants also recommended “behaviour experiments” in which clients are asked to consider a short-term change that may later become a sustainable change.

2. *What challenges have you encountered when providing occupational therapy services to clients who use substances in ways that may be or may become problematic, and how have you overcome these challenges?*

Societally, there is pervasive stigma towards substance use that inhibits function-based approaches, with abstinence favoured instead. There are tensions between health approaches and legal responses and mandates. Health services are viewed

as fragmented, with opportunity for improved integration. Participants also viewed poor social determinants of health as a complicating factor, as well as lack of sufficient time and resources.

3. *How can occupational therapists best position themselves to effectively and supportively work with clients experiencing problematic substance use?*

Due to time constraints, this question was not fully explored. A key recommendation was increased availability of educational and professional development opportunities for occupational therapists.

4. *If you were interested in implementing a mastery-based program such as PhotoVoice into your practice, how might that look?*

One attendee described a cooking group in which food was obtained from a local food bank and a community centre offered free use of their space. Another attendee shared information about a bakery that is run as a pre-vocational skill development program. Art-based programs that take time and result in a tangible end-product were suggested, such as ceramics, woodworking, knitting, playwriting, and performing. Occupational therapists may connect with Indigenous Elders to incorporate traditional healing practices.

Patenaude encouraged occupational therapists to “be shameless” in accessing resources; he suggested that, when asked, businesses are generally quite generous and will offer the supports and resources they can (e.g., free printing of photos).

5. *How can we work together to support Canadian occupational therapists to improve their competence and confidence to effectively work with clients and address substance use in various practice settings?*

A clear message was that occupational therapists need to advocate for their role in supporting client wellbeing. It was recommended that occupational therapy competencies be defined to inform skill development and to facilitate advocacy. The potential for occupation-based interventions as a non-pharmacological approach to health care (e.g., pain management, withdrawal management, mental health) can transform frontline approaches to health and healing.

About the authors

Niki Kiepek, MSc(OT), PhD, OT Reg. (NS), is an assistant professor at Dalhousie University and author of the book *Licit, Illicit, Prescribed: Substance Use and Occupational Therapy* (2016). Her current projects include patient-oriented research about inpatient substance use, an evaluation of Nova Scotia Mental Health Court programs, and substance use by professionals. She can be reached at: Niki.Kiepek@dal.ca.

Nicole Bartlett, MSc(OT), OT Reg. (Ont.), is an occupational therapist based out of Toronto. Bartlett developed the first OT role in the Addiction Medicine Service at the Centre for Addiction and Mental Health in 2012. She provides individual and group therapy to promote substance use recovery with a focus on vocational rehabilitation and chronic pain management.

Wade Scoffin, BSc(OT), is Managing Director of CAOT-North and a private practice occupational therapist in Whitehorse, Yukon. He has more than 10 years of experience supporting clients and employers to manage addictions and maintain employment.

Since 2013, **Sean Patenaude** has been deeply involved with the mental health community in Toronto, facilitating photography workshops at World Pride, Workman Arts, and other organizations. His greatest joy lies in helping others discover their own talent and creativity through image-making. He has shared his lived experience with mental illness and addiction with students and health care providers through training programs, conferences, and lectures at the University of Toronto, MaRS Discovery District, and the Centre for Addiction and Mental Health, where he manages the Employment Works! Program.

Conclusion

Substance use is influenced by multiple and complex factors such as social and cultural contexts, physical pain and injury, mental health issues and trauma, as well as health policies and practices. Occupational therapists are encouraged to strengthen the Canadian practice knowledge base to enhance assessment and interventions pertaining to substance use. Occupational therapists and researchers can work together to build an empirical evidence base. Furthermore, there is potential to increase practice networks where Canadian occupational therapists can share current practices, programs, funding models, and evaluation strategies, improving quality of care and reducing individual experiences of professional isolation.

And, Patenaude reminded the PIF, never underestimate the significance of your role as occupational therapists: “You are in a key position to make a real difference in peoples’ lives!”

The presenters would like to thank everyone who attended the PIF to begin this important discussion. We also thank the CAOT organisers and students who coordinated the event.

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2019 CAOT Awards Ceremony

The Canadian Association of Occupational Therapists (CAOT) recognizes the accomplishments and contributions of occupational therapy researchers, practitioners, trainees, educators, and advocates from across Canada each year. In 2019, winners for most of the awards were announced at the CAOT Annual General Meeting on March 25, 2019, and then all winners were celebrated with colleagues from across Canada at a ceremony at CAOT Conference 2019 in Niagara Falls, Ontario. We extend our thanks to the members of the Awards Committee for their work reviewing, adjudicating, and recommending award recipients to the CAOT Board. This committee was chaired by Christine Fleming (CAOT Board Vice-Chair), and included CAOT Board members Martine Brousseau, Lisa Diamond-Burchuk, Terry McLaughlin, and Fellow William (Bill) C. Miller.

Congratulations to all 2019 award recipients. We are grateful to you for your dedication and contributions to our profession!

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

Deborah Laliberte Rudman,

Deborah is recognized for her extensive contributions to occupational therapy and occupational science, for her support of students and researchers, and for her ongoing contributions to CAOT. Her scholarly work exploring the broader socio-political systems and structures that shape occupational possibilities, particularly for marginalized populations, has brought a fresh perspective to the understanding of occupation. This important consideration encourages applying a critical lens to the use of power and privilege that influences opportunities to engage in occupation, and raises awareness about the importance of expanding the focus of occupational therapy practice and research beyond individual clients. Deborah has authored 23 book chapters and 88 peer reviewed articles, has made 173 presentations at national and international conferences, and has shown leadership in embracing innovative methods of disseminating her learnings, including through virtual conferences. She is a trailblazer at Western University, where she was pivotal in creating the Occupational Science field of the Health and Rehabilitation Sciences program. As a professor there, she is well-liked by students and mentees, who see her as an exceptional, inspiring role model. Deborah has successfully put her work into practice at Western by developing a strategy to support the academic success of Indigenous students, directly enabling

their occupation through her support and leadership.

Deborah's work on CAOT's Certification Examination Committee has been ongoing for several years, and she has been involved in creating CAOT position statements. She has also been involved in journal editorships, review activities, and conference planning, and she holds several professional board memberships nationally and internationally. Her accomplishments are widely recognized: she is a past recipient of the CAOT Award of Merit and CAOT Certificate of Appreciation, and has been named the Canadian Occupational Therapy Foundation's Lunch with A Scholar. She is also the only Canadian recipient of the Ruth Zemke Lectureship from the Society for the Study of Occupation in the United States.

Deborah Laliberte Rudman will deliver her Muriel Driver Memorial Lecture at the CAOT Conference 2020 in Saskatoon, Saskatchewan.

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

Kimberley Hewitt

Her passion and farsightedness in expanding the opportunities for occupational therapy in mental health and suicide prevention in clinical practice, research, education, and community development have distinguished Kimberley as leader in this field. As the first occupational therapist to be hired at the Canadian Mental Health Association in the Waterloo-Wellington region, Kimberley's client-centred and evidence-based approach is appreciated by clients and staff alike. She is a clinical leader in suicide prevention training and has strategically organized over 50 student placements in role-emerging areas to increase awareness of and access to occupational therapy services, resulting in the creation of new occupational therapy jobs. She is the founder and chair of the CAOT Practice Network "Addressing Suicide in Occupational Therapy Practice" which, under her leadership, has led to the creation of a CAOT Role Paper on how occupational therapy professionals address suicide (in press, 2019). She has made longstanding contributions to academic learning in occupational therapy programs at McMaster University, Western University, and the University of Toronto as a guest facilitator, and, as a student supervisor for practice research projects, has supported the development of the Professional Issues Forum, "Suicide Prevention and the Role of Occupational Therapy" at the CAOT Conference 2014.

The **CAOT-BC Outstanding OT of the Year Award** recognizes a member in British Columbia who has made an outstanding contribution to the profession throughout their career.

Janice Duivestein

Janice's work in British Columbia has set her apart as a passionate practice innovator, leader, skilled educator, and valued mentor. In her extensive work in the field of dysphagia management, she has been instrumental in revolutionizing practice, advocating for the role of occupational therapists, and educating professionals in other disciplines. She is the primary or co-author of seven peer-reviewed publications and has been a reviewer for the journal *Dysphagia* since 2015. Her work has also extended internationally: Janice is a board member of the International Dysphagia Diet Standardization Initiative, which aims to standardize terminology and descriptors internationally through creation of a framework, and she assisted in the establishment of the first-ever Feeding Service team in China. Janice's dedication to ethical practice is also noted, as is her commitment to focusing on the needs and strengths of her clients, students, mentees, and colleagues.

The **CAOT-QC Outstanding OT of the Year Award** recognizes a member in Quebec who has made an outstanding contribution to the profession throughout their career.

Noemi Cantin

Through her sustained commitment to and expertise in the field of pediatric, school-based occupational therapy, Noemi has had a notable influence on the profession. She is a strong advocate for a coaching approach for teachers to enable them to detect delays in motor skills acquisition in their students, allowing for early occupational therapy intervention. In her role as Professor at the Université du Québec à Trois-Rivières (UQTR), she has supervised 33 projects related to pediatrics and co-authored several articles in peer-reviewed journals. She has also contributed a chapter to an occupational therapy textbook that is used by international students. Noemi has been the Francophone editor for the Canadian Journal of Occupational Therapy and is Past Chair of the Scientific Committee of the CAOT conference.

The **CAOT-North Outstanding OT of the Year Award** recognizes a member in the Yukon, Northwest Territories, or Nunavut who has made an outstanding contribution to the profession throughout his or her career.

George Kokuryo

George has distinguished himself in the Yukon as an adaptable and solution-focused practitioner who is committed to creating structural change to support the occupational therapy profession in Canada's North. His work in the Continuing Care Division of Home Care in Whitehorse has led to greater efficiency and effectiveness in occupational therapists' and occupational therapist assistants' service

delivery in long-term care homes. He has also initiated improvements to ensure organizational support for new occupational therapists. George has personally supported many occupational therapists across the territory with seating assessments. He is well-liked by colleagues and clients alike, and is known for his commitment to client care, often going the extra mile to establish rapport, build trust, and meet the unique needs of Northern populations.

The **Award of Merit** is given to acknowledge significant contributions to the profession of occupational therapy.

Kimberly Barthel

Since creating the first free-standing occupational therapy clinic in Winnipeg in 1989—also the first of its kind in western Canada—Kimberly has gone on to become an expert on trauma, attachment, addictions, movement, and learning. She is recognized for her significant contributions to the profession through her achievements in educating occupational therapists in these fields and in raising awareness of the important perspective occupational therapy brings to the field of caring through the relational component of practice. Kimberly is uniquely able to integrate multi-disciplinary research and present it in such a way that allows colleagues to advance in their understanding and practice. She has authored two books, written or contributed to several chapters in occupational therapy textbooks, and has brought her deep understanding of neurobiology and sensory processing to diverse populations in a variety of settings in Canada and around the world.

Debra Froese

Debra's strong vision and leadership in her role with Alberta Health Services has enhanced the practice, scope, and role of occupational therapists in Calgary and the province significantly. She is known for her collaborative approach, involving front-line practitioners and forming communities of practice, and for the unique occupational therapy lens she brings to leadership. She is committed to supporting future leaders by engaging, enabling, and inspiring both colleagues and students, most recently through development of a leadership mentoring program. In her role at the University of Alberta, she championed student placements in non-traditional occupational therapy roles and was an early adopter of new teaching technologies and techniques. She has been involved in several committees and contributed to the development of countless resources, tools, practice support documents, and education sessions on topics across the spectrum of care—most notably in the areas of driving and mental health. Her important work is sure to ensure a legacy of occupational therapy excellence.

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

Elizabeth Taylor

Elizabeth has been a pioneer in the field of community mental health and is a dedicated advocate, clinical practitioner, and interdisciplinary educator. She has seen many firsts in her 45-year career: she developed the first school-based occupational therapy program in a First Nations community and the first YWCA daycare program for children with disabilities, and she was one of the first occupational therapists in Canada to work in community mental health. She also effectively advocated for changes to policy and funding in the Alberta mental health system. Her initiatives at the House Next Door Society are so successful that it has become a model for community programming in Canada and around the world. Her contributions have had a significant impact on clients' lives and in their ability to become thriving, positive role models themselves. As a professor at the University of Alberta and an international mentor, Elizabeth is known for developing innovative experiential learning opportunities and for engaging interprofessional learners to ensure that occupational therapy principles and benefits are understood and drawn upon across disciplines.

The **Fieldwork Educator Award of Excellence**

acknowledges the contribution of fieldwork educators who demonstrate exceptional performance in student practice teaching and mentoring in the workplace, and who inspire students to passionately pursue professional practice.

- Denise Kendrick – *University of British Columbia*
- Ashley Springer – *University of Alberta*
- Susan Hales – *University of Manitoba*
- Jameela Lencucha – *University of Toronto*
- Lauralyn Kelly – *University of Western Ontario*
- Jacquelyn Bonneville – *McMaster University*
- Yoon Andrews – *Queen's University*
- Mary Martineau – *University of Ottawa*
- Christine Magnan – *Université de Montréal*
- Amélie Labelle – *McGill University*
- Caroline Hui – *Université de Sherbrooke*
- Kathleen C. Durand – *Université du Québec à Trois-Rivières*
- Isabelle Gaudet – *Université Laval*
- Kelsey Hunter – *Dalhousie University*

The **Citation Award given by CAOT** in conjunction with provincial and territorial occupational therapy associations to acknowledge the contribution to the health and wellbeing of Canadians of an agency, program, or individual who is not an occupational therapist.

- CanAssist, University of Victoria – *Canadian Association of Occupational Therapists-British Columbia*
- Elizabeth Sentner and the Health & Wellness Team, Inn From The Cold – *Society of Alberta Occupational Therapists*
- Crystal Tower, Director of Inclusive Learning, Buffalo Trail Public School Division – *Society of Alberta Occupational Therapists*

- Autism Support Program (Junior and Senior Classrooms) at John Dolan School, Saskatoon – *Saskatchewan Society of Occupational Therapists*
- Jim Dear, occupational therapy program champion – *Manitoba Society of Occupational Therapists*
- Ongomiizwin Education, Indigenous Institute of Health and Healing, University of Manitoba – *Manitoba Society of Occupational Therapists*
- Patrick Lagace, La Presse journalist – *Canadian Association of Occupational Therapists-Quebec*
- ParaSport NB – *New Brunswick Association of Occupational Therapists*
- Famille et Petite Enfance Nord Est (section Bathurst) – *New Brunswick Association of Occupational Therapists*
- Callum MacQuarrie, Chair, Inverness County Accessibility Committee (ICAC) – *Nova Scotia Society of Occupational Therapists*
- Anthony Brown, volunteer, School of Occupational Therapy, Dalhousie University – *Nova Scotia Society of Occupational Therapists*

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

- Catherine Lloyd – *University of British Columbia*
- Karly Greczmiel – *University of Alberta*
- Naomi Hatherly – *University of Manitoba*
- Rosalind Pfaff – *University of Toronto*
- Devon Boschel – *University of Western Ontario*
- Katelyn Boehm and Mackenzie Kay – *McMaster University*
- Monika Mistry – *Queen's University*
- Sophie Brassard – *University of Ottawa*
- Cassandra Préfontaine – *Université de Montréal*
- Miranda Giambra – *McGill University*
- Stéphanie Richer – *Université Laval*
- Emmanuelle Dubé-Bergeron – *Université Sherbrooke*
- Megan Forest and Aureliane Beaulieu-Larouche – *Université du Québec à Trois-Rivières*
- Daniel MacLeod – *Dalhousie University*

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

- Andrea McNeil
- Andrew Freeman
- Angie Phenix
- Allison Patterson
- Amy Danko
- Anica Villamayor
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- Brenda Merritt
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Conference highlights: Return-to-work

Emilie Simoneau, Patricia Saad & Kathy Fuchigami

As one of the three primary forms of occupation according to the Canadian Model of Occupational Performance and Engagement (Polatajko, Townsend, & Craik, 2007), occupational therapists support productivity in many ways, including return-to-work (RTW). At the Canadian Association of Occupational Therapists 2019 Conference, RTW was a prominent theme among many poster and paper presentations. These presentations evoked engaging discussions among attendees, prompting further reflection on how occupational therapists can best support clients and organizations in the RTW process. In this article, we present a number of research projects focused on RTW and key take-home messages for readers, in the hopes that we can continue the conversations that began at the conference.

The social impact

Gagan Gill, a second-year student occupational therapist from the University of Alberta, examined what is known about the need for social support in the work environment during the RTW process for injured workers. Gagan shared that, in her previous experience of gradual RTW planning and work as a RTW coordinator, she often found injured workers were hesitant or failed to RTW due to non-supportive social interactions within their workplace. This led her to her research project to determine what is known about social support in the workplace.

Gagan's paper presentation entitled "Social support impact during return to work: A scoping review" (Gill & Guptil, 2019) suggested that the factors that may contribute to poor RTW outcomes include a lack of communication about the RTW process, insufficient supervisor training or education, a lack of formal policies and procedures for social support during RTW, and a lack of communication and information sharing about the worker's situation, abilities, and limitations. Throughout her presentation, Gagan highlighted the importance of addressing the social aspects of RTW planning. She expressed that she would like occupational therapists to remember that workplaces are social systems, and they therefore should consider social relationships and interactions to support the RTW process of injured workers.

The take-home message from her presentation was that occupational therapists can help in RTW planning by educating supervisors as well as the injured worker. It is important for occupational therapists to advocate for additional time to explore the social aspects of their client's work environment when conducting worksite visits or developing gradual RTW plans. An interesting discussion arose around the challenges of addressing social barriers to RTW while maintaining confidentiality, in which Gagan

highlighted the need for further policy and procedural changes with social inclusion as a mandate for RTW planning.

Mental health

A practitioner working with adults with mental health challenges and a research master's student at the Université de Sherbrooke, Astrid Velasquez shared Gagan's perspective on the importance of the environment in RTW protocols. She is interested in the obstacles that prevent workers over the age of 50 from returning to work when affected by a mental health challenge. Her presentation at the conference, "Work obstacles in ageing workers with common mental disorders" (Velasquez Sanchez, Durand, & Sylvain, 2019), emphasized the pivotal role of occupational therapists in the RTW field, aiming to reduce incapacity at work and improve participation. She reminds occupational therapists of the importance of intervening on the work environment as well as implicating stakeholders. The take home message Astrid wished to relay is that RTW is particularly harder for clients over 50 years old, especially when obstacles in the environment are overlooked, as these obstacles may lead to a second work leave. Following her presentation, conversations regarding the difficulties of addressing these environmental barriers—especially in contexts such as retirement and old age—were brought up. She believes that understanding the main obstacles present in the client's environment will allow occupational therapists to better personalize and plan the interventions.

Chantal Sylvain, professor and a researcher at Centre d'action en prévention et réadaptation de l'incapacité au travail, also discussed the importance of the social environment in RTW. She presented a paper entitled "Recovery and return-to-work approaches: how compatible are they?" (Sylvain & Durand, 2019), on the concordance between two approaches for RTW among individuals with mental health issues: Recovery-Oriented Services (ROS), an approach currently used by occupational therapists among mental health clientele, and Therapeutic Return to Work (TRW), an intervention reflecting best-practice interventions, notably the early involvement of the client's workplace in their rehabilitation. Her research found that the two approaches are compatible on most dimensions, and that both highlight the importance of client empowerment. TRW encourages interventions with stakeholders, a return to the pre-injury job and calls upon the client's expertise to identify the barriers to returning to work. Chantal's take-home message was that, when supporting clients with mental health challenges, occupational therapists should consider the emerging evidence supporting these approaches and their implications.

Chronic pain

Ariana Dirk and Mays Sleiman, 2019 masters candidates in occupational therapy from Dalhousie University, completed an integrative review to explore the perceived experiences of individuals with chronic pain on contextualized supports facilitating the RTW transition, and shared their research in a poster titled “Living and working with chronic pain: An integrative review” (Dirk & Sleiman, 2019). Ariana and Mays both have first-hand experience with chronic pain, which encouraged them to research this topic. They reported that the lived experiences of individuals is invaluable and that “listening to what [they] have to say about their own pain experience and lifestyle is an occupational therapist’s best tool in achieving successful outcomes” (personal communication, June 4, 2019).

Their review findings identified six themes or guiding principles to help occupational therapists ensure RTW programs are individualized to best fit the needs of the patient: 1) social supports, 2) self-advocacy, 3) self-management, 4) workplace adaptation, 5) work-life balance, and 6) meaningful work. Take-home messages from the presentation were to consider these guiding principles in practice, but also to recognize that success in a RTW program should be reflective of an individual’s work performance and work satisfaction, not strictly work attendance. Discussion following the presentation addressed motivation to RTW and how to identify factors that could influence RTW. Additionally discussed were the value of the lived experience of individuals with chronic pain in research and the current lack in the literature, supporting the importance of Ariana and Mays’ research.

Supporting tools

Lydia Beck, an occupational therapist working in cancer rehabilitation and completing research at the Princess Margaret Cancer Centre in Toronto, presented a qualitative study aiming to evaluate a RTW planning template used with cancer survivors (Beck, 2019). Currently, there are few RTW supports for cancer survivors. Developed by an occupational therapist in consultation with other professionals implicated in the RTW process, the template that Lydia evaluated is a tool designed to help cancer survivors navigate RTW. Beck explained that patients are introduced to the template by an occupational therapist during consultation. The template includes self-reflected questions, a description of work duties, a section for medical appointments, and a list of accommodations. A specific section is also aimed towards the employer to “outline how accommodating the worker is in the companies’ best interest from a financial perspective” (personal communication, June 4, 2019).

The results of the study suggested that simply having the consult (regardless of using the template or not) was

beneficial for a positive RTW experience. For example, study participants reported that “the intervention provided them with education [and] support, and made them more confident in their RTW” (personal communication, June 4, 2019). The take-home message from this presentation, as Lydia stated, is “RTW interventions for cancer survivors need to be tailored and individualized” (personal communication, June 3, 2019). This tool provides an opportunity just for that. Lydia noted that the tool could be used with other populations, and she hopes her research generated ideas for occupational therapists to support cancer survivors and anyone returning to work after a health-related issue. Discussion following the presentation included both cancer survivors and occupational therapists sharing thoughts on the benefits and implications of using such a tool. For example, one cancer survivor shared she thought this intervention would have facilitated her RTW experience.

Moving forward, successful RTW programs require collaborative efforts from all parties involved to promote an individualized plan. Occupational therapists are well situated to facilitate effective team communication and ensure that clients receive optimal support. It is essential for occupational therapists to take a holistic approach in supporting their client’s RTW process and look at the “whole picture” to identify and address potential barriers and facilitators. These conversations from conference are an important step forward in advancing our profession’s ability to do so.

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CAOT Conference 2019 Plenary panel: Reclaiming the occupational therapy lens in the “aging well” discourse

Barry Trentham, Sachindri Wijekoon, Josephine Grayson, Dick Moore

The aging process highlights the complexities of our occupational natures in unique and important ways. No population is more diverse, both in the traditional Canadian sense, but also in terms of the lifelong, incremental, and intersecting impacts of gender, socioeconomic status, race, sexuality, ability, and ethnic inequities that play out in the occupational possibilities (Rudman, 2005) afforded to seniors.

The plenary panel, an annual assembly held at the Canadian Association of Occupational Therapists (CAOT) conference, highlighted the need to reclaim the central place of occupation in the “aging well” discourse. The main objectives of the plenary were to:

1. Highlight insights from a best-selling book, *Being Mortal* (Gawande, 2014), as they relate to occupational therapy
2. Question a perceived invisibility of occupational therapy’s offerings in the “aging well” discourse
3. Offer some potential reasons for this invisibility, and
4. Consider how we might better engage with diverse groups of seniors to ensure our message and offerings resonate with their expressed aspirations.

Plenary

Atul Gawande is an American oncologist and author of *Being Mortal: Medicine and What Matters in the End* (2014). In his book, he outlines how the American health system works against the needs of old people. Panelists were asked to draw lessons from the book as it relates to reclaiming the occupational lens on the aging well discourse.

Gawande was troubled by the obsession of North American health care providers with issues of safety and risk at the expense of what he feels is most important for those near the end of their life—that is, engagement in life through purposeful, meaningful pursuits that connect people with one another. He finds concerning the West’s hyper-individualized focus on independence at the expense of a more collective sense of community. The plenary panel echoed Gawande’s identification of the essential role of storytelling and story-listening in building meaningful relationships with older people.

Despite Gawande’s recognition of the importance of meaningful pursuits in old age, his book is silent on the contributions of occupational therapy. We contend that Gawande’s lack of awareness is reflective of the general public’s awareness (Rahja & Laver, 2019). In an era of greater consumer-directed care and the expectation to engage end-users in service delivery planning, this should be of concern if occupational therapists wish to remain relevant in the lives of older people. The panel responded to this challenge by asking how occupational therapy can ensure the relevance of its messaging for an aging population.

Barry Trentham: Declaring our roots, sharing our stories

Adding to the ongoing conversation on the need for our profession

to profile occupational enablement as foundational to our practice (Polatajko, 1992; Letts, 2011) and to ensure its relevance for the diversity of people we serve (Whalley Hammell, 2018), the panel further questioned how our messaging resonates with the unique aspirations of older people. Wilcock (1998) challenges practitioners to move beyond the activities of daily living (ADL) independence rut. While important in some people’s lives, this singular focus limits occupational therapy’s potential to respond to what else is important to seniors. Ageist assumptions may well underlie the system’s obsession with older adults’ ADL independence at the expense of considering a broader range of occupational possibilities (Trentham, 2019). Maintaining independence in ADLs is not the only indicator of aging well, and not the only problem to be solved in the story of aging.

Building on Wilding’s (2011) discussion of the role of the dominance of medical discourse overshadowing occupational therapy messaging, we need to more closely question the taken-for-granted dominance of medical discourses upon our practice and to resist a tendency to fit in. This dominance is notably an issue for historically marginalized groups for, in the medicalization of what are essentially social issues, their health is particularly negatively impacted (Coombs & Ersser, 2003; Filc, 2004).

We need stories that illustrate the power of occupation and occupational therapy in the lives of older adults, and to resist the medicalization of aging. While it is true that government bureaucrats need evidence that a service works, politicians—in order to enact change—also need compelling stories from constituents. We must consistently ground our messaging in stories of occupational enablement and must engage seniors as co-authors in our storytelling. Andre Picard, in his closing keynote, strongly reinforces this point by challenging practitioners to broadly share stories of occupational therapy interventions that illustrate effective responses to policy challenges.

Josephine Grayson: Telling the whole story

Despite being a recipient of occupational therapy services for her rheumatoid arthritis and arranging OT services for her aging father, seniors’ advocate Josephine Grayson developed a narrow view of what occupational therapy has to offer. No one provided her with the full story. The medical systems approach that Gawande describes—roughly paraphrased as “let’s fix the body and the rest will take care of itself”—was effective when she was younger. However, she noted that, as she grows older, this approach no longer aligns with what she calls the occupational therapy question: “What will I need, or what should I do, so I can continue to engage in the occupations of living?” A better understanding of the services an occupational therapist could offer would have led her to focus on more meaningful things with her father, such as seeking assistance in dealing with his loneliness. Addressing his social occupations may have relieved some of her guilt about not being able to be constantly by his side.

Grayson challenged the audience to reframe aging and to oppose ageism. By helping seniors engage in the occupations of living, occupational therapists can counter projected notions of uselessness. She views occupational therapists as essential to enhancing the public understanding of old age as not a kind of dead zone, a prelude to dying, but rather as a stage of life worthy of attention.

Dick Moore: More than mobility

Dick Moore shared several stories that exemplified the need for occupational therapists to broadcast the breadth of what they do to help seniors perform their life roles. He countered the medical “fix-it” story when describing the work an occupational therapist performed with a friend who had experienced a stroke. Through the use of mobility devices and home adaptations, the occupational therapist helped Moore’s friend re-learn how to be a mother again. Moore also illustrated that, when therapists strictly adhere to narrow hospital protocols, it is often at the expense of exploring seniors’ multiple life roles. After a knee replacement, his occupational therapist missed the opportunity to discuss how Moore’s recent surgery might impact his role as a cook, a gardener, and a busy LGBTQ+ community activist.

Moore invited occupational therapists to partner with community seniors’ groups to serve as allies for LGBTQ+ seniors and others, to learn from them and advocate for more responsive health care.

Sachindri Wijekoon: Beyond the individual — spirituality and connections

Dr. Sachindri Wijekoon shared stories from her doctoral work with older Sinhalese Buddhist immigrants. Building on Gawande’s discussion of the West’s idealization of individualism, she highlighted occupational therapy’s role in working with diverse groups of older immigrants. Immigration disrupts accustomed occupational roles, changing ways of engaging as parents, grandparents, and community leaders. The erosion of eldering roles puts these seniors at risk for health decline. As a consequence, habitual spiritual practices (e.g. meditation) offer resilience, purpose, and connectedness, helping older immigrants to transcend their dislocation. However, spiritual occupations may go unrecognized by occupational therapists responding to rising health challenges. Additionally, the high percentage of white, Western occupational therapists prevents the needs of recent older immigrants from being heard and voiced.

Wijekoon outlined an Ontario-wide initiative co-funded by AGE-WELL and the Ontario Society of Occupational Therapists that aims at tapping into the stories of aging of diverse groups of seniors.

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Dr. Barry Trentham is a faculty member from the University of Toronto Department of Occupational Science and Occupational Therapy.

Josephine Grayson is a seniors’ advocate and organizational human rights consultant on the board of Care Watch Ontario, an advocacy organization for and led by seniors.

Dick Moore is a seniors’ advocate who has worked for many years with and for LGBTQ+ seniors, most recently with Niagara Senior Pride, a social networking program for LGBTQ+ seniors. Dick also sat on the board of Care Watch Ontario.

Dr. Sachindri Wijekoon, co-author, is a post-doctoral fellow working on a knowledge mobilization initiative, funded by AGE-WELL and the Ontario Society of Occupational Therapists, to profile the role of occupational therapists in seniors care.

For any questions regarding the 2019 plenary, please contact Barry at: b.trentham@utoronto.ca.

The purpose of the initiative is to profile the work that occupational therapists do or could do to enable seniors as they navigate through later life occupational transitions. For more information on this initiative, see: bit.ly/2wqdcFb.

Discussion

Following panelist presentations, the discussion reiterated the need to consider the discoverability of occupational therapy services online to improve access to occupational therapy. Participants also emphasized the need to name as essentially political the challenge that occupational therapists have in profiling their work. Political strategies are needed to address power inequities within health service delivery that limit access to occupational therapy services and knowledge.

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The student experience at the CAOT Conference 2019

Emilie Simoneau, Patricia Saad, Kathy Fuchigami, & Michelle Leclerc

We are four student occupational therapists from the University of Ottawa and Western University who are currently on or have experienced a fieldwork placement with the Canadian Association of Occupational Therapists (CAOT). The CAOT Conference 2019 was the first conference experience for all of us. Being part of the conference not only helped us to network, gain knowledge, and develop practical skills, but it also brought on a sense of belonging and an immense sense of pride towards our profession and the work that occupational therapists do. We hope that, by sharing our experiences, we can encourage other students to attend and participate in the various opportunities at future conferences.

Behind the scenes: CAOT students at the conference

When we began our student placement with CAOT in early May, talk about the conference at the CAOT office was becoming more and more frequent. We each had some ideas of what we could expect, but most of the details were still unknown. We found out we would be playing a significant role in the organization and delivery of the conference activities. This opportunity was exciting, but was initially a bit overwhelming to take in.

Going into the first day of the conference, we each had an overall feeling of nervousness. Like a fieldwork placement, we were nervous about meeting new people, jumping into what was going to be a busy schedule, and dealing with uncertainty. We were meeting highly regarded occupational therapists and researchers whom we reference regularly in courses, which was enough to make all our stomachs twist. Initially we lacked confidence as organizers and facilitators. Not having the answers or providing incorrect information were amongst our concerns.

Luckily for us, we were part of a very supportive team. The CAOT staff welcomed us with open arms. This successful conference was the result of great team efforts! Being a part of the pre-conference work, such as stuffing the badges and packing supplies and equipment, helped us recognize how much preparation was required, which allowed us to appreciate the work CAOT does for us every day.

Once on site, some final organizing allowed for a smooth start. We appreciated greeting participants at the Opening Ceremony as a first opportunity to start placing together the names and faces of occupational therapists. This conference

was our opportunity to get out of our comfort zone and approach new people. It did not take long for the welcoming atmosphere of the occupational therapy community to put us at ease. Even small gestures from us, such as being present at the CarFit booth to allow the exhibitor to have lunch or checking in with the staff to offer help, were very appreciated and valued by those we met. Additionally, sharing our perspectives as student occupational therapists was encouraged on many occasions during discussions.

Our assigned projects meant that we had a very busy schedule: amongst other responsibilities, we met presenters for interviews, attended sessions for additional information on topics, took notes during discussion sessions, and attended the CarFit booth. We enjoyed the opportunity to be involved in all of these projects to make the most of this experience. Our responsibilities allowed us to expand our horizons by attending sessions we may not have initially considered. These opportunities broadened our knowledge and understanding, kept us open-minded to different perspectives, and allowed us to start conversations with participants.

We are highly appreciative of our placement with CAOT, including the conference. We feel that we have had the chance to explore and develop unique skills that will be beneficial to our future practice, and we definitely encourage other students to pursue placement opportunities at CAOT!

Attending the CAOT conference as a student

As students, we were inspired by not just helping to organize, but also attending the CAOT Conference as participants. It was remarkable seeing how much is being done by hundreds of occupational therapists and students across Canada. There was a clear theme of support throughout the conference, be it from CAOT, through presentations and posters, or even just amongst those attending. Above all, we experienced the true sense of community that CAOT fosters for occupational therapists across Canada.

The achievements announced at the Town Hall meeting made in collaboration with CAOT were changes that have been years in the making. Two major accomplishments that will result in improving the lives of thousands, if not millions across Canada, are the new ability of occupational therapists to prescribe adapted equipment for First Nations and Inuit Peoples without requiring a physician's signature, and the addition of 35 new occupational therapy positions across Canada to work with Veteran Affairs Canada and the

Canadian Armed Forces. Hearing these successes, we realized the immense effort that is put into addressing these issues, which makes us hopeful for the changes we aspire to see related to our profession.

That our opinions and perspectives were valued and met with respect from practitioners and scholars resonated with us. It was empowering to have our opinions during presentations and Professional Issue Forums (PIFs) be met with discussion and possibilities rather than the “just a student” narrative. To have Dr. Catherine Backman, the President of CAOT, thank us during the Opening Ceremony truly demonstrated how much the organization values having students on their team. It wasn’t just our leg work that was recognized: it was our ideas for improving the efficiency and the overall experience of attending the conference.

We learned a great deal about important topics in various practice areas, as well as what collaborators, such as mechanical engineers, associations, and former occupational therapy clients are working towards. The two-hour PIF sessions opened our eyes to types of work being done in various fields, as well as options for interventions that we may have never considered as new occupational therapists. The paper presentations were great for learning results of research efforts, as well as future practice considerations.

The Student Forum was an opportunity for students to ask questions about the national exam and to learn more about renewing CAOT membership and acquiring insurance. There was tension in the room, as second-year students pondered over the implications of the upcoming months. CAOT staff were quick to reassure us that they offer multiple resources and support regarding any questions. The support provided to understand the information and manage next steps was comforting and contributed to a feeling of “I can do this.”

Overall, attending the CAOT Conference 2019 as a student was a truly empowering experience. The overwhelming sense of passion, community, and pursuit of advancement still resonates for us days after returning home.

Voices from the crowd

This was many student occupational therapists’ first CAOT conference. Students we spoke to reported strong feelings of passion for occupational therapy following the conference. Meggy Duval, a first-year student from the University of Ottawa, attended Dr. Susan Forwell’s Muriel Driver Memorial Lecture, and commented: “it was truly inspiring. It made me feel even more proud to be pursuing a rewarding profession that empowers people to engage, function, and thrive in their occupations” (personal communication, June 4, 2019).

Second-year student occupational therapists from Western University, Andrea Aarssen, Curtis Hiemstra, Jasmine

O’Halloran, Michelle McGinnes, and Rachel Looker shared that the opportunity to present their research project at the conference was a motivational goal for its completion: “being able to actually share our project with an audience of interested people outside of just our own class made it much more meaningful. It was great to also attend other sessions that were very connected to our research topic, and see how the relevant conversations are unfolding” (personal communication, June 3, 2019).

Many students offered their help as volunteers during the conference. Christine Abi-Khaled, a second-year student occupational therapist from the University of Ottawa, mentioned that she felt highly appreciated as a volunteer; she was thankful the volunteer committee chair Laurie Macdonald made sure she was making the most of the conference experience by also attending and listening in to the presentations she was monitoring (personal communication, June 4, 2019).

For some, the conference was a means to complement coursework. University of Ottawa student occupational therapist Rebecca Williams said it allowed her to “gain a better understanding of the role of occupational therapy in emerging fields. It also allowed me to expand my knowledge of evidence-based interventions that I can use in my future practice” (personal communication, June 4, 2019).

Marie-Josée Taillon, a second-year student occupational therapist from the University of Ottawa, as well as many others, appreciated the networking opportunities with occupational therapists, other students, and the vendors at the Exhibit Hall. She also highly valued the Student Forum in which she gained insight about the upcoming National Exam (personal communication, June 4, 2019).

It is safe to say that the CAOT Conference 2019 was a great way for students to be introduced to highly esteemed and experienced occupational therapists across Canada. Marie-Andrée De Sève from the University of Ottawa sums it up best: “I think that it’s like a family reunion that the CAOT has created” (personal communication, June 4, 2019).

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Rethinking disability and inclusion in the context of occupational therapy: Reflections from the CAOT conference.

Chelsea E. Mohler

Diversity and inclusion are vital concepts for understanding and enabling occupation. At the 2019 Canadian Association for Occupational Therapists (CAOT) Conference, I was pleased to find representation of traditionally underserved and underheard populations and areas of practice. In this article, I highlight two presentations that address the occupational injustice experienced by individuals with disabilities and those who work and live alongside them. These presentations identified systemic gaps within our healthcare system and elucidated complex and intersecting barriers to engaging in meaningful occupations. Overall, they demonstrated how using occupational and systems perspectives can inform policy and systems change.

Attendant care: an invisible yet empowering occupation

Erika Katzman and Elizabeth Anne Kinsella presented “The work of self-managing attendant services: An invisible occupation?” (Katzman & Kinsella, 2019), exploring the unpaid and unrecognized occupations of self-managing attendant care in Ontario. Direct Funding (DF) is an innovative program enabling adults with physical disabilities to become employers of their own attendants. Attendants support engagement in a variety of meaningful occupations. As employers, participants are fully responsible for managing their own employees within a budget that is developed on an individual basis. The Direct Funding Program is administered by the Centre for Independent Living in Toronto (CILT). It is funded by the Ontario Ministry of Health and Long-Term Care through the Toronto Central Local Health Integration Network (Direct Funding Ontario, 2017). Self-managers, those who access the attendant care program, are responsible for recruiting, hiring, training, and managing attendants, all while being accountable to local, provincial, and federal agencies. Despite these many responsibilities, the self-manager role is not recognized by program or by service providers as “work.”

Erika explained she came to this work through her own lived experience providing attendant care. She pointed out that the current model for managing attendant care does not consider those who have little to no employment or management experience, not to mention the resources to facilitate this process.

Moving forward, occupational therapists and other healthcare practitioners have a role in educating their clients on the Direct Funding option and the associated risks and benefits that accompany this choice. Occupational therapists could also facilitate peer support and mentorship between experienced self-managers and those who are new to the

program. This model offers opportunities for clients to ask questions and solve problems in a safe, non-judgmental space.

To the authors’ knowledge, the Ontario Direct Funding program has no equivalent in the rest of Canada. Despite its current status as an invisible occupation and adjacent challenges, Direct Funding is, for many, an empowering and enriching experience. Occupational therapists are well-positioned to support the acquisition and development of skills associated with being a self-manager, an as a productive occupation. As well, occupational therapists can advocate for and facilitate similar models across the country.

True inclusion? Youth with physical disabilities and participation



Figure 1. The author (middle) with Erika Katzman (left) discussing Erika’s research.

Gail Teachman, in her presentation entitled “Include me out: Reconsidering ‘meaningful’ occupational engagement and disability” (Teachman, 2019), focused on the ways we conceptualize inclusion and belonging as experienced by youth living with physical disabilities. Her presentation also covered how we can reframe the conversation, including re-considering tacit notions of ‘meaningful’ occupation. Gail’s research focuses on youth who use augmentative and alternative communication. Rather than the traditional approach to presenting, Gail shared the results of her work and invited the audience on a journey to explore narratives of participants with an opportunity for audience members to provide their perspectives and commentary on the results of the study.

Participants in the study spoke of actively working to

challenge the value ascribed to socially expected occupations, as others that are more feasible tend to be discounted. One of the narratives that was shared explored how the participant felt most comfortable and experienced a sense of belonging in her special education classroom, where she was understood by peers and staff. This narrative challenges present notions of inclusion, as integration is the dominant discourse in education. One of the narratives explored the story of a 17-year-old identified as Jamila, who uses a speech-generating device: "Most people assume that just because my muscles and lungs and stomach do not work the way theirs do, that my brain and heart and soul are disabled too." The narrative focused on the participant's sharing of ways her family worked with her to be connected to her school and local community, and how activities in the community were adapted for Jamila. The stories prompted re-evaluation of morally embedded binaries that characterize occupations as active/passive, participant/observer, or productive/non-productive.

As an audience, we reflected on whether one could seemingly be included and simultaneously be excluded. Indeed, yes, one can physically occupy a space but not be engaged by those in the space, contributing to what we, as an audience, labeled as "unbelonging." As professionals, we sometimes expect individuals to function in a way that doesn't always work for their needs, based on our own ideas of how inclusion ought to be conceptualized. We questioned how we as providers and stakeholders view inclusion, and as a future step, how it is necessary to ask those we are trying to include what inclusion looks like for them, and actively listen.

As an attendee of this session, my own assumptions regarding inclusion and integration were challenged. I perceived integration to mean full and equal participation in a mainstream classroom. However, through audience discussion and reflection on the narratives shared, I came to realize that, although they may share the same physical space with their

able-bodied peers, many students with disabilities experience academic and social exclusion, relegated to the sidelines or the back of the classroom and present as observers rather than full participants. Though they may be carried out with the best intentions, attempts at inclusion often don't work out in reality. For young people with disabilities, the experience of attending integrated schools and programs can actually exclude and marginalize students further. Does our idea of inclusion require those with disabilities to try to be as "normal" as possible? Or are differences truly accepted and not just tolerated, but embraced?

Conclusion

"It is not the individual who is disabled, but the environment that is disabling" (WHO, 2010). These two presentations demonstrate the need to examine systemic barriers and to propose new and innovative solutions for their removal. These works highlight issues of inequality and occupational injustice, and they provide new ways to frame the conversation around inclusion. Asking reflexive questions that continue to challenge our assumptions as practitioners allows us to act as change agents and advocates both for clients and for the broader socio-political context.

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Canadian Association of Occupational Therapists



Indigenous themes reflected throughout the CAOT Conference 2019

Tara White, Ariana Dirk, Katie Alexandre, and Catherine White

A lively group of percussionists from Holy Cross Catholic Secondary School set the tone for the CAOT Conference 2019 with rhythmic drumming that is often associated with Indigenous music. As CAOT President Catherine Backman pointed out, they commanded our attention, and throughout the conference, it was evident that occupational therapists are responding to the calls to action released by the Truth and Reconciliation Commission of Canada, as indicated by the range of presentations that brought our attention back to this theme.

The Niagara region is covered by the Upper Canada Treaties and is the traditional territory of the Haudensaunee and Anishnaabeg. This territory is within the lands protected by the “Dish With One Spoon” wampum agreement and is directly adjacent to Haldiman Treaty territory.

To start, McMaster researchers Jacek, Fritz, Moedt, and Ellies (2019) raised the imperative that the occupational therapy profession respond to the Truth and Reconciliation Commission (TRC) report (2015) by focusing on improving health outcomes for Indigenous Peoples. In their presentation “Knowledge gaps in Indigenous health: Disseminating national survey results,” they suggest that learning of knowledge gaps and making recommendations to address them are key first steps. The researchers developed a national needs survey to determine knowledge gaps of occupational therapists in relation to Indigenous health concerns. They identified initial trends and categorized them within the core occupational therapy competencies using data from 294 occupational therapists within Canada. The trends included the need for more culturally appropriate tools, increased education and awareness, and increased workplace support for working with Indigenous clients. They emphasized the importance of focusing on the TRC recommendations, seeking training opportunities within the workplace, and creating a workplace reconciliation action plan. Connecting with local friendship centres and Indigenous organizations to learn about Indigenous supports and services in each person’s local area was also suggested.

University of Manitoba presenters Diaz, Huyghe, Travers, Sanderson, and Urbanowski (2019) shared a student fieldwork project that addressed barriers to occupational engagement faced by Indigenous youth with disabilities. These barriers are exacerbated as, upon reaching the age of majority,

youth become ineligible for existing supports and services. Their work focused on the need to engage the youth while upholding cultural values. As Reg Urbanowski clarified, “it is important to honour their gifts and build on their strengths” and to use approaches that support self-advocacy and autonomy.

Employing participatory action research methods, the resulting framework attended to physical, communication, cognitive, social, emotional, and spiritual development, and identified cultural identity, self-determination, and the need for a healthy family unit as factors for occupational engagement. At the community level, the researchers addressed the need to battle stigma and to develop long-term resources and opportunities in support of cultural wellbeing. They concluded by suggesting that the framework could be adapted by other communities seeking to address the occupational engagement of youth with disabilities.

University of Manitoba also had a booth at the conference, “Ongomiizwin – Indigenous Institute of Health and Healing,” which drew attention to the need for increased research partnerships to engage Indigenous Knowledge in the development of curriculum, clinical skills, and research skills, and in the translation of knowledge. Opportunities for occupational therapists to “make your new home in the land of the midnight sun” were presented.

Dalhousie student Tara White furthered the discussion with her presentation, “Occupational therapy roles in the Indigenous context: An integrative review” (2019). The Truth and Reconciliation Commission of Canada’s calls to action suggest that all health professionals, including occupational therapists, must do a better job working with Indigenous communities. As White pointed out, this applies to both Indigenous and non-Indigenous occupational therapists, given that occupational therapy programs are located within Westernized institutions, and that not all Indigenous Peoples are connected to their communities, thus distancing them from fully sensitized understandings. Her review revealed services and strategies that occupational therapists could use to improve their work with Indigenous populations. Four main themes were discussed: communication and building relationships, challenging underlying assumptions of the occupational therapy profession, service provision in Indigenous communities, and the give and take of knowledge through collaboration. Further research is much needed in this area.

Next, from an occupational science perspective, Jane Davis (University of Toronto) presented on “Indigenous occupational understandings of tobacco use: Challenging prevailing assumptions” (Shahzad, Hassany, Maracle, & Davis, 2019). Although research is emerging to explore non-sanctioned or unhealthy occupations, occupational therapy generally values occupation as a determinant of health (caot.ca/site/aboutot/whatisot_test). As such, smoking is not typically viewed as an occupation in the occupational therapy literature, and thus, clients who smoke are not commonly engaged in discussions about its significance in their lives. For many Indigenous Peoples, this perspective negates the considerations of traditional tobacco use (e.g., smudging) and colonial tobacco use (e.g., cigarettes), and leads to culturally insensitive discussions about the significance of tobacco use in their lives. Shahzad et al. (2019) conducted a scoping review to understand the meaning of tobacco use in the lives of Indigenous People within Canada, the United States, Australia, and New Zealand, identifying five themes: (a) smoking to connect history to Indigenous identity, (b) smoking as belonging, (c) smoking to focus on the here and now, (d) smoking to manage psychological stressors, and (e) smoking to fill time. These themes highlight the confounding of traditional and colonial tobacco use over generations, making differentiation difficult for current generations. Tobacco control strategies must acknowledge the deeply rooted ties that tobacco use has to the self, the community, and the cultural identity of Indigenous Peoples. Creating awareness around the validity of smoking as an occupation is a critical component of developing and implementing culturally sensitive programs and policies regarding tobacco use in Indigenous populations.

Finally, MacLachlan, Phenix, and Valavaara presented a thought-provoking presentation titled “Can occupational therapy assessments be culturally safe? A critical exploration” (2019). This presentation addressed the idea that providing culturally safe occupational therapy assessment is complex and involves an understanding of the rights of Indigenous People to access and experience health care services in a way that is respectful and inclusive of their experiences and ways of knowing. There is therefore no culturally safe standardized assessment; instead, an assessment process that is adaptable and flexible to individual client needs is required. As the presentation pointed out, therapists cannot “check a box” that they’re practicing in a culturally safe manner. Instead, when working to provide culturally safe care, the priority must be to develop strong relationships, giving clients the space to inform the therapist what works for them. Current assessments are primarily developed and conducted from a Western worldview. Efforts have sometimes been made to adapt these assessments to be more relevant to Indigenous populations by “Indigenizing” them. However, Indigenizing does not

remove the Western epistemological foundation; Western assumptions still underlie these assessments and privilege knowledge that a Western, scientific practice deems as priority (e.g. physical or cognitive skills).

Assuming that Indigenized assessments are culturally safe has harmful implications. These assessments do not address therapist–client power dynamics, including the colonial legacy that occupational therapists can unintentionally carry, nor the repercussions of clients declining assessments due to implications that refusing can have on their care and lives. Health care policies, funding models, and programs often require occupational therapists to complete objective measures as part of providing evidence-based care. This discrepancy creates tension between Western-educated therapists and clients with Indigenous worldviews, having implications for the safety of care. Moving forward, it is not a question of how to make existing assessments culturally safe, but rather how to develop assessment processes that honour Indigenous sovereignty within a local context.

As we continue to see a range of topics relating to Indigenous health and wellbeing reflected in occupation therapy and occupational science research and literature, and as the focus of a wide range of projects, collaborations, and conference presentations, we can hope for a more sensitized, inclusive perspective in the understandings of the profession. Only then can we translate this into informed practice. The diversity of topics presented at this year’s conference moves us in this direction.

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Update from the Canadian Occupational Therapy Foundation

First of all, thank you to the Canadian Association of Occupational Therapists for the opportunity to be present at the CAOT Conference 2019 in Niagara Falls, ON. The Canadian Occupational Therapy Foundation was thrilled to be back in full force, and the delegates were equally happy to have COTF participate.

COTF is grateful to the volunteers—award recipients, and current and past Board Directors—who were extremely helpful at the silent auction tables (including in the sale of items) and at the social event at the Ravine Vineyards where the live auction occurred. A special thank you to Drs. Mary Forhan and Shaniff Esmail who served as co-auctioneers at the fun-filled and successful live auction!

Thank you to all of the in-kind donors. Your donations were used in the silent and live auctions. Thank you to those of you who purchased the in-kind items as well as the items for sale. Your contributions support COTF's Research and Scholarship program for Canadian OTs.

COTF participation at the conference included:

1. Presence at opening ceremonies, opening of the trade show, reception for international guests, Muriel Driver Lecture, and closing ceremonies
2. Participation at the OTC Forum, including being part of the planning group (Katie Churchill); at the awards ceremony where President Marjorie Hackett announced COTF Award recipients; and at the Alliance of Canadian Occupational Therapy Professional Associations meeting
3. Organization of the silent auction and sales of items; COTF session, facilitated by President Marjorie Hackett and led by COTF Board Directors Katie Churchill and Lynn Shaw; live auction at the Ravine Vineyards social event, with reserved tables and sales of items; and, Breakfast with a Scholar – Dr. Crystal Dieleman
4. Meetings with CAOT and Association of Canadian Occupational Therapy University Programs

Below is an unofficial summary of COTF's fundraising efforts:

1. Live Auction: \$5,600
2. Matching Donations Spearheaded by AOTA Past President, Mary Everitt: \$1,550
3. Reserved Tables at the Social Event: \$900
4. Silent Auction, including sales of Aunt Sarah's chocolate bars, mini boxes of balsamic vinegar and olive oil, wooden COTF wine charms, Hilary Druxman necklaces, and COTF Pins: \$4,125
5. Breakfast with a Scholar: \$550

Unofficial Total: \$12,725

Thank you again to CAOT for the opportunity to be present. COTF's presence to fundraise supports evidence-based research, which is critical and relevant to all OTs and their clients!



Figure 1. COTF Award recipients. From left to right: Marjorie Hackett (COTF President), Janna MacLachlan, Yolaine Bolduc, Sandra Moll, Dorothy Kessler, Natasha Altin, Alexandra Lecours, Geneviève Daoust, Samuel Turcotte, and Marie-Christine Ranger.

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